Kristin Nelson, D.O.
AOMA President 2015-2016

INSIDE
- Investing in your Profession
- 93rd Annual Convention Review
- New AOMA Leadership
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I have been fortunate to have listened to many previous AOMA presidents give their acceptance speeches and almost everyone has stated how honored they are to have been elected president to this very special organization. I am no different and must convey my thanks to you all for allowing me to be here. This position is truly a privilege and I will do my best to help lead the AOMA in the upcoming year.

We are currently at a crossroads in medicine and guidance is critical for our profession to head in the best direction. There are reimbursement and authorization issues that seem to be growing instead of shrinking. Many physicians are choosing to be employees instead of owning their own practices, leading to unprecedented and unforeseen challenges for these doctors. We have new certification requirements and there are never-ending legislative issues that need attention. We are also living through one of the most critical adjustments our profession has seen in recent times, a process that will forever transform post-graduate medical education: the ACGME merger. So where does this leave us as an organization and how do we move forward in these times of change and uncertainty?

We bravely and conscientiously embrace change. We need to now, more than ever, educate ourselves on the issues that affect us as osteopathic physicians, especially those issues that affect the ability for physicians to care for patients. Embracing change does not mean passively allowing things to happen. It means accepting the fact that, as most things in life, our profession will continue to evolve. Utilizing the firm foundation we have been provided from the tremendous osteopathic leaders and advocates in the past, with effort and care, we help revolutionize the osteopathic profession toward incredible new possibilities. We get involved, take a stand, respectfully make our voices heard, and help create the new chapter that is unfolding.

We support an optimistic organizational culture.
Organizational culture is defined on Wikipedia as “the behavior of humans within an organization and the meaning that people attach to those behaviors.” It is defined on BusinessDictionary.com as “the values and behaviors that contribute to the unique social and psychological environment of an organization.” This includes an organization’s expectations, experiences, philosophy, and values that hold it together, and is expressed in its self-image, inner workings, interactions with the outside world, and future expectations. As part of the AOMA, we must always be grateful and mindful of our unique history. We should strive to positively interact with those inside and outside our organization, be respectful of everyone’s opinion even if different than our own, continuously contribute to our community, and expect continued success and growth. We want our attitude to be infectious. We will see increase in our membership through camaraderie and positive influence.

We listen to our members. As we have already discussed, times are changing and the profession is changing. Therefore, the needs of our members are changing. We must continuously hear and respond to those needs. Primary care doctors, specialists, business owners, employees, part-time physicians, those in academics, and non-clinical careers all require support from the AOMA. We have the privilege of having this diverse group of individuals in this organization and we need to celebrate this diversity and begin helping our members in new and unique ways.

We embrace osteopathic principles and nurture our mind, body, and spirit. As individuals we need to find outlets to encourage the development of all three of these equally important entities. Living in this high paced, ever-changing environment can be exciting, but also stressful, and we must be mindful to care for ourselves. One of my favorite outlets is to practice yoga. Recently my instructor was taking the class through a challenging flow sequence and after she got to a move that was perceived by many as too difficult she said, “But only do that if you want to. In life not all things are optional, but in yoga they are.” I like that!

I hope all of you find strength to complete the things you have to do, success with the things you choose to do, and can be at peace with the things you choose not to do. I know together we can shape a new and exciting path for the medical field. I believe the future of the Arizona Osteopathic Medical Association is bright. Thank you for being a part of it.
TENTATIVE AGENDA
All topics and times subject to change.

Saturday, November 7, 2015
7:00 a.m. to 11:00 a.m. Registration
7:00 a.m. to 11:30 a.m. Exhibit Hall
7:00 a.m. to 9:00 a.m. Breakfast served in Exhibit Hall
7:00 a.m. to 8:30 a.m. CME Session – Yoga: Practice & Benefits
8:30 a.m. to 9:00 a.m. Break
9:00 a.m. to 10:00 a.m. CME Session – Integrative Nutrition
10:00 a.m. to 11:00 a.m. CME Session – Avoiding Burnout
11:00 a.m. to 11:15 a.m. Break
11:15 a.m. to 12:15 p.m. CME Session – OMT: Headaches
12:30 p.m. to 2:30 p.m. Lunch & Lecture – Improving Community Health
3:00 p.m. to 6:00 p.m. AOMA House of Delegates
6:00 p.m. to 7:30 p.m. Cocktail Reception

Sunday, November 8, 2015
7:00 a.m. to 7:30 a.m. Yoga
7:00 a.m. to 7:30 a.m. Continental Breakfast
7:30 a.m. to 8:30 a.m. CME Session – Autism Spectrum
8:30 a.m. to 9:30 a.m. CME Session – ADD: Adult & Pediatric
9:30 a.m. to 10:30 a.m. CME Session – Traumatic Brain Injury
10:30 a.m. to 10:45 a.m. Break
10:45 a.m. to 11:45 a.m. CME Session – OMT: Head Injury
11:45 a.m. to 12:30 p.m. CME Session – ICD-10
12:30 p.m. to 2:00 p.m. Lunch & Lecture: Resetting Yourself

Registration fees until October 11, 2015
AOMA Member $295
Retired or Honorary Life Member $245
Non-Member $395

Registration available online at www.az-osteo.org
Executive Director’s Message

AOMA in Action – Legislative Session Highlights

The 2015 Arizona Legislative Session, which ended in just 81 days, was the shortest legislative session since 1968. It will be remembered by most for its feverish pace, steep budget reductions, and challenges to fund education in Arizona. The fast pace of the legislative session and passage of the budget made it difficult for many organizations to react quickly to influence bills.

After six years under the leadership of Governor Jan Brewer, Governor Doug Ducey took the helm. While the political composition of the House of Representatives and Senate remained the same following the 2014 election, the leadership and makeup of the Republican majority is decidedly more conservative than previous legislatures. There were 17 freshman lawmakers, all in the House of Representatives.

There were 1,163 bills and resolutions introduced, 345 were passed and became effective July 3, 2015 unless a bill contained an emergency clause or a specific effective date for enactment. The Governor vetoed 20 bills.

The AOMA Legislative Affairs Committee worked hard this year on your behalf focusing on critical issues impacting osteopathic physicians. The full AOMA 2015 Legislative Report is available to members on the AOMA website at www.az-osteo.org.

AHCCCS Budget & Provider Reductions

We recently received great news from AHCCCS and the Governor’s office that the five percent physician cut scheduled for October 1, 2015 would no longer be necessary due to lower than forecast utilization and other available funding. We applaud Governor Ducey, his staff, and AHCCCS for their thoughtful policy work in finding an alternative.

AHCCCS Statement on Rescinding the Five Percent Cut

“The agency appreciates the time and effort taken by the many providers and organizations that submitted comments. These comments were critical to informing the agency’s final decision.”

This is a great example of how physicians working together with support from their association, like AOMA, can influence policy makers and make a difference. Thanks to everyone who helped with this issue by contacting their legislators, those of you who weighed in on the AHCCCS survey AOMA sent out earlier this year, and those who submitted comments directly to AHCCCS regarding the potential impact of additional cuts. Your voice was heard and they responded.

New Opportunities for Physician Loan Repayment

Another legislative session bright spot this year was the passage of SB 1194, which made substantial improvements to the Arizona Department of Health Services Loan Repayment Program. SB 1194 was supported by AOMA and championed by our close ally the Arizona Alliance of Community Health Centers.

This program aims to promote the recruitment and retention of physicians to underserved areas by repaying their qualifying educational loans in exchange for their commitment to provide primary care services in a federally designated Health Professional Shortage Area or an Arizona Medically Underserved Area. To be eligible for loan repayment, you must practice in the field of family medicine, pediatrics, obstetrics, internal medicine, or geriatrics.

The bill removed the four-year service cap so physicians may receive loan repayment incentives for as many years as they remain eligible or until their loan is completely paid off. This is an extremely beneficial change and will encourage more physicians to stay in practice longer in medically underserved communities.

Before the passage of SB 1194, the loan payments to physicians were capped at just $20,000 per year. SB 1194 increases these payments to $65,000 for a two-year commitment and up to $35,000 each year thereafter.

There are limited funds and availability, but hopefully, as the State budget improves additional funding can be added to the program to help address the workforce shortage.

To learn more about the Physician Loan Repayment Program, visit the Bureau of Health Systems Development webpage at www.azdhs.org or call (602) 542-1066.
2014 Sunrise Applications & Legislation Opposed by AOMA

It has been the long-standing position of AOMA that expanding a health profession's scope of practice must include a commensurate level of training and minimum standards for patient care. Scope of practice encroachment is a constant threat and protecting the integrity of the osteopathic medical education and training, and ensuring quality and safe patient care is one of AOMA's highest priorities.

- Sunrise application to allow naturopathic physicians equivalent prescribing privileges as allopathic and osteopathic physicians – Application Withdrawn Due to Lack of Support
- Sunrise application to allow pharmacists to administer vaccines to persons 6-17 years of age without a prescription order – Application Withdrawn Due to Lack of Support
- SB 1040 pharmacology certification; requirements – Legislation would have provided unprecedented authority to chiropractors to prescribe nonsteroidal anti-inflammatory and muscle relaxing drugs to patients. The bill would have allowed for prescription-strength dosages of cyclobenzaprine, ibuprofen, naproxen, and methocarbamol to be prescribed to patients by chiropractors. AOMA and the Arizona Medical Association worked closely together to successfully lobby the Senate Health Committee members and testify against SB 1040. There was not enough support in the committee to pass the bill. – Vote Not Taken, Bill Defeated.

Board of Osteopathic Medical Examiners Omnibus Legislation

The Arizona Osteopathic Board of Examiners (Board) statutes were in need of an overhaul to update them for consistency and best practices for the Board and the osteopathic medical profession. AOMA worked closely with the Board to ensure the successful passage of SB 1012 osteopathic board; licensure; regulation. The substantive changes in SB 1012 clarified due process during disciplinary proceedings, adds flexibility to licensing and continuing medical education, and streamlines regulations.

One of the provisions AOMA strongly supported was adding some flexibility to CME requirements by changing the renewal requirements for licensees so they must complete forty clock hours of continuing medical education every two years, instead of twenty clock hours each year. This new provision went into effect on July 3, 2015.

Arizona's Controlled Substances Prescription Monitoring Program Reforms

There is a lot of momentum in states right now for policymakers to accelerate the applicability and use of prescription drug monitoring programs to identify and curtail the abuse and misuse of opioids.

Arizona's Controlled Substances Prescription Monitoring Program (CSPMP) is administered by the Arizona Board of Pharmacy. Since 2007, all prescribers have been required by law every two years to register with the CSPMP. Despite this legal requirement, only 80 percent of prescribers have registered and many have failed to renew their registration. Prescribers may also proceed with an optional step of registering with the CSPMP to access patient prescription use histories to determine if patients are seeking opioids for non-medical purposes.

Several legislators were poised to introduce legislation to mandate registration with the CSPMP as a condition of licensure and renewal, and mandate the use of CSPMP to review patient data before prescribing opioids to any patient with some exceptions.

Concerns were expressed about the timing and necessity to implement a strict mandate to use the CSPMP while the program was still undergoing some improvements. AOMA took the lead on this issue and worked with legislators to educate them on the performance of the CSPMP and its benefits to physicians. In addition, the Arizona Criminal Justice Commission recently launched a Prescription Drug Misuse and Abuse Initiative to educate physicians and promote the benefits of the CSPMP by sending report cards to prescribers with their individual data compared to the average data for prescribers of their specialty type in the same county. This program has generated some encouraging results and the report cards will soon be sent to all prescribers statewide.

AOMA helped draft and lobbied for the support of SB 1370 controlled substances prescription monitoring program to help further the objectives of the CSPMP without imposing a strict mandate to use the program. SB 1370 as signed into law implements the following:

- Registration with the CSPMP will automatically occur as each prescriber becomes licensed or renews their license after July 3, 2015. This will remove the necessity for prescribers to log in to register and renew their registration every two years.
- Registration with the CSPMP will automatically grant prescribers access to patient data. This will remove the necessity for prescribers to undergo this additional step to gain access to the program data.
- By July 1, 2016 and for two years following that date, the Board of Pharmacy is required to report specified information about the CSPMP tracking system to the Governor and the Legislature.
- AOMA will continue to work with legislators and stakeholders to improve the performance of the CSPMP and promote its use on a voluntary basis.

Get Involved

This is a critical time for osteopathic physicians and your help is needed now more than ever to protect and promote the profession for patients. We need your support through your membership with the AOMA, volunteering on the Legislative Affairs Committee, responding to AOMA legislative action alerts, and financial support of the AOMA PAC. Your contribution and the collective support of osteopathic physicians will ensure that Arizona is a great place to be a D.O.
“What We Have Done For You Lately”

This regular feature of the AOMA Digest provides members with a recent update of the Association’s activities. We are representing the profession as a healthcare stakeholder and are the voice of osteopathic medicine in Arizona. This update covers the five month period from February 1, 2015 to June 30, 2015.

Advocacy/Legislative Affairs

• Lead efforts to oppose and defeat scope of practice expansion legislation which would have allowed chiropractors to prescribe nonsteroidal anti-inflammatory drugs and muscle relaxers to patients
• Lobbied against AHCCCS reimbursement cuts to physicians to balance the state budget; in response to provider concerns by AOMA physicians and other providers, the Governor and AHCCCS found an alternative funding source and cancelled the 5% cut which was scheduled for October 1, 2015
• Working closely with the Arizona Osteopathic Board of Examiners, successfully passed SB 1012 osteopathic board; licensure; regulation omnibus bill, updating Arizona statutes for consistency and best practices and changed the renewal requirements for DOs to complete forty clock hours of continuing medical education every two years, instead of twenty clock hours each year
• Assisted in drafting SB 1370 controlled substances prescription monitoring program to further the objectives of Arizona’s Controlled Substances Prescription Monitoring Program without imposing strict mandates for using the program
• Presented the AOMA 2015 Legislative Report to all members. The full report is available on the AOMA website
• Hosted D.O. Day at the State Legislature in March

American Osteopathic Association (AOA)

• Hosted an AOMA & AOA Board of Trustees Midyear Meeting Reception

Continuing Medical Education

• Sponsored 36.5 hours of AOA Category 1-A CME credit for AOMA 93rd Annual Convention
• Offered 46 different lectures, including concurrent sessions on three separate days, at the AOMA 93rd Annual Convention
• Introduced 3-day weekend registration for the AOMA Annual Convention, offering 21.0 hours of CME credit
• Provided specialty credits in 24 different disciplines
• Implemented policy that all speakers are board certified physicians or experts in their respective fields
• Sponsored 3.0 hours of Category 1-A CME credit for Opioids or is there another option?

Osteopathic Charities

• Raised more than $4,500 from the silent auction and raffle held during AOMA Annual Convention
• Awarded scholarships of $500 each to two students, one at SOMA and one at AZCOM as winners in the annual essay competition

Member Services

• Published the 2014-2015 AOMA Fiscal Year End Review and Membership Value Proposition, chronicling the Association’s activities and accomplishments
• AOMA Board of Trustees reviewed and updated the AOMA Strategic Plan for fiscal year 2016
• Adopted policy to provide discounts for AOMA members to exhibit at the Annual Convention and Fall Seminar
• Hosted seven regional District meetings for members to network and discuss AOMA issues

Political Action Committee

• Raised $8,910 in PAC contributions from AOMA members

Public Health

• Participated in and supported the “Phoenix Kicks Butts”, anti-smoking initiative
• Represented AOMA at the Governor’s Arizona Prescription Drug Misuse and Abuse Initiative meeting
• Represented AOMA at The Arizona Partnership for Immunization (TAPI) Steering Committee meeting and strategic planning session

Public Relations

• Sponsored combined District 6 meeting in conjunction with the Tucson Osteopathic Medical Foundation Connect the Docs networking event
• Promoted the use of the Controlled Substance Prescription Monitoring Program to prevent misuse and abuse of prescription drugs
• Provided advocacy training and support for the American College of Physicians – Arizona Chapter Day at the State Legislature

Students – the future of the osteopathic profession

• Participated in the Rotation and Residency Opportunities Day at AZCOM
• 21 students attended the 2015 D.O. Day at the State Legislature
• Student doctors served as moderators at the AOMA 93rd Annual Convention
• Presented the 2015 AOMA Clinical Case and Poster Competition

For more information about any of these updates, please AOMA at (602) 266-6699 or email communications@az-osteo.org
AOMA Business Partners
Provide Services for a Health Practice and your Finance
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ACCOUNTING

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jason.bernstein@mcgladrey.com

McGladrey is a leading provider of tax planning and compliance (individual and practice), assurance and consulting services to physicians, physician groups and health care companies. AOMA members will receive a 20% discount off regular fees.

BANKING

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Phoenix, AZ 85016
(602) 224-2023
www.bankerstrust.com
kkormos@bankerstrust.com

Bankers Trust provides core banking services, mortgages, treasury services and trust accounts. To AOMA members (private banking clients) will receive: free checking, free printed checks, free electronic statements and free mobile banking.

BANK CARD PROCESSING

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Visit the AOMA website, Member Services Business Partner Listings or call (800) 644-9060 Ext. 6974

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jeff@jrbfinancial.com

J.R. Brothers Financial, Inc. (JRB) is a medical collection agency since 1986. AOMA members are offered a lower collection fee with exceptional service and recovery. Clients can access the status of their accounts online through the JRB Client View Program.

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jplaux@xolmedrcm.com

We provide exceptional billing, coding, and collection services for physician practices. We offer AOMA members a comprehensive billing and chart preview at no charge to determine how we can increase practice revenue, and shorten collection cycles.

FINANCIAL

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Phoenix, AZ 85040
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anthony@mosaicfa.com

Mosaic Financial Associates provides a holistic approach to wealth management. They believe your financial advisor should provide a pathway to the financial goals you dream of and work hard to achieve, while taking into account all aspects of your life and building a long-term relationship based on trust and top-notch service.
Business Partner Listings

Health Information Technology

Information Strategy Design (ISD)
Michele Liebau  
(480) 970-2255 x107  
michele@isdesign.com

Information Strategy Design (ISD), a leading healthcare technology solutions provider with its central office in Mesa. ISD has been providing network design and implementation to Healthcare Practices in the South West since 1996. ISD’s focus is on medical practices to allow them to provide cost-effective computer networking, telephony, off-site backup and remote monitoring. ISD’s value offering to AOMA members allows for one time and ongoing discounts based on using two or more ISD services.

Insurance

AFLAC
Karen Jones, Independent Agent  
16211 N Scottsdale Rd., Ste. A6A 614  
Scottsdale, AZ 85254  
(602) 229-1970 x213

No Deductible, No Copay, No Preauthorization. AFLAC supplemental insurance policies are available at special Association Rates for AOMA members and their families.

Mutual Insurance Company of Arizona (MICA)
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Each medical practice is unique with individual risk management needs based on specialty and practice characteristics. Their experienced Risk Management Consultants can assist you in assessing and providing service designed to reduce your risk of a malpractice claim or suit. MICA is owned by all of the physicians it covers and provides educational grants to AOMA.

Legal — Disability Insurance Claims and Healthcare Litigation

Comitz|Beethe
Edward O. Comitz, Esq.  
Scottsdale Spectrum  
6720 N. Scottsdale Rd., Ste. 150  
Scottsdale, AZ 85253  
(480) 998-7800  
Fax: (480) 219-5599  
ecomitz@cobelaw.com  
www.disabilitycounsel.net

Mr. Comitz has extensive experience in disability insurance and healthcare litigation, representing physicians in reversing the denial or termination of their disability insurance benefits. Mr. Comitz has earned a national reputation for prosecuting claims based on fraud and unfair practices in the insurance industry. A free consultation is provided to AOMA members.

Medical Record Scanning & Management

ASDD Document Destruction
Ryan Shinn  
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ryanshinn@tch-az.com  
www.assuredsecurityaz.com

ASDD Company is an offsite and onsite “AAA” certified document shredding, electronic media and x-ray destruction. We are HIPPA and FACTA compliant. We offer AOMA members discounts on offsite and onsite services.

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Human Capital Strategies
Nick Mawrenko  
(480) 577-2552  
nick.mawrenko@hcscando.com  
www.hcscando.com

Human Capital Strategies is a national provider of Professional Employer Organizations (PEO) Services, Administrative Services, Organizations (ASO) Services, and Payroll Services. Managing every aspect of payroll, human resources, taxes, employee benefits, 401(k) plans and workers’ compensation management is what makes Human Capital Strategies “the next best thing to no employees!” Human Capital Strategies offers a 10% discount and $0 setup fees for AOMA Members.

Payroll Strategies Group
Nick Mawrenko  
(480) 577-2552  
nmawrenko@gmail.com

Payroll Strategies Group is a local payroll service that is designed for the small medical practice. If you have one employee and don’t want to do your own payroll, call Nick. Our custom service enables us to reduce overhead and pass the savings on to you. Call Nick to see if our approach will fit your practice. Payroll Strategies Group offers AOMA members a $0 setup fee.

Practice Management

Wolfe Consulting Group
Jim Wolfe, Owner  
(602) 324-0405  
chh@wolfecon.com

AOMA members will receive a free initial problem definition meeting and also receive a discount on a wide array of business consulting services. Services, from Improving Income to Practice Sale for Retirement, will serve as the basis for the free initial consultation. A listing of these services can be reviewed at www.wolfeconsultinggroup.com. Real Estate services from Office Leasing to Building Purchase are also available through a wholly owned subsidiary of Wolfe Consulting Group, Ltd., Healthcare Realty Advisors, Inc., at no direct cost to AOMA’s members.

Real Estate

RE/Max Excalibur
Kevin Weil, Realtor  
(602) 793-7492  
kevin@kevinweil.com

Kevin Weil of RE/Max Excalibur is one of the top realtors in the valley and specializes in serving the needs of physicians. AOMA members are entitled to video previewing of homes of interest and other services uniquely designed to save the time of, and maximize the interests of AOMA members. Kevin and RE/Max Excalibur have selected Arizona Osteopathic Charities as the charity to receive a donation based upon member participation.
ER/LA OPIOID REMS:
Achieving Safe Use While Improving Patient Care

Saturday, August 29, 2015
9:00 to 11:00 am
A. T. Still University
Saguaro A & B
5850 E. Still Circle
Mesa, Arizona 85206

AOMA Members - Free
Nonmembers - $25.00

2.0 hours of AOA Category 1-A CME credits are approved for this lecture.

Register online at www.az-osteo.org/event/REMS

ARE YOU READY FOR ICD-10?

SATURDAY, AUGUST 29, 2015
12:00 to 4:00 pm
A.T. Still University
Saguaro A & B
5850 E. Still Circle
Mesa, Arizona 85206

ICD-10 begins October 1, 2015 - Don’t delay any further!

This four-hour workshop will provide critical guidance and detailed implementation strategies.

AOMA MEMBERS - FREE
NONMEMBERS - $100.00

REGISTER ONLINE AT www.az-osteo.org/event/ICD-10

4.0 hours of AOA Category 1-A CME credits are anticipated for this workshop. This workshop is designed for those who already have basic ICD-10 education.
Welcome New Members

AOMA Digest Summer 2015

Welcome New
AOMA Members

First Year in Practice
Christine R. James, D.O.
Pediatrics
Casa Grande, Arizona
(520) 836-5036
Suzanne Tariot Sheard, D.O.
Psychiatry
Chandler, Arizona
Thomas E. Waggoner, D.O.
Cardiology Interventional
Cardiovascular Disease
Internal Medicine
Tucson, Arizona
(520) 838-3540

Out of State
Krista Anhalt, D.O.
Emergency Medicine
Arcadia, Michigan
(231) 889-7062
Robin Davis, D.O.
Emergency Medicine
Roseville, California
(916) 945-7222
Thomas M. Hemmer, D.O.
Obstetrics and Gynecology – Board Certified
Clovis, New Mexico
William L. Hull, D.O.
Cardiovascular Disease – Board Certified
Butte, Montana
(406) 496-3602
Suzanne Moffit, D.O.
Diagnostic Radiology – Board Certified
Champlin, Minnesota
(612) 210-0354
Michael N. Rubin, D.O.
Cardiovascular Disease – Board Certified
Bloomfield, Michigan
(248) 763-4413
Benjamin Wilde, D.O.
Family Medicine – Board Certified
Worland, Wyoming
(307) 431-5870

Second Year in Practice
Elise J. Barney, D.O.
Nephrology – Board Certified
Internal Medicine – Board Certified
Phoenix, Arizona
(480) 610-6100
Kimberly Brandstetter, D.O.
Internal Medicine
Glendale, Arizona
(602) 938-6960
Brian Coates, D.O.
General Surgery – Board Certified
Flagstaff, Arizona
(928) 606-0268
Walter C. Damper, D.O.
Physical Medicine & Rehabilitation
Tucson, Arizona
(520) 382-8200
Luke Garcia, D.O.
Physical Medicine & Rehabilitation
Glendale, Arizona
(602) 466-6350
Richard Vance Guthrie, D.O.
Internal Medicine – Board Certified
Aerospace Medicine
Phoenix, Arizona
(623) 327-7313
Samantha Matz, D.O.
Diagnostic Radiology – Board Certified
Phoenix, Arizona
(602) 433-1516
Nina Shah, D.O.
Internal Medicine – Board Certified
Pulmonary Disease – Board Certified
Critical Care Medicine
Scottsdale, Arizona
(831) 359-0298

Third Year in Practice
Angela M. Felix, D.O.
Internal Medicine – Internal Medicine
Glendale, Arizona
(602) 938-6960
Jennifer Holmgren, D.O.
Pediatrics
Phoenix, Arizona
(623) 846-7575
Kristie Sue Julien, D.O.
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Scottsdale, Arizona
(602) 254-4357
Sonya Y. Lee, D.O.
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Phoenix, Arizona
(602) 368-5861
Richard Saunders, D.O.
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Glendale, Arizona
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Arcadia, Michigan
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In Memoriam
We are all diminished when one of our number leaves us.
We will miss them and strive on for the betterment of our profession in their memory.

Gordon L. Ritter, D.O.
Oliver Shelksohn, D.O.

AOMA gratefully acknowledges all its members for your support of the osteopathic profession and your association. Your membership ensures that AOMA is looking out for you and enables us to accomplish great things on your behalf. Thank you!
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October 1st 2015. ICD-10 will be here as of this date, some two decades after its creation and it will literally take an act of congress to delay it; furthermore, don’t hold your breath for a delay as its need and time is long overdue. This adaptation will bring the United States up to speed with all other industrialized nations, in which all but the U.S. have had integrated into their healthcare systems since 2002. Pragmatically speaking look at all the changes in science and healthcare since ICD-9 came into being in the 1970s: coronary artery bypass graft, cardiac catheterizations and stents, arthroplasty, laparoscopy, arthroscopy, MRIs, CT scans, the artificial heart…the list goes on and on. ICD has been ready to go since 1992. However, this is not just about keeping up with the Jones’ or even being contemporary. Embarrassingly our country’s failure to use ICD-10 and get up to speed has left federal health officials scrambling to interpret clinical data in order to get vital and life-saving statistics for and to international health monitoring agencies of diseases, pandemics, and epidemics. Think Avian Flu or even Ebola (the latter of which, by the way, isn’t even in ICD-9). This is a massively important public health issue, but payment—in the United States—is intimately tied to this system of coding as well.

ICD-10 will be the single largest change to the U.S. healthcare system since 1994 when the Federal Documentation Guidelines were first introduced. Those rules still haunt many today with RAC and private payer audits. As such it is being met with great angst and fear as the fiscal impact has been estimated to be in the hundreds of millions if not billions of dollars—most adversely affecting those unprepared. Moreover, if you are not a good ICD-9 coder, ICD-10 will be far more challenging. The good news is, if well utilized, it will make payment easier due to ease of disease and clinical interpretation via more highly detailed alphanumeric coding sent to the insurers. Once implemented it will facilitate faster claim adjudication (AKA payment) and hopefully lessen denials by better describing what occurred in the clinical encounter.

To get to this point there are some nuances to understand. To begin we are moving to 68,000 codes in ICD-10. That’s a four-fold increase from ICD-9. Clearly this is a larger universe of data and this is evidenced in that there are only 4 new chapters in the ICD-10 book compared to the ICD-9 to get to this much larger code set. Code sets will change from 3-5 digits to 5-7 with 7 digits being the highest level of specificity for ICD-10. Just like ICD-9 where 5 digits (the max number in the code set) was the goal, 7 is the goal in ICD-10. However, getting to that higher number will not always be possible just like ICD-9. The key, just like ICD-9, is to code symptoms if one does not have a diagnosis and never give someone a diagnosis he/she doesn’t have just to pick a code or justify a procedure or diagnostic. The subsequent implications could be disastrous for the patients’ insurability and the provider’s medicolegal situation!

From an osteopathic perspective the biggest change will be on the Evaluation and Management (E&M) side. The somatic dysfunction ICD-9 codes (739.0-739.9) will now be M codes (M99.00-M99.09) with the same body area designations assigned. See Table 1. These will again be used to describe the physical examination findings from an OMT procedure note and create medical necessity for utilizing the OMT CPT codes 98925-98929.

Assigning a code in ICD-10 will be initially the most challenging, BUT it is very similar to ICD-9 and in fact gives you more options to better describe what occurred in the visit with the patient. The alphabetical index is, well, alphabetical. Just look up the name of the problem, disease, or symptom and, just like ICD-9, it will direct you to the code set. Pay attention once there to the exclusions in that section as this too will help you pick the right code. The key is to again list ALL germane diagnoses and to list the primary condition (the main reason for the clinical encounter) first. As an example, if a patient comes in with an embedded splinter in the left great toe, ICD-9 would code that 917.6, Splinter, foot/toes. ICD-10 would code that S90.452A, Superficial Foreign Body, Left Toe, Initial Encounter. Notice two things here. First of all the laterality and locality of the pathology (left toe) is now clearly present in the code. ICD-9 cannot do that. Second, notice the 7th digit, A.

<table>
<thead>
<tr>
<th>ICD10 Code M99 Codes</th>
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<tbody>
<tr>
<td>Segmental and Somatic Dysfunctions</td>
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<table>
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<tr>
<th>ICD Codes</th>
<th>Descriptors</th>
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</thead>
<tbody>
<tr>
<td>M99.00</td>
<td>Head Region (occipitocervical region)</td>
</tr>
<tr>
<td>M99.01</td>
<td>Cervical Region (cervicothoracic region)</td>
</tr>
<tr>
<td>M99.02</td>
<td>Thoracic Region (thoracolumbar region)</td>
</tr>
<tr>
<td>M99.03</td>
<td>Lumbar Region (lumbosacral region)</td>
</tr>
<tr>
<td>M99.04</td>
<td>Sacral Region (sacrococcygeal region)</td>
</tr>
<tr>
<td>M99.05</td>
<td>Pelvic Region (hip region)</td>
</tr>
<tr>
<td>M99.06</td>
<td>Lower Extremities</td>
</tr>
<tr>
<td>M99.07</td>
<td>Upper Extremities (AC &amp; SC joints too)</td>
</tr>
<tr>
<td>M99.08</td>
<td>Rib Cage (Costochondra/Costovertebral too)</td>
</tr>
<tr>
<td>M99.09</td>
<td>Abdomen and other</td>
</tr>
</tbody>
</table>

ICD-10/CM Somatic Dysfunction Codes

TABLE 1
This A suffix represents the first time for which the patient is seen for this issue, which could necessitate a higher level E&M code (depending on documentation and medical necessity) and the insurance company will know that based on this suffix. Subsequent visits, like an infection related to the splinter would put an S instead of an A for sequelae, again representing an ongoing issue related to the patient’s first complaint and should avert a denial for being paid for the same splinter care twice. Similarly if you are seeing a patient for follow-up for an ear or pulmonary infection that’s been treated, ICD-10 now affords a means to better document the relatedness of this visit. Rather than having to put down the ICD-9 codes that imply the infection/problem are still active when in fact they are resolved now one can document via ICD-10 that follow up care is being done to make sure the infection has resolved. Under ICD-9 the coding was ambiguous.

Another helpful piece of the ICD-10 system is the anticipation of better diagnostic identification and/or the development of technology that would create higher specificity for a diagnosis. ICD-10 create X’s as space holders so that if/when new technology emerges it can be plugged into the existing diagnosis code set. ICD-11 presumably would follow suit and build on this—yes ICD-11 will be implemented in the next few years in other countries and ICD-10 is a must terms of conceptualization before we could move to ICD-11 and keep up with the rest of world’s industrialized nations. As a nation we cannot afford to fall this far behind again if not only considering things from a public health perspective.

While the rationale to get into ICD-10 makes sense, it will take diligent and methodical planning to prepare for October 1st. Meeting with your billing team, identifying your most common ICD-9 codes, and cross-walking them to ICD-10 (do 20 a week) will not only familiarize your team and you with ICD-10, but will allow you to pick what codes are being used in your practice. Most practices have around 300 ICD-9 codes they use repeatedly. If a practice does 20-25 codes per week in 3-4 months all 300 codes can be easily achieved. However, one must start now and not wait.

Training programs are underway and available. Many doctors with whom we work feel overwhelmed and scared and, interestingly, unable to learn this. Doctors represent the top 1% of academic achievers in the country; thus, if medical school and residency graduation were achieved this will be a piece of cake—it just takes effort.

One final note, as of October 1st ICD-10 will be here, but ICD-9 is not going away. All denials and delays in payment prior to October will still need to be worked and they will still need to be coded with ICD-9 codes. Furthermore, only Medicare is federally required to test readiness. Most private insurers are, but some smaller, regional systems may not be implementing this same readiness so be prepared and have your billing team work with your clearinghouse and your regional payer contacts so everyone is on the same page and test that data is flowing successfully. Toward this end, it is paramount that one has access to at least two months of mandatory expenses (i.e.: line of credit, HELOC or cash for payroll, supplies, rent, utilities, etc.) in the event there is an interruption in payment due to the ICD-10 transition. It is possible that all the hype of the doomsday theorists, Y2K like fears around ICD-10 are just hype, but chance favors the prepared...so be prepared. This is a massive and important change to the healthcare system in our country, but once on the other side it will make very good sense and contemporize and exceedingly antiquated system.

Douglas J. Jorgensen, D.O., CPC, FAAO, FACOFP, CAQ Pain Medicine is a Partner in Jorgensen Group, LLC (TJG). National billing and coding experts, TJG exists to elevate aptitude around optimal coding and mitigate liabilities in the event of negative third party payer audit findings. Despite being identical twins, Ray & Doug Jorgensen have led very different professional lives as healthcare revenue cycle entrepreneur and provider, respectively. Joining forces for the first time as businessmen, the brothers bring broad perspective and an unparalleled depth of knowledge. www.jorgensen-group.com
Experience has shown many lawsuits are preventable and the cost of claims is reduced through the adoption of risk management strategies into a physician’s daily patient care activities. Not only do these strategies contribute to improved patient care outcomes, they prevent lawsuits.

System failures often lead to medical errors in patient care when valuable information is missed or delayed. Errors in diagnosis is one of the leading causes of malpractice claims for all combined physician specialties. The most common diagnostic errors involve cancer of the breast, lung, colon, or rectum and acute myocardial infarction. One of the biggest challenges for physician practices is managing the constant flow of information into and out of the office. Effective systems work to manage and enhance the flow of data, clinical information, medical records, and care activities to assure that pertinent information is available for each patient’s care.

Communication failures have been linked to as many as 75% of claims and suits. A patient who feels their physician was too rushed to listen or pay attention to their complaints is more likely to sue if an unexpected outcome occurs. Establishing and nurturing relationships with your patients through enhanced communication skills will increase patient satisfaction, improve the quality of the medical service provided, and reduce liability risks.

Inadequate documentation is a frequent defense difficulty when an allegation of malpractice occurs. A complete, legible medical record, whether a traditional paper chart or an electronic record, is an important “witness” to the patient’s care. Accurate and credible documentation indicates due care was exercised in diagnosis and treatment, while an incomplete or illegible record may force settlement of an otherwise defensible case. Particularly troubling is a record that appears altered either because of improper corrections or addenda or an electronic record that lacks sufficient security protocols. Failure to document informed consent discussions and failure to record after hours phone discussions likewise may cause defense difficulties.

Reimbursement issues have complicated the practice of medicine in several ways, which may give rise to claims and suits. Physicians may feel pressured to forgo treatment or diagnostic options because the patient lacks insurance or as a result of other economic constraints. It is important to base the treatment plan on sound medical judgment rather than economic factors. A patient who feels her/his physician is their advocate is less likely to fault the physician for their frustration with the healthcare system.

What steps can a physician take to improve patient care outcomes and reduce the risk of a malpractice claim or suit?

» Listen carefully to patients to obtain a more satisfied patient and a more timely and accurate diagnosis.
» Establish systems to target key areas including diagnostic results, referrals, co-management of patients, no-shows and cancellations, important follow-up visits, medication management, and telephone calls.
» Complex systems are more likely to fail and more difficult to maintain so systems should be simple and meticulously maintained.
» Diagnostic results or consultation reports should not be filed until they are reviewed, dated, and authenticated by either initialing or by an electronic signature of the physician or other appropriate level healthcare clinician.
» Document clearly and precisely, creating a “snapshot” of the patient and all care provided so other healthcare team members can assume care safely without interruption or risk for the patient.
» Document what is important to patient care, including phone calls with patients when advice is provided, appropriate conversations with family, and objective information after an adverse event.
» Avoid any appearance of an altered record by correcting all charting errors appropriately and never add an addendum after litigation is filed or a case is suspected.
» Be careful when using templates, whether part of a traditional paper or electronic record, giving special attention to fields that might automatically populate or be marked as assessed when they were not. Without specific patient details, templates may appear too generic.
» Use a consent form in addition to progress notes to best document informed consent discussions, always remembering not to imply or guarantee treatment will be complication free.
» Remember to advocate for your patient and avoid the appearance that economic considerations override sound medical judgment.
Ten years ago we were told to prepare for a looming physician shortage. The Association of American Medical Colleges (AAMC) reports we will have a shortage of 45,000 to 90,000 physicians by 2025. An issue of the *Annals of Family Medicine* mentions in order to meet our country’s healthcare needs, we will need almost 52,000 additional primary care physicians. Prior to the Affordable Care Act, most communities were already feeling the effects of the physician shortage. As the Affordable Care Act is implemented and brings 34-35 million newly insured patients, we see the demand for primary care physicians increasing. In addition, many of the new patients have chronic medical problems which will also require an increased demand for specialists.

Have you invested in a physician retention plan? As the demand for healthcare increases and the supply of physicians decreases, it is more important than ever for healthcare organizations to develop a strategy to retain their medical provider staff. High physician turnover is disruptive to organizations and even more importantly to the quality of patient care. High turnover also results in loss of revenue and added costs for the recruiting and startup of new physicians.

The logical result of a successful physician retention plan is that new physicians grow with the practice and become long term physicians. While some practices do a great job of recruiting top talent and helping physicians and other providers adapt to their new role, too often the retention effort slows down or does not exist. Unfortunately, a laissez-faire attitude toward retention can lead to dissatisfaction and a long-term physician surprisingly giving notice of intention to leave. Onboarding and Retention Plans should be an integral part of every organization’s strategic medical staff plan.

Developing and cultivating a mutually beneficial, long-term relationship with physicians is best accomplished through consistent communication between providers and administrative leaders. Respect and creating an environment for open discussion must be of high importance in this process. Just as each provider’s job performance and production is evaluated individually, each provider has individual and unique needs and priorities. A one-size-fits-all retention plan does not work in today’s changing healthcare environment. A healthy retention program should be structured around developing mutually agreeable goals and objectives and understanding the distinctive needs and desires of each provider.

While it is understandable that the individual needs of every provider may not be met, understanding priorities and concerns can help your organization evaluate both individual and overall provider mindsets, morale, and priorities. Listening to and addressing questions and concerns demonstrates respect and recognition that all providers are highly regarded contributors to the overall success of the organization.

Recent surveys report that established physicians consistently list the following as key to job satisfaction:

- Trusting and collegial relationships with colleagues
- Meaningful work
- Clinical autonomy
- Work-life balance
- Involvement in decision making

Conversely, the most cited sources of physician job dissatisfaction include:

- Demanding work schedules
- Lack of trust
- Ineffective communication and lack of responsiveness to problem solving on the part of organization leadership
- Compensation levels (though, surprisingly, compensation becomes less of an issue when physicians feel respected and are contributing to the greater good of an organization and the community)

Faced with severe physician and provider shortages in an ever-changing healthcare environment, the ability to retain established physician staff will always play a critical role in the recruitment of new providers. Established physicians bring a sense of longevity and stability to an organization and should be key advocates in the recruitment process. Well-established and content physicians indicate a healthy and robust organization where morale is high and a new recruit can picture himself or herself practicing for years to come.

Everyone benefits when organizational relationships are healthy – the practice, the providers, and the community of patients. Healthcare organizations that explore innovative ways to position themselves to meet the changing needs of providers throughout their career will have a competitive advantage for recruitment and retention of well-trained providers, in the years ahead.

For additional information on recruitment, retention, and onboarding physicians, please feel free to contact us.
A new chapter in health information exchange (HIE) began this past April. This new beginning will enable better outcomes and improved quality of care for the patients of Arizona physicians. On April 1, Arizona Health-e Connection (AzHeC) launched the new services and technology of Arizona’s statewide HIE that is now simply called The Network. These new services are designed to provide Arizona physicians with more complete patient information, enabling better care coordination, and transitions of care.

A Remarkable Turn-Around

The genesis of these new services began when AzHeC and Health Information Network of Arizona (HINAz) combined operations in early 2014. HINAz had operated a statewide HIE since 2010, but when the operations were combined, AzHeC looked at changes in the market and what would be required to meet the emerging needs of Arizona providers in the future. It was clear that change was needed quickly. So, in less than a year, AzHeC went from a thorough vendor selection and contract negotiation process to the development of a new funding model and a major data migration, culminating in the launch of new and expanded services. This past April the new services and technology platform went live, a remarkable turn-around made possible by the active involvement of the AzHeC and Network Boards of Directors and The Network’s Participants, as well as a lot of hard work by the AzHeC staff.

A Design with Providers in Mind

What drove this rapid turn-around was a recognition from the start that a successful statewide HIE meant meeting the practical and workflow needs of providers – a design with providers in mind. The design of the new statewide HIE was based on meeting a few basic needs of providers:

• Practical, actionable information that integrates into the workflow of a practice

An immediate and tangible benefit of Network participation is the ability to send and receive direct, secure messages among Network participants. Not only does this enable private and secure communication with other participants, this direct messaging function enables another key benefit: the receipt of real-time alerts and notifications. Providers are able to provide a list of patients to The Network, typically high-risk patients, and The Network can send an alert when a patient is admitted, transferred, or discharged from a hospital and provide a notification when a patient has an out-of-range clinical or lab result. These real-time alerts and notifications integrate easily into workflow, enabling earlier interventions and, in some cases, even enhancing reimbursement when patients are seen within a short window after a hospital discharge.

• Services and assistance in meeting Meaningful Use Stage 2

There are several objectives and measures of Meaningful Use
Stage 2 that can be more easily met through the services of The Network. Care summaries can be sent electronically for transitions of care and referrals. In addition, the Network’s public health reporting service allows Network participants to submit state and federally required public health information from their certified electronic health record (EHR). The types of reporting available include immunizations, syndromic surveillance, reportable labs, and reportable diseases. These services all enable and assist with meeting Meaningful Use Stage 2.

**Bundled services for participating providers**
In the funding model for the new services and technology of The Network, providers receive a bundled set of services for a single participation fee. This includes bidirectional exchange, unlimited provider/payer portal access, unlimited Direct secure email accounts, and unlimited alerts and notifications. In addition, this single fee also includes eHealth Exchange connectivity and public health reporting connectivity. There are no separate interface fees or other add-on fees, just one single participation fee.

**Provider participation and integration costs as low as possible**
In creating the funding model to support The Network, there was agreement among staff and Board members to keep provider participation costs as low as possible. As a result, the new funding model places 95% of the operational funding responsibility on hospitals and health plans, with just 5% of the funding responsibility borne by providers. What this means for providers is an annual provider participation fee of $250, with volume discounts for groups of providers.

**A Summary of Key Services**
The key services of the new Network technology platform include:
- Bidirectional exchange
- Alerts and notifications
- Provider and payer portals
- Direct secure email
- Public health reporting
- Connection to eHealth Exchange (national network)

The potential of the new Network platform and services is difficult to overstate. While Arizona enjoys robust and growing HIE that is connecting providers, hospitals, health care systems, and payers across the state, The Network is the community asset and network of networks that enables better care coordination, improved transitions of care, and more informed care decisions. If you would like more information on the new Network services and technology platform or if you would like to discuss joining The Network, please contact a Network representative at (602) 688-7200 or thenetwork@azhec.org.
Our increasingly complex healthcare delivery system has drastically altered the way physicians practice medicine in the 21st century. A number of external forces have forever transformed physician autonomy and the hierarchies in which they practice. These include demand for public accountability in patient safety, better quality and efficiency of healthcare delivery, and public access to medical information. For individual physicians, flexibility of practice is being supplanted with standardized evidence-based guidelines, while multiprofessional teams have become the new model for care that supersedes the old paradigm of an individual’s blend of art and science as the be-all and end-all in patient care. To master this changing healthcare paradigm, physicians must evolve beyond their traditional role in the care continuum of “captain of the ship” and become healthcare team leaders, embracing the changing technology in electronic health records, patient communication, and public reporting of quality measures. To become effective leaders, physicians must move away from individual thinking and toward systems thinking, which focuses on the impact our decisions and work will have over time and beyond individual contexts.

The New Healthcare Landscape

As the Medicare Quality Innovation Network—Quality Improvement Organization (QIN-QIO) in Arizona, Health Services Advisory Group (HSAG) works with physicians and healthcare providers in hospitals, nursing homes, individual practitioner offices, and multiple community settings. HSAG’s mission to improve patient safety and clinical outcomes incorporates goals grounded in evidence-based guidelines that include the reduction of healthcare-associated infections and conditions by 40 percent; reduction of hospital readmissions by 20 percent; and elimination of adverse drug events, falls, and pressure ulcers in our nation’s nursing homes. These goals also address diabetes, heart disease, and stroke. By focusing on these goals, physicians can help improve quality of care and reduce costs for patients and taxpayers. To achieve these goals, physicians must be leaders who inspire change and motivate their colleagues, patients, and organizations to take responsibility for processes that produce the desired outcomes.

Investing in Physician Leadership to Improve Quality and Patient Safety

Howard Pithuk, MD, MPH, FACS • Mary Ellen Dalton, PhD, MBA, RN
Health Services Advisory Group (HSAG)

Physician Leadership

Healthcare needs physician leadership that is inspiring and collaborative. In a 2011 Harvard Business Review article, John Abele wrote that collaboration is a natural by-product of leaders who are passionately curious, modestly confident, and mildly obsessed. These leaders seek new insights from others, do not turn collaboration into competition, and are focused on the collective mission. Abele adds that collaboration “may be the only leadership model that produces breakthrough results.” This transformational leadership looks for ways to motivate followers with a view to engaging them more intimately in the work process, leading to performance at or beyond expectations.

The National Quality Strategy (NQS), which was mandated by the Affordable Care Act (ACA), can help physician leaders shape their strategies as they define their role within the healthcare team. NQS priorities call on healthcare leaders to make care safer by reducing harm and ensuring that each patient and their family members are engaged as partners in their care. Healthcare leaders are also being called upon to promote the most effective prevention and treatment practices for the leading causes of mortality, such as diabetes and cardiovascular disease. Some of the greatest opportunities to influence and improve care often happen outside of the physician office, such as in churches and community centers. Physician leaders can bring together resources from primary care, public health, and the community to address major population health issues. In turn, partnering with communities can promote the wide use of best practices and enable healthy living. Ultimately, a leadership approach that helps develop and spread new healthcare delivery models and makes quality care more affordable for individuals and their families will result in better health for populations and communities.

The NQS also reflects healthcare’s shift from a disease model to a wellness model where patients are no longer on the sidelines.
of care but instead are at the center. This patient-centered strategy can be difficult to implement and coordinate as patients often receive health-related services at numerous sites outside of the doctor’s office, such as hospitals, nursing homes, or at home. Therefore, physician leadership is essential in order for providers to engage with each other and ensure patients receive quality care across this continuum. This coordination is especially important as the ACA requires that all health-related stakeholders become accountable for patient care, which in turn will be linked to quality reporting and payment.

Ultimately, all aspects of care management will need to be integrated into a delivery system that is responsive to population health while remaining patient-centered. HSAG is a no-cost resource available to help physicians meet the challenges of the new leadership requirements, including managing chronic disease, reducing infections, and implementing health information technology. Whether in hospitals, physician offices, or community health centers, HSAG focuses on quality improvement efforts that strive to enhance care in the local setting by enabling physicians to learn useful tools, gain insight from shared experiences, and assume leadership roles in their practice venues. These efforts are essential for the healthcare transformation taking place in our country to succeed.

By connecting with each other to teach, learn, and implement evidence-based practices that better inform patients and involve them in their own healthcare, physicians can become leaders for a quality improvement model that lowers cost, eliminates waste and inefficiency, and improves healthcare delivery. This collaboration can help physicians develop new skills to lead future healthcare transformation while maintaining their most important focus: patient care.

Howard Pitluk, MD, MPH, FACS, is Vice President, Medical Affairs & Chief Medical Officer, and Mary Ellen Dalton, PhD, MBA, RN, is Chief Executive Officer, at Health Services Advisory Group.

This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. AZ-11SOW-XC-06032015-01
Hats Off to Arizona DOCARE Groups

By Kelli Glaser, D.O., FACOFP

DOCARE is an organization founded in 1961 to provide healthcare to indigent and isolated people in remote areas around the world. Arizona physicians have a longstanding history of volunteering with DOCARE including involvement of students and faculty from both AT Still University and Midwestern University.

James Cole, D.O., Past-Dean at Midwestern University, participated in his first mission with DOCARE in 2001 and has participated in 18 trips with them. He is also a Past-President of DOCARE. He was instrumental in helping DOCARE International make a name for themselves when they partnered with the AOA in 2008. For his many years of service he was honored by DOCARE with the Earnest Allaby award, recognizing an individual who reflects the ideals of the organization’s founder.

Alan Schalscha, D.O., faculty at both Midwestern and ATSU, began working with DOCARE in 2001. He has organized 12 medical outreach trips to Guatemala since then including one this past March with over 100 volunteers. He has been the leader in establishing two continuity clinics in Guatemala that DOCARE funds and operates. This effort has taken the care DOCARE provides to another level by advancing the communities they serve. Students have the opportunity to apply to do an international elective rotation at these sites or the DOCARE clinic in Nicaragua. To date, 68 osteopathic medical students have benefited from rotations at the clinics since the first one was established in 2011 and 16 more students are scheduled this upcoming year.

Kelli Glaser, D.O., Grace Stewart, M.D., and Aaron Allgood, D.O., all faculty at ATSU-SOMA led an outreach trip to the region of Solala, Guatemala this past February. In addition to providing medical care during these trips, the students are educated about local culture and customs, diseases that aren’t commonly seen in the U.S., and how to best navigate health disparities in an under resourced area. This year, they also made an effort to identify children with developmental disabilities who may need additional assistance or who are neglected because of their disability.

Laura Elias De La Torre, M.D. became involved with DOCARE in 2011 through ATSU-SOMA and has participated in three trips to Nicaragua with them including leading an outreach trip with five physicians, 11 osteopathic students, a registered nurse, and a pharmacist this past March. They serviced over 800 patients in four days. Students felt that this introductory experience to global health was invaluable. Catherine Salibay OMS I reported “As I scrambled to remember all of my lectures this past year, I realized that the main thing that SOMA taught me in preparation for Nicaragua was to listen to the patient’s story. With just a stethoscope, your hands, and the patient’s story, you already have a clear idea of the diagnosis.” Student doctor Emily Gorrell said “The DOCARE trip to Nicaragua was my first experience with global health. Aside from the amazing experience of diagnosing and treating disease, I was humbled by the power of the human spirit in each of our patients. This trip gave me a new perspective on medicine that I hope to carry with me throughout my career.”

DOCARE International would like to thank Arizona Osteopathic Charities for its generous contributions. If you would like to join DOCARE’s endeavors please visit their website at: http://docare.osteopathic.org/web/
### Volunteers Wanted

**Immediate Openings**

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<td>Concerned about third-party reimbursement? The Payor Relations Committee advocates for equality and fairness.</td>
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<td>In practice less than 10 years? This committee provides an opportunity for sharing ideas and practice management education.</td>
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**MAKE A DIFFERENCE FOR OSTEOPATHIC MEDICINE.**

Contribute to the AOMA Political Action Committee!

**Purpose**

AOMA Political Action Committee (PAC) is a most important vehicle for preserving and fostering the medical profession in Arizona. AOMA PAC allows us to endorse and support those candidates for state public office who share our concern about the future of health care and improved access to quality care in Arizona.

**Membership in AOMA PAC**

Membership in the Arizona Osteopathic Medical Association Political Action Committee is open to all individual members of the AOMA. The Osteopathic Medical Professional must be concerned with the capabilities of those who govern and regulate. Become a Gold PAC member today by donating $250 and you will receive a AOMA Gold PAC Pin.

**Contribute online!**

No more need for hard copy forms and checks in the mail. Go to www.az-osteo.org/PAC or scan the QR code.

Donations to the AOMA PAC are deposited into a separate fund established by the Arizona Osteopathic Medical Association. Donations from individuals are voluntary. Corporations are prohibited from donating to the AOMA PAC. Contributions will be used in connection with state elections and are subject to Arizona laws.
The Arizona Osteopathic Medical Association (AOMA) held its 93rd Annual Convention May 6 to 10, 2015 at the Arizona Grand Resort in Phoenix, Arizona. More than 600 attended the 5-day event participating in the 46 different lectures offering 36.5 hours of AOA Category 1-A CME credit. Thank you to the more than 50 speakers who presented the lectures and to the AOMA Professional Education Committee for planning the event.

AOMA Professional Education Committee

Lori Kemper, D.O., Chair
Melissa Blessing, D.O.
Susan Del Sordi-Staats, D.O.
Charles Finch, D.O.
Stuart Friedman, D.O.
Deborah Heath, D.O.
Deborah Hudak, D.O.
William Jaffe, D.O.
Kevin McCabe, D.O.
Kit McCalla, D.O.
Jeffrey Morgan, D.O.
Laurel Mueller, D.O.
Kristin Nelson, D.O.
Lawrence Sands, D.O.
Shannon Scott, D.O.

In addition to the CME, the Annual Convention featured the AOMA House of Delegates, the Osteopathic Family Party, Clinical Case Study and Poster Competition, and the Exhibit Hall.

The 2015-2016 AOMA Executive Committee and Board of Trustees were installed during the Convention. The new AOMA Officers are:

Kristin Nelson, D.O., President
Adam Nally, D.O., Immediate Past President
Shannon Scott, D.O., President Elect
Laurel Mueller, D.O., MBA, Vice President
Angela DeRosa, D.O., MBA, CPE, Secretary/Treasurer

American Osteopathic Association (AOA) President Elect John Becher, D.O. provided an AOA Update during the General Session luncheon on Thursday, May 7, 2015 followed by a lecture on Leadership in Medicine from Col. James J. Geracci, M.D., United States Army.

This year’s silent auction and raffle sponsored by Arizona Osteopathic Charities netted more than $4,500 for the non-profit organization. The Charities board members solicited donations from the community and items ranging from a set of golf irons and an electric guitar to wine tasting packages and spa treatments were up for bid. Students from Midwestern University AZCOM helped staff the auction during the Osteopathic Family Party on Saturday night.

In support of political advocacy for the profession, AOMA members contributed $8,700 to the AOMA Political Action Committee. Thank you to AOMA PAC Chair Wendell Phillips, D.O., and the AOMA PAC members for responding to the fundraising challenge.

An enormous part of the success of the Annual Convention comes from our sponsors and exhibitors. We truly appreciate their financial support and presence. The two-day Exhibit Hall was a great place for fun, food, networking, and winning prizes.

Mark your calendars for April 13-17, 2016 and the AOMA 94th Annual Convention when we return to the Scottsdale Hilton.
2015 AOMA Convention Exhibitors

Thank you to these organizations for their support of the AOMA 93rd Annual Convention

A. T. Still University School of Osteopathic Medicine in Arizona
ACO Commonwealth
Aegis Sciences Corporation
Amarin Pharmaceuticals
Amgen
Arizona Army National Guard
Arizona College of Osteopathic Medicine
Arizona Health-e Connection
Arizona Osteopathic Charities
Astellas Pharma US, Inc.
AstraZeneca
Bankers Trust
Biocodex USA - Florastor
BioTek Labs, LLC
CareATC
Designs for Health
Dignity Health
Gilead Sciences, Inc.
Golden Navigator PEMF
H.O.M.E. (Health Outreach through Medicine and Education
Homestead Hospice & Palliative Care
Hospice of the Valley
Humana
Iasis Healthcare/Arizona Markets
Maricopa County Office of Tobacco and Chronic Disease Prevention
Millennium Health
Mutual Insurance Company of Arizona (MICA)
Navy Medicine/Navy Reserves
Novo Nordisk
Pfizer
Phoenix Children’s Hospital
Phoenix Medical Recruiting Center
Phoenix Medical, Inc.
Senator Kelli Ward, D.O.
Simon Med Imaging
Sonora Quest Laboratories, L.L.C.
Takeda Pharmaceuticals USA
The Arizona Partnership for Immunization (TAPI)
The Neighborhood Christian Clinic
Women’s International Pharmacy

AOMA
Arizona Osteopathic Medical Association

Thank you to our AOMA 93rd Annual Convention Sponsors and Exhibitors

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Mutual Insurance Company of Arizona (MICA)

SILVER
A.T. Still University
Midwestern University

SPONSOR
Blue Cross Blue Shield of Arizona

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American Osteopathic Association
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1. A few hearty soles got up early on Saturday to “Rock with the Doc”. Jena Auerbach, D.O., uses the resistance bands with a partner.


5. AOMA members attended the PAC reception to raise funds for osteopathic medicine political advocacy. Left to right Tracy Middleton, D.O., George Parides, D.O., Angela DeRosa, D.O., Jeffrey Morgan, D.O., Michelle Mifflin, D.O., and AOMA PAC Chair Wendell Phillips, D.O.


The Arizona Osteopathic Medical Association hosts Annual Awards Presentation at the Ninety-third Annual Convention in Scottsdale

1. Volunteer of the Year Mimi Rockel, Arizona Osteopathic Charities Board Member.
2. George Parides, D.O., FACOI (second from left) received the Outstanding Mentor Award. He is pictured with his mother Nitsa Parides, wife Dorothy Parides, and son Thomas Parides.
3. Physician of the Year Award recipient Barbara Prah-Wix, D.O., and her family at the Awards Luncheon.
4. James Cole, D.O., FAODME, recipient of the Lifetime Achievement Award, and his wife Beth attended the Awards Luncheon with their family.
5. Dominic Derenge, D.O., was honored with the Student Distinguished Service Award for AZCOM. He is pictured here with his wife Christina Derenge.
7. Amanda “Mandy” Weaver and husband George Cohen with her Distinguished Service Award.
8. Patrick Hogan, D.O., wife Tiffany, and their children Harper and Avery celebrate Dr. Hogan’s President’s Award.
9. Jeffrey Morgan, D.O, recognized Seth Loofbourrow, OMS II with the Student Distinguished Service Award for SOMA.
10. Laurel Mueller, D.O. (second from left) received the Humanitarian Award from Shannon Scott, D.O. (far left). Matt Steele and Tracy Middleton, D.O., attended the ceremony to honor her.
2015 AOMA Award Winners

LIFETIME ACHIEVEMENT AWARD

James W. Cole, D.O., FAODME — This award is presented to long-time members who have advanced the osteopathic medical profession in Arizona with unwavering commitment to quality patient care. Previous recipients are Leonard Staff, D.O., Paul Steingard, D.O., Mitch Kasovac, D.O., and Karen Nichols, D.O.

This year the AOMA recognized one of Arizona’s finest leaders in osteopathic medicine, Dr. James W. Cole, with the 2015 Lifetime Achievement Award. His contributions to the rise and prominence of osteopathic medicine in Arizona exemplify a lifetime of commitment to the profession.

Dr. Cole was the founding Dean of Midwestern University’s Arizona College of Osteopathic Medicine where he served from 1996-2007. He was also instrumental in the development and success of DOCARE and served as its president in 2008.

Dr. Cole has served in numerous leadership positions within the AOMA, American Osteopathic Association, American Association of Colleges of Osteopathic Medicine, Association of Osteopathic Directors and Medical Educators, Arizona Telemedicine Council and many other organizations.

Dr. Cole is a past recipient of the AOMA Excellence in Osteopathic Medical Education, Humanitarian, and Volunteer of the Year awards. He also participated in a one-year fellowship in the AOA Certificate Program in Health Policy and remains an active participant on the AOMA Legislative Affairs Committee where his contributions have been invaluable.

PHYSICIAN OF THE YEAR AWARD

Barbara Prah-Wix, D.O. — The Physician of the Year Award is the highest honor for a member who provides his/her community with compassionate, comprehensive and caring medical services on a continuing basis; is directly and effectively involved in community affairs; and supports his/her community, state, professional associations and humanitarian program.

Barbara Prah-Wix, D.O. is the Medical Consultant to the Arizona Board of Osteopathic Examiners in Medicine and Surgery, acting as the lead medical investigator in over 2,400 cases. Dr. Prah-Wix speaks statewide at the Federation of State Medical Boards and AOMA sponsored conferences regarding responsible opiate prescribing and to Osteopathic Medical Students at both Midwestern University and A.T. Still University, promoting awareness of the Board’s duties. She chairs the John C. Lincoln Foundation Advisory Council which grants funds to advance Osteopathic Education in Maricopa County. Dr. Prah-Wix is also on the Board of Directors of the John C. Lincoln Health Foundation. Her community service activities include participation with the Women’s Wellness Board at A.T. Still University and the Board of Directors at the Tesseract School. She has also acted as a speaker for the “Not My Kid” organization, promoting positive life choices for adolescents.

PRESIDENT’S AWARD

Patrick Hogan, D.O. — Honors a member who has contributed significantly to the AOMA via the Board of Trustees, House of Delegates, and/or Committees.

Patrick W. Hogan, D.O. was selected as the 2015 AOMA President’s Award recipient for his leadership promoting responsible opioid prescribing and his support of the AOMA Legislative Affairs Committee. Dr. Hogan has provided several pro bono training sessions on opioid prescribing for the Board of Osteopathic Medical Examiners throughout the state and he was an invaluable asset to AOMA Legislative Affairs as subject matter expert on scope of practice issues.

EXCELLENCE IN OSTEOPATHIC MEDICAL EDUCATION AWARD

A. Kay Kalousek, D.O., MS, FACOFP, AAHIVE — Honors a physician or non-physician who has contributed significantly to the advancement of osteopathic medical education in Arizona.

Kay Kalousek, D.O., MS, FACOFP, AAHIVE, recently retired as dean of A.T. Still University of Health Sciences’ School of Osteopathic Medicine in Arizona (ATSU-SOMA).

Following more than 20 years of active patient care, Dr. Kalousek transitioned into osteopathic academic administration to promote educational excellence in osteopathic students in support of the osteopathic profession. She remains an active community volunteer and has provided free medical care for multiple underserved groups as well as being instrumental in establishing a clinic site in California for medical students to provide services to homeless patients. She has been a Student Community Service Project Mentor and has assisted in projects such as the Health Awareness Outreach Program for fifth-grade schoolchildren, the Getting Help Project for neglected and abused children, and the Vital Pre-Natal Supplement Education program. She currently serves as a Board Member for Keogh Health Connection and has been on several other community-service boards including Board Chair for Foothill Aids Project.
OUTSTANDING MENTOR AWARD
George Parides, D.O., FACOI — Honors a physician who has volunteered time to students or physicians as a mentor and is known as “one who makes a difference” in that person’s life.

George C. Parides, D.O., FACOI, has been recognized many times throughout his career for mentoring others, including 11 times receiving the Trainer of the Year award from John C. Lincoln Hospital, Mesa General Hospital, and Phoenix General Hospital. He also been named nine times as one of Phoenix Magazine’s “Top Doctors”.

Dr. Parides is a pioneer for osteopathic medicine in Arizona being the first osteopathic physician to work for the University of Arizona in Tucson, Arizona. He is a Fellow in both the American College of Osteopathic Internists and College of Chest Physicians. Dr. Parides graduated from medical school at the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine and completed his residency at Phoenix General Hospital and pulmonary and critical care fellowship with the University of Arizona.

HUMANITARIAN AWARD
Laurel Mueller, D.O., MBA — Honors a socially responsible AOMA member who has donated his/her time and/or efforts to improve mankind.

Laurel A. Mueller, D.O., MBA, is a true humanitarian who has devoted her entire career in medicine to caring for indigent and vulnerable populations.

Dr. Mueller has recently been traveling to Myanmar (formerly Burma) to provide services in a free clinic and work at an orphanage full of children who lost their parents as a result of a catastrophic typhoon in 2008. She also took over $1,200 worth of medical equipment, vitamins and medications to Myanmar this year for distribution to mobile clinic units operated by Myat Tar Shin, a medical mission group.

Dr. Mueller is a board certified family practice physician for Yavapai County Community Health Services where she provides care to extensively Spanish-speaking low-income and uninsured patients. She has a passion for learning foreign languages and she speaks Burmese, Italian, Spanish, French, Russian, and Japanese.

VOLUNTEER OF THE YEAR AWARD
Mimi Rockel — Honors those who have volunteered their time and provided significant contributions and services to the community and/or the Association.

Mimi Rockel has served on the AZ Osteopathic Charities board for over seven years and she has been a tireless supporter of the osteopathic community throughout her entire career. She has given her time, talent and treasure to support the AZ Osteopathic Charities in many ways, including soliciting donations, manning the charities booth at the spring and fall conferences, sharing ideas and promoting involvement.

Mimi's energy and enthusiasm as a charities board member has inspired many to get involved and do more to support the Arizona Osteopathic Charities programs which educate and promote safe and healthy living for children, students, and families.

STUDENT DISTINGUISHED SERVICE AWARD
Honors a student currently enrolled in an osteopathic medical school who has provided significant contributions and service to the school, community and AOMA. Nominees are recommended by the AOMA and the Deans select the students.

AZCOM – Dominic Derenge, Class of 2015
SOMA – Seth Loofbourrow, Class of 2018

DISTINGUISHED SERVICE AWARD
Amanda L. Weaver, DHL, MBA — Honors healthcare leaders who have significantly contributed to improving the healthcare community and promoting osteopathic medicine.

Amanda “Mandy” Weaver, DHL, MBA was the AOMA Executive Director for over 19 years and is nationally recognized for her passion for and commitment to osteopathic medicine. Her efforts helped advance osteopathic medicine in the state of Arizona and put D.O.s in the forefront of healthcare policy decisions at the Arizona State Legislature.

Ms. Weaver received the Riland Medal for Health Policy from the New York Institute of Technology Health Professions Program in 2014. She was honored with a Doctor of Humane Letters from A.T. Still University’s School of Osteopathic Medicine Arizona in June 2014. She was the first Executive Director to be selected for the American Osteopathic Association Health Policy Fellowship Program and graduated in 2001.
It’s all about family!

2. Otto Shill, OMS-IV, Emily Shill, and their children Alayna and Eli had a great time with the photo booth.
3. What a lovely couple – Edee Sands and Larry Sands, D.O.
4. The photo booth got a little crowded!
5. We hope Karen Nichols, D.O., and Lori Kemper, D.O. are familiar with this silent auction item!
6. Shannon Scott, D.O. with her husband Doug Scott and their children Carson and Sydney had a blast!
2015 Osteopathic Family Party


10. We are family! From top left: Christine Morgan, Ed.D., Chip Finch, D.O., Marty Finch, Morgan Finch, Bailey Finch, and Jeff Morgan, D.O.

11. Amy Merrill, Tony Merrill, D.O., and their daughters Addison and Mackenzie boogied on the dance floor.

12. Ian Liu and Avery Liu love the family party.

13. Three-year-old Ryan McEldowney has a big appetite!

14. Three generations of the Leff Family attended the party. From left to right: Rita Leff, Bernard Leff, M.D., David Leff, D.O., Sheri Leff, and Phillip Leff.

15. Beth Cole and her granddaughter Ashlynn Rooney loved the photo booth.


17. Craig Batty, OMS IV, Paige Barry, and their children Carter and Jayden attend their first osteopathic family party.
2015 Clinical Case and Poster Forum

Clinical Case Competition

Students from Arizona Osteopathic Medical Schools submitted case summaries to the AOMA Professional Education Committee in February. The Committee reviewed all of the cases and selected the top three cases to be presented during the Convention. The top three cases were:

- Intussusception: A Case Study and Review of Literature – Philip B. Call, OMS III
- Autoimmune Progesterone Dermatitis: Case of a Progressively Worsening Cyclic Rash – Erin Fee, OMS III
- Leptospirosis: A Tropical Disease Presenting in the Desert – Benjamin Reed, OMS III

The students presented their cases and the Convention audience selected Philip Call's case on intussusception as the winning entry. Mr. Call was presented with a plaque and a $200 award, courtesy of the Arizona Osteopathic Charities.

Poster Forum

A total of 23 posters were submitted for the Forum this year in four categories: student case, student research, resident case, and resident research. These were displayed and presented to the Convention audience during the lunch session on Saturday, May 9, 2015. Posters were evaluated by a panel of judges and the winners were announced during the AOMA Awards Luncheon on Sunday, May 10, 2015.

Student Case Poster

1st Place – A Tonsil Turned Tumor: A Case Report Revealing Parapharyngeal Tumor are not Always as they Appear – Rachel Cetta, OMS-IV, AZCOM

2nd Place – Headaches, Hypertension, and Cesarean Hysterectomy: The Masquerading Pheochromocytoma – Aaron Johnson, MS-III, AZCOM

3rd Place – Vertebral osteomyelitis and discitis Secondary to Streptococcus Agalactiae – Albert Hsia, MS-III, AZCOM

Student Research Poster

1st Place – Thoracic Outlet Syndrome and the Diagnostic Implications of Anatomical Variation in the Brachial Plexus – Riley Landreth, MS-IV, AZCOM

2nd Place – Oxidative stress is involved in the sanguinarine-mediated sensitization of cervical cancer SiHa cells to TRAIL – Anjali Taneja, OMS-II, AZCOM

3rd Place – A novel lipid-based nanoemulsion formulation to overcome paclitaxel resistance to ovarian carcinoma cells – Shirley Kim, OMS-II, AZCOM

Resident Case Poster

1st Place – Post-Operative Intercostal Neuralgia Treated with Strain-Counterstain in Two Patients Following Lung Resection – Gregory Hollick, D.O. NMM/OMM +1 Resident, AZCOM

Resident Research Poster

1st Place – CAUTI Prevention through Education, Continuum of Care, System-wide Buy-in - Greg Alaestante, D.O., PGY-3, AZCOM

Winning posters and case studies may be viewed on the AOMA website at www.az-osteo.org under the CME tab. Entries for the 2016 competition are due in February.
1. The three finalists for the Clinical Case Competition presented their cases on Friday, May 8, 2015. Left to right: Benjamin Reed, OMS III, Philip Reed, OMS III, Erin Fee, OMS III, and Charles Finch, D.O., Case and Poster Competition Committee Chair.

2. Rachel Cetta, OMS IV, presents her first-place case poster during the Poster Forum on Saturday, May 9, 2015.

3. Greg Alaesante, D.O. won first prize in the resident research poster category.

4. Daniels Ebbs, OMS I and Julian Hirschbaum, OMS II present their research to a Poster Forum judge.

5. First place research poster author Riley Landreth, OMS IV, accepts her award plaque.


7. Second place research poster author Anjali Taneja, OMS IV, explains her research to the judges.

Intussusception: A Case Study and Review of Literature
Philip B. Call, MS III and Tracy O. Middleton, D.O., Midwestern University Arizona College of Osteopathic Medicine, Glendale, Arizona

Abstract:
Intussusception is one of the most common abdominal medical emergencies in children under 3 years of age. It is characterized by the invagination of one segment of bowel into the lumen of another segment. The classic triad of symptoms consists of vomiting, abdominal pain, and bloody diarrhea. Although classic, this triad is observed in less than half of all cases at initial presentation. This case exhibits the frequent circumstance when the classic triad of symptoms does not occur. The patient exhibited progressively severe abdominal pain and one episode of vomiting shortly before presentation at the emergency room, but did not present with any history of bloody diarrhea. Due to a high degree of suspicion and suggestive osteopathic clinical findings, the diagnosis was considered and confirmed with abdominal US. Treated with barium pneumatic enema was initiated within 2 hours of presentation, which resulted in successful reduction of the effected segment. Delayed diagnosis of intussusception is associated with poorer patient outcomes; hence clinicians must be vigilant and maintain a high index of suspicion, even when they do not portray the classic triad of symptoms.

Introduction:
Intussusception is a disease process in which a segment of bowel invaginates into the lumen of another segment of bowel causing a telescoping lesion. It most often involves the terminal ileum and cecum, but may occur anywhere within the small or large bowel. It is one of the most common abdominal emergencies for children less than 3 years of age, with a variable incidence of 0.33 to 2.4 per 1000 live births. Most cases occur under 12 months of age, with over 90% of cases observed within the first 3 years of life. Boys are more likely to be affected than girls.

The most common cause of intussusception remains idiopathic. However, any pathological process that provides a lead point within the lumen of the bowel can cause intussusception. A lead point can be defined as any projection or lesion within the lumen of the bowel, which can be affected by peristalsis. Most commonly, lead points are formed by lymphoid hypertrophy (Peyer’s patches), which is why certain pathogens, including adenovirus, have been implicated as possible causes. Other possible lead points consist of Meckel’s diverticulum, duplication cysts, polyps, and lymphoma.

The previous rotavirus vaccine RRV-TV (RotaShield®) was withdrawn from the market in 1999 due to the increased risk of intussusception within 5–7 days of vaccine administration. This increased risk accounted for approximately 1 excess case of intussusception for every 10,000 to 12,000 vaccinated infants. The reason for the increased risk is largely unknown, but is thought to be associated with infants who were likely to have developed intussusception with any enteric infection. A 2011 Cochrane review showed newer rotavirus vaccinations RV1 and RV5 reported no significant increased risk of intussusception; however a recent retrospective study from New England Journal of Medicine has suggested that the first dose of RV5 attributes a 1.5 in 100,000 increased occurrence of intussusception in the first 21 days after vaccine administration.

The classical presentation of intussusception includes a triad of findings including: vomiting, abdominal pain, and bloody “currant jelly” stools. This classic triad has been identified to occur in less than half of initial clinical encounters. Diagnostic delay is associated with poorer patient outcomes. Therefore, clinicians should maintain a high degree of suspicion when presented with a clinical case that may resemble intussusception, regardless of whether the patient displays the classic triad of symptoms.

Case Presentation:
Our patient is a 3-year-old male that presented on October 31st with mild intermittent abdominal pain. Painful episodes lasted no more than 2 more 5 minutes, with almost complete absence of abdominal pain between episodes. Painful episodes would occur about every 30 minutes. Abdominal pain progressively worsened throughout the day until it became severe. At this point, the child would double over in pain with each episode. The father, an osteopathic medical student, was able to give a history that also included his own examination of the patient. He reported that he had examined the patient 4 hours after onset and found a palpable hard 3 cm sausage shaped mass in the right lower quadrant of the abdomen, bowel sounds were present, and a chapman point located at the right 10th rib. The patient experienced one episode of nonbloody, nonbilious emesis 3 hours later, which prompted the visit to the emergency room.

The patient had no major medical problems or past surgeries at the time of presentation. The patient was currently taking no medication and had no known medication allergies. The patient was up to date with all of his vaccinations and received all his vaccinations at their recommended ages. Patient’s father reports that until today, the child did not appear sick.

Upon arrival to the emergency room the patient’s vitals were a temperature of 37, blood pressure of 93/48, heart rate of 74, respiratory rate of 24, and 100% O2 saturation on room air. The patient was alert and in apparent pain at presentation. The abdomen was soft, non-tender, non-distended, with bowel sounds present in all 4 quadrants. The medical student’s findings of the abdominal mass and the chapman’s point were confirmed.

Bedside abdominal US revealed a telescoping lesion in the transverse colon consistent with intussusception (Figure 1). Reduction enema was performed using air under manometry (Figure 2). There was significant edema of the ileocecal junction that produced resistance to retrograde insufflation of air into the terminal ileum. The air enema was repeated 3 times with successful reduction on the final attempt.

The patient was admitted to the hospital for close observation. He was started on a clear liquid diet, which was slowly advanced as tolerated over the course of 24 hours. Once tolerating a normal diet and displaying an active and rambunctious attitude; he was discharged with follow up instructions to report to his primary care physician.
Discussion:

Treatment for intussusception can be implemented once confirmed with radiologic studies. The current treatment involves either hydrostatic (contrast, usually barium) or pneumatic enema. After successful reduction of the involved segment, the patient should be briefly observed for reoccurrence. Reoccurrence risk within the 24 hours following successful reduction, ranges from 2.2-3.9%, regardless of enema type. This supports an outpatient management approach to successful reductions. Although reoccurrence risk is equal among both types of enemas, pneumatic reduction appears to be more successful at reducing the affected segment. Pneumatic enema reduction also avoids possible complications such as electrolyte disturbances and peritoneal contamination. Consequently, pneumatic enema should be the preferred method of reduction.

Failure of enema reduction is based on many factors, including absence of a pathologic lead point, skill of the clinician, and length of time the child is symptomatic prior to presentation. In those cases that are unsuccessful with pneumatic or hydrostatic enema treatments, surgical intervention is warranted. Surgical intervention is also immediately indicated when the patient becomes unstable or perforation leading to peritonitis is suspected.

An osteopathic approach to patients with a gastrointestinal complaint requires appropriate knowledge of Chapman’s points, and proper palpation skills. Although treatment with pneumatic enema must be pursued in uncomplicated cases of intussusception, OMT may help patients to have an accelerated recovery time. Although studies involving the typical age group for most cases of intussusception are lacking, the autonomic nervous system has been shown to be influenced in adult patients with cervical myofascial release. This vagal response must be explored further for its possible influence on the gut and whether or not this helps patients return to normal bowel function after successful reduction. Indirect myofascial techniques have also been suggested to benefit neonates with gastrointestinal symptoms and accelerate recovery time. In this case the patient did not present with the classic triad of symptoms as he did not have a history of bloody diarrhea. Keene observation and the use of osteopathic findings facilitated the rapid diagnosis and a prompt trip to the emergency room. This helped to avoid poorer outcomes associated with delayed diagnosis. Physicians should maintain a high degree of suspicion and consider the diagnosis even in the absence of the classic triad which is only present less than half of the time. An osteopathic physician has additional palpatory skills to facilitate a rapid diagnosis and may implement appropriate techniques to promote an accelerated recovery of patients with intussusception.

Abbreviations:

US: ultrasound; RRV-TV: rhesus rotavirus reassortant tetravalent vaccine; RV1: monovalent human rotavirus vaccine (Rotarix®); RV5: pentavalent bovine-human reassortant rotavirus vaccine (RotaTeq®); O2: oxygen; RUQ: right upper quadrant; OMT: osteopathic manipulative treatment

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Case Report: Post-Operative Intercostal Neuralgia Treated with Strain-Counterstrain in Two Patients Following Lung Resection.
Gregory Hollick, DO, NMM+1, William Devine, DO; Midwestern University OPTI – NMM +1 Residency

Students

Traumatic Brain Injury
Authors – Artyom Abramyan, OMS-III, Savita Mall, M.D., Gilberto Vera, M.D.

A Tonsil Turned Tumor: A Case Report Revealing Parapharyngeal Tumors are not Always as they Appear.
Rachel Cetta, MS-IV, Charles Finch, DO, FACOEP

2015 Case Posters

Patient-Centered Approach to Atypical Parotitis: The Perfect Storm
Sean Cunningham OMS IV, Puja Patel OMS III, Shannon Scott, DO, FACOFP

The 5 year old Vegan: Social Statement or Organic Disease?
Jennifer Fuh, MS, Leslie Magda, M.D., Michelle McGary, M.D., Sonal Kalburgi, D.O.

Vertebral osteomyelitis and discitis Secondary to Streptococcus Agalactiae
Albert Hsia, M.S., Jocelyn Verdugo, D.O., Linda Lau, M.D.

Headaches, Hypertension, and Cesarean Hysterectomy: The Masquerading Pheochromocytoma
Aaron Johnson, OMS III, Katherine Mitzel D.O., Charles “Chip” Finch, D.O.

2015 Research Posters

The effect of chronic IL-6 exposure on rat tendon structural properties, in vivo
Mark S. Katsma, Kathryn A. Corbell, Kevin L. Shimkus, James D. Fluckey, and Chad C. Carroll

A novel lipid-based nanoemulsion formulation to overcome paclitaxel resistance in ovarian carcinoma cells
Shirley Kim, Jiten Mehta, Akshara Malla, Bernardo Chavira, Vinay J Nagaraj

Thoracic Outlet Syndrome and the Diagnostic Implications of Anatomical Variation in the Brachial Plexus
Riley Landreth, MS-VI, Vanessa Leonhard, MS-II, Gregory Caldwell, MS-II Heather F. Smith, Ph.D., Richard Geshel, D.O.

Nutrition Density Research
Joshua Nead, OMS-III, Jesse Miller

Epithelial to mesenchymal transition during epithelial wound healing may not occur in vivo without the inflammatory response
Jose L. Rapanan, MBS, Agnes S. Pascual, Elizabeth E Hull

Unlikely Cause of Subternal and Epigastric Pain: Necrosing Liver Mass
Tyler C. Nesmith, MS-III, Midwestern University AZCOM, Glendale, AZ, Michael S. Chesser, M.D., Assistant Professor of Medicine, UACOM, Phoenix, AZ.

A Clinical Case of Clozapine-induced Fatal Diabetic Ketoacidosis
Eric Romney, OMS-III, Dr. Vinay J Nagaraj, Dr. Amie Kafer

Anti-Candida Activity of Natural Product Extracts from a Botanica in Phoenix, Arizona
Agnes S. Pascual, Marianne Gelter, Thanh-Thanh Tran, Chandana K. Uppalapati, Lauritz Jensen, Pedro E. Chavez

A role for Fn14 in cMet-Driven Lung Cancer Cell Migration
Daniel Hannon, OMS-III; Tim Whitsett, Shannon Fortin, Aaron Fowler, Kim Paquette, Ian Mathews, Nhan Tran

Thank you to this year’s Poster Forum judges:

Jena Auerbach, D.O.  Deb Hudak, D.O.  Lawrence Sands , D.O., MPH
Elise Barney, D.O.  Lori Kemper, D.O., MS  Evelyn Schwalenberg, D.O., MS
Tom Bennett, D.O.  Tracy Middleton, D.O.  Shannon Scott, D.O.
Stanley Bryszacz, D.O.  Michelle Mifflin, D.O.  Mark Speicher, PhD
Jay Crutchfield, M.D.  Kate Mitzel, D.O.  Susan Steffans, D.O.
Charles Finch, D.O.  Jeff Morgan, D.O., MA  William Wightkin, PharmD, MS
William Finch, M.D.  Laurel Mueller, D.O., MBA  Kate Worden, D.O., MS
Arizona Osteopathic Charities’ Student Scholarship Winners

Osteopathic students from A.T. Still University School of Osteopathic Medicine in Arizona (SOMA) and Midwestern University Arizona College of Osteopathic Medicine (AZCOM) were invited to submit an essay answering the question “How do you plan to contribute to the future of osteopathic medicine in Arizona?” Twenty three students participated in the contest and the Arizona Osteopathic Charities Board members chose two winning entries – one from each college – to receive a $500 scholarship. Winners are chosen based the 500-word essay, financial need, and good academic standing. This year’s winners were Sabrena Ahmadi, SOMA OMS I, and David Larsen, AZCOM OMS IV.

The swift incorporation of the Affordable Care Act into our healthcare policy demonstrates the dynamic nature of medicine, and its significance transcends the idea of just an individual contributing to the future of osteopathic medicine. We are living in an era in which I believe the next generation of physicians will be forced to confront the shortfalls of our fragmented healthcare system, yet will finally be given the tools to do something, and I believe that the osteopathic profession will be at the forefront of change.

It is my belief that community oriented medicine has the potential for generating the greatest impact, as I personally choose to take a public health perspective on the manifestation of disease and its persistence in society. Biology is not the sole cause of disease, as there are social and political factors that contribute to its occurrence, as can be evidenced by the disparities that exist among differing communities. Therefore, my interests lie in how preventative medicine, with a focus on how relieving the underlying social factors that promote disease, will improve the health outcomes in underserved communities throughout Arizona and the United States.

A significant endeavor which has contributed to this outlook was my experiences with the impoverished population of Sinaloa Mexico. While volunteering at a medical clinic, I was witness to the consequences of whole communities that lacked any form of basic healthcare, something which I believe to be a fundamental human right. The detrimental effects of such a system could be seen on the faces and spirit of my patients. This not only humbled me in terms of my own opportunities, but it has amplified my passion to throw myself at the front lines of care for those communities that need it most.

In regards to our own nation, patches of our society shockingly parallel Mexico in terms of access, delivery, and proper utilization of healthcare services. My four years of experience as an EMT has given me a glimpse of how disease is a sign of dysfunction at the level of the individual, community, and hospital. For example, I have heard from countless patients during transport: if they would have known how to manage their diabetes, they would not be on dialysis. Unfortunately, my patients, and many others within their socioeconomic bubble are disproportionately affected by chronic illnesses making it my mission to understand my patient at all levels of disease to provide the most comprehensive form of healthcare.

In doing so, I want immerse myself in the lives of my patients and understand the society they live in. I want to comprehend why certain diseases wreak havoc specifically in their communities, while leaving adjacent communities unscathed. Thus, I want to leave my mark on humanity by furthering our understanding of the social etiologies of disease. In conclusion, I believe my greatest contribution to medicine will be to join forces with those that promote community healthcare, such that it will be a standard to tailor medicine to the populations being served.

So, why do we track prescriptions for pain medication? Although I was just a student, the Arizona state senator looked to me for answers, and I realized the incredible opportunity I had to explain not only why, but how we as physicians track medications with high abuse potential. In turn, the senator could then make an informed decision as he voted on behalf of his constituents. Education is the key, I thought as our conversation continued. Through educating leaders, patients, and future medical students, I can help contribute to the future of osteopathic medicine. I’ve seen firsthand how educating leaders directly impacts the future of osteopathic medicine. In 2013, I attended DO Day on the Hill and the national Student Osteopathic Medical Association (SOMA) convention, in Washington, DC. I truly enjoyed discussing healthcare policies on a national level; however, I recently found even greater success working with state leaders as Midwestern’s representative to Emerging Leaders Day at the State Legislature. First, I learned just how much happens on the state level—25,000 bills were passed in state legislatures last year alone compared to the 135 passed in Congress. Moreover, many of the state representatives I met were not experienced doctors and lawyers, so they valued the education we as medical professionals had to offer. Change is happening all around us, especially when it comes to medicine. I gratefully acknowledge that these changes directly affect me and that I actually have a say in where those changes lead.

I can also contribute to osteopathy’s future by educating patients—too many people still don’t even know what DOs are. A friend recently complained of her medical care and said she wanted a doctor who would create a treatment plan based off of her own needs and wants. I explained how osteopathic medicine fit her requirements perfectly. After all, osteopathic medicine is about working with patients to create a treatment plan that fits their needs and expectations. My friend is now being treated for her multiple sclerosis by a skilled osteopath in Mesa who has done just that.

Finally, I can also impact the future by educating potential medical students. Many aspiring students don’t fully understand the difference between allopathic and osteopathic medicine; some merely throw around the term “holistic” without understanding the core tenets of osteopathy. To correct misconceptions, last year I helped plan and participate in Midwestern’s premed conference, which focused largely on teaching would-be physicians about osteopathic medicine. No matter which route premeds ultimately choose, exposure to osteopathy allows us to better practice together and work toward a common goal of healing patients.

As I learned that day with the state senator, education is key. Whether working with a legislator, patient, or college undergraduate, educating others about osteopathy will allow our profession to grow and flourish. As a student completing medical school, I look forward to the future of osteopathic medicine and my own opportunities to contribute.
Leon Cattolico, D.O. Receives Hon Kachina Award

AOMA member Dr. Leon Cattolico earned the prestigious Hon Kachina Volunteer Award for his work with MATFORCE in helping reduce prescription drug abuse in Yavapai County.

Dr. Cattolico joined MATFORCE in 2010 as a volunteer focused on reducing the prescription drug abuse epidemic in Yavapai County. As a physician and former pharmacist, Dr. Cattolico brings a unique perspective to the problem.

During his career he witnessed the devastation from misuse and abuse of prescription pain medications and knows the challenges prescribers face. His desire to make a difference led Dr. Cattolico to retire from his medical practice in order to devote himself full-time to this effort, spending hundreds of hours creating and implementing real solutions.

Presented in Phoenix, Arizona annually since 1977, the Hon Kachina Volunteer Awards program is designed to both recognize the achievement of outstanding Arizona volunteers and to increase public awareness about volunteerism.
Investing in Osteopathic Medical Education
Contributed by the Tucson Osteopathic Medical Foundation

Scholarships totaling $25,000 were awarded by Tucson Osteopathic Medical Foundation in May 2015 to medical students enrolled at Midwestern University Arizona College of Osteopathic Medicine and A.T. Still University School of Osteopathic Medicine in Arizona.

Andrew Fontes, OMS II, Farrah J. Jalali, OMS III, and Mark R. Murphy, OMS III split $12,500 in scholarships awarded to Midwestern-AZCOM.

Arka Chaudhury, OMS II, Brenda Pecotte de Gonzalez, OMS II, and Angela Marchant, OMS IV, shared in the $12,500 award to A.T. Still-SOMA.

“Our scholarships are applied against the highest interest loans these students take out,” said Steve Nash, TOMF executive director, “Tuition alone at these schools runs between $160,000 and $180,000 for four years of study and we realize our program takes only a tiny bite out of the total debt load but our Board of Trustees wants to invest in the future of medicine in this state and let students know lots of people are pulling for them.”

The students selected were recommended by the medical schools based on criteria developed by TOMF, which included ties to Arizona. They also completed an essay in answer to the question: How do you see yourself paying tribute to the osteopathic profession and the founders of Tucson General Hospital with your own unique contributions, innovations, and leadership in osteopathic medicine today and in the future?

“Most of the scholarship recipients have volunteered to help with our invitation-only DONate Dinner on September 26, 2015,” Nash said. “Local osteopathic physicians and their families will attend this free event and bid on silent auction items to raise funds for future scholarships.”

This year’s award winners were varied.

Andrew Fontes, OMS II from Tubac, plans to become a pediatrician and was a researcher prior to choosing medicine. “I chose osteopathic medicine because of its foundation in connecting with a patient instead of a disease,” he says, adding that the most interesting discovery so far as a student has been the immense amount of respect given as he crosses from being a patient to a health care worker.

“Volunteering this last summer in Guatemala, I was humbled by the level of gratitude the patients provided to each and every volunteer.”

Farrah J. Jalali, OMS III is an Arizona native who grew up in Tucson. Serendipitously, she discovered her passion for medicine as a student volunteer at the University of Arizona Cancer Center on Campbell, former site of Tucson General Hospital. There she shadowed a social worker who was married to an osteopathic physician who had trained and worked at Tucson General. After observing the physician at work, she decided to pursue a D.O. degree and become a family physician.

Mark Murphy, OMS III, has called Tucson home since age three, went to the University of Arizona to become a civil engineer. “My career path changed after two internships filled with number crunching in isolated cubicles,” he said, “The human interaction, trust, communication, and the ability to diagnose and treat both personal and health related issues made medical school an easy decision.” Murphy plans to stay in Arizona, possibly practicing emergency medicine or anesthesiology.

Arka Chaudhury, OMS II from Phoenix, has a strong interest in physical medicine and rehabilitation. He started his career as a bioengineer and loved studying and understanding the intricacies of the human body but something was missing. “In the engineering realm there is no accounting for a mind and spirit,” he says, but won’t discard his engineer’s skills completely, especially problem-solving skills, in exchange for a physician’s armamentarium. “A problem solver has to see more than just the facts,” he says, “A diagnosis can never be as simple as just looking at the facts of patient symptoms and labs…the true art to being a problem solver is to be able to adapt to variables and make necessary considerations.”

Brenda Pecotte de Gonzalez, OMS II, grew up in the small town of DeForest, Wisconsin and wants to be a family physician, just like the one who took care of her whole extended family while growing up. “He (the doctor) did everything, from well-child checks to stitches to chronic condition management and to coordination of care with specialists. I really like that family medicine allows seeing all ages and offers a large scope of practice, including preventive medicine.” She really looks forward to discovering what “style” she’ll develop as she enters practice.

Angela Marchant, OMS IV, grew up in Milwaukee and is currently a post-doctoral fellow in osteopathic medicine – teaching 1st and 2nd year students anatomy and osteopathic manipulative medicine (OMM). She spent part of her training in Tucson at El Rio Community Health Centers and plans a career in family medicine and OMM. “Osteopathic medicine is a deeply satisfying career if you are interested in actually confronting and transforming the root causes of disease and, in so doing, cultivating health for yourself and your patients.”

For a more detailed look at the students, go to www.tomf.org/news.
Kay Kalousek, D.O., MS, FACOFP, Dean, A.T. Still University-School of Osteopathic Medicine (ATSU-SOMA), announced her retirement from her position as ATSU-SOMA dean effective June 5, 2015. “It has been my honor and privilege to serve ATSU-SOMA over these past three years,” said Dr. Kalousek. “Together, we have accomplished so much! We have a great mission to educate the next generation of physicians and I have seen excellence on every level and it has been a great joy to work with such a creative, intelligent, and innovative group of individuals.”

Jeffrey Morgan, D.O., MA, FACOI, has been appointed ATSU-SOMA Acting Dean. Dr. Morgan is a general internist and Fellow of the American College of Osteopathic Internists. He provided primary care medicine in Arizona for 18 years prior to joining ATSU-SOMA in July 2013 as associate professor of internal medicine and public health. Dr. Morgan also currently serves as chair of clinical science education, chair of the student (academic) performance committee, and is acting director of the clinical education department.

He is a graduate of Michigan State University’s College of Osteopathic Medicine, past president of the Arizona Osteopathic Medical Association (AOMA), and currently serves as Speaker of the House of Delegates for the same association. Dr. Morgan has served on the Board of Trustees of the Mutual Insurance Company of Arizona since 2004, is active as a delegate to the AOA House of Delegates, and is a graduate of both the Osteopathic Heritage Health Policy Fellowship and Midwestern University’s Master of Arts in Bioethics programs. In 2013, he was honored as AOMA Physician of the Year.

Marsha Ham, Ph.D., has been selected as the inaugural university director of the Teaching and Learning Center and will join ATSU beginning August 1, 2015.

Dr. Ham comes to ATSU from the University of New Haven in Connecticut, where she currently serves as associate vice president and dean of the College of Lifelong Learning and eLearning. Prior to joining the University of New Haven in 2011, she was executive director for Lifelong and Distance Learning at Ohio University.

Dr. Ham obtained a Bachelor of Science from Auburn University, an MA from the University of Alabama, and a Ph.D. in higher education organization and administration from the University of Arizona, where she also worked in several faculty development roles over 14 years. It is because of her previous time in Arizona that she has elected to be based in Arizona.

“Dr. Ham’s experience in faculty development, administration, online learning and technology should serve us well as she builds our Teaching and Learning Center to provide support and resources for innovative pedagogical methods, new software and technology for teaching, and scholarship in the area of teaching and learning,” said Norman Gevitz, Ph.D., senior vice president-Academic Affairs.

Isaac R. Navarro, DMD, ’08, has been named director of community-oriented primary care for ATSU-School of Osteopathic Medicine in Arizona (ATSU-SOMA) and assumed his position on May 1, 2015.

Previously, Dr. Navarro served as an ATSU Board member since July 2012 and has been a generous supporter and strong advocate for the University.

The chair of the ATSU Board of Trustees, G. Scott Drew, D.O., ’87, shared the following statement: “Dr. Navarro brought a unique blend of energy, enthusiasm, and alumni perspective to the Board. While he will be missed on the Board, he will continue to contribute to the success of ATSU-SOMA and ATSU.”
Still OPTI receives full AOA accreditation and prepares for single accreditation system

At the July 30, 2014, meeting of the Council on Osteopathic Postdoctoral Training Institutions (COPTI), Still OPTI received the maximum, five-year approval for continuing accreditation with zero deficiencies. This accreditation renewal ensures that Still OPTI will continue to serve as the academic sponsor for its member institutions, providing resources for faculty development, research mentorship, scholarly activity, curriculum, osteopathic philosophy and principles (OPP) and osteopathic manipulative treatment (OMT) training.

Still OPTI includes A.T. Still University’s Kirksville College of Osteopathic Medicine (ATSU-KCOM) and School of Osteopathic Medicine in Arizona (ATSU-SOMA) as part of a consortium of colleges of osteopathic medicine, hospitals, teaching health centers, physicians, teaching faculty, interns, and residents. Beyond the educational resources, Still OPTI offers leadership, helping its members navigate the ever-changing environment of osteopathic graduate medical education.

One of the most significant changes in the history of osteopathic graduate medical education occurred in July 2014 with the decision of the American Osteopathic Association and American Association of Colleges of Osteopathic Medicine to move to a single graduate medical education accreditation system and become part of a new Accreditation Council for Graduate Medical Education (ACGME). Still OPTI’s Governing Board made the decision on February 9, 2015, to move forward in the new system by pursuing accreditation through ACGME as an institutional sponsor for graduate medical education. On February 18, 2015, Still OPTI signed and submitted to ACGME a letter of intent to apply for this accreditation.

ACGME leadership encouraged osteopathic programs to pursue accreditation by emphasizing the innovative approaches to graduate medical education they already have in place, but which may not be common in the allopathic world. Still OPTI will apply for institutional sponsorship from its unique position as a consortium model, providing accreditation assistance to teaching hospitals and community health centers across the nation. With the move to a single accreditation system, ACGME is in the process of appointing osteopathic physicians to its institutional and specialty review committees.

Still OPTI is pleased to announce that in February 2015, Richard J. LaBaere II, D.O., MPH, FAODME, associate dean of postgraduate training at ATSU-KCOM and Still OPTI academic officer, was the first osteopathic physician to be appointed to the ACGME Institutional Review Committee.

In the single accreditation system, Still OPTI will offer membership options to continue to provide value at varying levels of need. Current members and new teaching hospitals that do not require institutional sponsorship may look to Still OPTI for curriculum and training in OPP to assist with osteopathic recognition through ACGME. Still OPTI resources will also be available at a fee-per-service level.

ASDOH, SOMA students awarded national scholarships for commitment to primary care

The United States Department of Health and Human Services, Health Resources and Services Administration (HRSA) announced that three students from A.T. Still University-School of Dentistry & Oral Health (ATSU-ASDOH) and three students from A.T. Still University-School of Osteopathic Medicine in Arizona (ATSU-SOMA) were awarded National Health Service Corps (NHSC) Scholarships for their commitment to primary care.

Congratulations to the following ATSU-ASDOH and ATSU-SOMA students: Katrina Alt, D3; Kristina Rodriguez, D1; Vy VY Vu, D2; Chuah Cha, OMS I; Blaire Heath, OMS II; and Jeanette Lovato, OMS II.

Since 1972, the NHSC has connected 45,000 primary health care practitioners to communities with limited access to primary care. Today, 9,200 NHSC members provide care to more than 9.7 million people in the U.S. The NHSC Scholarship application process is highly competitive, receiving 1,700 applications from over 430 schools nationwide. A.T. Still University ranked among the top 20 schools with NHSC scholarship awardees.
ATSU-SOMA celebrates 2015 commencement

A.T. Still University’s School of Osteopathic Medicine in Arizona (ATSU-SOMA) celebrated the 2015 graduating class at the Mesa Arts Center in Mesa, Arizona on Friday, May 22, 2015.

The class of 2015, with 104 graduates becoming Doctors of Osteopathic Medicine, marked the fifth graduating class for ATSU-SOMA. Among the graduating class were seven military graduates.

Ron Yee, M.D., MBA, FAAP, chief medical officer for the National Association of Community Health Centers gave the welcome introduction.

Keynote speaker, Winston Wong, MD, MS. Dr. Wong is medical director, community benefit director, Disparities Improvement and Quality Initiatives at Kaiser Permanente. ATSU-SOMA presented Dr. Wong with a doctor of humane letters during the ceremony.

ATSU-SOMA Technology-Enhanced Active Learning studies published in JAOA

ATSU’s School of Osteopathic Medicine in Arizona (ATSU-SOMA) studies regarding Technology-Enhanced Active Learning were published in the April issue of The Journal of American Osteopathic Association. Congratulations to ATSU-SOMA for their innovative approach to enhance students’ education! The news release and studies may be accessed at http://prn.to/1HcY9hp

NCAIHP names director

A.T. Still University’s (ATSU) National Center for American Indian Health Professions (NCAIHP) is now under the leadership of Student Affairs. NCAIHP's mission is to inspire, support, education, and retain American Indian (AI) and Alaska Native (AN) students in the health professions to improve the health and wellbeing of their tribal communities by incorporating the osteopathic principles of body, mind, and spirit along with traditional healing. “The Center is dedicated to recruiting AI/AN students and provide support services during their academic and professional careers,” says Beth Poppre, associate vice president-Student Affairs and supervisor for the Center.

Vikki Driving Hawk, M.Ed., has been selected as director for the NCAIHP. She holds a master’s degree in education for counseling and human relations from Northern Arizona University. Driving Hawk worked previously at ATSU’s Arizona campus as the associate director for residential admissions in 2007. Driving Hawk also worked in Student Affairs since 1992 in financial services, admissions, recruitment, and retention services. She has worked with several tribal communities in both Arizona and Wisconsin. “Driving Hawk has already represented ATSU and NCAIHP at student recruitment events for AI/AN students and is getting to know the current ATSU AI/AN students,” said Poppre.

NCAIHP is assisted by an advisory council chaired by ATSU alumnus Ron West, DPT, ’04. The council, which represents five AI cultures, includes George Blue Spruce, DDS, MPH, founding chair; Chris Halliday, DDS, MPH, dean, Missouri School of Dentistry & Oral Health; Dr. Wayne Mitchell; Gwen Werner, DMD, ’08; and Rowin Begay, D.O., ’14. The advisory council helps the Center network with tribal communities and provides mentoring for ATSU’s next generation of AI/AN healthcare professionals.

NCAIHP is located on the ATSU Arizona campus. For more information on NCAIHP and events, contact Vikki Driving Hawk at vdrivinghawk@atsu.edu or at 480-219-6108.

Website: www.atsu.edu/american-indian
NCAIHP Facebook: www.facebook.com/ATSUAmericanIndian
NCAIHP Twitter: https://twitter.com/ATSUNCAIHP
Dr. Still's heritage reflects American Indian ties

Being a healthcare practitioner who incorporated mind, body and spirit into his method of healing and treatment for patients, it is no surprise that Dr. Andrew Taylor Still was influenced by living among the Shawnee Tribe for a time in his life. It is also through his father's bloodline that Dr. Still actually claimed his American Indian heritage as a descendant of the now-known Lumbee Tribe.

Jason Haxton, MA, director, Museum of Osteopathic Medicine, shared his knowledge about the foundation of osteopathy and about Dr. Still — the physician and man — in his presentation to ATSU faculty, staff and students on the Arizona campus on January 23, 2015.

“Dr. Still's father, Abram was a Methodist circuit-riding preacher and a physician, whose work led the family to move several times between 1834 and 1841, to circuits in Tennessee and Missouri,” said Haxton. “Finally, in 1851, Abram was assigned to head-up the Wakarusa Shawnee Mission in Kansas.” It was then that Abram, his family and Dr. A.T. Still came to interact with the Shawnees.

“The relationship between them was not good initially, but over time, Dr. Still’s mother and father began to educate the Shawnee Tribe,” Haxton added.

The root of providing care for underserved populations is part of Dr. Still's osteopathic principles evident today. “At a time when the Still family was at their poorest, they lived in the wild,” said Haxton. “He was known to wear the same clothes repeatedly so that he could serve those with no money.”

For more information about Dr. Still, visit the Museum of Osteopathic Medicine online at: www.atsu.edu/museum.

Dean Halliday and President Phelps attend meeting with U.S. Surgeon General

Christopher Halliday, DDS, MPH, Dean, A.T. Still University-Missouri School of Dentistry & Oral Health, and ATSU President Craig Phelps, D.O., ’84, were part of a select group of community and public health leaders invited to the U.S. Surgeon General’s House Calls Listening Tour held on January 29 at University of Kansas Medical Center. Surgeon General Vivek Murthy, M.D., MBA, is hosting the tour at selected locations across the country to discuss healthcare challenges and work with healthcare organizations to improve the nation’s health.

“Dr. Murthy opened the meeting by giving brief remarks about the importance of increasing access to care and decreasing health disparities then proceeded with inviting the representatives for questions and comments,” said Dr. Halliday. “Although Dr. Phelps and I were unable to ask our prepared questions, due to time running out, it was a great opportunity for us to represent ATSU and network with other academic and healthcare organizations as well as federal healthcare leadership.”
AZCOM Holds First Annual Clinical Rotation Regional Showcase

First- and second-year AZCOM students were the beneficiaries of a new on-campus orientation program regarding their third- and fourth-year rotations. The First Annual Clinical Rotation Regional Showcase was held in January at Midwestern University's Glendale Campus.

The Showcase brought together faculty and student coordinators, AZCOM faculty leads, and current third- and fourth-year students on rotation to present information about the four regional rotation programs currently supported by the College in Arizona, California, Illinois, and Oklahoma. The presentations were followed by open table discussions and question-and-answer sessions for each region.

AZCOM Students Help Teach Hands-on Health Sciences Programs for High School Students

Students and faculty from the Arizona College of Osteopathic Medicine are an ongoing part of Midwestern University's campus-wide efforts to engage high school students' interest in healthcare careers through hands-on programs.

The Health Sciences Career Day held in March was designed for high school classes to visit University labs, tour the campus, and attend interactive presentations by healthcare professionals. AZCOM students assisted in teaching hands-on labs in OMM, anatomy, vital signs, medical simulation, surgery, emergency medicine, and more.

For students who want to learn about health careers more in depth, Midwestern hosts an eight-day Health Careers Institute for High School Students in July. Each day, Midwestern faculty and AZCOM students serving as group advisors will teach workshops in introductory medical skills for various health professions, with a special focus on how to prepare for college and what to expect from each profession. Guest lectures, hands-on labs, hospital field trips, and an emergency rescue mock scenario give prospective future medical students from around Arizona plenty of opportunity to discover exciting future careers.
AZCOM Celebrates John Martin Littlejohn’s Birthday with Cake and Conversation

In February, faculty and students from AZCOM gathered together at the Midwestern University Glendale Campus to celebrate the 150th birthday of Dr. John Martin Littlejohn, one of the pioneers of osteopathic medicine.

While attendees partook of cake and the beautiful Arizona weather, William Devine, D.O., AZCOM’s Program Director for OMM, shared a presentation on Dr. Littlejohn’s history. Originally from Glasgow, Scotland, Dr. Littlejohn relocated to America in 1892 with his brothers James and William. He and his brothers became adherents of Andrew Taylor Still’s concepts of osteopathy and helped develop the physiological underpinnings of modern osteopathic medicine. In 1900, they founded the Chicago College of Osteopathy, which in time became the Midwestern University Chicago College of Osteopathic Medicine. The University’s highest award, the Littlejohn Award, is named in the brothers’ honor.

AZCOM Faculty Offer Anatomy-Based “Spring Training” for Los Angeles Dodgers Trainers

In March, the Los Angeles Dodgers’ training staff assembled at Sahuaro Hall at Midwestern University’s Glendale Campus to brush up on their anatomy in anticipation of the 2015 baseball season. It was the third spring training workshop conducted at the University by the team.

Fifteen trainers from within the Dodgers’ Major League and Minor League systems joined Randall Nydam, Ph.D., Professor, Anatomy, and Heather F. Smith, Ph.D., Associate Professor, Anatomy, at Midwestern University’s gross anatomy lab to have the chance to work with cadaver specimens in use by AZCOM students. The trainers’ specific focus was to get detailed inspections and assessments of joints and limbs – the anatomical areas most commonly injured among professional baseball players.

Led by Nick Conte, PT, D.P.T., ATC, CSCS, the Dodgers’ Medical and Rehab Coordinator, the trainers spent two hours working with the cadavers and interacting with Drs. Nydam and Smith to prepare themselves for treating Dodgers players’ injuries in the upcoming season.
MWU Hosts Arizona Regional Brain Bee

In February, Midwestern University welcomed some of Arizona’s top high school students for the annual Arizona Regional Brain Bee, an educational competition similar to a spelling bee that focuses on neuroscience. The 2015 Arizona Regional Brain Bee at Midwestern University was presented in partnership with the BHHS Legacy Foundation.

One hundred seven students from 13 Arizona high schools, some of whom came to the Brain Bee from as far away as Kingman, converged on the University’s Glendale Campus to test their knowledge of the human brain, how it governs human behavior, and the science that helps medical professionals understand brain function.

After an event-record 26-round final, the top three Brain Bee finishers, in order, were Vijay Nambi from BASIS Scottsdale, Mark Morrissey from Thunderbird High School, and Nei Parvathala from Desert Vista High School. The BASIS Chandler school won the team prize for the overall high score, with nine contestants reaching the final round. All participants received certificates of participation as well as Brain Bee pins.

For his performance in the Brain Bee, Mr. Nambi won a $2,000 scholarship towards tuition in any Midwestern University program at either the University’s Glendale Campus or the campus in Downers Grove, Illinois, as well as travel expenses to help him as he competed at the National Brain Bee in Washington, D.C.

16th Annual Cuts for Kids Event Raises Funds for March of Dimes

In March, Midwestern University’s Glendale Campus raised over $5,000 for the March of Dimes and obtained donated hair for kids with cancer via the 15th-annual Cuts for Kids program.

The campus was opened to the public for haircuts from professional stylists to benefit children with special health and social needs. The event featured a fun carnival-style atmosphere, complete with live music, inflatables, face painting, balloon animals, fresh popcorn, cotton candy, and snow cones. Community booths with healthy living information and screenings for blood pressure, body mass index, height and weight, and more were also available.

Attendees who donated ten or more inches of hair received their haircuts free of charge, and their hair was donated to “Locks of Love”—a charity that makes wigs from donated hair for children suffering from medical hair loss. 166 ponytails totaling over 1,800 inches of hair were collected at the event.

All funds raised from Cuts for Kids benefitted the March of Dimes’ March for Babies program. March for Babies is a walking event which supports community programs and research that encourage healthy pregnancies and newborns.

Cuts for Kids is organized by the Midwestern University Pediatrics Club.
2015–2016 Calendar of Events

July 15-19, 2015
AOA House of Delegates
Chicago, IL

August 29, 2015
ICD-10 Training
A.T. Still University SOMA
Mesa, AZ

August 29, 2015
REMS ER/LA Opioids Lecture
A.T. Still University SOMA
Mesa, AZ

October 17-21, 2015
OMED
Orlando, FL

November 6, 2015
AOMA Board of Trustees Meeting
7:00 p.m.
Tucson El Conquistador Resort

November 7, 2015
AOMA House of Delegates
3:00 p.m.
Tucson El Conquistador Resort

November 7 & 8, 2015
AOMA 35th Annual Fall Seminar
Tucson El Conquistador Resort
10000 N. Oracle Road
Tucson, AZ  85704

January 23, 2016
AOMA Board of Trustees Meeting
9:00 a.m.
Midwestern University AZCOM

April 13-17, 2016
AOMA 94th Annual Convention
Scottsdale Hilton
Scottsdale, AZ

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AOMA 35th Annual
Fall Seminar
November 7 & 8, 2015

Mind • Body • Spirit

Hilton Tucson
El Conquistador Resort
10000 N. Oracle Rd
Tucson, Arizona 85704

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AOMA anticipates a total of 12.5 hours
of AOA Category 1-A CME credits for
this Seminar. Application will also be
submitted for AAFP prescribed credits.
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Do you know someone who isn’t a member of the Arizona Osteopathic Medical Association... and should be?

Recruit a New Member and both the New Member and you receive a $100 Credit towards membership dues or Continuing Medical Education fees!

As a member, you understand the value of AOMA’s membership. Share that knowledge firsthand with your colleagues in the medical field. A growing and healthy AOMA means greater recognition for the profession, more resources to support member programs, more representation with healthcare leaders, and a stronger voice when advocating issues with state and national legislative members.

Recruiting new AOMA members is simple:

- Review your network of colleagues. You may be surprised who is not a member.
- Check their membership status using the online member directory or by calling the AOMA office at (602) 266-6699.
- Ask them to join! Express how membership has benefited you.

For all the details on how to recruit a new member* and receive your credit, visit the AOMA website at www.az-osteo.org under the Members tab or contact Sharon Daggett, Member Services Manager, at sharon@az-osteo.org

*New member must be an active, dues paying member. Does not apply to recruitment of “out-of-state” or “retired” members.

Update Your Member Profile and Win!

You could win a $100 VISA gift card. Please take the time to visit the AOMA website and login to update your professional profile information for the online AOMA Directory. Deadline to be entered into the gift card drawing is September 30, 2015.

See what’s new on your AOMA website. Check out all the photos from the 93rd Annual Convention, read the 2015 Legislative Report, and register for the 35th Annual Fall Seminar!

Visit often for future enhancements and features.
Find the **people** and **careers**

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Dedicated to the osteopathic medical community, the AOMA Career Center is a valuable search and recruitment resource for professionals and employers in Arizona. The AOMA Career Center offers simple and easy-to-use tools to make searching for career opportunities and finding qualified candidates fast, efficient and successful.

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Employers can fill positions faster and at a lower cost than other job websites by reaching a qualified and targeted audience of Arizona osteopathic medical professionals.

- **Recruit Top Talent**
  Target job seekers committed to the advancement of medical careers.

- **Low-Cost Posting Packages**
  Reduce recruitment costs with flexible, affordable posting options.

- **Proactive and Direct Recruitment**
  Take advantage of search, email and online advertising options to recruit candidates.

**Tools for Job Seekers**

The AOMA Career Center gives job seekers access to inside opportunities available only through the association and provides the tools needed to quickly find and apply for jobs.

- **Advanced Job Search**
  Find the most relevant medical jobs from top employers across the state.

- **Customized Job Alerts**
  Stay up-to-date on the latest opportunities by receiving automated notifications.

- **Apply for Jobs**
  Create an anonymous profile and resume to quickly apply for jobs and have employers come to you.

**Visit the AOMA Career Center**

Discover the difference the AOMA Career Center can make for you. To search jobs, post jobs or learn more, visit [www.az-osteo.org/jobs](http://www.az-osteo.org/jobs).
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