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OKLAHOMA D.O.

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Kenneth E. Calabrese, DO, MACOI

2017-2018 Oklahoma Osteopathic Association President

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# OKLAHOMA D.O.

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## THE PRESIDENTIAL REPORT

Kenneth E. Calabrese, DO, MACOI  
2017-2018 Oklahoma Osteopathic Association President

I had no idea of the tremendous impact the OOA has on legislative policy until I joined the board. The OOA is the political arm of our profession in Oklahoma and does an exceptional job of advocating for DOs and patients through our lobbyists and the Bureau on Legislation. This can be a difficult course to navigate since our physicians and community partners often hold diverse political views. The OOA's approach must be broad and yet concise. We cannot get deeply involved, for example, in the details of how the present budget was formulated or who should have done this or that. The OOA must be more circumspect. We must concentrate on advocating for osteopathic physicians by assuring that they are receiving adequate payment for their services, that qualified DOs have full rights to practice anywhere in Oklahoma, that we are represented fairly on government health committees, and that healthcare teams are led by physicians.

We also must advocate for our patients and be sure that they have adequate access to healthcare no matter where they live or their financial status. We must strongly promote health education starting in grade school so that our patients understand how to participate in their care and to even know when to seek care. They must better understand the dangers of alcohol, drugs, smoking and obesity. When the legislature does not provide adequate means or funding to accomplish these basic measures, we must think outside of the box. Basically, when the stated mission of the OOA (to advocate for the osteopathic profession and promote the health and well-being of all Oklahomans) is compromised, we must find means to assure that our mission is met.

Here are some interesting statistics published by US News and World Reports this year. Oklahoma ranks 48th in the nation regarding health care. It ranks 30th, however, in providing adequate education to its citizens, and yet Oklahoma teachers rank 49th in pay. The latest budget did not give teachers a raise as promised and teacher's salaries have decreased almost 24% since 2008. We must give a shout-out to our teachers for maintaining respectable educational levels in the face of very difficult conditions. How can we emulate this? How can we improve health care even without appropriate funding? I propose we partner with educators, with the Oklahoma State Department of Health and with other appropriate government agencies to find ways we can help educate and treat our patients.

Leadership requires bold strokes. If our medical infrastructure and educational systems continue to be under-funded, we'll continue to see a brain drain out of Oklahoma and I assure you the next time we see Oklahoma's rank in education it won't be 30th, it will be right down there with healthcare. Our legislators, Republicans and Democrats alike, have yet again failed us. They passed a budget that will in no way alleviate the deplorable condition of healthcare in our state. We have to wait another year for them. But where there's a will there's a way!

Fortunately for us, we can do something about it. Yes, contact your state representative and senator personally; meet with them and share what is important to you and contribute to OOPAC. But I also want you to send me ideas on how the OOA can directly impact the healthcare of our patients by partnering with government agencies and nonprofits, essentially bypassing the state legislature as they're finished for the year. Our teachers have found a way to persevere in the face of gross underfunding, so can we. My email address is [kencalab44@gmail.com](mailto:kencalab44@gmail.com).

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# STRENGTH THROUGH U N I T Y



## INAUGURAL ADDRESS

KENNETH E. CALABRESE, DO, MACOI

117<sup>TH</sup> ANNUAL CONVENTION PRESIDENTIAL DINNER  
APRIL 29, 2017



The theme of this convention is unity of our osteopathic community. Unity engenders strength or power, and to be effective in any endeavor one must have some degree of strength. As the saying goes, “united we stand, divided we fall.” So what should we be unified around? I don’t think it’s good enough to simply unify around the osteopathic profession just because we’re part of it, or even around a specific aspect of our profession, such as osteopathic manipulative therapy, without declaring why we should do that. Many DOs are simply not buying into that approach anymore, especially millennials. There must be something about us that is genuinely distinctive, that truly stands out from the crowd and offers value to our patients. These days many non-DO practitioners are providing manipulative therapy while fewer and fewer DOs are. OMT definitely offers a valuable and effective therapeutic modality to our patients, but I’m just not sure it’s something we can unify our entire profession around. On the other hand, our holistic approach to patients, our hands-on style of practice and our tendency to embrace more fully the art of medicine, all combined, puts us in a unique position to be the leaders to once again acknowledge the person in the patient. Or as Sir William Osler said, “It is much more important to know what sort of patient has a disease than what

sort of disease has a patient.” We don’t practice alternative medicine, but we offer an alternative within main-stream medicine. There is a place for our philosophy in today’s healthcare and it is the future of medicine, because it’s exactly what our patients want and deserve. CMS is introducing fee for value this year (MACRA) instead of the usual fee for service. It will be several years before it’s fully implemented, but when it is, it will place a greater emphasis on how well the patient is treated rather than just the service he or she receives. Payment based truly on the value of the service rather than just the service, itself, moves us toward patient centered care. And that, I submit, is what we must unify around; patient centered care. Practicing true patient centered care is the manifestation of what it means to be an osteopathic physician.

These days the science of medicine is overwhelming the art, and we osteopathic physicians have the distinct capacity to bring the art of medicine back to its rightful place in healthcare. Let me be clear, I do not argue against the science of medicine, I argue for putting the art back into it. This, in real life, translates into patient centered care. It’s really not new. In fact it’s the way medicine was practiced not too long ago. Well, if you’re my age it seems not so long ago. Most of us agree that medicine is both an art and a science. The art of medicine is the manner in which the science is applied. Both are necessary for the optimal care of our patients. The doctor who utilizes art without science is no more than a charlatan, and he who applies only science without art is little more than a robot. Fortunately there are very few physicians that fall into either of those extremes, and yet there is a trend away from the art of medicine. The renowned medical textbook Harrison’s Principles of Inter-



nal Medicine made mention in its preface of the importance of the art of medicine from its first publication in 1949 until the 17th edition published in 2008. There is no mention of it, however, in the last two editions. These days far too often the patient is inconvenienced for the convenience of the doctor, clinic, lab, insurer or hospital. We need to put the art back into medicine and once again become physicians of people, not of disease. Quoting Dr Osler again, “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your brain. [It] “... is an art based on science.” Let’s modernize medicine by practicing it more like our predecessors while embracing the tremendous scientific advances that have been made.

Dr. Osler is considered by many as the father of modern day medicine. But true modern day medicine has trended away from his teachings and is more about efficiency, monetary return, physician and institution convenience and a movement toward science based medicine while supplanting the art of medicine. We osteopathic physicians have a distinctive place in the present day healthcare system that is far more valuable than many of us may have ever imagined. People are yearning to be treated as precisely that, people. And as a subspecialist I can say this with perhaps more credibility; osteopathic primary care is the cradle of patient centered medicine. And, of course, most DOs are primary care physicians. But we can’t just say we’re distinctive; in order to be believable, we must be distinctive. I’m talking about philosophy of patient care so that with every idea that comes forth; with every decision that is made; with every political thought that is calculated and with every resolution that is contemplated; first and foremost, we must consider the wellbeing of our patients or we will never make a difference. Because of present day healthcare trends, this is our time of opportunity. All too often we feel we’re taking a backseat, essentially being forced to choose among the lesser of evils. But we must never forget it’s our charge to lead. Let’s work to shape policy, not just react to it. Get involved: Respond to legislative action alerts, attend a district meeting, attend seminars, serve on hospital committees that shape policies and procedures, serve as Doctor of the Day, and participate in Osteopathic Medicine Day at the Capitol. We must take the high road when so many are not. It is imperative that we show the public that we are sincere about what we say by the actions we take. We have an opportunity for this profession to shine, for us to show that we really do care about our patients as people. We must actually walk our talk, and display

with our actions that patient centered care is genuinely our most important goal.

Our osteopathic students are initially, generally very much in tune with this idea. As they progress into their clinical years and residency, however, they run into the belligerent or insulting patient. They see patients who are noncompliant, who are addicts, who lie or who generally are disrespectful. Sometimes that’s hard to deal with, but as professionals that’s what we do, deal with it. We continue to keep the patient at the center of our efforts. And if we are teachers, it is incumbent upon us to teach patient centered care every day without fail, no matter who the patient. This is not a new concept, but one that must be rejuvenated and this profession is best suited to do it. Dr Andrew Taylor Still took this thinking to the ultimate place when he said, “I love my patients, I see God in their faces and their form.” For those of you who already make it a point to practice patient centered care, and I know there are many, forgive me. I am talking to the many more that have let the art of medicine slip away or become diminished. Let’s make Oklahoma the shining example of the path that the osteopathic profession and the AOA should take toward distinguishing osteopathic medicine.

Unity, then, is essential and the unifying theme, patient centered care, is paramount, but who is it that should be unified? There are several components of the osteopathic profession in Oklahoma. We saw their representatives in the video earlier. They include, first and foremost, though, the osteopathic physician. When I speak of unity, I don’t mean giving up diversity or basic beliefs, or even personal agendas. I’m talking about agreeing that the osteopathic profession and the patients we serve are more important than petty politics. That any con-



flicts between Tulsa DO's and Oklahoma City DOs or rural DOs, for example, pale in the face of a far more important principle, patient centered care. I'm talking about all DOs, no matter with which health system they may be associated, being part of this conversation. I am talking about the abolishment of exclusivity within the OOA when it comes to the osteopathic physician. We must be proud of our osteopathic heritage and practice in a manner that distinguishes us. The OOA welcomes all DOs in Oklahoma so that DOs from all walks of practice can have their say about how we should conduct ourselves and for which issues we should advocate regardless of where we practice or which health system we may practice in. If you know DOs who are not members of the OOA, please talk to them. We are all DO's and we have something special to offer. United we stand. Our profession is too small for it to long endure infighting.

Other components of our profession in Oklahoma include our osteopathic school, OSU-College of Osteopathic Medicine (the womb of our profession in Oklahoma) and our teaching hospital, OSU Medical Center, where we take the diamonds-in-the-rough produced by the school and cut and polish them into

valuable jewels we call practicing physicians. It has been only in the last 8 to 9 years that our school and hospital have been working in a unified fashion. The entity that coordinates the two so we can continue to train new physicians in the most efficient manner is the OSU Medical Authority chaired by Jerry Hudson. But there's more, OSU, Stillwater, without which we may not have a school, has played a huge role in fortifying our profession over the last several years under the adept leadership of Burns Hargis and Kayse Shrum. Saint Francis Hospital is our newest partner, and the latest manager of OSUMC. Leaders there are working together to make this new partnership a win-win relationship. I know all of the constituents of this osteopathic unity train will get on board, and help the public realize just what a special niche osteopathic physicians have in today's healthcare environment.

Other members of our osteopathic community include the Osteopathic foundations in Oklahoma who largely provide funds for osteopathic education. They include Osteopathic Founders Foundation in Tulsa, CEO Sherri Wise, and Northwest Oklahoma Osteopathic Foundation in Enid, Executive Director Anita Leutkemeyer and the Oklahoma

Education Foundation for Osteopathic Medicine in Oklahoma City. I believe both Ms. Wise and Ms. Leutkemeyer should be on the OEFOM board so that these foundations can have a more coordinated approach to the tremendous services they already provide to our profession. I will work to accomplish that before the end of my term. These foundations provide CME to osteopathic physicians, student scholarships, text books to residents and payment to attend courses amongst other gifts. OFF, through Winterset, recently donated \$100,000 to the school toward construction of the new Tandy medical education building. Finally is the Oklahoma Osteopathic Association itself, the nexus, the glue, the hub for all of these entities especially osteopathic physicians. Its function is to set the tone, to describe the goals of the profession and to unify while providing CME and advocating for osteopathic physicians and the wellbeing of all Oklahomans. Each partner is like a team of horses. Unless they're pulling the wagon, that is the osteopathic profession, in the same direction, they'll pull it apart. With unity of direction, on the other hand, we will have the strength to pull it up the steepest mountain.

Education Foundation for Osteopathic Medicine in Oklahoma City. I believe both Ms. Wise and Ms. Leutkemeyer should

In order to have unity, all the parts have to be talking to each other. We have to be on the same page. Each partner may have a personal agenda and that's okay, but all must be pulling that wagon in the same direction, toward patient centered care. Our profession is too important and what we have to offer to modern healthcare too vital for it to be squandered away on petty differences. Taking the time to really hear our patients, touching them, seeing the whole person in the patient and treating that person with the disease not just treating the disease is patient centered care. That is truly what it means to be an osteopathic physician. This must always be why we do what we do. This is the heart of our unity. Thank you.



# BOARD OF TRUSTEES

## & National Guests



**Back Row (left to right)** Jason L. Hill, DO, trustee; Richard W. Schafer, DO, FACOFP, trustee; Brianna R. McMurray, DO, outgoing resident trustee; Melissa A. Gastorf, DO, FACOFP, trustee; Dale Derby, DO, trustee; Christopher A. Shearer, DO, FACOI, newly elected OOA vice president; Timothy J. Moser, DO, FACOFP, trustee; and Lana G. Ivy, MBA, OOA CEO/executive director. **Front Row (left to right)** Clayton H. Royder, DO, trustee; Monica M. Woodall, DO, newly-elected trustee; Gabriel M. Pitman, DO, OOA immediate past president; Mark A. Baker, DO, FACOFP *dist.*, president-elect of the American Osteopathic Association; Kenneth E. Calabrese, DO, MACOI, newly-elected OOA president; Catherine M. Kimball, DO, president-elect of the American Academy of Osteopathy; C. Michael Ogle, DO, OOA past president, master of ceremonies; and Jonathan K. Bushman, DO, trustee. Not pictured is Kayse M. Shrum, DO, FACOP, newly-elected OOA president-elect.

### Oklahoma Osteopathic Association elects Kenneth E. Calabrese, DO, MACOI, as 2017–2018 president

The Oklahoma Osteopathic Association inducted Kenneth E. Calabrese, DO, MACOI, of Tulsa, Oklahoma, as the 2017-2018 president on April 29 at its 117th Annual Convention at the Embassy Suites Norman Hotel & Conference Center in Norman, Oklahoma.

A Tulsa resident, Dr. Calabrese is a 1970 graduate of the Kansas City College of Osteopathic Medicine and Surgery. After completing his rotating internship at Lakeside Hospital, he entered the internal medicine residency program at Oklahoma Osteopathic Hospital, now OSU Medical Center. In 1977, he completed a nephrology and hypertension fellowship at the Cleveland Clinic and returned to OSU Medical Center to begin his practice and develop end stage renal dialysis services for the hospital. A board-certified internist and nephrologist, Dr. Calabrese is a member of the American College of Osteopathic Internists Gillum Society of Master Fellows. Dr. Calabrese serves as director emeritus of the Osteopathic Founders Foundation and trustee of the Oklahoma Educational Foundation for Osteopathic Medicine.

During his inaugural address, Dr. Calabrese reinforced the convention's unity theme by calling on the association's members to join together to ensure patient-centered care as the foremost focus of every decision. Dr. Calabrese also implored each physician to fully embrace the art of medicine and the hands-on style of practice that serves as the foundation of osteopathic teachings. Dr. Calabrese's rallying speech was met with resounding applause and a standing ovation from members of the association, family, friends, and special guest Mark A. Baker, DO, president-elect of the American Osteopathic Association.



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# DOCTOR of the Year

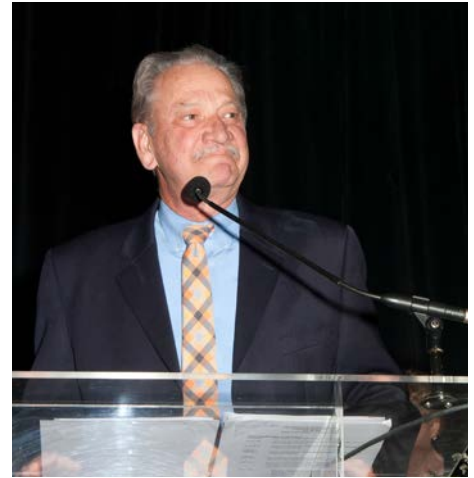
The Oklahoma Osteopathic Association presented William J. Pettit, DO, of Tulsa, with the 2017 Doctor of the Year award at the 117th Annual Convention April 29 at the Embassy Suites Norman Hotel & Conference Center in Norman.

The award is given to an osteopathic physician who has shown exemplary leadership qualities in the profession, demonstrates high moral characteristics, and is highly respected among their colleagues and peers. The recipient is selected by the Oklahoma Osteopathic Association Bureau on Awards from nominations received by the membership.

For 40 years, Dr. Pettit has served in every position with an incredible work ethic and integrity. Dr. Pettit began his career as a vocational rehabilitation counselor until he was inducted into the U.S. Army as a captain and started medical school at Des Moines University College of Osteopathy. He began his medical career with the US Army as a resident at the Womack Army Hospital in Fort Bragg. In 1982, his family moved to Lawton, where he worked at the Reynolds Army Community Hospital and also at the Comanche County Health Department Family Planning Clinic. Within a year, he accepted the role of Medical Director for the AM+PM Clinic, a position he would hold for the next 19 years. In 2002, Dr. Pettit moved to Tulsa where he served as Medical Director of Academic Services for OSU Center for Health Sciences. At OSU-CHS he's held several positions and currently serves as Provost.

Dr. Pettit's family is everything to him. He even has two grandsons named after him. His family will be forever grateful for what they have learned from him and makes people feel safe and gives them confidence.

To many he is known as Dr. Bill, Billy Bad Boy, Bahama Mama or simply Wild Bill. His nicknames say it all. He is the life of the party. Dr. Pettit wants to leave the world a better place and his passion for medicine and Oklahoma has led him to do just that.



# OUTSTANDING & Distinguished Service



Gary L. Patzkowsky, DO

The Oklahoma Osteopathic Association presented Gary L. Patzkowsky, DO, with the 2017 Outstanding & Distinguished Service Award at its 117th Annual Convention Banquet April 29 at the Embassy Suites Norman Hotel & Conference Center in Norman, Oklahoma.

The Outstanding & Distinguished Service Award honors a physician who is an outstanding asset to patients, physicians, hospitals, medical students, and professional organizations and who has significantly contributed to improving the community and promoting osteopathic medicine. The recipient is selected by the Oklahoma Osteopathic Association Bureau on Awards from nominations received by the membership.

In 1975, Dr. Patzkowsky earned his Doctor of Osteopathic Medicine degree from Kansas City College of Osteopathic Medicine followed by a rotating internship, as

chief intern, at Osteopathic hospital in Tulsa. He matriculated to Texas Tech University completing a residency in family medicine, as chief resident. He was offered a fulltime faculty position and became an Assistant Professor of Family Medicine. He also served as the Medical Director of the Panhandle Rural Health Corporation.

Known for his big heart and caring nature, Dr. Patzkowsky is always involved with his community. He's coached little and junior league sports and has provided sports physicals for the public school system for more than 25 years. His passion for medicine and caring for others is also evident in his children, who were inspired by his actions and leadership and sought professions in the medical field.

## A.T. STILL Award of Excellence

The Oklahoma Osteopathic Association presented Jeffrey A. Gastorf, DO, with the A.T. Still Award of Excellence at its 117th Annual Convention Awards Luncheon April 29 at the Embassy Suites Norman Hotel and Conference Center in Norman, Oklahoma.

The award, named for A. T. Still, MD, DO, the founder of osteopathic medicine more than 100 years ago, is presented to the doctor who most exemplifies and helps to preserve the teachings and philosophy of osteopathic medicine. Dr. Gastorf receives this award for his consistent commitment to share the teachings of Dr. Still with students and residents.

Dr. Gastorf graduated from OSU College of Osteopathic Medicine in 2001 and completed his family medicine residency at the Medical Center of Southeastern Oklahoma. Dr. Gastorf practices in Vinita and has served as a mentor in the OOA's Mentorship program for first-year students at OSU-COM. He also led the OOA's 2015 Winter CME Seminar as Program Chair.



Jeffrey A. Gastorf, DO

# ROOKIE

## Physicians of the Year

The Oklahoma Osteopathic Association presented J. Keith Miles, DO, of Claremore, Oklahoma, Wendy D. McConnell, DO, of Yukon, Oklahoma, and Rebecca D. Lewis, of Woodward, Oklahoma, with the Rookie Physicians of the Year Award at its 117th Annual Convention Awards Luncheon April 29 at the Embassy Suites Norman Hotel and Conference Center in Norman. The award is given to those excelling in their respective fields and setting a standard of excellence from the outset of their career. Physicians in their first two years of practice qualify for the Rookie Physician of the Year Award.

Dr. Miles earned his Doctor of Osteopathic Medicine degree from OSU College of Osteopathic Medicine in 2012. He completed his residency at OSU Medical Center and teaches osteopathic manipulative medicine at OSU-COM while also rotating students through his clinic. As his nominator wrote, Dr. Miles “lives the osteopathic life” which is a standard worth upholding and recognizing.

Dr. McConnell, an otolaryngologist, earned her Doctor of Osteopathic Medicine degree from Oklahoma State University College of Osteopathic Medicine in 2009. Dr. McConnell then went on to her residency at Des Peres Hospital in St. Louis before her fellowship at St. Elizabeth’s Hospital, affiliated with Tufts University. Dr. McConnell already lectures regularly at seminars throughout the region and was recently featured in Oklahoma Magazine as one of the “40 under 40 to Watch.”

Dr. Lewis earned her Doctor of Osteopathic Medicine degree at Rocky Vista University College of Osteopathic Medicine in 2012 before moving on to her family medicine residency at St. Anthony in Oklahoma City, where she received the Distinguished Intern Award in 2013. Dr. Lewis has already been actively involved in several committees and leadership positions within the Oklahoma Chapter of ACOFP. Dr. Lewis has served as a mentor to first-year students at OSU-COM since 2013 via the OOA’s Mentorship Program and recently was a Doctor of the Day at the state capitol.



J. Keith Miles, DO



Wendy D. McConnell, DO



Rebecca D. Lewis, DO



Wendy D. McConnell, DO and Rebecca D. Lewis, DO



# AWARDS of Appreciation

Congratulations to the three friends of the association and osteopathic profession honored with Awards of Appreciation presented by OOA President Kenneth E. Calabrese, DO, April 29.



Lynette C. McLain



Charles Morgan, MD



Robert P. White

# Life Members

Congratulations to the physicians who received their Oklahoma Osteopathic Association life memberships April 27.



Jack S. Aldridge, DO



Robert L. Archer, DO



James R. Campbell, DO



Larry D. Cherry, DO



V. Ray Cordry Jr., DO



Tom W. Ewing, DO



David F. Hitzeman, DO



Ronnie L. Keith, DO



R. Kelly McMurray, DO



Cornelia O. Mertz, DO



G. Barry Robbins, DO



Chriss B. Roberts, DO



Donn R. Turner, DO



Harry J. Whetstone, DO



Edward H. Yob, DO

### Life Members Not Pictured:

Nicholas J. Bentley, DO  
Karl A. Kuipers, DO  
Joseph C. Nemcok, DO  
Glenn L. Smith, DO

## "AleMode of Transport Does Not Affect Door-to-Balloon Time in STEMI in Southwest Oklahoma"

**Alexander Torres, DO, PGY IV**

Oklahoma State University Center for Health Sciences, Comanche County Memorial Hospital

**Ronald Woodson, MD**

Comanche County Memorial Hospital

**Damien Kinzler, DO**

Oklahoma State University Center for Health Sciences, Comanche County Memorial Hospital

**David Behm, DO**

Oklahoma State University Center for Health Sciences, Comanche County Memorial Hospital

**William Bickell, MD**

Oklahoma State University Center for Health Sciences, Comanche County Memorial Hospital

### Purpose of research

In southwest Oklahoma, ST-segment elevation myocardial infarction (STEMI) patients often present to non-percutaneous coronary intervention (PCI) hospitals and require transfer for primary PCI. The American Heart Association (AHA) has recom-

mended that PCI be achieved within 120 minutes of arrival at the non-PCI referring hospital. The purpose of this study was to evaluate if helicopter emergency medical services (HEMS) transport to the regional PCI hospital in southwest Oklahoma is superior to ground transport in achieving PCI within 120 minutes.

### Methods

Review of STEMI registry was performed to identify patients that were transferred to Comanche County Memorial Hospital (CCMH) to receive PCI from January 2015 through June 2016. Two transferring facilities, located greater than 30 miles from CCMH, utilized both ground and air transport methods, therefore the data from these facilities was used for comparison. There were 39 patients that met study criteria, however there were two with incomplete data sets, therefore, a total of 37 data sets were used.

### Result

Of the 37 data sets analyzed, 65.4% of patients transferred by ground EMS (17/26)

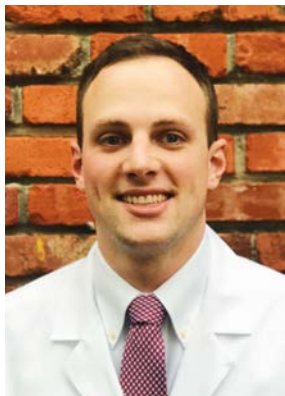


**Alexander Torres, DO**  
1<sup>st</sup> Place \$2,500

from non-PCI facility achieved PCI in less than 120 minutes. In comparison, 54.5% of patients transferred by HEMS (6/11) achieved PCI in less than 120 minutes. The results are not statistically significant ( $p = 0.53$ )

### Conclusion

Ground transport of STEMI patients to the regional PCI hospital was as effective as HEMS in achieving PCI within the AHA guidelines of 120 minutes.



**Mark A. Keuchel, DO**  
2<sup>nd</sup> Place \$2,000

**Mark Keuchel, DO, PGY IV**

Department of Emergency Medicine, Integris Southwest Medical Center, Oklahoma City, Oklahoma

**Stacia Shipman, DO**

Adj Assist. Professor, Department of Emergency Medicine, Integris Southwest Medical Center, Oklahoma City, Oklahoma

## "Double Blind Randomized Study of Short Term Topical Tetracaine versus Placebo in the Care of Acute Corneal Injuries in the Emergency Department"

### Background

Corneal abrasion management discourages prescribing topical anesthetics due to theories of delayed epithelial healing. This study intends to evaluate if patients can safely be discharged home with topical 0.5% tetracaine for improved pain control versus placebo drops, without increased risk of delayed corneal healing.

### Methods

This study was a prospective; double-blind randomized controlled trial. Criteria for eligibility were those patients aged 18 to 80 years with corneal abrasions. Excluded included penetrating eye injury or foreign body, previous corneal surgery, pregnancy, contact lens wearers, or presenting after 36 hours. The study group received tetracaine 0.5% while the placebo received Systane artificial solution. Participants applied one drop every 30 minutes prn for 24 hours. Subjects received Polymyxin sulfate/Trimethoprim and hydrocodone/APAP 7.5/325mg #12. Patients

documented their level of pain using a Likert Pain Scale before and after use of study drops and pain medication. Of 168 participants, 94 were excluded, leaving a cohort of 38 in the treatment and 36 in placebo.

### Results

No participants in the treatment group had evidence for delayed corneal epithelialization. Participants in the treatment averaged a reduction of 5.54 points ( $p < 0.001$ ) on the 10-point pain scale while participants in the placebo averaged 0.54 points reduction ( $p < 0.001$ ). Participants in the treatment had a lower mean hydrocodone/APAP usage of 1.1 pills ( $p = 0.008$ ) versus those in the placebo with 5.7 pills ( $p = 0.008$ ).

### Conclusion

Topical tetracaine, when used for uncomplicated corneal abrasions less than 36 hours old significantly decreases pain and may be safe for short-term use.

# OEFOM Scholarships & Award

Congratulations to the following students who received Oklahoma Educational Foundation for Osteopathic Medicine scholarships at the April 29 luncheon.



Lacy Brame, OMS-I



Lauren Davis, OMS-II



Kaitlin Parks, OMS-II



## OEFOM President Recognition

OEFOM President Gabriel M. Pitman, DO (left) is recognized by incoming OOA President Kenneth E. Calabrese, DO, MACOI.

## "Initiating a Community-Based Blood Pressure Monitoring Program in Community Health Patients"

**Gretchen Stroud, DO, PGY III**

Comanche County Memorial Hospital

**Sarah Cox, DO, PGY III**

Comanche County Memorial Hospital

**Ryan Winfrey, DO, PGY III**

Comanche County Memorial Hospital

Blood pressure (BP) control is a basic health measure that is difficult to achieve in some populations. Our QI project hypothesized that initiating a community-based BP monitoring program will improve the percentage of adult patients with adequate BP control (<140/90) at Lawton Community Health Center (LCHC). Hypertensive patients at LCHC who were not pregnant or on dialysis were included in the seven-month project. Patients of the Residency Clinic at LCHC comprised the treatment group while the

control group was comprised of patients from the Nurse Practitioner Clinic at LCHC. Patients in the treatment group with uncontrolled hypertension were referred to the BP monitoring program. These patients were contacted by the County Health Department where they were seen biweekly and provided BP monitoring, diet and disease process education, and counseling on medication compliance. The percentage of patients with adequate BP control was compared between the treatment and control groups.

Our data analysis revealed BP control in the treatment group improved 15% whereas it improved 7% in the control group. We found a modest improvement in BP; however, we did not have to time to follow the



**Gretchen Stroud, DO**

**3<sup>RD</sup> Place \$1,500**

study as long as we would like for complete data as it is an ongoing project.

Potential weaknesses include that the data analysis software could not control for comorbidities, lack of clinic follow-up or new diagnosis of hypertension. Completion of seven months of this project identified future program changes that may improve BP control.

# CONVENTION

## Sponsors & Exhibitors

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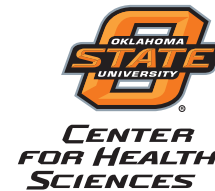


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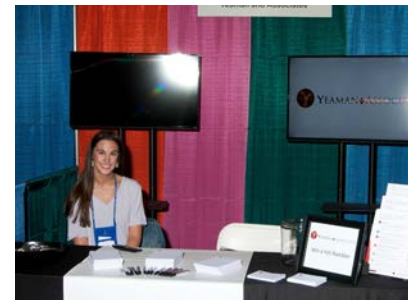
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Thanks to all of the exhibitors who made the Exhibit Hall the place to be at the 117th Annual Convention April 27-28 and for your continued support of the osteopathic profession. Your presence is an integral part of the convention's success.

- » Abbott Diabetes Care
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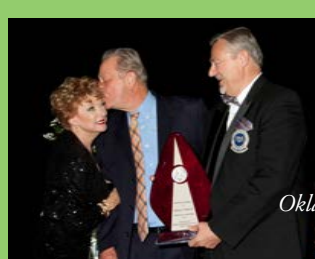
















## FRIDAY, AUGUST 4, 2017

- 2 – 3 PM** "THE OSTEOPATHIC APPROACH TO THE COMPLEX MEDICAL PATIENT"  
 RONNIE B. MARTIN, DO, FACOPF *DIST.* (CERTIFIED FAMILY PRACTICE, MULDROW, OK) & NATASHA MARTIN-BRAY, DO (CERTIFIED INTERNAL MEDICINE, TAHLEQUAH, OK)
- 3 – 4 PM** "THE LATEST AND GREATEST IN CARDIOLOGY"  
 ARASH KARNAMA, DO (CERTIFIED INTERNAL MEDICINE, INTERVENTIONAL & NUCLEAR CARDIOLOGY, TULSA, OK)
- 4 – 5 PM** "CARDIO-RENAL SYNDROME"  
 KENNETH E. CALABRESE, DO, MACOI (CERTIFIED NEPHROLOGY & INTERNAL MEDICINE, TULSA, OK)
- 5 – 6 PM** "VACCINATE: DO OR GET SICK"  
 STANLEY E. GROGG, DO (CERTIFIED PEDIATRICS, TRAVEL MEDICINE, TULSA, OK)

## SATURDAY, AUGUST 5, 2017

- 8 – 9 AM** "OSTEOPATHIC MANIPULATIVE TREATMENT OPTIONS FOR COMMON CONDITIONS"  
 JENNIFER E. WILSON, DO (CERTIFIED FAMILY MEDICINE/OMT, TULSA, OK)
- 9 – 10 AM** "DIRECT PRIMARY CARE: RETURNING TO OUR ROOTS"  
 ANASTASIA BENSON, DO (CERTIFIED FAMILY MEDICINE/OMT, DALLAS, TX)

- 10 – 11 AM** "BREAST BEAUTY"  
 ROLA E. EID, DO (CERTIFIED PLASTIC & RECONSTRUCTIVE SURGERY, TULSA, OK)
- 11 AM – NOON** "HOSPITAL OPIOIDS MAINTENANCE OF EFFICACY AND SAFETY"  
 JASON MCELVEA, DO (CERTIFIED FAMILY MEDICINE, MCALESTER, OK)
- NOON – 1 PM** LUNCH/OOA LEGISLATIVE UPDATE
- 1 – 2 PM** LEGISLATIVE PANEL  
 STATE REP. DALE DERBY, DO (CERTIFIED ANESTHESIOLOGY, OWASSO, OK); STATE REP. MICHAEL RITZE, DO (CERTIFIED FAMILY MEDICINE, BROKEN ARROW, OK); LEROY E. YOUNG, DO, FACOPM *DIST.* (CERTIFIED OCCUPATIONAL & PREVENTIVE MEDICINE, OKLAHOMA CITY, OK)
- 2 – 3 PM** PROPER PRESCRIBING  
 DANIEL J. GAMINO, JD (OSBOE GENERAL COUNSEL, OKLAHOMA CITY, OK)
- 3 – 5 PM** RISK MANAGEMENT: "LEGAL UPDATE 2017"  
 EARL OGLETREE, ESQ. (WIGGINS, SEWELL, OGLETREE, OKLAHOMA CITY, OK)

## SUNDAY, AUGUST 6, 2017

- 8 – 9 AM** "HOT TOPICS IN INFECTIOUS DISEASES"  
 DALE BRATZLER, DO (CERTIFIED INTERNAL MEDICINE, OKLAHOMA CITY, OK)
- 9 – 10 AM** "ANTI-DEPRESSANT SELECTION IN PRIMARY CARE"  
 REBECCA D. LEWIS, DO (CERTIFIED FAMILY MEDICINE/OMT, WOODWARD, OK)
- 10 – NOON** "A JOURNEY TO THE CORE OF 'WELLNESS:' A PLACE WHERE FEW MEN DARE TO GO!"  
 MICHELE L. NEIL-SHERWOOD, DO, FACOI (CERTIFIED INTERNAL MEDICINE & SPORTS MEDICINE, TULSA, OK) & MARK SHERWOOD, ND (FUNCTIONAL MEDICAL INSTITUTE, TULSA, OK)



# 2017 SUMMER CME SEMINAR

AUGUST 4-6, 2017 | WATERFORD RENAISSANCE | OKLAHOMA CITY, OK

CHAIR: MONICA M. WOODALL, DO

- DO Member Registration\*
- DO Member Proper Prescribing & Risk Management Only Registration\*
- Retired DO Member Registration\*
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- MD/Non-Physician Registration\*
- MD/Non-Physician Proper Prescribing & Risk Management Only Registration\*
- Student | Intern | Resident | Fellow Registration\*

	On or Before 1/12/2017	After 7/21/2017
<input type="checkbox"/> DO Member Registration*	\$370	\$400
<input type="checkbox"/> DO Member Proper Prescribing & Risk Management Only Registration*	\$210	\$240
<input type="checkbox"/> Retired DO Member Registration*	\$110	\$140
<input type="checkbox"/> DO NonMember Registration*	\$870	\$900
<input type="checkbox"/> DO NonMember Proper Prescribing & Risk Management Only Registration*	\$710	\$740
<input type="checkbox"/> MD/Non-Physician Registration*	\$370	\$400
<input type="checkbox"/> MD/Non-Physician Proper Prescribing & Risk Management Only Registration*	\$210	\$240
<input type="checkbox"/> Student   Intern   Resident   Fellow Registration*	free	free

\* Includes: Proper Prescribing Course, Risk Management Course, two continental breakfasts & Saturday luncheon  
+ Four hours of AOA Category 1-A credit on SUNDAY, including Proper Prescribing and Risk Management

## REGISTRATION INFORMATION

Registrant Name (please print): \_\_\_\_\_  
 please indicate:  DO  Intern  Resident  Fellow  OMS-I  OMS-II  OMS-III  OMS-IV  Other \_\_\_\_\_

Preferred First Name for Name Badge: \_\_\_\_\_

Guest(s): \_\_\_\_\_

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Preferred Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_

*NOTE: All DO attendees must be members in good standing with their respective state association at the time of the seminar in order to attend at the announced fees. Otherwise, a DO may attend the seminar by paying membership dues at the appropriate rate with completed application. Students, interns, residents and fellows are not required to pay a registration fee and are welcome to attend all seminar functions at no charge. Requests for refunds must be received before July 21, 2017, and a \$30 service fee will be charged. NO REFUNDS AFTER JULY 21, 2017. A print syllabus will not be offered. A digital syllabus will be sent to registrants in advance for those wishing to print their own.*

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For hotel reservations at the Waterford Renaissance, please call 1-405-848-7810 or visit <http://tiny.cc/OOA17SummerCME>.

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# LEGIS LATIVE UP DATE

MATT HARNEY, MBA

## GOVERNOR SIGNS BUDGET BILL

On May 31, Gov. Mary Fallin signed the budget bill for the 2018 fiscal year which appropriates \$6.83 billion to state agencies. Of the 68 agencies, 50 received a flat appropriation or a reduction from the previous year. Several agencies relating to the osteopathic profession were impacted. Of special importance:

- The Oklahoma Health Care Authority (OHCA) was allocated \$1.025 billion, an increase of about \$36 million from the previous year. Due to a drop in federal funding, the agency will be approximately \$35 million short of what the agency needed to provide the same level of service. In a statement, the CEO of the OHCA, Becky Pasternik-Ikard, said, “The OHCA will continue to monitor its financial obligations and work diligently to reduce any future impact of this situation on SoonerCare members and providers. We intend to protect the program’s benefits and rates by drawing on all other financial resources to meet the budget gap. Reductions to benefits and provider rates will only be considered as a last resort.”
- The OSU Medical Authority (OSUMA) was appropriated \$10.84 million, an increase of about 7% from the previous year. The increase will help account for Oklahoma’s decreasing FMAP. OSUMA owns the state’s only osteopathic teaching hospital, OSU Medical Center.
- The Physician Manpower Training Commission received a cut of more than 4% and was allocated \$3.31 million. The mission of the Physician Manpower Training Commission is to enhance medical care in rural and underserved areas of

the state by administering residency, internship and scholarship incentive programs that encourage medical and nursing personnel to practice in rural and underserved areas.

A combination of a new cigarette tax fee, a levy on vehicle sales, and modifications to gross production tax rates along with other one-time funding sources were used to fill the \$878 million budget shortfall. The state budget almost exactly matches 2007 figures, therefore not accounting for population growth and appreciation over the last decade.

Whether or not the budget bill remains intact has yet to be known. Per the state constitution, revenue bills cannot be passed in the final five days of session. The budget passed both chambers in the final week of session.

#### OSTEOPATHIC VOICE NOW GUARANTEED ON MENTAL HEALTH BOARD

An osteopathic physician will now be ensured a position on state's Department of Mental Health and Substance Abuse Services Board as a result of HB 1708. The legislation requires an osteopathic physician to serve on the board and will be selected from a list provided by the OOA and will be chosen by the governor.

The board now consists of the following:

- 1 member from the Oklahoma Bar Association,
- 1 member from the Oklahoma Osteopathic Association,
- 1 member from the Oklahoma State Medical Association,
- 1 member from the Oklahoma Psychological Association,
- 3 members must possess experience or education in substance abuse recovery,
- 4 public members.

All nominations from the various entities are subject to final selection by the governor.

The initial version of the bill, authored by Rep. Mike Ritze, DO, kept the previous appointing entities and representatives intact, but simply added two positions to be submitted by the OOA—increasing the board from 11 to 13.

The version of the bill that ultimately passed was amended in committee to maintain the size of the board at 11, but transitions one of the OSMA appointments to the OOA.

This bill ensures Oklahomans are best served by including all physician voices in a health care agency directly impacting tens of thousands of individuals throughout the state. HB 1708 is the culmination of the OOA's two-year effort to ensure representation on this crucial state board. The OOA would like to thank all those who served as advocates for this cause!

#### APRN EXPANSION BILL STALLS IN THE SENATE

House Bill 1013, legislation that would expand authority for advanced practice registered nurses, stalled in the senate after Health and Human Services Committee Chairman Ervin Yen, R-Oklahoma City, decided not to hear the bill.

HB 1013 sought to remove the physician supervision requirement for APRNs and would've allowed the Board of Nursing to extend their prescriptive authority to include Schedule IIs. While the OOA supports the team approach to medical care, the physician-led medical model has proven its ability to ensure that professionals with complete medical education and training are adequately involved in patient care. The differences in education between physicians and nurse practitio-

ners are substantial. Nurse practitioners do not attend medical school and receive 1/10th the postgraduate training of family physicians.

HB 1013 was assigned to the Business, Commerce and Tourism Committee (rather than Public Health) and easily passed 12-2. Several amendments were approved when it passed the full House on March 1. The bill was then assigned to the Health & Human Services Committee in the Senate.

The OOA strongly opposed HB 1013 and felt it represented a danger to patient safety for several reasons and are outlined below:

- **TRAINING:** Nurse practitioners are required to perform **less than 1/10th of the training hours** received by osteopathic physicians or medical doctors. Nurses are a vital part of the health care team, but they simply do not possess the same level of training and clinical expertise as a medical doctor, who will have more than 10,000 hours of clinical training before he/she finishes a residency program. This is about patient safety.
- **EDUCATION:** Nurse practitioners are only required to receive **two** years of graduate education compared to **four** years of medical school for a doctor of osteopathic medicine or medical doctor.
- **PRESCRIBING SCHEDULE II DRUGS:** The bill allowed additional prescriptive authority for the most dangerous drugs and will further compound the opioid epidemic. At a time when we already have a crisis of addiction to opioids and other powerful drugs, it makes no sense to allow hundreds of new practitioners to prescribe dangerous Schedule II drugs.
- **RURAL HEALTH ACCESS:** This bill would not benefit rural Oklahoma or significantly help rural health access, as providers of all types prac-

tice where patients live. Quite simply, NPs are located in areas where primary care physicians already practice. To improve rural health care, we need to invest resources to recruit more physicians to underserved areas.

- **STANDARDS OF CARE:** This bill would create two standards of care, whereby some underserved patients receive primary care from providers without the comprehensive education and training required for patient diagnosis. This two-tier health care system provides rural citizens with one standard of care while providing another for urban residents.
- **TEAM APPROACH TO CARE:** Studies show patients prefer to have their care provided in a team-based setting with physicians making sure their care is coordinated among multiple providers.<sup>1</sup> The best patient care is physician-led as the additional years of medical education and training are vital to optimum patient health, especially during medical emergencies. This bill would only help fragment the health care system and put up barriers between providers.
- **MEDICAL LIABILITY:** The bill did not require independent practice nurses to carry medical liability insurance, therefore injured patients would have no recourse against a practitioner who provides faulty care.

Ultimately, the OOA supports the team approach to medical care, and the physician-led medical model has proven its ability to ensure that professionals with complete medical education and training are adequately involved in patient care. The physician, as the team leader coordinating patient care, is best qualified for the initial examination and diagnosis of patients.

While HB 1020 was defeated this year, we realize future versions of this bill are eminent. It is vitally important to remain active and engaged and help inform the public and your patients of the realities of our health care system.

<sup>1</sup> [https://www.ama-assn.org/sites/default/files/media-browser/premium/arc/tia-survey-2008-2015\\_0.pdf](https://www.ama-assn.org/sites/default/files/media-browser/premium/arc/tia-survey-2008-2015_0.pdf)

## 2017 HEALTH CARE BILLS

Dozens of important health care bills passed in 2017. All bills effective November 1, 2017 unless otherwise stated. House bills are below. A summary of senate bills impacting health care will be included in future legislative blog postings, the OOA Report, and the next edition of *Oklahoma DO*.

**HB 1448:** Requires chiropractors applying for an original license to submit to a national criminal history record check. The costs associated with the national criminal history record check shall be paid directly by the applicant.

**HB 1555:** Transfers administration of the State Employee Assistance Program from the Office of Management and Enterprise Services to the Department of Mental Health and Substance Abuse Services. The program may provide assistance to state agencies in their management of employees whose personal problems may have a negative impact on job performance.

**HB 1559:** Exempts any federal Food and Drug Administration-approved cannabidiol oil-based drug or substance from the meaning of the word “marihuana” as used in the Uniform Controlled Dangerous Substances Act.

**HB 1620:** Directs the State Board of Health to develop rules that require all medical and direct care staff for nursing and specialized facilities, adult day care centers, assisted living centers and home health agencies to complete at least one hour per year of dementia and Alzheimer’s training.

**HB 1703:** Creates the “Choosing Childhood Act.” The bill directs the State Department of Health, contingent upon the availability of funds, to provide grants to a grant-supervising entity for the purpose of reimbursing private organizations for program expenses that assist women to carry their children to term.

**HB 1708:** see article above

**HB 1819:** Requires that benefit plans which cover prescription eyedrops cannot deny coverage of a refill.

**HB 1824:** Provides prescription drug synchronization for certain patients. For health care plans providing prescription drug benefits, the bill allows for synchronization of refills on at least one occasion per insured per year, provided all of the following conditions are met:

1. The prescription drugs are covered by the health benefit plan’s clinical coverage policy or have been approved by a formulary exceptions process;
2. The prescription drugs are maintenance medications as defined by the plan and have available refill quantities at the time of synchronization;
3. The medications are not Schedule II, III or IV controlled substances;
4. The insured meets all utilization management criteria to the prescription drugs at the time of synchronization;
5. The prescription drugs are of a formulation that can be safely split into short-fill periods to achieve synchronization;
6. The prescription drugs do not have special handling or sourcing needs as determined by the plan, contract, or



agreement that require a single, designated pharmacy to fill or refill the prescription;

7. The covered person agrees to the synchronization.

When necessary to permit synchronization, the health benefit plan shall apply a prorated daily cost-sharing rate to any medication dispensed by a network pharmacy pursuant to this section. No dispensing fees shall be prorated, and all dispensing fees shall be based on the number of prescriptions filled or refilled.

Synchronization is defined as the coordination of medication refills for a patient taking two or more medications for one or more chronic conditions such that the patient's medications are refilled on the same schedule for a given time period.

**HB 1886:** Updates references to advanced practice registered nurses and nurse-midwives in the Oklahoma Nursing Practice Act. The bill also allows a provision whereby a majority of the members of the Nursing Board can suspend a license before a sworn complaint if necessary to protect public health, safety, or welfare. Defines the term "default" in reference to the peer assistance program.

**HB 1894:** Clarifies precedence regarding a patient's health care decisions. When a patient is persistently unconscious, incompetent or otherwise mentally or physically incapable of communicating, those reasonably available and willing, in the order of priority below, are authorized to make health care decisions for the patient. If those within a class disagree, a majority within the class may make a health care decision for the patient. The classes are as follows:

1. A general or limited guardian of the person
2. A health care proxy, or alternate health care proxy, designated by the patient,
3. An attorney-in-fact authorized to act pursuant to the Uniform Durable Power of Attorney Act
4. The patient's spouse;
5. Adult children of the patient;
6. Parents of the patient;
7. Adult siblings;
8. Other adult relatives of the patient in order of kinship; or
9. Close friends of the patient who have maintained regular contact with the patient sufficient to be familiar with the patient's personal values. Execution of an affidavit stating specific facts and circumstances documenting such contact constitutes prima facie evidence of close friendship.

Those convicted of certain crimes or guilty or those found to

have committed abuse, verbal abuse or exploitation shall not be authorized to make health care decisions.

A provider of health care to the patient or any member or members of any of the named classes may petition a court that would have jurisdiction over a guardianship proceeding concerning the patient to seek an order directing a different health care decision on the ground that the health care decision or decisions made violate the standard required by this law.

**HB 2039:** Allows Naloxone to be prescribed and dispensed by a licensed pharmacist; provided, however, it shall be dispensed only by, or under the supervision of, a licensed pharmacist. No dispensing protocol shall be required.

**HB 2273:** Allows for the donation of HIV-infected organs if the procurement and donation are consistent with the HIV Organ Policy Equity Act.

**HB 2389:** Provides for the construction of a new State Health Laboratory for the State Department of Health. It authorizes the Oklahoma Capitol Improvement Authority to issue notes, bonds, or other evidences of obligation in an amount necessary to generate \$58.55 million after providing for costs of issuance, credit enhancement, reserves, and other associated expenses related to financing. Effective July 1, 2017.

**HB 2406:** Creates the "Oklahoma Individual Health Insurance Market Stabilization Act." Anyone who is qualified for and enrolled in coverage through the market and is a permanent state resident shall be eligible for coverage under the Oklahoma Individual Health Insurance Market Stabilization Program except those currently receiving or entitled to receive health care benefits under any other federal or state program providing financial assistance or preventive and rehabilitative social services is eligible for coverage.

The program shall operate under a nine-member Board of Directors appointed by the Insurance Commissioner. The board shall: develop and administer the program, levy and collect all assessments from health insurers, make payments to provide for the market stabilization activities, establish administrative and accounting procedures, and apply for a 1332 State Innovation Waiver authorizing federal funds among other duties.

Incarcerated inmates and individuals confined to a narcotic detention, treatment or rehabilitation facility shall not be eligible for coverage under the Program.

■  
**OEFOM**  
**CONTRIBUTIONS**  
 May 1-31, 2017  
 ■

<i>Contributing</i>	<i>Fund</i>
Wendy McConnell, DO	General Fund
Kathy D. Johnson, DO	General Fund
Thomas H. Conklin, DO	General Fund
C.B. Pettigrew, DO	General Fund
Monica M. Woodall, DO	General Fund
Jeffrey L. Shipman, DO	General Fund
Stacia B. Shipman, DO	General Fund

## Can't Help Right Now?

## Consider a Gift in Your Will or Trust



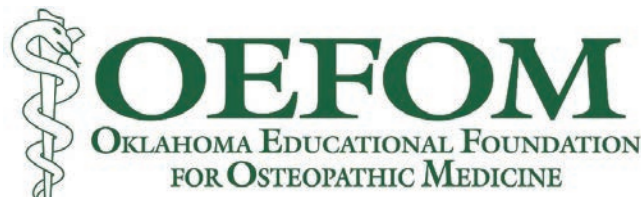
If you believe in the mission of the Oklahoma Educational Foundation for Osteopathic Medicine (OEFOM) but don't want to part with money today, a gift in your will or living trust may be the donation option you've been looking for. It has three benefits:

Oklahoma City, Oklahoma (the sum of \$\_\_\_\_ or \_\_\_\_ percent of the rest, residue and remainder of my estate) for its general purposes and/or student scholarships.

- **FLEXIBILITY.** Because you are not actually making a gift until after your lifetime, you can change your mind at any time.
- **VERSATILITY.** You can structure the gift to leave a specific item or amount of money, make it contingent on certain events, or leave a percentage of your estate to us.

*A charitable bequest is one of the easiest ways you can leave a lasting impact on the osteopathic profession.*

For additional information about making a gift through your will or trust, please contact Lana G. Ivy, MBA, CFRE, secretary/treasurer for the OEFOM at 405-528-4848 or by email at [lane@okosteo.org](mailto:lane@okosteo.org)



"We can change the world and make it a better place. It is in our hands to make a difference."

Nelson Mandela

"We can choose to be affected by the world or we can choose to affect the world."

Heidi Wills

# We need you to DO your part

The mission of the Oklahoma Osteopathic Association is to advocate for the osteopathic profession and promote the health and well being of all Oklahomans. We know time is precious but by volunteering for one or more of the opportunities below, you can help fulfill the OOA's mission. We cannot do it without you. Join us in accomplishing the mission today.

## » Special Advocate

Serve as a primary point of contact and information regarding the OOA's advocacy efforts. We're seeking experts and advocates with special knowledge, experience, or interest regarding Medicaid, scope of practice issues, physician placement, rural health care access, and pharmacology among others.

## » Bureau Volunteer

Five of the OOA's bureaus are looking for doctors who are willing to serve on them. The bureaus include: Bureau on Continuing Medical Education, Bureau on Legislation, Bureau on Member Services, Bureau on Postgraduate Education, and Bureau on Public Awareness.

## » Mentorship Program

Be a guide for first-year students at OSU College of Osteopathic Medicine as they begin on their path to become a DO. Practicing and retired physicians and resident members are eligible.

## » Shadowing

Prepare future osteopathic medical students by giving them an opportunity to experience medicine up close and personal by shadowing you for a short time period. A letter of recommendation may be requested.

## » CME Presenter

Step to the forefront of your peers and share the knowledge you've gained to impact patient-care as a whole. Presenters are compensated for their willingness to speak with either complimentary registration at the respective seminar or an honorarium.

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"Make a difference,  
not just a living."

Anonymous

"One person can make a  
difference, and everyone  
should try."

John F. Kennedy

# enjoy some birthday fun in the sun

Help us wish these OOA members a Happy Birthday!

1 Fei-Ling Yeh, DO  
Juliana Bizzell, DO  
Kenan L. Kirkendall, DO

2 Andrew J. Hamill, DO

3 Monica S. Kidwell, DO  
Richard P. Holsopple, DO

4 Aliyeh Ayadpoor, DO  
Lea M. Wolfe, DO  
George C. Obinero, DO  
John C. Loose, DO  
Tony R. Hill, DO

5 Lam D. Nguyen, DO

6 David F. Hitzeman, DO  
Donald L. Riley, DO  
Brian A. Levings, DO  
Thomas A. Jones, DO

7 Brent C. Nossaman, DO  
D. Scott Dycus, DO  
M. Shane Hull, DO  
Stephanie A. Meissen, DO

8 Chelsey D. Gilbertson, DO  
Damon L. Baker, DO  
Yancy J. Galutia, DO

9 Colbi M. Smithton, DO  
Tyree L. Seals, DO  
Jeffrey R. Jones, DO  
Lisa R. Waterman, DO

10 Douglas B. Coffman, DO  
James M. Rebik, DO  
Renah Thi Gibson, DO

11 Samantha C. Moery, DO  
Parker L. Simon, DO  
Raeanne Lambert, DO

12

13

14 Andrea E. McEachern, DO  
Mark E. Melton, DO  
Steve E. Rose, DO

15 Andrea M. Adams, DO  
Brian A. Chalkin, DO  
Esther Elizabeth B. Walker, DO  
Patrick G. Livingston, DO  
Richard D. Allen, DO  
Troy L. Harden, DO

16 Jimmie D. McAdams, DO

17 John Buck Hill, DO

18 Gilbert M. Rogers, DO

19 Stephanie L. Carner, DO

20 Charles F. Harvey, DO  
David W. Asher, DO

21 Corby W. Smithton, DO  
John S. Marouk, DO

22 Joshua Medved, DO  
Stacy L. Noland, DO

23 Dennis E. Blankenship, DO  
Gavin V. Gardner, DO  
Michael T. Cain, DO  
Audrey M. Stanton, DO

24 Stephanie A. Parker, DO  
Jozef Dzurilla, DO  
David O. King, DO

25

26 Elizabeth A. Cordes, DO  
Ben F. Cheek, DO  
Gerald D. Rana, DO  
Steven P. Medeiros, DO

27 Ryan W. Schafer, DO  
Lorri J. Dobbins, DO  
Robert C. Gaston, DO  
Terry R. Gerard, DO

28 Dina G. Azadi, DO

29 Cynthia M. Berry, DO  
Michael R. Davis, DO  
Bret S. Langerman, DO

30 Bob L. Weeks, DO  
Gary K. Augter, DO  
Ronald F. Distefano, DO  
Scott E. Dellinger, DO

31 Christopher C. Thurman, DO  
Eric W. Metheny, DO

- |                                                                                                                                                     |                                                                                                                                                                                      |                                                                                                                                                           |                                                                                                                        |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1 Paul E. Weathers, DO<br>Jack D. Butler, DO<br>George E. Erbacher, DO<br>Thomas B. Leahey, DO                                                      | 2 Carrie A. Harp-Wetz, DO<br>Stephanie D. Burleson, DO<br>Rory C. Dunham, DO<br>David B. Austerman, DO<br>Debra L. Ricciardi, DO<br>Carol K. Anderson, DO<br>Jerry C. Childs Jr., DO | 3 Chelsea S. Galutia, DO<br>James E. Burleson II, DO<br>Scott S. Cyrus, DO<br>Johnny O. Johnson, DO<br>H. Dwight Hardy III, DO<br>Laura L. Arrowsmith, DO | 4 Kevin Sue Weibel, DO<br>John W. Hallford, DO<br>Jeffrey C. Troutt, DO<br>Judy A. Distefano, DO                       | 5 J. Mark Knox, DO<br>Ruth M. Thompson, DO<br>Carolyn J. Steele, DO                        |
| 6 Jason L. Hill, DO                                                                                                                                 | 7 Brian W. Cook, DO<br>Gary M. Freeman, DO<br>Donn R. Turner, DO<br>George Scott Stenger, DO                                                                                         | 8 Tara J. Claussen, DO<br>David R. Kerr, DO                                                                                                               | 9 David E. Hogan, DO                                                                                                   | 10 Lisa Owens, DO<br>Laticia G. Arnold, DO<br>Bobby L. Elliott, DO                         |
| 11 Phillip R. Berry, DO<br>C. Michael Johnson, DO                                                                                                   | 12 Linda M. Rodriguez, DO                                                                                                                                                            | 13 Daniel P. Kite, DO<br>Dennis J. McClary, DO<br>Gary W. Cannon, DO                                                                                      | 14                                                                                                                     | 15 Jennifer R. Ferrell, DO<br>Joseph M. Coffman, DO<br>David T. Dotson, DO                 |
| 16 Kimberly Sorensen, DO<br>Harold Blankenship, DO<br>Bobby C. Kang, DO                                                                             | 17 Jeffrey R. Morris, DO                                                                                                                                                             | 18 Michael L. Oliver, DO                                                                                                                                  | 19 Carl R. Smith, DO<br>Brandon A. Conkling, DO<br>John S. Moore, DO<br>Sheila M. Taber, DO<br>Ted Kaltenebach Jr., DO | 20 Jason M. Crouch, DO<br>Erica Waddington, DO<br>Anthony Economou, DO                     |
| 21 Ethel Vasquez-Harmon, DO<br>Paul Engelman, DO                                                                                                    | 22 Dana Terrell, DO<br>Bryan S. Simms, DO                                                                                                                                            | 23 Katherine D. Cook, DO<br>Jon T. Maxwell, DO<br>Donald T. Brock, DO                                                                                     | 24 Clayton W. Flanary, DO<br>Charles P. W. Crowell III, DO                                                             | 25 Brad A. Liston, DO<br>Rita Westenhaver, DO<br>Kevin B. Lane, DO<br>Richard G. Allen, DO |
| 26 Colby D. Mayo, DO<br>Laura Black-Wicks, DO<br>Stephen L. Sutton, DO<br>Gary L. Postelwait, DO<br>Randall D. Behrmann, DO                         | 27 Michael K. Cooper, DO<br>Joan E. Stewart, DO                                                                                                                                      | 28 J. Scott Clark, DO<br>Rhonda L. Casey, DO<br>Thomas D. Schneider, DO                                                                                   | 29                                                                                                                     | 30 David L. Shadid, DO<br>Gary D. Lovell, DO                                               |
| 31 Matthew B. Mote, DO<br>Brooks B. Zimmerman, DO<br>Tracy L. Langford, DO<br>William R. Anderson, DO<br>Steven P. Sanders, DO<br>Jerry J. Cole, DO |                                                                                                                                                                                      |                                                                                                                                                           |                                                                                                                        |                                                                                            |

# August

- |                                                                                                                                           |                                                                                                                    |                                                                                                                                              |                                                                                                                                     |                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1 Bruce E. Baugher, DO<br>Erich H. Muckala, DO<br>Jana N. Baker, DO<br>Ross E. Pope, DO<br>Tammie L. Koehler, DO                          | 2 Gary E. Gramolini, DO<br>Debra A. Crawford, DO<br>James D. McKay, DO<br>Gary L. Patzkowsky, DO                   | 3 Harry J. Whetstone, DO<br>David C. Jennings, DO<br>Michael J. Pace Jr., DO<br>Peter P. Chan, DO                                            | 4 John T. Main, DO<br>Susanne P. Thompson, DO                                                                                       | 5 David W. Dillow, DO<br>Madhuri J. Lad, DO<br>Michael E. Lenhart, DO                                  |
| 6 Jim Davis, DO<br>Andrew R. Briggeman, DO<br>John D. Wells, DO<br>Kendall W. Southern, DO<br>Rodger C. Mattson, DO<br>Victoria Mills, DO | 7 James R. Beymer, DO<br>William B. Price Jr., DO<br>Megan A. Meyer Hanner, DO<br>Arthur G. Wallace Jr., DO        | 8 Brendon D. McCollom, DO                                                                                                                    | 9 Carolyn J. Pimsler, DO<br>G. Davin Haraway, DO<br>Dale B. Smith, DO<br>Kelly S. Andrzejczyk-Beatty, DO<br>Rajendra K. Motwani, DO | 10 Colin A. Marouk, DO<br>Cynthia K. Bruns, DO<br>Laren W. Hightower, DO<br>Sarah L. Carter-Layman, DO |
| 11 Gary Raymond Denny, DO<br>Stephen R. Barnes, DO                                                                                        | 12 Micheal Durham, DO<br>John S. Dennis, DO<br>Scott A. Cordray, DO                                                | 13 Ronnie L. Keith, DO<br>Tyson R. Trimble, DO                                                                                               | 14 Tony A. Little, DO                                                                                                               | 15 Jay C. Belt, DO<br>Jim D. Blunk, DO<br>Peter C. Lafon, DO<br>Thomas V. Nunn, DO                     |
| 16 Judy L. Magnussonm, DO<br>Steve S. Kim, DO<br>Stuart W. Schrader, DO                                                                   | 17 Michael R. Schiesel, DO<br>R. Gene Moult, DO<br>Hal D. Martin, DO<br>Julie L. Wiley, DO<br>Rebecca D. Lewis, DO | 18 Kevin D. Dare, DO<br>Leslie M. Ching, DO<br>Michael A. Lee, DO<br>Ryan W. Oden, DO                                                        | 19 Scott A. Williams, DO                                                                                                            | 20 Carole C. Howard, DO<br>Randel D. Estep, DO                                                         |
| 21 Gregory J. Zeiders, DO<br>Christopher C. Schmidt, DO<br>Jeffrey L. Shipman, DO                                                         | 22 Annie G. Cacy, DO<br>Samuel J. Pangburn, DO<br>Richard D. Brock, DO                                             | 23 David W. Behm, DO<br>Emma Beth Harp, DO<br>Michael P. Souter, DO<br>Lance E. Rosson, DO<br>Pamela Jo Hyde, DO<br>Philip J. Traino Jr., DO | 24 Charles A. Jantzen, DO<br>Kathy D. Johnson, DO<br>Melinda Dandridge, DO                                                          | 25 Dale Derby, DO<br>Kenneth Jerome Hamby, DO<br>Manuel O. Crespo, DO<br>Michael N. Fish, DO           |
| 26 Afsar Emery, DO<br>Michael W. Griffin, DO                                                                                              | 27 JoeBob Kirk, DO<br>Melinda S. Powers, DO<br>Steve P. Sanders, DO                                                | 28 Dustin O'Leath Hayes, DO<br>Kris Parchuri, DO                                                                                             | 29 Robert V. Hensley, DO<br>Eric S. Mills, DO<br>Martin D. McBee, DO                                                                | 30 Alvin J. Bradford, DO<br>William H. Chesser, DO                                                     |

# September



Dr. Holsey, with husband Jeff Hulstine, put on their best Gatsby attire for the L'Oréal after party.



## Holsey attends Beauty Insider event, OKC to be site of flagship Skinceuticals store

Laura J. Holsey, DO, of Oklahoma City, was chosen by L'Oréal to attend the 2017 Skinceuticals Exclusive Insiders Weekend event in New York City in May. Holsey joined 14 other plastic surgeons at the insider beauty event to get an advanced look at newest advances Skinceuticals is making in skin care, lasers and devices. During her time at the event, Dr. Holsey shared her expert opinion on the newly unveiled products along with being interviewed by L'Oréal and featured in a photo shoot. Because of her participation in this event, Oklahoma City will be the location for a Skinceutical flagship store, under Holsey's leadership, which will feature the latest in skin care while being a source of research to develop new skin care products. The Skinceuticals flagship store will launch in September in partnership with L'Oréal. We are thrilled for this new opportunity for Holsey Cosmetic Surgery Institute and the greater impact it will have on Oklahoma! Congratulations Dr. Holsey on your success.

## Get to know our newest board members & welcome back those re-elected!



### Monica M. Woodall, DO, Trustee

Monica Mae Woodall D.O. is a board certified Family Medicine physician and practices in Durant, Oklahoma. This year she joined Texoma-Care of Durant. She was born and raised in the Oklahoma City/Moore area and graduated from Westmoore High School in 2000. In 2005 she graduated from Texas A&M University – Commerce Suma Cum Laude. In 2009 she graduated

from Oklahoma State University College of Medicine and 15 days later married the love of her life Lee Woodall. She graduated from Durant Family Medicine Residency in 2012 and has been practicing in Durant since then. Dr. Woodall volunteers her time as the physician on call for the Choctaw Grande Theater where she has been the personal physician for the bands Aerosmith, REO Speedwagon, Chicago, and Alice Cooper. She has also been on call for KISS, Tesla, 3 Doors Down and her favorite Motley Crue. Dr. Woodall is the medical director and physician volunteer for The Great Physician's Pharmacy and Medical clinic, a free clinic serving Bryan County. She currently serves as the President of the Southeastern District Oklahoma Osteopathic Association and the President for the Oklahoma Chapter for ACOFP. She recently completed her term as the osteopathic representative for the Long Term Care Advisory Board for State Health Department. She also serves on two national ACOFP committees: Women's Health and Leadership and Public Health and Wellness. This year she joined the Board of Trustees for the Oklahoma Osteopathic Association.



### Heather N. Ivy, DO, MPT Resident Trustee

Heather N. Ivy, DO, MPT, graduated from Oklahoma State University College of Osteopathic Medicine (OSU-COM) in 2016 after completing a Masters in Physical Therapy in 2008. She is currently completing her residency at OSU-COM. During her time as a medical student, Dr. Ivy served as president of the

Student Government Association, Student Doctor of the Year as well as an advocate at DO Day on Capitol Hill both in Oklahoma City and Washington D.C. and Chair of the OSU-COM Political Action Committee. To give back to the community both locally and globally, she volunteered for a DOCare Mission Trip to Nicaragua in 2013, organized a fundraiser for the Gateway to Cancer Research, volunteered at a Tulsa-area food bank and Goodwill, and continues to sponsor a child in Uganda through Compassion International. As was stated in her recommendation letter, "I know her future patients will benefit from both her zest for knowledge and her desire to help others." We can't help but agree and we are thrilled to have Dr. Ivy as the 2017 Resident Trustee!

### Re-elected Board Members:

- Kayse M. Shrum, DO
- Christopher A. Shearer, DO
- Jason L. Hill, DO
- Timothy J. Moser, DO
- Richard W. Schafer, DO
- Jonathan K. Bushman, DO



Congratulations Dr. W. W. Stoever, of Tulsa, for passing the first of the three part Lipidology Boards! Your desire and passion to give better and more complete care to your patients sets the standard for osteopathic medicine. We are cheering you on as you work towards completing the final two parts.

### Do you have good news to share?

We would love to include it in our next edition of *Oklahoma D.O.*! Contact Maegan Dunn at 405-528-4848 or [maegan@okosteo.org](mailto:maegan@okosteo.org) to submit your news today.

## Welcome new members!

The OOA Board of Trustees welcomes the following new members to the OOA family!

**Aaron Armstrong, DO**  
OBGYN  
*Oklahoma City, OK*

**Wayland R. Billings, DO**  
OBGYN  
*Miami, OK*

**Natasha N. Bray, DO**  
Internal Medicine  
*Tulsa, OK*

**Garry T. Bull, DO**  
Family Medicine  
*Hennessey, OK*

**Christel L. Dixon, DO**  
Pediatrics  
*Claremore, OK*

**James Mau Le, DO**  
Family Medicine/OMT  
*Moore, OK*

**Christie A. Leal, DO**  
Family Medicine/OMT  
*Elgin, OK*

**Brian S. Lee, DO**  
Family Medicine/OMT  
*Durant, OK*

**Joshua Medved, DO**  
Emergency Medicine  
*Ada, OK*

**Craig A. Rogers, DO**  
Orthopedic Surgery  
*Mustang, OK*

**Erica L. Waddington, DO**  
Family Medicine/OMT  
*Glastonbury, CT*

## Calendar of Events

### July 21-23, 2017

AOA House of Delegates  
Chicago, Illinois

### Aug. 3, 2017

OOA Bureaus & Board of Trustees Meetings  
OSU-COM Advisory Council Meeting  
Oklahoma City, OK

### Aug. 4-6, 2017

2017 Summer CME Seminar  
Renaissance Waterford Oklahoma City Hotel  
Oklahoma City, OK

### Aug. 5, 2017

OSU-COM White Coat Ceremony  
Van Trease Performing Arts Center for Education  
Tulsa Community College Southeast Campus  
Tulsa, OK

### Aug. 5, 2017

Bureau on Continuing Medical Education  
8 a.m.  
Renaissance Waterford Oklahoma City Hotel  
Oklahoma City, OK

### Aug. 7, 2017

Mentor/Mentee Dinner  
Tulsa, OK

### Aug. 26, 2017

Enid Charity Ball  
Oakwood Country Club  
Enid, OK

### Sept. 1-4, 2017

Labor Day Getaway with OOA President & Friends  
Shangri-La  
Monkey Island, OK

### Sept. 7, 2017

OOA Bureaus & Board of Trustees Meetings  
Oklahoma City, OK

### Sept. 29 - Oct. 1

2017 Fall CME Seminar  
Tandy Grand Opening Jubilee  
Tulsa, OK

### Oct. 4, 2017

Bureau on Legislation  
Dinner 6:30 p.m., Meeting 7 p.m.  
Oklahoma City, OK

### Oct. 5, 2017

OOA Bureaus & Board of Trustees Meetings  
OSU-COM Advisory Council Meeting  
Oklahoma City, OK

### Oct. 7-10, 2017

OMED  
Philadelphia, PA

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