INSIDE

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Choosing Change

How do you respond to change? Do you see it as a challenge or an opportunity? Is it a choice or a mandate? Do you embrace it, adapt to it, or steer clear of it?

Change, for most of us, can be a huge source of anxiety that limits our performance and potential. And yet change is the one constant in life. As Benjamin Franklin said, “When you are finished changing, you are finished.”

**CHOOSING CHANGE**

At the age of 35, I found myself at a crossroads. I was a successful Vice President of International Fixed Income Sales at Merrill Lynch in New York City. I was also wanting a change in my life and career, as my goals and accomplishments seemed to tap out. I wanted to try something that had long stuck in the back of my mind—I wanted to be a doctor. I wanted a more personal commitment to helping people.

I knew that if I wanted to make this change successfully and be admitted to a medical school, I would have to pack my resume with opportunities that showed I was medical school material: schoolwork in the sciences, volunteer work, research, scholarly publications, etc.

This change in direction would be far-reaching, revamping my lifestyle and perspective on life. I would go from never touching a client to “palpating the patient for tissue textural changes...” I knew I had to expose myself to every aspect of being a doctor: volunteering in the emergency room, working as a lab tech and phlebotomist at an HIV clinic in New York City, trying my hand at research in a real medical laboratory—doing PCR, western blots, pipetting up and down in a sterile hood, following a written protocol. By choosing to make these changes, I become an osteopathic physician at the age of 47.

**ADAPTING TO CHANGE**

Have you ever wondered why leaves change color in the fall? In autumn when the weather turns colder, some plants stop making chlorophyll, the pigment that causes leaves to be green. During spring and summer there is plenty of sunlight for trees to produce chlorophyll. In fall and winter when it is cold and dry and there is less sunlight, it would take a lot of energy and water for a tree to keep its leaves healthy, so instead the chlorophyll in the leaves breaks down and is reabsorbed by the tree, causing the color to change. The tree ultimately drops its leaves and seals the spots on its branches where the leaves were attached. In the spring, the stored chlorophyll is regenerated to grow new leaves. What a great example of adapting to change!

Your state association is adapting to change in our profession.

In 2014, the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), and the American Association of Colleges of Osteopathic Medicine (AACOM) agreed to merge to one residency training program for both allopathic and osteopathic medical school graduates. Subsequently, the AOA is changing its board certification requirements to accept both AOA and AMA continuing medical education (CME) credits. This change brings new opportunities to us at AOMA.
Having long been the leader in CME in Arizona, AOMA has remained responsive to medical education requirements. During the past year, AOMA sought a partner to offer AMA credits at our educational conferences and events. Touro University Nevada College of Osteopathic Medicine (TUNCOM) already has the needed Accreditation Council for Continuing Medical Education (ACCME) accreditation in place. By partnering with TUNCOM, AOMA now offers both AOA Category 1-A credits and AMA PRA 1 credits™ at its events. What better way to keep our DO grads in the family going forward!

As a premier provider of continuing medical education, AOMA sponsors the largest annual medical conference in Arizona. The convention is also the largest multi-specialty medical conference in the state. The AOMA 37th Annual Fall Seminar next month in Tucson will be the first opportunity for participants to receive up to 13.50 CME credits which qualify to satisfy either type of board certification. I hope you are planning to attend. (See page 27 for the full agenda.)

Along with dual accreditation for its CME, the AOMA has expanded its online CME offerings, adding AOA Category 1-A lectures to the catalog. DOCME.org includes on-demand programs, webinars, and live educational opportunities. Over the past year, we have recorded many of the lectures presented at the Annual Convention, the Fall Seminar, and the Flagstaff Osteopathic Medical Conference. These lectures are now available on demand, allowing you to listen to the lecture, answer corresponding questions, and earn AOA credit - all on your own schedule and at your own pace.

This issue of the AOMA Digest includes articles on changes, choices, opportunities, and challenges we face as healthcare providers. We trust you will find the contributions useful and thought-provoking. Please share it with your colleagues and, if they are not already members, invite them to join AOMA.

AOMA sees change as an opportunity to respond to the needs of its members, whether it is offering multiple types of CME credits, advocating at the state legislature to protect the medical profession, or providing business resources to support you and your practice. Membership in AOMA is the best way to guarantee that you are well-informed and prepared for the changes ahead.

When you are finished changing, you are finished.

Benjamin Franklin
Charting a New Course for AOMA

“The difficult is only different” is a phrase I conjured up early in my career working for a company suffering from risk aversion and decision paralysis. Building upon the successful blueprint of the AOMA’s 96-year history, we have benefitted from the hard work of many DOs who took risks, opened hospitals, and made osteopathic medicine what it is today in Arizona. These are unprecedented times ahead for state osteopathic medical associations like AOMA, and like the leaders before us, we are ready to meet the challenges ahead with unwavering determination.

The full implementation of the single graduate medical education accreditation transition is just around the corner in 2020. More than 27,000 osteopathic medical students will soon have choice available for their certification boards. As a result, the American Osteopathic Association (AOA) made bold changes this year to its membership and certification programs to stay competitive with its offerings. In February, the AOA Board of Trustees passed resolutions modifying AOA membership and board certification requirements which included:

- AOA certification continuing medical education (CME) requirements will be changed from 120 to 60 hours of specialty CME credits per three-year cycle for osteopathic continuous certification, effective January 1, 2019
- AOA will accept Accreditation Council for Continuing Medical Education (ACCME) CME for specialty credit requirements for osteopathic continuous certification, effective with the 2019-2021 CME cycle
- CME requirements for AOA membership will no longer be enforced

At the AOA House of Delegates meeting in July 2017, some state association delegates unsuccessfully sought to reverse or modify these decisions. Many of the concerns focused on the elimination of all Category 1-A osteopathic CME requirements for AOA membership and certification. Points were made about the diminishing viability and osteopathic principles of CME if Category 1-A was no longer required. In addition, state osteopathic associations, like AOMA, depend on revenues from providing the Category 1-A CME to DOs to satisfy their AOA membership and certification requirements. For smaller associations with scarce members and limited offerings, losing Category 1-A CME revenue may be catastrophic.

CHARTING A NEW COURSE FOR AOMA

AOMA first learned about the possibility of the AOA making these sweeping changes to membership and CME in late 2016. The implications of these changes are significant since a large portion of AOMA’s revenue comes from providing AOA Category 1-A CME to DOs. While 1-A CME is also required for DOs to renew their licenses in Arizona, most states do not have this requirement, and there are conversations about eliminating it since DOs with specialty certification have complained about ACCME credits not being eligible to satisfy licensure renewal requirements.
After considerable discussion, the AOMA Board of Trustees decided at its January meeting that expending time and resources pushing back on changes made by the AOA or in the future to Arizona’s licensure renewal requirements would be futile. They thought about the needs of DOs first – your time and money. Ultimately, it was decided that self-preservation of the AOMA’s financial interests trying to maintain the status quo should not take precedence over the interests of physicians.

The Board decided the best course of action was to chart a new course, take on some risk, and reimagine AOMA’s CME and membership offerings. Subsequently, a number of changes and new approaches to CME that had been under consideration for a few years were brought forward and are now being implemented.

**Provide Universally Accepted CME**

The number of physicians continuing to need AOA Category 1-A CME at AOMA events will undoubtedly shrink with the impending changes ahead. However, a larger number of DOs with ABMS certification and allopathic physicians need ACCME-accredited programs, so why not open AOMA’s doors so they can receive the same high quality CME? By providing universally accepted CME, many more physicians will benefit from attending AOMA events.

AOMA is working to become an ACCME-accredited provider in its own right. Since this is a multi-year endeavor, in the interim AOMA entered into a co-sponsorship agreement with Touro University Nevada College of Osteopathic Medicine (TUNCOM) to provide AMA PRA Category 1 credits™ at AOMA CME events. As one of the only osteopathic ACCME accredited sponsors in the country, TUNCOM has been an exemplary partner to AOMA.

Beginning with the Fall Seminar in 2017, AOMA CME will be universally accepted and beneficial to all physicians.

**Online CME**

Online CME is steadily becoming more popular as the AOA and other entities are accepting it to satisfy requirements. Many of the new CME programs are eligible for Category 1-A and AOA now allows 15 credits of online CME per three-year cycle.

AOMA was one of the early adopters to record and provide CME through the online platform [DOCME.org](http://DOCME.org). Nearly all of the AOMA CME is now recorded and offered through this platform and is available for purchase by physicians everywhere. AOMA physician members are eligible for exclusive discounts on AOMA-produced online CME content. Through further technological enhancements and marketing of these programs, there is enormous potential to reach many more physicians nationwide.

**CME Consortium**

In late 2016, AOMA was one of the first states to join a state association osteopathic continuing medical education consortium launched by the Missouri Association of Osteopathic Physicians and Surgeons. The “CME Consortium” has now grown to more than 21 states.

By participating in the Consortium, AOMA members are entitled to register at the membership rate at CME events in participating states. AOMA also receives a portion of the revenue when its members attend consortium events in other states. The Consortium states are also working to collectively promote each other’s events maximizing shared marketing resources.

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Charting a New Course continued on page 6
Recently, a new mobile app, CMEprn, was developed to help physicians find CME Consortium member and other CME events. By downloading the app, physicians can see a map denoting CME event locations and a calendar of upcoming CME events. The app also provides access to the DOCME online CME platform as an alternative to attending a live event.

**MD Membership**

Beginning in 2018, AOMA will begin offering membership to MDs so they can benefit from the many offerings of AOMA. We have noticed many more DOs opening practices and working with MDs, and DO and MD spouses are becoming more common. With AOMA now able to provide ACCME credits and other useful benefits to MDs, we felt it was time to open membership to MDs as the national and state allopathic physician associations have done for DOs.

**WHAT'S NEXT FOR AOMA?**

It is too soon to know how all of these efforts will impact AOMA in the long term. AOMA is fortunate to have a large enough membership base so there are sufficient revenues to provide valuable services, such as advocacy, professional support, patient referrals, and networking, along with discounts on CME, so membership revenue will keep AOMA viable through this transition period.

We view these changes as just the beginning, and AOMA will continue to evolve further to meet the rapidly changing needs of physicians. Earlier this year the newly reinvigorated Membership Services Committee members rolled up their sleeves and began working on redesigning and developing new membership offerings with the goal of providing exceptional benefits to all types of members. No matter the size or cost, we welcome your ideas and we will do our best to make your vision of an exceptional AOMA membership a reality. This is a critical time and we need your help through your membership so AOMA can continue to do great things on your behalf.
AOMA in Action

AOMA is the voice of osteopathic medicine in Arizona, representing the profession as a healthcare stakeholder and community partner. This activity update covers the five-month period from July 1, 2017 to October 1, 2017.

Advocacy/Legislative Affairs
- Represented AOMA and physician interests on the Arizona Rx Initiative Health Care Advisory Team, various Opioid Goals Councils, and other stakeholder initiatives
- Provided physician feedback on Arizona Department of Health Services Opioid Prescribing Guidelines and Healthcare Institution opioid prescribing rules
- Developed and disseminated physician compliance checklist for Controlled Substance Prescription Monitoring Program mandate, effective October 1, 2017
- Contracted new AOMA lobbyist Steve Barclay
- Met with representatives from health professions organizations interested in expanding scope of practice

American Osteopathic Association (AOA)
- Sent nine delegates and four student delegates to the AOA House of Delegates in Chicago in July 2017

Continuing Medical Education
- Sponsored 7.5 hours of AOA Category 1-A CME credit for the 3rd Annual Flagstaff Osteopathic Medical Conference in August 2017
- Created and posted 15 new online on-demand CME offerings on DOCME.org
- Entered into partnership with Touro University Nevada College of Osteopathic Medicine to offer AMA PRA Category 1 credit™ at AOMA CME events

Member Services
- Hosted three Cheers with Peers happy hour events for new physicians
- Offered attendance to the 3rd Annual Flagstaff Osteopathic Medical Conference at a discount
- AOMA Executive Director Pete Wertheim elected President-Elect to the Association of Osteopathic State Executive Directors

Osteopathic Charities
- Launched the 2018 Birdies for Charity campaign

Political Action Committee
- Attended three fundraisers on behalf of AOMA

Public Relations
- Co-sponsored the 3rd Annual Flagstaff Osteopathic Medical Conference with Flagstaff Medical Center

Public Health
- AOMA Executive Director Pete Wertheim appointed to Health Current Public Health Committee
- Represented AOMA on the Health Current Board of Directors
- Represented AOMA on The Arizona Partnership for Immunization (TAPI) Steering Committee
- Represented AOMA on the Governor's Breakthrough Project on Arizona Opioid Epidemic
- Represented AOMA on the Arizona University Immunization Workgroup
- AOMA Executive Director Pete Wertheim appointed to ASU/AHCCCS State Targeted Response Opioid Project Medical Advisory Board

The Future of the Osteopathic Profession
- Conducted introduction and AOMA orientation to incoming students at A. T. Still University's School of Osteopathic Medicine and Kirksville College of Osteopathic Medicine and Midwestern University Arizona College of Osteopathic Medicine
- Announced the 2018 AOMA Clinical Case and Poster Competition
- Formed A.T. Still University Founder's Day Planning Committee to celebrate 125 years of osteopathic medical education and the founding of the world's first school of osteopathic medicine

For more information about any of these updates, call 602-266-6699 or email communications@az-osteo.org.
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Features

Choosing the Right Path:
Arizona’s PMP Mandate
by Melissa Kotrys, MPH, CEO, Health Current

Nearly 800 Arizona residents died from opioid overdoses last year, a 74 percent increase in opioid overdoses since 2012. These are alarming numbers, and they were the key reason behind Governor Ducey’s declaration of a public health emergency regarding opioid abuse this past June. They are also the target of a new state law, effective October 16, 2017, that requires all prescribers to check a patient’s utilization history through the state Controlled Substances Prescription Monitoring Program (PMP) before prescribing an opioid or benzodiazepine drug.

Arizona’s PMP law was signed by Governor Ducey in March 2017; however, the mandate to check utilization histories was delayed, allowing for an integration with the statewide health information exchange (HIE), Health Current, as well as integrations with provider electronic health record (EHR) systems.

According to the legislation, the mandate was to go into effect the latter of October 1, 2017 or 60 days after the statewide HIE integrated the state’s PMP into the HIE. Health Current notified the Arizona State Board of Pharmacy (ASBP) that it had integrated the state database into the HIE as of August 17, 2017. As a result, the ASBP posted a notice that the mandate went into effect on October 16, 2017.

Checking a patient’s utilization history
Prescribers should first become familiar with the requirements of the PMP mandate, as well as the exceptions to the mandate. (Please see PMP Overview & Exceptions at www.healthcurrent.org/PMP Mandate).

Before prescribers access the PMP, they must be registered with the ASBP database. This registration process also allows a registered prescriber to assign a delegate or delegates who are also able to access the database through the prescriber’s registration.

There are two types of applications that allow users to access the PMP. One is through the website of the ASBP. Another application allows the statewide HIE, Health Current, and EHR companies to integrate with the PMP and provide access to registered users.

Here are the three ways that prescribers can access the PMP:

• **Access via the ASBP Website** - Users manually enter the prescriber name, license information, and patient name to search utilization history. This application is available immediately, and it not only allows users to access Arizona patient utilization history, it also allows users to search other states for patient utilization histories.

• **Access via a Provider EHR** - A provider’s EHR must be integrated with the state PMP and prescribers must be set up for access before they are able to access the PMP. Providers should check with their EHR vendor to find out about the availability, timing, and costs of this integration and set-up which could be significant. Once integration is complete, access through a provider EHR can be effective and efficient.

• **Access via Health Current, the statewide HIE** - Health Current is integrated with the PMP. This means that HIE participants who are connected to the HIE portal have a simple set-up process to access the PMP. Arizona providers who are not yet HIE participants will need to join the HIE and then be connected to the portal in order to access the PMP. Access to the PMP via Health Current can be an effective and efficient option.
The value of checking utilization histories through Health Current

While a Health Current connection offers an efficient workflow solution for accessing the PMP, there is much more to HIE participation. Today, the HIE contains clinical information on 7 million unique patients, with nearly 400 organizations participating in the HIE, including all major hospitals. For example, information on over 90 percent of all hospital inpatient admissions and emergency visits is available through the HIE. Participants save valuable time and resources with one connection to the HIE that eliminates the need to manage multiple connections to hospitals, reference labs, and other providers. In addition to access to the PMP, there are many services that help integrate the secure sharing of patient information into provider workflows:

- **Alerts** – real-time event notifications (admissions, discharges, ED visits, etc.) sent to providers based on a panel of patients that they wish to track.
- **Direct Email** – secure email accounts that allow registered users to exchange patient protected health information.
- **Portal** – secure web-based access that allows selected patient data to be viewed online. This includes access to the PMP Gateway.
- **Data Exchange** – electronic interfaces between a provider’s EHR and other EHRs or patient tracking systems, including unidirectional and bidirectional exchange.
- **Clinical Summaries** – comprehensive Continuity of Care Documents (CCDs) containing up to 90 days of a patient’s recent clinical and encounter information.

Choosing the right path for your practice

There are several key considerations for prescribers in selecting the right option or options for access to the state PMP:

- **Workflow** – Accessing the PMP through the statewide HIE or a provider’s EHR will offer a much more efficient workflow than the standalone process of accessing the PMP through the Board of Pharmacy website.

- **Costs** – There are no participation fees for community providers who participate in the HIE, and there is no cost to access the PMP through the Board of Pharmacy website. However, there could be a cost as well as a time delay associated with the integration of a provider EHR with the PMP.

- **Timing** – Access to the PMP through the ASBP website is available immediately, and access for HIE participants connected to the HIE portal is available with a brief setup process. For other options listed above, prescribers should check with their EHR vendor or a Health Current representative.

While prescribers may need to access the PMP through the ASBP as a short-term solution, they will want to carefully consider the right long-term approach for their practice. HIE participants should contact their account manager if they are interested in accessing the state PMP.

Providers who are not yet participants in Health Current are able to find out about HIE participation and connecting to the PMP by contacting Health Current at: recruitment@healthcurrent.org.
1. Confirm you are registered with the PMP, visit https://pharmacypmp.az.gov/; registration is already required by Arizona law.

2. Carefully read the new law, SB 1283 (https://apps.azleg.gov/BillStatus/GetDocumentPdf/442343) and make sure you understand it.

3. Determine the optimal way to use the PMP in your practice, there are essentially three options:
   a. Use the PMP independently
   b. Use the PMP with a data management program that can assist with analysis, push alerts, automation, etc.
   c. If available, use the PMP with your electronic health record; access to the statewide health information exchange is free for most providers

4. You may authorize delegates to check the PMP on your behalf; however, they must use a separate log in.

5. The mandate went into effect October 16, 2017, when the PMP was integrated into the statewide health information exchange. It is advisable to confirm that your practice is compliant with the mandate.

6. Understand the requirements for checking the PMP:
   a. Must check PMP for all new patients and continuing quarterly treatment for patients being prescribed an opioid analgesic or benzodiazepine.
   b. Prior to the prescription being written, prescriber must first review all Schedule II, III or IV medications prescribed for the patient in the preceding twelve months.

7. Understand the exceptions to the requirements:
   a. The PMP does not need to be checked if the patient is:
      i. Receiving hospice or palliative care for a serious or chronic illness
      ii. Receiving care for cancer, cancer-related illness or condition, or dialysis treatment
      iii. Being administered the controlled substance
      iv. Receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility
      v. Being prescribed the controlled substance for no more than a ten-day period for an invasive medical or dental procedure that results in acute pain
      vi. Being prescribed the controlled substance for no more than a ten-day period for an acute injury or a medical or dental disease process diagnosed in an emergency setting that results in acute pain to the patient (does not include back pain)
      vii. Being prescribed the controlled substance for no more than a five-day period, and the prescriber has already reviewed the PMP within the last thirty days and the patient had not been prescribed a controlled substance previously by another prescriber.
   b. Practitioners may receive a one-year waiver due to technological limitations.
   c. Practitioners are not responsible for checking the PMP if they are unable to request or receive data due to system failure.
What’s Next?
by Joan Pearson, President, Catalina Medical Recruiters

Has there been a time in the last 20 years when we have not been worried about the direction of healthcare? In the 1990’s physicians were faced with HMOs and concerns for private practices, along with the move from fee-for-service reimbursement to capitated contracts. During the next decade, large multispecialty groups were established as the number of solo practices began to decrease. Most recently, the Affordable Care Act and the increase in hospitals acquiring private groups brought more change. Of course, we have no idea what tomorrow will bring, but we know it will mean change. Just as residents and fellows completing their training have many choices and options, established physicians also have choices and opportunities.

We often hear practicing physicians say “I used to love working, but now I am inundated with administrative duties and EMRs, and I can no longer spend all the time I want with my patients. I am working longer hours and making less money. I have no free time and sometimes I wonder why I went into medicine.” Even though many physicians are overwhelmed, we all know the reasons a person becomes a physician - they are committed, devoted, caring individuals who want to make a difference in healthcare and the lives of others. Nevertheless they are human and hardworking individuals who sometimes feel frustrated when the changes seem endless.

**What is important? What are you looking for?** Some physicians say:

- Sufficient time so I don’t feel rushed with my patients
- Having control over the hours I work and the number of patients I see
- Increased revenue and income
- Well balanced work and family life

Think of the motivational quote….“If you don’t know what it is you’re looking for, you’re NEVER going to find it. You have to be clear on what it is you’re seeking.”

Here are some options for you to consider.

**Locum Tenens**
Do you have an increased patient load due to snow birds, school physicals, vacations, or flu season? Consider obtaining locum tenens coverage for a period of time. Your patients wait time for appointments will be decreased. Patients won’t need to go elsewhere for their immediate healthcare. Using locum tenens coverage allows for your patients to be seen in a timely manner. You can catch your breath, be assured your patients receive the care and attention they have come to expect, AND continue to generate revenue.

**Advanced Level Practitioners**
Advanced practitioners, specifically nurse practitioners and physician assistants, can take medical histories, perform physicals, diagnose and treat illnesses, prescribe medications, order labs and X-rays, educate patients, and take call. They can handle the routine medical visits allowing physicians more time to treat patients requiring a higher level of care.
By having an advanced practitioner in your practice, patients who may have to wait four to six weeks to see a physician can see a nurse practitioner or physician assistant the same week, sometimes the same day. Knowing they can receive prompt medical care, patients are more apt to return to the practice. Advanced practitioners are not only valuable to the physicians by freeing up their time, but they also allow the practice to increase the volume of patients seen daily.

The benefit of using advanced practitioners within a practice is three-fold:

- Saves physician time and increases their productivity
- Patients are happier because they can be seen sooner
- Revenue to the practice increases and has a positive impact on the bottom line

The American Association of Nurse Practitioner statistics show there are more than 234,000 nurse practitioners (NPs) licensed in the U.S.

It is estimated 23,000 new NPs completed their academic programs in 2015-2016.
- 97.7% of NPs have graduate degrees
- 89.2% of NPs are certified in an area of primary care
- Nearly three in four NPs are accepting new Medicare patients and 77.9% are accepting new Medicaid patients
- 49.9% of NPs hold hospital privileges; 11.3% have long term care privileges
- 95.8% of NPs prescribe medications, an average of 23 prescriptions per day
- NPs hold prescriptive privileges, including controlled substances in all 50 states
- In 2017, the mean, full-time base salary for an NP was $105,670
- The majority (61.4%) of NPs see three or more patients per hour
- Malpractice rates remain low; only 1.9% have been named as primary defendant in a malpractice case

The Arizona Revised Statute 32-1601 states: “Nurse practitioners (NPs) in Arizona may practice independently and do not require physician supervision or a collaborative agreement. After an NP receives additional education in pharmacology or clinical management of drug therapy the Arizona State Board of Nursing may grant the NP prescriptive authority for drugs and devices within the NP’s population focus as well as Schedules II-V controlled substances. NPs are recognized as primary care providers in Arizona.”

There are approximately 115,500 Certified Physician Assistants (PAs) working in the U.S. and practicing in every specialty and clinical setting. The numbers increased 44% in the last six years and the profession continues to grow. As the demand for healthcare services increases, PAs can be valuable members of your healthcare organization. In Arizona, PAs can provide medical services under the supervision of a licensed physician pursuant to a written agreement. Supervision is required to be continuous but does not require physical presence provided the PA can contact the physician by telecommunication. PAs may be delegated prescriptive authority for drugs and Schedule II-V controlled substances.

**House Call Practice**

The house call physician can set their own hours and schedules. House call physicians often are primary care physicians who see homebound patients needing ongoing attention. House call physicians see patients in home settings, nursing homes, and assisted living properties. This allows the physician to spend more time with their patients than if they were seen in the office.

**Concierge Practice**

As many as 12,000 physicians in the United States now operate concierge practices, according to recent research conducted by Concierge Medicine Today, a national trade publication. The estimate is based on interviews with physicians, consultants, and
investors since there is no definitive national database of concierge activity, says Michael Tetreault, the publication’s editor. “Generally, a concierge practice is one that charges patients an annual fee or retainer in exchange for enhanced services that aren’t typically covered under traditional insurance plans. Beyond that, concierge practices can vary widely in their structure, payment requirements, and menu of services.”

Practice sizes range from 100 to 1,000 patients per physician compared with 3,000 or more at a traditional practice, according to Tetreault. Most concierge practices bill patients’ insurance for routine services and charge an additional fee in the range of $1,500 to $1,800 per year for 24/7 access to providers, longer appointments, and extra services such as house calls.

The 2014 Survey of America’s Physicians, suggests that a significant percentage of physicians are interested in pursuing the concierge model. Findings from the survey include:

• Seven percent of physicians said they are already practicing concierge/direct pay medicine while more than 13 percent said they plan to transition at some point in their careers.
• Younger physicians are more likely to consider concierge. Of those age 45 or younger, 17 percent said they plan to transition in whole or in part, compared with 11 percent among those age 46 or older.
• Physicians who convert to concierge from traditional practice typically retain about 25 percent of their existing patients.

Telemedicine
Telemedicine is the remote delivery of healthcare services and clinical information using telecommunications technology. This includes a wide array of clinical services using internet, wireless, satellite and telephone media. The use of telemedicine is becoming integrated into the ongoing operations of hospitals, specialty departments, home health agencies, and private physician offices as well as consumers’ homes and workplaces. According to the American Telemedicine Association, there are currently about 200 telemedicine networks with 3,500 service sites in the United States. In 2016, there were more than 1.2 million virtual doctor visits in the U.S. Telemedicine services are covered in 31 states and the District of Columbia, and most state Medicaid plans cover at least some services.

As an alternative to in-person visits, patients and providers cite the following benefits of telemedicine:

**Patients:**
• Less time away from work
• No travel expenses or time
• Less interference with child or elder care responsibilities
• Privacy
• No exposure to other potentially contagious patients

**Providers:**
• Increased revenue
• Improved office efficiency
• An answer to the competitive threat of retail health clinics and on-line only providers
• Better patient follow through and improved health outcomes
• Fewer missed appointments and cancellations
• Private payer reimbursement

One of my favorite motivational quotes is by Brian Tracy. “A clear vision, backed by definite plans, gives you a tremendous feeling of confidence and personal power.”

What’s next for you and your practice? Maybe consider hiring an NP/PA, obtaining locum tenens coverage or becoming a locum tenens physician. Perhaps change to a concierge or house call practice. Or telemedicine might be in your future. Let the clear vision put things in perspective!
Clinical Practice Guidelines: Opportunity or Challenge?
Contributed by Mutual Insurance Company of Arizona (MICA)

Many healthcare organizations and entities have focused on clinical practice guidelines as a vehicle for achieving the goal of higher quality care at a lower cost to the consumer. Clinical practice guidelines (also known as evidence-based practices) are statements developed to assist physicians regarding decisions about appropriate medical treatment for specific clinical circumstances.Enumerable sets of guidelines are now available to practicing physicians. One source of these clinical guidelines is the Agency for Healthcare Research and Quality (AHRQ). Under the umbrella of the U.S. Department of Health & Human Services, this agency has committed substantial resources to the development of clinical guidelines and recommendations on a variety of topics.

Some physicians feel this is a “cookbook” approach to medicine, others believe practice guidelines improve the quality of care by limiting variations in medical treatment to yield consistently positive results. Whether a physician or other clinician does or does not support the use of clinical practice guidelines (practice guidelines) they should be aware of the liability issues practice guidelines could create. Even though the practice guidelines state they are not a standard of care, they are based on expert opinion. So these guidelines may be used in a medical malpractice lawsuit by either the defendants’ or plaintiffs’ attorneys. A clinical guideline could provide irrefutable evidence the standard of care was met or not met; moreover, the failure to comply or not meet the standard could be used as evidence of negligence.

If followed, practice guidelines developed or endorsed by professional organizations may provide a solid defense in a medical malpractice claim. If the treatment rendered to the patient complied with the professional organization practice guidelines, it is unlikely a plaintiff’s attorney will succeed in proving malpractice occurred. Alternatively, professional organization practice guidelines which were not followed may constitute a failure to meet the recognized standard of care and establish negligence breach of duty, which is one element of negligence. This puts an additional burden on physicians. While they follow practice guidelines, physicians must still account for the individual needs of the patient and tailor the treatment plan to meet patient needs.

It is the physician’s responsibility to develop a treatment plan for the specific needs of the patient. This is where the physician’s independent medical or clinical judgment is critical for the assessment of the patient’s unique medical needs. Thorough documentation is absolutely necessary when the treatment plan varies from an established clinical practice guideline. Documenting the thought process prompting the variance is important for two reasons:

1. The documentation provides written communication to the healthcare team informing them of the unique needs of the patient and the rationale for the treatment plan.
2. It provides evidence that the physician developed a treatment plan that tailored the practice guidelines to meet the individual needs of the patient.
It is important for physicians to be aware of the existence of practice guidelines and familiarize themselves with the guidelines pertinent to their specialty or area of practice. When physicians become aware of practice guidelines, they should look at who generated the guidelines and determine if the medical or clinical recommendations are reasonable. Constructive feedback directed to the developing entity is important if the guidelines prove unreasonable.

Physicians may identify contradictory guidelines. As the government, managed care organizations, and medical specialty organizations work independently to develop practice guidelines, they may reach different conclusions. When faced with guidelines that contradict each other, physicians should thoroughly evaluate the guidelines and follow only those supported by their best medical or clinical judgment.

Practice guidelines are a reality in the healthcare environment. As the guidelines become more prominent in the delivery of healthcare, physicians have the choice of taking an active or passive role in the development and implementation of clinical practice guidelines.

Physicians’ involvement is the key to establishing realistic practice guidelines which promote high quality and cost-effective medical care. As practice guidelines are accepted and viewed as the standard of care, physicians will be expected to comply with the practice guidelines or demonstrate sound medical reasoning why they were not followed.

References
It was her fifth visit to the Emergency Department in the past month, each time seeking relief from the same gripping abdominal pain. The pain wasn’t new; in fact, despite being only 33, Emily had been suffering from intermittent diffuse abdominal pain for seven years. It all started after the former college gymnastic star had her son and felt overwhelmed. Searching for the cause of her pain, Emily had undergone numerous CT scans, endoscopies, surgeries (appendix, gallbladder, uterus - all removed), and tried multiple medications. The pain got so bad that she became addicted to the Percocet pills prescribed by her primary physician.

Tragic stories like Emily’s have become routine, and it is not news that in the U.S. opioid dependency, abuse, and overdose have reached shocking levels. The Centers for Disease Control (CDC) report that overdose deaths from opioids, including prescription opioids and heroin, have more than quadrupled since 1999. Disturbingly, overdoses involving opioids killed more than 28,000 people in 2014 and over half of those deaths were from prescription opioids. Today, 80% of heroin users started their habit via abusing prescription opioids often prescribed by a well-intentioned practitioner, often for an acute painful condition or injury.

In addition to our deadly opioid situation in the U.S., we have experienced a parallel increase in the number of people suffering and/or disabled by chronic (non-cancer) pain. Chronic pain affects an estimated hundred million Americans and costs our nation about $635 billion per year in medical expenses and lost productivity. When seeing the scope and trajectory of these two problems, one logically questions how we could have more people disabled with chronic pain today than ever before, despite our dramatic escalation (three- to four-fold increase) in opioid prescribing, pain injections, and surgeries for painful conditions like back, neck, and joint pain.

As a DEA official recently said in a public opioid reduction conference, “We simply can’t play whack-a-mole with this problem.” Essentially he was saying what many of us believe, which is that we need to simultaneously focus not only on the “supply” side but also on the “demand” side of the opioid equation. The question millions of Americans (and their healthcare providers) are now asking is, “If no pain pills, what are we are supposed to do?”

The reality is, the two largest national public health epidemics of our generation – chronic pain and opioid abuse/overdose - are closely linked and neither can be improved in isolation without thoroughly understanding and systematically addressing the causes of both issues.

Why is persistent pain so hard to treat?

While there is still much that needs to be elucidated about why and how acute pain transitions into chronic pain, we do know that pain signals can remain active in the nervous system for years after an injury and sometimes even without any identifiable injury. We also know that substantial changes in both brain structure and neurochemical composition are associated with chronic pain. Much of the pathophysiology of chronic pain may lie in these neurocognitive changes which cause the brain to “over sense” routine and non-threatening nerve signals. Muscle tension, limited mobility, and low energy levels often result. Understandable emotional symptoms including frustration, depression,
anxiety, and an over-exaggerated fear of re-injury, are common and maladaptive. Such irrational fear can prevent a return to normal life and enjoyable leisure activities and can make the perception of pain worse.

Nearly every type of medical practitioner knows that chronic pain is often accompanied by this constellation of symptoms that often don’t respond well to the conventional therapies (e.g., medications, nerve blocks, or surgery) that work to alleviate acute pain. Many believe that at least one major contributor to our system failure to remedy our chronic pain is that too many of us – providers and patients – fundamentally view (and treat) acute and chronic pain in similar ways, when they are in fact very different clinical entities.

A path towards reducing opiate abuse and persistent pain

The latest neuroscience, supported by functional brain MRI imaging suggests that approaches combining not only physical but mental and social factors are more effective in reducing pain and disability. This is likely because pain is, in part, subjective and heavily influenced by our past experiences, thoughts, and emotions. For example, the way in which we each anticipate and react to pain strongly influences when, or even if, we recover from a painful condition. This does not mean that physical pain is not real. It only means that by understanding the entire biopsychosocial aspects of pain, providers can offer more appropriate and effective therapies to their patients.

With these insights, “integrative” or “complimentary” practices have increasingly been shown in randomized trials to reduce chronic pain and pain-related disability. Among these treatments are cognitive behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR).
CBT, a strategy to recognize and modify unhelpful thoughts and behaviors, has shown impressive long-term results without the risks of medications and procedures. MBSR, a combination of mindfulness meditation, body awareness, and learning to be in the present moment, also shows great promise in reducing pain, anxiety, and improving function.

A core principle of treating chronic pain is engaging and explaining to patients the nature of the chronic pain condition, establishing appropriate goals, and developing a comprehensive treatment approach and plan for adherence. Certainly, the basic concept we all learned of primum non nocere applies here. This translates into starting with less invasive, safer, and cheaper therapies before using those with far more potential for side effects. Of course, this necessitates that as a society we each accept responsibility for our wellness as opposed to the passive “recipient of care” model. Such a comprehensive shift in approach is feasible and is already underway in many settings.

For example, Arizona is formally addressing chronic pain as a chronic disease - similar to heart disease and diabetes. Recently, as part of the Arizona Governor’s comprehensive effort to reduce opioid deaths, the Arizona Department of Health Services’ director, Dr. Cara Christ, launched a novel state public health program focused on helping people better understand and self-manage chronic pain without opioids. http://azdhs.gov/prevention/tobacco-chronic-disease/index.php#chronic-pain-management

This type of innovative public health effort, in conjunction with practitioners taking the time to have these crucial conversations with their patients, along with adherence to prescription opioid monitoring, will simultaneously help stem both the epidemics of opioid-related deaths and chronic pain disability. Unlike almost all previous major public health problems, we - the medical profession - played a role in the evolution of our current opioid and chronic pain problems. Now we must all do our part in helping turn things around.


Dr. Ben Bobrow is a Distinguished Professor of Emergency Medicine at the University of Arizona College of Medicine and Co-Director of the Arizona Emergency Medicine Research Center. He also serves as the Medical Director for the Bureau of Emergency Medical Services and Trauma System as the Arizona Department of Health Services.

References:
2. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research presents the IOM study – 2011
Kaiser Health News reported on August 14, 2017 that 23,000 providers submitted claims for end of life advice in the amount of $93 million in 2016, the first year providers were allowed to bill for the service. Approximately 545,000 Medicare beneficiaries participated in these conversations. Although this number exceeded projections by the American Medical Association, it represents only a fraction of the eligible Medicare providers and patients.

An informal peer-to-peer poll was conducted by members of the Arizona Osteopathic Medical Association and the Arizona Medical Association Joint Task Force on End of Life Care. Many of the questions related to having advance care planning conversations with patients. Half of the respondents reported that not having time was an obstacle to these conversations. Scheduling extra time for a Medicare beneficiary’s first Annual Wellness Visit is one suggestion for addressing time management concerns. Additionally, many were not aware of getting reimbursed for these conversations. The information listed below will help you become familiar with the billing and coding requirements for these services.

Medicare Learning Network has provided many resources such as Frequently Asked Questions (FAQ) which have been condensed for this article.

1. Advance care planning (ACP) Current Procedural Terminology (CPT) Codes are time based codes, which is a base code and an add-on code. The CPT Code 99497 is used for the first 30 minutes with a minimum of 16 minutes because more than half of each interval must be used. Payers are reimbursing 1.5 relative value unites (RVUs), which is approximately $86. CPT code 99498 is used for each additional 30 minutes which is being reimbursed at 1.4 RVUs or approximately $75. There are no limits on how often a provider can bill CPT codes 99497 and 99498 for a beneficiary. ACP can be readdressed as needed with a change in condition and/or change in wishes regarding the beneficiary’s end of life care.

2. There are no limitations on place of service.

3. These services may be provided by physicians (DOs and MDs), nurse practitioners (NPs), and Physician Assistants (PAs). Additionally, there are “incident to” rules that apply in the outpatient setting.

4. ACP services are voluntary and Medicare beneficiaries should be given an opportunity to decline to receive the ACP services.

5. Recommendations for appropriate documentation include total time for the face-to-face encounter in minutes; patient/surrogate/family “given opportunity to decline”; and details of the content – who was involved and what was discussed, which may include understanding of the illness, spiritual factors, why they are making the decisions they are making, as well as documentation indicating the explanation of advance directives. The beneficiary or practice does not have to complete an advance directive to bill the service.
6. No specific diagnosis is required, but it would be appropriate to report the condition for which you are counseling the beneficiary.
7. Medicare waives both the coinsurance and the Medicare Part B deductible for ACP when it is provided on the same day as a covered Annual Wellness Visit. The deductible and coinsurance does apply when ACP is provided outside of the Annual Wellness Visit.

The final rule policies for ACP are delineated in the CY 2016 PFS final rule (80 Fed. Reg. 70955 through 70959 which is available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html).


Note: Charles Finch, DO, FACOEP and Amanda Weaver, MBA, DHL, members of the Joint Task Force on End of Life Care, compiled the information. One of the goals of the Task Force is to recommend educational opportunities for physicians on initiating the Advanced Care Planning conversation with their patients.

A legacy of caring.

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Care for advanced illness.
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Lin Sue Cooney
Director of Community Engagement
Welcome New AOMA Members

1st Year in Practice

Joshua Newby, DO
Anesthesiology - Board Certified
Phoenix, Arizona
602-262-8900

Kathryn Anne Newby, DO
Pediatrics - Board Certified
Scottsdale, Arizona
602-996-0190

Steven C. Nuanes, DO
Hospitalist, Internal Medicine
Phoenix, Arizona

Jenna Sangkam, DO
Family Medicine - Board Certified
Phoenix, Arizona
602-406-3153

2nd Year in Practice

Marina Permiakova, DO
Family Medicine - Board Certified
Sun City West, Arizona
623-583-5271

Full

George C. Chen, DO, MPH
Family Medicine - Board Certified
Glendale, Arizona
623-537-6000

Karen S. Connally-Frank, DO
Internal Medicine - Board Certified
Glendale, Arizona
602-325-5580

Marisa Farinella, DO
Pediatrics - Board Certified
Phoenix, Arizona
480-585-5200

Brett Gochnour, DO
Family Medicine - Board Certified
Quartzsite, Arizona
928-927-8747

Bryan M. Spann, DO, PhD
Neurology - Board Certified
Sun City, Arizona
623-832-6530

In Memoriam

We are all diminished when one of our members leaves us. We will miss them and continue on for the betterment of our profession in their memory.

David W. Leopold, DO
Bryan E. Malloch, DO

AOMA gratefully acknowledges all its members for your support of the osteopathic medical 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!

Protecting and promoting the osteopathic profession for 96 years
The Arizona Osteopathic Medical Association was well-represented at the 2017 American Osteopathic Association House of Delegates. Lead by AOMA’s Delegation Chair Kristin Nelson, DO, FAOCO-HNS, nine delegates, two student delegates, and two student alternate delegates attended the four-day event held in Chicago, Illinois on July 20 to 24, 2017. The delegates spent weeks reviewing all of the AOA resolutions and preparing strategic positions that aligned with AOMA priorities.

**AOMA Delegates to the AOA**
William Devine, DO
Lori Kemper, DO
Christopher, Labban, DO
Jeffrey Morgan, DO
Laurel Mueller, DO
Kristin Nelson, DO, AOA Delegates Chair
Karen Nichols, DO
Larry Sands, DO
Shannon Scott, DO
Tiffany Ziegler, OMS, Delegate AZCOM
Anna Marzvanyan, OMS, Delegate SOMA
Khadij Assani, OMS, Alternate Delegate SOMA
Daniel Mason, OMS, Alternate Delegate AZCOM

More than 500 delegates met to create AOA policy on diverse issues impacting physicians. Some of the most notable issues addressed included significant changes to AOA membership and certification, continuing medical education requirements, osteopathic continuous certification, MD membership in AOA, and end-of-life care.

Other highlights of the AOA House of Delegates:
• Mark Baker, DO, FAOCR, was installed as the 121st AOA President and urged unity, engagement, and improved communication in his inaugural speech. Dr. Baker is respected as an expert leader and longtime teacher and pledged to focus on three areas during his term as president: improving AOA’s relationship with affiliate organizations, engaging the youth of the osteopathic profession; and promoting unity within the osteopathic family.
• Robert Orenstein, DO, FACP, FIDSA, Editor-in-Chief of the Journal of the American Osteopathic Association (JAOA), noted in his address that the JAOA is gaining recognition as an influential research publication. During the past year, the JAOA published five studies named among the top 5 percent of influential research, according to Altmetric, a research tracking organization.
• Josh Kraushaar, political editor for the National Journal, addressed the issue of the Political Future of Health Care during the HOD Public Policy Town Hall.
Introducing Steve Barclay
AOMA’s New Contract Lobbyist

AOMA is pleased to introduce Steve Barclay, JD, as its new contract lobbyist. Steve is a highly-respected, award-winning lobbyist and attorney with more than 33 years of experience working on healthcare issues in Arizona.

With extensive front-line, battle-tested experience, Steve has consistently proven his worth as a lawyer-lobbyist by winning repeatedly across a broad array of government relations settings. Steve is a very confident and effective communicator and is widely-regarded as one of the most skilled testifiers before legislative committees. He has been regularly selected in the government relations practice area by The Best Lawyers in America, and recognized as one of the Arizona’s Top AV-Rated Lawyers by Martindale-Hubbell and ALM. His firm also received Best Law Firms recognition for the past five years in US News & World Report.

Steve received his Bachelor of Arts degree with magna cum laude honors from Oral Roberts University in Tulsa, Oklahoma and graduated cum laude from the University of Notre Dame Law School in South Bend, Indiana. Steve attended Notre Dame’s London Law Programme and was a member of the Notre Dame Lawyer Law Review, serving as Assistant Editor.

Recruit a new member,
receive a $100 credit!

Do you know someone who isn’t a member of the Arizona Osteopathic Medical Association. . . and should be?

Recruit a new member and you’ll both receive a $100 credit toward membership dues or continuing medical education fees!

Recruiting new 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 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 Colleen Zubrycki, Membership Development Manager, at colleen@az-osteo.org.

*New member must be an active, dues paying member. Does not apply to recruitment of “out-of-state” or “retired” members.
3rd Annual Flagstaff Osteopathic Medical Conference

McGee Auditorium at the Flagstaff Medical Center was filled to capacity as more than 80 physicians and other healthcare professionals attended the 3rd Annual Flagstaff Osteopathic Medical Conference (FOMC). While summer temperatures were still above 100° in Phoenix and Tucson, it was a pleasant 70° in Flagstaff for the day-long event which offered 7.5 hours of AOA Category 1-A CME credit and AMA PRA 1 credits™.

Co-sponsored by Arizona Osteopathic Medical Association and Flagstaff Medical Center, FOMC featured lectures from seven physicians practicing in northern Arizona. Topics presented were Pediatric Transitions of Care by Brandon Abbott, DO, MPH; Non-Opioid Approach to Pain and Musculoskeletal Disorders by Kevin O’Donnell, DO; When a Bomb Explodes, What Should Physicians Do? by Capt. Ha Tang, DO; AACE/ACE Diabetes Management Algorithm by Sandra Rubio, MD; Non-Pharmacological Treatment of Depression by Abigail Isakson, DO; Wild West Medicine, Part 2 by Laurel Mueller, DO, MBA; and Hospice and Palliative Care with a Focus on Geriatrics by Stephan Stellmacher, DO, FACP.

Thank you to the speakers for their informative and interesting lectures and all who attended the conference.

Save the date for the 4th Annual FOMC on Saturday, August 25, 2018.

ARIZONA OSTEOPATHIC CHARITIES

To educate and promote safe and healthy living for children, students and families

The Arizona Osteopathic Charities is a 501 (c) (3) non-profit charitable organization founded in 1997 by the leadership of the Arizona Osteopathic Medical Association.

Tax ID #86-6052826
www.azdocharities.org
Join us for the AOMA 37th Annual Fall Seminar at the Hilton Tucson El Conquistador Resort. The theme of the event is Engage in Patient Care and Education, featuring twelve lectures over the weekend of November 11 & 12, 2017.

As an added member benefit, AOMA has partnered with Touro University Nevada College of Osteopathic Medicine to offer both AOA Category 1-A and AMA PRA 1 Credits™.

The Arizona Osteopathic Medical Association (AOMA) is accredited by the American Osteopathic Association (AOA) to provide osteopathic continuing medical education for physicians. The AOMA designates this program for a maximum of 13.50 hours of AOA Category 1-A CME credits and will report CME credits commensurate with the extent of the physician’s participation in this activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Touro University Nevada College of Osteopathic Medicine (TUNCOM) and the Arizona Osteopathic Medical Association. TUNCOM is accredited by ACCME to provide continuing medical education for physicians.

TUNCOM designates this live activity for a maximum of 13.50 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This Live activity, AOMA 37th Annual Fall Seminar: Engage in Patient Care and Education, with a beginning date of 11/11/2017, has been reviewed and is acceptable for up to 12.75 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Registration fees

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Register online at www.az-osteo.org/FallSeminar

Saturday, November 11, 2017

7:30 am to 8:25 am
Current and Proposed Policies for Opioid Prescribing
Eric Nelson, MS, RPh, and Pete Wertheim, MS

8:30 am to 9:25 am
Documentation and Coding for OMT and Evaluation and Management Services
Judith O’Connell, DO

9:55 am to 10:50 am
Drug Tapering, Modification, or Discontinuation
Steve Boles, DO

10:55 am to 11:50 am
Use of Naloxone for Opioid Overdose
Mark Boesen, PharmD, JD

11:55 am to 1:20 pm
Luncheon Lecture – Evaluation and Management of Co-Occurring Psychiatric and Substance Use Disorders
Gretchen Alexander, MD

1:25 pm to 1:55 pm
To Prescribe or Not to Prescribe
Karen Wright, RN, BSN

2:15 pm to 3:40 pm
Opioid Prescribing Guidelines & OMT
Susan Steffans, DO and J. Aaron Aligood, DO

Sunday, November 12, 2017

7:30 am to 8:55 am
An Osteopathic Approach to Fibromyalgia
Anthony Will, DO

9:10 am to 10:05 am
Integrating Mental Health into a Primary Care Clinic
Donald Morgan, DO

11:05 am to 12:15 pm
Antimicrobial Prescribing in an Era of Multi-Drug Resistance
Robert Orenstein, DO, FACP, FIDSA

11:20 am to 12:15 pm
The Role of Sleep in Disease Prevention and Management
Joseph Hayes, DO, MMM

12:30 pm to 2:00 pm
Luncheon Lecture: Integrative Medicine
Christina Goldstein-Charbonneau, DO
Mark Your Calendars!
Two Important AOMA Events

DO Day at the Legislature
February 20, 2018

Reserve your spot to attend DO Day at the Legislature on Tuesday, February 20, 2018. The DO Day at the Legislature provides a great opportunity to get an up-close view of the legislative process and to meet your legislators. The day begins with an orientation followed by presentations from key legislators on healthcare issues. AOMA will help you arrange individual meetings with your legislators, and you will have the opportunity to attend House or Senate hearings throughout the day.

Register at
www.az-osteo.org/DODayRSVP

ARIZONA’S LARGEST ANNUAL MEDICAL MEETING!

SHIFTING THE PARADIGM

AOMA 96th Annual Convention
April 11-15, 2018
Hilton Scottsdale Resort & Villas
Scottsdale, Arizona

To register visit
www.az-osteo.org/2018Conv

ARIZONA’S LARGEST ANNUAL MEDICAL MEETING!

More than 40 different lectures are planned encompassing multiple specialties including family medicine, internal medicine, psychiatry, OMM, pediatrics, cardiology, OB/GYN, gastroenterology, emergency medicine, and more.

This activity has been approved for AOA Category 1A Credit. This activity has been approved for **AMA PRA Category 1 Credit™**. Application will be submitted for AAFP prescribed credits.
Guide to Coding and Documentation for Osteopathic Manipulative Medicine

For those clinicians looking for help in understanding coding and documentation rubrics for evaluation and management services, the appropriate use of modifier -25, and the selection of osteopathic manipulative treatment codes the AOA and AOIA have created the AOA Guide to Coding and Documenting Osteopathic Manipulative Treatment and Evaluation and Management Services. This manual expands on the AOA Position Paper on OMT and E/M to include discussions on the E/M Documentation Guidelines and how to choose a level of service and proper documentation for OMT.

Cost: $30

Go to www.az-osteo.org

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AOMA-Logo Apparel

Look sharp and show your support for your state association! AOMA polo shirts and button-down oxford shirts are available for purchase. Available in a wide selection of sizes and a variety of colors.

Men’s Polo $40                   Women’s Polo $40
Men’s Oxford $45
Each year, the Arizona Osteopathic Medical Association sponsors a Clinical Case Competition and Poster Forum. The Poster Forum is open to all osteopathic medical students, residents, and faculty/preceptors across the state of Arizona. The Clinical Case Competition is open to third and fourth year osteopathic medical students attending medical school in Arizona. These scientific, peer-reviewed, evidence-based opportunities showcase the tremendous amount of top-quality scholarly activity that is developed on an annual basis.

The 2018 competitions mark the tenth year for these events and promise to be the best contests yet. Students submitting the top three clinical cases are invited to deliver an oral case presentation during the AOMA 96th Annual Convention on Saturday, April 14, 2018. Posters are displayed over the course of the Convention with the formal judging held on Saturday, April 14, 2018. The winners will be recognized at the awards ceremony and luncheon on Sunday, April 15, 2018.

The AOMA is proud to sponsor these competitions, fostering first-class research and improved participation in the Association's committee structure, as well as an increase in Association membership. Most importantly, it supports the mission and vision of the organization by promoting the osteopathic medical profession and providing high-quality medical education.

Complete details for entry submission, including previous winning entries, are available on the AOMA website under the CME/Clinical Case & Poster Forum tab at www.az-osteo.org.

Direct your questions to Teresa Roland at AOMA at 602-761-2697 or teresa@az-osteo.org.

2018 AOMA Clinical Case Competition and Poster Forum

Distracted by Diabetes: An Evaluation of Cervical Cancer Screening in Diabetic Patients
Bradley Brown OMS-II Arizona College of Osteopathic Medicine
AOMA Digest Fall 2017

BACKGROUND
- Diabetic women are more likely to visit the provider’s office for medical care compared to women without a chronic condition.
- While patients with a chronic condition may visit the provider’s office more frequently, there appears to be a gap between the number of visits, and preventative services such as cervical cancer screening, among diabetic patients.

MATERIALS AND METHODS
- A six-week retrospective study was conducted at Adelante Healthcare and their Patient Centered Medical Home (PCMH) model.
- The target population was diabetic women between the ages of 21-65 who were due for cervical cancer screening.
- The randomized sample was validated, and forty-six women meet the inclusion criteria: twenty-four participants and twenty-two controls.

RESULTS
- Of diabetic women screened (n=46), 61.4% of eligible women were screened for cervical cancer.
- There was a significant difference in screening rates between controls (64.29%) and participants (30.43%).

CONCLUSIONS
- The randomized sample was validated, and forty-six women meet the inclusion criteria; twenty-four participants and twenty-two controls.
- A six-week retrospective study was conducted at Adelante Healthcare and their Patient Centered Medical Home (PCMH) model.
- The target population was diabetic women between the ages of 21-65 who were due for cervical cancer screening.
- Of diabetic women screened (n=46), 61.4% of eligible women were screened for cervical cancer.
- There was a significant difference in screening rates between controls (64.29%) and participants (30.43%).

REFERENCES
- Bradley Brown OMS-II Arizona College of Osteopathic Medicine
- AOMA Digest Fall 2017
Honor Your Peers

Nominations are now being accepted for the 2018 AOMA Awards. The Annual AOMA Awards recognize outstanding service and contributions to the osteopathic medical profession in Arizona. Only AOMA members may submit an AOMA Award nomination form. The Awards will be presented during the AOMA Annual Convention on Sunday, April 15, 2018 at the Scottsdale Hilton Resort and Villas. Awards may be submitted online or by completing a nomination form and emailing, faxing, or mailing it to the AOMA office.

Visit www.az-osteo.org/AOMA_Awards to nominate a colleague, download a nomination form, view the award categories, and access the list of previous winners.

Birdies Mean Bucks for Arizona Osteopathic Charities

Help Us Reach Our Goal!

You can make Arizona Osteopathic Charities a big bucks winner by making a pledge in the Birdies for Charity competition at the 2018 Waste Management Phoenix Open to be held at the TPC Golf Course January 29 to February 4, 2018. Arizona Osteopathic Charities will receive every penny of collected pledges. By making a pledge, you can help provide free sports physicals for school athletes conducted by Team of Physicians for Students (TOPS), support DOCARE (international medical outreach), offer comfort for children who have suffered a death in their life at Camp Paz, and expand healthcare in underserved areas through MGY Capacidad.

We Want Your 2 Cents - Literally!

Simply pledge two cents or more for every birdie that will be made by the PGA Tour players, Thursday through Sunday, at the 2018 Waste Management Phoenix Open and you will be supporting Arizona Osteopathic Charities. It’s estimated that between 1,300 and 1,800 birdies will be made. To make a pledge online go to birdiesforcharityaz.com and click on “Donate Now”. Contact Sharon Daggett at charities@az-osteo.org for more information.
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During orientation for Midwestern University Arizona College of Osteopathic Medicine (AZCOM) students in August, each member of the Class of 2021 received a brand new stethoscope with the words “Excel in Leaving a Mark” engraved in the metal from the Jason Madachy Foundation.

The presentation was made in honor of the late Jason Madachy, a medical student at Marshall University’s Joan C. Edwards School of Medicine who passed away unexpectedly in 2007. The Foundation’s annual tradition of providing stethoscopes continues Jason’s dream of touching hearts through medicine.

AZCOM students will also be invited to a pre-graduation reception co-sponsored by the Foundation in 2021. They will be asked to reflect on the moments that followed the receipt of their stethoscopes and how it influenced and encouraged them to give back in kind to future classes.
AZCOM Class of 2021 Enjoys Musical Icebreaker at Orientation

The Arizona College of Osteopathic Medicine's incoming class of DO candidates recently spent a day at the Musical Instrument Museum (MIM) in Phoenix as part of their orientation activities.

The new group of students had a chance to get to know each other in an informal setting and introduce themselves to AZCOM faculty. They were also treated to an interactive presentation from MIM, which included a scavenger hunt to identify various musical instruments from around the world located in the MIM collections. The activities were designed to help students understand the value of listening and observation as physicians, as well as relax before embarking on the challenges of didactic study.

One of the new students in attendance was Wade Wright, OMS I, who is a bit more familiar with AZCOM than his peers – his father is an alumnus of AZCOM’s Class of 2003. “I was a young child when he was a student,” Mr. Wright says. “I remember many tag-alongs to lectures and community outreach projects on campus as a kid. Now I’m at AZCOM myself, and this trip was a great time. The best part was meeting my peers and working together with them through the scavenger hunt. It was also neat learning about the instruments and music of so many different cultures.”

AZCOM Dean Lori Kemper, DO, FACOFP and Associate Deans Mark Speicher, PhD, MHA, FNAOME, Sean Reeder, DO, and Katherine Mitzel, DO, FACEP accompanied the class.

MWU HONORS THREE NEW MEMBERS OF LITTLEJOHN SOCIETY

Midwestern University President and Chief Executive Officer Kathleen H. Goeppinger, PhD, announced three new recipients of the Littlejohn Award. Named for the Littlejohn brothers, physicians who in 1900 founded the American College of Osteopathic Medicine & Surgery, the precursor to the Chicago College of Osteopathic Medicine, the founding college of Midwestern University, the award recognizes outstanding service to the community, healthcare professions, and the University.

This year’s honorees are alumnus Stanley Bryszcz, DO; faculty member Edward Evans, MA, CP, Director, Cardiovascular Science, College of Health Sciences-Glendale; and staff member Staci Glass, Director of Institutional Advancement.

Midwestern University alumnus Stanley Bryszcz, DO, receives his Littlejohn Award
APPOINTMENTS, AWARDS & GRANTS

Kaley Capitano (Class of 2019) was appointed as West Regional Chair on the SAOASM national executive board for 2017-18.

Ian Coker (Class of 2020) was elected to serve as the Parliamentarian of the Student Association of the American College of Osteopathic Family Physicians (ACOFP) at the national meeting in Kissimmee, FL.

Dennis Datuin (Class of 2019) received the Officer of the Year Award from the Student Osteopathic Medical Association (SOMA), the only student in the nation to be so honored.

Annette Gawelko, DO, Clinical Associate Professor, Clinical Education, was awarded Faculty Advisor of the Year by the American Military Osteopathic Physicians and Surgeons (AMOPS).

Caleb Hentges (Class of 2018) received the 2017 ED to MED Outstanding Advocate of the Year from the American Association of Colleges of Osteopathic Medicine (AACOM). Mr. Hentges also received the Welch Scholar Award from the American Osteopathic Foundation (AOF).

Kathryn J. Leyva, PhD, Professor, Microbiology and Immunology, was named Item Writer of the Year Award for the COMLEX-USA Level 1 by the National Board of Osteopathic Medical Examiners (NBOME).

Anthony Will, DO, Chair, Osteopathic Manipulative Medicine, received the Patient’s Choice Five-Year Honoree Award from Vitals.com.

The following AZCOM Class of 2020 students were selected to participate in the GE-National Medical Fellowship Primary Care Leadership Program (PCLP) at the community health centers listed below:

- Bernardo Chavira, Adelante Healthcare, Phoenix, Arizona
- Ian Coker, MGH Chelsea Healthcare Center, Chelsea, Massachusetts
- Michael Gendreau, Adelante Healthcare, Phoenix, Arizona
- Amber Lau, Adelante Healthcare, Phoenix, Arizona
- Jonathan Lyu, Adelante Healthcare, Phoenix, Arizona
- Piper Olmsted, Healthpointe, Seattle, Washington

The purpose of the program is to provide medical, nursing, and physician assistant students with a valuable opportunity to examine primary care firsthand in medically underserved communities across the United States.

The following AZCOM Class of 2019 students were selected to receive the annual MICA Medical Foundation Scholarship:

- Nathaniel Hinckley
- Charles Maxfield
- Merritt ten Hope
ATSU Announces 2017 Hometown Scholars

A.T. Still University (ATSU) is pleased to announce the recipients of the 2017 Hometown Scholars award, in partnership with the National Association of Community Health Centers (NACHC).

The Hometown Scholars program was developed in response to the needs of community health centers to create a pipeline of exceptional medical and dental students who are committed to serving in America’s health centers. The need for such a program is great. In fact, nearly every health center in the country is facing challenges recruiting and retaining qualified providers. A report released by NACHC last year revealed that 95 percent of health centers have at least one clinical vacancy, and more than two-thirds (69 percent) are recruiting at least one family physician. Through the Hometown Scholars program, ATSU is helping to fill this void.

To be eligible for the award, students must be endorsed by the leader of a community health center. The winners will receive a $2,500 scholarship to support their medical or dental education at ATSU.

The 2017 Hometown Scholars award recipients are as follows:

• Christina Humphries, D2, at ATSU’s Arizona School of Dentistry & Oral Health
• Julian Hirschbaum, OMS IV, at ATSU’s School of Osteopathic Medicine in Arizona
• Jessica Rydberg, OMS III, at ATSU’s School of Osteopathic Medicine in Arizona
• Michael Geiger, OMS III, at ATSU’s School of Osteopathic Medicine in Arizona

These exceptional students have a passion for working with underserved populations and an appreciation for the immense contributions of community health centers.

Humphries, for example, grew up in a medically underserved area of rural Texas, and experienced disparities in access to medical care and resources firsthand. “It has been my passion to reduce these inequalities,” she says. “I am grateful that ATSU supports me in my work with underserved populations and community health centers.”

“Community health centers are so important because they provide services to individuals who otherwise may not have access to healthcare,” adds Rydberg. “I am honored to have the opportunity to give back to others through medicine, and this scholarship will help me do that.”

ATSU is proud to support these compassionate students who fulfill the University’s mission through their commitment to the underserved.
ATSU Professor Helped Develop New Ebola Vaccine

Late last year, news broke of a new Ebola vaccine that was 100 percent protective against the virus. More than a decade ago, A.T. Still University (ATSU) professor Kathleen DiCaprio, PhD, was a part of the team, comprised of scientists from the Public Health Agency of Canada and the United States Army Medical Institute of Infectious Disease (USAMRIID), that developed the vaccine.

As an associate professor at ATSU-CGHS, Dr. DiCaprio works mostly in an online learning environment. ATSU-CGHS has students all over the world, which introduces both opportunities and challenges for collaborative research efforts. Dr. DiCaprio is interested in finding ways to bring her students together, and hopes to develop a research agenda that will give opportunities to all ATSU students.

Dr. DiCaprio believes there is a lot of potential for the vaccine the team developed. Not only does it protect against Ebola, but it also has the potential to protect against similar viruses, like Marburg. Aside from being 100 percent protective against Ebola before a patient is infected, promising studies have shown that the vaccine can be administered after the virus has been introduced into the body. In lab studies with non-human primates, the test subjects were infected with Ebola and given the vaccine 30 minutes later. It was still effective.

Dr. DiCaprio encourages students who are considering a career in public health to follow their passions and take every opportunity that presents itself, as this will open many doors and provide unique learning experiences.

“You never know who you are going to meet and work with,” she says. “In a field of innovation, bring together ideas, you'd be surprised how much you learn from the good and the bad.”

ATSU Partners with NACHC to Form Research Center

On Sunday, August 27, 2017, during the National Association of Community Health Centers (NACHC) annual Community Health Institute in San Diego, leaders from A.T. Still University (ATSU) and NACHC signed a proclamation establishing the National Center for Community Health Research (NCCHR).

Research conducted at the center will promote health and wellness for underrepresented patients in the communities served by health centers. The purpose of NCCHR is to establish and encourage the adoption of evidence-based best practices for health centers, while creating interprofessional research opportunities for ATSU students and faculty, as well as health center clinicians.

NCCHR research will address the following:
- Patient experience
- Population health
- Cost of healthcare
- Job satisfaction for healthcare providers
ATSU Provides Free Sports Screenings for Youth Athletes

A.T. Still University (ATSU) students, faculty, and staff recently provided free sports physicals to more than 1,400 high school student athletes in Glendale, Arizona through a partnership with Team of Physicians for Students (TOPS). The event was a collaboration between ATSU’s Arizona School of Health Sciences Athletic Training program and ATSU’s School of Osteopathic Medicine in Arizona. The University provided 80 students and five faculty volunteers for the event.

TOPS is a Phoenix-area nonprofit organization that provides free sports physicals, including cardiac assessment, to junior college and high school student athletes in underserved communities. For most high school athletes, passing a sports physical is mandatory. However, many students can’t afford a costly doctor’s visit. TOPS strives to alleviate this burden so more students can enjoy the social, emotional, and health benefits of sports.

According to Beth Poppre, MEd, associate vice president of student affairs, the event was a great experience, not only for the athletes, but also for the ATSU volunteers who performed the exams. “It’s a wonderful community outreach opportunity,” she says. “It gives ATSU students the opportunity to make a difference, not only by helping the kids get approved for sports, but also by interacting with the kids as role models.”

ATSU-SOMA Alumna is Living the University’s Mission

On her 40th birthday, after 14 years as a nurse, Leigh Anne Costanzo, DO, RN, ’16, made the decision to go to medical school.

It was an encouraging conversation with a coworker that inspired Dr. Costanzo to take the next step in her career. “I had heard it before, but something clicked that day,” she says.

Although Dr. Costanzo had loved working in healthcare, she wasn’t entirely satisfied with the education she received as a nurse. “I joke that I went to medical school because I needed debt and stress,” she says. “The truth is, I always wanted to know more. My nursing program didn’t provide enough of a focus on physical medicine. That’s what swayed me to go to medical school.”

It’s been a year since Dr. Costanzo graduated from A.T. Still University’s School of Osteopathic Medicine in Arizona (ATSU-SOMA). She now works as a resident at El Rio Community Health Center in Tucson, Arizona, where she has embraced the University’s mission to serve the underserved. She enjoys working at a community health center and educating her patients about healthy living.

Although going back to school was difficult at times, Dr. Costanzo is grateful she now has a challenging and rewarding career. She encourages others to pursue their dreams at any stage of life.

“Just do it,” she says. “The only thing stopping you is your fear of not succeeding.”
Course Offering: Basic Diagnostic and Treatment Skills in the Osteopathic Management of Seriously Ill Children

Victoria Troncoso, DO, Chair, OPP ATSU-SOMA, announces a new course for physicians and students interested in learning osteopathic manipulative technique to safely and effectively treat children.

Based on the work of osteopathic pioneer William G. Sutherland, DO, Basic Diagnostic and Treatment Skills in the Osteopathic Management of Seriously Ill Children presents his treatment approach to the health of the pediatric patient. These classes also incorporate the biodynamic curriculum designed by James S. Jealous, DO. Visiting expert faculty will participate.

The classes include focused discussion of: the science of embryology, the forces of growth and development, and the fluid body. The latter classes include pediatric patient demonstrations by expert faculty as well as pediatric clinic days, with treatment by participants as skill level allows.

This series of six classes is being offered free of charge to Arizona osteopathic physicians and students, made possible by an educational grant from J. C. Lincoln. CME is anticipated.

Class Dates:
Class 1: February 2-4, 2018
Class 2: March 9-11, 2018
Class 3: April 20-22, 2018
Class 4: June 1-3, 2018
Class 5: August 24-26, 2018
Class 6: October 26-28, 2018

Location:
ATSU-SOMA
5850 E Still Circle
Mesa, Arizona 85206

Cost: No charge, but space is limited.

A commitment to the entire series is encouraged and expected, as skills build with each class. Space is limited to eight participants. There is no prerequisite.

To register please contact Marilyn Kocon at 480-391-7631 or Office@desertosteo.com.
For more information contact Dr. Troncoso at vtroncoso@atsu.edu.

AOMA 37th Annual Fall Seminar
November 11 & 12, 2017

Engage in Patient Care & Education

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Go to www.az-osteo.org/FallSeminar

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This program has been approved for:

- AOMA Category 1-A Credits
- AMA PRA Category 1 Credits™
- AAFP Prescribed Credits
2017-2018 Calendar of Events

**November 10, 2017**  
AOMA Board of Trustees Meeting  
6:30 pm  
Hilton Tucson  
El Conquistador Resort

**November 11, 2017**  
AOMA House of Delegates  
4:00 pm  
Hilton Tucson  
El Conquistador Resort

**November 11 & 12, 2017**  
AOMA 37th Annual Fall Seminar  
Hilton Tucson  
El Conquistador Resort  
10000 N. Oracle Road  
Tucson, AZ 85704

**January 27, 2018**  
AOMA Board of Trustees Meeting  
9:00 am  
Midwestern University  
Glendale, Arizona

**February 20, 2018**  
DO Day at the Legislature  
Arizona State Capitol  
Phoenix, Arizona

**April 11, 2018**  
AOMA Board of Trustees Meeting  
6:30 pm  
Hilton Scottsdale Resort & Villas

**April 11-15, 2018**  
AOMA 96th Annual Convention  
Hilton Scottsdale Resort & Villas  
6333 N. Scottsdale Road  
Scottsdale, Arizona

**April 13, 2018**  
AOMA House of Delegates  
4:00 pm  
Hilton Scottsdale Resort & Villas

**June 2018**  
AOMA Board of Trustees Meeting  
9:00 am  
A.T. Still University  
Mesa, Arizona

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See what’s new on the AOMA website. Register for the 37th Annual Fall Seminar; take an online CME course; or check out the resources for physicians. Visit often for future enhancements and features!
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