How Technology Can Boost your Patient Volume

Increasing patient volume is essential to growing your revenue, yet most health organizations devote little or no time to this crucial area. The main reason is that most healthcare professionals are stretched to their limits as it is handling existing patients. It’s hard to set aside time to focus on how to attract and keep new patients when your staff is busy taking care of day-to-day tasks. Yet practices thrive by expanding their patient base.

The good news is that technology can help you increase your patient volume while streamlining existing tasks. You can think of technology solutions acting on two areas: attracting new patients and freeing up staff time to work on attracting new patients and giving them the time needed to handle additional patients.

Attracting new patients

The first area, attracting new patients, is generally low on the priority list when it should be given more attention. Healthcare organizations usually don’t usually put a focus on marketing. But there are simple things you can do to attract new patients.

The easiest area to improve or develop is your website. At the very least, you should have a website that makes it easy for potential patients to contact you. It should be easy to find your practice’s phone number, location, and information about specialties or expertise. Other information might include your fax number, email address(es), hours of operation, a map and directions, and the names of your physicians and a description of their areas of interest. A list of accepted payers, pricing, and financial policies will also go a long way towards making potential patients feel comfortable in coming to you.

You can either create and maintain your website with in-house staff or hire someone who is an expert at creating small-business websites (or even medical websites, if you can find a specialist).

Continued on back cover.

AAO Membership Campaign

With the first phase of the 2008-2009 Membership Campaign complete we would like to thank the 998 AAO members for their prompt dues renewals.

If you have not renewed your membership, please take a few minutes and submit your membership renewal today. Visit the AAO website: www.academyofosteopathy.org to pay your dues online.

Inside this issue:

President's Message 2 Big Out-of-pocket Costs Impact Your Patients' Ability to Pay 8 New from the Education Dept
Gifts that Keep on Giving 2 High Prices at Pump Complicate Health Choices 8 AMA OKs Palliative Sedation for Terminally III
UAOO Advisory Council Update 3 Websites Becoming a Business Necessity for Osteopathic Family Physicians 8 House Advances FDA Authority over Tobacco
New from the Communication Dept 4 AMA Meeting: Doctors Oppose Mandatory Drug Reporting Laws 9 NMM/OMM Certification
Board & Committee Calendar 4 China Welcomes Western-Style Family Medicine 17 Veterans
OD & TE Committee Update 5 China Welcomes Western-Style Family Medicine 18 New Ideas Forum—Call for Papers
Important Information for EMR Users 6 European Union
Golden Ram Society Campaign 8 NMM/OMM Certification 18 New Ideas Forum—Call for Papers
AAO Program at AOA Convention 8 NMM/OMM Certification 18 New Ideas Forum—Call for Papers
President’s Message

Greetings to all,

It is now nearly halfway thru my presidential term. The last several months have been very busy at the AAO. In addition to my activities, the transition of Harriet O’Connor as Executive Director has continued and all of the Academy staff has been putting in extremely long hours during this time. All in all, the process has worked fairly smoothly and I anticipate improvement in many areas as a new computer system is installed and web access is improved.

Currently the AAO is in the midst of the current year membership campaign. I am sure all of you are profoundly aware of the importance of membership to this organization. A common definition of membership is quite simply “a group of persons associated by some common tie or occupation and regarded as an entity”. I would like all of us to take some time to reflect on the importance of our individual membership in the Academy. What is it that drives me to be a member of this organization? What are the benefits that I receive? Does the Academy function as an entity, and if so, what does it do for the profession? Where do I see myself in this entity in 5 years? Ten years? What can the Academy do for me?

The list can go on and on, and quite frankly, we all need to be introspective and subsequently share this information to improve the function of the AAO.

At this time, I ask all to not only renew your individual membership, but to reach out and share some of your answers with a colleague. Share them with someone who is not aware, not a member, and ask them, encourage them, to join us. If you see benefit in this organization, chances are so will they. We all have contact with individuals that might be interested. Maybe it is a practice colleague, or a classmate, or a trainee in a postgraduate program. One of the highlights of affiliation with the American Academy of Osteopathy is the strong sense of interpersonal contact. Reach out and share that with someone. Bring someone into the organization that you will enjoy sharing with. Someone you can teach or learn with.

While current economic conditions may not be the brightest, we continue to see our profession grow and flourish. Let all of us work together as an entity to improve the health of our Academy family.

I look forward to seeing many of you in LasVegas at the AOA Convention. Plan now to attend the AAO Convocation in Little Rock Arkansas in March. This promises to be another fine program and as always, an excellent time for education and fellowship for all Academy members.

Guy DeFeo, DO

Gifts that Keep on Giving

AAO members and others can honor and remember a colleague, a teacher, a mentor, an anniversary, a birthday or other event by making a memorial contribution and/or honor gift to the American Academy of Osteopathy. Making a memorial or honor gift is easy. Simply call the AAO office at 317-879-1881 or send a check made payable to the American Academy of Osteopathy to 3500 DePauw Boulevard, Suite 1080, Indianapolis, IN 46268 along with a note of who you wish to honor and their address along with your name and address. An acknowledgement of the gift will be sent to the family of the deceased informing them of the memorial or to the honoree for an honor gift. No amounts will be mentioned. For further information on Memorial and Honor Gifts please contact the AAO Director of Member and Donor Relations, Kelli Bowersox at (317) 879-1881 or kbowersox@academyofosteopathy.org.

2008-2009
Board of Trustees

President
Guy A. DeFeo, DO

President Elect
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Immediate Past President
Claudia L. McCarty, DO, FAAO

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Trustee
Michael A. Seffinger, DO

Executive Director
Harriet O’Connor, CFRE, CAE

We Want You!

Want to see more updates in your monthly AAO newsletter? We want to hear from you! Share your accomplishments, your thoughts, and your questions with fellow members!

We want this newsletter to be about you, written by you! Add your two-cents to the membership newsletter by emailing the Director of Communications, Jennifer Taylor, at jtaylor@academyofosteopathy.org.
**Fun Facts about Little Rock, Arkansas**

The state motto is “the People Rule”.

Arkansas’s state nickname is the “Natural State”.

Official state instrument is the fiddle.

The official state beverage is milk.

Arkansas contains over 600,000 acres of lakes and 9,700 miles of streams and rivers.

A person who lives in Arkansas is known as an Arkansan.

The Undisputed Middleweight Champion of the World, Jermain Taylor is from Little Rock.

Little Rock’s Old State House was constructed of handmade brick in 1836, served as the state capitol for 75 years and continues to inspire as a history museum today.

Socks Clinton, former First Feline of the Arkansas Governor’s Mansion and the White House was born in Little Rock.
AAO Courses  (For the remainder of 2008)

October 9-11, 2008  Prolotherapy Weekend
University of New England College of Osteopathic Medicine, Biddeford, ME
Program Chair: Mark S. Cantieri, DO, FAAO
Additional Faculty: George Pasquarello, DO, FAAO
After participating in this educational weekend, physicians will be able to:
1. Understand the basic concepts of prolotherapy, wound healing, degenerative postural cascade, coding and billing.
2. Learn and practice prolotherapy injection techniques.

October 25, 2008  Flu Pandemic Pre-Convention Workshop Las Vegas, NV
Program Chair: Dennis J. Dowling, DO, FAAO
After participating in this interesting and informative pre-convention workshop, physicians will be able to:
1. Understand the osteopathic profession's interventions and research for infection disease.
2. Identify and practice osteopathic manipulative technique modalities and protocols to facilitate patient responsiveness and immunity.
3. Identify standard protocols for pandemic preparedness: hygiene, vaccines, antiviral medications, and isolation.
4. Instruct other physicians and health care providers in flu preparedness and treatment.
5. Participate in data collection and technology resources.

October 26-30  AAO Program at the AOA Convention Las Vegas, NV
More information can be found on page 8

November 6-8, 2008  Muscle Energy: Three Visions
Midwestern University Arizona College of Osteopathic Medicine, Glendale, AZ
During this enlightening and educational course, physicians will be able to:
1. Identify important considerations for the cervical spine and thoracic inlet.
2. Learn by practical experience on how to treat the cervical spine and thoracic inlet.
3. Identify important considerations for the thorax and rib cage.
4. Learn by practical experience on how to treat the thorax and rib cage.
5. Identify important considerations for the sacrum, pelvis, and lumbar spine.
6. Learn by practical experience on how to treat the sacrum, pelvis, and lumbar spine.

December 5-7, 2008  Cranial Nerve Dysfunction
Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pamona, CA
After participating in this instructional course, physicians will be able to:
1. Diagnose and treat olfactory nerve dysfunction.
2. Diagnose and treat optic nerve and dura dysfunction.
3. Palpate, diagnose, and treat trigeminal nerve dysfunction.
4. Palpate, diagnose, and treat facial nerve dysfunction.
5. Palpate, diagnose, and treat occipital nerve dysfunction.
6. Diagnose and treat the vestibulocochlear nerve.
7. Diagnose and treat vagus nerve dysfunction.
8. Palpate, diagnose, and treat spinal accessory nerve dysfunction.
The Undergraduate American Academy of Osteopathy (UAAO) Council met at the AAO offices on August 8th under the guidance of David Mason, DO, UAAO Advisor.

Discussion issues included the 2008-2009 Chapter Notebook, UAAO Membership, Website, Bylaws, and Budget. The advisory committee discussed the necessity for a UAAO officer to travel to the two new Osteopathic Medical Schools at Pacific Northwest and Rocky Vista. An extensive discussion was applied to the 2009 Convocation and the programs for both UAAO and NUFA A. Hollis Wolf competition, the UAAO Auction and Reception is all being planned. The council will again meet at the AOA Convention in Las Vegas for more discussion regarding the 2009 Convocation program and their goals to increase membership within the UAAO.

Jennifer Taylor joins the AAO staff as the new Director of Communications. Ms. Taylor earned a Master’s in Public Health from Indiana University School of Medicine and is a Certified Health Education Specialist. She serves on the Board of Directors for the Indiana Society for Public Health Education. She has a background working within the community with individuals with serious-persistent mental illness and working with non-profit organizations in effort to reduce the burden of cancer in Indiana. Ms. Taylor is excited about the experiences and challenges that await her with the AAO.

Ms. Taylor's goal is to increase the efficiency of communication with members and organization in order to strengthen the organization and enhance the value of AAO membership. She wants to ensure that members received up to date information on happenings within the AAO and current events in the medical field. Ms. Taylor is working to give AAO media relations a fresh look that will emphasize the strengths of AAO’s past and ensure that AAO is recognized as the expert and authority on osteopathic medicine. If you have any thoughts, suggestions, or concerns related to communications or publications within the AAO, please feel free to contact Ms. Taylor at 317-879-1881 or jtaylor@academyofosteopathy.org.

The AAO is starting to develop a communications plan focused on managing media relations for the AAO. Media relations, also called public relations, consist of press releases, print or television interviews, news conferences, or any other media-related venue that is directed towards the AAO and its related programs and activities. Having a successful plan for media relations will establish AAO’s reputation as a leader in the medical field.

The communications department is in the process of developing a media relations guide. This guide will be a resource for any AAO member who has been contacted by the media regarding the AAO or osteopathy. The guide will contain important information that you can share with the press regarding the AAO's history, mission, vision, accomplishments, research, current activities, etc. It will be a valuable tool to use when encountering the press in any situation.

As an additional step in building the AAO's relationship with the media, we ask that you utilize the AAO's new communications department to coordinate all media inquiries. This will ensure that we represent AAO’s message in a consistent manner and the communication department builds relationships with representatives of the media nationwide.
Board & Committee Meeting Calendar

For questions regarding your committee meeting schedule, please contact your AAO staff liaison.

<table>
<thead>
<tr>
<th>Month</th>
<th>Staff Liaisons</th>
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<tbody>
<tr>
<td>September 2008: Postdoctoral Standards and Evaluation</td>
<td>Board of Trustees - Harriet O'Connor</td>
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<td>October 2008: Board of Trustees, Education, Fellowship</td>
<td>Board of Governors - Harriet O'Connor</td>
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<td>November 2008:</td>
<td>Bylaws - Harriet O'Connor</td>
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<td>December 2008:</td>
<td>C-NMM/OMM - Diana Finley</td>
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<td>January 2009: Education</td>
<td>Education - Diana Finley</td>
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<td>February 2009: Postdoctoral Standards and Evaluation</td>
<td>External Fund Raising - Kelli Bowersox</td>
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<td>March 2009: Board of Trustees, Board of Governors, Education, Fellowship, Postdoctoral Standards and Evaluation, Publications</td>
<td>Fellowship - Diana Finley</td>
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<tr>
<td>April 2009: Postdoctoral Standards and Evaluation</td>
<td>Informational Technologies - Jennifer Taylor</td>
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<td>May 2009:</td>
<td>International Affairs - Harriet O'Connor</td>
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<td>June 2009: Board of Trustees</td>
<td>Investment - Kelli Bowersox</td>
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<td>July 2009:</td>
<td>Louisa Burns Osteopathic Research - Jennifer Taylor</td>
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<td>August 2009: Education</td>
<td>Membership - Kelli Bowersox</td>
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<td>Nominating - Harriet O'Connor</td>
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<td>OPTI Liaison Committee - Diana Finley</td>
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<td></td>
<td>Osteopathic Diagnosis and Treatment Education - Diana Finley</td>
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<td>Osteopathic Medical Economics - Harriet O'Connor</td>
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<td>Postdoctoral Standards and Evaluation - Diana Finley</td>
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<td>Publications - Jennifer Taylor</td>
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<td>Undergraduate Academies - Phyllis McNamara</td>
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<td></td>
<td>Postgraduate American Academy of Osteopathy - Kelli Bowersox</td>
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Osteopathic Diagnosis and Treatment Education Committee

Osteopathic Diagnosis and Treatment Education Committee Chair Nate DeLisi, DO recruited Kenneth Nelson, DO, FAAO to staff AAO educational workshops this year. Fifteen Academy volunteers from among the delegates joined them in providing 90 individual workshops to their colleagues, AOA leadership, medical students and osteopathic association staff members.

Important Information for EMR Users

January 1st CMS Regulatory Changes Could Impact the Way You Prescribe

As of January 1, 2009, CMS will require that any Medicare Part D computer-generated prescription comply with the National Council for Prescription Drug Programs Script Standard, and be transmitted electronically and not via fax.

If you use an Electronic Medical Record (EMR) system to prepare and submit prescriptions to pharmacies, it is very possible that your EMR is automatically routing prescriptions to the pharmacy’s fax machine. This will not be in compliance with the upcoming shift in requirements. That’s why the American Osteopathic Association is participating in a national program to help practices prepare for this change.

Visit www.GetRxConnected.com/AOA to complete a quick e-prescribing readiness assessment and instantly get a free, personalized practice capability report. The report also contains a feature that will allow you to instantly send your vendor a request for connectivity.

Act now! There are only four months left until the new regulations go into affect and your vendor will need time to upgrade your system and familiarize your practice with any changes that are made.

Don’t have an EMR? Visit www.GetRxConnected.com/AOA for guidance on how to evaluate and acquire e-prescribing technology.
AAO 2008-2009 Golden Ram Society
Annual Campaign is Underway!

The Golden Ram Society is a vehicle to enable members and friends of the AAO to provide an annual tax-deductible contribution to support the work of the AAO. Members of the Gold Ram Society are recognized both for their annual contributions as well as for their lifetime contributions to the Society.

Contributors to the 2008-2009 Golden Ram Society

As of August 28, 2008

President Club
Damon M. Whitfield, DO

A. T. Still Club
Robert N. Agnello, DO & Kerry S. Agnello, DO
Stephen D. Blood, DO, FAAO
David B. Hagie, DO
John G. Hohner, DO
Hollis Heaton King, DO, PhD, FAAO
Gary Ostrow, DO
Quoc L. Vo, DO

Louisa Burns Club
Ethan R. Allen, DO
Joel Berenbeim, DO
Stephen Patrick Cavanaugh, DO
John A. Cifala, DO
David C. Conner, DO
Daniel P. Conte, DO
Lisa Ann DeStefano, DO
James H. Gronemeyer, DO
G. Bradley Klock, DO, FAAO
John A. Littleford, DO
Tim Mosomillo, DO
Stephen J. Noone, CAE
Stanley Schowitz, DO, FAAO
Margaret A. Sorrel, DO
David E. Teitelbaum, DO
Adrian L. Woolley, DO

T. L. Northup Club
Brooks M. Blake, DO, PA
Stephen Braun, DO
Viola M. Frymann, DO, FAAO
Philip Greenman, DO, FAAO
Pamela L. Grimaldi, DO
Paula M. Grimaldi, DO
John M. Jones, III, DO
T. Reid Kavieff, DO
Kim Sing Lo, DO
Robert E. McAlister, MD
Monica M. Rogalski, DO
Donald E. Woods, DO, FAAO
Jeffrey W. Ziegler, DO

Vicki Dyson Club
Ann L. Habensch, DO, FAAO
Kelly D. Halma, DO
Donald V. Hankinson, DO
Masahiro Hashimoto, (Japan)
Deborah M. Heath, DO
Jennifer L. Highland, DO
Huy Kim Hoang, DC, MD
Paul K. Hume, ND, DO (New Zealand)
Hemwarit S. Jaimangal, DO
Christie A. James, DO
David L. Johnston, DO
Douglas J. Jorgensen, DO
Paul Gerard Kleman, DO
Michael G. Knap, DO
William Z. Kuchera, DO, FAAO
Michael Z. Kuschelevsky, MD
Carol L. Lang, DO
Paul Langevin, DO
R. Paul Lee, DO, FAAO
Kathleen M. Lossing, DO
Kenneth J. Lossing, DO

Supporter – $99 or less

Golden Ram Society
2008-2009 Campaign Donor Categories
Career donors also receive recognition when they reach the $5,000, $10,000 and $20,000 in lifetime contributions to the AAO’s Golden Ram Society.

President’s Club – $2,500 or more
Club members receive recognition on the AAO website, the AAO annual report, AAO Leadership Newsletter, AAO Newsletter and acknowledgement as a Golden Ram contributor at the Academy’s Annual Convocation as well as at the Gavel Club Reception.

A. T. Still Club – $1,000 – $2,499
Club members receive recognition on the AAO website, the AAO annual report, AAO Leadership Newsletter, AAO Newsletter and acknowledgement as a Golden Ram contributor at the Academy’s Annual Convocation.

T. L. Northup Club – $500 - $999
Club members receive recognition in the AAO annual report and the AAO Leadership Newsletter, AAO Newsletter and acknowledgement as a Golden Ram contributor at the Academy’s Annual Convocation.

Louisa Burns Club – $250 - $499
Club members receive recognition in the AAO annual report and the AAO Newsletter and acknowledgement as a Golden Ram contributor at the Academy’s Annual Convocation.

Vicki Dyson Club – $100 - $249
Club members receive recognition in the AAO annual report, AAO Newsletter and acknowledgement as a Golden Ram contributor at the Academy’s Annual Convocation.

Supporter – $99 or less
Club members receive recognition in the AAO annual report and acknowledgement as a Golden Ram contributor at the Academy’s Annual Convocation.

As of August 28, 2008
Registration is open for the AOA’s 113th Annual Convention and Scientific Seminar, October 26-30, 2008, in Las Vegas, Nevada. Advance registration (online, mail, or fax) must be completed by September 4, 2008. Registration after September 4 will be held for onsite pick up. If you have not already done so, complete your registration form (on next page) TODAY and recruit your colleagues to sign up as AAO registrants as well.

Identify each affiliated organization in which you belong and pay the registration fee for your primary choice only. You will receive an affiliate ribbon for each chose and social function tickets will be issued based upon the registration fee. You name will appear on the attendance roster for each specialty. Registrants are entitled to attend any of the sessions planned by any affiliated organization.

Program Goals and Objectives for the AAO Program

- Attendees will learn how to educate their patients on choosing and implementing an exercise program.
- Attendees will learn some of the barriers in creating a healthy lifestyle and how to overcome them.
- Attendees will learn about the special needs of geriatric, pediatric, and OB patients in creating a overall fitness plan.
- Attendees will learn appropriate manipulatin techniques useful in the treatment of pediatric, geriatric and OB patients.
- Attendees will learn how to evaluate exercise footwear and how to help patients choose the right ones.
- Attendees will learn methods of identifying key somatic dysfunctions and techniques for the treatment of athletes and weekend warriors.
- Attendees will be exposed to the use of EMR and how to utilize it in their practice.

Be sure to visit us at the AAO Booth!

See you in Las Vegas!
American Osteopathic Association  
113th Annual Convention and Scientific Seminar  
Sunday, October 26 – Thursday, October 30, 2008 – Las Vegas, NV

ADVANCE REGISTRATION

<table>
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Fax | Check here if paying by check □ | Signature of Cardholder

Alumni Luncheon: (Specify college) | Check here if address is NEW □ | AOA Member: Yes □ No □

PRACTICE GROUPS – SECTION 1
If you register here, do not register in Section 2  
(Multiple selection permitted here for DOs only)

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DO & OTHER CATEGORIES – SECTION 2
If you register here, do not register in Section 1  
(No practice registration in this section)

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<td>□ Physician Assistant (PA)</td>
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Note: Doctors seeking CME credit MUST pay the full AOA registration fee

No Fee Categories

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GUEST NAMES: (Guests without payment are automatically registered as a “No Fee” guest)

(1) __________________________ (3) __________________________
(2) __________________________ (4) Juvenile name(s)

KEY TO SYMBOLS FOR TICKETS

* Ticket for one person to attend the AOA/AAOA Presidents’ reception and one alumni luncheon ticket.
** Ticket for one person to attend the AOA/AAOA Presidents’ reception.

TOTAL FEE $____________

FOR OFFICE USE ONLY | Credit Card | Amount Received | Date |
|---------------------|-------------|-----------------|------|

□ Check box if you do NOT want to receive promotions of any kind.
Big out-of-pocket costs impact your patients’ ability to pay

Check out these headlines: “Mortgage Defaults and Gas Rising!” and “401K Borrowing Hits New All-time Highs.” Today’s credit crunch is bad enough, but the added impact of having to pay high out-of-pocket medical costs makes the situation even more troubling for consumers. And, this is not only troubling from a sociological point of view—but also for your surgical practice. Few physician offices have personnel assigned to meet with patients who are caught in a financial bind to help them find solutions to their billing woes. Remember, not planning for solutions equals rising accounts receivable for your practice.

Here’s what we suggest:

- Make sure that one person in your office has been designated to meet with patients with payment issues and that there is a private place for these sensitive discussions to take place.
- Have counseling sessions with patients before their bills grow continually larger.
- Tap into the financial counseling resources in your community so you can make good referrals.
- Know what sliding scales local hospitals and the community mental health center are using for people with low incomes.
- Consider a reduced fee schedule for PROVEN and documented “hardship cases.” Charging these patients your highest fee hardly makes sense.
- Don’t let your A/R grow because of this issue!
- Make sure that you pre-register patients before they come in so you know who is likely to need prospective counseling.

This practice tip was provided by KarenZupko & Associates, a Chicago-based practice management consulting and training firm that has been working with surgical practices since 1985. See the story above for details about a Zupko workshop that will be conducted at the 2008 Annual Clinical Assembly.

Reprinted from: American College of Osteopathic Surgeons (July 2008) Big out-of-pocket costs impact your patients’ ability to pay. ACOS News. Vol. 46, No. 9, Pg. 5

The Postdoctoral Standards & Evaluations Committee

The Postdoctoral Standards & Evaluations committee approved revisions of the two-year NMM/OMM and Plus One NMM/OMM residency program’s inspection workbooks. The committee is working on the clarification of the term, “Training Complete Status” as requested by the Board of Governors at its March 2008 meeting. The residency in-service exam will be a discussion at the committee’s September conference call.

Websites Becoming a Business Necessity for Osteopathic Family Physicians

Osteopathic family physicians are embracing the opportunities a family practice website can generate

With the current consumer emphasis on using the Internet to research product and service providers, family medicine practices can only benefit from a well developed practice website to promote their services. Like many other business and service providers in today’s market, family medicine practice websites act as portals to the services, procedures, and promotion of the expertise offered at their business.

Opportunities Defined:

When people move into a new area, there are a few common methods for finding a new physician or family medical practice. Some rely on the “Yellow Pages” or health insurance directories to find contact information for family physicians in the area. Others look to neighbors, friends, and colleagues to get references for physicians.

However, more and more people are using the Internet to do background research on physicians and look for experts or physicians in their area. “A good medical practice website provides prospective patients the information and confidence they need to choose you,” assesses M. Jay Porcelli, DO, FACOFP “With nearly 200 million Americans regularly using the Internet, a website is a business necessity – even more than a Yellow Pages ad. It brings new patients to the practice. At the very least, an online website never sleeps; it is open to provide information and limited services to all that visit on a 24 hour, “To continue on page 15.
AMA meeting: Doctors oppose mandatory drug reporting laws

Delegates worry these kinds of regulations will make patients hesitate to seek help.

Chicago -- Physicians should not be required to report to police information about patients who test positive on drug screens, according to policy adopted at the American Medical Association's (AMA) June meeting.

"Physicians take an oath to first serve their patients," said AMA Board of Trustees member Steven J. Stack, MD. "We're not in the business of law enforcement. It's a violation of our confidentiality agreement."

Hawaii requires health professionals who treat drivers from a car crash to report results of any medical test that reveals intoxication or drug impairment. Tennessee considered, but did not pass, a similar bill earlier this year.

"A drug screen is an important part of a medical workup," said Stuart Gitlow, MD, MPH, a psychiatrist from New York who was speaking for the American Society of Addiction Medicine. "An obstacle has been placed in our way. The result of that type of regulation is that doctors don't perform drug screens, and the patient doesn't receive the necessary treatment or follow-up."

Physicians said such laws interfere with the patient-physician relationship.

"Mandatory reporting discourages treatment and discourages patients from coming in," said Lynn Parry, MD, a Denver neurologist who represented the Colorado Medical Society. "The law doesn't prohibit you from reporting if you think there's a danger to the public, but it shouldn't mandate it. That's a very important distinction."

Some argued, however, that required reporting of test results may be appropriate in situations such as car crashes in which drugs may have played a role.

"We need to not only look out for our patient, but the patient who could be down the hall who was also injured," said Sandeep Krishnan, a third-year medical student at the University of Missouri, Kansas City, who represented the Missouri State Medical Association.

"There's actually harm that could happen from not reporting."

Opponents noted that other routes can be used to obtain this information and legal mandates were unnecessary. A spokeswoman for the National Council of State Legislatures said there are common ways to gain access to test results if legal action results and this evidence is needed.

The resolution also called for the AMA to promote education of physicians on the importance of referring patients with positive screens for relevant care.

In related action, the AMA voiced support for "The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking" and voted to continue participating in programs to raise awareness and increase screening, diagnosis and treatment of substance use disorders.


China Welcomes Western-Style Family Medicine

We often hear how eastern medicine has influenced medical practice in the United States, but the exchange goes both ways. Teresa Hubka, DO, traveled to China last year as a guest of the Chinese government to help reduce the rate of infant mortality and improve overall health status in China. Dr. Hubka and other osteopathic physicians were part of a ten-day trip to China-one of many such trips sponsored by the American Osteopathic Foundation, of which Dr. Hubka is vice president.

The trip began in Beijing, where Dr. Hubka and other osteopathic physicians joined with the international philanthropic organization Heart to Heart. For the past ten years, the organization has helped teach neonatal resuscitation to urban Chinese doctors, who then reach resuscitation to rural doctors.

“They had a tremendous success rate in saving babies' lives,” Dr. Hubka says. “More than 80,000 babies would otherwise have died in the normal course of care.”

The second objective was to instill an understanding of family medicine and primary care among Chinese caregivers.

“The problem with the Chinese’s health care system,” Dr. Hubka says, “is that it’s all specialty care. A lot of patients go uncared for because they don’t need an orthopedic surgeon or a highly specialized cardiac doctors. What they need is primary care.”

Because of the emphasis on medical specialties, people in China had become accustomed to putting off seeing a doctor until a problem became critical. And when they finally did see medical care, their habit was to use a hospital emergency room; most of which had become too crowded for the hospital to provide adequate care.

Continued on page 13
The Education Committee met on August 8-9, 2008 in Indianapolis, IN. The following educational programs were confirmed for the 2009 calendar year.

**January 9-11, 2009** – Fundamentals of OMM at NOVA Southeastern University College of Osteopathic Medicine (NSUCOM)

The Fundamentals of OMM courses in January and the Evidenced-Based Medicine course were slated as Certification Review courses for both the ACOFP Board and the NMM/OMM Board. Ann L. Habenicht, DO, FAAO will be the faculty for the Fundamentals of OMM at Nova Southeastern College of Osteopathic Medicine in Fort Lauderdale on January 9-11, 2008. Natalie Nevins, DO, has agreed to be the faculty at the Midwestern University Arizona College of Osteopathic Medicine on January 23-25, 2009. The goals and objectives are:

- Learn the indications, contraindications, documentation and coding for osteopathic manual medicine.
- Learn the indications for treatment, approach to common conditions, integrating OMT into your clinical practice, contraindications, documentation, and coding.
- Learn the principles of and how to treat common clinical problems with the muscle energy approach.
- Learn the principles of and how to treat common clinical problems with the counterstrain approach.
- Learn the principles of and how to treat common clinical problems with the HVLA approach.
- Learn to integrate osteopathic approach to problems in the extremities, back, head and neck.
- Learn to integrate osteopathic approach to the pelvic pain and dysfunction.

**March 25, 2009** – PINS Workshop at Little Rock, AR

**March 25-29, 2009** – AAO Convocation: Basic Mechanisms of Osteopathy: Balancing the Neuroendocrine Immune System

**March 29-31, 2009** – Osteopathic Considerations in the Foregut in Little Rock, AR

**May 1-3, 2009** – Evidenced-Based Medicine at Western University of Health Sciences College of Osteopathic Medicine of the Pacific (COMP).

Michael Seffinger, DO, will serve as faculty for the Evidenced-Based Medicine: A Problem Oriented Approach course. The goals and objectives are as follows:

- Access the scientific literature in support of a manual approach to common clinical problems.
- Apply knowledge of epidemiology, functional anatomy, biomechanics, pathophysiology and different diagnoses, as supported by basic science and clinical research studies and expert panel recommendations, to guide a manual medicine approach to patients with three common clinical problems: low back pain, neck pain, and cervicogenic headache.
- Perform reliable valid osteopathic diagnostic and manual treatment procedures specifically applicable to these patient populations.
- Learn the indication and contraindications for manual treatment for each clinical condition.

**May 15-17, 2009** – The Still Technique at New Jersey School of Osteopathic Medicine (UMDNJ/SOM).

The July through December courses will be confirmed at the October Education Committee Meeting in Las Vegas, NV.

Course offerings will be updated as they become available on the Academy’s website: [www.academyofosteopathy.org](http://www.academyofosteopathy.org)
Agency for Healthcare Research and Quality

Free, online instructions for creating a pill care—an illustrated medication scheduling using only a personal computer and printer are now available from AHRQ. The AHRZ has awarded $5 million to help integrate clinical decisions support technologies into health care delivery. http://www.ahrq.gov/qual/pillcard/pillcard.htm

Seven new members have been appointed to serve on the National Advisory Council for the AHRQ:

- Robert S. Galvin, M.D. M.B.A.
- Wishwa N. Kapoor, M.D., M.P.H.
- Kathleen N. Lohr, PH.H.
- Michage K. Raymond, M.D.
- David Len Shern, Ph.D.
- William E. Smith, Pharm. D., M.P.H., Ph.D.
- Myrl Weinberg

Harmonic Healing

Zachary Comeux, DO, AAO member and Professor of OMM at West Virginia School of Osteopathic Medicine, is publishing a new book “Harmonic Healing: a guide to facilitated oscillatory release and other rhythmic myofascial methods”.

The book reviews the use of oscillation, vibration, and percussion through historic and contemporary approaches to bodywork, including osteopathy both in the U.S. and globally. It develops a physiological rationale for its effectiveness.

This book would be of interest as a postgraduate refinement of OMM, to scientists wanting to contribute to developing the future of OMM theory and understandings of mechanisms, as well as those interested in the history of osteopathy.


AOA House of Delegates

The AAO was represented by Executive Director Harriet O’Connor, AAO Associate Director, Diana Finley, and Phyllis McNamara at the AOA House of Delegates in Chicago, July 18 to 20, 2008.

News from the Oklahoma Osteopathic Association

The Oklahoma Osteopathic Association is a Component Society of the AAO

Gilbert M. Rogers, DO has been inducted as the 2008-09 President of the Oklahoma Osteopathic Association at their Annual Convention. At the Convention the following individuals were recognized:

- Thomas W. McCullohn, DO—Doctor of the Year
- Troy L. Harden, DO—Outstanding & Distinguished Service Award
- Lewis J. Bamberl Jr., DO—Award of Appreciation
- Ray E. Stowers, DO, FACOFP—A. T. Still Award of Excellence
- Ronnie B. Martin, DO, FACOFP—A. T. Still Award of Excellence
- Regent Calvin Anthony—Award of Appreciation
- Lee Peter Bee, DO—Rookie Physician of the Year
- H. Zane DeLaughter, DO—Rookie Physician of the Year
- Zachary A. Fowler, OMS III—OEFOM Scholarship Recipient
- Casey Snodgress, OMS III—OEFOM Scholarship
Notes from Des Moines University

The College of Osteopathic Medicine has established a new faculty award, the Dean’s Award for Research in Education (DARE). The first recipients of this new award are

- Matt Henry, Ph.D. and Jeff Gray, Ph.D. for a project titled “impact of Educational Supplemental Student Performance during First-Year Medical Training.”

- Kenneth Hisley, Ph.D., Donald Matz, Ph.D., Al Kahn, Ph.D., Craig Canby, Ph.D., Priti Lacy Ph.D. and Maria Patestas, Ph.D. for ‘An Intractive Anatomical Deomtstnstation/Dissection/Assessment Tool Concept that Dynamically illustrates

High Prices at the Pump Complicate Health Choices

Cost pressures may lead to less driving and fewer motor vehicle fatalities, although access to care may be jeopardized, too.

Ben Brewer, MD, a family physician in Forrest, Ill., has noticed that some patients are missing more appointments than usual. Others seem to forgo the office visit altogether, instead waiting until they’re sick enough to call a local free ambulance to take them to a hospital.

With record-breaking gas prices and no public transportation in this rural area about two hours south of Chicago, some of his patients have admitted they can’t afford the drive to the office. If they do, they say, filling their gas tanks cuts into the money they otherwise would use to cover the co-pays for medical services. "They’ve been squeezed by these prices, and it’s been more noticeable since it hit four bucks a gallon," he said.

Dr. Brewer and other physicians increasingly are concerned that high prices for gas and other essentials may leave patients unable to access health care.

Data from the National Poll on Children’s Health released last year by the University of Michigan C.S. Mott Children’s Hospital in Ann Arbor found that 6% of parents postponed a medical visit or the purchase of medication for their kids in response to the cost of fuel.

"Older adults served by these programs live on fixed incomes, have limited mobility and face challenging health conditions that complicate their ability to live independently even in the best of economic times," said Sandy Markwood, CEO of the agencies on aging group.

But although high gas prices clearly have a downside, researchers are examining potential health benefits that could result from the pinch.

Scrutiny of data from the Fatality Analysis Reporting System covering 1985-2006 and presented at the June American Society of Health Economists Second Biennial Meeting in Durham, N.C., found that a 10% increase in gas prices decreased motor vehicle fatalities by 3.2% among drivers ages 18 to 20. That decrease was 6.2% for drivers ages 15 to 17.

"It is remarkable to think that percent change in gas prices can equal lives saved," said Michael Morrisey, PhD, the piece’s lead author. He also is the director of the Lister Hill Center for Health Policy at the University of Alabama at Birmingham.

The effect of a 10% price jump appears to be similar, although less pronounced, for adults. Previous studies by Morrisey and his co-author David Grabowski, PhD, associate professor of health care policy at Harvard Medical School in Boston, found the reduction in fatalities for those 21 or older to be 2.3%. The gas price effect also may be more dramatic lately, since costs have escalated nearly 32% in the past year.

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China Welcomes Western-Style Family Medicine

Continued from page 9.

Because of this pattern, people in China were developing health problems the government couldn’t afford to address. Even minor health problems had surpassed the system’s capacity for adequate care. As the Chinese government began to recognize the source of these problems, they also began to change their approach to medicine. The Chinese government has now mandated that by the year 2020, all doctors must be trained in primary care. The American Osteopathic Foundation’s role is to help teach the primary care model in China.

More than just changing their delivery model, however, the Chinese had to make a philosophical shift as well. Their health care system, Dr. Hubka points out, is fundamentally different from western medicine because the Chinese have a different outlook on life. Maintaining and preserving health hasn’t been priorities in China as they are in the west. Rather, survival of the fittest has become culturally ingrained. In China you’re either healthy or you’re not and if you’re not healthy, the system isn’t set up to address all the details of taking care of you.

At one point Dr. Hubka helped save the life of an infant suspected of having Down syndrome. Rather than performing tests to determine whether the baby boy actually had Down syndrome, the Chinese doctors just assumed he did. “I ended up doing an off-the-cuff, spur-of-the-moment grand rounds, and it turned out to be an education for me to observe how they learned, which was very different from what we do,” Dr. Hubka says. “There’s no question-and-answer period. They just read books and memorize. There’s no interaction with the trainer.”

While conducting case studies in China, Dr. Hubka would walk around the room asking questions, or ask people to come up front and explain what they thought about the case. Dr. Hubka recalls the one doctor, when questioned about a case, just looked at her, not knowing what to do. The western style of teaching was literally foreign to the Chinese doctors. But because of those sessions, Dr. Hubka says, one of the Chinese doctors who accompanied them started teaching the same way, asking questions and mimicking the western style of education. “We e-mail back and forth to this day, and she’s always asking about our education,” Dr. Hubka says. “She hopes to come to the United States someday. It was a very positive experience.

Dr. Hubka lives in Chicago and practices OB-GYN through her clinic, Comprehensive Wellness Center. She plans to return to China to continue the work sponsored by the American Osteopathic Foundation. And as Dr. Hubka discovered while traveling in China, sometimes you have to leave home to discover how much you have. “As difficult as our health care system may seem,” Dr Hubka says, “we still have a better system than anywhere else in the world.”

Reprinted from:
DMU Magazine. Summer 2008, Des Moines University. Des Moines Iowa

News from the Florida Society of the American College of Osteopathic Family Physicians

William H. Stager, DO, MS, FAAMA, FAAO, FACOFP was recently been inaugurated as President of the Florida Society of the American College of Osteopathic Family Physicians (FSACOFP) 2008-2009. This amounts to his "triple crown" derby this year, as he is also the second term President of the Florida Academy of Osteopathy (FAO) 2006-2008, 2008-2010 (a component society of the AAO), and President of the Florida Osteopathic Medical Association (FOMA) District 9, 2006-2008. Dr. Stager was presented with the NOVA Southeastern University of Osteopathic Medicine (NSUCOM) Distinguished Alumni Award August 1, 2008 at his inauguration. He is an AAO life member, teaches OPP at NSCUOM, the Lake Erie College of Osteopathic Medicine Florida Bradenton, and three local hospitals, lectures on OPP for the American College of Osteopathic Family Physicians (ACOFP), FAO, and FOMA, is on the ACOFP OPP committee and the AAO Osteopathic Diagnosis and Treatment Education committee, the AOA Bureau of Osteopathic History and Identity, and is a member of the AOA House of Delegates. His solo practice in West Palm Beach, FL is 100% OMT.
The Cranial Academy: Course Offerings

The Cranial Academy is a Component Society of the AAO

Deeping your Osteopathic Perceptual Field: Experiencing the Phenomena of Primary Respiration Through Continuum Movement
September 25-28, 2008
Bonnie M. Gintis DO, Course Director
Location: Marriott Hartford Hotel, Hartford, Connecticut
22 Hours Category 1-A AOA CME (anticipated)

Midwinter Introductory Course: Osteopathy in the Cranial Field
February 14-18, 2009
William Lemley DO FAAO, Course Director
San Francisco Airport Marriott Hotel, Burlingame, California
40 Hours Category 1-A AOA CME (anticipated)

Intermediate Course: The Cranial Base
February 19-22, 2009
Paul E. Dart MD FCA & R. Paul Lee DO FAAO Course Directors
San Francisco Airport Marriott Hotel, Burlingame, California
25 Hours Category 1-A AOA CME (anticipated)

Summer Introductory Course: Osteopathy in the Cranial Field
June 13-17, 2009
Course Director to be announce
Hyatt Regency Bethesda, Maryland
40 Hours Category 1-A AOA CME (anticipated)

Annual Conference: Embryology and Osteopathy
June 18-21, 2009
Eric J. Dolgin DO FCA and Ilene Spector DO, Course Directors
Hyatt Regency Bethesda, Maryland
21 Hours Category 1-A AOA CME (anticipated)
Daniel J. Kary, DO, Earns Competency Certificate

AAO Member, Daniel J. Kary, DO, of Lewiston, Maine was recognized at the Annual Conference of the Cranial Academy for the successful completion of the Competency Examination. Dr. Kary presented and defended his case study and completed a written, oral, and practical examination in order to qualify for his Competency Certificate. Note: At it’s June 22, 2008 meeting, the Board of Directors of The Cranial Academy changed the name of the Competency Certificate to the Certificate of Proficiency to more accurately reflect the higher level of achievement. Congratulations Dr. Kary!

Websites Becoming a Business Necessity for Osteopathic Family Physicians

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365 day basis.”

Dr. Porcelli’s goal in launching driasporcelli.com in the spring of 2008 was three-pronged:
1. Communicate the specialty areas of his osteopathic medical practice
2. Increase his patient base
3. Increase referrals

As Dr. Porcelli does in his site, family medicine practices can use websites to communicate important information, make people comfortable with the clinic, and provide a call to action to induce a visit. When prospects view these websites, they are looking to get a feel, or level of comfort with the practice prior to making a phone call. Providing information on certifications, education, and experience are often keys to putting potential clients at ease. Philosophies on medicine and some family background, if applicable, are also helpful, as they give people a sense of connection to the physician.

Contact information is vital. Many family practice sites provide patient information forms online that allow candidates to provide their contact information, giving physicians the ability to contact them. While websites cannot work with clients and provide medical services, they can be great tools to entice prospects to visit a physician for the first time. They can also be an information resource that provides answers to common patient questions. Informative and functional sites can help reduce demands on practice staff and receptionists to answer basic questions over the phone. Websites are also a great way for family medicine practices to promote health insurance coverage accepted by the practice. For many patients, this is of primary concern with the network driven health insurance industry. Ultimately, the primary reason a family medical practice needs a website is that if it does not, the competition does. This can create a huge competitive disadvantage.

Another reason many family medicine practices use websites as a key access point for potential clients is that many people use the Internet to attempt self diagnosis and research about their symptoms. By having a website that is helpful and provides beneficial information, a family medicine practice can transform a curious researcher into a viable patient. Many patients come into the doctor’s office armed with reports and information. It can be helpful to physicians if the information patients rely on it provided by the practice’s site. Finally, a website can be great for providing resources including downloadable forms and directions to the office.

Steven F. Rubin, DO, FACOFP, goals in implementing his practice website at rubindo.com were to: teach patient’s present and future about his osteopathic practice, allow patients to actually see pictures of what he does in his practice as well as add a personal touch to the website, and to provide multiple educational resource links to informative medial websites for patients he cares for medically, students, interns, residents, and physicians whom he is involved with educationally and any other interested person who find the information on the site useful. Dr. Rubin personally believes that his website has been used as a major resource for these medial sites and links, which include all forms of educational material.

Dr. Rubin continues on to say that “rubindo.com has been beneficial in that it provides a means of communication of the procedures and the medical scope of my practice including my educational background, the professional organizations and associations that I am actively involved in and validation of my training and experience within the medical and in particular, the osteopathic medical profession.” “It allows those who view my website to also see a personal side of me via the photographs of me, my patients, osteopathic manipulative techniques and learn about the osteopathic profession,” he elaborated. “The website also allows patients the ability to have my email address, which now gives them another mechanism for patients or other interested person to contact me for a variety of reasons, medically, personally, and professionally. I feel communication is the major reasons for having a website and it has proven invaluable to me personally.”

Visit Dr. Rubin’s and Dr. Porcelli’s sites where they encourage you to contact them via their contact us page with any questions you might have about developing your own osteopathic medical practice website.

AMA meeting: AMA OKs Palliative Sedation for Terminally Ill
The seldom-used technique is deemed ethical because the aim is to relieve intractable symptoms, not hasten death.

Chicago -- When all else fails to control patients' pain at the end of life, it is appropriate for physicians to sedate such patients to unconsciousness, according to new ethical policy adopted at the AMA Annual Meeting in June.

The rarely employed practice of palliative or terminal sedation is sometimes perceived as speeding the dying process, leading critics to dub it a form of physician-assisted suicide. But evidence of such a hastening effect is lacking, according to a Council on Ethical and Judicial Affairs (CEJA) report adopted by the House of Delegates. "These are unusual circumstances that require us to urgently relieve these symptoms by sedating patients to unconsciousness," said CEJA member H. Rex Greene, MD, a Lima, Ohio, oncologist and palliative medicine specialist. "This is not intended to end life."

The ethical opinion says physicians are obligated to offer palliative sedation as a last resort when "symptoms cannot be diminished through all other means of palliation, including symptom-specific treatments." Such symptoms include pain, shortness of breath, dyspnea, nausea and vomiting. Between 5% and 35% of hospice patients have intractable symptoms in the last week of life, according to a 2000 Annals of Internal Medicine study.

Doctors should consult with a multidisciplinary team or a palliative care expert to determine that sedation to unconsciousness is the right course of treatment, the policy says. The rationale for the sedation should be documented in the medical record, and patients or their surrogates should consent to the procedure.

Physicians also should talk with patients about whether the sedation will be intermittent or constant, and whether to withdraw or withhold other life-sustaining treatments.

The policy draws the line at using palliative sedation to combat emotional distress some terminally ill patients experience at the end of life. These symptoms are better addressed with social and spiritual supports, the CEJA opinion stated. Lastly, palliative sedation "must never be used to intentionally cause a patient's death."

The policy "protects patients from inappropriate use of palliative sedation," said California delegate Melvyn Sterling, MD, a palliative care specialist. "It provides guidance to hospitals that might otherwise be reluctant to allow this to occur, and it provides protection to the entire health care team involved, who might otherwise allow terrible suffering to occur." Approximately 5% to 35% of hospice patients have intractable symptoms in the last week of life.

The American Academy of Hospice and Palliative Medicine and the American Academy of Pain Medicine support the use of palliative sedation to unconsciousness. The AMA opposes euthanasia and physician-assisted suicide as being "fundamentally incompatible with the physician's role as healer."

Delegates also directed the AMA to study alternatives to "do not resuscitate" orders. The resolution said DNR terminology "is both confusing and misleading to patients and families because of the negativism in wording, which suggests that something is being denied, and the implication that all care, including comfort measures, is to be withheld."

Alternatives to be studied include "allow natural death," "limitations of emergency treatment" and "physician orders for life-sustaining treatment." In panel testimony, most delegates agreed the study was needed, but others said altering the terminology will do little to make talking with patients and families easier.

"If we think changing the name changes the task, then we are deluding ourselves," said Michael A. Williams, MD, a delegate for the American Academy of Neurology. "There is no form we can have that will make the complex challenges of this go away."


UNECOM 2008 Fall CME Weekend
University of New England College of Osteopathic Medicine
2008 Fall CME Weekend
October 10 + 11, 2008
Holiday Inn by the Bay, Portland, Maine
Sponsored by: UNECOME, UNECOM Alumni Association, and New England Osteopathic Association
House Advances FDA Authority Over Tobacco

Health groups applauded progress toward what many say is critical to tobacco control efforts. The Senate may consider a companion bill after its August recess.

By an overwhelming 326-102 vote, the House of Representatives on July 30 passed a bill that would give the Food and Drug Administration regulatory authority over tobacco products. Approval of such a measure has long been sought by the American Medical Association and other health advocacy groups. Although the bill would not give the FDA authority to ban tobacco products outright or to eliminate nicotine, it would allow the agency to regulate levels of tar, nicotine and other harmful components of tobacco.

In addition, the measure would allow the agency to restrict tobacco ads to children, require that toxic substances be identified and that new and larger warning labels be added to packaging.

Some flavorings banned

The bill also would allow the FDA to ban the candy and fruit flavored cigarettes that are favored by young people. However, it would exempt menthol flavoring from the prohibition. As a result, the National African American Tobacco Prevention Network withdrew its support for the measure. Many African-American smokers favor menthol cigarettes, and the NAATPN maintains that menthol should be viewed in the same light as fruit and candy flavoring and also be barred from tobacco products.

Sponsors of the bill gained support from the Congressional Black Caucus by adding a provision to mandate a scientific advisory committee study on the effects of menthol flavoring and issue a recommendation within a year.

"Given what we know about the dangers of smoking, it is astonishing that tobacco products are one of the least regulated products in our society," said Joseph M. Heyman, MD, chair of the AMA Board of Trustees. "Congressional action to provide the FDA with strong and effective regulatory authority over tobacco products is long overdue."

Senate bill faces opposition

The Senate companion measure, introduced by Senator Edward Kennedy (D, Mass.), has 56 co-sponsors. The bill may be considered in that chamber after Congress’s August recess, but it does face some opposition. For instance, Senator Mike Enzi (R, Wyo.) denounced the bill for not going far enough to stop people from smoking. "Trying to make cigarettes safer through a billion-dollar bureaucracy is a waste of time and money." President Bush has threatened to veto the measure.

High Prices at the Pump Complicate Health Choices

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"It almost certainly will decrease the amount of driving, and, therefore, it will decrease the number of accidents that occur," said Fred Rivara, MD, MPH, professor of pediatrics at the University of Washington, Seattle, who researches aspects of pedestrian injury.

The possibility that high gas prices could be healthy for us is supported by an analysis of a simulation in the March Journal of Occupational and Environmental Medicine. Researchers found that a 20% increase in gas prices sustained for at least a year would translate to about 1,994 fewer car crash deaths, and 600 fewer fatalities from air pollution per annum.

Fuel costs could trim obesity

Experts suggest that record gas prices also may impact the obesity epidemic, because people seem to be turning to alternative modes of transport requiring human power -- walking, running and cycling.

"We see this in other situations in public health. Increases in the cigarette tax mean the number of people smoking goes down, and deaths due to tobacco go down. "If you increase prices, a certain percentage will decide to forgo using the product or, in this case, an activity such as travel," said Gary Smith, MD, DrPH, director of the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio. "It's simple economics." He is the immediate past chair of the American Academy of Pediatrics' Committee on Injury, Violence and Poison Prevention. But the chance that these benefits will be countered by other transportation trends, such as increases in bicycle or pedestrian mishaps or in motorcycle ridership, cannot be dismissed. The economics of other healthy lifestyle choices must be considered.

"On the downside, higher gasoline prices certainly could have a very negative effect on health, because people may have less money for healthy food or medicines," said Eliot Nelson, MD, professor of pediatrics at the University of Vermont College of Medicine in Burlington.

"I would have to be very cautious about guessing whether this was overall a plus or a minus for public health," he said.

NMM/OMM Certification

The next exam for the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) is November 15-16, 2008 in Indianapolis, Indiana. All applications and required document to sit for the November examination must be received by September 1, 2008 via E-Mail, fax, or postal mail.

The AOBNMM reconfirmed the deadline for candidates applying for certification or recertification in neuromusculoskeletal medicine and osteopathic manipulative medicine. The AOBNMM will only administer one written recertification at the AAO Convocation each year. January 1 is the deadline for recertification candidates. The AOBNMM will continue to administer oral, practical, and written examinations during the traditional November testing schedule. Please note the following 2009 deadlines.

January 1: Recertification application deadline for March 25, 2009 exam schedule
March 25: Recertification exam administered at the Peabody Hotel in Little Rock, Arkansas
September 1: Application deadline for all candidates (certification and recertification)

November 15-16: Oral, practical, and written examinations in Indianapolis, Indiana

The AOBNMM reaffirmed its stance that the recertification examination will consist of the same written test that the Board prepares for candidates seeking initial certification in neuromusculoskeletal medicine and osteopathic manipulative medicine (NMM/OMM). The Board took steps to document the validity and reliability of the written examination, as well as, to ensure that it reflects the specialty practice of physicians who hold certification in this discipline.

Physicians who earned certification in special proficiency in osteopathic manipulative medicine (SP-OMM) prior to December 31, 1994, received non-time-dated certificates and are not required to sit for recertification examination. However, Dos who earned either SP-OMM or NMM/OMM after January 1, 1995 received certifications valid for ten (10) years, expiring as early as December 31, 2005. Hence, they must apply for and sit for the recertification exam by the expiration date of their individual certificate. Failure to successfully complete the recertification process will result in the loss of certification. For questions or additional information, please contact AOBNMM Certification Coordinator, Jennifer Taylor, at (317) 879-1881 or jltaylor@academyofosteopathy.org.

New Ideas Forum– Call for Papers

The Academy’s Education Committee has directed that the AAO’s Annual New Ideas Forum be included in the 2009 Convocation in Little Rock, Arkansas. Program chairperson, Lisa DeStefano, DO, has schedule the New Ideas Forum as a workshop from 2:00 to 5:00 pm on Saturday, March 28, 2009.

Presentations by leading clinicians and researchers are planned for the main sessions at the annual Convocation. It is the policy of the AAO Education committee to invite additional contributions for possible consideration at the annual Convocation from all interested parties. Paper presentations are designed to allow presenters to show, tell, and question a large audience of peers on new ideas, new presentations of old ideas in a new context, or forgotten ideas for resurrection. Each of the four presenters will be allowed a maximum of 15 minutes, including discussion.

Presenters selected will receive a listing of the title of their presentation in the Convocation workbook and a maximum of fifteen (15) minutes on the agenda (including discussion). Presenters are ineligible to receive an honorarium or reimbursement for expenses. Written abstracts of ideas and papers should be directed to the AAO Education committee, 3500 DePauw Boulevard, Suite 1080, Indianapolis, Indiana 46268.

Deadline for the receipt of written abstracts is Friday, December 26, 2008. Education committee chairperson, Jane E. Carreiro, DO, will formally notify those presenters who have been selected immediately following the Education committee’s winter meeting.
Dr. Karen Steele Honored as Professor of the Year Nominee

Karen M. Steele, DO, FAAO, AAO member and Associate Dean of Osteopathic Medical Education at the West Virginia school of Osteopathic Medicine was recently honored as one of five finalist for the Faculty Merit Foundation of West Virginia's top teaching honor.

The Faculty Merit Foundation created the “Professor of the Year” award in 1984 to recognize the achievements of teachers at West Virginia’s various higher education institutes. This year, the Foundation received 15 nominations from colleges and universities across the state. Finalists were recognized during the Foundation’s annual banquet at the Cultural Center on March 4, 2008 in Charleston, WV.

“Putting together the nomination packet was a rewarding journey across the thirty years of my teaching career,” explains Dr. Steele. “Being chosen as a finalist among this prestigious collection of West Virginia’s finest educators will always be one of the high points of my professional life.”

Unite For Sight's High Impact Volunteer Abroad Opportunities: As Featured Weekly On CNN International and Recently in The New York Times

Volunteer Abroad in Summer, Fall, Winter, or Spring: [http://www.uniteforsight.org/volunteer-abroad](http://www.uniteforsight.org/volunteer-abroad)

India, Ghana, and Honduras

Volunteers are part of global problem solving and have the thrill of experiencing and contributing to change on the highest level. With the assistance of volunteers like you, Unite For Sight has restored sight to 16,000 patients and provided eye care to 600,000.

How Do I Apply? The application as well as complete details about Unite For Sight's international opportunities are available at [http://www.uniteforsight.org/volunteer-abroad](http://www.uniteforsight.org/volunteer-abroad)

Who Is Eligible To Volunteer Abroad?: Volunteers are 18 years and older, and there is no upper age limit. Volunteers range from undergraduate/college students to medical and optometry students, public health students and professionals, business students, filmmakers and photographers, nurses and nursing students, social workers, physician's assistants, teachers and educators, opticians, optometrists and ophthalmologists. Unite For Sight welcomes volunteers who may not have previous health or eye care experience. Volunteers receive all necessary training from Unite For Sight so that they are able to assist eye doctors with community eye outreach programs. Unite For Sight also welcomes volunteers to participate as photographers and filmmakers.

What Do Volunteers Do?:

- Hands-on clinical service: Assist eye doctors in rural villages, refugee camps, and slums in Ghana, India, and Honduras
- Community-based outreach programs: Local eye doctors and Unite For Sight volunteers work together to provide eye care for patients living in extreme poverty
- Effective and sustainable: Volunteers are immersed in effective, sustainable international health and development programs
- See results: Volunteers immediately see the joy on patients' faces when their sight is restored after years of blindness.

Entrepreneurial Volunteering: Volunteers are encouraged to be proactive and entrepreneurial to develop their own projects and programs that dovetail with Unite For Sight's outreach programs.

Hundreds of volunteer narratives, volunteer diaries, as well as videos of alumni volunteers and partner eye doctors are available on the Unite For Sight website: [http://www.uniteforsight.org/volunteer-abroad](http://www.uniteforsight.org/volunteer-abroad).
2. Devices to access the wireless network. Tablet PCs, notebooks, and handheld PCs all provide mobile access at point-of-care and other key places.

3. Servers and storage. With increased automation, you need the infrastructure to support more electronic data and the systems it runs on. It's especially important to have storage and backup that ensures sensitive patient data is not lost in the event of disaster.

Implementation Steps
To increase patient volume, start with these steps.

1. Ensure your website and marketing materials meet the needs of potential patients.

2. Implement an automated scheduling and reminder system that can free up your staff's phone time to handle new patient calls.

3. Train your staff to answer all emails with the same promptness they give phone calls.

4. Free up staff time by implementing a wireless network and electronic medical record (EMR) system. While the initial time needed to train staff on the move to an electronic record system may be substantial, the payoff will be worth it once the system is in place and working. With a wireless network and devices such as the Tablet PC and handhelds, staff will be able to instantly access and add to patient information anywhere, especially at point-of-care.

5. Automate other tasks wherever possible to free up staff time.

Continued from front cover.

Train your staff to respond quickly to inquiries that come via email or through a contact form on your website. Potential patients will be much more likely to make an appointment if they feel you are responsive.

Freeing up staff time
The second area, freeing up staff time, is a much less specific goal, but it is also key to successfully attracting and keeping new patients. By implementing one or more of the following technology solutions, you can streamline your processes and save time. Be sure to take into account, however, the investment in time and resource that will be needed to train your staff on these systems and to transition over from your legacy systems. This will be time well-invested, but you must factor it into your planning or you will end up in a serious resource crunch. These solutions can add efficiency and accuracy to your practice and cut costs:

- Move to e-prescribing from handwritten prescriptions
- Move from paper charts to electronic medical records (EMR)
- Implement an automated billing system
- Implement an automated scheduling, reminder, and test results system

Technology components
1. Wireless networking equipment. Setting up a wireless network—or extending your existing wired network to support wireless—can give staff more time by making it easier to access information anywhere in the office.