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10  **118TH ANNUAL CONVENTION**

It’s time for the OOA’s 118th Annual Convention and we cannot wait to host you in Tulsa! Check out the schedule and read the latest information for the seminar. It’s going to be a great convention and we hope to see you there.

18  **PROFESSIONAL ORGANIZATIONS HELP STEM BURNOUT**

Read this great article from Amy L. Davis, DO who lays out ways professional organizations help keep physicians from burning out and offers tips on how to take time to care for your mental health.

22  **PROPOSED UPDATES TO OOA CONSTITUTION & BYLAWS**

See the proposed amendments to the Oklahoma Osteopathic Association’s Constitution & Bylaws. Recommendations were made by the Bureau on Constitution & Bylaws for the 2018 annual business meeting, which will be held on Friday, April 27, 2018.
26 LEGISLATIVE UPDATE
Read the latest news from the Oklahoma Capitol and our collaboration with OSU-CHS to ensure funding for the graduate medical education program during the second special session.

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6 Presidential Tribute to Kenneth E. Calabrese, DO, MACOI
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35 Calendar of Events
An emphasis for his presidential year was unity among all osteopathic physicians and osteopathic organizations in the State and a focus on new members to the OOA. Under his direction the Board learned about millennials and young physicians by hosting a board retreat specifically focused on this population. Results led to a first time ever Resident Focus Group Study conducted with OSU-COM residents.

A prolific writer and supporter of legislation that protects the osteopathic profession, he contributed numerous articles, press releases, and op-eds to build awareness about the OOA, its mission, and the need for collaboration.

Dr. Calabrese’s forward thinking and collaborative style has positioned the OOA to become a stronger organization by addressing the changes needed to attract young physicians as members of the OOA.
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Wealth Enhancement...
...exclusively for Doctors.

www.wilshire-pennington.com
I end where I started, talking about the importance of unity within our profession. I had high hopes that the various entities that make up our osteopathic profession in Oklahoma would be more in tune by now than they are. I did not accomplish all I set out to do, but I believe the groundwork has been laid. I think that the OOA and our osteopathic school are very much in concert thanks to Dr. Kayse Shrum giving her valuable time to be on the OOA board for the last several years. OSU Medical Center and the OOA still do not have the relationship that I one day hope they’ll have, but this has improved significantly in the last year thanks to the efforts of Lana Ivy and other OOA staff members. We have not made a lot of progress with developing stronger relationships with our osteopathic foundations in Tulsa and Enid, but it is important that we keep working in that direction. A truly unified Oklahoma osteopathic profession will be a force with which to be reckoned.

Any unification process must have a rallying point, something to be unified around, a mission statement. The mission statement of the OOA is to advocate for the osteopathic profession and promote the health and wellbeing of all Oklahomans. The two parts of this statement are not incongruent and, as a matter of fact, serve to enhance each other. That which makes a stronger osteopathic profession enhances our ability to provide better healthcare and when we, as osteopathic physicians, promote the health of all Oklahomans, we enhance the osteopathic profession. It comes back to a theme I’ve expressed before which is to make the patient the center of our endeavors. Osteopathic physicians are in a unique position to provide patient centered care. Taking the time to really hear our patients, touching them, seeing the whole person in the patient and treating that person with the disease, not just treating the disease, is patient centered care. That is truly what it means to be an osteopathic physician and the essence of what we should unify around. I’m talking about a philosophy of patient care so that with every idea that comes
forth; with every decision that is made; with every political thought that is calculated and with every resolution that is contemplated; first and foremost, we must consider the wellbeing of our patients or we will never make a difference. Because of present day healthcare trends, this is our time of opportunity.

So, when there’s a bill in the state legislature that places a heavy tax on cigarettes, we are for it because it improves patient health. And, when there is a bill that would give nurse practitioners the right to practice independently, we oppose it because it diminishes the quality of patient care. Advocacy for our profession is, in fact, advocacy for our patients and vice versa. There should never be a time or situation when advocacy for our profession is detrimental to our patients. That is an untenable situation and will topple us. The OOA is the political arm of the osteopathic profession in Oklahoma and there is no other entity that provides that. The centerpiece of the OOA is, of course, the osteopathic physician, and while not all Oklahoma DOs are members of the OOA, we advocate for them and their patients nonetheless. We will continue to do so, but in order for the OOA to survive and thrive we must continue to grow, and we must replace old members with new ones.

Dr. Chris Shearer is president-elect and has many good ideas as to how we can improve membership, and the focus is on millennials. The OOA recently surveyed DO residents about membership and they, by and large, were not knowledgeable about the OOA and what we do. One even said that they considered us to be an “old white man’s organization.” Ouch! Millennials make up the greatest percentage of the present-day workforce. While they might not have the time to devote to all physician organizations, the OOA offers something no other organization does – advocacy. We should update our appearance, become more technology savvy, become more progressive and seek advice from the younger generation, but never should we change our mission. We will always advocate for our profession and promote the health and wellbeing of all Oklahomans. We must realize that what is truly important and unites us is being caring physicians.
In order to forge the future of osteopathic medicine, we must harness the synergy of the wisdom and experience of our osteopathic forefathers and the ideas and energy of our young physicians. It is within this harmonic balance that we can honor the heritage of our profession while blazing a trail and embracing the advances in healthcare to improve the lives of our patients.

At the conclusion of this weekend, physicians will be refreshed or educated on various treatments related to family practice as well as emergency medicine, neurology, psychology, OMM, OPP, internal medicine and pediatric medicine.
### DAY 1 | THURSDAY

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>9 AM</td>
<td>Telemedicine</td>
<td>Joseph R. Johnson, DO, FACOOG (certified obstetrics &amp; gynecological surgery, Tulsa, OK)</td>
</tr>
<tr>
<td>10 AM</td>
<td>Overview of Ultrasound Utility for Patient Care</td>
<td>Praveen Maheshwari, MD (certified anesthesiology, Oklahoma City, OK)</td>
</tr>
<tr>
<td>11 AM</td>
<td>Legislative Update</td>
<td></td>
</tr>
<tr>
<td>NOON - 2 PM</td>
<td>Lunch with Exhibitors</td>
<td></td>
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<tr>
<td>2 PM</td>
<td>OOA Business Meeting (No CME Credit)</td>
<td></td>
</tr>
<tr>
<td>3 PM</td>
<td>ACOFP Update</td>
<td>2018 ACOFP President Duane G. Koehler, DO (certified family medicine, Tulsa, OK)</td>
</tr>
<tr>
<td>4 PM</td>
<td>AAO Update</td>
<td></td>
</tr>
<tr>
<td>5 PM</td>
<td>Medicaid Discussion</td>
<td>Elizabeth Henry (Education Specialist, Novitas Solutions, Inc.)</td>
</tr>
<tr>
<td>6 PM</td>
<td>Bureau on Legislation Meeting</td>
<td>Oklahoma Ballroom</td>
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### DAY 2 | FRIDAY

<table>
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<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>8 AM</td>
<td>IVC Filters: The Good, The Bad, &amp; The Avoidable</td>
<td>Parker K. Truong, DO (certified interventional cardiology &amp; nuclear medicine &amp; echocardiology, Oklahoma City, OK)</td>
</tr>
<tr>
<td>9 AM</td>
<td>Discover Resilience: Making a Difference with Passion &amp; Purpose</td>
<td>R. Murali Krishna, MD (certified psychiatry, Oklahoma City, OK)</td>
</tr>
<tr>
<td>10 AM</td>
<td>When the DEA Calls</td>
<td>Jerry C. Childs, Jr., DO (certified emergency medicine, Oklahoma City, OK)</td>
</tr>
<tr>
<td>11 AM</td>
<td>Proper Prescribing ☝️ Sign in required for credit</td>
<td>C. Scott Anthony, DO (certified anesthesiology &amp; pain management, Tulsa, OK)</td>
</tr>
<tr>
<td>NOON - 2 PM</td>
<td>Lunch with Exhibitors</td>
<td></td>
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<tr>
<td>2 PM</td>
<td>TBD</td>
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<tr>
<td>3:30 PM</td>
<td>Break with Exhibitors</td>
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<tr>
<td>4 PM</td>
<td>Risk Management ☝️ Sign in required for credit</td>
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<tr>
<td>7 - 11 PM</td>
<td>Family Fun Night @ Main Event</td>
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*schedule subject to change*
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<tr>
<th>TIME</th>
<th>TRACK &amp; TOPIC</th>
<th>OFFICE-BASED MED.</th>
<th>EMERGENCY MED.</th>
<th>NEURO/PSYCH</th>
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</thead>
<tbody>
<tr>
<td>8 AM</td>
<td>Long Acting Reversible Contraception</td>
<td>Regina M. Lewis, DO (certified family medicine, Tulsa, OK)</td>
<td>Topic TBA</td>
<td>TBA</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>J. Brian Williams, DO (certified emergency med., Moore, OK)</td>
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</tr>
<tr>
<td>9 AM</td>
<td>Osteoporosis Topic</td>
<td>Karen L. Schafer, DO (certified family medicine, Lawton, OK)</td>
<td>TBA</td>
<td>TBA</td>
</tr>
<tr>
<td>10 AM</td>
<td>Dermatology Topic</td>
<td>Vu A. Ngo, DO (certified family medicine/OMT, Talihina, OK)</td>
<td>TBA</td>
<td>TBA</td>
</tr>
<tr>
<td>11 AM</td>
<td>Hypertension Update &amp; Pediatric Pearls</td>
<td>Steffen E. Carey, DO (certified family medicine, Tulsa, OK)</td>
<td>TBA</td>
<td>Pediatric Topic</td>
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<tr>
<td>NOON</td>
<td>Luncheon / AOA Update</td>
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<td></td>
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<tr>
<td>1:30 PM</td>
<td>OSU Alumni Meeting</td>
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<tr>
<td>2 PM</td>
<td>Family Medicine Topic</td>
<td></td>
<td>Pediatric Topic</td>
<td>TBA</td>
</tr>
<tr>
<td>3 PM</td>
<td>Pediatric Topic</td>
<td>Tiffany R. Ferguson, DO (certified family medicine, Durant, OK)</td>
<td>TBA</td>
<td>TBA</td>
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<tr>
<td>4 PM</td>
<td>Sports Medicine Topic</td>
<td></td>
<td>TBA</td>
<td>TBA</td>
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<tr>
<td>6 PM</td>
<td>Cocktail Reception (first floor foyer)</td>
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<tr>
<td>7 PM</td>
<td>Presidential Dinner &amp; Party (Tulsa Ballrooms)</td>
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</table>

**WE’VE GOT AN (Y)APP FOR THAT!**

Download the Yapp app from your app store on your mobile device and enter the promo code “O0A118” to get a complete guide for the seminar. Use it during the seminar to access all of the lecture slides and connect with other attendees! It’s free to download and use.
### OMM/OPP

**Topic TBA**  
Megan A. Meyer Hanner, DO  
(certified family medicine/OMT, Newcastle, OK)

**Shoulder Workshop**  
Stephanie N. Aldret, DO, CAQSM  
(certified family medicine/OMT & sports medicine, Lafayette, LA)

**Pediatric OMT**  
Colony S. Fugate, DO, FACOP  
(certified pediatrics & obesity medicine, Tulsa, OK)

**Topic TBA**  
Michael K. Cooper, DO, FACOFP  
(certified family medicine/OMT, Claremore, OK)

**Still Techniques for Common Counterstrain Tender Points**  
Kelley Joy, DO  
(certified

**Topic TBA**  
Dylan McConaghy, DO  
(family medicine & OMT, Tulsa, OK)

### INTERNAL MED.

**Pediatric Topic**

**TBA**

**TBA**

**TBA**

### NEW PHYSICIANS/RESIDENTS

**TBA**

**TBA**

**TBA**

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**ACCREDITATION**

The OOA is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. The OOA designates this program for a maximum of 27.5 AOA Category 1-A credits. The Civil Aerospace Medical Institute (FAA) is accredited by the ACCME to provide continuing medical education for physicians. The FAA designates this program for at least 20 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This program is accredited for both osteopathic and allopathic specialties.

*schedule subject to change*
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>8 AM</td>
<td>TBA</td>
<td>TBA</td>
</tr>
</tbody>
</table>
| 9 AM     | Topic TBA      | Laura Jane Holsey, DO  
(certified cosmetic surgery & general surgery, Oklahoma City, OK) |
| 10 AM - Noon | Hormone Topic | Noel R. Williams, MD  
(certified obstetrics & gynecology, Oklahoma City, OK)               |

*schedule subject to change

FAMILY.  
FUN.  
NIGHT.  
JOIN US.  
EAT.  
BOWL.  
PLAY.  
MAIN EVENT  
TULSA  
FRIDAY  
APR 27  
7PM

RAISE YOUR GLASS

for the inaugural event of the  
2018-2019 OOA President  
Saturday, April 28  
6 p.m. Cocktail Reception  
7 p.m. Dinner  

HONORING  
2018 OOA Doctor of the Year  
OOA Outstanding & Distinguished Service Awardee  

FEATURING  
Inaugural Address of  
Christopher A. Shearer, DO  

ENTERTAINMENT  
RockFisch

Cocktail Attire | Tickets $100
REGISTRATION FORM

118th Annual Convention | April 26-29, 2018
Hyatt Regency Tulsa
100 E. 2nd St., Tulsa, OK 74103

The Hyatt Regency Hotel no longer has room availability. For alternative hotel reservations, please look at the Hotel Reservation Information section on page 16.

Name
Preferred First Name for Badge

Guest(s)

City of Practice
Phone
Email Address

Special Needs or Dietary Requests*

*Must be submitted before April 12, 2018

REGISTRATION FEES

<table>
<thead>
<tr>
<th></th>
<th>ON OR BEFORE 04.12.18</th>
<th>AFTER 04.12.18</th>
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<tbody>
<tr>
<td>DO Member Registration</td>
<td>$670</td>
<td>$695</td>
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<tr>
<td>DO Member Proper Prescribing &amp; Risk Management Only Registration</td>
<td>$175</td>
<td>$200</td>
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<td>Retired DO Member Registration</td>
<td>$440</td>
<td>$465</td>
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<td>DO NonMember Registration</td>
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<td>DO NonMember Proper Prescribing &amp; Risk Mgmt. Only Registration*</td>
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<tr>
<td>MD/Non-Physician Registration</td>
<td>$420</td>
<td>$470</td>
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<tr>
<td>MD/Non-Physician Proper Prescribing &amp; Risk Mgmt. Only Registration*</td>
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<tr>
<td>Saturday Only DO Member Registration*</td>
<td>$275</td>
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<tr>
<td>Saturday Only DO Nonmember Registration*</td>
<td>$875</td>
<td>$900</td>
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<tr>
<td>Saturday Only MD/Non-Physician Registration*</td>
<td>$275</td>
<td>$300</td>
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$$ Registration Total
$$ Membership Fee Total*
$$ Guest Registration Total*
$$ Guest Ticket Total*
$$ Total Enclosed/Due

*if applicable

Registration includes name badge(s), registration gift, and all meals and social events, including the Presidential Dinner & Party, unless otherwise noted.

*Includes Proper Prescribing Course, Risk Management Course, one General Session & Friday exhibit hall lunch only

"Eight and a half hours of AOA Category 1-A credit and luncheon on SATURDAY only"

NOTE: Membership dues must be current at the time of registration and at the time of the conference to qualify for member rates. Requests for refunds must be received before April 12, 2018, and a $30 service fee will be charged. No refunds after April 12, 2018. A printed syllabus will not be available.

PAYMENT INFORMATION:

☐ Check enclosed (check must be made payable to OOA representing payment for items checked.)

☐ Credit Card Information Below (all information must be provided below for your card to be processed.)

VISA
MASTERCARD
DISCOVER
AMERICAN EXPRESS

Name on Card

Credit Card No.

Exp. Date
3 Digit CID No.

Billing Address

City
ST & ZIP

Signature

GUEST REGISTRATION

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<tr>
<td>Spouse/Guest/Exhibitor Registration</td>
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GUEST TICKETS

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<tr>
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<tr>
<td>Thursday Lunch Ticket</td>
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<td>Friday Lunch Ticket</td>
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<tr>
<td>Friday Family Fun Night Ticket</td>
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</tr>
<tr>
<td>Saturday Lunch Ticket</td>
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</tr>
<tr>
<td>Saturday President Dinner Ticket</td>
<td>x $100</td>
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MEMBERSHIP FEES

☐ 3 or more years in practice
☐ 2nd Year of Practice
☐ 1st Year of Practice
☐ Military
☐ Out-of-state

$600
$400
$300
$100
$100

TO COMPLETE YOUR REGISTRATION

✉️ Mail this form to 4848 N. Lincoln Blvd., OKC, OK 73105
✉️ Fax this form to 405.528.6102
✉️ Register online at www.okosteo.org/event/118Convention
HOTEL RESERVATION INFORMATION | PARKING

The Hyatt Regency has no more room availability due to a separate international event taking place in Downtown Tulsa that weekend. The OOA has obtained more room accommodations at the Microtel Inn & Suites by Wyndham Tulsa East and the Hard Rock Hotel & Casino.

The Microtel Inn & Suites, located at 16518 E Admiral Place (11.5 miles from the Hyatt Regency), has room rates at $69 plus tax per night. **Reservations must be made by April 18, 2018.** To make your room reservation, please contact the Microtel Inn & Suites directly by phone at 918.234.9100 and mention the OOA when making your reservation.

The Hard Rock Hotel, located at 777 W. Cherokee St., Catoosa, OK 74015 (13.6 miles from the Hyatt Regency), has room rates at $129 plus tax per night. **Reservations must be made by April 13, 2018.** To make your room reservation, please contact the Hard Rock directly by phone at 1.800.760.6700 and mention the OOA when making your reservation. You can also reserve your room online at https://goo.gl/CWpp87.

TRANSPORTATION

The OOA will provide a complementary shuttle for attendees staying at the Microtel Inn or Hard Rock Hotel to and from the Hyatt Regency each morning and evening. More details on the shuttle times will be forthcoming.

PARKING

When arriving at the Hyatt Regency Tulsa, all attendees should utilize the valet parking to ensure parking availability. The OOA will be validating parking each day at our Convention Check-in and Registration Desk.

---

2018 Summer CME Seminar

August 24 - 26, 2018
Location TBA

Visit www.okosteo.org for updated information & to register
Although our health care system has become more complex and many across our state don’t understand it, your patients can rest assured you are looking out for them. As regulations become more cumbersome, who is looking out for your best interests? Us! The OOA is fighting for you so you can DO and we need you to work alongside us. As a physician member, you can shape the future of the osteopathic profession.

RENEW OR BEGIN YOUR MEMBERSHIP TODAY.
Together we can fight for the osteopathic profession and our patients.

NETWORKING
Get where you want to go faster by joining over 2,000 DOs in Oklahoma & have the opportunity to connect instantly.

MENTORSHIP
Shape the future of health care in Oklahoma by partnering with incoming OSU-COM students and guarantee they’re prepared to champion their patients and the profession.

ADVOCACY
Stand with us as we work on your behalf to:
» Ensure funding for OSU Medical Center & Physician Manpower Training Commission
» Protect Medicaid & provider rates
» Defend against scope of practice overreaches

QUALITY CME
Stay on the cutting edge of patient care with more than 60 hours of CME opportunities every year. Online, on-demand CMEs are now available at DOCME.org for education when and where you want it.

Visit the Membership tab at www.okosteo.org to join or renew your membership today!

Questions? Contact Maegan Dunn at 405-528-4848 or maegan@okosteo.org.
Our health care system, and the culture surrounding it, has changed tremendously over the last 20 years. Some transformations have been good. For example, hospital systems are now more willing to invest in services that help prevent readmissions, which often improves people’s health and their quality of living. Others have negatively impacted the relationships among patients and their health care teams, the role of clinicians, and the very paradigm through which we define good medical care. As our health care system continues to evolve, clinicians are expected to adjust ever faster, while still focusing on patients’ needs, the latest research, expanding administrative expectations, their own interpersonal relationships and self-care. Some of these shifts are causing, or at least worsening, the progressive trend of physicians and others in clinical medicine to experience compassion fatigue and burnout. The 2015 Mayo Clinic study showed that 54 percent of physicians surveyed had at least one symptom, up from 45 percent just three years before, with an odds ratio of 1.97 compared with the general population. The etiologies of compassion fatigue and burnout are complex, but a loss of autonomy, feeling a lack of meaning in one’s work, inefficiency, excessive workload, unprocessed grief, a fear of stigma, and an unsupportive environment are prominent contributors. These issues are causing too many to experience poorer quality of life and health issues and to decide to retire earlier than planned and/or leave clinical medicine.

While their foci and styles vary, professional organizations have begun the work necessary to resolve compassion fatigue and burnout and the issues that cause them. Becom-
ing active in a professional organization that shares one’s goals enhances professional meaning. Advocacy efforts, often combined with other groups having similar goals and interests, have directly improved CMS and other insurance program requirements and implementations, federal and state legislation pertaining to medical issues, and even medical system and insurance company issues that were negatively impacting regional medical care. Joining together builds power and provides meaningful professional autonomy to propel positive change. Associations also contribute diverse education through multimodality mechanisms designed to maximize efficient adult learning. In addition to furnishing members with the advocacy tools and skills they need to have the biggest impact, organizations formulate professional guidelines, offer opportunities to update clinical skills and knowledge, and publish peer-reviewed research; provide tools and guidance on streamlining administrative tasks, time management, practice and system improvement, and medical-business negotiations; and teach and nurture leadership skills, networking, mentorship, and sponsorship in a safe environment. For most of us, gone are the mythical days of relaxing clinician dining rooms and break lounges; our work environments now stress productivity and minimize socialization and downtime. Organizations create opportunities for socialization among peers and their families. This fosters a larger foundational network, stronger interpersonal relationships, and often a more supportive workplace environment. Professional groups are also directly encouraging system-wide action to eliminate compassion fatigue and burnout. Published vigorous research and articles with evidence-based recommendations are becoming commonplace, both in the medical and business literature. Associations are sponsoring workshops and other educational activities for clinicians, administrators and health care executives. Peer groups, outreach and private support are also more prevalent, and clinicians have begun to more openly share the human side of practicing medicine.

Our health care system will continue to be transformed, and evolutionary changes will occur. Professional organizations allow us a vehicle for strengthening the positive changes, minimizing the negative effects, perpetually expanding our knowledge and skills, enhancing professional meaning, maintaining collegial support and interpersonal connections, fostering professional and personal growth, and nurturing mentorship and sponsorship. ‘Taken together, associations’ roles combat compassion fatigue and burnout and intensify the enjoyment of practicing medicine.

References

SOME SELF-CARE TIPS

» Reflection upon work: What inspired/moved me today? Why do I do this?
» Attend to health: diet, exercise, rest, regular health care, plan quiet time every day
» Plan activities that rejuvenate: Play!
» Give important relationships priority
» Debrief emotional events — you’re not alone
» Seek professional support when needed
» Promote feelings of choice and control when able
» Stop at a window in your workplace and notice something in nature – consciously give it your full attention for a few moments
» Remember to laugh!
» Deliberately develop a “role-shedding ritual” at the end of the day
◊ Pay attention to putting away your stethoscope or hanging up your white coat
◊ Use the drive home from work deliberately
  * Take the longer more interesting route
  * Listen attentively to news, music or books on tape
◊ Shower and/or change your clothes
◊ Meditate or exercise

This article was reprinted with the permission of the author and POMA, and was originally printed in JPOMA, December 2017, pgs. 12 & 24.
Welcome new members!

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

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Family Practice
Yukon, OK

Matthew B. Bentley, DO
Internal Medicine
Brandon, MS

M. Shanay Herring, DO
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Stillwater, OK

David W. Lee, DO
Family Practice
Talihina, OK

Christine A. Matarese, DO
Child Neurology
Oklahoma City, OK

Bradley R. Mons, DO
Otolaryngology/Facial Plastic Surgery
Tulsa, OK

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2018 OEFOM Scholarship Recipients

Congratulations to these deserving students for being awarded an OEFOM scholarship this year!

Saba Imani, OMS II
$2,000 Scholarship

Dillon Pryor, OMS III
$2,000 Scholarship

Michael Sutton, OMS III
$2,000 Scholarship
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• Mail this form with your check or credit card information to 4848 N. Lincoln Blvd., OKC, OK 73105. Make checks payable to OEFOM.

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The following are proposed amendments to the Oklahoma Osteopathic Association’s Constitution & Bylaws. Recommendations were made by the Bureau on Constitution & Bylaws for the 2018 annual business meeting, which will be held on Friday, April 27, 2018.

**Proposed Amendment A: OOA Constitution, Article III, Section II**

Section 2. Such local or district societies shall be chartered by the Board of Trustees of the Oklahoma Osteopathic Association, provided at least two thirds of the members of said local or district society are members in good standing of the Oklahoma Osteopathic Association and may be a member of the American Osteopathic Association.

**Proposed Amendment B: OOA Bylaws Article IV, Section 1**

Section 1. Qualifications
Membership in the Oklahoma Osteopathic Association, the American Osteopathic Association and his or her district society shall be a requisite for qualification for any officer or for any member of any department, division, bureau, or committee of the Association, however selected, if the candidate is a Doctor of Osteopathy or Doctor of Osteopathic Medicine.
Proposed Amendment C: OOA Constitution, Article III. Component Societies

Section 1. This Association shall be a federation of district societies organized within the State of Oklahoma whose boundaries shall be determined by the Board of Trustees and such other auxiliary organizations as shall be authorized by the Board of Trustees.

Section 2. Such local or district societies shall be chartered by the Board of Trustees of the Oklahoma Osteopathic Association, provided at least two thirds of the members of said local or district society are members are in good standing of the Oklahoma Osteopathic Association and (may be a member) of the American Osteopathic Association.

Proposed Amendment D: OOA Bylaws, Article IV. Elections

Section 4. American Osteopathic Association House of Delegates
The delegates representing the Oklahoma Osteopathic Association to the House of Delegates of the American Osteopathic Association must be members of their district, state, and national associations. A majority of each delegate’s employment activity must be in the state of Oklahoma, unless retired or the OOA Board of Trustees waives this requirement prior to the Nominating Committee meeting. Two of such delegates shall be the current President and President-Elect at the time of the American Osteopathic Association House of Delegates, who shall serve as the Chairman and Vice-Chairman of the Delegation. The remaining such delegates shall be nominated by the Nominating Committee or by nominations from the floor. All elections shall be by ballot. This election shall take place at the regular business meeting of the annual session of the Association and they shall serve for one (1) year, or until their successors are elected. The delegation will then meet to elect their Chief Delegate by ballot vote.
The incidence of sexually transmitted infections (STIs) continues to rise and is a significant public health concern. Gonorrhea and chlamydia are two of the most common but the traditional detection method of a physician-obtained endocervical swab during a speculum exam has become a barrier to diagnosis and treatment.

In order to explore alternative methods, a literature review was performed using the PICO and PubMed databases with terms such as “self”, “chlamydia”, “gonorrhea”, and “vaginal”. A 2015 meta-analysis was identified which included 21 studies but only four studies evaluating chlamydia (N=994) and one study evaluating gonorrhea (N=309) were selected because they compared the use of self-collected vaginal swabs (SOVS) versus the gold standard of clinician-collected cervical specimens. The average age of participants ranged from 21-32.

The chlamydia cross-sectional observational studies (prevalence 6.8-12.6%) resulted in a pooled sensitivity of 0.89 (95% CI, 0.82-0.94) and specificity of 0.98 (95% CI, 0.97-0.99). For gonorrhea, the cross-sectional observational study comparing SOVS versus clinician-collected cervical swabs (prevalence 14.2%) showed a sensitivity of 0.98 (95% CI, 0.88-1.00) and specificity of 0.97 (95% CI 0.94-0.99).

After determining the sensitivity and specificity of SOVS are equivalent to clinician-obtained cervical specimen, the CDC has concluded that they are adequate for the detection of chlamydia and gonorrhea. In fact, vaginal swabs are now the CDC’s preferred collection method even when compared against all other current methods. All of these studies were performed in the clinic so additional research is needed to determine how to utilize this method in other community-based settings.
Possible Tumor-Suppressive Role of BATF2 in Ovarian Cancer

Rissa Fedora, OMS III
KCUMB-COM

J.B. Natlon, PhD
University of Hawaii at Manoa

Andrew Wey, PhD
University of Hawaii Office of Biostatistics & Quantitative Health Sciences

Out of the 217 selected genes, 28 were associated with survival (p<0.05). Out of the 28 genes, higher expression for 7 genes was associated with mortality and the rest were associated with better survival. After adjusting for multiple comparisons with the false discovery rate, BATF2 was the only gene significantly associated with better survival. BATF2 has established tumor-suppressive roles in non-ovarian cancers and, therefore, deserve further research on its role in ovarian cancer.

Limitations of this study include strictness of linearity of Pearson correlation analysis, possible skewing the data to indicate linearity through quantile normalization, and lack of validation on an independent test set, which requires additional independently collected samples.

High Prevalence of Sterile Pyuria in the Setting of Sexually Transmitted Infection in Women Presenting to an Emergency Department

Mallory Blakeslee, DO, PGY IV
Integris Southwest Medical Center

Stacia Shipman, DO, FACOEP
Integris Southwest Medical Center

Chelsey Gilbertson, DO, MBA, FACOEP
Integris Southwest Medical Center

Objectives: The clinical presentations for sexually transmitted infections and urinary tract infections often overlap, and symptoms of dysuria can be seen with STIs and UTIs. Abnormal urinalysis findings and pyuria are common in UTIs and STIs, and confirmatory urine cultures are not available to emergency clinicians. The objective of this study was to determine the frequency of sterile pyuria in women with confirmed STIs, as well prevalence of nitrite on urine dipstick correlated with positive urine cultures in patients with confirmed STIs. We sought to determine how many patients with STIs were inappropriately prescribed an antibiotic.

Results: One thousand fifty two female patients tested positive for STD and were entered into the database. The prevalence of pyuria in all cases was 37%. Of the cases with pyuria, 74% had sterile pyuria with negative urine cultures. Two hundred ninety five patients were prescribed antibiotics for suspected UTI. Of these, 66% had negative urine cultures.

Conclusions: This study demonstrates in female patients with STIs who have pyuria, there is a high prevalence of sterile pyuria. Our results suggest reliance on pyuria for the decision to add antimicrobial therapy empirically for a presumed UTI in cases in which an STI is confirmed or highly suspected is likely to result in substantial over-treatment.
SECOND SPECIAL SESSION STILL IN PROCESS

After the failure of HB 1054X in November and Gov. Fallin vetoing much of HB 1019X, the Governor called a second special session of the 56th Legislature on December 18, 2017 to address the state’s $215 million budget shortfall for 2018. The special session has run concurrently with the regular one which began on February 5.

HB 1033X was a $581 million revenue and reform package promoted by business interests, and adopted by GOP leadership, that opened the way for a series of bills that included an income tax increase, several smaller revenue bills, and a $5,000 annual salary increase for the state’s public school teachers. It would have also provided the short-term bridge funding for the Dean’s Graduate Medical Education Fund at both OSU and OU. It was introduced and passed in the Senate on February 8. The OOA rallied with OSU-COM students, residents, faculty, administrators, and physicians at the Capitol on February 12 in support of this bill as it was heard on the House floor. The bill failed in the House with a vote of 63 to 35.

Following the defeat of HB 1033X, the Governor and legislative leaders began working on an alternative solution to secure bridge funding for the medical schools residency programs. HB 1022XX passed both the Senate Joint Committee on Appropriations (JCAB) and the House JCAB on February 15. The OOA again rallied with OSU-COM students, residents, faculty, administrators and physicians at the Capitol on Monday, February
19, seeking support for this bill as it was introduced in the House. This House approved this bill with a vote of 94-0, it passed in the Senate and the Governor signed it on March 5.

HB 1022XX appropriates $31.8 million from the FY2017 General Revenue Fund to the Oklahoma Health Care Authority to replace federal funds withheld due to the deferred federal financial participation expenditures claimed on the Quarterly Medicaid Statement of Expenditure. It appropriates $110 million from the FY2019 General Revenue Fund to the Oklahoma Health Care Authority to be distributed to Oklahoma State University and the University of Oklahoma for the benefit of the Deans Graduate Medical Education Program, in the same ratio as such funds were provided for such purpose by the Oklahoma Health Care Authority in fiscal year 2017.

After legislators convened for two separate special sessions trying to reach a deal on the Fiscal Year 2018 budget, the Legislature settled on a budget rebalancing bill known as HB 1020 that cut all agencies by 0.66 percent across the board, totaling more than $45 million in cuts to be implemented over four months. The cuts will generate $44.6 million to fund three state agencies that would otherwise run out of money by June 30: the Dept. of Human Service; Dept. of Mental Health and Substance Abuse; and, the Oklahoma Health Care Authority. Governor Fallin signed the $6.98 billion appropriations bill on Feb. 27.

As of this writing the House plans to keep the second special session open until a teachers’ pay plan is considered. House Majority Floor Leader John Echols said “It is easier to move a bill through special session than it is through regular session. We are willing to look at any and all options for a teachers’ pay raise.”
**BILLS THE OOA IS FOLLOWING:**

**SB 1446** – by Sen. Anthony Sykes, R-Moore, would only allow patients to receive a week’s worth of opioid pain medication under a bill advanced by the Oklahoma Senate. It also puts more stringent limits on doctors writing a second weekly prescription for opioid-based pain medications. To write a second prescription, doctors would have to determine its necessary, and if there is no risk of abuse, addiction or diversion to another person. Doctors would also have to talk with their patients about the drugs, and the dangers posed if someone abuses opioids. Patients would only have access to a week’s worth of drugs at a time until the third visit, which is when a doctor would be able to prescribe opioids for three months at a time for chronic pain management. The bill, which was one of the recommendations of a statewide panel on the opioid crisis, heads to the House.

**SB 1128** – by Sen. Ervin Yen, R-Oklahoma City, requires all providers, group purchasers, prescribers, and dispensers to establish, maintain, and use an electronic prescription drug program. The bill requires the program to comply with the certain standards for transmitting, directly or through an intermediary, prescriptions and prescription-related information using electronic media. The bill requires the Commissioner of Health, in consultation with the State Board of Pharmacy to develop no later than July 1, 2020, a uniform formulary exception form that allows health care providers to request exceptions from group purchaser formularies using a uniform form. It then requires all health care providers to submit requests for formulary exceptions using the uniform form, and it requires all group purchasers to accept the form. It requires, no later than Jan. 1, 2020, that the uniform formulary exception form be accessible and submitted by health care providers and accepted and processed by group purchasers that secure electronic transmissions. The bill also requires the Commissioner of Health, in consultation with the State Board of Pharmacy, to identify an outline on how best to standardize drug prior authorization request transactions between providers and group purchasers with the goal of maximizing administrative simplification and efficiency in preparation for electronic transmissions no later than Feb. 15, 2019. It requires the State Board of Pharmacy, no later than Jan. 1, 2020, to develop the standard companion guide by which providers and group purchasers will exchange standard drug authorization requests using electronic data interchange standards, if available, with the goal of alignment with standards that are or will potentially be used nationally. It requires, no later than Jan. 1, 2021, drug prior authorization requests be accessible and submitted by health care providers, and accepted by group purchasers, electronically through secure electronic transmissions. It requires facsimiles not be considered electronic transmission.

**HB 2798** – by Rep. Tim Downing, R-Purcell creates the Opioid Abuse Prevention and Treatment Act of 2018. This bill creates an Opioid Overdose Fatality Review Board made up of law enforcement, attorneys, state commissioners, nurses, and physicians. It requires the Office of Chief Medical Examiner to conduct an initial review of overdose death certificates in accordance with the criteria established by the Opioid Overdose Fatality Review Board and refer to the board those cases that meet the criteria for specific case review. It requires every entity within the medical and law enforcement system to provide to the board any information requested. The bill passed the House 91-2.

**SB 1354** – by Sen. Ervin Yen, R-Oklahoma City, Rep. Dale Derby, R-Owasso prohibits graduates of medical schools located in other countries which give any type of monetary contribution to a health facility located in this state from being given preference for residency programs over graduates of a medical school located in this state. The bill passed the Senate 41-0.

**HB 3335** – by Rep. Sean Roberts, R-Hominy, requires the State Department of Health to promulgate rules that require pregnant women who are prescribed opiates for greater than five days to receive pain management services.

**HB 2931** – by Rep. Glen Mulready requires electronic prescribing for all scheduled drugs; providing exceptions; modifying time period for certain exception; deleting prohibition concerning hydrocodone refills and restrictions on dispensing or distributing Schedule V substances; deleting restrictions related to the dispensing of paregoric; modifying certain definition; directing counties with certain populations to comply with electronic prescription requirements by certain date; and providing an effective date.

The OOA is tracking 86 bills for 2018 and 25 bills carried over from 2017.
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Ramana Tadepalli
LET THE GOOD TIMES Roll

Help us wish these OOA members a Happy Birthday!

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Do you have good news to share? We would love to include it in our next edition of Oklahoma D.O.! Contact Maegan Dunn at 405-528-4848 or maegan@okosteo.org to submit your news today.

In Memorial: Deaths in the Osteopathic Family

Donald J. Krpan, DO, FACOFP, passed away on Jan. 4, 2018. Dr. Krpan, 81, was a treasured member of the osteopathic profession, who served as the 104th president of AOA in 2000-2001.

A practicing family and emergency medicine physician for over 20 years, Dr. Krpan was a 1967 graduate of the University of Health Sciences/College of Osteopathic Medicine in Kansas City, Missouri, and one of the first DOs to receive a California license following the Supreme Court decision reauthorizing osteopathic licensure in the state, according to the Osteopathic Physicians and Surgeons of California (OPSC), where he also served as president.

Dr. Krpan served as Dean and Provost of Western University of Health Sciences College of Osteopathic Medicine of the Pacific in Pomona, California. He was a member of the board of directors of Mad River Community Hospital in Arcata, California, and a member of the Joint Conference of Arrowhead Regional Medical Centers in San Bernardino, California.

His involvement with the osteopathic profession was wide-ranging. Dr. Krpan was chairman of the ethics committee of the Osteopathic Medical Board of California, a board member of OPSC and the AOA’s Board of Trustees and House of Delegates. He was most recently executive director and consultant to the Osteopathic Medical Board of California.

“Dr. Krpan was generous with his resources and tirelessly volunteered his services,” read an OPSC statement. “Dr. Krpan’s booming personality and fiery passion for the osteopathic profession will be sorely missed.”

In lieu of flowers, the family asks that donations be made to the American Osteopathic Foundation, 142 E. Ontario St., Suite 1450, Chicago, IL 60611.
Dr. Jimmy Ray Herndon, Jr., was born in Shawnee, Oklahoma, on September 21, 1952 and he departed this life on February 16, 2017, in a tragic car accident. He established himself a “workman unashamed” in the service of his Creator, church, and community. He continually professed his love for his Savior, and how he was so thankful to be a sinner saved by grace. In 1972, he married LaReeca Ann Hogan. Through his gentlemanly actions, it was obvious to all he had great respect and admiration for her. He loved and adored his three children and received much happiness and pleasure from his six grandchildren. Jim graduated from Oklahoma Christian College in 1973 and earned his master's degree from the University of Oklahoma in 1974. He completed his doctorate in osteopathic medicine in 1978. His name is familiar to residents of Sallisaw, where Dr. Herndon began his cherished medical practice with Dr. Rick Robbins at Redwood Medical Clinic. “If something is worth doing, it’s worth overdoing,” would describe Jim's commitment to his medical career. Even as he “retired” and moved closer to his daughters, he remained devoted to serving others. After many years suffering from essential tremor, Jim underwent a revolutionary procedure that instantaneously took his tremor away. For the last year, with extreme gratitude, Jim resumed his practice of emergency medicine. He was a warm, genuine man who could love simply...with no strings attached.

Dr. David Ray Hooks D.O. retired physician, age 67, of Talala, OK passed away early Wednesday morning December 20, 2017. He was born August 29, 1950, in Brunswick, GA to the late Walton Audily Hooks and Sallie Mae Tarte Hooks. He was a veteran for the US Navy who served on the USS Enterprise (CVAN65) during the Vietnam Conflict. Following his military service he was ordained as a minister of the gospel by the Assemblies of God and pastored churches in Georgia and Oklahoma. He continued in Christian ministry and in his devout love of Christ for the remainder of his life. He graduated from Oklahoma State University College of Osteopathic Medicine in 1990, and entered his medical career in family practice. He later served the communities of Bremen, GA as a director of the Emergency Department, and as medical director of West Carroll Family Healthcare Center in Bowden, GA where he retired from medical service.

In Memory Of...

Honor a deceased physician by making a memorial contribution to the Oklahoma Educational Foundation for Osteopathic Medicine.

An acknowledgment of your gift is sent to the family.
No amounts are mentioned.

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Calendar of Events

April 4, 2018
Bureau on Legislation
Dinner 6 p.m., Meeting 7 p.m.
Oklahoma City, OK

April 5, 2018
OOA Bureaus & Board of Trustees Meetings
OSU-COM Advisory Council Meeting
Oklahoma City, OK

April 26 - 29, 2018
118th Annual Convention
Hyatt Regency Downtown
Tulsa, OK

June 15, 2018
Proper Prescribing, 9:30 a.m.
Oklahoma City, OK

June 22, 2018
Proper Prescribing, 2 p.m.
Oklahoma City, OK

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For more information contact Scott Selman at 918-809-1461 or sselman@rcins.com