



# American Osteopathic College of Occupational & Preventive Medicine

Spring 2019 Newsletter

## Midyear Recap

The AOCOPM Midyear conference was held in Phoenix, Arizona from March 20-24. The conference consisted of five days of presentations from expert speakers in the fields of occupational, aerospace, and preventive medicine.

During the conference, the AOCOPM held a ceremony to denote fellowship status for four of its members: Patricia Hunt, DO, MHA, FAOCOPM, Dean Shoucair, DO, MPH, FAOCOPM and Gregory Schwaid, DO, MPH, FAOCOPM. Meanwhile, Daniel J. Callan, DO, MPH, FAOCOPM(d) was designated as a distinguished fellow of the college.

The successful conference would not have been possible without the presentations of our expert cohort of speakers. If you are interested in speaking at future AOCOPM conferences, please contact [gschwaid@hotmail.com](mailto:gschwaid@hotmail.com).



Above: Attendance during Aerospace Medicine day at the 2019 Midyear Conference

## Member Spotlight

Patricia Hunt, DO, MHA, FAOCOPM is the AOCOPM President-Elect and will step into the role as president in October at the 2019 OMED meeting.

Dr. Patricia Hunt started her medical career in internal medicine, with plans of working in nephrology-critical care. However, the National Public Health Service decided that she would best serve underserved populations as an internist, which she did for many years in New York's City Hospital System. In time, she began developing and managing their affiliated clinics. Using her fluency in Spanish and American Sign Language, she built a private practice a few blocks away from the World Trade Center. There, she developed relationships with local organizations and found herself treating patients who wanted to return to work and seeing other patients that had ambitions of beginning new jobs. She was also able to use her engineering background (with an interest in aerospace physiology) to better treat civilian pilots and share her knowledge of travel medicine. This experience led her to the AOCOPM. She currently works as a consultant in occupational, aerospace, quality metrics, and travel medicine to bridge communication gaps between physicians and health plans.

When asked about her earlier experiences with the AOCOPM, she stated "The integrity and dedication I sense in my colleagues here, and the high caliber of learning opportunities impressed me early on." Now as incoming AOCOPM president, she looks forward to the challenge of strengthening both OPAM and the college during this time of transition. She adds that "both will remain a resource for physician specialists while tapping into a new group: Pas and NPs."

Outside of work and the AOCOPM, she is active with several other organizations. She is the immediate past president of the New York State Osteopathic Medical Society (NYSOMS) and currently works as the treasurer of the NY ACOEM. She donates her time to work as a physician volunteer at the Rotary free clinic and enjoys being an active member in several

ministries at her church. In her remaining free time, she enjoys hiking, traveling, and restoring antique furniture.



AOCOPM Incoming President Dr. Patricia Hunt

## AOBPM News



By: Daniel Berry, DO, PhD, FAOCOPM  
Chair of the AOBPM

Physicians have been taking board exams with pencil and paper for many years. That is all going to change. In the future, board exams will be given by computer. The American Osteopathic Association purchased item banking software. All of the board questions from the American Osteopathic Board of Preventive Medicine have been uploaded into this software program. This includes many more questions than are on any exam, as it includes all the questions listed by category, which in the future will be used to generate different exams. For example, if the Aerospace Medicine exam needs three questions on hypoxia, and the item bank has 20 questions on hypoxia, the computer program will be able to pick three of those 20 questions and place them on the exam. The AOA has moved

forward with computer exams, and some boards are already giving exams by computer. We are not sure yet, when the AOA will begin to give the American Osteopathic Board of Preventive Medicine exams by computer, but expect it will be within the next year or two. Several questions remain to be answered before exams will be given by computer, such as:

1. Will exams be given on computers during American College of Occupational and Preventive Medicine midyear meetings (as is the current practice of scheduling) or will the computer exams be given in testing centers all over the country?
2. Will exams be given on one date or multiple dates?
3. Will the new computer exams continue to have oral exams (by video conference) and essay exams (typed on the computer), or will the format change to only multiple-choice exams?

As soon as these questions and other details are completed, the American Osteopathic Board of Preventive Medicine will be able to start with computer examinations.

## Lifestyle Medicine: Why Going Back to the Basics May be the Future of Medicine

Sandra Darling, DO, MPH

I chose to specialize in Preventive Medicine and Public Health because of my interest in lifestyle medicine (LM). If 80% of healthcare spending in the U.S. is on lifestyle-induced chronic conditions- and these conditions are predicted to increase, it makes sense that LM is part of the solution. LM is the application of evidence-based practices to prevent, treat, and reverse chronic diseases such as type 2 diabetes, obesity, and dyslipidemia through nutrition, physical activity, stress

management, and restorative sleep. LM is a relatively new area of medicine - the American College of Lifestyle Medicine was founded in 2004 – but therapeutic lifestyle changes (TLCs) have always been the recommended first line of treatment for mild to moderate elevations in blood pressure, cholesterol, blood glucose and weight.

This new field is gaining traction in the U.S. and globally with the explosion of research and a growing number of healthcare providers who are looking for a way to help their patients manage chronic conditions. The Center for Lifestyle Medicine at Northwestern in Chicago and the Center for Integrative and Lifestyle Medicine, where I work at the Cleveland Clinic, are examples of major healthcare institutions who recognize the importance of this treatment approach.

The most common way to practice LM is in a primary care setting. As this approach requires time for education on lifestyle modification, the shared medical appointment (SMA) or group visit, which is typically 90-120 minutes per appointment, allows more time for education, practice of stress relief techniques, and even food demonstration and tasting. At the Cleveland Clinic, I facilitate several SMAs to address common concerns such as weight management and always incorporate LM into my treatment plan. I love seeing the benefits of healthy lifestyle changes – not only do my patients lose weight and have improvements in their biomarkers (often reducing or even eliminating the need for medications), they also report increased energy, a more positive outlook, and improved quality of life.

## Upcoming Events

### AOA House of Delegates

The AOCOPM will be sending a delegate and alternate delegate to the AOA House

of Delegates conference in Chicago during the final week of July 2019. The delegates will represent the interests of the AOCOPM in voting and voicing opinions for AOA resolutions.

### OMED 2019

The next Occupational Preventive & Aerospace Medicine (OPAM) conference will be held during OMED 2019 in Baltimore from October 25 - 28. You must register for OMED at <https://omed.osteopathic.org/>. Please choose "OPM" when registering.

In addition to the main OMED program, AOCOPM is pleased to offer OPAM Workshops. Registration is now available at [www.aocopm.org](http://www.aocopm.org) for OPAM workshops.

- Basic Course in Occupational and Environmental Medicine, Part 1 to be held on October 24
- Medical Review Officer (MRO) Certification Course to be held October 26-27
- DOT FMCSA Certified Medical Examiner Course to be held on Monday, October 28

### Midyear 2020

To be held in Kansas City, Missouri March 25-29, 2020 at the Kansas City Marriott Country Club Plaza.

### OMED 2020

To be held in Austin, Texas October 16-19, 2020.

More information about the AOCOPM, please visit [www.aocopm.org](http://www.aocopm.org)

Don't forget to follow the AOCOPM on Facebook, Twitter, and LinkedIn.



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## Executive Director's Corner

### OPAM: A Path Forward for the Profession

Jeffrey J. LeBoeuf, CAE



During the 2018 MidYear Meeting at Brooks City Base in San Antonio, your leadership got together for a very important strategic conversation. Our environmental scan revealed the following facts:

- The merger of AOA's Graduate Medical Education (GME) accreditation with ACGME will mean that **all** future graduates of residency training programs will be eligible to sit the certifying board exams of the American Board of Medical Specialties (ABMS).
- Even before this Single Accreditation System was announced, the osteopathic profession was left with a single AOA-accredited training program, the Public Health residency at Palm Beach County Health Department, which happened to be dually-accredited by the ACGME as well. Therefore, we had very few first-time test takers for our American Osteopathic Board of Preventive Medicine (AOBPM) exams.
- Many of our members enter the profession mid- or late-career via our Basic Course in Occupational Medicine. Those who maintain a primary AOA Board exam are eligible to sit for the Certificate of Added Qualification (CAQ) exam by the AOBPM. If fewer physician graduates of ACGME-accredited residency programs pursue AOA boards, we will continue to see shrinking enrollment in our Basic Course of AOA-certified physicians.
- In addition to no longer independently accrediting training programs, the AOA also divested to the Health Facilities Accreditation Program (HFAP), which accredits hospitals and other healthcare organizations.
- The Osteopathic Continuous Certification requirements of maintaining AOA Board Certification, and the Maintenance of Certification requirements of maintaining ABMS Board Certification, causes physicians later in their careers to consider allowing their certification to lapse.
- The AOA has lessened the CME requirements, ceased tracking specialty credits, and now allows for any type of CME, 1-A, 2-A, 1-B, or 2-B. On-line CME is now considered equivalent to live CME. The AOA has also pursued becoming an AACME sponsor and hosts, in addition to the annual OMED conference, several Regional Osteopathic Medical Education (ROME) conferences.
- Four AOA members sued the AOA for requiring membership dues to maintain osteopathic certification. The settlement required, amongst other concessions that the AOA decouple board certification from membership. See here for more information: <https://thedo.osteopathic.org/2018/07/aoa-settles-class-action-lawsuit/> Some members that opt to cease paying AOA dues may also stop renewing their state and specialty college dues as well.
- AOCOPM has maintained a healthy and viable fiscal position in spite of declining membership numbers and fewer entrants into our AOBPM full board exams and the CAQ exams. This has been accomplished through special courses which we have offered, the Department of Transportation, Federal Motor Carrier Safety Administration, National Registry of Certified Medical Examiners' Course (DOT FMCSA NRCME) as well as the Medical Officer Review Course, in partnership with the Medical Review Officer Certification Council (MROCC). The DOT FMCSA NRCME Course has a market to all physicians, mid-levels, as well as chiropractors; while only physicians are eligible to become MROs. More than half of the participants that we've trained in these courses have been non-DOS.
- AOCOPM has also strived to become a CME home for sub-disciplines of the Preventive Medicine Specialties: Undersea Hyperbaric Medicine (UHM), a sub-division of Aerospace Medicine (AM); Disability Impairment Medicine, a sub-division of Occupational Medicine (OM); and Correctional Medicine, a sub-division of Public Health (PH). While the ACGME Review Committee has standards for Preventive Medicine (programs in AM, OM, PH) as well as addiction medicine, clinical informatics, medical toxicology, and UHM, it has not developed standards for fellowships in correctional medicine, nor has an ABMS board developed an exam for correctional medicine physicians.

In light of this environmental and internal scan, your AOCOPM Board of Trustees unanimously approved a resolution to create another organization in order to broaden our marketing appeal to new customers. Recognizing the success of our OPAM branding strategy, begun during Dr. Lance Walker's term as president, the new organization is named Occupational, Aerospace & Preventive Medicine or OPAM. We are chartered as a Tennessee non-profit and have received our letter of determination from the Internal Revenue Service as a 501(c)(3) educational non-profit membership association. Our next steps are to create bylaws, elect a governing board and pursue appropriate CME accreditation(s).

So what's the vision for OPAM and what will the impact be for current AOCOPM members? Obviously, that will be the task of the founding Board of OPAM, but here is what I propose:

- In addition to AOCOPM nominees, board members should come from groups that represent targeted constituencies, such as corporate medical directors, occupational medicine physician assistants, occupational medicine nurse practitioners, and correctional medicine physicians. Other groups, which may evolve as healthcare does, may be considered as well, informatics, toxicologists, etc.
- Care should be taken to ensure that physicians maintain a majority of the governing board. Perhaps three nominees from AOCOPM, one from the PA group, one from the NP group, one physician representative of a corporate medical directors' forum, and a physician nominated from correctional medicine associations. This would be a seven-member board.
- Non-AOCOPM members of OPAM would pay dues to OPAM. AOCOPM members should receive complementary membership in OPAM.
- We would jointly host future conferences, with our workshops and courses branded as OPAM.
- The OPAM Board should appoint an item-bank development team to create a rigorous post-test for our Basic Course in Occupational Medicine, offering all participants a certificate of course completion.
- Other OPAM courses could be developed in correctional medicine, UHM, disability impairment, medical directorship, or an optional fourth day to our OM basic course on the business aspects of an OM practice. Each could be completed with a rigorous post-test and certificate of course completion.
- Over time, if OPAM is successful at attracting a larger membership base and market for its courses, a separate testing board may be identified, or created to begin offering "certifications."

It is with great joy and honor that I continue to support you, the AOCOPM member physicians, during this next phase of your profession's development. Please do not hesitate to reach out to one of your AOBPM leaders or me if you have other thoughts or concerns about AOCOPM, OPAM and this strategic plan.

