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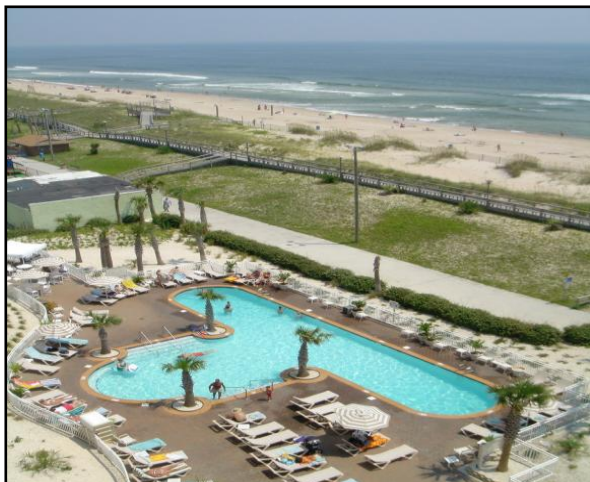
NCOMA Announces Plans for its 2008 Convention

The 2008 NCOMA Convention will again be held at the Courtyard by Marriott, Carolina Beach, North Carolina. “The structure and format of the conference will be very similar to the successful formula used in previous years”, says convention Chair, and President-Elect, Anthony Elkins, DO. “We anticipate a great turnout, just as we had in 2007.” Attendees can again be assured of excellent educational offerings, great CME “value,” fellowship and networking, and of course plenty of sun, surf and sand.

Attached, please find a registration form along with hotel information.

2007 NCOMA Convention Highlights

The 2007 NCOMA convention took place August 9-12, in Carolina Beach, NC. This year’s conference included excellent scientific lectures, updates from nearby osteopathic medical schools, and many social and networking activities amid the beautiful beach and coastal community. In attendance were over 80 osteopathic physicians, residents, students, and other health professionals, as well as 12 scientific and industry exhibitors.



Lectures spanned a wide variety of primary care topics. Jonathan Crane, D.O., a dermatologist from Wilmington and an annual favorite, continued his “Dermatology A to Z” photo atlas presentation. Anthony Geraci, D.O., an osteopathic internist from South Carolina and another popular speaker NCOMA invites to speak every year, presented a series on dealing with the “difficult patient in primary care practice.”

Special guest Don Jablonski, D.O., the first osteopathic physician to serve on the North Carolina Medical Board, presented an update on

medical board activities focusing on new statutes regarding disciplinary actions that all physicians should be aware of.

A luncheon seminar included representatives from surrounding osteopathic medical schools to update attendees on educational changes and how they affect students from, and wanting to return to, North Carolina. Pikeville College School of Osteopathic Medicine, Georgia Campus of Philadelphia College of Osteopathic Medicine, Virginia College of Osteopathic Medicine, and the new DeBusk College of Osteopathic Medicine in Tennessee were represented.



Perhaps the most enjoyable feature of the NCOMA convention is the chance to meet other osteopathic physicians and professionals from outside our communities. Because D.O.'s are spread thin and far between in North Carolina, it often feels like we are alone. Attendees enjoyed social activities such as the president's reception and the annual dinner party at Dr. Walker's beach house.

Did you know?

According to the AOA census, there are over 700 AOA members registered in the state of North Carolina (though many of these are transient residents: students and residents currently out of state, as well as military physicians). However, only a small percentage of these individuals are NCOMA members.

To help increase our numbers, at the NCOMA business meeting in August, a motion was passed that made membership free for interns and residents. Also, a position was created on the NCOMA board for a resident. It was felt that welcoming our students and residents to NCOMA early would also encourage them to stay in North Carolina to train and practice.

Meet the new 2007-8 NCOMA officers

On August 8, during the business meeting at the annual NCOMA convention, members elected the new officers for the 2007-8 year. Any dues paying osteopathic physician or resident are granted voting privileges. The new officers were sworn into office by Barbara Walker, D.O., the AOA 2nd vice president.



Shannon Jimenez, D.O., of Goldsboro, was elected to president. A family physician, she has previously served in various positions on the NCOMA Board of Directors, as well as the president of the North Carolina chapter of the American College of Osteopathic Family Physicians. Dr. Jimenez is also serving an AOA health policy fellowship this year.



Anthony Elkins, D.O., of Charlotte, was elected to president-elect, and will serve as the NCOMA president for 2008-9. He will also serve as program chairman for the 2008 NCOMA conference. Dr. Elkins is a family physician in private practice in Charlotte. He has also served various leadership roles on the NCOMA Board, has represented North Carolina at the AOA House of Delegates for the last three years, and is on clinical faculty at the Virginia College of Osteopathic Medicine.



Beverly Goode-Kanawati, D.O., of Raleigh, was elected to secretary-treasurer. She is a family physician with a special emphasis on endocrinology and thyroid disorders. Dr. Goode-Kanawati represented North Carolina at the 2007 AOA House of Delegates.



Slade A. Suchecki D.O., of Wilmington, NC, was elected to membership chair. He is a family physician in solo private practice in Southport, NC. Slade has been active with NCOMA since medical school. He currently serves as a preceptor for Pikeville College School of Osteopathic Medicine (A-OPTIC) and as a community preceptor for the Residency in Family Medicine at New Hanover Regional Medical Center in Wilmington, NC.

NCOMA continues to grow in membership, goals, and dedication of its leaders. We are meeting with the North Carolina Medical Society as well as the Medical Board and forging relationships with them to increase our bargaining power and credibility. All of the officers welcome comments and suggestions on improving NCOMA as an organization, and how we can serve you in your own community.

Anyone who has special knowledge or experience that would strengthen NCOMA and is interested in serving on advisory committees should contact Dr. Jimenez or the NCOMA Executive Director, Jeffrey LeBoeuf.

D.O. discrimination exists in North Carolina

It seems antiquated, but in fact there is still discrimination against D.O.'s in North Carolina. Carolinas Healthcare System (CHS), a large hospital system based in Charlotte, still does not recognize osteopathic residency training or osteopathic board examinations as adequate credentials to gain staff privileges. This is the only hospital system in North Carolina that does not recognize D.O. credentials. Hal Armistead, D.O., immediate past president of NCOMA, has been spearheading an initiative to eliminate this disparity. Despite years of protest by the NCOMA and the AOA, CHS has refused to change their policy. It seems inevitable now that only legal proceedings brought forth by the AOA on behalf of NCOMA and all North Carolina D.O.'s will have any impact. Any affected D.O.'s are urged to contact Dr. Armistead at harmistead@charter.net, or NCOMA Executive Director Jeffrey LeBoeuf, to ensure you are included in this initiative.

NC Medical Board news

NCOMA granted nominating authority for North Carolina Medical Board. Don Jablonski, D.O., member of the North Carolina Medical Board, reported that a lawsuit had been brought against the NCMB for how the board members were nominated, in that a disproportionate amount of nominating votes were held by the North Carolina Medical Society (NCMS). Recent changes have provided for the nominating committee to be comprised of members not only from NCMS, but also NCOMA, the old North State Medical Society (representing African-American physicians), and groups representing non-physician clinicians. The committee will be empowered 1/1/08. Nominees are then brought before Governor Easley for appointment to the Board. This landmark process means that D.O.'s and NCOMA have been granted nominating authority for NCMB and are effectively recognized as a political force in NC.

Dr. Jablonski suggests that there always be two potential D.O. candidates ready to submit their credentials for nomination to the NCMB should a vacancy become available unexpectedly. Dr. Jablonski's board position expires in 2008. Should he not be re-elected, 2 additional osteopathic physician candidates should be ready to submit their credentials to the NCOMA. Those physicians having interest in this prestigious and honorable office should contact NCOMA president Dr. Jimenez.

NC state practitioner data bank enacted. During its last session, the NC legislature passed a law requiring the Medical Board and the North Carolina Medical Society to form a State Practitioner Data Bank. Analogous to the Federation of State Medical Boards' National Practitioner Data Bank, this bank would contain information regarding disciplinary and legal judgments against North Carolina physicians, and be available to the public. This is a contentious area with physicians as the information affects our professional reputation and credibility. NCOMA will be meeting with these entities to help decide exactly what information will go in the data bank, for how long, avenues for appeal and corrections, etc.

Letter from the president

“Advocating for Osteopathic Physicians.”

I am currently a health policy fellow in the Ohio University / NYIT Health Policy Fellowship program. It is a year long program. Once a month we travel to various cities for a weekend class. We have reading to complete each month and two papers to write. One paper is a bill brief analyzing current legislation. The other is an issue analysis brief on a topic of our choice. It is a lot of work, but it is an amazing experience and I am so glad I get to do it. Anyone interested in becoming involved shaping health policy should strongly consider this fellowship.

So why is it that we cannot seem to get off the ground advocating for ourselves? I have had the opportunity to meet several legislators and lobbyist and other advocates in the last few years and I am going to tell you why. We are poor at communicating our needs and disorganized in our message.

We were talking with a lobbyist about why title VII funds for physician-centered programs are always on the chopping block while Title VIII funding for nursing programs are always nearly guaranteed to get an increase in funding? We have been told on more than one occasion that the answer is this: You can't shake hands with a nurse without them saying, “Hi! I'm a nurse. Did you know there is a nursing shortage and that affects patient contact hours?” This is an effective message for them especially when it is universal.

When we go to legislators we always seem like we are asking for money for ourselves. This is not well perceived since we are supposed to be the ultimate expert patient advocate. It's not that we are greedy and want more for ourselves, it's really because we want to be able to recruit and retain quality doctors so that our patients can have *access* to *quality* medical care. Having this quality access upfront reduces *cost* in the end. We are just not good at explaining that as a whole. My recommendation to help change this legislative perception is this: When you go and talk to your legislative representative, start out your sentence with, “My patients need...” This will buy you more credibility than any sentence that begins with “I need” or “we need.” The words that I italicized above are important. “Cost,” “access,” and “quality” are key ideas that representatives listen for when talking health policy. If we all just keep this in mind we can be more effective at advocating for our patients and therefore for our profession.

Shannon Jimenez, D.O.
NCOMA 2007-2008 President

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