



Carlo J. DiMarco, D.O.
2008-2009 American Osteopathic Association President
“Leading to Greatness: Initiatives in OGME, Research and Advocacy”



Millcreek Community Hospital is very proud to feature our very own Dr. Carlo DiMarco in our December, 2008 Medical Education Newsletter.

Dr. DiMarco, our Ophthalmology Residency Director, was installed as the American Osteopathic Association’s 112th President during the AOA House of Delegates’ Annual Meeting, on July 19, 2008 in Chicago, IL. Dr. DiMarco is an AOA Board Certified Osteopathic Ophthalmologist and a Professor and Regional Dean of Clinical Medicine at the Lake Erie College of Osteopathic Medicine. Aside from his position at LECOM and the hospital, Dr. DiMarco is part of Medical Associates of Erie. As past chair of both the Department of Professional Affairs and Department

of Education of the AOA, and former President of the Pennsylvania Osteopathic Medical Association, and former President of the American Osteopathic College of Ophthalmology and Otolaryngology/Head and Neck Surgeons, Dr. DiMarco has long maintained a leadership role within the Osteopathic Medical Profession. A long time member of the AOA Board of Trustees, Dr. DiMarco also served as chair of what is now known as the Committee on AOA Governance and Organizational Structure and Vice Chair of the Bureau of AOA Constitution and By-laws.

In addition to his involvement with the AOA, Dr. DiMarco was Team Ophthalmologist for the Philadelphia 76ers from 1995 to 2006 and Team Ophthalmologist for the Philadelphia Wings Lacrosse Team from 2000 to 2006. Upon earning his Osteopathic Medical Degree from the Philadelphia College of Osteopathic Medicine in 1978, Dr. DiMarco completed an Internship at PCOM.

Dr. DiMarco is planning to focus much of his attention on improving Osteopathic Graduate Medical Education (OGME) in his role as AOA President. Dr. DiMarco has selected “Leading to Greatness: Initiatives in OGME, Research and Advocacy” as the theme for his year in office. Having trained dozens of residents during the past twenty two years, Dr. DiMarco is concerned about the future of OGME with the opening of each new Osteopathic Medical School. He feels although it is great to see such growth with the profession, there still is a concern as to where are all of the students going to receive their training after medical school. Dr. DiMarco points out that the number of Osteopathic Medicine School Graduates is projected to rise by forty percent during the next five years, greatly increasing the number of D.O.’s vying for Graduate Medical Training.

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Med. Ed. Highlights:

Monday, December 15th
5pm, Internal Medicine Journal Club
Ruby Tuesday’s

Tuesday, December 16th
9:30am
Education Center
Geriatric’s Lecture, Dr. James Lin

Wednesday, December 17th
1:00pm
Education Center
Central Venous Line Workshop
Dr. Thomas Falasca

Thursday, December 18th
5:00pm
LECOM, 2nd Flr. Conf. Rm.
Department of Primary Care Ed. Mtg.

Friday, December 19th
9:30am
Education Center
G.I. Lecture, Chronic Pancreatitis

Tuesday, December 23rd
Noon
Education Center
Family Practice Lec., Viral Exanthems



Continued from page 1, Carlo J. DiMarco, D.O.

“Leading to Greatness: Initiatives in OGME, Research and Advocacy”

Approximately eight thousand, nine hundred AOA approved Internship and Residency slots are available, while more than eleven thousand D.O.’s are in training. Dr. DiMarco says the profession can take several actions to improve the landscape of medicine for future D.O.’s. Among these is the OGME Development Initiative, which Dr. DiMarco believes can foster the development of much-needed training positions in a variety of specialties and locations. Established to develop OGME Programs where they do not exist, this joint initiative of the AOA and Osteopathic Postdoctoral Training Institutions sends D.O. consultants to meet with hospital officials to answer questions about OGME, the AOA, AOA residency requirements and Medicare reimbursement. Dr. DiMarco believes that this initiative will make a difference in creating new Internship and Residency Programs, but we need to do more to create additional training positions. Dr. DiMarco believes that more consultants are needed to ensure that we have representatives who can serve as resources for hospitals across the country, and he encourages all members of the profession to consider serving in this capacity. Dr. DiMarco has high hopes that the *Physician Workforce and Graduate Medical Education Enhancement Act of 2007, HR 2583*, will play an instrumental role in increasing OGME opportunities for D.O.’s. The bill, which has been in committee for more than a year, proposes no-interest loans to nonteaching hospitals, preferably in rural and small urban areas, to establish GME Programs. Intended to defray some of the starting-up costs associated with establishing GME Programs, the loans would help hospitals cover program expenses until they are reimbursed by Medicare. Hospitals would not be required to begin paying back the loans for twenty four months. Dr. DiMarco proposes that the AOA also provide loans to nonteaching hospitals to establish AOA-approved Internships and Residencies, using a portion of the AOA’s Greatness Fund (launched in 2006, for Public Education Advocacy, Osteopathic Relevant Research, and Osteopathic Graduate Medical Education) as seed money. These would be no-interest loans intended to help hospitals defray start-up costs until they begin receiving Medicare payments. Dr. DiMarco feels that once hospitals begin repaying their loans, the money can be used to help other hospitals implement training programs. Incentives like these need to be in place to encourage hospitals to invest in OGME Programs. He feels that although it will require an investment from the profession, this effort will help ensure the future success of our graduates.

According to Dr. DiMarco, Osteopathic Medical Research and Political Advocacy are also necessary to ensure a bright future for the profession. He feels that there is no better time than now to cultivate relationships with governmental and non-governmental funding sources, educating them about the importance of clinical Osteopathic Research. Now is the time to work with lawmakers to address major issues in healthcare that impact our profession, such as caps that hinder medical training programs and the pending Physician workforce shortage.

During the year, Dr. DiMarco plans to rally support for establishing the National Osteopathic Advocacy Center and Osteopathic History Museum (NOAC-OHM), an institution proposed by the AOA Board of Trustees and the AOA Greatness Fund Steering Committee during the AOA’s 2007 convention in San Diego in Washington, D.C. The NOAC-OHM would serve as a headquarters to accomplish three priorities (which the AOA House of Delegates and the AOA Board of Trustees identified for the Greatness Fund): promoting national advocacy and patient education, obtaining funding for Osteopathic Medical Research, and developing OGME Programs. Dr. DiMarco envisions the center and museum as a place where members of the public from around the world can learn about Osteopathic Medicine and where members of the osteopathic family can work together on advocacy and research activities. Dr. DiMarco envisions that the NOAC-OHM will give the Osteopathic Medical Profession a voice and a presence in our nation’s capital.

Coder’s Corner

“A Joint Effort in Documentation”

By, Mark Terrill, CCS

The Medicare prospective payment system has placed greater importance on complete and accurate documentation in the medical record. In order to achieve such documentation, open communication must take place between physicians and the medical records staff. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation the application of all coding guidelines is a difficult, if not impossible, task.

The importance of ensuring that diagnoses are substantiated by the diagnostic findings documented in the medical record is imperative. The Uniform Hospital Discharge Data Set (UHDDS), whose standards are the common core of data on individual hospital discharges, definition of principle diagnosis (the condition established after study to be chiefly responsible for occasioning admission to the hospital) needs to be reinforced on an ongoing basis.

Although you do not need to know how to assign ICD-9-CM codes, you must have some understanding of the classification scheme to guarantee that diagnoses are documented at the appropriate level of specificity. Documentation of additional diagnoses associated with the current hospital stay is equally important to ensure correct MS-DRG assignment. The medical staff must be informed that diagnoses related to an earlier episode that have no bearing on the current hospital stay are to be excluded.

Coders may utilize query forms for documentation questions, but please be assured that the clinical management of the case is not being challenged, but the documentation appears to be incomplete or unclear.

A comfortable working relationship is the end result of a concentrated effort on the part of both coders and the medical staff. I look forward in working with you in the future, and if you have any questions, please feel free to call me at extension 8300.

NEWS FROM MCH MEDICAL LIBRARY

The Latest editions added to the MCH Medical Library that are available for checkout:

Harrison’s Principles of Internal Medicine Self Assessment & Board Review, 2008

Bratton’s Family Medicine Board Review, 2007

Clinical Radiology Made Ridiculously Simple

Sabiston Textbook of Surgery (Pocket Companion)

Medical Education wishes everyone a Merry Christmas

