DID YOU KNOW . . .?

Fifty-three percent of ACOI members primarily practice general internal medicine, according to the 2004 ACOI member survey.

From President Cavalieri

Providing Leadership in Medical Ethics

Internists today are challenged with many medical ethical dilemmas as they strive to provide optimal care to the patients they serve. Many of these dilemmas center around end of life issues and are often in the acute care setting. As a result, internists may find themselves in the middle of major ethical dilemmas surrounded by the patient, the patient’s family, other health care professionals, hospital ethics committees and hospital administration. In order to fulfill his/her role as patient advocate, the osteopathic internist must be knowledgeable and skillful regarding the principles and practice of ethical care. The ACOI’s Ethics Committee was formed to support and serve its members who are regularly confronted with ethical challenges in their clinical practice.

By the nature of our role as physicians, much of our ethical decision making focuses on the individual needs of our patients. At the end of life, the scenarios may include such ethical challenges as withholding and withdrawing life sustaining therapy, using feeding tubes in patients with advanced dementia, or determining who shall make the decision when our

Residency Survey Shows Dramatic Program Growth

The Annual ACOI Survey of Internal Medicine Residency Programs was completed this winter by the DMEs and Program Directors of all osteopathic internal medicine programs. All programs participated and the responses indicate this has been a period of dramatic growth in the number of approved programs and training positions available. In the past 18 months, the ACOI Council on Education and Evaluation and AOA have approved 14 new internal medicine programs with a total of 152 positions. Three of these accepted residents in July. There have also been 10 new subspecialty fellowship programs approved. One internal medicine program closed (Osteopathic Medical Center of Texas). Fifty-two programs report that they are training residents this year, which is two more than last year.

Overall, the survey reflects a slight increase in the number of osteopathic internal medicine residents over last year. At the same time, the rate of increase in DOs training in ACGME programs moderated.

Subspecialty Training

The profession continues to respond to meet the growing demand for internal medicine subspecialty training. Sixteen institutions now offer one or more subspecialties. This compares to 17 institutions last year at this time. The number of available programs, however, has increased from 35 to 45. There were a total of only 22 subspecialty programs available just two years ago. After a large increase in the number of fellows last year, there are 85 trainees in 29 programs this year.

Board Adopts Statement on Artifical Nutrition, Hydration

The ACOI Ethics Committee drafted over the past year a new policy offering guidance to members on Artificial Nutrition and Hydration. The policy was endorsed by the Task Force on Palliative Care and approved by the ACOI Board of Directors at its meeting this month. Annette Carron, DO is chair of the Ethics Committee and took the lead in drafting this statement. A session on this issue will take place at the ACOI Convention in October. The statement appears below. Member comments are welcome.

ACOI POSITION STATEMENT

USE OF ARTIFICIAL NUTRITION AND HYDRATION

The ACOI is committed to optimizing care of patients throughout adult life, including life’s final stages. Death is an expected, natural outcome in the cycle of life. The ACOI supports a patient’s/surrogate’s right to

continued on page 3

continued on page 4
Welcome to Medicare: How to Streamline the Process

The Welcome to Medicare program is somewhat laborious for a primary care physician. A certain amount of advance planning is needed to make sure that the physician does not have an extreme amount of extra work. The entire staff of the office needs to work as a team. The patient should arrive at least 30-45 minutes prior to the actual service. A form should be devised that can be used as a screening tool for patient information for this service. The billing occurs under GO344, payment for which is approximately $97 nationally. A separate EKG may be billed with this office visit.

The screening tool should be arranged such that matters which do not require follow-up appear on one side of the page. Issues that require follow-up and further referral are placed on the other side of the page. Screening tools for depression should include a series of questions, with those that need follow-up placed on the correct side of the page. By the time the doctor comes face-to-face with the patient, he/she already should have reviewed the screening tools and can begin to complete the patient’s written plan from the check list. By the time the patient is having an EKG and visual acuity screen done by a staff member, the next patient can be filling out the screening form. This should streamline the process.

Check Medicare Claims Carefully

Physicians offices are urged to carefully check their recent Medicare claims submissions. The Center for Medicare and Medicaid Services (CMS) made a software change in October to require an exact match of beneficiary first initial, surname, and health insurance claim number submitted on the claim. Since this change was implemented, the number of denials because of name/number mismatch has tripled.

As a result, CMS has issued a Special Edition Medlearn Matters article to provide clarification on what providers need to do to avoid this type of claim denial. This article can be viewed at www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0516.pdf.

Research in Brief

Thomas A. Cavalieri, DO, FACOI of Stratford, NJ was the author of “Pain Management at the End of Life,” which appeared in the March 2005 issue of Clinical Geriatrics (Vol12; No3, 44-54). Dr. Cavalieri is a geriatrician and Chairman of the Department of Internal Medicine at UMDNJ-SOM. He is also President of the ACOI this year.
patient is no longer able to speak for him or herself. However, we may also face such challenges as patient demands for non-beneficial medical treatment, the responsible allocation of limited health care resources, the balancing of costs and clinical benefits vs. harms as they relate to the utilization of emerging therapies, or the protection of patient privacy vis-à-vis the use of patient data for patient safety improvement. At yet another level, the ethical dimensions and societal impact of physician assisted suicide and embryonic stem cell research are still widely debated. Finally, there are the ethical issues related to our own professionalism, physician and pharmaceutical industry relations and the disclosure of conflicts of interest.

The ACOI Ethics Committee is prepared to provide important leadership for our organization and service to its members through its expertise in the area of medical ethics. Led by Annette Carron, DO, an internist geriatrician from Michigan, the Ethics Committee is composed of ACOI members from across the country who have a deep commitment to and expertise in medical ethics as it relates to the practice of internal medicine. The Ethics Committee has developed position statements for review by the ACOI Board on ethical challenges facing internists, worked on educational programs that have become part of our annual ACOI meetings each fall, and served as a resource to individual ACOI members who may be confronted with ethical dilemmas in their practice. The Committee has developed a position statement on physician assisted suicide, addressed the ethical challenges related to impaired physicians, and debated the appropriate role of physicians’ response to the professional liability crisis. It most recently prepared a position statement approved by the ACOI Board on the ethical dilemmas regarding nutrition and hydration at the end of life. (See article on page one.) This topic will be discussed further at the upcoming ACOI annual convention in Orlando, which will offer the ACOI membership an opportunity to provide additional perspectives and input on this important issue. Soon, the ACOI will roll out the Medical Ethics Corner, a column to be published in our newsletter, which will be an ethical analysis of challenging cases confronted by ACOI members. ACOI members are invited to forward such cases for review.

I welcome your comments on these and other matters. I can be contacted by email at cavalita@umdnj.edu.

---

**Malpractice Bill Stalled in Senate**

Sen. Rick Santorum (R-Pa) told AOA members April 14 they face an uphill battle getting medical malpractice legislation through the Senate this year, saying legislation on the issue remains stalled in the chamber.

Santorum told participants in AOA’s DO Day on The Hill that the House again would pass medical malpractice legislation this year. But he said democrats and trial lawyers are holding up legislation in the Senate.

“It’s all bollixed up,” Santorum said of S. 354, the HEALTH Act of 2005, the leading medical malpractice bill in the Senate. “We will have a very, very hard time trying to pass this bill in its current form.”

Santorum said trial lawyers “almost exclusively” are responsible for the failure of medical malpractice legislation in the Senate. Trial lawyers are the largest contributors to members of Congress, and they give their money “overwhelmingly to the other side of the aisle,” he added, referring to Democrats.

Medical malpractice legislation “will pass the House,” Santorum told AOA members at a rally outside the Capitol. “You need to focus on senators.” About 700 AOA members later lobbied lawmakers April 14 on the issue.

Democrats, who claim insurance industry practices are responsible in part for rising medical malpractice premiums, have said lawmakers should focus more scrutiny on insurers and perhaps consider amending insurers’ long-standing exemption from antitrust laws. Democrats remain equally convinced that limiting patients’ recoveries in medical lawsuits would not cause malpractice insurers to lower their rates.

---

**Have You Moved?**

*Keep us updated.*

*If you have recently made any changes in your address, phone number or email, please notify the ACOI.*
Nutrition/Hydration Statement
continued from page 1

autonomy in decision-making through all realms of healthcare. Excellent care at the end-of-life involves individualized attention to symptom management, including physical, spiritual and emotional suffering for both the patient and the family. Artificial nutrition and hydration are often routine components of good medical care provided with a goal of patient benefit. Often, though, for a patient facing the end of his or her life, artificial nutrition and hydration may add to patient and family discomfort by worsening symptoms and prolonging the dying process. Each patient/surrogate has the right to define individual goals of care, including the right to comfort and dignity.

The ACOI believes it is medically, morally and ethically appropriate to withhold or stop artificial nutrition and hydration if, in conjunction with the patient’s/surrogate’s goals of care, it is not beneficial. The ACOI would oppose cessation of artificial nutrition and hydration when it is not burdensome, is inconsistent with the patient’s/surrogate’s wishes, or for the sole intent of ending the patient’s life.

As with any medical intervention, clinical assessment of each individual patient is paramount in deciding whether artificial nutrition and hydration is beneficial to provide.

Approved by the Board of Directors, April 2005

Why Spend More on Supplies?

Have you taken advantage of ACOI’s newest membership benefit, an affiliation with Amerinet-Esurg, the purchasing cooperative that will reduce your office expenses by 10 percent or more? Whether you are a small group or large, this free service can save you money through the power of group purchasing and it is simple to use.

Many ACOI members have begun using the service and report significant savings. Esurg offers more than 40,000 commonly used medical, pharmaceutical and office supplies, as well as major capital items. Some real-life examples of the discounts include a small internal medicine group in Michigan which saved: $3.85 per box of 50 premium exam gowns; $17.38 per box of 100 OneStep Fecal Occult Single Slide Tests, and $26.76 on 10 packs of disposable vaginal speculums.

A large cardiology group obtained savings of $4.29 on 1” transparent surgical tape; $8.50 per box of 25 Saf-T-Intime integrated IV catheters and $6.74 per box of 100 Luer-Lok tip 10cc syringes.

It is very simple to find out how much you can save on supplies commonly used in your office. Esurg will provide a free price comparison of any 10-15 items you designate. You may find some items available at a savings and others that are not. You are free to order only those items that will save you money. To get started, register at www.amerinet.esurg.com. Select ACOI as your referral site during registration. You may also contact Esurg by phone at 877-518-9211 to have your savings analysis performed. This service will provide substantial savings on the products you use on a daily basis. There are no fees to participate at any time.

New Certifications and Recertifications Announced

The ACOI Board of Directors and staff offer congratulations to the following physicians who recently have been certified or recertified by the American Osteopathic Board of Internal Medicine in the specialties noted:

CERTIFICATIONS

Internal Medicine

Jerry Myria, D.O.
Ronald Pais, D.O.
Frank Pauino, D.O.
Hiral Patel, D.O.

Endocrinology

Karen E. Agerborg, D.O.

Oncology

Jessica Hals, D.O.

RECERTIFICATIONS

Internal Medicine

Rodney K. Adkison, D.O.
Richard L. Glenn, D.O.
Cynthia D. Owens, D.O.
Laura M. Rosh, D.O.

Cardiology

Gary A. Frick, D.O.
William E. Reed, D.O.

Critical Care Medicine

John Nichols Hamaty, D.O.

Endocrinology

John R. Sutton, D.O.

Gastroenterology

Edward J. Iurkovic, D.O.
Richard M. Rotnicki, D.O.

Neurology

Beckie Michael, D.O.
Alice R. Premaza-Mueller, D.O.

"
Resident Survey
continued from page 1

A summary of the survey information follows:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number of Programs</th>
<th>Number of Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>17</td>
<td>49</td>
</tr>
<tr>
<td>Critical Care</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Hem/Onc</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nephrology</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Oncology</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Pulmonary/Critical Care</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>OMM plus 1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Interventional Cardiology</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL** | 45 | 85 |

---

This vintage photo of the 1982 ACOI Convention program committee was provided by Past President Michael I. Opipari, DO. The Committee met during an AOA-ACOI Convention held in Anaheim, CA in November, 1981.
PROFESSIONAL OPPORTUNITIES

CARDIOLOGY FELLOWSHIP – Michigan. Oakwood Southshore Medical Center (OSMC) in Trenton, Michigan has an opening for a cardiology fellow to begin training July 1, 2005. OSMC, located in the southern suburb of metropolitan Detroit, is a growing community hospital in the center of the region’s most impressive population growth. The education program is innovative and based on a core curriculum supplemented by considerable flexibility for individualized options in training. The faculty is committed to teaching and providing personalized attention. The community hospital base is joined to a central hospital within the Oakwood HealthCare System. Oakwood Dearborn is a Top-100 cardiology hospital with one of the busiest programs for cardiac intervention and open-heart surgery in Michigan. The fellowship program has a strong ambulatory component.

More information about the training program can be obtained from the hospital website: www.oakwood.org. Applications should be sent to Susan Zonia, Ph.D., Associate Director of Medical Education, Oakwood Southshore Medical Center, 5450 Fort Street, Trenton, MI 48183. Inquiries should be addressed to Felix J. Rogers, DO, FACOI at 734 675-2220.

CARDIOLOGY FELLOWSHIP – Ohio. Three-year cardiology fellowship now available at Grandview Medical Center in Dayton. Participation in the program provides sufficient patient load with diverse pathology, including both hospitalized and ambulatory patients, literature review, weekly cath conferences, and participation in morning report and grand rounds. Various research opportunities exist within the program. For further information contact Renee Riley in Medical Education, renee.riley@kmcnetwork.org, call 937 226-3248, or visit www.kmcnetwork.org/gvmeded.

INTERNAL MEDICINE FACULTY MEMBER– Kansas City, MO. Kansas City University of Medicine and Biosciences seeks a fulltime Internal Medicine faculty member. Appropriate candidates will have experience and interest in medical education, clinical care and research. Call ratio is 1:4. The successful candidate will have either a D.O. or M.D. degree and be BE or BC in Internal Medicine. Subspecialists will be considered if willing to practice some general internal medicine. Specific questions may be directed to G. Michael Johnston, D.O., Chair, Internal Medicine, 1-800-234-4847, ext. 2275, 816-283-2275, gjohnston@kcumb.edu.

Salary and rank will be commensurate with experience and qualifications. KCUMB offers an outstanding benefits package, including an exceptional retirement plan. KCUMB is located in a beautiful, traditional setting near downtown Kansas City, MO. Interested candidates should submit a letter of interest, curriculum vitae, a statement of teaching philosophy and research interests, and contact information for three references to: Susan M. Schmidt, Asst. Director of Human Resources, 1750 Independence Ave., Kansas City, MO 64106-1453, 1-800-234-4847, ext. 2229 or 816-283-2229; E-mail: employment@kcumb.edu, (MS Word only, please); Fax: 816-283-2285. www.kcumb.edu. EOE. Pre-employment drug screen and background checks required. Must be authorized to work in the USA. KCUMB is one of eight key stakeholder institutions in the Kansas City Area Life Sciences Institute. www.kclifesciences.org.

INTERNIST/GI– Mid Missouri. Seeking motivated, hard-working internist BC(BE) with interest or fellowship (BC/BE) in Gastroenterology to share office space and call with active, 14-year old private practice in Pulmonary/Internal Medicine, as associate or employee. Opportunity to develop a busy practice in a short time in a beautiful resort community with excellent schools, plentiful recreation, within 75 minutes of two University towns. Hospital has approximately 120 beds and is quite busy. Potential is unlimited in this area. Please email for more information and send CV to recruit@charterinternet.com.

INTERNAL MEDICINE RESIDENT CLINIC DIRECTOR– Michigan. Reporting to the Senior Vice President, Medical Administration of Mount Clemens General Hospital, candidate will work collaboratively with the IM clinical faculty and Director of Medical Education in the oversight of the Internal Medicine Residency Program ambulatory clinic and provide clinical supervision and
GASTROENTEROLOGY DIVISION CHIEF
Highly regarded department of medicine seeks a division chief for gastroenterology with demonstrated interest in education and patient care. Qualified candidates will be BC/BE gastroenterologist and proficient in all basic endoscopic procedures. Will direct Fellowship Program and teach subspecialty to internal medicine residents and students.

GASTROENTEROLOGY FACULTY MEMBER
University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine (The Southern NJ campus of UMDNJ) seeks a BC/BE Gastroenterologist Clinical Educator as full-time faculty member. Training in diagnostic and therapeutic ERCP required. In addition to patient care, position includes participation in teaching programs and opportunities for research. Competitive salary and benefits package offered. Send CV to Thomas A. Cavaliere, DO, Chairperson, Dept. of Internal Medicine, UMDNJ-SOM, 42 E. Laurel Road, Suite 3100, Stratford, NJ 08084. AA/EOE, M/F/D/V. Visit www.umdnj.edu/hrweb.

education to residents and interns in the ambulatory settings. This position will include out-patient responsibilities in resident precepting, as well as private practice, participation in didactic programs with protected time for administration and research. Mount Clemens General Hospital is a 288-bed acute care osteopathic teaching hospital located in Mount Clemens, Michigan, a suburb of Detroit. Minutes away from Lake St. Clair, this opportunity offers an incredible quality of life for family oriented and singles alike. Qualifications include Board Certified DO/MD with a minimum of 3 years clinical practice/teaching experience with a desire and the enthusiasm to successfully participate in the teaching and research activities of the program. Please forward CV to: Marilyn Jackson, Search Consultant, Aegis Group Search Consultants, LLC, 41451 W. 11 Mile Rd., Novi, MI 48375. Phone (248) 344-1450. FAX (248) 347-2231. Email: m.jackson@aegis-group.com.

PULMONARY/CRITICAL CARE – South Carolina. Busy two-physician practice seeks third physician. Located in beautiful part of South Carolina. Interested candidates should contact office manager Larry Smoak by phone at 803 643-1090, fax at 803 643-8080, or email at

Save the Date!
Attention all physicians who trained at Grandview Hospital
Please stop by our exhibit and visit us in Orlando at:
AOA and ACOI
2005 Unified Osteopathic Convention
Orange County Convention Center
October 22-27, 2005
Hospitality Room, 10am-9pm
October 24th & 25th
Alumni Reception – 6pm-9pm
Monday, October 24th
Questions?
Call Grandview Hospital at 937-226-3358
or check out our website:
www.grandviewfoundation.org
or A.O.A. website:
www.do-online.org
Complimentary gift given to all who attend!
Upcoming ACOI Education Meeting Dates & Locations

- 2005 Annual Congress on Medical Education for Residency Trainers
  May 13-15  Starr Pass Marriott Resort & Spa, Tucson, AZ

- 2005 Annual Convention & Scientific Sessions (With AOA Unified Convention)
  Oct 22-26  Renaissance Orlando Resort at SeaWorld, Orlando, FL

- 2006 Annual Convention & Scientific Sessions
  Oct 18-22  JW Marriott Desert Ridge Resort & Spa, Scottsdale, AZ

- 2007 Annual Convention & Scientific Sessions
  Oct 10-14  Boston Marriott Copley Place, Boston, MA

- 2008 Annual Convention & Scientific Sessions
  Oct 8-12  Marco Island Marriott Resort, Golf Club & Spa, Marco Island, FL

Please note: It is an ACOI membership requirement that Active Members attend the Annual Convention or an ACOI-sponsored continuing education program at least once every three years.

Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at www.acoi.org

2005 Certifying Examination Dates & Deadlines

The American Osteopathic Board of Internal Medicine has announced the dates for the 2005 Internal Medicine and Subspecialty Certifying Examinations. The exam dates and application deadlines follow:

Internal Medicine Certifying Examination
August 25-26, 2005  •  Chicago, IL - Application Deadline: Expired

Subspecialty & Certification of Added Qualifications:
August 27, 2005  •  Chicago, IL - Application Deadline: Expired

Recertifying Examinations - Internal Medicine, Subspecialties and Added Qualifications:
August 27, 2005  •  Chicago, IL - Application Deadline: May 1, 2005
- Allergy/Immunology
- Cardiology
- Interventional Cardiology
- Endocrinology
- Gastroenterology
- Geriatric Medicine
- Hematology
- Infectious Disease
- Nephrology
- Oncology
- Pulmonary Diseases
- Rheumatology
- Clinical Cardiac Electrophysiology

The examination for certification of added qualification in Sports Medicine will be held in conjunction with the AOA/ACOI Convention in October, 2005. The deadline for submission of applications will coincide with the subspecialty examination registration and deadline dates.

Further information and application materials may be obtained by writing to: Gary L. Slick, DO, FACOI, Executive Director, American Osteopathic Board of Internal Medicine, 20201 South Crawford Ave., Olympia Fields, IL 60461.
Email at gls_acoim@ameritech.net.

Minority Health Task Force Addresses Disparities in Care

The ACOI Task Force on Minority Health and Cultural competency conducted its first meeting on March 29. The Task Force was appointed by President Thomas A. Cavalieri, DO to address a number of issues related to minority health. These include: determining whether the ACOI appropriately addresses minority health issues in its continuing medical education and graduate medical education programs; discussing areas in which the College may wish to create policy statements and provide advocacy; identifying individuals to fill key positions on ACOI Committees in order to increase opportunities for minority participation in the leadership of the College; and increasing the diversity of individuals recruited to careers in internal medicine.

At the first meeting, the Task Force agreed to draft a policy statement on minority health disparities. The statement will be submitted to the Board of Directors and eventually to the AOA for adoption as a profession-wide policy.

The Task Force also agreed to develop a symposium on minority health issues for presentation at the 2006 ACOI Convention. Judith A Lightfoot, DO chairs the Task Force.