

## From President Burke Foremost, Our Profession Needs to Lead Healthcare



I was asked to write an editorial comment in 2009 on the looming Affordable Care Act (Obamacare) for a University of Chicago patient magazine. The piece was enlisted to be a clinician's perspective

by asking the question, "What is the one thing that you hope healthcare reform addresses and one thing that you fear it will do?" I wanted to share my editorial with you, the heart of Osteopathic Internal Medicine, in an effort to possibly galvanize energy to shore up our profession and take back leadership of American Healthcare. This type of grassroots leadership starts locally through you, and with the support of the American College of Osteopathic Internists, your professional service organization.

### 2009 Perspective on the Eve of Healthcare Reform

*American Medicine is a behemoth of special interests that contributes to as well as consumes our economy. The American adage, 'You have nothing without your health,' is the mental philosophy to our ever expanding (entropic) health industry. A systematic and well-planned approach*

*continued on page 2*

## In This Issue...

Government Relations.....	3
Coding Corner .....	4
Talking Science & Education.....	5
75th Anniversary Circle.....	6
New Members Welcomed.....	7
Clinical Challenges Program/Registration .....	8/9
Cardiology Focused Review/Registration .....	10/11
IM Board Review Course/Registration...	12/13
CME Calendar.....	14

## ACOI Website Upgrades Begin

As part of the expansion of the ACOI's educational offerings for members, the College is creating a learning management system (LMS) that will provide access to dozens of new CME and other education opportunities. The first step in creating the LMS was to bulk up the capacity of the website to deliver more education and to make the site "mobile friendly." That phase is now complete, meaning that content on the website can be viewed seamlessly via smart phones, tablets and other devices.

The next phase---creating the actual learning center---is underway and expected to be completed this spring. The College's intent is to provide internists with additional educational opportunities that will meet CME requirements as well as the evolving requirements for both AOA's Osteopathic Continuous Certification and the ABIM's Maintenance of Certification. In addition to activities that earn CME credit, it is anticipated that content in the learning center will include activities that will be free of charge to ACOI members, resident and students.

The funding for these upgrades and other important undertakings is made possible by the generosity of those who contributed to the College's recently-concluded 75th Anniversary Fundraising Campaign. The Campaign, which set a goal of raising \$750,000, actually brought in \$841,000 in contributions and pledges. (For more information about the Campaign, see pages 6-7 of this newsletter.)

### Special Award Nominations Also Sought

## Fellows Nominations Due April 30

The deadline for submitting nominations for the honorary Degree of Fellow is April 30, 2018. The minimum eligibility requirements for consideration are two consecutive years of Active ACOI membership and certification by either the American Osteopathic Board of Internal Medicine or the American Board of Internal Medicine. Nomination packets have been mailed to all current Fellows, as well as those who are eligible through AOBIM certification. Interested members who are certified by the ABIM are asked to contact the ACOI office for an application as the College does not maintain a complete list of ABIM-certified physicians.

Nominations also are sought for the Internist, Researcher and Teacher of the Year Awards, and Master Fellowship. The deadline for nominations for these awards is June 1.

Bylaws changes recently approved simplified the nomination process and made it easier for candidates who do not have two Fellows available to nominate them. Such members are urged to contact the ACOI office for assistance.



## American College of Osteopathic Internists

In Service to All Members; All Members in Service

### MISSION

The mission of the ACOI is to promote high quality, distinctive osteopathic care of the adult.

### VISION

The ACOI seeks to be the organization that osteopathic internists think of first for education, information, representation and service to the profession.

### VALUES

To accomplish its vision and mission, the ACOI will base its decisions and actions on the following core values:

LEADERSHIP for the advancement of osteopathic medicine

EXCELLENCE in programs and services

INTEGRITY in decision-making and actions

PROFESSIONALISM in all interactions

SERVICE to meet member needs

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## Letter from the President

continued from page 1

is needed to navigate a useful and lasting change to the current health delivery system. This will require completely dismantling and rebuilding our medical delivery system in a way that I hope addresses focus back onto the doctor-patient relationship as the core mission upon which to build reform.

The doctor-patient relationship is alive within American Medicine, though it is under attack by government policy and agency, third party insurance, medical device and pharma companies and hospital conglomerates that secure huge profits without personal risk. It is true, dynamic and critical that any reform effort preserve and reward a strong doctor-patient relationship. The main problem is that the economics of healthcare costs have no seat at the doctor-patient table. The commerce of health maintenance and/or treatment is carried out without these two key players having any input or understanding of the true cost of tests or procedures. Charges are so extremely high that it defies any logical ability to qualify them to me, a doctor; or to the patient that is billed. Having healthcare rates negotiated between a doctor and patient rather than an insurance company and hospital or declared by the federal government would instantly contain cost. The special interests in the American health system do not want this action. The current system does not reward quality or complexity of care and therefore discourages it. Quality and complexity can only be judged by a patient and a doctor, not the Wizard of Oz behind a curtain. As a microcosm of our capitalistic society, our healthcare system needs to contain cost and reward quality through the prime risk takers---physicians and patients---which can only be realized if they are allowed to participate in the commerce of medicine. I fear that healthcare reform will not be done systematically and consequently will grow the current third party payer system intact or with weak regulation in lieu of a strong not-for-profit, fiscally sound public insurance option that will focus on quality doctor-patient interactions. It is egregious that a health insurance executive is paid tens of millions of dollars per year mainly because their policies weeded out the sickest patients and delayed payment to providers. How do we negotiate this corruption in our care of sick Americans? Wall Street encourages it. Our government believes that this can be regulated. It is hard to rationalize sanely that expanding the current third party payer system, without a sound, competitive public option, can be controlled without huge cost to patients, their care and the clinical caregivers delivering it.

**Well, what I hoped for did not happen and what I feared did.** Actually, the healthcare system is so dismantled that it seems unfixable. Even though the system is huge (a behemoth), it remains just a microcosm of the systemic issues plaguing a country that, on one hand can get Apollo 13 back to earth safely, but on the other hand bails out banks and allows for more than one school shooting. America and its healthcare system are ill, but they are also curable. What we need for healthcare is a physician professional class to cure what ails our system. The ACOI has been an advocate and content creator for healthcare for our brand of internal medicine for 75+ years and is equipped to provide services to lead in support of the doctor-patient relationship.

### Leading to Wellness

Revaluing the doctor-patient relationship is essential and needs data to drive an agenda. The wellness of the profession remains at risk without it. The ACOI, as we transform, will be a resource to provide systems of data collection, rather than just a source of educational products and management of your continuing education. This is not the time to get insular, but rather a time to reach out and lead! The wellness of our colleagues, patients and profession absolutely depend on it.

Ten years ago, our government failed to lead and debate the Affordable Care Act's potential effects, but rather jockeyed for a major re-distribution of healthcare money away from the doctor and the patient, at the expense of both. Addressing this problem is a solid method to start to repair healthcare as well as our professional health. And guess what: it is the essence of Osteopathy. We need to band together and create open source healthcare networks that are affordable and profitable. Value continuity of care, especially ambulatory based, whether by individual physicians or teams in a system. Collect your quality outcomes and progressively

continued on page 14



# government RELATIONS

Timothy McNichol, JD

## **Government Funding Deal Impacts Health Care**

Following ongoing negotiations and a brief government shutdown, the House and Senate agreed to a two-year spending package impacting a number of federal health programs. In a budgeting maneuver to offset the cost of the legislation, Congress reduced the Medicare physician payment update of .5 percent scheduled for 2019 to .25 percent for a saving of approximately \$1.85 billion. The agreement also includes the following: \$6 billion to fight the opioid epidemic; \$7 billion over two years to support the operation of Community Health Centers; adds an additional \$2 billion in funding for the National Institute of Health (NIH); extends the Children's Health Insurance Program (CHIP); and repeals the controversial Independent Payment Advisory Board (IPAB) created under the Affordable Care Act (ACA), among other things.

The package provides a funding framework for two years and appropriates temporary funding that expires March 23. As a result, prior to March 23, Congress must appropriate specific funds consistent with the agreed-upon spending package. The legislative package was approved with the support of both Democrats and Republicans. The ACOI will closely monitor ongoing negotiations as Congress works to appropriate the funds necessary to keep the government open beyond March 23.

## **Azar Confirmed as HHS Secretary**

The Senate confirmed President Trump's nominee Alex Michael Azar II to become Secretary of the Department of Health and Human Services (HHS) on January 24. Prior to his confirmation as Secretary, Mr. Azar served as Deputy Secretary of HHS under President George W. Bush from 2005 – 2007. He was president of Eli Lilly until early 2017. It is expected that top priorities for Secretary Azar will include addressing the opioid epidemic and controlling the rising cost of prescription drugs. Contrary to his predecessor Tom Price, MD, who was forced to resign amid questions about his tax-payer-funded travel arrangements, Mr. Azar was confirmed with the support of both Democrats and Republicans.

## **CDC Director Resigns**

Former Director of the Centers for Disease Control and Prevention, Brenda Fitzgerald, MD, resigned following reports she bought shares in tobacco companies one month after taking over the reins of the agency tasked with reducing smoking and tobacco use. According to reports, Dr. Fitzgerald purchased stock holdings in approximately a dozen companies within a month of becoming director of the CDC. Concerns were raised prior to her confirmation questioning her complex financial portfolio that was almost certain to require her to recuse herself in numerous matters before the agency. The CDC is currently being led by Acting Director Anne Schuchat, MD. To date, a permanent replacement has not been nominated by the President.

## **New HHS Conscience and Religious Freedom Division Created**

The US Department of Health and Human Services (HHS) recently announced the creation of a "Conscience and Religious Freedom Division." The new Division is housed in the Office for Civil Rights (OCR). According to HHS, the new Division, "provides HHS with a focus it needs to more vigorously and effectively enforce existing laws protecting the rights of conscience and religious freedom..." Following the announcement of the creation of the Division, proposed regulations were

released to, "ensure that persons or entities are not subjected to certain practices or policies that violate conscience, coerce, or discriminate." It has been reported that more than 300 health workers have already complained to HHS claiming that their religious or conscience rights were violated by their employer. Additional information about any rules promulgated as a result of these actions will be provided when they become available.

## **Washington Tidbits**

### **Compromise:**

#### **The Cornerstone of Democracy**

In the Spring of 1787, fifty-five state delegates converged on Philadelphia, Pennsylvania to address the challenges created by the Articles of Confederation, which were signed in the same location a mere six years earlier. The Articles created a weak central government that was certain to fall under the weight of a growing young nation. To this end, through compromise and thoughtful consideration, the delegates were able to prepare a document that would be both specific enough to create a strong central government and general enough to protect the rights of the states.

Few would argue that the Constitution was perfect. In fact, in his final speech to the Convention, the elder statesman Benjamin Franklin noted, "I confess that I do not entirely approve of this Constitution at present..." He went on to say, "On the whole, Sir, I cannot help expressing a wish, that every member of the Convention, who may still have objections to it, would with me on this occasion doubt a little of his own infallibility, and to make manifest our unanimity, put his name to this instrument." Thirty-eight of the 41 remaining delegates at the Convention signed the document sending it to the states for ratification. Perhaps our current leaders should consider the words of Benjamin Franklin and at least entertain the possibility that they each possess a degree of fallibility. After all, compromise allowed our young nation to move forward!



## *coding* **CORNER**

*Jill M. Young, CPC, CEDC, CIMC*

*The ACOI Coding Corner is a column written by Jill M. Young, CPC, CEDC, CIMC. Ms. Young is the Principal of Young Medical Consulting, LLC. She has over 30 years of experience in all areas of medical practice, including coding and billing. Additional information on these and other topics are available at [www.acoi.org](http://www.acoi.org) and by contacting Ms. Young at [YoungMedConsult@aol.com](mailto:YoungMedConsult@aol.com).*

*The information provided here applies to Medicare coding. Be sure to check with local insurance carriers to determine if private insurers follow Medicare's lead in all coding matters.*

### **Teaching Physician Verification of Student Entries into Electronic Health Records**

The Centers for Medicare and Medicaid Services (CMS) recently modified its Medicare Claims Processing Manual to allow a teaching physician to “verify,” rather than re-document, a student’s entry into an electronic health record (EHR). This welcome change for Evaluation and Management (E&M) services documentation has been met with much discussion. The Processing Manual now reads: “Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.”

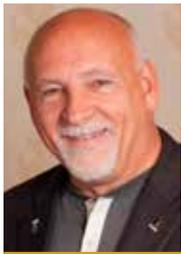
Students for a long time have complained that the work they have done in documenting E&M services is not looked at or used. I am not suggesting that their documentation be given equal weight with a resident or fellow, but it is essential that their work be given attention and feedback in order to aid in the educational process. Compare the notes of a third-year medical student and a third-year resident or fellow. The exam and documentation may differ greatly in sophistication and accuracy. This policy change encourages much-needed training in the use of EHRs.

I am located in J8 for Medicare Administrative Contractors (MAC). This means WPS processes our Medicare claims and we look to them for clarification on rules and policies where CMS’ policy is unclear or undefined. Other states have other MAC companies and I always encourage that you contact your specific MAC to “get it in writing.” It is always a possibility that clarifications differ. With that disclaimer, on a recent peer educational call with WPS, we were told, “all the other documentation requirements for interns and residents are still in effect.” I asked for clarification and confirmed that the following examples would serve as verification under the new policy: “I saw and examined the patient. I agree with the resident’s (student’s) note except the heart murmur is louder. I will obtain an echo to evaluate.”; “I was present with the resident (student) during the history and exam. I discussed the case with the resident (student) and agree with the findings and plan as documented in the resident’s (student’s) note.” It is important to note, the section of the manual states that either a resident (fellow) or the physician MUST be present during

the E&M services performed by a student. Due to this requirement, I would strongly recommend the documentation address who was with the student when the E&M service was being performed. The statements quoted above are found in the CMS Manual, (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>), beginning on page 155 (Minimally Acceptable Documentation).

I often work with physicians who are at teaching hospitals and struggle at times to have them understand that when they put their macro statement on the resident’s note they are making that note their own official note. Any omissions or errors in the documentation of the services are now theirs, along with the liability. Training on documentation of E&M services in any formal matter is not happening in the medical schools that I am exposed to. It begins in earnest when a student starts his or her first rotation where he or she is “trained” by other house staff. This change by CMS is certain to allow for expanded education for future physicians in the use of EHRs and will encourage trainees to more fully engage with their trainees as it relates to E&M services documentation. The question is, will physicians take the time to work with students on this documentation?

Please note that this modification relates only to E&M services. Further, the policy change does not say that physicians MUST use a student’s documentation, just as it does not require that a physician use the documentation of a resident or fellow. You can view updated CMS Manual at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R3971CP.pdf>.



# talking science & education

Donald S. Nelinson, PhD

Greetings colleagues and welcome to the February issue of Talking Science and Education. Last month's question asked whether the premature death rate had increased, decreased, or remained the same during 2017. William Geisen, a 4th year student at the University of Pikeville's Kentucky COM was the first respondent with the disturbing but correct response that the premature death rate has indeed increased. Across the U.S., the premature death rate (the number of years of potential life lost before age 75) increased for the third straight year, reaching 7,214 years lost before age 75 per 100,000 population. This recent rise is concerning, particularly after the premature death rate declined dramatically by 20 percent from 1990 to 2015.

Congratulations, William! Remember, the first person to respond with the right answer will receive a valuable prize. BUT in the spirit of good sportsmanship, no Googling allowed. Here's the question for February. Good luck!

This state is ranked the 4th healthiest in the country, but has had one of the largest increases in the cardiovascular death rate since 2012, at 10%. Which state is it?

- A. Massachusetts
- B. Hawaii
- C. Utah
- D. Vermont

Send your answer to [don@acoi.org](mailto:don@acoi.org).

## Talking Education

In last month's newsletter, I addressed the challenge faced by most of the country's residency programs in providing adequate training and experience in the use of EHR systems to medical students. This is because of a Medicare requirement that the teaching physician rewrite in the medical record any student documentation of components of evaluation and management coding (E/M) services. I am very pleased to share the news that CMS has modified its Medicare Claims Processing Manual to allow the teaching physician to verify, rather than re-document, the student entry in the EHR. This represents a very important milestone for the education of our students on meaningful use of the EHR. The catalyst for this change was a request made to CMS by the ACOI with our colleagues on the Alliance for Academic Internal Medicine's Internal Medicine Education Advisory Board. The effective date was January 1, 2018 with an implementation date of March 5, 2018.

## Challenges Bringing IT into Day-to-Day Practice

Physicians have considerable concerns about the efficacy and evidence base of health information technology (IT), according to a report published by the American Medical Association (AMA).

Noting that one of the main questions physicians have about digital health is whether it will actually work in practice, researchers from Partners HealthCare Center for Connected Health and the AMA conducted a review to examine the facilitators and barriers to physician adoption of digital health solutions.

According to the report, few papers talked about provider adoption, with only 57 studies out of more than 3,000 papers mentioning provider adoption. Interim results showed that key facilitators of adoption include availability of additional resources and training, access to accurate data, positive impact on quality of care, and evidence base for the digital health solution. Physicians encounter many frustrations every day, and they are unlikely to use a digital health solution that is frustrating or logistically

challenging. Physicians also highlight concerns about the accuracy and reliability of data in digital health systems. Another concern is how digital health solutions would affect face time with patients.

## Diabetes Dialogues - Type 2 Diabetes Confers Greater Risk for Subsequent CV-related Hospitalization

Patients hospitalized for a cardiovascular event have a nearly 20% higher risk for a subsequent CV hospitalization if they have type 2 diabetes vs. similar patients without type 2 diabetes, with the highest risk observed among patients aged 35 to 44 years, according to findings published in *Current Medical Research and Opinion*<sup>1</sup>.

In a retrospective study, Anna D. Coutinho, PhD, of Xcenda LLC in Palm Harbor, Florida, and colleagues analyzed electronic medical records data from adult patients in the IMS LifeLink PharMetrics Plus claims database who had been hospitalized for a CV event between July 1, 2011, and June 30, 2014 (index period; n = 316,207). The pre-index period was defined as the one year preceding the index date and was used to identify patients with comorbid type 2 diabetes (23% of the cohort). The post-index period was defined as the duration of the index event and the post-discharge period and was used to assess outcomes. Primary outcome was subsequent CV hospitalization, including hospitalizations that occurred after discharge from the index hospitalization. Patients were stratified by sex and six age groups: aged 18 to 34 years, aged 35 to 44 years, aged 45 to 54 years, aged 55 to 64 years, aged 65 to 74 years, and aged at least 75 years. Researchers also assessed health care resource use, defined as length of stay per subsequent hospitalization, bed-days per patient per month, number of all-cause and CV-related visits per patient per month by setting of care, and related health care costs, computed using paid amounts on claims after adjustment to 2015 U.S. dollars.

Within the cohort, 1.7% of patients

*continued on page 7*

# 75th Anniversary Campaign Honor Roll of Donors

(Outright Gifts and Multi-Year Commitments of \$1,000 or more as of February 5, 2018)

On behalf of the ACOI Board of Directors, the generous support of our donors is of the utmost importance as we seek to maintain an osteopathic approach to internal medicine for future generations of patients.

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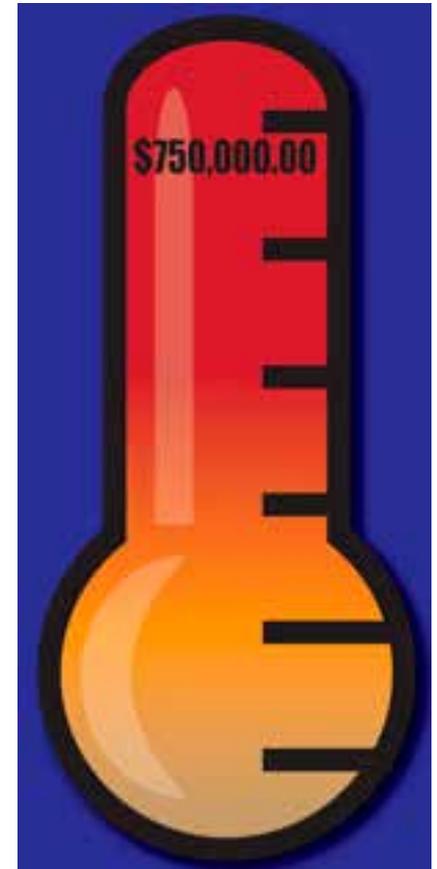
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and George Tarian, DO  
W. W. Spencer, DO, MACOI  
Paul Sprosser, DO, FACOI  
David Suster, DO, MACOI  
John R. Sutton, DO, FACOI  
Richard R. Tacker, DO, FACOI  
Kermit Trindler, DO  
Gordon P. Tulving, Jr., DO  
Anna Vasoya, DO, FACOI  
William H. Voss, DO, MACOI  
Thomas Walk, DO, FACOI  
R. Carl White, DO, FACOI  
Mark L. Woodard, DO, FACOI  
William Zippert, Jr., DO, FACOI

## Thanks to You ACOI's 75th Anniversary Campaign Surpasses Goal – Raising \$841,195.95!



"I am very pleased that ACOI members responded so positively and generously to the College's first-ever fundraising campaign. Due to our generous

support, the ACOI will have the funds to accomplish an ambitious plan to advance and preserve osteopathic internal medicine. My thanks to our donors for seeing their financial investment in our future as a part of their legacy as an osteopathic internist."

*Lawrence U. Haspel, DO, MACOI  
75th Anniversary Campaign Chair*

## Talking Science & Education

*continued from page 5*

died during the index hospitalization; researchers assessed outcomes for 310,926 patients followed for a mean period of 19 months. During follow-up, 20% of patients with type 2 diabetes had a subsequent CV hospitalization, whereas 16% of patients without diabetes were admitted with a subsequent CV hospitalization, for an incidence rate of 16.7 vs. 11.4 per 100 patient-years, respectively. Researchers found that, compared with patients without type 2 diabetes, patients in the cohort with type 2 diabetes were more likely to have an index hospitalization with a revascularization procedure (25.9% vs. 19.8%), or a discharge diagnosis of heart failure (16.3% vs. 9.3%).

After adjustment, patients with type 2 diabetes had a 19% increased risk for subsequent hospitalization for a CV event vs. patients without diabetes (adjusted OR = 1.19; 95% CI, 1.16-1.21).

The incidence rate of subsequent hospitalizations for a CV event was higher for patients with type 2 diabetes across all age groups, apart from patients aged 18 to 34 years. The difference in risk was highest for adults aged 35 to 44 years (HR = 1.3; 95% CI, 1.2-1.5) vs. those aged at least 75 years (HR = 1.1; 95% CI, 1.1-1.2). There were no between-sex differences in hospitalization trends.

Researchers also found that subsequent CV-related hospitalizations during the post-discharge period were longer among patients with type 2 diabetes vs. those without diabetes, (mean, 6 days vs. 5.6 days), as were all-cause hospitalizations (mean, 6.7 days vs. 6.3 days;  $P < .001$  for all). Patients with type 2 diabetes also incurred higher health care costs during the post-discharge period compared with patients without diabetes, both for all-cause admissions (mean, \$749 per patient per month) and CV-related admissions (mean, \$250 per patient per month).

The higher costs during the post-discharge period were mainly driven by medical costs, which constituted 74.1% of the all-cause costs and 98.9% of total CV-related costs.

<sup>1</sup>Coutinho AD, et al. *Curr Med Res Opin.* 2018;doi:10.1080/03007995.2018.1434497.

## Special Thanks to our Campaign Leadership

The ACOI is especially grateful to Larry Haspel, who served as Campaign Chair, Marty Burke, Campaign Vice-Chair and the members of the 75th Anniversary Campaign Committee listed below for their generosity and leadership that helped insure the success of the College's first-ever comprehensive fundraising campaign.

### **Campaign Committee members included the following:**

Jack Bragg, DO, MACOI (Past President 2011-2012)  
John Bulger, DO, MBA, FACOI (Immediate Past President)  
Mike Clearfield, DO, MACOI (Past President 2009-2010)  
Rob DiGiovanni, DO, FACOI (Current ACOI Board member)  
Bob Good, DO, FACOI (Past President 2012-2013)  
Rick Greco, DO, FACOI (Past President 2013-2014)  
David Hitzeman, DO, MACOI (Past ACOI Board member)  
Kevin Hubbard, DO, MACOI (Past President 2007-2008)  
Judy Lightfoot, DO, FACOI (Past President 2014-2015)  
Karen Nichols, DO, MA, MACOI (Past President 2000-2001)  
Tony Ottaviani, DO, MS, MACOI (Past President 1998-1999)  
Rick Schaller, DO, MACOI (Past President 2005-2006)  
Scott Spradlin, DO, FACOI  
Robert Stomel, DO, MACOI (Past President 2002-2003)  
William Strampel, DO, MACOI  
John Uslick, DO, MACOI (Past President 1999-2000)  
Larry Wickless, DO, MACOI (Past President 1990-1991)

## Climate & Health Solutions Conference Set for April 9-10

The Medical Society Consortium on Climate & Health will host a Climate & Health Solutions Conference April 9-10 at George Mason University in Arlington, Virginia. The Consortium on Climate & Health is a group of 20 member medical societies, including the ACOI, and 24 affiliates (health and science-based organizations). Conference sessions will provide updates on: climate change health impacts (including air pollution, adverse childhood events and the Lancet Count Down); reducing the carbon footprint of the health sector; policy solutions to climate change; and how to communicate with policymakers about climate and health.

Visits to Congressional offices to educate the members will be available on the afternoon of April 10. The visits are planned in cooperation with the American Lung Association. The agenda and registration materials for the conference are available here: <https://medsocieties-forclimatehealth.org/annual-meeting/>.

## New Members Welcomed

*The ACOI Board of Directors and staff welcome the following members whose membership applications or changes in membership status have been approved by the Credentials Committee and Board of Directors.*

### **Active Members:**

Laura Cashin, DO  
Samuel Ganz, DO  
Jodie Hermann, DO  
Kirk Kittikamron, DO  
Stacy Loree, DO  
Michele Mikolajczak, DO  
Mariya Milko, DO  
Marvin Moul, DO  
Erin Rocchio, DO  
Israel Stewart, DO  
Philip Willsie, DO  
Alex Yarbrough, DO

### **Associate Members:**

Ghiath Bayasi, MD  
Mark Marone, MD  
Vikas Patel, MD  
Ashish Rana, MD  
Anil Sharma, MD  
Emad Shehada, MD

# ACOI 2018 Clinical Challenges in Inpatient Care

Chicago Marriott Downtown Magnificent Mile, Chicago, IL • April 26-29, 2018

## Thursday, April 26

7:30 – 8:00 am **Continental Breakfast**  
8:00 – 8:05 am **Welcome** - *Rick A. Greco, DO, FACOI*  
8:05 – 8:50 am Why Are My Patients Bleeding? Indications of Cardiac Anticoagulation - *Robert J. Fanning, DO, FACOI*  
8:50 – 9:35 am Improving Glycemic Control in Hospitalized Patients - *Jack L. Snitzer, DO, FACOI*  
9:35 – 9:50 am **Break**  
9:50 – 10:50 am Diastolic Heart Failure - *Robert J. Fanning, DO, FACOI*  
10:50 – 11:50 am Potpourri of Endocrine Emergencies - *Louis Haenel, IV, DO, FACOI*  
11:50 am – 12:00 pm Q&A with *Drs. Fanning, Snitzer and Haenel*  
12:00 pm – 1:00 pm LUNCH (on your own)  
1:00 – 2:00 pm E&M Coding Pitfalls - *Jill M. Young, CPC, CEDC, CIMC*  
2:00 – 2:45 pm Obesity Hypoventilation Syndrome - *Timothy J. Barreiro, DO, FACOI*  
2:45 – 3:00 pm **Break**  
3:00 – 4:00 pm Time-Based Billing - *Jill M. Young, CPC, CEDC, CIMC*  
4:00 – 5:00 pm Non-Invasive Ventilator Techniques - *Amita Vasoya, DO, FACOI*  
5:00 – 5:15 pm Q&A with *Drs. Vasoya, Barreiro and Ms. Young*

## Friday, April 27

7:30 – 8:00 am **Continental Breakfast**  
8:00 – 8:45 am Code Stroke - *William Hicks, MD*  
8:45 – 9:30 am Addressing Code Status: A Practical Guide to Difficult Conversations - *Marianne M. Holler, DO, FACOI*  
9:30 – 10:15 am Peripheral Arterial Occlusive Disease - *Glenn D. Haraway, DO, FACOI*  
10:15 – 10:30 am **Break**  
10:30 – 11:15 am Superficial Varicose and Deep Vein Concerns - *Glenn D. Haraway, DO, FACOI*  
11:15 – 11:55 am Artificial Nutrition and Hydration at the End of Life- *Marianne M. Holler, DO, FACOI*  
11:55 – 12:00 pm Q&A with *Drs. Hicks, Haraway and Holler*  
12:00 pm – 1:00 pm **Lunch** (on your own)  
1:00 – 2:00 pm Managing DMARDs in the Inpatient Setting - *Robert L. DiGiovanni, DO, FACOI*  
2:00 – 3:00 pm Management of Toxicities of the New Oncologic Agents - *Kevin P. Hubbard, DO, MACOI*  
3:00 – 3:15 pm **Break**  
3:15 – 4:15 pm Medication Strategies for the Polysubstance Abuse Patient - *Thomas Jan, DO (invited)*  
4:15 – 5:15 pm Cardiorenal Syndrome - *Samuel K. Snyder, DO, FACOI*  
5:15 – 5:30 pm Q&A with *Drs. DiGiovanni, Snyder, Jan*

## Saturday, April 28

7:30 – 8:00 am **Continental Breakfast**  
8:00 – 9:00 am Liver Failure: Chronic Liver Diagnosis and Management in the Hospital - *Kevin Dolehide, DO, FACOI*  
9:00 – 10:00 am Tips on Diagnosis and Management in Bleeding and Coagulopathy - *Amanda E. Haynes, DO*  
10:00 – 10:15 am **Break**  
10:15 – 11:00 am Blood Product Utilization - *Amanda E. Haynes, DO*  
11:00 am – 12:00 pm Bundled Care Payment Initiative - *Dale W. Bratzler, DO, MACOI*  
12:00 pm – 1:00 pm **Lunch**  
1:00 – 2:00 pm MIPS/MACRA/VBP - *Dale W. Bratzler, DO, MACOI*  
2:00 – 3:00 pm Effective OMM in the Hospital - *Laura M. Rosch, DO, FACOI*  
3:00 – 3:15 pm **Break**  
3:15 – 5:15 pm Curbside Consultations - *Gerald W. Blackburn, DO, MACOI;*  
*Martin C. Burke, DO, FACOI; Scott L. Girard, DO, FACOI; Bryan L. Martin, DO, FACOI*  
5:15 – 5:30 pm Q&A with *Drs. Bratzler, Rosch, Blackburn, et al.*

## Sunday, April 29

7:30 – 8:00 am **Continental Breakfast**  
8:00 – 9:00 am Sepsis: Get with the Guidelines, Save Lives - *David V. Condoluci, DO, MACOI*  
9:00 – 10:00 am Strategies for the Use of Procalcitonin - *Matthew Exline, MD (invited)*  
10:00 – 10:15 am **Break**  
10:15 – 11:00 am The Speed of Trust - *Bryan L. Martin, DO, FACOI*  
11:00 – 11:15 am Q&A with *Drs. Condoluci, Exline and Martin*  
11:15 – 11:30 am **Closing of Agenda** - *Rick A. Greco, DO, FACOI*

# ACOI 2018 Clinical Challenges in Inpatient Care REGISTRATION FORM

Chicago Marriott Downtown Magnificent Mile, Chicago, IL • April 26-29, 2018

Registration available online at [www.acoi.org/education/continuing-medical-education/hospital-medicine-update-clinical-challenges-inpatient-care](http://www.acoi.org/education/continuing-medical-education/hospital-medicine-update-clinical-challenges-inpatient-care)

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List special requirements here: \_\_\_\_\_

# ACOI 2018 Exploring New Science in Cardiovascular Medicine

Chicago Marriott Downtown Magnificent Mile, Chicago, IL • April 27-29, 2018

## Friday April 27th

7:30 AM – 8:00 AM	<b>Breakfast</b>
8:00 AM	Welcome and Orientation <i>Asif Serajian, DO, Moderator</i>
8:00 AM – 8:30 AM	Goal-Directed Therapy in Lipid Management <i>Robert Chilton DO, FACOI, FACC</i>
8:30 AM – 9:00 AM	A Light in the Dark: Cardiac MRI and Risk Mitigation <i>Ronald Mikolich, MD</i>
9:00 AM – 9:30 AM	ASCVD Risk Reduction Therapy: Beyond Statins <i>Robert Chilton DO, FACOI, FACC</i>
9:30 AM – 10:00 AM	Diabetic Heart Disease: A Ticking Time Bomb! <i>Robert Chilton DO, FACOI, FACC</i>
10:00 AM – 10:15 AM	<b>Break</b>
10:15 AM – 10:45 AM	Cardiac CT: Your Chest Pain Patient CAN be Discharged From the ED <i>Asif Serajian, DO</i>
10:45 AM – 11:30 AM	Who's Your PAPP? Leveraging ECG to Identify High-Risk Patients <i>Felix J. Rogers, DO, FACOI</i>
11:30 AM – 12:00 PM	When to Order a Wearable Defibrillator <i>Martin C. Burke, DO, FACOI</i>
12:00 PM – 12:30 PM	Selecting the Best ICD - What, Who, When? <i>Martin C. Burke, DO, FACOI</i>
12:30 PM – 1:30 PM	<b>Lunch</b> (on your own)
1:30 PM - 2:00 PM	Hypertension: Are We Going Too Low? <i>George Bakris, MD</i>
2:00 PM – 2:30 PM	Atrial Fibrillation: The New Epidemic - Ablation vs Medical Intervention Stroke Risk Reduction with NOACs vs LA Appendage Devices <i>Eric D. Good, DO, FACOI</i>
2:30 PM - 3:30 PM	Cardiac Resynchronization Therapy: Indications and Implant Techniques <i>Eric D. Good, DO, FACOI</i>
3:30 PM - 3:45 PM	<b>Break</b>
3:45 PM – 4:15 PM	Pulmonary Hypertension: When to Initiate Advanced Therapy <i>Jonathan Rich, MD</i>
4:15 PM - 4:45 PM	State of the Art - Advanced Heart Failure/LVAD/Transplant Update <i>Jonathan Rich, MD</i>
4:45 PM – 5:15 PM	Case Presentations with Panel Discussion and Questions <i>Drs. Bakris, Rich and Good</i>

## Saturday April 28

7:30 AM – 8:00 AM	<b>Breakfast</b>
8:00 AM – 9:00 AM	Cardio-Oncology: Why Cancer Needs a Heart Doctor <i>Tochi M. Okwuosa, DO, FACC (invited)</i>
9:00 AM – 9:30 AM	TAVR Update <i>Andrzej S. Boguszewski, MD</i>

9:30 AM – 10:00 AM	Mitral Clip – Ready for Primetime? <i>Andrzej S. Boguszewski, MD</i>
10:00 AM – 10:15 AM	<b>Break</b>
10:15 AM – 10:45 AM	Low Gradient Severe Aortic Stenosis & Relation to Valve Replacement: Who Qualifies for TAVR? <i>Andrzej S. Boguszewski, MD</i>
10:45 AM – 11:15 AM	Case Presentations with Panel Discussion and Q & A <i>Tochi M. Okwuosa, DO and Andrzej S. Boguszewski, MD</i>
11:15 AM – 12:15 PM	Antiplatelet and Anticoagulant Therapies: When and for How Long? <i>Asif Serajian, DO</i>
12:15 PM-1:00 PM	<b>Lunch</b> (on your own)
1:00 PM – 1:30 PM	ST Elevation MI: The State of the Art Treatment <i>Ravi Ramana, MD</i>
1:30 PM – 2:00 PM	NonSTEMI: The State of the Art Treatment <i>Ravi Ramana, MD</i>
2:00 PM – 2:45 PM	Women & Heart Disease Prevention – Should we be Doing Anything New? <i>Sandra K. Birchem, DO</i>
2:45 PM – 3:00 PM	<b>Break</b>
3:00 PM – 3:30 PM	ACC Update <i>Sandra K. Birchem, DO</i>
3:30 PM – 4:00 PM	DVT: Science/Pseudoscience: Or the Truth as We Know it <i>Bruce L. Mintz, DO</i>
4:00 PM – 4:15 PM	Case Presentation with Panel Discussion and Q&A

## Sunday April 29

7:30 AM – 8:00 AM	<b>Breakfast</b>
8:00 AM – 8:30 AM	State of the Art – Heart Failure with Decreased Ejection Fraction <i>Felix J. Rogers, DO, FACOI</i>
8:30 AM – 9:00 AM	Heart Failure with Preserved Ejection Fraction: Does Your Patient Have Heart Failure or Diastolic Dysfunction? <i>Felix J. Rogers, DO, FACOI</i>
9:00 AM – 9:30 AM	Echocardiography in Valvular Heart Disease, Heart Failure, and Cardiomyopathies <i>Asif Serajian, DO</i>
9:30 AM – 9:45 AM	<b>Break</b>
9:45 AM – 10:15 AM	Overcoming Clinical Inertia: Using Biomarkers in Heart Failure <i>Felix J. Rogers, DO, FACOI</i>
10:15AM – 10:45 AM	Case Presentations, Panel Discussion, Q&A
10:45 AM – 11:00 AM	Closing Remarks/Adjourn

# ACOI 2018 Exploring New Science in Cardiovascular Medicine REGISTRATION FORM

Chicago Marriott Downtown Magnificent Mile, Chicago, IL • April 27-29, 2018

Registration available online at [www.acoi.org/education/continuing-medical-education/cardiology-new-science/2018-acoi-cardiology-focused-review](http://www.acoi.org/education/continuing-medical-education/cardiology-new-science/2018-acoi-cardiology-focused-review)

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# ACOI 2018 Internal Medicine Board Review Course

Chicago Marriott Downtown Magnificent Mile, Chicago, IL • April 25-29, 2018

## WEDNESDAY, APRIL 25

6:30-7:00 am	<b>Continental Breakfast</b>
<b>Hematology</b>	
7:00-7:30 am	Benign Hematology - <i>Cheryl D. Kovalski, DO, FACOI</i>
7:30-8:00 am	Disorders of Hemostasis - <i>Cheryl D. Kovalski, DO, FACOI</i>
8:00-8:30 am	Basic Oncology, Markers, Genes - <i>Kevin P. Hubbard, DO, MACOI</i>
8:30-9:00 am	Clinical Oncology, Physical Diagnosis, Systemic Manifestations, Chemotherapy - <i>Kevin P. Hubbard, DO, MACOI</i>
9:00 - 9:30 am	Leukemia and Lymphoma - <i>Cheryl D. Kovalski, DO, FACOI</i>
9:30 - 9:45 am	<b>Coffee Break</b>
<b>Oncology</b>	
9:45-10:15 am	Oncology Palliative Care Session - <i>Kevin P. Hubbard, DO, MACOI</i>
10:15-10:45 am	Myelodysplastic Syndrome & Plasma Cell Dyscrasias <i>Cheryl D. Kovalski, DO, FACOI</i>
10:45-11:15 am	Cancer in Men-Prostate, Testes and Kidney - <i>Kevin P. Hubbard, DO, MACOI</i>
11:15-11:45 am	Cancer in Women - Breast, Uterus and Ovary - <i>Kevin P. Hubbard, DO, MACOI</i>
11:45-12:00 pm	Hem/Onc Board Review Questions - <i>Kevin P. Hubbard, DO, MACOI and Cheryl D. Kovalski, DO, FACOI</i>
12:00 pm-1:00 pm	<b>Lunch Break</b>
<b>Endocrinology</b>	
1:00-1:30 pm	Parathyroid Disease; Calcium Metabolism; Osteoporosis <i>Jack L. Snitzer, DO, FACOI</i>
1:30- 2:00 pm	Disease of the Thyroid - <i>John R. Sutton, DO, FACOI</i>
2:00-2:30 pm	Endocrine Pancreas; Diabetes Mellitus; Metabolic Syndrome <i>Jack L. Snitzer, DO, FACOI</i>
2:30-3:00 pm	Endocrine Board Review Questions - <i>Drs. Snitzer and Sutton</i>
3:00-3:15 pm	<b>Coffee Break</b>
3:15-3:45 pm	Disease of the Adrenals and Gonads - <i>John R. Sutton, DO, FACOI</i>
3:45-4:15 pm	Pituitary and Related Disorders - <i>Jack L. Snitzer, DO, FACOI</i>
4:15-4:45 pm	Interactive Identification Optic Fundi and Endocrine Physical Findings <i>John R. Sutton, DO, FACOI</i>
4:45-5:00 pm	Endocrine Board Review Questions - <i>Drs. Sutton and Snitzer</i>
6:00-7:00 pm	<b>Reception</b>

## THURSDAY, APRIL 26

6:30 - 7:00 am	<b>Continental Breakfast</b>
<b>Cardiology</b>	
7:00-7:30 am	Cardiac Risk Factors and Noninvasive Cardiac Diagnosis-ECG, Echo, et al <i>Martin C. Burke, DO, FACOI</i>
7:30-8:15 am	Valvular and Congenital Heart Disease - <i>Robert Bender, DO, FACOI</i>
8:15-8:30 am	Cardiomyopathies - <i>Martin C. Burke, DO, FACOI</i>
8:30-9:00 am	Diagnosis of Peripheral Arterial Diseases - <i>Robert Bender, DO, FACOI</i>
9:00-9:15 am	Cardiology Board Review Questions - <i>Drs. Burke and Bender</i>
9:15-9:30 am	<b>Coffee Break</b>
9:30-10:00 am	Management of Chronic Coronary Syndromes - <i>Robert J. Chilton, DO, FACOI</i>
10:00-10:30 am	Congestive Heart Failure - <i>Martin C. Burke, DO, FACOI</i>
10:30-11:00 am	Acute Coronary Syndromes - <i>Robert Bender, DO, FACOI</i>
11:00-11:30 am	Management of Cardiac Arrhythmias and Conduction Disorders <i>Robert J. Chilton, DO, FACOI</i>
11:30-11:45 am	Cardiology Board Questions - <i>Drs. Burke, Chilton and Bender</i>
11:45 am-1:00 pm	<b>Lunch Break</b>
<b>Nephrology</b>	
1:00-1:30 pm	Acute Kidney Injury and Chronic Kidney Disease - <i>Mark D. Baldwin, DO, FACOI</i>
1:30-2:00 pm	Tubulointerstitial Disease - <i>Mark D. Baldwin, DO, FACOI</i>
2:00-2:30 pm	Glomerulonephritis-Diagnosis and Management - <i>John E. Prior, DO, FACOI</i>
2:30-2:45 pm	Nephrology Board Review Questions - <i>Drs. Baldwin and Prior</i>
2:45-3:00 pm	<b>Coffee Break</b>
3:00-3:30 pm	Case Studies of Electrolyte Disorders - <i>Mark D. Baldwin, DO, FACOI</i>
3:30-4:00 pm	Case Studies of Acid/Base Disorders - <i>John E. Prior, DO, FACOI</i>
4:00-4:30 pm	Hypertension - <i>John E. Prior, DO, FACOI</i>
4:30-4:45 pm	Nephrology Board Review Questions - <i>Dr. Prior and Baldwin</i>

## FRIDAY, APRIL 27

6:30-7:00 am	<b>Continental Breakfast</b>
<b>Pulmonary Diseases</b>	
7:00-7:30 am	Respiratory Failure, Ventilator Therapy and PFT - <i>Thomas F. Morley, DO, MACOI</i>
7:30-8:00 am	Chronic Obstructive Lung Disease - <i>Amrita Vasoya, DO, FACOI</i>
8:00-8:30 am	Restrictive Lung Disease - <i>Thomas F. Morley, DO, MACOI</i>
8:30-9:00 am	Lung Cancer and Paraneoplastic Syndromes - <i>Amrita Vasoya, DO, FACOI</i>
9:00-9:15 am	<b>Coffee Break</b>

9:15-9:45 am	Pulmonary Thromboembolism - <i>Thomas F. Morley, DO, MACOI</i>
9:45-10:15 am	Unknown PFTs, Chest X-rays - <i>Drs. Vasoya and Morley</i>
10:15-10:45 am	Sleep Medicine Case Studies - <i>Timothy J. Barriero, DO, FACOI</i>
10:45-11:15 am	Critical Care Case Studies - <i>Timothy J. Barriero, DO, FACOI</i>
11:15-11:45 am	Pulmonary/Sleep/CCM Board Review Questions - <i>Drs. Barriero, Morley and Vasoya</i>
11:45 am-1:00 pm	<b>Lunch Break</b>
<b>Gastroenterology</b>	
1:00-1:30 pm	Disease of the Esophagus - <i>Catherine A. Kerschen, DO, FACOI</i>
1:30-2:00 pm	Disease of the Stomach - <i>Jack D. Bragg, DO, MACOI</i>
2:00-2:30 pm	Disease of the Small Intestine - <i>Catherine A. Kerschen, DO, FACOI</i>
2:30-3:00 pm	Disease of the Colon - <i>Jack D. Bragg, DO, MACOI</i>
3:00-3:15 pm	GI Board Review Questions - <i>Drs. Bragg and Kerschen</i>
3:15-3:30 pm	<b>Coffee Break</b>
3:30-4:00 pm	Disease of the Pancreas - <i>Jack D. Bragg, DO, MACOI</i>
4:00-4:30 pm	Liver Diseases - <i>Catherine A. Kerschen, DO, FACOI</i>
4:30-5:00 pm	GI Surgery Review: Indications and Complications - What to Look For <i>Catherine A. Kerschen, DO, FACOI</i>
5:00-5:30 pm	Cancer of the GI Tract, Liver and Pancreas - <i>Jack D. Bragg, DO, MACOI</i>
5:30-5:45 pm	GI Board Review Questions - <i>Drs. Bragg and Kerschen</i>

## SATURDAY, APRIL 28

6:30-7:00 am	<b>Registration &amp; Continental Breakfast</b>
<b>Rheumatology</b>	
7:00-7:30 am	Rheumatoid Arthritis - <i>Robert L. DiGiovanni, DO, FACOI</i>
7:30-8:00 am	Vaculitides and Osteoarthritis - <i>Robert L. DiGiovanni, DO, FACOI</i>
8:00-8:30 am	Scleroderma, Lupus and Dermatomyositis - <i>Howard L. Feinberg, DO, FACOI</i>
8:30-9:00 am	Spondyloarthropathies and Reactive Arthritis - <i>Robert L. DiGiovanni, DO, FACOI</i>
9:00-9:15 am	<b>Coffee Break</b>
9:15-9:45 am	Gout and Pseudogout-Crystal Arthropathies - <i>Howard L. Feinberg, DO, FACOI</i>
9:45-10:15 am	Osteomyelitis, Septic Arthritis, Lyme Arthritis, Rheumatic Fever & AID Arthritis <i>Howard L. Feinberg, DO, FACOI</i>
10:15-10:30 am	Joint Fluid Analysis - <i>Drs. Feinberg and DiGiovanni</i>
10:30-10:45 am	Rheumatology Board Questions - <i>Drs. Feinberg and DiGiovanni</i>
<b>Infectious Diseases</b>	
10:45-11:15 am	Clinical Microbiology - <i>Gerald W. Blackburn, DO, MACOI</i>
11:15-11:45 am	Pneumonia & TB - <i>David V. Condoluci, DO, MACOI</i>
11:45 am-12:45 pm	<b>Lunch Lecture</b> (Medicine for the Boards - <i>Scott L. Spradlin, DO, FACOI</i> )
12:45-1:15 pm	Endocarditis & Prophylaxis; Infectious GI Diseases <i>Gerald W. Blackburn, DO, MACOI</i>
1:15-1:45 pm	CNS Infections - <i>David V. Condoluci, DO, MACOI</i>
1:45-2:15 pm	HIV/AIDS - <i>Gerald W. Blackburn, DO, MACOI</i>
2:15-2:45 pm	Hemorrhagic Fevers and Fevers of Unknown Origin - <i>David V. Condoluci, DO, MACOI</i>
2:45-3:00 pm	Infectious Disease Board Review Questions - <i>Drs. Blackburn and Condoluci</i>
<b>Allergy/Immunology</b>	
3:00-3:15 pm	<b>Coffee Break</b>
3:15-3:45 pm	Asthma - <i>Timothy R. Craig, DO, FACOI</i>
3:45-4:15 pm	Clinical Basis of the Immune Response and the Complement Cascade - <i>Bryan L. Martin, DO, FACOI</i>
4:15-4:45 pm	Food, Sinusitis, Rhinitis and Drug Allergy - <i>Timothy R. Craig, DO, FACOI</i>
4:45-5:15 pm	Systemic Allergic Disorders, Immunodeficiency and Immunoglobulin Disorders - <i>Bryan L. Martin, DO, FACOI</i>
5:15-5:45 pm	Allergic Skin Disorders and HAE - <i>Timothy R. Craig, DO, FACOI</i>
5:45-6:00 pm	Allergy/Immunology Board Review Questions - <i>Drs. Craig and Martin</i>

## SUNDAY, APRIL 29

<b>General Medicine</b>	
7:00-7:30 am	Acute and Chronic Neuropathies: Diagnosis and Management <i>Scott L. Spradlin, DO, FACOI</i>
7:30-8:00 am	The Role of Genetic Testing and Counseling for the General Internist <i>Robert Hasty, DO, FACOI</i>
8:00-8:30 am	Headache, Motor Disorders and Amyotrophies - <i>Scott L. Spradlin, DO, FACOI</i>
8:30-9:00 am	Nutritional Disorders and Their Management - <i>Robert Hasty, DO, FACOI</i>
9:00-9:15 am	General Medicine Board Review Questions - <i>Drs. Spradlin and Hasty</i>
9:15-9:30 am	<b>Coffee Break</b>
9:30-10:00 am	Cutaneous Manifestations of Systemic Disease - Part 1 <i>Lloyd Cleaver, DO</i>
10:00-10:30 am	Cutaneous Manifestations of Systemic Disease-Part 2 <i>Lloyd Cleaver, DO</i>
10:30-11:00 am	Diagnosis of Stroke & Multiple Sclerosis - <i>Scott L. Spradlin, DO, FACOI</i>
11:00-11:30 am	Drug Caused Side-Effects and Disorders - <i>Lloyd Cleaver, DO</i>
11:30-11:45 am	General Medicine Board Review Questions - <i>Drs. Cleaver and Spradlin</i>
11:45 am-12:00 pm	<b>Questions and Wrap Up</b>

# ACOI 2018 Internal Medicine Board Review Course REGISTRATION FORM

Chicago Marriott Downtown Magnificent Mile, Chicago, IL • April 25-29, 2018

Registration available online at [www.acoi.org/education/continuing-medical-education/acoi-internal-medicine-board-review-course](http://www.acoi.org/education/continuing-medical-education/acoi-internal-medicine-board-review-course)

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<b>Fees</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ACOI Member (Registering ON/BEFORE 4/3/18...\$850)</td> <td><input type="checkbox"/> ACOI Member (Registering AFTER 4/3/18...\$900)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-Member (Registering ON/BEFORE 4/3/18...\$1025)</td> <td><input type="checkbox"/> Non-Member (Registering AFTER 4/3/18...\$1075)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Resident/Fellow (Registering ON/BEFORE 4/3/18...\$750)</td> <td><input type="checkbox"/> Resident/Fellow (Registering AFTER 4/3/18...\$800)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Printed Syllabus \$80 (Electronic version provided with registration)</td> <td><input type="checkbox"/> ACOI Generational Advancement Fund \$ _____</td> <td><input type="checkbox"/> TOTAL \$ _____</td> </tr> </table>			<input type="checkbox"/> ACOI Member (Registering ON/BEFORE 4/3/18...\$850)	<input type="checkbox"/> ACOI Member (Registering AFTER 4/3/18...\$900)		<input type="checkbox"/> Non-Member (Registering ON/BEFORE 4/3/18...\$1025)	<input type="checkbox"/> Non-Member (Registering AFTER 4/3/18...\$1075)		<input type="checkbox"/> Resident/Fellow (Registering ON/BEFORE 4/3/18...\$750)	<input type="checkbox"/> Resident/Fellow (Registering AFTER 4/3/18...\$800)		<input type="checkbox"/> Printed Syllabus \$80 (Electronic version provided with registration)	<input type="checkbox"/> ACOI Generational Advancement Fund \$ _____	<input type="checkbox"/> TOTAL \$ _____
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**Send this form & payment to:** ACOI, 11400 Rockville Pike, #801, Rockville, MD 20852 or Fax to 301 231-6099, or register at [www.acoi.org](http://www.acoi.org).

NOTE: All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of \$50 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by April 3, 2018. No refunds will be made after that date, but registration fees (less \$50 cancellation fee) may be applied to a future ACOI meeting registration.

\*The **ACOI Generational Advancement Fund** was created to foster the growth and assure the future of osteopathic internal medicine. The Fund directs its efforts toward assisting students, residents and fellows as they begin their careers as osteopathic internists. For more information, visit [https://www.acoi.org/mms/donation\\_form.cgi](https://www.acoi.org/mms/donation_form.cgi)

**PLEASE NOTE:** Check here if you plan to stay at the Marriott Chicago Downtown Magnificent Mile Hotel. Separate hotel registration is required. This does not register or guarantee a room at the hotel.

**SPECIAL NEEDS:** In accordance with the Americans with Disabilities Act, every effort has been made to make this conference and activities accessible to people of all capabilities. Please list specific special assistance needed or any dietary restrictions, or contact Susan Stacy at [susan@acoi.org](mailto:susan@acoi.org) or by phone, 301 231-8877.

List special requirements here: \_\_\_\_\_

# CME CALENDAR

## ***Future ACOI Education Meeting Dates & Locations***

### **NATIONAL MEETINGS**

- 2018 Internal Medicine Board Review Course - April 25-29
- 2018 Clinical Challenges in Inpatient Care - April 26-29
- 2018 Exploring New Science in Cardiovascular Medicine - April 27-29
- 2018 Congress on Medical Education for Resident Trainers - April 27-28  
Chicago Marriott Downtown Magnificent Mile, Chicago, IL
- 2018 Annual Convention & Scientific Sessions  
Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2019 Annual Convention & Scientific Sessions  
Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Annual Convention & Scientific Sessions  
Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL
- 2021 Annual Convention & Scientific Sessions  
Sept 29-Oct 3 Marriott Marquis Hotel, San Francisco, CA

*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](http://www.acoi.org).*

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## **2018 Certifying Examination Dates & Deadlines**

### **Internal Medicine Certifying Examination**

Computerized Examination 300 Sites Nationwide  
September 12-14, 2018 - *Application Deadline: Expired*

### **Internal Medicine Recertifying Examination**

Computerized Examination 300 Sites Nationwide  
September 12-14, 2018 - *Application Deadline: April 1, 2018*

### **Internal Medicine Recertifying with a Focus in Hospital-Based Medicine Examination**

Computerized Examination 300 Sites Nationwide  
September 12-14, 2018 - *Application Deadline: April 1, 2018*

### **Subspecialty Certifying Examinations**

Computerized Examination 300 Sites Nationwide  
August 28-30, 2018 - *Application Deadline: April 1, 2018*

- Cardiology • Critical Care Medicine • Endocrinology • Gastroenterology
- Hematology • Hospice and Palliative Medicine • Interventional Cardiology
- Infectious Disease • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

### **Subspecialty Recertifying Examinations**

Computerized Examination 300 Sites Nationwide  
August 28-30, 2018 - *Application Deadline: April 1, 2018*

- Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology
- Gastroenterology • Geriatric Medicine • Hematology • Hospice and Palliative Medicine
- Infectious Disease • Interventional Cardiology • Nephrology • Oncology
- Pulmonary Diseases • Rheumatology • Sleep Medicine

*Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at [admin@aobim.org](mailto:admin@aobim.org); 312 202-8274.*

*Contact the AOBIM at [admin@aobim.org](mailto:admin@aobim.org) for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.*

## **President's Letter**

*continued from page 2*

change the model to focus on the doctor and the patient. Your patient interactions are strong medicine, and strategic data is needed to get the necessary re-investment in wellness (patient and doctor).

Next month I will be discussing progress with our cloud-based educational content and our partnership with the AOBIM as we support the strengthening of the certification board's stability and growth. The ACOI's focus is on the future of osteopathic internal medicine, which remains bright as long as we lead and remain inclusive. Supporting our training programs and their ability to continue our rich tradition of patient care has been a key goal during the single GME transition. In this light, a strong relationship with our program directors is essential, as is the recognition that their work locally is a pivot point in the future of our profession.

As always, I welcome your input and comments.

*Martin C. Burke, DO, FACOI, President*



## **Attention Residency Trainers: Scholarly Activity Opportunity**

The American College of Osteopathic Internists invites residency and fellowship program directors and faculty to submit Best Practice presentation proposals for the 2018 ACOI Congress on Medical Education for Resident Trainers. The Congress will take place April 27-28, in Chicago, IL. This is an opportunity to share best practices on any and all issues related to residency training, including the transition to the single GME accreditation system.

Participation counts toward the ACGME requirement that faculty participate in scholarly activity. The best practices presentations at recent Congresses have been among the most highly-rated sessions each year. Please take the opportunity to share with your colleagues those ideas that have been successful at your program.

In order to participate, use this link to complete a brief questionnaire and submit by March 2, 2018. Registration for the 2018 Congress is now open.

[Click here to register.](#)