From President Greco

Thoughts on a Year That Is Passing Quickly

As I reflect over this past year, I see a profession conflicted. Our College is growing; our training programs are increasing in numbers and popularity. There are more than three times the number of internal medicine residents enrolled in our programs now than when I was first elected to the Board of Directors in 2004. Yet many fear that our success is in jeopardy.

I have said before that our osteopathic community is still not settled on whether these are the best of times or the worst of times. Is the proposed single GME accreditation system a new beginning for osteopathic medicine? Or a dive into the great American melting pot? Will we be assimilated to the point that we are indistinct from our counterparts? Or will we maintain our uniqueness?

With the action of the AOA House of Delegates in July, we know some of the challenges and ground rules of the game ahead. The burden of our success is truly on every DO. Granted, the front line belongs to those in the graduate medical education arena, but I believe that this challenge is for all of us.

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Growth of Osteopathic Internal Medicine Residency Training Continues

The Annual ACOI Survey of Internal Medicine Residency Programs was completed over the summer and information from all programs has been received. There are now 124 approved AOA internal medicine programs, with 113 actively training residents. That is 11 more programs approved and seven more with trainees than last year. Approved and filled positions both increased significantly. The total number of residents in internal medicine, including combined programs, is 1802, an 11% increase over last year. There are 625 first year residents, up from 506 last year. There are double the number of filled positions today than there were in 2009-10 (1802-928). In 2005-06 there were 541 filled positions.

The number of funded internal medicine positions also increased substantially. About 2150 of the 2254 approved positions are reported as funded. This is up from 1850 last year. Approximately 84% of the funded positions are filled, which is slightly lower than last year.

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DUAL PROGRAMS – The survey captured data on whether the responding programs are also approved by the ACGME. Thirty programs reported dual approval. They are training 304 residents (including combined EM/IM and IM/PEDS). That is one more program and 25 more residents than last year. Dual programs account for 24% of all programs, with 17% of all residents.

SUBSPECIALTY TRAINING – The number of osteopathic fellowship programs and positions filled also continues to grow. One hundred programs are actively training fellows, up from 95 last year. The number of available

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Funding in part for ACOIInformation has been provided by Purdue Pharma, L.P.
American College of Osteopathic Internists

In Service to All Members; All Members in Service

MISSION
The mission of the ACOI is to advance the practice of osteopathic internal medicine. Through excellence in education, advocacy, research and the opportunity for service, the ACOI strives to enhance the professional and personal development of the family of osteopathic internists.

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

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Some of you may have shared an experience similar to mine. When I came to my internship in Wheeling, WV, there was only one other osteopathic physician in the county. While I was proud of my education and my distinctiveness as a DO, my success hinged on earning the respect of my colleagues and patients as a well-trained internist first. Few cared or understood about my degree; my osteopathic distinction had to take a back seat. Being a good internist and primary care physician was rightly what would define my success.

Much like my Italian immigrant grandparents— who saw the key to their children’s success as laying in mastering the English language and in assimilating into the community---many osteopathic physicians downplay their distinctiveness. Just as I wonder if my grandparents ever imagined that the mastery of their simple peasant cuisine would be the envy of today’s popular chefs, I know that many osteopathic physicians long for their lost skills.

As my career developed, I was fortunate to be involved in graduate medical education and to persuade my hospital administration to pursue osteopathic residency programs. Ironically, the motivation for my hospital to embrace osteopathic GME was the fact that the ACGME had targeted residency programs at our small community hospital for closure. They systematically closed surgery, then OB/GYN, then radiology programs, leaving only an internal medicine residency that had become dependent on international medical school graduates for many years. Our osteopathic programming walked into that hermit crab shell of an educational department and GME flourished.

Today, as the profession works toward a single accreditation system with the ACGME, the setting is different. My community has 45 osteopathic physicians practicing and many more are in the surrounding areas. I suspect the number of osteopathic physicians in your communities has grown as well. New doctors coming to our area do not hang their shingle as “Dr. Greco,” but rather as “Rick Greco, D.O.” They can more unabashedly display their osteopathic degree.

In the proposed new system, programs including my own will have to answer tough questions. Are we going to be assimilated? Or are we going to promote osteopathic distinctiveness? Will we maintain our quiet presence? Or are we going to honor our background, our education and the skills that we know will benefit our patients?

The osteopathic profession is poised to make a significant impact on the American healthcare system. Just as in my community, our numbers have grown across the country. Community awareness has grown along with it. Our partnership with the other key players through a single GME accreditation system of graduate medical education can be a tremendous opportunity. It is the opportunity to make an impact beyond our own numbers.

To this end, the ACOI has carefully chosen nominees to represent us on the various ACGME committees where we are able to do so. However, standards and policies alone will not make a difference. The difference will be felt if each of us recommit to osteopathic training and education, welcoming medical students and residents, helping them appreciate the value of their distinctive education and allowing them to develop their skills in an environment that recognizes and promotes osteopathic education.

We as osteopathic internists have too much to offer to allow ourselves to be assimilated. Rather, through championing those values of our osteopathic education, by treating the patient not just the disease, by promoting the mind-body-spirit approach to patient care and by incorporating our OMM skills, we can impact graduate medical education and, on a larger scale, benefit our country’s healthcare.

The 75th Anniversary of the ACOI is around the corner. If we continue to dedicate ourselves to quality education and respect our roots, I am confident that the ACOI will continue to grow and thrive as the voice of osteopathic internal medicine.

Every patient counts; every resident counts; every colleague counts.

Thank you for allowing me the opportunity to serve you as President Rick A. Greco, DO, FACOI.
Congressional Schedule in an Election Year
The House and Senate are in session for a brief period of time prior to entering a recess that will run through the November 4 elections. Following approval of a few must-pass pieces of legislation, including funding of government operations to keep the government open, House and Senate members will return to their districts. The outcome of the elections will dictate the direction taken by Congress in the “lame duck” session. Specifically, if control of the Senate changes parties, there will likely be little additional legislative work until early 2015.

ACOI Member Testifies Before Michigan House Committee
ACOI member Stephen R. Bell, DO, FACOI, appeared before the Michigan House Health Policy Committee to provide testimony on legislation to expand the role of advanced practice registered nurses (APRNs). The legislation under consideration would provide for the licensure of advance practice registered nurses who would include certified nurse midwives, certified nurse practitioners and clinical nurse specialist-certified, among other things. Specifically, the bill would allow APRNs autonomously to prescribe and administer certain drugs and controlled substances, refer patients to physical and speech therapy services, birth children, diagnose disease and manage patients with chronic illness.

Supporters of the legislation suggest that its approval would allow for greater access to needed primary care services in underserved areas. Opponents of the bill fear that an expansion of the scope of care provided by APRNs without the oversight and collaboration of physicians could put patients’ health and safety at risk. In his testimony, Dr. Bell recognized the important roll APRNs play on the healthcare delivery team, but noted that patient safety should not be compromised by an increase in scope of practice that is not supported by the training and education received by APRNs. Following his testimony and that of other witnesses, the Committee Chairwoman noted that there was no schedule for advancing the legislation to the full State House for consideration as a result of the significant questions that still exist regarding the impact of the extension created under the legislation. The ACOI will continue to closely monitor proposals such as this that could adversely impact patient care through unqualified extensions of scope of practice.

CBO Lowers Medicare and Medicaid Spending Projections
The non-partisan Congressional Budget Office (CBO) recently released a new 10-year estimate for Medicare and Medicaid spending. According to the CBO, Medicare and Medicaid spending will decrease from its previous forecast by $89 billion during 2015-2024. It cites reduced labor and lower-than-anticipated prices for medical services for the reduction. It is important to note that the CBO is still projecting a net increase in the outlays for Medicare, Medicaid, the Children’s Health Insurance Program and federal insurance subsidies by more than 85 percent over 10 years. This is projected to grow the federal government’s healthcare spending from 4.9 percent to 5.9 percent of the Gross Domestic Product. Further, the estimates do not take into account potential congressional action on Medicare physician reimbursement. Simply maintaining the current payment levels under the Medicare program will cost an estimated $131 billion. Additional information is available at www.cbo.gov.

ACA Website Comes Under Attack
According to the Centers for Medicare and Medicaid Services (CMS), the HealthCare.gov website was hacked into in July. The attack was not discovered until late August. The website has been plagued with problems from its inception last year and remains a target of opponents of the Affordable Care Act. Following a review by the Department of Homeland Security, which investigated the attack, the attack was found to have infected one machine with malware intended to attack other websites. CMS stated that it does not believe that any personal data was compromised. It is likely that this matter will be reviewed in future congressional hearings.

continued on page 6
subspecialty programs has increased to 136 (15 more than 2013-14) with 570 approved positions, an increase of 58. There are now 345 fellows training, which is up from 311 fellows last year.

LAST YEAR’S GRADUATES

The ACOI’s online Resident Annual Reports require graduating residents to report their future plans. For June 30, 2014 graduates, here are the results. Comparisons are to 2013 data:

- Total Graduates: 451 (+94)
- Entered Practice: 274 (61%) (-1%)
- Office-Based IM: 54 (12%) (-4%)
- Hospitalist: 177 (41%) (-2%)
- Combined Office/Hospitalist: 24 (5%) *
- Emergency Medicine/Peds: 10 (2%) (-1%)
- Entered Subspecialty Training: 177 (39%) (+1%)

* This was not tracked previously and may have an impact on comparisons with the prior years’ reporting of office-based & hospitalist practice choices.

Research in Brief

Jack D. Bragg, DO, FACOI, was the author of: Osteopathic Primary Care of Patients with Inflammatory Bowel Disease: A Review, which appeared in the September issue of the JAOA (J Am Osteopath Assoc September 1, 2014 114:695-701). Dr. Bragg is a board-certified gastroenterologist at the Division of Gastroenterology & Hepatology, School of Medicine, University of Missouri Health System, Columbia, MO. He is a past president of the ACOI.

ACOI Member Helps Develop New NIH Sickle-Cell Treatment Guidelines

Long-awaited new guidelines for the management of sickle-cell disease were released Sept. 9 by the National Heart, Lung and Blood Institute of the National Institutes of Health. ACOI member Cheryl D. Kovalski, DO, FACOI, represented the ACOI and the osteopathic profession on the National Blood Disorders Panel that worked on the guidelines over the past two years. They are the first of several new hematology guidelines planned for the future. Dr. Kovalski is a board-certified hematologist-oncologist practicing in Northfield, Michigan. You can access the new sickle-cell disease guidelines at this link: [http://www.nhlbi.nih.gov/health-pro/guidelines/sickle-cell-disease-guidelines/](http://www.nhlbi.nih.gov/health-pro/guidelines/sickle-cell-disease-guidelines/).

Practical Tips for Concise and Compliant Coding

The attainment of concise and compliant documentation continues to evolve with the use of templates and forms. The Centers for Medicare and Medicaid Services (CMS) does not prohibit or encourage the use of a specific template for inclusion in medical records. CMS is concerned with the collection of information in the patient record that captures sufficient detailed clinical information demonstrating that coverage and coding requirements are met. The use of templates with “check boxes” and pre-defined answers is discouraged. Templates should be designed and used with compliance issues in mind. Patients who complete a history form need to sign and date it, as does the physician reviewing the document. The signature verification step does not change if the document is scanned as part of the electronic medical record. There must be “verification” by the provider that he or she reviewed the information for its inclusion in the medical record.

More detailed information about this issue will be provided at a session entitled, “Practice Tips to Use Daily to Ensure Concise and Compliant Documentation,” at ACOI’s 2014 Annual Convention and Scientific Sessions, October 15-19 in Baltimore.
David V. Condoluci, DO, FACOI Feels Fortunate to Give Back to His Profession

(This is one in a series of interviews with ACOI members who are strongly committed to the College and why they believe it has made a difference in their lives. This series is presented by Barbara L. Ciconte, CFRE, Development Counsel to ACOI.)

David V. Condoluci, DO, FACOI, an ACOI member for 32 years, has served the College for many years as a donor, volunteer and speaker at the annual convention and other educational programs. As one of the leading authorities in infectious diseases, he serves as Chief of Safety and Quality at Kennedy Health System in Stratford, NJ, and is Clinical Professor of Medicine at Rowan University-School of Osteopathic Medicine.

Recently Ms. Ciconte spoke to Dr. Condoluci about his long-time involvement with ACOI.

Ms. Ciconte: Tell me why you have dedicated your time and talents to ACOI.

Dr. Condoluci: It is not that complicated. I feel that I have been fortunate and given opportunities so I want to give back to ACOI and my profession. I am pleased that osteopathic medicine continues in my family as my son is now completing his final year of infectious disease training in osteopathic medicine.

Ms. Ciconte: How can ACOI continue to serve its members in the future?

Dr. Condoluci: The College needs to meet the difficult challenges posed by the changes proposed in graduate medical education. ACOI needs to determine what its role will be in the training of the new generation of osteopathic internists. I do worry about being an osteopathic physician in the future. What will we look like five-10 years down the road? Since the College is the only organization that represents osteopathic physicians and internists, its advocacy efforts need to continue. Without ACOI, who would we go to?

The environment for practicing medicine today is changing. ACOI needs to focus on quality issues given new and increased regulations by the Centers for Medicare and Medicaid Services (CMS), the Joint Commission and HFAP accreditation programs. The College needs to be innovative in the areas of quality measures and regulations. Physicians and hospitals need to be transparent about everything they do. All of us need to understand how important the big data is that is coming out of our practices and hospitals. My hope is that ACOI will continue to be strong and relevant as we adjust to a new way of practicing medicine.

Ms. Ciconte: In addition to sharing your time and talents with ACOI, you have made financial contributions to ACOI over and above your dues. Tell me what motivates you to give and what ACOI should do to encourage other ACOI members to give.

Dr. Condoluci: I know ACOI needs funds to run the organization in addition to the other revenue sources of dues, registrations and sponsorships. That message needs to be promoted to our members. Over the years I felt it was an honor to have the opportunity to speak to your colleagues on a topic you know. For that reason, I choose to donate my speaking honorariums as a way to give back to the College. I would encourage other ACOI members who receive speaker honorariums to look at that opportunity as an honor and join me in donating their fees to ACOI.

Ms. Ciconte: Dr. Condoluci, ACOI thanks you for the many contributions you have made and continue to make to help the College educate and train the next generation of osteopathic internists.

Have You Moved?

Keep us updated. If you have recently made any changes in your address, phone number or email, please notify the ACOI.

www.acoi.org
Case Studies Create the Thread
For a Virtual Learning Community

When ACOI thought leaders and University of Texas at Dallas, Naveen Jindal School of Management (UTD) faculty began planning the content and format of what is now the Certificate Program in Healthcare Leadership and Management, it was clear that in order to be successful the program would have to be structured to allow ACOI members to participate in a virtual learning community.

Appreciating the challenges associated with keeping participants in an online asynchronous learning experience engaged, UTD faculty decided to introduce a case-study format in which a new chapter of a case study would accompany each unit of the course. As a result, students enrolled in the course review new case-study material and apply new knowledge and insights gained from the course to address challenges and problems encountered by case-study principals.

The course is designed to use the case-study format as a learning laboratory where participants apply newly-acquired knowledge to address issues likely to be encountered as physician managers and leaders perform their professional responsibilities. The first case study introduced into the program was titled “The Bailey Clinic.” It was named after Dr. Bailey, the fictitious founding medical director of a successful, traditional seven-physician adult internal medicine practice located in northern Michigan.

Dr. Bailey is a visionary and change agent who decides the future of primary care lies in managing populations of patients while caring for each patient individually. As a consequence, he works to convince the clinic staff and physician colleagues that they should convert the practice into a Patient-Centered Medical Home reliant on team-based care rather than the current physician – medical assistant “couplet” model. The case follows Dr. Bailey and his colleagues as they address a series of tasks and challenges associated with this transition, beginning with a lack of internal alignment and support for the idea. The case study progresses through the challenges of delegating care responsibilities formerly provided by physicians to members of the staff and looks at negotiating with a commercial insurance company for startup funds and a new fee schedule that acknowledges and rewards care provided by all team members.

Course participants in the first ACOI cohort found the case study experience engaging and informative. They posted individual responses to exercise questions and enjoyed reading alternative strategies and tactics posted by their colleagues, as well as the comments of program faculty. Several reported making changes in their practices as a result of the insights obtained through the case-study exercise.

Based on the success of the Bailey Clinic case study, a second case study was written and introduced to students who enrolled in the class that began in January 2014. The new case is titled “Synergy Hospitalists Group.” It is built around common challenges hospitalists often need to address in today’s environment. The case begins with the merger of three competing hospitalist groups into a single hospital-employed group and progresses through internal disagreements within the group. It then looks at the challenges related to improving hospital performance on core measures. The case study also looks at shortening the time required to transfer an admitted patient from the emergency department to an inpatient bed, and the need to cope with a desire on the part of nurses and other care team members to be heard and appreciated for their contributions to patients cared for by hospitalists.

An effort was made to maintain the focus of case-study exercises within both case studies for the first six units, where course content is equally relevant whether one practices in an ambulatory or inpatient setting. In order to create realistic scenarios, however, the last four or five case-study chapters focus on contextually relevant topics for the different care settings.

While course participants were asked to choose one of the cases and follow it through to completion, a third of the class chose to complete exercises for both cases on an ongoing basis because they found both informative. The case study discussion forums have been a highlight of the Healthcare Leadership and Management program. They allow participants to apply new insights related to emotional intelligence, communication, conflict management and negotiation skills to realistic scenarios likely to be encountered at work. They also create awareness of the challenges those charged with leading and managing physicians often encounter. Last but not least, they have contributed to the development of a virtual-learning community composed of students and faculty who can easily transfer this experience to other environments.

The next cohort of the ACOI and UT Dallas Certificate Program in Healthcare Leadership and Management is scheduled to begin in January 2015. Additional information is available at www.acoi.org, by contacting Tim McNichol at 1-800-327-5183, or by attending the informational session scheduled for the 2014 Annual Convention and Scientific Sessions October 15 - 19 in Baltimore, MD.

Government Relations
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Washington Tidbits:
200 Years Later...A City Thrives
The War of 1812 began with a declaration of war issued against Great Britain on June 17, 1812. Battles were fought from Canada to New Orleans following the declaration. While the war raged on, there were a number of battles that left their mark across the country. Some of the most indelible marks where left right in Washington, DC.

Two-hundred years ago this past month, approximately 4,500 British forces lead by Rear Admiral Sir George Cockburn marched into the seat of the Nation’s government and set it ablaze. The Capitol, White House and other federal buildings were torched and the city was left in ruins. President Madison and his cabinet were forced to flee to Brookeville, MD in search of safety. Reports indicate that the glow of the burning city could be seen from more than 50 miles away the night of August 24, 1814. The fires were not extinguished until the following day when a severe storm and possible tornado drenched the area and caused even further damage to the already devastated city. It was not until about three weeks later in Baltimore, MD that the tides of war began to change.
Message of Thanks to Generational Advancement Fund Donors

On behalf of the ACOI Board of Directors and its Development Committee, I want to take this opportunity to thank those of you who have made a financial gift to the College over and above your dues. ACOI members and leaders contribute to the College’s success in many ways; however, additional financial support is critical to allow the College to strengthen and expand our already successful generational advancement programs so future generations can carry on our osteopathic traditions and practices.

Contributions to ACOI’s Generational Advancement Fund enable ACOI to:

- Expand the Visiting Professor Program to expose every osteopathic student to successful DO-internist role models;
- Increase the amount of support available for students to attend the annual convention and scientific sessions so they can experience firsthand our premier meeting;
- Provide scholarships to students who successfully complete osteopathic internal medicine residency programs in order to help with their staggering student loan debt;
- Provide meaningful practice management assistance to our young members as they begin their careers as osteopathic internists.

ACOI members who have had successful careers often look for a way to give back.

PROFESSIONAL OPPORTUNITIES

POSEITIONS AVAILABLE FOR GERIATRIC MEDICINE FELLOWSHIP - Stratford, NJ. Consistently ranked among the best Graduate Schools in Geriatrics by U.S. News & World Report, Rowan University School of Osteopathic Medicine’s Geriatric Internal Medicine Fellowship has one- and two-year positions available 7/1/15. The program provides the opportunity to train with experts in geriatric internal medicine and to develop and enhance teaching and research skills and clinical expertise in treating older adults. Qualified applicants must have completed an AOA-accredited residency program in internal medicine and have or be eligible for a NJ medical license. Applications should be submitted through Electronic Residency Application Service (ERAS). For more information, visit our web site http://www.rowan.edu/som/njisa/ or contact Susan Huff at (856) 566-6124 or email huffsm@rowan.edu.

Nephrology - Tulsa, Oklahoma. Established five-physician private Nephrology practice located in Tulsa, OK associated with Oklahoma State University - College of Health Sciences is seeking a BE/BC Adult Nephrologist to start immediately. Practice consists of comprehensive clinical nephrology including care of office, hospital, and dialysis (HD, PD, NxStage) patients. If interested, teaching at the student, resident and fellow levels is available. Competitive salary with excellent benefits package. Opportunity for early partnership at which time JV membership and ownership of dialysis units is available.

Job Requirements: MD or DO Degree; Graduate of an Accredited Nephrology Training Program; BC in Internal Medicine and BE/BC in Nephrology; Three Excellent Letters of Recommendation. Contact April Wells, Practice Administrator, april@tulsakidney.com.

Nephrology Fellowship - Tulsa, Oklahoma. Nephrology fellowship position is open for July, 2015 at Oklahoma State University Medical Center. Join an outstanding senior fellow in training. This program includes five nephrologists (soon to be expanding to six), 350 dialysis patients (45 on home therapy), and three months of elective time the second year. Fellow will rotate at OSU Medical Center and St Francis Hospital (both in Tulsa). Two secondary hospitals in Tulsa are utilized for training. Transplant training is done at St John Hospital in Tulsa. At OSUMC, the fellow will have residents and students assigned to service and will be expected to participate in teaching.

If interested, contact Kenneth E Calabrese DO, at kencalab44@gmail.com.

Rheumatologist - Kirksville, Missouri. 9am to 5pm clinics only. No evenings or weekends. Four days of service per week (or less) with six weeks off annually for vacations and CME. Base income >$380,000.00 with an opportunity for teaching at AT Still University rheumatology courses and provide presentations in ATSU CME conferences. Contact: Robert W. Jackson, DO, robert.jackson@psnmo.net.
WEDNESDAY October 15, 2014

7:00-8:00 AM  SUNRISE SESSIONS
1) AIDS/HIV Update
   David V. Condoluci, DO, FACOI
2) Practical Tips to use Daily to Ensure Concise and Compliant Documentation
   Jill M. Young, CPC, CEDC, CIMC
3) Care of the Veteran
   Jennifer Hoppe, DO
4) Improving Health Through the Patient-Physician Relationship:
   Yes, There is an App for That!
   Anthony J. Wehbe, DO, FACOI

8:00-8:15 AM  WELCOME/OPENING REMARKS
Rick A. Greco, DO, FACOI, President
Judith A. Lightfoot, DO, FACOI, Program Chair

8:15-9:00 AM  KEYNOTE ADDRESS
Bridging the Gap Between Evidence-Based Medicine and Patient-Centered Care: The Doctor-Patient Relationship
Debra L. Roter, DrPH

9:00 AM-12:00 PM  PLENARY SESSION - Infectious Diseases
Mia A. Taormina, DO, FACOI – Moderator

9:00-9:30 AM  Travel Medicine for the Non-Travel Expert
Michael J. Barnish, DO, FACOI

9:30-10:30 AM  Exploring the New Landscape of HCV Therapy
Peter G. Gulick, DO, FACOI

10:30-10:40 AM  BREAK

10:40-11:00 AM  Innovations in Therapy
Mia A. Taormina, DO, FACOI

11:00-11:20 AM  Update on Ebola
Gerald W. Blackburn, DO, FACOI

11:20-11:50 AM  Ebola and the Frontlines
Mark Alain Déry, DO, MPH

THURSDAY October 16, 2014

7:00-8:00 AM  SUNRISE SESSIONS
1) AIDS/HIV Update
   David V. Condoluci, DO, FACOI
2) Practical Tips to use Daily to Ensure Concise and Compliant Documentation
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Rick A. Greco, DO, FACOI, President
Judith A. Lightfoot, DO, FACOI, Program Chair

8:15-9:00 AM  KEYNOTE ADDRESS
Bridging the Gap Between Evidence-Based Medicine and Patient-Centered Care: The Doctor-Patient Relationship
Debra L. Roter, DrPH

9:00 AM-12:00 PM  PLENARY SESSION - Infectious Diseases
Mia A. Taormina, DO, FACOI – Moderator

9:00-9:30 AM  Travel Medicine for the Non-Travel Expert
Michael J. Barnish, DO, FACOI

9:30-10:30 AM  Exploring the New Landscape of HCV Therapy
Peter G. Gulick, DO, FACOI

10:30-10:40 AM  BREAK

10:40-11:00 AM  Innovations in Therapy
Mia A. Taormina, DO, FACOI

11:00-11:20 AM  Update on Ebola
Gerald W. Blackburn, DO, FACOI

11:20-11:50 AM  Ebola and the Frontlines
Mark Alain Déry, DO, MPH

FRIDAY October 17, 2014

7:00-8:00 AM  SUNRISE SESSIONS
1) Understanding Osteopathic Continuous Certification
   Gary L. Slick, DO, MACOI
2) Falls – Mechanical or Circulatory
   Theresa M. Matzura, DO, FACOI
3) Palliative Care Symptom Management for the Internist
   Annette T. Carron, DO, FACOI

8:00-8:45 AM  KEYNOTE ADDRESS
The Evolution of Patient-Centered Medical Practice: Osteopathic Medicine as the Forerunner
Kevin P. Hubbard, DO, FACOI

8:45-9:00 AM  Q&A DISCUSSION

9:00 AM-12:00 PM  PLENARY SESSION - Pulmonary/Sleep Medicine
Daniel L. Maxwell, DO, FACOI, Moderator

9:00-9:45 AM  Bronchial Thermoplasty in the Treatment of Asthma
Michael J. Simoff, MD

9:45-10:30 AM  Nonpharmacologic Treatment for Insomnia
Brian H. Foresman, DO, FACOI
**ACOI CONVENTION REGISTRATION FORM**

Please complete all areas on both sides of registration form. Payment must accompany all registrations. PLEASE PRINT CLEARLY!

<table>
<thead>
<tr>
<th>Name</th>
<th>AOA Number</th>
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### REGISTRATION FEES

<table>
<thead>
<tr>
<th>REGISTRATION CATEGORY (please check appropriate box(es))</th>
<th>ON/BEFORE SEPT. 24</th>
<th>AFTER SEPT. 24</th>
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<tr>
<td>ACOI Member (Training completed PRIOR to 6/30/2009)</td>
<td>$745</td>
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<tr>
<td>ACOI Young Internist Member (Training completed AFTER 6/30/2009)</td>
<td>$645</td>
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<td>ACOI Retired/Emeritus Member</td>
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<tr>
<td>Non Member Physician</td>
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<tr>
<td>Resident/Fellow (List Training Institution)</td>
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<td>Resident Displaying a Poster (List Training Institution)</td>
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<td>Non-Physician Health Care Professional (RN, PhD, RD, etc.)</td>
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<td>Fundamentals Critical Care Support Course (Limited to a maximum of 50 participants; must have current ACLS certification)</td>
<td>$250</td>
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<td>$350</td>
<td>$400</td>
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<tr>
<td>If registering only for FCCS</td>
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<td>Date of ACLS Expiration</td>
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<td>Spouse/Guest Registration</td>
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<td>$175</td>
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<td>Student (List Osteopathic College attended)</td>
<td>$645</td>
<td>$695</td>
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<td>N/C</td>
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### SPECIAL NEEDS:
In accordance with the Americans with Disabilities Act, every effort has been made to make this conference and all 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, 301 231-8877.

### ON-SITE ACTIVITIES (please check appropriate box(es))

- **Wednesday, Oct. 15 - 6:00 pm** Welcome Reception  
  - N/C
- **Thursday, Oct. 16 - Noon - 1:00 pm** Luncheon  
  - N/C
- **Thursday, Oct. 16 - 5:30-7:30 pm** Alumni Receptions  
  - N/C
- **Friday, Oct. 17 - 11:45 am - 1:00 pm** Luncheon  
  - N/C
- **Saturday, Oct. 18 - Noon - 1:00 pm** Luncheon  
  - N/C
- **Friday, Oct. 17 - 6:45 am** Fun Run  
  - N/C
- **Tuesday, Oct. 14 - 6:00 pm** Opening Reception  
  - N/C

### OFF-SITE TOURS (please check appropriate box(es))

- **Thursday, Oct. 16 - 9:00 am - 4:00 pm** Colonial Annapolis Foodie Tour with Lunch  
  - $88
- **Thursday, Oct. 16 - 12:30 - 4:30 pm** Star Spangled Tour- Pirates & Patriots  
  - $55
- **Friday, Oct. 17 - 8:00 am - 4:00 pm** Tour of Historic Gettysburg with Lunch  
  - $84
- **Friday, Oct. 17 - 12:30 - 4:30 pm** Ports, Sports and Neighborhoods of Baltimore  
  - $50
- **Saturday, Oct. 18 - 8:00 am - 4:00 pm** Washington, DC Tour with Lunch at the Newseum  
  - $84
- **Saturday, Oct. 18 - 12:30 - 5:00 pm** Wine and the Winding Roads of Baltimore’s Countryside  
  - $62

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

Online registration for the hotel is available by visiting [https://resweb.passkey.com/go/acoi2014](https://resweb.passkey.com/go/acoi2014)

**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, 301 231-8877.
### ACOI CONVENTION
### REGISTRATION FORM

<table>
<thead>
<tr>
<th>Full Name</th>
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<tbody>
<tr>
<td>Preferred Name on Badge</td>
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<tr>
<td>Mailing Address</td>
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<tr>
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<td>State</td>
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<td>Home Ph.</td>
<td>E-Mail Address</td>
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<td>Medical Specialty/Subspecialty</td>
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<tr>
<td>Preferred Name of Spouse/Guest on Badge</td>
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<tr>
<td>Emergency Contact</td>
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<tr>
<td>Relation</td>
<td>Telephone</td>
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**NOTE:** TO COMPLETE THE FORM BELOW, ENTER ALL REGISTRATION FEES FROM OPPOSITE SIDE. SEE REGISTRATION INFORMATION SHEET FOR COMPLETE EXPLANATION OF PROGRAMS AND FEES.

**REGISTRATION PAYMENT**

- **REGISTRATION**:
  - $_______
- **SPOUSE REGISTRATION**:
  - $_______
- **ON-SITE ACTIVITIES/OFF-SITE TOURS**:
  - $_______
- **OFF-SITE TOUR FEE FOR NON-REGISTERED SPOUSE/GUEST**:
  - $_______
  - @ $35 x _______ = $_______

*If ordering tour tickets, a $35 fee is required for each adult NOT registered for Convention*

*GAP (Generational Advancement Program):* ACOI provides each resident and student in attendance with a medical textbook. The College also provides grants to medical students via their campus internal medicine clubs. Suggested Donation:

- $1000
- $500
- $250
- $200
- $150
- $125
- $100
- $50
- $Other $_______

*Your donation to GAP may qualify as a tax deductible charitable contribution. ACOI is a 501(c)(3) organization and no goods or services are provided in return for the contribution. A separate receipt will be provided for your records.*

**TOTAL FEES ENCLOSED**:

- $_______


**Payment Method**

- [ ] Check to ACOI
- [ ] MasterCard
- [ ] VISA

**Credit Card Security #**

**Credit Card Number**

**Name on Card**

**Signature**

**Billing Address**

- City | State | Zip

**REGISTER ONLINE AT WWW.ACOI.ORG or mail to: ACOI Office, 11400 Rockville Pike, #801, Rockville, MD 20852. Phone 301 231-8877, Fax 301 231-6099**

**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 Sept. 24, 2014. No refunds will be made after that date, but registration fees may be applied to a future ACOI education program.

**OVER...More registration information on reverse side. Both sides must be completed for form to be processed. You may also register online at www.acoi.org**
**OFF-SITE TOURS**

The following off-site events will be available to registrants of the 2014 Annual Convention and Scientific Sessions in Baltimore. You may order tickets for these events when registering for the Convention by marking the appropriate box(es) on the registration form. Make the most of your visit to Charm City by signing up for one or more tours. Ticket prices include motorcoach transportation to and from destination and a qualified staff person in attendance. If you have any questions concerning these excursions, please call the ACOI office at 1 800 327-5183.

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**Thursday, Oct 16 • Colonial Annapolis Foodie Tour with Lunch • 9:00 am - 4:00 pm • $88/person**

Annapolis, the capital of Maryland and a beautiful port town, is located on the Severn River with buildings spanning four centuries. Explore the culinary side of Annapolis from colonial time to present day on this guided gastronomic adventure with a walking tour through the Historic District and the Maryland State House (16 and older must have a valid photo ID). Visit a colonial kitchen in a home that boasts “the most beautiful doorway in America,” savor the flavors at a Colonia High Tea in an historic tavern, hear about famous political figures that dined in Annapolis, then spend some free time at the City Dock to explore the shops along the waterfront.

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**Thursday, Oct 16 • Star Spangled Tour - Pirates and Patriots • 11:00 am - 3:00 pm • $55/person**

This tour is the “inside scoop” on Baltimore during the war of 1812 as well as today! Come celebrate Baltimore’s patriotic and maritime past while touring charming waterfront neighborhoods. Experience heroes, history and hotspots in this tasty, informative and entertaining trip through “Charm City.” Tour features highlights of key sites from War of 1812, Fort McHenry and Federal Hill, the Flag House where Mary Pickersgill sewed the flag that inspired our National Anthem, film and exhibits at the New Fort McHenry Visitor Center, and the charming waterfront neighborhoods of Fells Point and Canton.

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**Friday, Oct 17 • Historic Gettysburg with Lunch • 8:00 am - 3:00 pm • $92/person**

In your visit to Gettysburg, explore the significance of this battle in the new Visitor Center, on the battlefield and throughout the town. The Visitor Center has over 22,000 feet of exhibit space as well as the film “A New Birth of Freedom,” and the restored Cyclorama depicting Pickett’s Charge. You’ll also tour the battlefield with a licensed guide. Then enjoy a delicious lunch at a tavern that was part of the underground railroad, the historic Dobbin House.

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**Friday, Oct 17 • Ports, Sports, Neighborhoods • Noon - 4:00 pm • $55/person**

Enjoy a behind the scenes look at Baltimore’s sports, sports legends, the port and a multitude of dynamic neighborhoods! A true look at what makes Baltimore sizzle. Excursion includes a behind-the-scenes tour of Camden Yards, home of the Baltimore Orioles, a visit to some of Baltimore’s most popular neighborhoods - Mt. Vernon’s Cultural District and the west side featuring the University of Maryland Professional Schools, Shock Trauma, the B&O Railroad Museum, Babe Ruth’s birthplace and Edgar Allan Poe’s gravesite. Visit Sports Legends ~ A Sport’s Museum inside the train station that Abraham Lincoln passed through on four separate occasions and enjoy a brief driving tour of the “economic engine” of the state- the Port of Baltimore.

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**Saturday, Oct 18 • Washington DC Tour with Lunch at the Newseum • 8:00 am - 4:00 pm • $88/person**

Washington, D.C. is a thrilling city to visit. It is the political heart of our nation and an inspiring setting with magnificent monuments and memorials to some of our country’s greatest heroes. It is a beautiful planned city of government buildings complemented by elegant gardens, stately homes, whimsical sculpture and quiet reflecting pools. Enjoy a driving tour of the major monuments and memorials in the downtown area, a self guided tour of the Newseum, with a delicious lunch in the Wolfgang Puck Food Section Café. See the Lincoln, Vietnam, Korean & WWII Memorials and visit the FDR Memorial and the Dr. Martin Luther King, Jr. Memorial, located near the scenic Tidal Basin.

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**Saturday, Oct 18 • Wine and Winding Roads of Baltimore’s Countryside • 11:00 am - 3:30 pm • $62/person**

This excursion includes a trip through hunt country to Ladew Topiary Gardens (named one of the Top 5 Gardens of North America in 2012) and the home of Harvey Ladew. Take a guided tour of Mr. Ladew’s Manor House where his passion for fox hunting and antiquing are in evidence both through the topiary and his home. Time will be provided to roam the gardens on your own and to enjoy refreshments in the Stables. Then, travel a short distance by coach to Boordy Vineyards for a wine tasting. Each tour member will receive a souvenir wine glass, then have time in the wine shop to purchase your favorite libations.

*Limited space available on all tours. Please order tickets early!

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**NOTE: The ACOI uses a destination management company and does not make a profit on off-site tours. Guests may be able to arrange similar excursions on their own at lesser prices. Check with the Hotel Concierge if you wish to arrange your own off-site activities.**
Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- **2014 Annual Convention & Scientific Sessions**  
  Oct 15-19   Baltimore Marriott Waterfront Hotel, Baltimore, MD

- **2015 Internal Medicine Board Review Course**  
  March 18-22  The Cosmopolitan Hotel, Las Vegas, NV

- **2015 Challenges in Inpatient Care**  
  March 19-22  The Cosmopolitan Hotel, Las Vegas, NV

- **2015 Congress on Medical Education for Resident Trainers**  
  May 1-3    Kierland Resort, Phoenix, AZ

- **2015 Annual Convention & Scientific Sessions**  
  Sept 30-Oct 4   Marriott Waterside Hotel, Tampa, FL

- **2016 Annual Convention & Scientific Sessions**  
  Oct 12-16   San Francisco Marriott Marquis, San Francisco, CA

- **2017 Annual Convention & Scientific Sessions**  
  Oct 15-19  Gaylord National Resort and Convention Center, Washington, DC

- **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

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.

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2015 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination
Computerized Examination 200 Sites Nationwide  
September 10, 2015 - Application Deadline: February 1, 2015  
Late Registration Deadline: April 1, 2015

Subspecialty & Certification of Added Qualifications:
Aug. 22, 2015  •  Lombard, IL  - Application Deadline: April 1, 2015  
Late Registration Deadline: May 1, 2015
Cardiology • Clinical Cardiac Electrophysiology • Endocrinology • Gastroenterology • Geriatric Medicine  
Hematology • Infectious Disease • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

Internal Medicine Recertifying Examination
Computerized Examination 200 Sites Nationwide  
September 11, 2015 - Application Deadline: April 1, 2015  
Late Registration Deadline: May 1, 2015

Focused Hospital Medicine Recertification
Computerized Examination 200 Sites Nationwide  
TBD

Subspecialty and Added Qualifications Recertifying Examinations:
Aug. 22, 2015  •  Lombard, IL  
Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology • Gastroenterology • Geriatric Medicine • Hematology  
• Infectious Disease • Interventional Cardiology • Nephrology • Oncology • Pulmonary Diseases • Rheumatology
Application Deadline: April 1, 2015  
Late Registration Deadline: May 1, 2015

Further information and application materials are available at www.aobim.org or by writing to: Gary L. Slick, DO, MACOI, Executive Director, American Osteopathic Board of Internal Medicine, 1111 W. 17th Street, Tulsa, OK 74107. admin@aobim.org.