

From President Greco

Giving Thanks and Giving Back



Holiday greetings from all of us at the ACOI. I hope this message finds you and your loved ones in good health and with a joyful spirit.

While I am personally thankful for many things, the bond we share through our profession reminds me to be thankful for the many teachers and mentors that have contributed to my education over the years; especially those who have shared their enthusiasm for the practice of medicine and the great impact our charitable service can have on our fellow man. How I hope our residents and students still hear these positive voices over the negative banter that can poison the doctors' lounge these days.

Ours is a profession that provides the challenge of life-long learning in a dynamic, science-driven field. In return, we can experience the personal satisfaction of imparting the benefits of that science to the individuals who need it most, our patients. I greatly appreciate those patients who have allowed me the opportunity to witness the many aspects of the human experience through their lives as I care for them. My patients have shown me

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March 27-30, 2014

Inpatient Clinical Challenges Registration Open

Registration is open for the ACOI's CME program for hospitalists and others: Clinical Challenges in Inpatient Care, which will take place March 27-30 at the Westin Savannah Harbor Golf Resort and Spa in Savannah, GA.

The program will provide up to 24 AOA 1A CME credits in internal medicine in a beautiful Lowcountry setting. In addition, the program meets the American Osteopathic Board of Internal Medicine's (AOBIM) requirement for a board review course for those who plan to sit for the new focused hospital medicine recertification credential. Due to space limitations at the hotel, registration for this meeting is strictly limited to the first 165 registrants.

*The Westin Savannah
Harbor Golf Resort
and Spa, Savannah, GA*

Frederick A. Schaller, DO and Scott L. Girard, DO are co-chairing the program. They have included sessions on sepsis guidelines, emerging infections, medical management in acute MI, oncologic emergencies, transitioning care, perioperative management and more.

The first examination for Osteopathic Continuous Certification (recertification) for Focused Practice in Hospital Medicine will be offered on May 8, 2014. The examination will be administered by PearsonVUE at 200 sites nationwide and will be 3.5 hours in length. Eligibility requirements and application packets are available by emailing admin@aobim.org. All applicants must be certified in internal medicine by the AOBIM and meet specific requirements of a hospital-based practice. The application deadline is March 1, 2014.

The Westin Savannah Harbor Resort is located in the Savannah River District, in the South Carolina Lowcountry—home to beautiful marshlands, wild coasts and many bird species. It has been newly renovated and a special rate of \$179 per night has been arranged for course participants.

For further information regarding the Clinical Challenges program, including meeting and hotel registration materials, visit www.acoi.org.

Leadership Course Adds Hospitalist/Subspecialist Focus

When the joint ACOI-UTD Healthcare Leadership & Management program for College members was introduced at the 2012 annual meeting, care was taken to address potential concerns that the course would be relevant for hospitalists and subspecialists, as well as ambulatory internists. As a result, the class that began in January, 2013 and concluded the course with the October annual meeting capstone experience included about one-third who were hospitalists or specialty phy-

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Registration now open for ACOI IM Board Review Course and Inpatient Clinical Challenges - Savannah, GA



government RELATIONS

Timothy McNichol, JD

Physician Payment Reform Advances in the House and Senate

With a nearly 24 percent reduction in physician payment under the Medicare program slated for January 1, Congress continues to advance measures aimed at staving off the cut and permanently repealing the flawed Sustainable Growth Rate (SGR) formula.

Recognizing the importance of finding a permanent solution, the House Ways and Means Committee and the Senate Finance Committee developed a bipartisan package that would permanently repeal the SGR and establish a value-based performance program that consolidates and enhances existing incentive programs. It would also incentivize the development of, and participation in, alternative payment models. Following consideration of the legislation, the Ways and Means and Finance Committees approved the legislation with some variations. It is widely understood that final approval of a legislative package repealing the SGR will require that its cost is offset. To date, offsets have not been identified. (See related article below.)

While significant advances have been made in moving toward the enactment of legislation to permanently repeal the SGR, the reality is that a nearly 24 percent reduction will take effect on January 1 absent congressional action. As this issue goes to press, the House and Senate are working to approve a federal budget agreement (H. J. Res. 59). Included in the resolution working its way through Congress is a three-month extension to the current Medicare physician payment rate. The short timeframe for the extension is intended to ensure that Congress quickly completes the work advanced in the House and Senate committees.

The ACOI is continuing to closely monitor this rapidly changing situation. Additional information will be provided as it becomes available.

CMS Releases Final Physician Payment Rule

The Centers for Medicare and Medicaid Services (CMS) announced payment and policy changes under the Medicare Physician Fee Schedule on November 27. CMS estimates that total payments made under the fee schedule in 2014 will be approximately \$85 billion.

The final rule would cut physician reimbursement by about 24 percent for physicians providing Medicare services on or after January 1. In addition to changes in the SGR, the final rule modifies the Physician Quality Reporting System (PQRS) by adding 57 new measures and two measure groups. The rule also provides for the following: changes the Physician Compare Tool; implements the value-based payment modifier required under the Patient Protection and Affordable Care Act (ACA); and sets the stage for Medicare to pay for complex chronic care management services that occur without a face-to-face visit beginning in 2015, among other things. The complete rule is available at http://www.ofr.gov/OFRUpload/OFRData/2013-28696_PI.pdf.

New CBO Report Updates Cost to Reform Physician Reimbursement Rate

The non-partisan Congressional Budget Office (CBO) recently released a revised cost estimate to reform physician reimbursement under the Medicare program.

Specifically, the CBO estimates that repealing the Medicare physician payment formula known as the Sustainable Growth Rate (SGR) will now cost \$116.5 billion over ten years. The new estimate is lower than its previous estimate of \$139.1 billion and is less than half what CBO estimated as recently as 2012. In addition, the CBO reduced its cost estimate of the “Medicare Patient Access and Quality Improvement Act” (H.R. 2810), as approved by the House Committee on Energy and Commerce. It has reduced the estimate of H.R. 2810 from \$175.5 billion down to \$153.2 billion. The reduced estimates come at a crucial time in Congress’ efforts to address the perennial reductions that confront physicians and threaten to impact access to care.

Supreme Court Set to Hear Additional ACA Challenge

The US Supreme Court announced that it will consider two cases challenging the “women’s preventive services” mandate contained in the ACA. The Court has allotted one hour for oral argument to examine whether for-profit secular corporations can be required to provide coverage for contraceptive services as provided for in the ACA. The Court granted review of *Conestoga Wood Specialties Corp. v. Secretary of the United States Department of Health and Human Services* and *Hobby Lobby Stores, Inc. v. Sebelius*. Both private corporations argue that the requirement to provide coverage for contraceptive services or face a fine is a violation of the Religious Freedom Restoration Act (RFRA). *Conestoga Wood Specialties* is also arguing that the requirement is a violation of the Free-Exercise Clause of the Constitution. The two cases have been consolidated into one and will be presented to the Court early next year with a ruling most likely handed down by July 2014.

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Leadership Program

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sicians. Based on their experiences and feedback, additional steps are planned for the 2014 course to make it even more meaningful for all participants.

As part of the program assessment, participants were asked to comment on all aspects of the course. They reported that content that addressed inter-personal and communication skills, the complementary contributions of leaders, managers and followers to organizational success, and the core leadership skills related to managing change, dealing constructively with conflict, and acquiring basic negotiation skills, were valuable whether a participant was a primary care or specialty physician. Hospitalist and specialty physician participants also stated they benefited from the ambulatory emphasis of certain units, either because it provided them with approaches for collaborating more effectively with primary care physicians, or included knowledge relevant and transferable to their specialty practices.

One of the highlights of the course was an opportunity for participants to utilize their newly-acquired knowledge and insights and address realistic practice-oriented scenarios associated with a new chapter of the case study that accompanied each unit. The Bailey Clinic case study followed Dr. Bailey and his colleagues on a transformative journey from traditional adult primary care practice to a Patient Centered Medical Home model employing a multi-disciplinary team to deliver patient-centered care.

Included among the tasks and challenges students addressed were how to plan a critical conversation with an uncooperative physician colleague; tactics for recruiting and aligning clinic physicians as active participants in the transformation; negotiating with a commercial insurance company for PCMH support and a fee schedule applicable to the new delivery model; risk stratifying a patient panel; selecting metrics for a balanced clinic scorecard relevant to the patient populations in the practice; and restructuring the clinic staff, their roles and responsibilities to provide effective, efficient patient-centered care.

Based on the effectiveness of the case study format to engage participants, a second case study – built around challenges hospitalists face in the inpatient setting – will be available to participants who enroll in the class scheduled to begin in January 2014. Scenarios will follow a pattern similar to the Bailey Clinic case study exercises, but will focus on aspects unique to hospitalists, including difficult conversations with colleagues or staff; communicating with patients and families; hospital contract negotiations; communicating and working effectively with primary care and specialty physicians and emergency department colleagues; selecting a balanced performance scorecard that highlights contributions of the hospitalist program to organizational success; collaborating with other caregivers; and assuring effective handoffs across the care continuum.

College members who enroll in the next class will select either the ambulatory or the inpatient case study when the course commences and be responsible for continued contributions to this choice throughout the course. Faculty will provide commentary on each participant's threaded discussion contribution and participants will be able to read and comment on the contributions of colleagues who choose the same case study; thereby enhancing learning through shared exchanges.

It is hoped that this alternative case study will encourage hospitalist and specialist participation and strengthen College members' leadership and management competency profiles. For additional information about the leadership course, please visit www.acoi.org, or contact Tim McNichol, JD (tmcnichol@acoi.org).

Estate Planning Session Stresses Early Preparation

*By Ann Suydam, CFRE
Director of Development*

Attendees at the 2013 ACOI Annual Convention participated in a popular session entitled, "Avoiding the Pitfalls of Estate Planning." Joel Loquvam, a former member of the Board of Governors of the American Academy of Estate Planning Attorneys, was the featured speaker. Mr. Loquvam presented practical ideas on how to get started in planning your estate and in finding trusted legal counsel to help you through the process.

A key message of the presentation encouraged participants to begin the process early because "historically, wealth is squandered within three generations," Mr. Loquvam said. "By selecting careful planning options, families are able to protect their heirs and possibly future generations." Mr. Loquvam advised participants that early planning also will ensure that you are in control of the distribution of your assets, not the courts or the IRS.

Estate planning may also include leaving a legacy to worthy not-for-profit organizations or institutions, and legacy giving is a wise investment for securing an organization's future. It enables a non-profit, such as ACOI, to plan long-term for strategic activities such as developing new research opportunities, creating more educational and training programs and expanding outreach programs. You do not need great personal wealth to make a difference. With good financial management, even the smallest contribution will grow significantly over the years.

For more information on estate planning or referrals through the American Academy of Estate Planning Attorneys, please contact ACOI at ann@acoi.org.

OPPORTUNITIES IN SOUTHWEST VIRGINIA



**CARILION
CLINIC**

INTERNAL MEDICINE PROGRAM DIRECTOR

Osteopathic, Faculty

Blacksburg/Christiansburg, Virginia

Carilion Clinic is seeking an Internal Medicine Osteopathic Program Director to direct a new residency program. Over the next year this position will be charged to lead the development and credentialing of the program with July 1, 2015 as the anticipated start date for the new residency.

The program will be located on the campus of Carilion New River Valley Medical Center in Christiansburg, Virginia, a busy, modern, 146-bed medical center that serves a regional population of 185,000. The Blacksburg/Christiansburg area is home to two major universities, Virginia Tech and Radford University, as well as the Edward Via College of Osteopathic Medicine and is one of the fastest growing areas in Virginia.

The ideal candidate will be an internal medicine trained osteopathic physician, with at least 5 years of practice experience, three years teaching experience, board certified by the American Osteopathic Board of Internal Medicine, and possess a background in the development of an AOA-approved training program. The administrative FTE assigned to this position will be 0.5, with outpatient, specialty and hospitalist opportunities available to complete the successful applicant's full-time position.

Submit CV and cover letter to Andrea Henson, Manager, Physician Recruitment and Onboarding, Carilion Clinic, POB 40032, Roanoke, VA 24022-0032, or ahenson@carilionclinic.org, 540-224-5241. AA/EOE.

DIRECTOR OF MEDICAL EDUCATION (DME),

SYSTEM DIRECTOR OF OSTEOPATHIC MEDICAL EDUCATION (DOME)

Osteopathic, Faculty

Blacksburg/Christiansburg, Virginia

Carilion Clinic is seeking a Director of Medical Education to lead the development of their regional campus at Carilion New River Valley Medical Center (CNRVMC). This position will lead overall program development of an academic campus with the establishment of two osteopathic residencies, Internal Medicine and Emergency Medicine. The two program directors of these residencies would report to this position as well. Anticipated start date for the new residencies is July 1, 2015. The DME would also oversee the medical student education, primarily in conjunction with the Edward Via College of Osteopathic Medicine (VCOM).

The program will be located on the campus of Carilion New River Valley Medical Center in Christiansburg, Virginia, a busy, modern, 146-bed medical center that serves a regional population of 185,000. The Blacksburg/Christiansburg area is home to two major universities, Virginia Tech and Radford University and is one of the fastest growing areas in Virginia.

The ideal candidate will be osteopathic trained and boarded with at least 5 years of practice experience; three years teaching experience, and possess a background in the development of an AOA-approved training program. The administrative FTE assigned to this position will be 0.4.

This position will also serve as the Director of Osteopathic Medical Education (DOME) for the entire Carilion Clinic headquartered in Roanoke, Virginia. In addition to the above two residencies at CNRVMC, this position would have responsibility for oversight of the AOA-accredited Neurosurgery residency, and the two Roanoke-based dually-accredited training programs, Family Medicine and Internal Medicine. This additional system responsibility and title would carry an FTE assignment of 0.2, leading to a combined total for this position of 0.6 administrative, 0.4 clinical with outpatient, specialty and hospitalist opportunities available to complete the successful applicant's full-time position.

Submit CV and cover letter to Andrea Henson, Manager, Physician Recruitment and Onboarding, Carilion Clinic, POB 40032, Roanoke, VA 24022-0032, or ahenson@carilionclinic.org, 540-224-5241. AA/EOE.

Government Relations

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ACOI Calls on Congress to Support GME Funding

The ACOI recently joined with the Association of American Medical Colleges (AAMC) and others to call on Congress to protect funding for Graduate Medical Education (GME) during budget negotiations. With a projected shortage of 91,500 doctors by 2020 and an estimated 10,000 new Medicare beneficiaries each day, the ACOI and others believe it is imperative that Congress act to protect and expand graduate medical education training opportunities.

According to the letter sent by the ACOI and others on November 20, "Any reduction in Medicare support for GME would dramatically and rapidly increase shortages of primary care and specialist physicians that seniors (and others) rely upon. The nation must provide the necessary support to train more physicians or it will be increasingly difficult for patients to find the doctors they need." The letter also states, "Medicare GME cuts that jeopardize physician training and limit critical services are a step in the wrong direction." The ACOI will continue to work to protect and expand training opportunities in graduate medical education.

Meaningful-Use Deadline Pushed Back

The Centers for Medicare and Medicaid Services (CMS) proposed a one-year delay for providers to implement Stage 2 of its Medicare and Medicaid "meaningful use" electronic health record incentive programs. Stage 2 participation was already delayed once. As a result of the new proposed timeline, Stage 2 will be extended through 2016. Stage 3 will begin in 2017 for those who have successfully completed at least two years under Stage 2. Additional information is available at http://www.cms.gov/eHealth/ListServ_Stage-3Implementation.html.

Washington Tidbits: 150 Years and 270 Words Later...

November 19 marked the 150th anniversary of the Gettysburg Address. In approximately 270 words, President Lincoln penned an address that mistakenly predicted, "The world will little note, nor long remember what we say here...." While delivering a eulogy for President Lincoln in 1865, Massachusetts Senator Charles Sumner noted, "The world noticed at once what he said, and will never cease to remember it." The only problem is that there is no way to remember exactly what was said by President Lincoln in his dedication of the Gettysburg cemetery.

There are only five known copies of the Gettysburg Address in Lincoln's handwriting. Each copy is named after the first person to receive them and differs slightly. Only one copy is signed and dated, the "Bliss Copy," named after Colonel Alexander Bliss. With competing copies and no recordings or transcripts, we will never know the exact words uttered by Lincoln on the edge of the battlefield that witnessed over 51,000 casualties over three days in July 1863.

Cutting edge medicine...
A great place to live...
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Hospitalists
Wausau, Wisconsin



There's a simple reason you chose a career in medicine.
We invite you to practice it.

We welcome your enthusiasm for compassionate medicine as you change lives with some of the most inspiring people you will ever meet.

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Details at AspirusProviderOpps.org. Contact Karen Lindstrum at Karen.Lindstrum@aspirus.org or 800.792.8728.

Photos are actual Wausau Area events

PHYREC-084



Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2014 Internal Medicine Board Review Course
March 26-30 Westin Savannah Harbor Resort & Spa, Savannah, GA
- 2014 Challenges in Inpatient Care
March 27-30 Westin Savannah Harbor Resort & Spa, Savannah, GA
- 2014 Congress on Medical Education for Residency Trainers
May 2-4 Orlando World Center Marriott, Orlando, FL
- 2014 Annual Convention & Scientific Sessions
Oct 15-19 Baltimore Marriott Waterfront, Baltimore, MD
- 2015 Annual Convention & Scientific Sessions
Oct 28-Nov 1 Marco Island Marriott Resort Golf Club and Spa, Marco Island, FL
- 2016 Annual Convention & Scientific Sessions
Oct 12-16 San Francisco Marriott Marquis, San Francisco, CA
- 2017 Annual Convention & Scientific Sessions
Oct 4-8 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.

2014 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination

Computerized Examination 200 Sites Nationwide

September 11, 2014 - Application Deadline: February 1, 2014

Late Registration Deadline: April 1, 2014

Subspecialty & Certification of Added Qualifications:

Aug. 23, 2014 • Lombard, IL - Application Deadline: April 1, 2014

Late Registration Deadline: May 1, 2014

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

Internal Medicine Recertifying Examination

Computerized Examination 200 Sites Nationwide

September 12, 2014 - Application Deadline: April 1, 2014

Late Registration Deadline: May 1, 2014

Focused Hospital Medicine Recertification

Computerized Examination 200 Sites Nationwide

May 8, 2014 - Application Deadline: March 1, 2014

Subspecialty and Added Qualifications Recertifying Examinations:

Aug. 23, 2014 • Lombard, IL - Application Deadline: April 1, 2014

Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology • Gastroenterology • Geriatrics • Hematology
• Infectious Disease • Interventional Cardiology • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

Late Registration Deadline: May 1, 2014

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.

New ACOI Webinar Provides 1-A Credit



The ACOI has been approved to participate in an AOA pilot program to offer 1A CME credit for an internet continuing education program.

Unlike most such programs, live participation is not required.

The webinar will feature a presentation by noted cardiologist **Robert Chilton, DO, FACOI**, on New NIH Guidelines on Atherosclerosis. Participants will complete brief pre-and post-test questions in order to receive credit. Dr. Chilton will be available to respond to questions electronically within 48 hours of submission.

The webinar will be available on www.acoi.org beginning in January at a cost of \$25 for ACOI members. Access to the program will be available through February.



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In The December 2013 Issue:

American College of Osteopathic Internists
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