

*From President Sutton*

## Physicians Must Tend to Our Own Wellbeing



The Council of Osteopathic Student Government Presidents (COSGP) and the Student Osteopathic Medical Association (SOMA) formed a mental health awareness task force in 2016 to

promote psychological well-being among health care professionals. COSGP supported a Day of Wellness earlier this month. It was reported that day that close to one-third of medical students have symptoms of depression, and in medical training, depersonalization is common.

Over one-third of doctors, by report of COSGP, experience emotional exhaustion, and greater than 50% report burnout! More information from this student initiative can be found online under the Mental Health Awareness Task Force at AACOM.

When I was an osteopathic medical student, I struggled in this area. High volume education and learning about life and death in our hands is a challenge for all of us. I was more comfortable in the classroom than in the clinic. I felt like I did not know enough, and it all hit me early in my internship at Garden City Hospital, Osteopathic. I am thankful that the medical education department, and particularly the Chief Medical Officer, Calvin Kay, DO, helped me through the crisis. They did not let me down. They did not kick me

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May 4-6, 2017

## Annual Trainers Congress Set for San Diego



More than 200 residency program directors, trainers, rising chief residents and medical education coordinators will gather May 4-6 in San Diego, CA, for the 2017 ACOI Congress on Medical Education for Residency Trainers. The agenda for the meetings will focus heavily on assisting the programs with understanding and meeting the requirements for accreditation from the Accreditation Council for Graduate Medical Education (ACGME). There will also be content for those programs that have already achieved accreditation.

The Congress will kick off on Thursday, May 4 with a report from the ACGME Residency Review Committee for Internal Medicine. The Review Committee is the approval body for programs seeking accreditation from the ACGME. There will also be sessions on meeting the scholarly activity requirement and small group sessions on applying for osteopathic recognition. Other sessions during the program will center on faculty development and best practices, with a focus on providing practical takeaways that can be used at home.

In addition to the program for trainers, there will be separate sessions for rising chief residents and emerging leaders, as well as for medical education coordinators. The Congress will take place at the Sheraton San Diego Resort and Marina. Registration materials are available at [www.acoi.org](http://www.acoi.org).



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## Member Survey to Launch Next Month

The ACOI's biannual member survey will be open for responses in March. The electronic survey takes about 15 minutes to complete and is very important in providing guidance for the College's strategic planning process. A confidential, personalized link to the survey will be sent to all Active Members via email from the address [acoisurvey@researchusainc.com](mailto:acoisurvey@researchusainc.com). You must use this link to participate. Three members who complete the survey will be selected at random to receive a \$100 American Express gift card. Members are urged to complete the survey prior to the deadline.

## 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

### 2016-2017 OFFICERS

John R. Sutton, DO, FACOI.....President  
suttonendo@msn.com

Martin C. Burke, DO, FACOI.....President-Elect  
mburke@corvitahealth.org

Annette T. Carron, DO, FACOI.....Secretary-Treasurer  
annette.carron@beaumont.edu

John B. Bulger, DO, MBA, FACOI.....Immediate Past-President  
jbulger@geisinger.edu

Judith A. Lightfoot, DO, FACOI.....Past-President  
jlightfoot@gsida.org

### 2016-2017 BOARD of DIRECTORS

Michael A. Adornetto, DO, MBA, FACOI...maadornetto@aol.com

Damon L. Baker, DO, FACOI..... damonbaker@okstate.edu

Robert A. Cain, DO, FACOI..... cairn@ohio.edu

Robert L. DiGiovanni, DO, FACOI...robdtime@tampabay.rr.com

Susan M. Enright, DO, FACOI.....senright@genesys.org

Scott L. Girard, DO, FACOI.....grdsctt@yahoo.com

Robert T. Hasty, DO, FACOI.....Rhasty@idahocom.org

Joanne Kaiser-Smith, DO, FACOI.....kaiserjo@rowan.edu

Samuel K. Snyder, DO, FACOI.....snyderdo@nova.edu

Christopher Sciamanna, DO, Resident Rep...csciamanna@gmail.com

### STAFF

Brian J. Donadio, FACOI.....Executive Director  
bjd@acoi.org

Timothy W. McNichol, JD.....Deputy Executive Director  
tmnichol@acoi.org

Donald S. Nelinson, PhD.....Chief Science & Education Officer  
don@acoi.org

Susan B. Stacy, FACOI.....Finance/Administration Director  
susan@acoi.org

Keisha L. Oglesby.....Senior Member Services Specialist  
keisha@acoi.org

Kara Kerns.....Post-Doctoral Training Specialist  
kara@acoi.org

Claudette Jones.....Membership Services Specialist  
claudette@acoi.org

Katie E. Allen.....Member Services Specialist - OCC/CME Development  
katie@acoi.org

Neena J. Kuruvilla.....Administrative Assistant  
neena@acoi.org

Ellen J. Donadio.....Website/Graphic Design  
ellen@acoi.org

11400 Rockville Pike

Suite 801 • Rockville MD 20852

301 231-8877 • 800 327-5183 • Fax 301 231-6099

acoi@acoi.org • www.acoi.org

## Letter from the President

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out. They were all about supporting me in what I see as the heart of osteopathic family.

I felt the osteopathic family tradition at Garden City Hospital as I came there for my major hospital core rotations while still in medical school. The family support was there for me through internship and IM residency. They made me what I am as an Osteopathic Internist, building on the foundations of my Kirksville experience.

In the earlier years of my endocrine career, I struggled again, but my practice associates, osteopathic endocrinologists, helped and supported me through this crisis. In medicine, we are taught to be strong. As osteopathic internists,

academic prowess is imperative. Particularly early on, we may feel like a fraud. Everyone else is valid, but what are we? Psychologists in the 1970s reported this as the imposter phenomenon. We demonstrate great success, meeting all the marks and yet feel incomplete. While in Kirksville in my third year, I remember comments with a classmate questioning when others might discover all that each of us did not know.

Becoming a doctor--now, that is a lot of pressure. Look at everyone else. See how much better they are doing. That is, on the outside image. We are real people. Training and medical practice is harsh. It beats us down. We are on a pedestal in the public view, and we have lives in our hands. We have filled and continue to fill our brains with medical knowledge. Medical research is immense, and we must keep up. The foundation

of our practice as osteopathic internists is the health, support and wellness of our adult patients. Knowing what to do challenges us every day. We rely on our extensive training for the day-to-day work.

On Facebook last year, a friend posted this image, which applies here. In my faith, there is music that sings: "Fill my Cup, Lord." That is in part how I take care of myself. It is what I have known and what I have been taught since I was a small child. My family of faith helps me day-to-day. Each osteopathic internist must have support from many sources. It is important to have a life outside of medicine. It is important to seek wellness of mind and soul. This might be at church or temple with prayer and/or meditation to help us. The osteopathic family is there for us, as well. The ACOI is home base for osteopathic internists. You are not alone. We are a family.



## Grassroots Member Highlighted



**Andrea Weed, DO, MBA, FACOI** is a longstanding member of the ACOI and is board certified in internal medicine by the AOBIM. She started Tumbleweed Medical Group, and, for many years has practiced alongside her nurse practitioner and a local family doctor in Carson City, NV.

Dr. Weed has a passion for women's health. She is a graduate of Des Moines University College of Osteopathic Medicine. She continued in the osteopathic tradition, completing her post graduate training at Mount Clemens General Hospital, Osteopathic, in a consortium of osteopathic internal medicine residencies through Michigan State University. She completed an

internship and medicine residency there. She served as chief medical resident and was awarded resident educator of the year for two years.

Dr. Weed has served in leadership in the local Carson Tahoe Health, including chief of staff and on the Board of Carson Tahoe Regional Medical Center. She will soon be relocating her office and has transitioned to solo practice. She has lived in the Carson City area since 1994. She is active in the community where she has participated with the Boys and Girls Clubs of Western Nevada as a member of the board of trustees for many years. Join me in celebrating Dr. Weed as an icon of osteopathic internal medicine in the West.

cosgp

COUNCIL OF OSTEOPATHIC STUDENT ORGANIZATION PRESIDENTS  
A DIVISION OF THE AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

INTERNATIONAL SOCIETY OF SOMA





# government RELATIONS

*Timothy McNichol, JD*

## **ACOI Calls on Congressional Leaders to Proceed with Caution**

There was a continuous call for the immediate repeal and replacement of the Affordable Care Act (ACA) throughout the 2016 elections. While initial steps have been taken by the Administration and Congress to begin the process of repealing the ACA, legislation must now be drafted, approved, and sent to the President's desk for enactment. While the ACA has proven to be controversial on many fronts, there is common ground that can serve as the basis for any effort to repeal and replace it. In preparation for the policy discussions that will be taking place, ACOI President John R. Sutton, DO, FACOI, recently wrote to the leadership of the House and Senate encouraging that they consider the impact on patients and proceed with caution.

The ACOI Committee on Government Affairs discussed in detail ongoing efforts to repeal and replace the ACA. In response to these discussions, Dr. Sutton stated in his letter that any action taken by Congress must ensure uninterrupted access to affordable, high-quality care. In addition, he noted that prior to the repeal of any part of the ACA, a path forward must be clearly known to protect against adversely impacting patients and their ability to access health care services. Dr. Sutton concluded his letter to congressional leaders by stating, "The ACOI and its members stand ready to assist you in your efforts to improve the health care delivery system in a way that preserves access to affordable, high-quality, patient-centered care." You can view this and other comments at <http://www.acoi.org/advocacy/legislative-and-regulatory-comments.html>. The ACOI will continue to closely monitor proposals to repeal and replace the ACA.

## **ACOI Joins Letter in Support of Vaccines**

The ACOI joined with a number of organizations representing physicians, researchers, patients and others in sending a letter to the President supporting vaccines. The letter was drafted in response to comments and proposals made by the Administration and others. Groups representing a broad spectrum of interested parties highlighted the role vaccines play in preventing disease and improving public health. To further respond to claims made by those opposed to vaccines, references to peer-reviewed articles in support of the safety and efficacy of vaccines was provided with the letter. A similar letter was also sent by congressional leaders to the Administration. You can review the letter sent by the ACOI and others at <http://www.acoi.org/advocacy/legislative-and-regulatory-comments.html>.

## **Price Confirmed as Secretary of HHS**

The Senate narrowly confirmed Representative Tom Price (R-GA) to head the Department of Health and Human Services (HHS) by a vote of 52-47. Secretary Price, an orthopedic surgeon by training, was a staunch opponent of the Affordable Care Act (ACA) during his tenure in the House. As head of HHS, Secretary Price will now be tasked with, among many other things, shepherding President Trump and Congress' efforts to repeal and replace the ACA. During his confirmation hearing, Secretary Price declined to comment on specific policy positions he would pursue as Secretary of HHS. Dr. Price was sworn in as the 23rd Secretary of HHS on February 10. You can learn more about Dr. Price and HHS by visiting [www.hhs.gov](http://www.hhs.gov).

## **President Meets with Pharmaceutical Executives on Drug Costs**

The cost and availability of prescription drugs continue to garner the attention of policymakers. President Trump recently held a meeting with pharmaceutical executives to discuss the need to lower drug costs. According to a statement released by the president of the Pharmaceutical Research and Manufacturers of America (PhRMA) following the meeting, topics included reforming trade agreements, reforming the tax code, and enacting regulatory relief to improve innovation and access to affordable prescription drugs. These and other policy items to lower the cost and increase the availability of prescriptions will continue to be discussed in the halls of Congress. As a result, it is anticipated that legislative and regulatory proposals will continue to be considered.

## **Washington Tidbits**

### **A Message from the President**

President Trump will fulfill a constitutional obligation when he appears before a joint session of Congress on Tuesday, February 28. Article II, Section 3 of the U.S. Constitution states, "He shall from time to time give to the Congress Information of the State of the Union, and recommend to their Consideration such Measures as he shall judge necessary and expedient...."

Early messages of the President included agency budget requests and general reports on the health of the economy. Over time, changes in law have required this information to be presented in a more detailed format separate from the annual address. Changing content requirements coupled with the advent of new communication technology such as radio, television and the Internet have allowed the State of the Union address to evolve into an opportunity for presidents to speak directly to the people and to make the case for their policy proposals. What policy proposals will be presented when President Trump makes his first statement before a joint session of Congress at the end of the month?



# 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.

## Billing for Services Provided by Non-Physician Practitioners

With ever-increasing pressures on medical practices, I am seeing an increased reliance on non-physician practitioners (NPP) in providing care. In particular, nurse practitioners (NP) and physician assistants (PA) are being added to practices at an increasing rate. This is in part due to enactment of the Balanced Budget Act of 1997 (BBA). The BBA removed payment restrictions previously in place for Medicare Part B reimbursement of services provided by NPPs. A steady increase in the number of NPs and PAs in both physician offices and other patient care settings has continued. My personal experience has seen the largest increase of NPPs occurring over the last six to eight years.

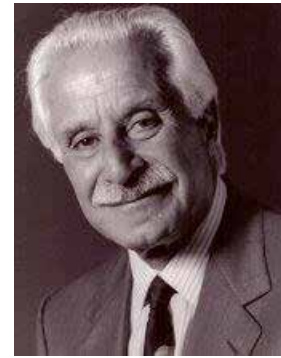
Following enactment of the BBA and the resulting changes in reimbursement guidelines for NPPs, a disconnect between correct billing practices and those actually used for services provided by NPPs existed. Although rules for utilizing an NPP and billing under a physician existed, they tended not to be followed. Many insurers followed Medicare guidelines for services billed under the "split shared" and "incident to" concepts. The claims submitted simply showed services were provided by a physician even though they were provided by an NPP. In the event that an audit was performed, the signature on the office note was often presumed to be that of a physician and was not recognized by an auditor as that of one belonging to an NPP.

As time passed, providers were paid for a variety of services provided by their NPPs that were billed under their UPIN or NPI. The result was a false sense of security that correct documentation was in the chart and that billing was being done correctly. Unfortunately, the differing rules for "split shared" and "incident to" billing also became blurred. The pervasive belief that "because we have always done it this way" became engrained and further increased the risk of improper billing.

The Office of Inspector General (OIG) has made proper billing of NPP services a top priority over the past several years. As a result, over just the last few months, I have seen a significant increase in practices "self-disclosing" that they have improperly billed for NPP services. In January alone, two cases of self-disclosure regarding NPP services accounted for almost \$1.5 million in penalties. (Office of Inspector General <https://oig.hhs.gov/fraud/enforcement/cmp/psds.asp>).

As your practice hires or looks to hire NPPs, make sure everyone knows the rules of documentation and billing. Make the "old habits" new again by ensuring your billing practices are current and compliant.

## In Memoriam



Word has been received of the death of **George T. Caleel, DO, MACOI**, of Chicago on

February 18 at the age of 87. Dr. Caleel was a 1955 graduate of the Chicago College of Osteopathic Medicine (CCOM). He was board certified in internal medicine, endocrinology and nuclear medicine. He served for 60 years as a professor and treated patients at CCOM, where he also served as clinical dean, among numerous other positions.

Dr. Caleel was president of the ACOI in 1981-82. He became a fellow in 1970 and was inducted into the Gillum Society of Master Fellows in 1995. He also served on the American Osteopathic Board of Internal Medicine and the American Osteopathic Board of Nuclear Medicine. He chaired the AOA Bureau of Osteopathic Education, as well as serving in the 1960s and '70s as a consultant to the then-Department of Health, Education and Welfare (now Health and Human Services), Division of Physician Manpower, and the National Institutes of Health.

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



# talking science & education

Donald S. Nelinson, PhD

Welcome to the February edition of Talking Science and Education. Last month's trivia on the state of health in the US yielded several correct responses. The first correct respondent was James King, DO, FACOI who answered correctly that Mississippi ranks lowest for overall health. Mississippi's challenges include high prevalence of smoking, low birth weight, and a high percentage of children living in poverty. Congratulations, Dr. King! Hopefully you have received your valuable prize by now. Thanks to the rest of our trivia respondents. Well done! Continuing with our trivia series on the state of health in the US, this week's question is

**Which state gets the title of "most improved" for 2016?**

- A. Maine
- B. Iowa
- C. Wisconsin
- D. Nevada

Please email your response to me at [don@acoi.org](mailto:don@acoi.org). Remember: we do give prizes, and as you're thinking of going to Google for the answer.....DON'T!!

On the education front, program's applying for Osteopathic Recognition (OR) with ACGME should note that the application has been revised. It is now shorter and more streamlined so we encourage all IM program directors who have not yet applied to do so. Remember, ACOI offers support for your efforts. In addition, the OR Toolbox available at [acoi.org](http://acoi.org) is regularly updated with additional resources for applicants. Finally, just a reminder to IM program directors who are in programs NOT dually accredited, please be sure to complete the survey sent by ACOI a few weeks ago. If you do not have the link let Susan Stacy or me know and we will happily resend it.

## Diabetes Dialogues

Belly fat and cardiometabolic risk...the evidence grows!

A genetic predisposition to higher abdominal adiposity, also known as an apple-shaped body, was causally linked to an increased risk for cardiometabolic traits and type 2 diabetes, according to a Mendelian randomization study.

Using a polygenic risk score, there was an association between a 1-SD increase in the waist-to-hip ratio (WHR), adjusted for BMI, and a 6.0 absolute risk increase for developing type 2 diabetes per 1,000 participant-years (95% CI, 4.4-7.8,  $P=7.30 \times 10^{-21}$ , number of participants with type 2 diabetes outcome = 40,530, odds ratio 1.77, 95% CI 1.57-2.00), reported Connor A. Emdin, DPhil, of Harvard Medical School, and colleagues.

A 1-SD increase in WHR, adjusted for BMI, was similarly associated with a 1.8 absolute risk increase for coronary heart disease (1.3-2.4,  $P=9.90 \times 10^{-14}$ , number of participants with coronary heart disease outcomes = 66,440, OR 1.46, 95% CI 1.32-1.62) reported in the Journal of the American Medical Association (JAMA).

The 1-SD increase in WHR ratio, adjusted for BMI, was linked to a 2-cm increase in waist circumference (1.5-2.4) and 4.1-cm decrease in hip circumference (3.8-4.4).

Individuals with abdominal adiposity have previously been observed to have higher rates of coronary heart disease and type 2 diabetes. It was unclear, however, if abdominal adiposity causes heart disease and diabetes, or if individuals with abdominal adiposity had heart disease and diabetes for other reasons. The investigators were therefore surprised to see a relatively large effect of abdominal adiposity on risk of coronary heart disease and type 2 diabetes.

The authors stated, "These results provide evidence supportive of a causal association between abdominal adiposity and these outcomes."

Mendelian randomization uses genetic variants that are present from birth to determine whether a given measurement (waist-to-hip ratio in this study) causes an outcome of interest (coronary heart disease and type 2 diabetes in this study). Because genetic variants are present from birth, they are less likely to be influenced by confounding, a common limitation of observational studies.

The researchers collected data from cross-section and case-control large-scale genome-wide association studies (GWASs), in addition to individual-level cross-sectional data. The summary-level data included data on over 400,000 participants from six GWASs, including GIANT, DIAGRAM, CARDIOGRAMplusC4D, GLGC, MAGIC, and CKDGen. The individual-level data was collected from 111,986 participants in the UK Biobank.

The causal association between WHR and 15 cardiometabolic traits, type 2 diabetes, and coronary heart disease were analyzed using a polygenic score, determined by 48-single nucleotide polymorphisms.

The authors reported that mediated by the SNP-polygenic risk score, a 1-SD increase in WHR, adjusted for BMI, was also associated with higher levels of several cardiometabolic traits (all  $P \leq 0.001$ ):

- Total cholesterol: 5.6 mg/dL (95% CI 3.9-7.3)
- LDL cholesterol: 5.7 mg/dL (95% CI 4.1-7.2)
- Lower HDL: 6.0 mg/dL (95% CI 5.3-6.6)
- Triglycerides: 27 mg/dL (95% CI 25-30)
- Log-transformed fasting insulin: 0.07 log pmol/L (95% CI 0.05-0.08)
- 2-hour glucose levels: 4.1 mg/dL (95% CI 1.6-6.5)
- systolic blood pressure: 2.1 mm Hg (95% CI 1.2-3.0)

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# ACOI to Present Osteopathic Recognition Session at 2017 AAIM Meeting

The ACOI will present an education session on osteopathic recognition at Academic Medicine Week 2017, the annual meeting of the Alliance for Academic Internal Medicine (AAIM) in Baltimore in March. The Alliance is made up of the groups representing ACGME internal medicine program directors, professors of medicine, clerkship directors and others. AAIM and ACOI leaders have been working closely in recent months to provide assistance as the profession transitions to the single GME accreditation system. The presentation will provide information for allopathic program that may be considering osteopathic recognition.

Faculty for the sessions include Robert Cain, DO; Susan Enright, DO, Steven Angus, MD and Donald Nelinson, PhD. Drs. Cain and Enright are members of the ACOI Board of Directors who are actively involved in the GME transition. Dr. Angus is the program director of an ACGME program that has obtained Osteopathic Recognition by the ACGME. Dr. Nelinson is the ACOI Director of Science and Education.

The osteopathic recognition session will take place on March 20. Information on registration for Academic Medicine Week 2017 is available at [www.im.org/meetings](http://www.im.org/meetings).

# 2017 Board Review Course Early Registration Deadline Nears



The early registration deadline is February 28 for the 2017 ACOI Internal Medicine Board Review Course, which will take place March 22-26 at the JW Marriott Las Vegas Resort and Spa. The course is a comprehensive review of general medicine and each of the subspecialties. It is an excellent way for practicing physicians to update their medical knowledge, as well as an essential part of the preparation process for the certifying and recertifying examinations in internal medicine.

Special emphasis is placed on recent advances in various subspecialty areas and on clinical skills management as they pertain to clinical practice and the examinations. Attendance at the review course meets the requirement that osteopathic internal medicine residents must attend one ACOI education program during the course of their training.

The JW Marriott Las Vegas Resort & Spa is located at 221 N. Rampart Blvd, Las Vegas, NV. A special room rate of \$179/per night, plus \$14.99 resort fee (includes: Internet; local/domestic long distance; fitness center access; two water bottles daily; two comp drink tickets in the Ramparts Casino and a glass of wine in the Carmel Room) has been arranged for this meeting. Reservations must be made by February 28, 2017 in order to receive this special ACOI discounted rate. Reservations may be made by calling 877-622-3140, or online at [https://resweb.passkey.com/Resweb.do?mode=welcome\\_ei\\_new&eventID=15590407](https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=15590407). A meeting registration form can be found on page 10 of this newsletter. Additional information about the program is available at [www.acoi.org](http://www.acoi.org), or by calling 1-800-327-5183. To qualify for the \$50 early registration discount, registrations must be received by February 28.

## Clinical Challenges Program Features Day of Cardiology

In an effort to provide additional subspecialist-level continuing education for ACOI members, the College has included a full day of cardiology sessions in the 2017 Clinical Challenges in Inpatient Care program that will take place March 24-27 in Las Vegas. The program provides up to 26.75 AOA and AMA PRA Category 1 CME credits.

Should programming like this be well-received by our subspecialists, ACOI plans to offer a free-standing, high-level cardiology program in 2018.

Complete program and registration information for the 2017 Clinical Challenges meeting, which is chaired by Frederick A. Schaller, DO, is included in this newsletter. The deadline to qualify for the early registration discount is February 28.

# PROFESSIONAL OPPORTUNITIES

**PRIMARY CARE PHYSICIAN, SILICON VALLEY, CA** - Santa Clara Valley Medical Center, a public teaching hospital, affiliated with the Stanford University School of Medicine, located in the heart of Silicon Valley, CA is seeking a BC/BE Internal Medicine-primary care physician to join our dynamic, growing, nurturing Department. Submit a letter of intent and CV to *roya.rousta@hhs.sccgov.org*. EOE Employer.

**FACULTY POSITION/INTERNAL MEDICINE - Pacific Northwest.** Skagit Regional Health Graduate Medical Education Program, Mount Vernon, Washington. Take the Next Step in Your Career. Experience the Pacific Northwest Lifestyle at its Best! Rapidly expanding Internal Medicine Residency Program requires additional Faculty in Skagit Regional Clinic's Residency Clinic

- Full time position: .4 FTE dedicated to teaching IM Residents, .6 FTE for Faculty out-patient IM practice.
- Academic partnership with Pacific Northwest University
- Program established 2012; currently 18 Residents (6/6/6) with excellent subspecialty support
- AOA Accreditation through June 2020
- OPTI West member
- EMR
- Relocation assistance
- Outstanding work life balance with collegial Faculty, Staff and Administration
- Unparalleled outdoor recreational opportunities located between Seattle and Vancouver, B.C.

Skagit Valley Hospital is a healthcare leader in Northwest Washington providing advanced, quality and comprehensive services to the residents of our communities. Skagit Valley Hospital features private rooms throughout from the Level III Trauma Emergency Department to the Family Birth Center the hospital offers a full range of surgical services, advanced diagnostics, including CT, MRI and PET, as well as a spacious center for Sleep Studies. Skagit Valley Hospital is home to the areas' only cardiac catheterization labs and offers advanced heart and vascular care. Send CV & Cover Letter to *emartin@sclinics.org*

## Full-Time Internal Medicine-Primary Care Physician for a Large Public Health and Hospital System in Silicon Valley

Santa Clara Valley Medical Center (SCVMC), a large public teaching hospital, affiliated with Stanford University School of Medicine, in San Jose CA, is seeking a full-time BC/BE internal medicine-primary care physician to join our large Department of Medicine and one of our thriving primary care practices at our Valley Health Center- Moorpark or Valley Health Center-Downtown.

SCVMC is the main hospital for the Santa Clara Valley Health and Hospital System, which in turn is the second largest County-owned health system in California, including a large primary care network with nine primary care health centers, wide-ranging specialty care services, a large behavioral health department, and a health plan. SCVMC hosts a large Internal Medicine Residency Training Program, TJC-accredited Primary Stroke Center, CARF-accredited Rehabilitation Center, ABA-verified Burn Center, and ACS-verified Level 1 Trauma Center. SCVMC is located in the heart of Silicon Valley, 50 miles south of San Francisco and 30 miles north of the Monterey Bay, offering one of the most diverse selections of cultural, recreational, and lifestyle opportunities in the nation.

VHC-Moorpark is on our central campus and is a popular training site for our Internal Medicine residents. Minutes away, VHC-Downtown is a new state of the art facility in downtown San Jose near San Jose State University, which opened in June 2016.

We offer competitive compensation, generous comprehensive benefit package (including 53 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population and the community. SCVMC is an Equal Opportunity employer. Please submit your letter of intent and CV to Roya Rousta at *roya.rousta@hhs.sccgov.org*.

## Science & Education

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In a secondary analysis, the authors determined the associations between polygenic risk score and 35 other phenotypes, including a comprehensive variety of endocrine, renal, urologic, gastrointestinal, neurology, musculoskeletal, respiratory, and cancer-related diseases and disorders, yet none reached Bonferroni-adjusted statistical significance ( $P < 0.0014$ ).

In an accompanying JAMA editorial, George Davey Smith, MD, DSc, of the University of Bristol in England, and colleagues applauded the use of Mendelian randomization, stating this design “could have helped avoid several very expensive late-stage clinical trial failures and might improve prediction of what [randomized clinical trials] will show.”

It is important to note that the Mendelian randomization approach can have drawbacks.

In the current study, genetic variants that relate to WHR, and adjusted for BMI, were used in the analyses, and “Such conditional measures are likely to become increasingly adopted in studies in the future ... A potential problem introduced by this approach is that the genetic variants will often become related to a lower level of the denominator measure (in this case BMI) ... in which the genetic instrument for WHR adjusted for BMI was associated with lower BMI. This can potentially lead to the Mendelian randomization findings being confounded,” they wrote.

They also pointed out that “a regression-based approach that detects evidence of overall pleiotropy and yields valid causal estimates with relaxed assumptions was not used.”

Emdin's group noted that they made efforts to control for pleiotropy, but “it is possible that these results represent a shared genetic basis between WHR adjusted for BMI and [coronary heart disease] rather than a causal relationship.”

Future research will hopefully identify individual genes, which could be targeted to improve body fat distribution and potentially reduce the risk of type 2 diabetes and coronary heart disease.

# ACOI 2017 Clinical Challenges in Inpatient Care AGENDA

JW Marriott Las Vegas Resort & Spa, Las Vegas, NV • March 23 - 26, 2017

## Thursday, March 23

7:30 - 8:00 am **Continental Breakfast**  
8:00 - 8:05 am Welcome - *Frederick A. Schaller, DO, FACOI*  
8:05 - 8:50 am Medical Management of Atrial Fibrillation - *Asif Serajian, DO, FACOI*  
8:50 - 9:35 am Leadless Pacing Devices - *Martin C. Burke, DO, FACOI*  
9:35 - 10:15 am TAVR Update - *Speaker TBD*  
10:15 - 10:30 am **BREAK**  
10:30 - 11:30 am Device Management of Atrial Fibrillation - *Erik Sirulnick, MD, FACC*  
11:30 - 11:45 am Q&A with *Drs. Martin Serajian and Sirulnick*  
11:45 am - 1:00 pm **LUNCH**  
1:00 - 2:00 pm Late Breaking Clinical Trials - *Martin C. Burke, DO, FACOI*  
2:00 - 3:00 pm New Medical Modalities in Management of Heart Failure with Reduced Ejection Fraction - *Erik Adler, MD, FACC*  
3:00 - 3:15 pm **BREAK**  
3:15 - 4:15 pm ECG Challenge - *Asif Serajian, DO, FACOI*  
4:15 - 5:15 pm Mobile Devices to Improve Hospital Efficiency - *Thomas F. Mohr, DO, FACOI*  
5:15 - 5:30 pm Q&A with *Drs. Burke, Serajian, Adler and Mohr*

## Friday, March 24

7:30 - 8:00 am **Continental Breakfast**  
8:00 - 9:00 am Pulmonary Fibrosis - *Kevin R. Flaherty, MD*  
9:00 - 9:45 am Non-Healing Wound Management in the Hospitalized Patient - *Bruce L. Mintz, DO, FACOI*  
9:45 - 10:00 am **BREAK**  
10:00 - 10:45 am Sarcoidosis: Evaluation in Hospitalized Patients - *Kevin R. Flaherty, MD*  
10:45 - 11:45 am Curbside Consult in ID - *Gerald W. Blackburn, DO, MACOI*  
11:45 am - 1:00 pm **LUNCH**  
1:00 - 2:00 pm Optimizing Length of Stay - *TBD*  
2:00 - 2:45 pm Oncologic Emergencies - *Kevin P. Hubbard, DO, MACOI*  
2:45 - 3:00 pm **BREAK**  
3:00 - 5:00 pm Tests I Wish You'd Never Ordered (or Curbside Consultations)  
*Gerald W. Blackburn, DO, MACOI*  
*Patrick C. Cullinan, DO, FACOI*  
*Robert T. Hasty, DO, FACOI*  
*John R. Sutton, DO, FACOI*

## Saturday, March 25

7:30 - 8:00 am **Continental Breakfast**  
8:00 - 9:00 am Nutrition in the Hospitalized Patient: Calories or Therapy - *Matthew L. Bechtold, MD*  
9:00 - 10:00 am MACRA/MIPS: Implication for Hospital Practice - *Dale W. Bratzler, DO, MACOI*  
10:00 - 10:15 am **BREAK**  
10:15 - 11:00 am C. difficile: Update - *Matthew L. Bechtold, MD*  
11:00 - 11:45 am The Hospital Value-based Purchasing Program: What the Internist Needs to Know - *Dale W. Bratzler, DO, MACOI*  
11:45 am - 1:00 pm **LUNCH**  
1:00 - 2:00 pm CAP to HCAP - *Patrick C. Cullinan, DO, FACOI*  
2:00 - 3:00 pm Journal Club - *Robert T. Hasty, DO, FACOI*  
3:00 - 3:15 pm **BREAK**  
3:15 - 4:15 pm Respiratory Support in the Hospitalized Patient - *Patrick C. Cullinan, DO, FACOI*  
4:15 - 5:15 pm Mistakes in Management - *Robert T. Hasty, DO, FACOI*  
5:15 - 5:30 pm Q&A with *Drs. Bechtold, Bratzler, Hasty and Cullinan*

## Sunday, March 26

7:30 - 8:00 am **Continental Breakfast**  
8:00 - 8:45 am Transitions of Care - *TBD*  
8:45 - 9:30 am Metformin use in Chronic Kidney Disease - *Jeffrey Packer, DO, FACOI*  
9:30 - 10:15 am Hospice and Palliative Care Update: DNR in Hospitalized Patient - *Marianne M. Holler, DO, FACOI*  
10:15 - 11:00 am New Oral Anticoagulants in Chronic Kidney Disease - *Jeffrey Packer, DO, FACOI*  
11:00 am - Noon Exam for Physicians Interested in the Hospitalist Recertification - (Optional)



# ACOI 2017 Clinical Challenges in Inpatient Care REGISTRATION FORM

JW Marriott Las Vegas Resort & Spa, Las Vegas, NV • March 23 - 26, 2017  
Registration available online at [www.acoi.org/education/cme/clinical-challenges-in-inpatient-medicine.html](http://www.acoi.org/education/cme/clinical-challenges-in-inpatient-medicine.html)

|  |  |                      |   |       |
|--|--|----------------------|---|-------|
| <b>Full Name</b>   |  |                      |   |       |
| <b>AOA Number</b>  |  |                      |   |       |
| <b>Mailing Address</b>   |  |                      |   |       |
| <b>City</b>  |  | <b>State</b>         | <b>Zip</b>  |       |
| <b>Work Phone</b>  |  | <b>Fax Number</b>    |   |       |
| <b>Home Phone</b>  |  | <b>Cell</b>          |   |       |
| <b>Email Address</b>   |  |                      |   |       |
| <b>Preferred Name on Badge</b>   |  |                      |   |       |
| <b>Emergency Contact</b>   |  | <b>Telephone</b>     |   |       |
| <b>Fees</b>  | Registration on/before 2/28/17   |                      | Registration after 2/28/17                            |       |
|  | <input type="checkbox"/> ACOI Member.....  | \$625                | <input type="checkbox"/> ACOI Member.....             | \$675 |
|  | <input type="checkbox"/> Non Member.....   | \$750                | <input type="checkbox"/> Non Member.....              | \$800 |
|  | <input type="checkbox"/> Non Physician Provider .....  | \$625                | <input type="checkbox"/> Non Physician Provider ..... | \$675 |
|  | <input type="checkbox"/> Residents/Fellows .....   | \$525                | <input type="checkbox"/> Residents/Fellows .....      | \$575 |
| <input type="checkbox"/> *ACOI Generational Advancement Fund \$_____   |  | <b>TOTAL \$_____</b> |   |       |
| <b>Payment Method</b>  | <input type="checkbox"/> Check to ACOI <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa |                      |   |       |
| <b>Name on Card</b>  |  |                      |   |       |
| <input type="checkbox"/> Check here if billing address is same as mailing address listed above. If not, please provide below |  |                      |   |       |
| <b>Billing Street</b>  |  |                      |   |       |
| <b>Billing City</b>  |  | <b>State</b>         | <b>Zip</b>  |       |
| <b>Credit Card Number</b>  |  | <b>Security Code</b> |   |       |
| <b>Credit Card Exp. Date</b>   |  |                      |   |       |
| <b>Signature</b>   |  |                      |   |       |

Send this form and payment to: ACOI: 11400 Rockville Pike, Suite 801, Rockville, MD 20852 or Fax to 301 231-6099 or register online 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 February 28, 2017. 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/legacy\\_fund.cgi](https://www.acoi.org/mms/legacy_fund.cgi).

**PLEASE NOTE:** Check here if you plan to stay at the JW Marriott Resort. 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: \_\_\_\_\_

# 2017 ACOI INTERNAL MEDICINE REVIEW COURSE REGISTRATION FORM

**JW Marriott Las Vegas Resort & Spa, Las Vegas, NV • March 22-26, 2017**  
*Registration available online at [www.acoi.org/education/cme/board-review-course.html](http://www.acoi.org/education/cme/board-review-course.html)*

|  |  |                      |            |
|--|--|----------------------|------------|
| <b>Full Name</b>   |  |                      |            |
| <b>AOA Number</b>  |  |                      |            |
| <b>Mailing Address</b>   |  |                      |            |
| <b>City</b>  |  | <b>State</b>         | <b>Zip</b> |
| <b>Work Phone</b>  | (     )  | <b>Fax Number</b>    | (     )    |
| <b>Home Phone</b>  | (     )  | <b>Cell</b>          | (     )    |
| <b>Email Address</b>   |  |                      |            |
| <b>Preferred Name on Badge</b>   |  |                      |            |
| <b>Emergency Contact</b>   |  | <b>Telephone</b>     | (     )    |
| <b>Fees</b>  | <input type="checkbox"/> ACOI Member (Registering ON/BEFORE 2/28/2017...\$850) <input type="checkbox"/> ACOI Member (Registering AFTER 2/28/2017...\$900)<br><input type="checkbox"/> Non-Member (Registering ON/BEFORE 2/28/2017...\$1025) <input type="checkbox"/> Non-Member (Registering AFTER 2/28/2017...\$1075)<br><input type="checkbox"/> Resident/Fellow (Registering ON/BEFORE 2/28/2017...\$750) <input type="checkbox"/> Resident/Fellow (Registering AFTER 2/28/2017...\$800)<br><input type="checkbox"/> Printed Syllabus \$80 (Electronic copy provided with registration) <input type="checkbox"/> *ACOI Generational Advancement Fund \$ _____ <input type="checkbox"/> TOTAL \$ _____ |                      |            |
| <b>Payment Method</b>  | <input type="checkbox"/> Check to ACOI <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa   |                      |            |
| <b>Name on Card</b>  |  |                      |            |
| <input type="checkbox"/> Check here if billing address is same as mailing address listed above. If not, please provide below |  |                      |            |
| <b>Billing Street</b>  |  |                      |            |
| <b>Billing City</b>  |  | <b>State</b>         | <b>Zip</b> |
| <b>Credit Card Number</b>  |  | <b>Security Code</b> |            |
| <b>Credit Card Exp. Date</b>   |  |                      |            |
| <b>Signature</b>   |  |                      |            |

**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 February 28, 2017. No refunds will be made after that date, but registration fees (less \$50 cancellation fee) may be applied to a future ACOI meeting registration.

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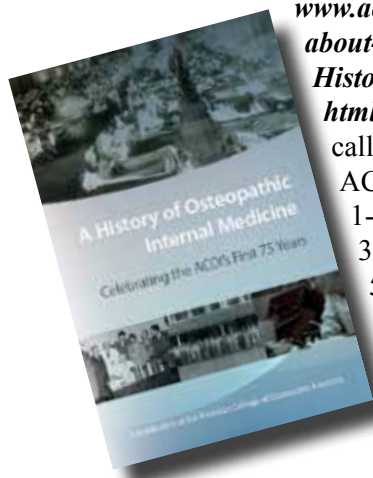
List special requirements here: \_\_\_\_\_

## Celebrating the ACOI's First 75 Years

The seeds for what would become the ACOI were planted in July 1923 at the legendary Waldorf Astoria in New York City with the founding of the American Society of Osteopathic Internists (ASOI). Shortly after its inception, the ASOI experienced difficulties in maintaining its membership. In response to this challenge and in an effort to preserve the osteopathic internal medicine organization, the ASOI allowed for the formation of divisional societies. In 1941 the California division of the ASOI reorganized to form the modern-day American College of Osteopathic Internists (ACOI). In the 75 ensuing years there has been a great deal of change in the science and practice of medicine as well as the osteopathic profession. The ACOI continues to successfully adapt to these changes and remains firm in its commitment to meet the ever-changing needs of the osteopathic internist.

In an effort to preserve the history of the ACOI and to look to the future, Kevin P. Hubbard, DO, MACOI, wrote a book titled, "A History of Osteopathic Internal Medicine: Celebrating the ACOI's First 75 Years." You can obtain your own copy of this recently released book by visiting

[www.acoi.org/about-acoi/HistoryBook.html](http://www.acoi.org/about-acoi/HistoryBook.html), or by calling the ACOI at 1-800-327-5183.



## Free 2017 Planning Guides Help Save Taxes and Help ACOI!

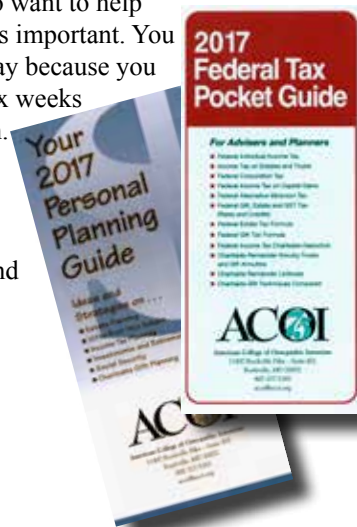
You can help ACOI and yourself at the same time if you have an Individual Retirement Account (IRA) and are at least 70 ½. This is because you can now have a portion or all of your required minimum distribution (up to \$100,000) paid directly to ACOI.

By doing this you will not have to take the required amount as income and pay taxes on it. Instead, you can have any amount you want – up to \$100,000 – paid to ACOI by making a Qualified Charitable Distribution.

You do not receive a tax deduction for this distribution, but you also do not receive it as income, and therefore do not pay income taxes on it. In addition, the amount you have paid to ACOI will count toward the required minimum distribution that by law you must receive from your IRA. For many who want to help ACOI, this is a win-win scenario, but planning is important. You should let us know if you want to help in this way because you need to notify your IRA administrator at least six weeks in advance and before you take your distribution.

In addition to providing help from your IRA now, email Katie Allen at [Katie@acoi.org](mailto:Katie@acoi.org) to receive two helpful new planning documents: Your 2017 Personal Planning Guide has ideas and strategies on

- Estate Planning
- Gifts from Your Estate
- Income Tax Planning
- Investments and Retirement
- Social Security
- Charitable Gift Planning



An easy to understand, non-technical comparison of charitable gift techniques is found on the back cover of the 2017 Federal Tax Pocket Guide which we will also send you. It is packed with information on income tax and estates and trusts, the Federal Corporation Tax, Federal Income Tax on Capital Gains and other charts and tables you may want to review before talking with your estate planner or tax attorney.

There are other suggestions in the brochure you will want to read. If you would like to know more, email [Katie@acoi.org](mailto:Katie@acoi.org) and we will send you copies of both Your 2017 Personal Planning Guide and 2017 Federal Tax Pocket Guide. If you already know that you would like to have an ACOI planned giving consultant call you, email [bjd@acoi.org](mailto:bjd@acoi.org) and let us know how and when to contact you.

## Save Taxes When Selling Your Home or Vacation Property

Even though it is possible to shield a significant amount of the increase in your property's value when selling your primary home or vacation property, many who have owned their home for a long time, or have homes that have dramatically increased in value still face a substantial tax on it. It's called a capital gain tax and for some it can wipe out a lot of what they had planned to receive from the sale. Sound familiar?

Fortunately by donating a partial interest in your home or vacation property to ACOI, you will receive a tax deduction that can offset the tax you must pay. Your buyer will pay ACOI for the share you donate, but you will get the tax deduction for setting up the plan. It's a winning taxwise strategy.

As with any such gift, you will want to talk to your tax or legal advisors, and it is critical that this be set up before you have an offer from a potential buyer.

If you'd like to know more, an ACOI planned giving consultant can contact you with specific details that will show how much you can save while also helping ACOI. Please email Brian Donadio at [bjd@acoi.org](mailto:bjd@acoi.org) to let us know how and when to contact you.

# CME CALENDAR

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

### **NATIONAL MEETINGS**

- 2017 Internal Medicine Board Review Course  
March 22-26 JW Marriott, Las Vegas, NV
- 2017 Clinical Challenges in Inpatient Care  
March 23-26 JW Marriott, Las Vegas, NV
- 2017 Congress on Medical Education for Resident Trainers  
May 4-6 Sheraton San Diego Resort & Marina, San Diego, CA
- 2017 Annual Convention & Scientific Sessions  
Oct 11-15 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
- 2020 Annual Convention & Scientific Sessions  
Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL

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

*Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at [www.acoi.org](http://www.acoi.org).*

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## **2017 Certifying Examination Dates & Deadlines**

### **Internal Medicine Certifying Examination**

Computerized Examination 200 Sites Nationwide  
September 14, 2017 - *Application Deadline: Expired*  
*Late Application Deadline: April 1, 2017*

### **Internal Medicine Recertifying Examination**

Computerized Examination 200 Sites Nationwide  
September 15, 2017 - *Application Deadline: April 1, 2017*  
*Late Application Deadline: May 1, 2017*

### **Subspecialty Certifying Examinations**

Computerized Examination 200 Sites Nationwide  
August 29, 2017 - *Application Deadline: April 1, 2017*  
*Late Application Deadline: May 1, 2017*

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

### **Subspecialty Recertifying Examinations**

Computerized Examination 200 Sites Nationwide  
August 29, 2017 - *Application Deadline: April 1, 2017*  
*Late Application Deadline: May 1, 2017*

- 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 **Hospice and Palliative Care, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine** examinations.*

## **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:**

Samer Ali, DO  
Brent A. Ancona, DO  
Alexander M. Bules, DO  
Annise Chung, DO  
Jennifer Forte, DO  
Vanessa Frost, DO  
Mary E. Kenworthy, DO  
Joshua T. Minix, DO  
Christopher B. Mone, Jr., DO  
Andrew M. Patchett, DO  
Noah Settergren, DO  
Michael A. Taylor, DO  
Nicole M. Thompson, DO  
Leah A. Weber, DO

### **Associate Members:**

Kimberly Bird, MD  
Linda G. Floden, MD  
Vamsi Kanneganti, MD  
Mark E. McKenzie, MD  
Christopher W. Stewart, MD  
Sudhakar A. Reddy, MD