

From President Good **Congressional Meetings Are Productive**



The legislative process is long and arduous, and to most physicians appears to be full of political overtones and wasted time. There are many emotions and

partial truths that influence enacted laws and regulations. This was certainly evident during my recent trip to Washington, DC, where Tim McNichol and I spent time advocating on behalf of ACOI members across the country.

My specific recommendations were to keep healthcare policies as simple as possible and to prevent the creation of additional barriers for physicians to provide care for their patients. In my meetings, I pointed out that healthcare access has been decreasing as a result of policies that are very structured and require physicians to spend additional time with documentation that may not benefit overall patient care.

It is important that the healthcare system continue to provide access to care for those who need it when they need it most. While the Affordable Care Act is intended to improve access to affordable, quality care, it may actually decrease the ability of physicians to see additional patients due to increased regulatory requirements. Future meaningful use criteria are an additional example of increased stress in providing healthcare services.

There is consensus in Washington that the current Medicare Sustainable

continued on page 2

ACOI President Advocates On Behalf of Profession



ACOI President **Robert G. Good, DO, FACOI**, recently visited Washington, DC to meet with congressional leaders. During two days of meetings with key congressional staff and others, Dr. Good spoke on the importance of advancing meaningful reform for Medicare

physician reimbursement; expanding graduate medical education; increasing access to affordable quality care; and reducing regulatory burdens. Concern was expressed by Dr. Good that the ever-increasing regulatory requirements are counter-productive and negatively impact quality, efficiency and access to care by diverting limited resources. Dr. Good emphasized the importance of ensuring that healthcare reform efforts are not overly complicated, thus predisposing them to failure. In addition, he informed those with whom he met that the ACOI stands ready to assist congressional efforts to ensure that patients have access to high quality care.



2013 Annual Convention

From Bench to Bedside: Translating Research To Clinical Practice: Diabetes Mellitus

The 2013 ACOI Annual Convention and Scientific Sessions will provide the opportunity to see a case study

in the way basic research informs clinical trials and how, ultimately, these impact approaches to care for patients with diabetes. Two of the world's leading diabetologists, Drs. John Leahy, Professor, Department of Medicine and Co-Director, Division of Endocrinology, Diabetes and Metabolism at the

continued on page 4

PURDUE

**Funding in part for *ACOInformation* 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

2012-2013 OFFICERS

Robert G. Good, DO, FACOI.....President
robert.good@carle.com

Rick A. Greco, DO, FACOI.....President-Elect
donotsmoke@msn.com

Judith A. Lightfoot, DO, FACOI.....Secretary-Treasurer
jlightfoot@gsida.org

Jack D. Bragg, DO, FACOI.....Immediate Past-President
jackbragg0429@gmail.com

Thomas F. Morley, DO, FACOI.....Past-President
tmorley@comcast.net

2012-2013 BOARD of DIRECTORS

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

John B. Bulger, DO, MBA, FACOI.....jbulger@geisinger.edu

Martin C. Burke, DO, FACOI.....mburke@medicine.bsd.uchicago.edu

Annette T. Carron, DO, FACOI.....acarron@bostford.org

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

Mitchell D. Forman, DO, FACOI.....mitchell.forman@tun.touro.edu

Joanne Kaiser-Smith, DO, FACOI.....kaisrjo@umdnj.edu

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

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

Kelly Schiers, DO, Resident Rep.....schierka@umdnj.edu

STAFF

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

Timothy McNichol, JD.....Deputy Executive Director
tmcnichol@acoi.org

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

Ann Suydam, CFRE.....Director of Development
ann@acoi.org

Katie E. Allen.....Executive Assistant/Certification Liaison
katie@acoi.org

Jennifer A. Bryant.....Membership Assistant
jenni@acoi.org

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

Claudette Jones.....Administrative Assistant
claudette@acoi.org

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

Christina A. Smith.....Postdoctoral Training Coordinator
christy@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

continued from page 1

Growth Rate (SGR) calculations are unsustainable. Clearly, Congress does not want to continue to deal with reimbursement fixes on an annual basis. Healthcare policy makers within the House Ways and Means, Energy and Commerce and Senate Finance Committees, however, appear to support quality and pay-for-performance measures that improve patient safety and outcomes. The senior legislative staff of these powerful committees requested additional input from the ACOI.

I am concerned that policymakers have lost sight of the vital role small physician practices play in the healthcare delivery system. We attempted to promote consideration for the many primary care and specialty physicians who are not employed by larger entities, and who traditionally have been the mainstay of healthcare. For example, while physicians and groups may have been provided economic incentives to initiate electronic medical records, no consideration seems to have been given to the ongoing cost to maintain and develop software programming in a small practice setting. Many physicians are working as hard as they can to see patients. They do not have the time or expertise to deal with a very complex healthcare environment that is asking a lot of the physician and healthcare system.

There is also a basic agreement on the need for change in the funding of graduate medical education. Due to budgetary restrictions, it appears unlikely that significant changes will occur in this Congress to increase funding for residency training.

We will continue to provide specific comments to Congress. It appears that we provided some unique insights to the representatives we met with. I believe that the ACOI needs to continue its efforts to develop graduate medical education programs that may need to be funded by a different paradigm. While Medicare and Medicaid recipients are a significant proportion of the healthcare dollar in the hospital setting, private insurers have responsibilities, as well.

Efforts are well underway to replace the SGR formula. It appears, however, that quality indicators and outcome analysis will be part of the calculated compensation for care. Policymakers continue to believe the Institute of Medicine's decade-old data on safety issues and mortality/morbidity within our current system. They are seeking to tie compensation to quality. It is my belief that their current efforts are simply too complicated and that the complexity will result in additional cost and administrative burdens without the benefit that are sought.

Some type of tort reform also is needed to reduce overutilization. This does not appear to be something that the people we met with are willing to pursue. There is a naïve concept that improving documentation of standards to reduce medical liability overutilization is the answer. While this may be helpful, it is evident that there is not a good concept of how the medical liability system actually works.

There is a need for us to change and to improve health care access in a country with a decreasing supply of primary care physicians and an aging population. The skills of the ACOI-developed Phoenix Physician will be increasingly important, and we emphasized that value with the congressional leaders we met with.

As we continue the process of providing input into policy development efforts in Washington, DC, we welcome specific and detailed comments from our membership. We have the ear of influential members of Congress and leadership within powerful congressional committees. Now is the time to be involved!

Contact me at President@acoi.org.



government RELATIONS

Timothy McNichol, JD

ACOI President Advocates on Behalf of Profession

ACOI President Robert G. Good, DO, FACOI, recently visited Washington, DC to meet with congressional leaders. During two days of meetings with key congressional staff and others, Dr. Good spoke on the importance of advancing meaningful reform for Medicare physician reimbursement; expanding graduate medical education; increasing access to affordable quality care; and reducing regulatory burdens. Concern was expressed by Dr. Good that the ever-increasing regulatory requirements are counter-productive and negatively impact quality, efficiency and access to care by diverting limited resources. Dr. Good emphasized the importance of ensuring that healthcare reform efforts are not overly complicated, thus predisposing them to failure. In addition, he informed those with whom he met that the ACOI stands ready to assist congressional efforts to ensure that patients have access to high quality care.

Efforts to Advance Medicare Physician Reimbursement Reform Continue

Congressional committees of jurisdiction in both the House and Senate are continuing to work to develop legislation to reform the current Medicare physician payment formula. The House Energy and Commerce Committee released draft legislation that is under review by the ACOI and others. A hearing by the Committee has been scheduled and is expected to explore the barriers and opportunities existing in the current healthcare environment to achieve a long-term solution to this ongoing problem. Central to the policy proposals advanced in Congress thus far is the belief that there is a need to expand “quality reporting” mechanisms to control costs and improve patient care.

The ACOI has conducted an initial review of the draft legislation produced by the Energy and Commerce Committee, as well as policy statements put out by other committees. Further review is underway. Additional information will be provided as it becomes available.

Tavener Confirmed as Head of CMS

Marilyn Tavener was confirmed by the Senate to lead the Centers for Medicare and Medicaid Services (CMS) on May 15. Her nomination was approved by a vote of 91-7. Tavener is the first confirmed CMS administrator since Mark McClellan held the position in 2004 through 2005 under President George W. Bush. The nomination was stalled twice before clearing the Senate with strong bipartisan support. In addition to overseeing the Medicare and Medicaid programs, Administrator Tavener is also responsible for implementing significant parts of the Patient Protection and Affordable Care Act (ACA, Pub. L. 111-152). She is the first democratic nominee approved in over 15 years. Prior to her confirmation, Tavener served as Acting Administrator for more than a year.

House Votes to Repeal the ACA

The House considered and approved H.R. 45 by a vote of 229-195 on May 16. The bill, which was approved along party lines, would repeal the ACA in its entirety. It is the 37th vote by the House to either fully or partially repeal the ACA. Prior to its approval, the Administration released a statement of administrative policy indicating that President Obama would veto the legislation should it make it to his desk. Due to the current composition of the Senate, it is unlikely that the similar legislation will be considered and advanced beyond the House.

Medicare Trustee Report Extends Medicare Solvency

According to a report released on May 31, the Medicare Hospital Insurance Trust Fund will remain solvent through 2026. This represents an additional two years over last year’s report. The report entitled, “2013 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Fund,”

suggests caution due to the many uncertainties that remain. For instance, the report assumes that the Medicare physician reimbursement formula will remain in place in its current form. If Congress acts to freeze or increase Medicare rates, overall Medicare spending will increase and impact the long-term solvency estimates of the program. Reforming Medicare is certain to continue to receive a great deal of attention from Congress. Any changes implemented by Congress will impact the estimates outlined in the report.

Hospital Readmission Rates Decline Under Medicare

According to a report recently released by CMS, hospital readmission rates for fee-for-service Medicare beneficiaries fell in 2012. Rehospitalization within 30 days of discharge from an inpatient stay for Medicare beneficiaries fell from 19 percent in 2007 – 2011 to 18.4 percent in 2012. CMS estimates that the reduction in readmissions equated to approximately 70,000 fewer readmissions last year. It was also noted by CMS that hospitals participating in the Partnership for Patients Program were more likely to have lower readmission rates than those not participating the Program.

Washington Tidbits: Five Words...The Election of a Senator

The framers of the U.S. Constitution were challenged to draft a document that would be ratified by the colonies and weather the storms of time. In an effort to achieve these goals, compromises and policy decisions were made directly impacting the direction and operation of the Federal Government. One such compromise involved the wording of Article 1 Section 3 which provides for the election of senators.

For more than 120 years, senators from each state were chosen by the state legislatures. Overtime, however, this proved to be increasingly problematic in divided states. This resulted in vacancies that would go unfilled for extended periods of time. To address this, the 17th Amendment to the Constitution was ratified on April 8, 1913 changing “chosen by the legislature thereof” to “elected by the people thereof.” As the saying goes, “The rest is history.”

coping with **CODING**

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.

Deadline to Avoid 2014 eRx Penalty is June 30

Officials from the Centers for Medicare and Medicaid Services (CMS) have again urged doctors to act now to avoid the 2014 two percent e-prescribing penalty. If you are an individual eligible professional (EP) or participating in the Group Practice Reporting Option (GPRO), you must successfully report as an electronic prescriber before June 30, 2013 or you will experience a two percent payment reduction in 2014 for professional services covered under Medicare Part B's Physician Fee Schedule. Medicare officials are encouraging physicians to submit claims above the established minimum thresholds. The reporting requirements are as follow: individual EPs – 10 eRx events via claims; GPRO of 2-24 EPs – 75 eRx events via claims; GPRO of 25-99 EPs – 625 eRx events via claims; and GPRO of 100+ EPs – 2,500 eRx events via claims. Requests for exemptions must also be applied for by June 30, 2013. Additional information is available at www.cms.gov.



Convention Keynotes

continued from page 1

University of Vermont, and Edward Horton, Senior Investigator in the Section on Clinical, Behavioral & Outcomes Research at the Joslin Diabetes Center and Professor of Medicine at Harvard Medical School, will provide keynotes for the meeting.

Dr. Leahy's animal research on beta cell mass and function, and the role of various agents in beta cell preservation, particularly GLP-1 and the PPARs, has been a driving force in the development of new targets to support glucose metabolism and the testing of new generations of agents. He will share insights into this work and some recent clinical trials in which he is currently engaged on Thursday, October 10.

The story will continue on Friday when Dr. Horton summarizes the genesis and impact of such pivotal studies as the Diabetes Prevention Program (he is the primary investigator), which investigates the comparative efficacy of various agents in reducing impaired glucose tolerance, and the Look AHEAD study, which is examining various interventions to reduce CVD in patients with T2DM.

These two important scientists and excellent speakers will offer a view of the future of diabetes management. They are illustrative of the Convention program theme of how bench research translates to the bedside.

The 2013 Convention and Scientific Sessions will take place at the beautiful Renaissance Esmeralda Resort and Spa in Indian Wells, CA. Martin C. Burke, DO, FACOI, is the program chair. The program will feature late-breaking information in internal medicine and all of the subspecialties. Registration materials will be available at www.acoi.org this month.

Two Additional Opportunities For Hospice and Palliative Medicine Certification Planned

The AOA Bureau of Osteopathic Specialists (BOS) has approved a proposal that will provide two additional examination opportunities for candidates who may have experience, but not dedicated fellowship training, in Hospice and Palliative Medicine. This pathway to certification of added qualifications (CAQ) in hospice and palliative medicine was scheduled to end in 2013.

The determination of the BOS is as follows:

- The clinical practice pathway will close as scheduled on December 31, 2013.
- The Conjoint CAQ Examination Committee in Hospice and Palliative Medicine is charged with offering a minimum of two (2) examination opportunities in 2014.
- Applications for the CAQ examination must be made available on the appropriate websites and through the boards through December 31, 2013.
- Any applications received by a conjoint member specialty certifying board by midnight, December 31, 2013 (including the AOBIM), are to be processed as if the candidate applied during the clinical practice pathway.
- Candidates who have applied through the clinical practice pathway must complete the examination no later than December 31, 2014 (or the last examination offered in 2014), or forfeit their eligibility under the clinical practice pathway and forfeit all fees submitted.

Further information is available at www.aobim.org or at www.osteopathic.org.

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



PROFESSIONAL OPPORTUNITIES

ACADEMIC INTERNAL MEDICINE FACULTY– Missouri. Kansas City University of Medicine and Biosciences invites applications from outstanding candidates for a full-time faculty member in the Department of Internal Medicine. The successful candidate must be a graduate of an AOBIM accredited College of Osteopathic Medicine, have completed an IM residency and be certified by the ACOI. Eligibility for Missouri licensure required.

Interest in teaching medical students at all levels is essential; osteopathic residency training preferred, but not required. In addition to patient care, an interest in clinical trials will be helpful.

To apply, go to <https://jobs.kcumb.edu>. Specific questions may be directed to Kevin P. Hubbard, D.O., FACOI, Chair of Internal Medicine, 1-800-234-4847 ext. 7392 or 816-654-7392 or email at khubbard@kcumb.edu.

A private university comprising a College of Osteopathic Medicine founded in 1916 and a College of Biosciences, Kansas City University of Medicine and Biosciences is the oldest medical school in Kansas City and the largest in Missouri. We are a tobacco-free environment

SEEKING BC/BE PHYSICIANS– Oregon. Oregon State Hospital is looking for BC/BE physicians. We have it all! Oregon State Hospital is a brand new hospital that incorporates modern architecture, treatment spaces, and technologies.

Our Medical Clinic provides general medical care for psychiatric in-patients at both Salem and Portland campuses. A generous and comprehensive benefit and PERS retirement package is included as well as opportunities to have an academic appointment with the Oregon Health Sciences University.

Monday – Friday work week is available, with potential for compensated night/weekend call.

Contact by Phone: (503) 945-2887; email: lila.m.lokey@state.or.us; www.oregon.gov/OHA/mentalhealth/osh. The State of Oregon is an Equal Opportunity Employer.

HOSPITALIST WANTED– Pennsylvania. Full time Internal Medicine Hospitalist needed to join private Hospitalist group in suburban Lancaster County, Pennsylvania. Join our small private practice and still be part of a large, physician managed, multispecialty group. We look forward to adding a qualified partner in July, 2013. Practice in a community hospital setting. Our hospital is a residency site for IM, FP and Anesthesia. Must be comfortable with caring for a full range of general IM patients, including critical care. Full scope of subspecialty consultants and procedural support available. We follow a comfortable rotating schedule and provide excellent compensation. The community offers excellent schools and safe neighborhoods.

Contact Joseph C. MacDonald DO at HLRMCIM@gmail.com or call Christa at 717 735-3630 for inquiries.

INTERNAL MEDICINE HOSPITALIST– Michigan. Internal Medicine hospitalist group servicing several hospitals, nursing homes and assisted livings located throughout Oakland county is currently looking to add additional full-time physicians to their growing practice.

Our ideal candidates should be board certified or board eligible in internal medicine and possess excellent communication, teaching and clinical skills.

OFFERING

- Competitive Compensation
- Quarterly Bonuses
- Health Insurance
- Malpractice Insurance
- Paid Vacation & CME time
- Partnership Opportunity

RESPONSIBILITIES

- Full-time employment as hospitalist
- Teaching/educating residents and students

- Approximate patient volume: 20/25 patients per day
- Weekend rotation: every 3rd weekend
- Holiday rotation: 1 summer & 1 winter holiday
- On call rotation: 5 days per month
- Credentialing with 4 hospitals

For more information, contact: Pat Hampton, Office Manager, phone - 248-338-5516. Fax - 248-338-5547. Email: pat.hampton@pohmedical.org.

INTERNAL MEDICINE PHYSICIANS– Pennsylvania.

Traditional IM group of nine physicians with four offices, one hospital and a number of LTC facilities. Each physician works out of one office along with a varying number of specific nursing facilities dependent on geographical area and need. The average office volume per physician is 18-22 patients/day. The group has four nurse practitioners. Call requirements are an average of seven days every five weeks, divided into three and four day blocks (Friday-Sunday and Monday-Thursday). Two physicians cover the hospital rounds (average census 30-50), office and nursing home calls. Our need is immediate: we are open to full or part-time, physicians who prefer only office-based practice, and will even consider a physician who does not want nursing home work. Base salary \$170-\$220K. Live anywhere you want in the greater Pittsburgh area.

Pittsburgh has a population of over one million people with all of the cultural amenities anyone could ever take advantage of: Professional sports; professional symphony, and orchestra; major universities and teaching hospitals international airport.

Please direct CVs to Cindy Popovich, Physician Practice Manager, Fatigati/Nalin Associates, St. Clair Medical Services. Phone 412-343-1788 or email at cindy.popovich@stclair.org.

INTERNAL MEDICINE PHYSICIAN– Arizona.

Would you like to be part of an Internal Medicine group located in the picturesque Cottonwood/Sedona Arizona? We are seeking an Internal Medicine Physician to join our team (MD or DO).

- Practice demographic is retirement age
- Patient base established

continued on page 7

OPPORTUNITIES IN SOUTHWEST VIRGINIA

INTERNAL MEDICINE PROGRAM DIRECTOR

Osteopathic, Faculty 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, the next year will be available for recruitment of the incoming class and developing the educational program. Anticipated start date for the new residency would be July 1, 2015.

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 ideal candidate will be osteopathic trained in internal medicine with at least 5 years of practice experience, three years teaching experience, board certified by the American Board of Osteopathic 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 Roanoke, VA

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

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 ideal candidate will be osteopathic trained in internal medicine with at least 5 years of practice experience, three years teaching experience, board certified by the American Board of Osteopathic Internal Medicine, and possess a background in the development of an AOA-approved training programs. 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 system headquartered in Roanoke, VA. In addition to the above two residencies at CNRV, this position would have responsibility for oversight of the AOA-accredited Neurosurgery residency, and a portion of the two Roanoke-based dual-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

Professional Opportunities

continued from page 5

- Work alongside a team of medical professionals
- Must be willing to participate in a group call schedule
- Board Certification required or Board Eligible
- Competitive package
- Participate in rotating in-patient and out-patient call group
- Partnership available or employment model available
- Serious inquiries only

For further details, please submit your CV with work history to cottonwood.human.resource@gmail.com

INTERNAL MEDICINE PROGRAM

MULTIPLE POSITIONS— New Jersey. Hospitalist/ Night Float Position

Available for a Board Certified/ Eligible Internist/ Family Practitioner to join a medicine based Hospitalist group in Bergen County, NJ at a prestigious, nationally ranked institution. Position

is for a Night Float physician with No Call. The position offers an excellent compensation package including Medical Insurance and 401K as well as a highly competitive salary. To apply or inquire for further information about this opportunity please contact Timothy Hermansen. E-mail: timothy.hermansen@yahoo.com Phone: 973-653-9898.

Daytime Hospitalist Position

Available for a Board Certified/ Eligible Internist/ Family Practitioner to join a medicine based Hospitalist group in Bergen County, NJ at a prestigious, nationally ranked institution. Daytime hours with No Call. The position offers an exceptional compensation/benefit package including Medical Insurance and 401K, as well as a competitive salary including productivity bonuses. To apply or inquire for further information about this opportunity please contact Timothy Hermansen. E-mail: timothy.hermansen@yahoo.com Phone: 973-653-9898.

P/T Hospitalist Position

Available for a Board Certified/Board Eligible Internist/Family Practitioner to assist with medical rounds on weekends at an acute rehabilitation hospital. Multiple shifts available on both Saturdays and Sundays of each month. Competitive hourly reimbursement. To apply or inquire for further information about this opportunity please contact Timothy Hermansen. E-mail: timothy.hermansen@yahoo.com Phone: 973-653-9898.

P/T Hospitalist Position

Part-time Daytime position with Full time Benefits. Daytime hours typically 10AM – 3PM Monday through Friday with No Call and some weekend coverage. Position available for a Board Certified/Board Eligible Internist/Family Practitioner to assist with medical rounds at an acute rehabilitation hospital. The position offers exceptional benefits including Medical Insurance and 401K, as well as a competitive salary and with productivity bonuses. To apply or inquire for further information about this opportunity please contact Timothy Hermansen. E-mail: timothy.hermansen@yahoo.com Phone: 973-653-9898.



ABOUT OUR COMMUNITY

- Enjoy the great outdoors in a community surrounded by lakes, rivers, parks, campgrounds, ski hills and more!
- Immerse yourself in a thriving city with a historic and retail district alive with activity.
- Take comfort in bringing your family to a family-friendly community recognized statewide for its outstanding public education system.
- Enjoy a quick, 30-minute commute to Madison and only 15 minutes to Wisconsin Dells!
- Take part in living in "the best of both worlds"...small town appeal without the sacrifice of convenience.
- Location near three major interstates and two ski hills. join us!

Divine Savior Healthcare invites you to consider the following opportunities available in Portage, Wisconsin (30 minutes north of Madison, Wisconsin):

Internal Medicine

- State-of-the-art clinic, hospital & aging services facilities connected on one campus!
- Flexible practice options: • Full or part-time • Outpatient only or traditional practice
- Mid-level providers assist with nursing home rounds
- Competitive salary, plus a complete benefits package including 6 weeks paid time off PLUS 10 days CME and CME allowance, loan forgiveness, relocation and much more!
- Join our multi-specialty group including: Family Medicine, Internal Medicine, Physical Medicine and Rehab, Occupational Medicine, Sports Medicine, Pulmonology, Critical Care, Sleep Medicine, General and Orthopedic Surgery, Podiatry, Pediatrics and OB/GYN.
- 10,000 population; 40,000 catchment area

For additional information, contact:
Jackie Sill, Divine Savior Healthcare Physician Services
(608) 332-5992
jsill@dshealthcare.com



2817 New Pinery Road, Portage, WI 53901 Tel 608.332.5992 WWW.DSHEALTHCARE.COM

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2013 Annual Convention & Scientific Sessions
Oct 9-13 Renaissance Esmeralda Resort and Spa, Indian Wells, CA
- 2014 Internal Medicine Board Review Course
March 26-30 Westin Savannah Harbor Resort & Spa, Savannah, GA
- 2014 Challenges in Inpatient Care
March 26-30 Westin Savannah Harbor Resort & Spa, Savannah, GA
- 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.

2013 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination

Computerized Examination 200 Sites Nationwide
September 9, 2013 - *Application Deadline: Expired*
Late Registration Deadline: Expired

Subspecialty & Certification of Added Qualifications:

Aug. 24, 2013 • Lombard, IL - *Application Deadline: Expired*

Late Registration Deadline: Expired

Cardiology • Clinical Cardiac Electrophysiology • Endocrinology • Gastroenterology • Geriatric Medicine • Hematology
• Infectious Disease • Nephrology • Oncology • Pulmonary Diseases • Rheumatology • Sleep Medicine

Internal Medicine Recertifying Examination

Computerized Examination 200 Sites Nationwide
September 10, 2013 - *Application Deadline: Expired*
Late Registration Deadline: Expired

Subspecialties and Added Qualifications Recertifying Examination:

Aug. 24, 2013 • Lombard, IL - *Application Deadline: Expired*

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

Late Registration Deadline: Expired

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.

Board of Directors Nominations

Active members of the ACOI who are interested in serving on the Board of Directors are invited to call the College's office and request a nominating packet. The members of the ACOI will elect three individuals to three-year terms on the Board at the Annual Meeting of Members, October 13 in Indian Wells, CA.

As part of an ongoing self-assessment process, the Board has developed a position description for Board members and a list of competencies that should be possessed by the Board as a whole. Potential candidates must complete an application form that allows them to describe how their experience and expertise match up with the desired competencies.

In order to be considered by the Nominating Committee, the completed nomination packet must be returned to the ACOI office no later than June 15, 2013. The slate of candidates will be announced in the July issue of the newsletter.



• CME Calendar...8
• Professional Opportunities...5-7
• Hospice, Palliative Certification...4
• Coping With Coding...4
• Government Relations...3

In The June 2013 Issue:

American College of Osteopathic Internists
11400 Rockville Pike • Suite 801 • Rockville, MD 20852

ACOInformation

Presorted
Standard
U.S. Postage
PAID
Permit 4205
Southern MD