

*From President Sutton*

## Our Altruism is Challenged by the Demands of Bureaucracy



Controversial statements from the CEO of the Mayo Clinic recently came to light, as reported by Medscape and a Minnesota newspaper. In what was likely

intended to be a behind-the-scenes report, he indicated that a priority would need to be placed on seeing privately-insured patients over those supported by government-funded programs such as Medicaid and Medicare. This has drawn quite a response in recent days in our current health-care arena. It has been reported that the Mayo Clinic had an almost 10% decline in income in 2016 compared to 2015. The CEO subsequently indicated that need of care was the first priority. He also pointed out that half of the services at the Mayo Clinic are funded under government programs.

When one applies to medical school, the focus of a medical career surely is always altruism. Helping others is the main goal, right? I am interested in

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## Special Award Nominations Also Sought

# Fellows Nominations Due April 28

The deadline for submitting nominations for the honorary Degree of Fellow is April 13, 2017. The minimum eligibility requirements for consideration are two consecutive years of Active ACOI membership and certification by either the American Osteopathic Board of Internal Medicine or the American Board of Internal Medicine. Nomination packets have been mailed to all current Fellows, as well as those who are eligible through AOBIM certification. Interested members who are certified by the ABIM are asked to contact the ACOI office for an application as the College does not maintain a complete list of ABIM-certified physicians.

Nominations also are sought for the Internist, Researcher and Teacher of the Year Awards, and Master Fellowship (see criteria below). The deadline for nominations for these awards is May 15.

### ACOI Special Awards

The three special awards made to members of the ACOI are Teacher of the Year, Researcher of the Year and Internist of the Year. The awards are given annually when qualified candidates are identified and include a \$1,000 stipend to defray the cost of traveling to the annual convention. The criteria for each award are as follows:

#### Teacher of the Year

One who has made major contributions to osteopathic medical education, which may include, but are not limited to:

- Recognition through the receipt of teaching awards for excellence in teaching in undergraduate or graduate medical education;
- Leadership as a program director, course director or director of medical education in which valuable contributions to the profession and a positive impact on a significant number of trainees have been made;
- Development of a model program that has led to innovation in osteopathic medical education;
- Receipt of Federal or foundation grants;
- Publication of articles on medical education in medical education journals.

#### Researcher of the Year

One who has made major contributions to clinical or basic research related to osteopathic internal medicine as demonstrated by:

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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.

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## 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

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## Letter from the President

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helping others. I thought of medicine as the ultimate career to use my full intellect, and I believe that God gave the ability to do this job. I also thought of it as being a financially stable way to support myself. I went to private osteopathic medical school in Kirksville, MO. My first day of medical school was in August, 1989. The tuition at the time was \$13,500 per year. I borrowed over \$100,000 from 1985 to 1989 to support my tuition and living expenses. Interestingly, I borrowed only \$21,000 in year one, which included tuition. The cost of living in Kirksville was quite low. Tuition there now is more than three times what I paid. I wonder now how those students, to whom I teach endocrinology each fall in Kirksville, are ever going to be able to pay off the loans taken to fulfill their dream of becoming a doctor. It is hard to see what I see now from the other side. I am sure that I never considered the potential weight of bureaucracy.

My patients report physical movement in medicine. Movement of the doctor from one practice to another. Movement out of state. Movement into concierge medicine. There was a time in decades past when a doctor could land at one spot on the corner of Main Street and 2nd Avenue in big or little town, USA, and that doctor might stay in that spot for years. He or she could earn a decent income and have manageable paperwork. For time put in, income was good. Now doctors move around to achieve income goals because the income is not always sufficient. We must also worry about autonomy in a system that seems to want to squash us.

Medscape reported in 2016 where my specialty and internal medicine land on that income ladder. Endocrinologists are listed just above the bottom rung, which are pediatricians. General internists are not too far up that ladder, as well. This report also indicated that family physicians and internists are the most likely to choose medicine again as a career choice looking back, but the least likely to choose those two areas of specialty again. So what must each doctor do to get to the mark? The system is pushing us away from autonomy. The demands of bureaucracy possibly are more easily addressed in a group of physicians under a hospital administration. Cash-only medicine appears to have potential. Any solo practitioner and some institutions understand the difficulty of making a living on government-funded medicine only. Most doctors need at one time or another to discuss the payor mix, as happened at the Mayo Clinic. Meeting the bills would be unsustainable on a Medicare-only practice, and Medicaid payment is impossible. Medicaid may be the likely reason that pediatricians are at the income bottom.

I love endocrinology. I like being the expert in a very difficult topic area. I also like being able to focus on one set of topics. I often say: "God Bless the general internist." I think I am not really smart enough to do all that is expected of the general internist. I consider internal medicine to be at the pinnacle of medical practice. I need to be able to pay my bills. What we as osteopathic internists bring to the market is valuable. We have all done our fair share of care without getting paid. "I don't have my copay." "I forgot my checkbook." "I don't want to jump through any hoops or work at my health-care, but I want to be well." "I want to be well at the lowest possible cost and effort on my part." Our patients make these kind of statements.

It is not all about money, but it is partly about money. As the red tape increases year-to-year, doctors have to play the field to make a buck. Sometimes the focus is on the paperwork of getting paid. I think too much of the focus is there. As osteopathic internists, we must focus on the goal of high quality, distinctive care of the adult patient with excellence, professionalism and integrity. This is our altruism. This is what is in our hearts and souls. The ACOI intends to support you as you navigate your career as an osteopathic internist. We are home base. We believe in you and your skills.

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# government RELATIONS

Timothy McNichol, JD

## Efforts to Repeal and Replace ACA Continue

House Republicans recently introduced legislation to repeal and replace the Affordable Care Act (ACA). The proposed legislation includes significant changes to Medicaid, health insurance coverage requirements for both insurers and consumers, and would replace the current tax credit structure, among many other changes. Following a turbulent introduction of the legislation, Republican leaders stated that the pending bill would be part of a multi-pronged approach to repealing and replacing the ACA. To date, the House committees on Energy and Commerce, Ways and Means and Budget have approved the legislation along party lines. The legislation must now go before the Rules Committee, which will determine the rules under which it will be considered by the full House.

Complicating consideration of the legislation is an analysis released by the non-partisan Congressional Budget Office (CBO) and the Joint Committee on Taxation (JCT) stating that enactment of the bill in its current form would reduce federal deficits by \$337 billion over 10 years; however, the report also estimates that the legislation would increase the number of uninsured by 24 million by 2026. The estimate released by the CBO and JCT, combined with previously expressed apprehension by Republicans in both the House and Senate, make for an uncertain path forward for the legislation. It is highly probable that additional changes will need to be made before the legislation makes it to the President's desk for enactment. Approval of legislation to repeal and replace the ACA is far from certain at this point in time. The ACOI is continuing to monitor this situation closely.

## Verma Confirmed as Administrator of CMS

The Senate recently confirmed the nomination of Seema Verma as Administrator of the Centers for Medicare and Medicaid Services (CMS). Prior to heading CMS, Ms. Verma served as founder and president of SVC, Inc., a national health care consulting firm. She established herself as an expert in Medicaid reform and has worked closely with a number of states to refine their Medicaid programs, many of which were expanded through provisions contained in the ACA. Most recently, Ms. Verma worked closely with then-Indiana Governor Mike Pence to refine the state's Medicaid program. As head of CMS, Ms. Verma will oversee health care programs that account for approximately \$1 trillion in annual spending and impact the health care coverage and services of more than 130 million Americans. She will also be tasked with implementing any changes directed by efforts to repeal and replace the ACA.

## HHS Provides Court-Ordered Update on Appeals Backlog

As previously reported, the Department of Health and Human Services (HHS) was ordered by a federal court to clear its Medicare appeals backlog by January 1, 2021. As part of the court order, HHS is required to submit regular status reports. The first court-ordered report by HHS indicated that the number of appeals pending has now reached 667,326. Further, it is expected that the total number of pending appeals will reach 687,382 by the end of the current fiscal year. HHS projects that the total number of pending appeals will surpass one million by the end of 2021. A representative of the HHS Office of Medicare Hearing and Appeals indicated that it is continuing to evaluate all legislative and administrative opportunities to decrease the growing backlog. It is unclear what steps the court will take should HHS continue to fail to achieve the benchmarks set forth by the court order.

## ACOI Joins in Opposition to Creation of Assistant Physician License

Leaders of the ACOI, AOA, ACOFP and Utah Osteopathic Medical Association have written to state legislators and Utah Governor Gary Herbert expressing opposition to legislation creating an assistant physician category of licensure. The legislation approved

by the Utah legislature, if enacted, would allow medical school graduates who have not completed a residency program to provide primary care services to patients under limited supervision. The osteopathic organizations joined together expressing concern that enactment of this legislation would compromise patient safety and would not achieve the goal of alleviating the physician shortage in Utah. The legislation is currently on the governor's desk awaiting action.

## ACOI and Others Request Delay in Implementation of 2015 CEHRT

The ACOI joined with a number of other physician organizations calling on the CMS Office of the National Coordinator for Health Information Technology to defer implementing 2015 Edition certified electronic health record technology (CEHRT) requirements until no sooner than 2019, and only after the technology becomes widely available. The ACOI and others expressed concern that requiring the use of 2015 Edition CEHRT by 2018 will result in rushed upgrades and installations, a lack of user training, and significant disruption to physician practices. To date, CMS has not responded to the request.

## Washington Tidbits Enumerated Powers

Article I, Section 8 of the Constitution provides a list of enumerated powers for Congress. It is within these powers that Congress finds the authorization to act to advance the "defense and general welfare of the United States." One enumerated power has been used far less than others and less than one might suspect in light of our military activity around the globe – the power to declare war.

The first declaration of war occurred on June 17, 1812 when war was declared with Great Britain. In the history of our nation, declarations of war have been made only 11 times with six associated with World War II. The last three declarations occurred on the same day, June 4, 1942. It is on this date that unanimous declarations of war were made with Bulgaria, Hungary and Rumania. Since the last formal declaration in 1942, foreign military action has occurred through authorizing resolutions, the appropriations process and congressional oversight activities.

## Letter from the President

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### Internist in the Trenches

**Shannon McMann, DO, FACOI**, is a graduate of Michigan State University College of Osteopathic Medicine. She is a classic Osteopathic internist, trained in the osteopathic post-graduate tradition of Mount Clemens General Hospital (now McLaren Macomb) in Mount Clemens, MI, as part of the Michigan State University Statewide

Campus System. Her training involved a consortium of Osteopathic internal medicine residencies across Michigan for collaborative education and training.

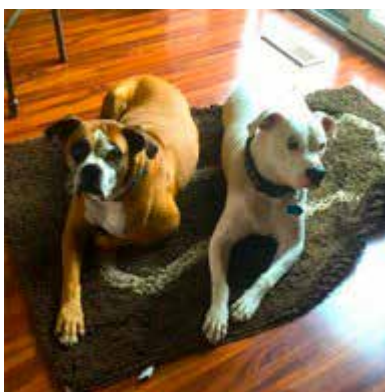


Dr. McMann practices ambulatory internal medicine and supervises internal medicine residents in the McLaren Macomb continuity clinic and serves as assistant program director of the internal medicine residency there.

She is board certified in Internal Medicine by the AOBIM and is a Fellow of the American College of Osteopathic Internists. Dr. McMann also serves as a Clinical Assistant Professor of Internal Medicine for Michigan State University College of Osteopathic Medicine. She serves at MSU-COM, Macomb Campus, as a small group instructor, and she instructs first and second year students in osteopathic patient care.

Dr. McMann is originally from Ferndale, MI. She currently lives in Troy and is married to Steve Smithberger. Rocky and Arthur (both rescues) are also a part of their family. Please join me in celebrating Shannon McMann, DO, FACOI: Internist in the Trenches.

***PEACE to you,  
John Sutton, DO, FACOI***



## Member Survey to Launch Next Month

The ACOI's biannual member survey will be open for responses in early April. 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.

## ABIM Announces Policies Related to Single GME Accreditation System

The American Board of Internal Medicine (ABIM) has issued a clarification of its policy regarding who may attest to the competency and completion of training for residents who wish to sit for the ABIM certifying examinations. It also announced new policies that expand the eligibility criteria for initial ABIM certification. Both announcements are a result of the transition to a single accreditation system for graduate medical education (SAS).

Once AOA programs receive initial accreditation from the ACGME, graduating residents are eligible to sit for both the AOBIM and ABIM certifying examinations. The ABIM has determined that after 2020, when the SAS transition is complete, the program director who attests to a resident's competency must be certified by the ABIM. Until that time, AOBIM-certified program directors will be permitted to attest to resident competency. The ABIM policy is notwithstanding the fact that the ACGME Review Committee for Internal Medicine, which accredits the training programs, fully accepts AOBIM certification as a credential for program directors and key faculty.

Additionally, the ABIM announced it has created a special consideration pathway for certification eligibility for AOBIM-certified program directors. It also has expanded the criteria for initial certification by special consideration for other AOBIM-certified faculty members of SAS programs, and to fellows who complete ACGME-accredited fellowship programs following completion of an AOA-approved internal medicine program.

Additional information about the ABIM announcement may be obtained by contacting the ABIM Department of Academic Affairs at [AcademicAffairs@abim.org](mailto:AcademicAffairs@abim.org).



# talking science & education

Donald S. Nelinson, PhD

OK, Mother Winter, as my grandma used to say at times like these: GENUG! I'm sure whether your German/Yiddish is fluent or rusty, you can probably guess, it means enough! Welcome to the March edition of Talking Science and Education. Last month's trivia on the state of health in the US unfortunately did not yield as many responses as in January, and regrettably, no correct answers. Our question last month asked which state showed the greatest improvement in overall health in 2016. The correct answer was Iowa. Iowa rose five spots from 22nd in 2015 to 17th in 2016. The change in rank is attributed to improvements in recommended immunizations, including a 32% increase in HPV vaccination among adolescent females. Improvements in pertussis incidence and public health funding also helped the state jump higher on the list. Many thanks to those of you brave enough to venture a guess.

Continuing with our trivia series on the state of health in the US, this week's question is

Which state had the largest decline in rank over the past year?

- A. Maine
- B. Florida
- C. Alaska
- D. Nevada

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

On the education front this month, ACGME held its annual educational meeting last week. Osteopathically-focused sessions were well-represented at the meeting. Of particular note were the multiple sessions addressing resources and models for achieving osteopathic recognition (OR), and ways of meeting specific requirements such as scholarly activity. The OR Toolbox at [acoj.org](http://acoj.org) will be updated soon to include some of these resources.

## Diabetes Dialogues

### Cardiovascular Benefits of Probiotic Supplementation in Patients with T2DM

Adults with type 2 diabetes randomly assigned to probiotic supplementation saw a small reduction in blood pressure, total cholesterol, LDL cholesterol and triglyceride levels compared with those assigned a placebo, according to a meta-analysis. Principal investigator Fatemeh Hendijani of Isfahan University of Medical Sciences, Iran wrote "Probiotic supplementation could be helpful in reduction of type 2 diabetic patient risk for cardiovascular diseases, however, [BP] and lipid-lowering effects of probiotics are not strong enough to consider them as a nonpharmacologic alternatives."

Hendijani analyzed pooled data from 11 randomized controlled trials (including intervention and placebo arms) assessing benefits of probiotic supplementation in any form by measuring plasma levels of total cholesterol, LDL cholesterol, HDL cholesterol, and systolic and diastolic BP as primary out-

comes (n = 641). Included studies were conducted in Brazil, Denmark, Iran, Malaysia, Saudi Arabia and the United States. Researchers used random-effects models to obtain standardized mean differences (SMD); weighted mean differences were also calculated.

In 10 studies assessing plasma triglyceride levels, participants assigned to probiotic supplementation saw reduced levels vs. those assigned placebo (SMD = -1.028; 95% CI, -1.669 to -0.387). Researchers observed similar results in 10 studies measuring total cholesterol (SMD = -0.86; 95% CI, -1.247 to -0.472) and nine studies measuring LDL cholesterol (SMD = -0.869; 95% CI, -1.685 to -0.053); there were no between-group differences observed for HDL cholesterol (P = .108).

Probiotic supplementation was also associated with a reduction in both systolic (SMD = -0.928; 95% CI, -1.582 to -0.274) and diastolic BP (SMD = -0.882; 95% CI, -1.758 to -0.007) across seven studies, according to the researchers.

An improvement in lipid profile depended on a variety of factors, including patient age, BMI and probiotic dosage. In subgroup analyses, multi-strain probiotic supplements exhibited more effectiveness overall vs. single-strain formulas.

Their results indicated that, in addition to the number of strains, the type of strains (eg, *Saccharomyces*, *Bifidobacterium* and *Lactobacillus*) determines the effectiveness of probiotics because different types of probiotic strains have different therapeutic modes of actions. The full study can be found at [http://www.clinicalnutritionjournal.com/article/S0261-5614\(17\)30065-1/fulltext](http://www.clinicalnutritionjournal.com/article/S0261-5614(17)30065-1/fulltext)

# PROFESSIONAL OPPORTUNITIES

**CARDIOLOGISTS - New York.** Northwell Health's Cardiology Service Line is seeking a Fellowship-trained Non-Invasive Cardiologist

(MD/DO) to join our Cardiology team serving Seaford, Long Island. Northwell Health's Cardiology Service Line has seen tremendous growth over the past five years within Long Island, New York City and Westchester; with the goal of providing comprehensive, integrated health care and wellness services.

As we expand our cardiovascular health services across the Health System, the Health System is seeking dynamic BC/BE non-invasive cardiologists to join select practices in Long Island. We offer a competitive salary and benefits package. In addition, an academic appointment with the Hofstra Northwell School of Medicine is commensurate with credentials and experience.

The ideal candidate will be Board Certified/Eligible in Cardiology and Echocardiography. Nuclear Cardiology certification is desirable. To make the transition as smooth as possible, you will have partners who have a wealth of experience in all the specialty areas of cardiology. Moreover, you will have access to the expertise of largest health system in the New York Metropolitan area. Northwell Health is dedicated to advancing heart care through providing access to exclusive clinical trials, developing groundbreaking treatments and leading the way in novel research that redefines care. By participating in research and exclusive clinical trials, our physicians are able to provide patients with medical treatments of the future, today. For further information please contact the Office of Physician Recruitment at [OPR@northwell.edu](mailto:OPR@northwell.edu).

**CARDIOLOGY FELLOWSHIP POSITION AVAILABLE JULY 2017 - Texas.** One PGY IV Cardiology Fellowship position is available beginning July 1, 2017 at Bay Area Medical Center in Corpus Christi, Texas. The ideal candidate must have completed an AOA-approved Internal Medicine residency and meet requirements for board-eligibility before June 30, 2017.

Our Graduate Medical Education Programs include:

- Pulmonary and Critical Care Fellowship
- Cardiology Fellowship
- Internal Medicine Residency
- Family Medicine Residency
- Dermatology Residency
- Pharmacy Residency

Our team is dedicated to delivering top patient care and advancing medical knowledge. With over 60 resident physicians currently practicing in our programs, we are continuing to grow.

Each fellow will have the opportunity to give numerous case presentations and participate in monthly journal clubs. Our programs are designed to equip each of our graduates with the tools they need flourish and succeed in their field. If you have questions about our program or the application process, please contact the fellowship coordinator, Cheyenne Silva at 361-761-3230 or email [Cheyenne.oneill@hcahealthcare.com](mailto:Cheyenne.oneill@hcahealthcare.com).

## **Corpus Christi Medical Center**

Bay Area is one of six hospitals that make up Corpus Christi Medical Center, an HCA affiliate bringing the best in medical care to South Texas. Each of our residents and fellows are provided the opportunity to work at our Doctors Regional campus as well as Bay Area. Corpus Christi Medical Center has been a growing part of South Texas since 1962, what began as a 26-bed facility in the early 60s has grown into a 631-bed system offering a full range of health care services. For more information, please visit [www.cmedicalcenter.com](http://www.cmedicalcenter.com).

## **Corpus Christi on the Gulf Coast**

Corpus Christi is a growing city of over 320,000 residents. With everything from Fiesta del Flor to the Jaz Festival, to Buccaneer Days, Corpus Christi is rich in culture and diversity. Come downtown and visit the Texas State Aquarium, the Art Museum, or the historical U.S.S. Lexington then relax and eat dinner at a restaurant overlooking the Marina. Padre Island is a mere 20 minutes away, its beautiful beaches offer everything from surfing to horseback riding to volleyball, and yes, you can drive on them. Our warm South Texas weather makes it an ideal location year-round. For information about the city of Corpus Christi, please visit [www.visitcorpuschristitx.org](http://www.visitcorpuschristitx.org).

**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 [cmartin@srclinics.org](mailto:cmartin@srclinics.org)

## **PULMONARY AND CRITICAL CARE FELLOWSHIP POSITIONS AVAILABLE**

**JULY 2017 - Texas.** One PGY IV Pulmonary and Critical Care Medicine Fellowship position is available beginning July 1, 2017 at Bay Area Medical Center in Corpus Christi, Texas. The ideal candidate must have completed an AOA-approved Internal Medicine residency and meet requirements for board-eligibility before June 30, 2017.

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If you have questions about our program or

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## **Full-Time Internal Medicine- Primary Care Physician for a Large Public Health and Hospi- tal 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](mailto:roya.rousta@hhs.sccgov.org).

## **Professional Opps**

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the application process, please contact the fellowship coordinator, Cheyenne Silva at 361-761-3230 or email [Cheyenne.oneill@hcahealthcare.com](mailto:Cheyenne.oneill@hcahealthcare.com).

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### **Corpus Christi on the Gulf Coast**

Corpus Christi is a growing city of over 320,000 residents. With everything from Fiesta del Flor to the Jaz Festival, to Buccaneer Days, Corpus Christi is rich in culture and diversity. Come downtown and visit the Texas State Aquarium, the Art Museum, or the historical U.S.S. Lexington then relax and eat dinner at a restaurant overlooking the Marina. Padre Island is a mere 20 minutes away, its beautiful beaches offer everything from surfing to horseback riding to volleyball, and yes, you can drive on them. Our warm South Texas weather makes it an ideal location year-round.

For information about the city of Corpus Christi, please visit [www.visitcorpuschristitx.org](http://www.visitcorpuschristitx.org).



## **AOA Board Approves Changes to OCC Requirements**

The AOA Board of Trustees approved changes to the requirements for Osteopathic Continuous Certification (OCC) at its Midyear meeting early in March. The changes are intended to make the process more user friendly and are in response to concerns raised by the ACOI and others.

Among the changes made were an expansion of the options that would qualify for the practice performance improvement requirement, which is Component 4 of OCC. This component requires physicians to submit data about their own practice performance as measured against national standards. The previously-approved options for meeting the requirement were very limited. The options were expanded to include other quality improvement activities that physicians may be participating in through a hospital, specialty society, or other entity.

The AOA Board also approved a change in the OCC Continuing Medical Education requirements, increasing to 60 the number of specialty CME credits diplomates must complete in each three-year cycle. The Board of Trustees also encouraged the certifying boards to accept allopathic CME credits toward this requirement. (The AOBIM already accepts allopathic credit). This change will be implemented in the next CME cycle, beginning in 2018, and will be in conjunction with an elimination of the AOA membership requirement that all members complete at least 120 CME credits per cycle.

A third resolution approved by the Board instructs the certifying boards to develop periodic, ongoing cognitive assessments that could be used in place of the secure examination now required at the end of each 10-year recertification period.

Finally, the Trustees approved a resolution that could lead to elimination of the requirement for AOA membership as a condition of certification. A resolution to that effect was approved with the caveat that it would be implemented "... at a time and date determined by the management team in consultation with and approval by the Board of Trustees."

ACOI President John R. Sutton, DO, President-elect, Martin C. Burke, DO, and Executive Director, Brian J. Donadio, were in attendance at the Midyear meeting and expressed support on behalf the ACOI membership for the OCC changes.

Copies of the Board actions as approved may be viewed at the following link: <http://www.osteopathic.org/inside-aoa/events/midyear-meeting/Pages/resolutions.aspx>.

**2017 ACOI Trainers' Congress**  
**May 4-6, 2017**  
**San Diego, CA**  
**Preliminary Program**

**THURSDAY, MAY 4, 2017**

11:00 AM -5 PM **Registration**

General Sessions

Noon -12:15 PM Welcome & Introductions

*Joanne Kaiser-Smith, DO, FACOI*

12:15 -1:30 PM Elevating the Importance of Resident Wellness: Identifying and Responding to the At-risk Resident

*Sid Zisook, MD*

1:30 - 2:00 PM Update from the ACOI Council on Education and Evaluation

*Joanne Kaiser-Smith, DO, FACOI*

2:00 - 2:15 PM **Break**

2:15- 3:00 PM The Application Is in! Now What? Expectations in Pre-and Continued Pre-accreditation for the Program Director

*Susan M. Enright, DO, FACOI*

3:00 - 3:45 PM Clinical Competency Committee

*Jill Patton, DO, FACOI*

3:45 - 4:00 PM Managing the Challenges of Visas

*Jill Patton, DO, FACOI*

4:00 -5:30 PM Best Practices: Board Review Strategies/Scholarly Activity

*Speakers TBA*

6:00 - 7:30 PM **Welcome Reception**

**FRIDAY, MAY 5, 2017**

**Sunrise Session**

7:00 - 8:00 AM Faculty Development: The Art of Examination Question Writing As a Means to Meet ACGME Scholarly Activity Requirements

*Gary L. Slick, DO, MACOI*

**General Sessions**

8:00 - 8:15 AM Opening Comments/Review of the Day

*Joanne Kaiser-Smith, DO, FACOI*

8:15 - 9:45 AM Update from the ACGME Internal Medicine Review Committee

*Christian Cable, MD*

*Jerry Vasiliadis, PhD*

9:45-10:15 AM Update on Osteopathic Recognition  
*Tiffany Moss, MBA*

10:15-10:30 AM **Break**

10:30-11:30 AM Building a Successful Osteopathic Curriculum

*Sarah James, DO*

11:30AM -12:15 PM Stress, Burnout and the Imposture Syndrome: Identifying Gaps in the Development of Physician Well-being

*John Becknell, PhD*

12:15-1:00 PM Planting the Seeds of Well-being: Practical Tools To Close Gaps in the Development of Physician Well-being

*Joanna R. Pease, DO, MACOI*

1:00 -2:00 PM New Program Director Lunch: Meet ACOI

**Breakout Sessions: Small Group Consultations/Discussion**  
*(Optional: Advance or onsite sign-up required)*

2:00 – 4:00 PM The ACGME Internal Medicine and Subspecialty Applications

*Christian Cable, MD*

*Jerry Vasiliadis, PhD*

The Osteopathic Recognition Application

*Tiffany Moss, MBA*

*Donald Nelinson, PhD*

**SATURDAY MAY 6, 2017**

**Sunrise Session**

7:30-8:00 AM The ACOI Single Accreditation System Study Update

*Donald Nelinson, PhD*

**General Sessions**

8:00 – 9:00 AM Leadership & Quality Improvement

*Rick A. Greco, DO, FACOI*

9:00 –10:00 AM Making Scholarly Activity Meaningful

*Francis X. Blais, DO, FACOI*

10:00 -10:15 AM Closing Comments

*Joanne Kaiser-Smith, DO, FACOI*

10:15 AM **Adjourn**



# Why ACOI Needs Our Support

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



**Meet Mark Alain Dery, DO, MPH, FACOI**, an infectious diseases specialist and assistant professor of medicine at Tulane University in New Orleans. Dr. Dery is the medical director of the Tulane T-Cell Clinic, an HIV patient center that takes a whole-health approach to people living with HIV and AIDS, and treats all regardless of their ability to pay. Originally from Los Angeles, CA, he graduated from the University of New England College of Osteopathic Medicine, and did his osteopathic rotating internship at South Pointe Hospital and his medicine residency at Case Western Reserve in Cleveland, OH. Dr. Dery spent four years on a Navajo Reservation in Page, AZ getting his public health training and spent four months working in Sierra Leone during the Ebola epidemic.

A musician who became a physician, Dr.

Dery always wanted to move to New Orleans. He moved there to do his infectious disease training right after Hurricane Katrina. Since moving there, he and his wife started a radio station focused on human rights and social justice issues with the call letter WHIV to help destigmatize HIV.

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

**Dr. Dery:** As co-chair of the Infectious Diseases section for ACOI's Annual Convention, I am glad to bring my perspective gained from my experiences internationally, nationally, and in New Orleans at the Tulane T-Cell Clinic, to develop informative educational sessions for attendees. I feel I bring to ACOI a sense of social justice on poverty as well as human rights issues.

**Ms. Cicone:** Recently, you did an ACOI Visiting Professor Program visit at the College of Osteopathic Medicine of the Pacific, Western University of Health Sciences. What was that like?

**Dr. Dery:** First, it's hard to believe that I'm now the person doing these programs at the midpoint of my career, I vividly remember the visiting professors when I was a medical student, 20-plus years ago.

Doing these sessions is my way of giving back to the ACOI. I love doing these sessions, especially because there is a declining interest in the field of infectious diseases; however, there are many different practice areas in internal medicine. I share with the students that some internists are 'doers,' while others are 'thinkers,' so I like to help them understand where they might fit best. Given my experiences with my HIV clinic and the radio station, I bring the principles of social entrepreneurship to my sessions that I hope the students will find useful to their own career planning.

**Ms. Cicone:** How do you see the single accreditation system for GME that will be completed in 2020 affecting the osteopathic internal medicine profession and ACOI?

**Dr. Dery:** It is difficult for me to know since I am a professor at an allopathic institution. When I got my DO license in 2006 in Louisiana, it was number 55, which indicated that DOs were not welcomed in that state; fortunately this has changed and there is a thriving DO population in Louisiana.

**Ms. Cicone:** Given the challenges facing osteopathic internal medicine, how can ACOI continue to serve its members in the future?

**Dr. Dery:** I think it is vital for the ACOI to find ways to grow and meet the needs of the new generations of DOs who are increasingly tech savvy. Gen Xers like me were brought up by the Baby Boomer generation with certain expectations for how we would approach our professional and personal lives. Now, we have the Millennials who are navigating their professional and personal lives quite differently. I question how much longer the Annual Convention model will continue to be relevant for, say, CME credit. The ACOI needs to continue to be relevant and an excellent source for CME. It is key that the College help its members maintain the meaningful traditions of osteopathy and foster pride in being an osteopathic internist. I am interested in helping ACOI have the viable future it needs.

**Ms. Cicone:** One of the ways the ACOI is celebrating its 75th Anniversary is by conducting a special fundraising campaign to raise the necessary funds to implement its plan to address the challenges osteopathic internal medicine faces. What do you think ACOI should do and say to encourage members to make a special contribution to this campaign?

**Dr. Dery:** From my experience in raising funds, it is critical to have the right person and the right message to be successful. Different approaches should be designed for the various generations of ACOI members, including social media. For example, using social media for fundraising, individuals are tapping into their own trusted networks of people who they know, who believe in the same values and issues, and who are good prospects to respond positively to an appeal for funds for a cause they share. The ACOI should develop ways to get appropriate messages out to the membership as to the importance of this campaign effort.

**Ms. Cicone:** Dr. Dery, the ACOI thanks you for your involvement and support and for your continuing efforts to help it grow and prosper.

# Why ACOI Needs Our Support

## *A Medical Student's Perspective*



*WesternU 2nd year medical students host Dr. Dery via ACOI's Visiting Professor Program  
Pictured L to R - Julia Minasian, Dr. Dery, Priya Patel, Joyce Hsiao, Byron Rastegari*

**Ms. Ciconte:** Tell me about yourself.

**Ms. Minasian:** I was born and grew up in California. Before going to Western University of the Health Sciences (WesternU) in Pomona, I got a B.S. in Neuroscience at UCLA. My goal of becoming a doctor stemmed from reading a neurology book about a woman who thought her cat was a hat. That seemed like a silly predicament, but what I immediately thought of was how amazing it was to think of a physician being a kind of detective – solving mysteries as to why the body behaves the way it does, and that every day would be new and different. Plus, the best of all, you get to provide a service that seriously helps people in need and changes their lives.

**Ms. Ciconte:** As the SOIMA Club Vice-President, have you been able to schedule a Visiting Professor program at your school? If so, how did you and the other students benefit from the session?

**Ms. Minasian:** We have scheduled one each year. Overall, we have been very impressed with the program. Susan Stacy and Katie Allen at ACOI facilitate and make the process so easy. They are a big part of the reason why we as students can manage to plan such an event and really have such wonderful, insightful physicians visit our campus. From our students' perspective, the talks provide another point of view on internal medicine and how a career in their field can be so varied and unique. A past lecturer spoke on the benefits and road to an internal medicine residency, which was extremely informative and really laid the ground work on how we can be a part of the field.

Our most recent lecturer at WesternU, Dr. Dery, an IM infectious disease physician based in New Orleans, spoke on the HIV epidemic there and how he is not only fighting to reduce the amount of cases in his area, but also how he involves the community. He has a local radio station and plans concerts where they offer free HIV testing. I think it was a wonderful experience to see that as a physician there is no limit to what resources or creative avenues we take to serve our patients. Our board and members found the experience to be inspiring and a lecture we will remember as we build our career.

**Ms. Ciconte:** What are some of the challenges facing medical students today? How do you overcome such challenges?

**Ms. Minasian:** In general, the medical climate is always changing - changes in reimbursement, insurance, what seems like endless paperwork, and malpractice issues. We wonder how we will fit into the grander scheme of this field. I think a looming question is how will we come to tackle these issues and also contribute to reform that will further advance the care we offer our patients.

Due to WesternU's focus on improving medical student mental health and awareness, we are cognizant of the presence of mental illness, physician burnout, depression, and even suicide that not only is present in our patients, but also fellow colleagues. The challenge is to try to find balance between our education and staying mindful about our own needs.

My second year class is gearing up for boards, which is an added stress to our already rigorous curriculum. Given the upcoming single accreditation issue in 2020, my class needs to take both boards this year. However, as medical students I think we are a very resilient group of individuals. Our studies have a higher purpose, which I think helps break down these challenges and refocus us

on our goals. Most important, it makes us proactive and not reactive.

**Ms. Ciconte:** How can the ACOI help?

**Ms. Minasian:** The ACOI already does a great job assisting students and providing services that help us plan for our future, such as the Annual Convention and the Visiting Professor Program to name a few. We, as medical students, find that the ACOI is a great resource for any and all IM needs or questions. All of the ACOI staff are extremely responsive and keep in close contact with our club's students leaders to facilitate all aspects of our IM club's events.

**Ms. Ciconte:** Your Visiting Professor Program is supported by gifts to the ACOI's Generational Advancement Fund. What would you say to encourage more ACOI members to contribute to the Fund?

**Ms. Minasian:** The Visiting Professor Program is a tremendous resource that has elevated our understanding of the field. The program allows us to see what is to come in our future, helps us understand the inner workings of IM, and exposes us to high quality physicians who are passionate about the field. They are inspired, original, and authentic speakers who have made their mark in their field and in their local communities in various ways. ACOI member contributions help ensure that this legacy continues as we strive to emulate the success and compassion shown to us by our visiting professors. Hopefully, we will be able to give back to the program as we advance our careers and return to inspire, through education, those seeking the IM profession.

As the Dean of our college, Dr. Crone, says, "At the end of every action and decision there is a patient." By having a physician come to our campus we are able to see their actions, the events that led to their success and how their patients benefit from their passion for health and wellness. As students, our current action is flipping textbook pages; however, the Visiting Professor Program reminds us that at the end of every page we are closer to becoming successful future physicians.

SOIMA at WesternU is grateful to be a part of ACOI and have such support from its contributing members. It makes such a big difference in what we have to offer our members and the quality of our events.

## Nominations

*continued from page 1*

- A substantial record of extramural funding from Federal or foundation sources, such as the National Institutes of Health, American Osteopathic Association, the American Heart Association, etc.;
- Publications of original research in referred journals;
- Discovery of new technology, therapeutic interventions, or a new approach to clinical care that has had a significant impact on clinical care.

### Internist of the Year

One who has made major contributions to osteopathic internal medicine as demonstrated by:

- The opinion of osteopathic internal medicine leaders relative to clinical excellence;
- Receipt of awards recognizing clinical excellence from hospitals, state healthcare organizations and the community;
- Development of a model clinical program that has made an impact on osteopathic internal medicine;
- Leadership role in clinical direction as a chief of medicine, medical director, etc.;
- Recognition of bedside teaching excellence;
- Excellence as a mentor and role model for osteopathic residents and students.

### Master Fellowship

Nominations are sought for candidates for the Grover Gillum Society of Master Fellows, which honors osteopathic internists who have achieved superiority in clinical practice, teaching or research. Individuals accepted for membership will have demonstrated that their participation has raised the level of excellence of the organizations in which they participate. To be considered, a candidate must be a Fellow who is nominated by letter specifically outlining the candidate's qualifications.

## 75th Anniversary Circle Continues to Grow

ACOI's 75th Anniversary Circle now numbers 53 members. Members, who agree to contribute \$1000 or more over two years, will be recognized with a leaf on the ACOI 75th Anniversary Circle Tree to be located permanently in the ACOI office at the close of the anniversary celebration. Support from the members will help the ACOI move forward to address the critical questions that define whether there will be a distinctive osteopathic practice of internal medicine in the future.

Only 47 of the 100 leaves remain available for engraving, so please make your gift or pledge now to ensure your leaf is displayed. Visit <http://www.acoi.org/75th-Anniversary-Pledge-Form.html> to download a pledge form.

Our thanks for the 75th Anniversary Circle members. (As of March 15, 2017)

Michael A. Adornetto, DO, MBA, FACOI

Damon Baker, DO, FACOI

Lee Peter Bee, DO, FACOI

Jack D. Bragg, DO, MACOI and Jocelyn Bragg

John B. Bulger, DO, MBA, FACOI  
and Michelle Neff Bulger, DO

Martin C. Burke, DO, FACOI

Robert A. Cain, DO, FACOI  
and Gina Eversole-Cain

Annette T. Carron, DO, FACOI

Janet E. Cheek, DO, FACOI

Michael B. Clearfield, DO, FACOI

Robert L. DiGiovanni, DO, FACOI  
and Monica DiGiovanni

Kenneth Dizon, DO

Brian J. Donadio, FACOI and Ellen Donadio

Kathleen J. Drinan, DO, FACOI

Bruce D. Dubin, DO, MACOI

Susan Enright, DO, FACOI

Mitchell D. Forman, DO, FACOI

Pamela R. Gardner, DO, FACOI

Scott L. Girard, DO, FACOI  
and Laura J. Girard

James C. Giudice, DO, MACOI

Eric D. Good, DO, FACOI

Robert G. Good, DO, FACOI

Rick A. Greco, DO, FACOI  
and Carol A. Greco, DO

Lawrence U. Haspel, DO, MACOI

Robert T. Hasty, DO, FACOI

David Hitzeman, DO, MACOI

Kevin P. Hubbard, DO, MACOI  
and Roxanne Hubbard

G. Michael Johnston, DO, MACOI

Joanne Kaiser-Smith, DO, FACOI  
and Kevin Smith

Teresa Kilgore, DO, FACOI

Judith A. Lightfoot, DO, FACOI  
and Alvin Banks

Timothy W. McNichol, JD

Jo Ann Mitchell, DO, FACOI

Rizwan Moinuddin, DO

Donald S. Nelinson, PhD

Karen J. Nichols, DO, MA, MACOI

Eugene A. Oliveri, DO, MACOI

Susan M. O'Neal, DO, FACOI

Anthony N. Ottaviani, DO, MPH, MACOI

Keith A. Reich, DO, FACOI

Morvarid Rezaie, DO, FACOI

Christine M. Samsa, DO, FACOI  
and Nathan P. Samsa, DO, FACOI

Roy Sartori, DO, FACOI  
and Christine Sartori

Frederick Schaller, DO, MACOI  
and Amy Schaller

Samuel K. Snyder, DO, FACOI

Christina Stasiuk, DO  
and George Farian, Esq.

W.W. Stoeber, DO, MACOI

David Susser, DO, MACOI

William D. Strampel, DO, FACOI

John R. Sutton, DO, FACOI

Richard R. Thacker, DO, FACOI

John Uslick, DO, MACOI

Larry A. Wickless, DO, MACOI

# CME CALENDAR

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

### **NATIONAL MEETINGS**

- 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.*

## **Trainers Congress**

*continued from page 1*

The Congress will kick off on Thursday, May 4 with a session on identifying and addressing at-risk residents. Other Thursday sessions will provide guidance and information on such areas as the Clinical Competency Committee and managing the challenges of visas. Friday's session will feature reports from the Chair and Executive Director of the ACGME Residency Review Committee for Internal Medicine, which is the approval body for programs seeking accreditation from the ACGME. There will also be sessions on meeting the scholarly activity requirement and optional small group sessions on the application processes for both internal medicine and subspecialty approval, as well as for osteopathic recognition. Other sessions during the program will center on physician well-being, faculty development and best practices, with a focus on providing practical take-aways that can be used at home. The preliminary program appears on page 8 of this newsletter.

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).