This month has been very exciting and challenging. Early in the month, I was honored to represent the American College of Osteopathic Internists at the celebration of the 100th Anniversary of the American College of Physicians. It was my privilege to participate as part of the stage party at the opening ceremonies of the ACP’s Internal Medicine 2015, which took place in Boston. While there, I had a chance to engage Wayne J. Riley, MD, MPH, MBA, the incoming President of ACP, as well other internal medicine and subspecialty leaders. It was very nice to see familiar faces, such as ACOI past president Humayun Chaudhry.

The 2015 ACOI Annual Convention and Scientific Sessions will take place September 30-October 4, in Tampa, FL. ACOI Board of Directors member, Samuel K. Snyder, D.O., will chair the program and has selected the theme of “Guidelines and Controversies” for the education sessions.

The Convention will kick off on Wednesday, Sept. 30 with a three-hour vascular medicine symposium. A Subspecialist-level cardiology seminar will follow later that afternoon. A keynote lecture by Danielle Ofri, MD, is scheduled for Thursday morning. Dr. Ofri is a physician, teacher and writer, who is medicine’s leading proponent of the power of story—and of literature—to improve the practice of medicine. Her most recent book is entitled, *What Doctors Feel* and her talk will center on “Healing versus Curing.”

The host hotel for the 2015 Convention is the Tampa Marriott Waterside Hotel & Marina. The hotel features luxurious accommodations and an unbeatable location in the heart of Tampa. Guests will enjoy easy access to the city’s most exciting attractions, including Amalie Arena, the Straz Center for the Performing Arts, the Florida Aquarium, the Port of Tampa and Raymond James Stadium, home of the Buccaneers. The hotel is just nine miles from Tampa International Airport (TPA), and a variety of upscale shops and restaurants are also within close reach. Guest rooms feature modern decor, luxurious bedding, LCD TVs and gorgeous views of the harbor. There are five on-site restaurants, a professional opportunities.

Active members of the ACOI who are interested in serving on the Board of Directors are invited to contact 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 4 in Tampa, FL.

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 19, 2015. The slate of candidates will be announced in the July issue of the newsletter.
Letter from the President
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DO, MS, who is President and CEO of the Federation of State Medical Boards, and ACOI member Geraldine O’Shea, DO, First Vice President of AOA Board of Trustees.

Next I was off to Scottsdale, AZ to attend ACOI’s 2015 Trainers’ Congress. The Congress includes a symposium for rising chief residents and emerging leaders and I had an opportunity to meet so many talented and engaging internal medicine residents and fellows there. I was asked to give a lecture on Professionalism and Leadership and I hope I was able to pass along to the residents some of the necessary tools and pearls I’ve learned along the way. Many of the residents had questions about how to get involved with their respective program and hospital committees and the value of their input, as well as the exposure and potential learning opportunities which could be available to them. Many already know that they have an interest in becoming future program directors and they seem invested in the future growth of our College.

The symposium also addressed issues like conflict resolution and how to develop protected time for education. I learned that some residents do not do the standard reading of 36-37 pages of Harrison’s per night; some prefer other internal medicine review materials in which the resident reads, teaches and writes quiz questions for their fellow residents. The highlight for me was hearing their views on what health care would look in the future. I want to thank Congress co-chairs, Robert Hasty, DO and JoAnn Mitchell, DO and resident symposium organizer, Robert Good, DO, for putting together a fine program.

The Trainers’ Congress featured lots of discussion about ACGME. One discussion touched on which certifying exam present and future graduates should take. There was also dialog regarding whether programs will seek osteopathic focus recognition from the ACGME. I personally and professionally feel that the distinctiveness and principles of osteopathic medicine need to remain at the core of our training programs. We have fought so hard for over 100 years to be recognized and respected as equal. The responsibility to showcase our unique talents and expertise remains with our profession and our training programs. With that being said, I challenge our colleges of osteopathic medicine and those heavily involved in OMM and OPP to continue their hard work and research to provide additional evidence for the benefits of our approach. If there are programs that have questions as to why they should continue to maintain an osteopathic identity, the ACOI encourages you to come forward and ask questions. Many of the presentations made at the Congress, by ACGME and ACOI experts, alike, can be found at the ACOI website, www.acoi.org.

Last, but not least, I want thank all who take the time each and every day to train our internal medicine residents. Your time and teaching is much appreciated. The difference that each and every one of you make is reflected in our communities, hospitals, medical boards, medical societies and committees throughout this country and abroad.

ACOI President Judith A Lightfoot DO, FACOI
Congress Adopts Budget Blueprint
The House and Senate approved a non-binding joint budget resolution that provides the framework for appropriations legislation that will fund the government for fiscal year 2016. Included in the package is language instructing committees of jurisdiction in both the House and Senate to explore a full repeal of the Affordable Care Act (ACA) through budget reconciliation – a budget rule designed to force committees to change mandatory and entitlement spending to create savings. The joint resolution also directs committees with jurisdiction to determine the “specific Medicare reforms needed to bring spending levels under current law in line with the budget.” The budget deal also requires full payment of the recently-enacted Medicare physician payment reform legislation. As approved, the cost of the legislation is only partially offset. While the budget resolution is non-binding, it will serve as a blueprint for the budget negotiations that are just getting underway and will run through at least the fall. The ACOI will continue to closely monitor budget initiatives that could impact physicians and the patients they serve.

Pioneer ACOs Show Early Promise
According to a report recently released by the Centers for Medicare and Medicaid Services (CMS), the Pioneer Accountable Care Organization (ACO) model showed both financial and quality improvement benefits over the first two years of the program for services provided to Medicare beneficiaries. With regard to savings over the first two years of the program, the increase in spending was $385 million less than spending for similar Medicare fee-for-service beneficiaries. According to the report, the savings equate to about $300 per beneficiary. The program also saw an increase in the quality of care provided. Pioneer ACOs improved their mean clinical quality scores from 70.8 percent to 84 percent over the same time period. The mean score improved for 28 of 33 quality measures. The report noted, “These results are encouraging, given how historically challenging it has been for physicians to achieve spending reductions in Medicare demonstration projects.” The Pioneer ACO model is the first to be certified by the CMS Office of the Actuary as meeting the criteria on quality and cost for potential future expansion into other Medicare programs.

Rand Report Finds Expanded Healthcare Coverage under the ACA
According to a report released by the Rand Corporation, a net 16.9 million adults gained insurance coverage under the ACA from September 2013 through February 2015. The study indicated, “While the net change in insurance was positive, we estimated that there were declines in enrollment in nongroup plans and in ‘other’ coverage, such as non-Medicaid public coverage.” According to the findings of the report, 22.8 million adults, ages 18-64, gained coverage and 5.9 million lost coverage. The number of uninsured individuals overall fell from 42.7 million in 2013 to 25.8 million in 2015.

House Approves Legislation to Address Prescription Drug Abuse
The House recently approved legislation to prevent prescription drug abuse and diversion. The bill approved by the House is intended to promote collaboration between the Drug Enforcement Agency (DEA), drug distributors and pharmacies. In addition, the bill would direct collaboration between the Department of Health and Human Services (HHS), the Office of National Drug Policy and the DEA to work together to improve access to medically-necessary medications and enforcement. The bill also directs the Secretary of HHS to submit a report identifying: (1) obstacles to legitimate patient access to controlled substances; (2) issues with diversion of controlled substances; and (3) how collaboration between federal, state, local, and tribal law enforcement agencies and the pharmaceutical industry can benefit patients and prevent diversion and abuse of controlled substances. Similar legislation has been introduced in the Senate where no additional action has been taken to date. It is not clear if or when the Senate will act on this or similar legislation.

ONC Issues Updated Health IT Privacy and Security Guidance
The Office of National Coordinator for Health Information Technology (ONC) released an updated publication entitled, “Guide to Privacy and Security of Electronic Health Information.” The intent of the Guide is to help health care providers better understand how to integrate federal health information privacy and security requirements into their practices. The Guide provides updated information about compliance with the Medicare and Medicaid Electronic Health Record Incentive Program’s privacy and security requirements as well as the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and Breach Notification Rules. You can learn more or download a copy of the Guide at www.healthit.gov.

Medicare Spending Growth Projected to Slow
Estimates released by HHS in a new report show that Medicare will spend approximately $316 billion less than forecast over the 2009-2013 period because of slower-than-projected growth in Medicare spending per beneficiary. According to the report, the slowdown in spending, “has substantially extended the projected solvency of the Hospital Insurance Trust Fund.” The report cites better care coordination, expanded fraud enforcement and delivery system reforms, such as bundled payments, as some of the possible forces creating downward pressures on Medicare spending growth.

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Preparation for ICD-10 Implementation Begins With Understanding ICD-9

The much-anticipated 2015 implementation of ICD-10 is less than five months away. Last year at about this time, training was gearing up, classes were full and my August and September schedule was packed. Then Congress passed a bill that included a small, simple sentence that delayed ICD-10 another year and cost the healthcare industry upwards of $6.5 billion. As I look at my schedule this year for ICD-10 trainings, it is a bleak one. Offices tell me that they are waiting “to be sure.” Yes, there is a very small chance that legislation may be passed to further delay ICD-10 implementation, but what if it is not? Your office will be in a difficult position to say the least.

A simple suggestion is to take the next two to three months and become better acquainted with ICD-9. It will not be lost learning. Many physicians lack sufficient knowledge of ICD-9 coding. It is by no fault of their own. Physicians were thrust into the role of “coder” with the adoption of electronic health record systems. You may have received some training on how to find a code with the software, but probably not on how a code is to be used properly in conjunction with other codes, how to use proper specificity and proper ordering of multiple codes in the medical record. Most of the physicians I have worked with have experienced no formal training in coding. Given the choice, I would encourage coders to work in conjunction with physicians as stated in the Coding Guidelines of ICD-9 and ICD-10. These guidelines state that proper code selection is a joint effort between both the coder and the physician.

If you are like many physicians and find yourself struggling to assign an ICD-9 number to your patient’s illness, a bit of training can only help. Then, if ICD-10 implementation is not rescinded, that training will serve you well as a foundation for ICD-10. The two code sets are amazingly similar and their guidelines are only five percent different. Take a class in the next couple of months to strengthen your knowledge of ICD-9. I am certain it will make your day-to-day coding easier now and your transition to ICD-10 much smoother in the future.
How ACOI’s Generational Advancement Fund Is Making a Difference for a Student Leader

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

Meet Cullen Truett – VCOM Internal Medicine Club President

Cullen Truett, a second year medical student at the Virginia Campus of Edward Via College of Osteopathic Medicine, serves as the IM Club President. He grew up in Virginia near the West Virginia border. Influenced by his grandfather, who lived a life of giving back to his community, Cullen saw how doctors cared for him and made the decision as a middle school student that he, too, wanted to be a doctor.

Looking to the future, Cullen wishes to combine his love of travel with his medical training by doing outreach medicine. He speaks Spanish and has done work in Argentina and Central America. With a liberal arts background, Cullen is interested in how medicine is the crossroads of society and science. He hopes to use his humanities background to better his practice as a physician and bridge the public-science gap.

Ms. Ciconte: How did you first learn about ACOI? Have you attended the ACOI Annual Convention?

Mr. Truett: VCOM’s Internal Medicine Club uses the ACOI form for students to join. I learned about the College and decided that I wanted to be involved as the club’s president. This club had not had a Visiting Professor program before and so I set a goal of scheduling such a session for the club. I would have liked to attend the 2014 Annual Convention in Baltimore but was in the Dominican Republic at that time. I do hope to attend this year’s convention in Tampa in the fall.

Ms. Ciconte: I see from your posting on the student ACOI Facebook page that you achieved one goal when Dr. Annette Carron, a member of the ACOI Board of Directors, did a Visiting Professor program at your school. What did you and the other students think of it?

Mr. Truett: As IM Club President, I got a lot of positive feedback from the students who attended. The time for the session was perfect for students’ schedules and I really appreciated ACOI’s Melissa Stacy’s assistance in helping me set it up. As students, we are so focused on the specific medical training that we often forget the art of medicine. Dr. Carron described her path into the field of geriatric medicine, stating that in a nation with a growing and diversifying elderly population, the field is an evolving specialty. It was a great opportunity for our students.

Ms. Ciconte: What are some of the challenges facing medical students today?

Mr. Truett: I think the biggest challenge is the merger of AOA and ACGME. For many students there is general concern over being the generation in flux and the lack of details that come with it. Another challenge is getting into a residency program that focuses on what we want to do and who we are as people. The current generation of medical students, much like the overall millennial generation, is looking for better work/life balance in their lives.

Ms. Ciconte: ACOI’s Generational Advancement Fund provides support for various student and resident programs including the Visiting Professor Program, grants to student internal medicine clubs, and providing textbooks to residents. What would you say to encourage more ACOI members to contribute to this fund?

Mr. Truett: Classrooms teach us the facts, while residencies teach us the practice of medicine. The support from ACOI donors for the Visiting Professor Program and the mentoring program allows students to get an earlier exposure to the “art” of medicine in their medical training. As I said on my Facebook post, “When the motivational fuel runs low, it is beneficial for us as students to witness the excitement, fascination, and love that osteopathic physicians feel for their career path as healers.” Dr. Carron’s message appealed to not only future internal medicine physicians, but all osteopathic medical students.

As for ACOI members, I ask them to see making a gift to the GAF as a way to give back to students so that they have opportunities to learn from ACOI members about the art of medicine earlier in their training.

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PROFESSIONAL OPPORTUNITIES

SEEKING INTERNAL MEDICINE PHYSICIANS, Michigan. Looking to recruit up to 4 Internal Medicine Physicians. Open to having an established group of physicians come, and/or husband and wife teams, or independent physicians, experienced or new physicians. We need more IMs to work in a soon to be new free standing medical office and want to hit the ground running by putting together a good team. Employed, all outpatient (unless wanting to do inpatient), benefits, relocation and more. Right on Lake Michigan, 2 hrs to Chicago, near Kalamazoo and Grand Rapids. Please forward CV and contact info to Cindi Dilley, Inhouse Recruiter at WhitneyRecLLC@aol.com 269-506-4464

SEEKING BC/BE FP/IM AND PA-C - Roxborough/Manayunk, Pennsylvania. Busy Primary Care Practice looking for a motivated and energetic practitioner. This practice has been established for 20 years in the Roxborough/Manayunk (PA) community. We are partnered with 2 local community teaching hospitals. The practitioner will share duties with 2 Physicians and 2 PA-C’s. Duties include Outpatient office, Inpatient Hospital, Skilled Nursing and Long Term Care facilities. Call will be rotated 1 in 4. Salary commensurate with experience. There is a 401K, profit sharing, and bonus structure. Potential for partnership exists and can be discussed at a future date.

Full time preferred, Part time option exists. Employer will assist with relocation costs. Email: drpedano@aol.com

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

Member Milestones

ACOI past President Humayun J. Chaudhry, DO, MS, had two recent articles published in national journals. He was the lead author of “Improving Access and Mobility—The Interstate Medical Licensure Compact,” which appeared in the April 23, 2015 edition of the New England Journal of Medicine (N ENGL J MED 372;17 1581-1583).

A Viewpoint article entitled, “Ensuring Competency and Professionalism Through State Medical Licensing,” was published in the May 12, 2015 issue of JAMA (JAMA 313;18 1791-1792). Dr. Chaudhry is the President and CEO of the Federation of State Medical Boards, Euless, TX.

John B. Bulger, DO, MBA, of Danville, PA, was named one of the top 50 experts in patient safety for 2015 by Becker’s Hospital Review. Dr. Bulger has served as the Chief Quality Officer and Lead of the Geisinger Health System Division of Quality and Safety in Danville since 2011. As lead of the division, he oversees the education, redesign, measurement and reporting of patient safety and care systems that transform care, fulfill regulations and promote the development of quality leaders. Under his leadership, Geisinger was named one of the top hospitals in the country for safety in 2013 by AARP The Magazine, which used data from the Leapfrog Group Hospital Safety Score. Dr. Bulger also serves on the ACOI Board of Directors and is President-elect of the College.

Generational Development continued from page 5

Honoring the Legacy Society’s Charter Members

The Legacy Society was created to recognize and honor ACOI leaders and members who include ACOI in their wills or estate plans. These legacy donors are giving back to ACOI while at the same time helping to secure the College’s future.

ACOI wishes to thank and recognize the Legacy Society’s Charter Members:

Dr. Jack and Jocelyn Bragg
Dr. John and Dr. Michelle Bulger
Dr. Matthew and Marbree Hardee
Dr. David and Rita Hitzeman
Dr. Robert and Donna Juhasz
Dr. Karen and Jim Nichols
Dr. Eugene and Elena Oliveri
Dr. Frederick and Amy Schaller

There are many reasons someone chooses to include organizations in their estate planning. Information about how ACOI leaders and members can join the Legacy Society will be provided in upcoming issues of this newsletter.

Honor Roll Listing of Donors Who Gave January 1 - April 30, 2015

The ACOI wishes to thank the following donors who made gifts to the Generational Advancement Fund from January 1–April 30:

Carol Ash, DO
Gerald Blackburn, DO, MACOI
Timothy Chen, DO
Michael Clearfield, DO, FACOI
Gary Cornette, DO, FACOI
Robert DiGiovanni, DO, FACOI
Mitchell Forman, DO, FACOI
Vikranth Gongidi, DO, FACOI
Robert Good, DO, FACOI
Darrell Lynn Grace, DO
Kyra Hootman, DO, FACOI
Catherine Kerschen, DO, FACOI
Robert McCullough, DO, FACOI
Michael Opipari, DO, MACOI
Jonathan Simmons, DO
Christopher Snyder, DO
Scott Spradlin, DO, FACOI
John Sutton, DO, FACOI
Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

• 2015 Annual Convention & Scientific Sessions
  Sept 30-Oct 4  Marriott Waterside Hotel, Tampa, FL
• 2016 Internal Medicine Board Review Course
  March 30-April 3  Renaissance Resort at SeaWorld, Orlando, FL
• 2016 Clinical Challenges in Inpatient Care
  March 31-April 3  Renaissance Resort at SeaWorld, Orlando, FL
• 2016 Annual Convention & Scientific Sessions
  Oct 12-16  San Francisco Marriott Marquis, San Francisco, CA
• 2017 Annual Convention & Scientific Sessions
  Oct 15-19  Gaylord National Resort and Convention Center, Washington, DC
• 2018 Annual Convention & Scientific Sessions
  Oct 17-21  Orlando World Center Marriott, Orlando, FL
• 2019 Annual Convention & Scientific Sessions
  Oct 30- Nov 3  JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
• 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-sponsord 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.

2015 Certifying Examination Dates & Deadlines

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

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

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

Focused Hospital Medicine Recertification
Aug. 22, 2015 • Lombard, IL - Application Deadline: April 1, 2015
Late Registration Deadline: May 1, 2015.

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

Further information and application materials are available at www.aobim.org or by writing to: Gary L. Slick, DO, MACOI, Executive Director, American Osteopathic Board of Internal Medicine, 1111 W. 17th Street, Tulsa, OK 74107. admin@aobim.org.
Contact the AOBIM at admin@aobim.org for deadlines and dates for the Hospice/Palliative Medicine, Pain Medicine, Undersea/ Hyperbaric Medicine and Correctional Medicine examinations.

Government Relations
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Washington Tidbits:
The Traveling President
According to Article IV, Section 3 of the Constitution, "New states may be admitted by the Congress into this Union…" This provision was last employed in August 1959 when Congress approved statehood for the Territory of Hawaii. Since Hawaii became the 50th state in the Union, 11 individuals have held the Office of President. Of those 11, there is one accomplishment that only four share in common.

President Obama visited Watertown, South Dakota on Friday, May 8 to deliver a commencement address at the Lake Area Technical Institute. While the purpose of the visit was to highlight his proposal for access to free community college, it also accomplished another goal. In visiting South Dakota, he became only the fourth sitting President to visit all 50 states while in office. President Obama is joined in this accomplishment by Presidents Richard M. Nixon, George H.W. Bush and William J. Clinton.