

From President Lightfoot A Crucial Time For Osteopathic Medicine



I want first to thank you for the honor of serving as the ACOI President this year and to welcome all members and new members. Many of you were able to attend our 2014 Annual Con-

vention in Baltimore last month, which I had the privilege of chairing. The theme of “Patient-Centered Innovation in a Rapidly Changing Environment” was well received. It was a joy to hear such positive feedback from our members, and the number of attendees continues to grow exponentially each year. None of this would be possible without the ongoing planning that goes on behind the scenes. I want to publicly acknowledge Program Vice Chairman Samuel Snyder, DO and Program Advisor Martin Burke, DO. Special thanks goes out to the Subspecialty Education chairs for their dedication and continued commitment to this organization in bringing our members the best speakers and quality lectures. They are: Jonathan Horbal, DO – Allergy; Martin C. Burke, DO - Cardiology; David H. Linder, DO - Critical Care Medicine;

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Judith A. Lightfoot, DO, Begins Term as President

Judith A. Lightfoot, DO, FACOI was inaugurated as the 2014-15 President of the ACOI at the Annual Meeting of Members on Sunday, October 19, in Baltimore, MD. The Member Meeting was the concluding event of the 2014 Annual Convention and Scientific Sessions. Dr. Lightfoot is an infectious diseases specialist in Stratford, NJ. She has served on the Board of Directors since 2005. Nearly 1400 physician members attended the Convention.

During the business meeting, the members elected a slate of officers proposed by the Nominating Committee. **John B. Bulger, DO, MBA**, a general internist in Danville, PA was elected to the office of President-elect. **John R. Sutton, DO, FACOI** an endocrinologist practicing in Carson City, NV, was elected Secretary-Treasurer. **Annette T. Carron, DO, Robert L. DiGiovanni, DO** and **Joanne Kaiser-Smith, DO, FACOI** all were elected to three-year terms on the Board of Directors. **Robert A. Cain, DO, FACOI** was elected to complete the one year remaining in Dr. Sutton’s Board term. Dr. Carron is a general internist and geriatrician, Dr. DiGiovanni a rheumatologist, Dr. Kaiser-Smith a general internist and Dr. Cain a pulmonologist.

The business meeting included reports from the Executive Director and Finance Committee. For the fiscal year ending June 30, 2014, the ACOI experienced a net profit of \$189,214. The Finance Committee, chaired by Robert G. Good, DO, reported that revenues were approximately \$3.5 million and expenses were \$3.2 million. Total assets of the College grew to \$3.17 million.

The Convention was chaired by Dr. Lightfoot and featured a theme of “Patient-Centered Innovation in a Rapidly Changing Environment.” The sessions were well attended, with 500 or more physicians typically present for the plenary sessions. In particular, an update on the Ebola crisis and a cardiology symposium had standing room only crowds in a room that was set for 750.

Members in attendance were also very generous in their contributions to the ACOI’s Generational Advancement Fund, which provides assistance to residents and students in the form of textbook vouchers and stipends to attend the meeting, among other things. Over \$14,000 was contributed. There were approximately 275 residents and fellows and 56 students in attendance.



Internists Receive Key ACGME Appointments

As the transition to a single system of accreditation for graduate medical education moves forward, six ACOI members, including three past presidents, have been appointed to important bodies within the Accreditation Council for Graduate Medical Education (ACGME).

Past presidents **Gary L. Slick, DO, MACOI** and **Karen J. Nichols, DO, MACOI** have been appointed to the ACGME Board of Directors. Dr. Slick was

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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

2014-2015 OFFICERS

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Letter from the President

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John R. Sutton, DO - Endocrinology; Jack D. Bragg, DO - Gastroenterology; Danielle M. Hansen, DO - Geriatric Medicine; Jason R. Beckrow, DO - Hematology/Oncology; Mia A. Taormina, DO - Infectious Diseases; Samuel Snyder, DO - Nephrology; James C. Clouse, DO - Nuclear Medicine; Annette T. Carron, DO - Hospice and Palliative Care; Daniel L. Maxwell, DO - Pulmonary Medicine and Sleep Medicine; Mitchell D. Forman, DO - Rheumatology; Scott L. Girard, DO Resident Session Advisor; Chris J. Sciamanna, DO - Board Resident Representative and Mandar Jagtap, DO - Education Council Resident Representative.

There were many highlights at the conference. You will find the speaker presentations on our newly-redesigned website- www.acoi.org. Under the Education tab, click on Annual Convention to access the convention syllabus. Almost all of the lectures are available in PowerPoint format and many are also available in audio as a result of the superlative efforts of ACOI past president and technology wizard, Kevin P. Hubbard, DO. I strongly recommend that those who were not able to attend visit the website and sample the high quality lectures. Just to mention a few, Maintenance of Licensure by Humayun J. Chaudhry, DO, and Understanding Osteopathic Continuous Certification, by Gary L. Slick, DO, were comprehensive updates on issues that reflect our changing practice environment. Other highlights included an EBOLA 2014 update given by the Infectious Diseases Subspecialty Section, including Gerald W. Blackburn, DO, Mia A. Taormina, DO, and MarkAlain Dery, DO, and Bridging the GAP Between Evidence-Based Medicine and Patient-Centered Care: The Doctor- Patient Relationship by Dr. Debra Roter.

I was able to visit the West Virginia School of Osteopathic Medicine as a Visiting Professor on November 7. It gave me great pleasure to lecture to the Internal Medicine Club, which is composed of first and second year medical students. At the students' request, I spoke on Clinical Manifestations of HIV/AIDS. The students were very engaging and asked a lot of questions. Some requested additional Noon lectures. If you are in the Lewisburg area and interested in speaking to them, please contact Susan Stacy of the ACOI (susan@acoi.org) to be put in contact with the president of the Internal Medicine Club. This is a great teaching and mentoring opportunity to help shape and inspire young minds in osteopathic medicine.

I am personally asking all of our members to share your stories of how you have made a difference in a medical student, resident, or fellow's life. Your example could help other members to grow and make a difference. Each month I would like to share your experiences as an Osteopathic physician with the ACOI and around the globe. Please forward your stories to my email address at the ACOI website.

In this column, I plan to focus each month on a topic of interest to the ACOI family. One such issue is the need to further define what distinguishes us as Osteopathic physicians. This issue was raised in the Women Physicians discussion group at the Convention. The need to have a clear understanding of what makes us unique has emerged as an important topic in light of the plans for the merger of the GME accreditation systems. Contrary to what some may believe, our distinctiveness is not a myth. With that being said, we have to do a better job as a profession in promoting it. I want people across our country to know why they should choose a Doctor of Osteopathic Medicine.

As an ACOI Board member and now, as your President, I have heard and listened to your many concerns over ACGME unification and the impact it could have on our College. I can assure you the ACOI shares these concerns and is committed to addressing them. We have tried to influence the appointments made to ACGME committees with some success (see related article on page 1). In addition, the Board's strategic planning efforts will focus almost exclusively on these matters in 2015.

In a final note, the Board and I will soon be making committee appointments for the new year. For those interested, committee service is the most effective way for you to make a difference and identify yourself for a future leadership position in the College. I urge you to review the committee functions on the website and let ACOI Executive Director Brian Donadio (bjd@acoi.org) know of your interest.

I welcome your comments on these and all issues.

Judith A. Lightfoot, DO, FACOI



government RELATIONS

Timothy McNichol, JD

Congress Returns for Last Legislative Action of the Year

Following the mid-term elections, the House and Senate have returned from their recess to address some final must-pass legislation, including a funding bill to keep the government open into the New Year. With power in the Senate set to change hands in 2015 as a result of the elections, it appears that legislative action will be limited. However, with limited time prior to the end of the year and the swearing-in of the new Congress in January, the ACOI continues to call on Congress to enact meaningful reform of the Medicare physician payment formula. You can read our correspondence on this and other important issues at www.acoi.org under the “Advocacy” tab

ACA Headed Back to the Supreme Court

The constitutionality of another provision of the Affordable Care Act (ACA) is set to be considered by the Supreme Court. The Court recently announced that it will hear oral arguments in the case of *King v. Burwell*. At issue is whether the ACA allows for the issuance of tax subsidies for plans purchased through federally-sponsored exchanges. The ACA includes a clause that provides that an individual’s tax credit is determined based on the cost of insurance purchased on an “Exchange established by the state.” The Court’s interpretation and application of these words could result in the repeal of a key provision of the Act and effectively block tax subsidies in 36 states where the federal government runs the exchanges. The affordability of coverage for millions of Americans could be impacted by the Court’s action. The ACOI will continue to monitor this situation closely.

Final Medicare Physician Payment Rule Released

The Centers for Medicare and Medicaid Services (CMS) recently announced payment and policy changes under the Medicare Physician Fee Schedule for services furnished on or after January 1, 2015. Most notably under the rule, physicians will experience an average reduction of 21.2 percent effective April 1, 2015 unless Congress acts to prevent it. The reduction is delayed until April 1 due to the enactment of legislation approved earlier this year preventing a previously-scheduled reduction. The ACOI continues to work to advance legislation to permanently repeal Medicare Sustainable Growth Rate (SGR) formula, which is responsible for the annual threat of reduced reimbursement under the Medicare program.

The rule also makes changes in the Physician Quality Reporting System (PQRS), the Medicare Shared Savings Program, the Medicare Electronic Health Record Incentive Program, the Physician Compare website, and it addresses additional avenues for increased reimbursement. Specifically, the rule supports the delivery of chronic care management services beginning in 2015 by allowing for payment for these services provided to beneficiaries who have multiple significant chronic conditions (CPT code 99490). The services can be billed up to once per month per qualified patient. The rule also expands coverage for telehealth services by allowing payment for annual wellness visits (HCPCS G0438 and G0439), psychoanalysis (CPT 90845), family psychotherapy (CPT 90846 and 90847) and prolonged evaluation and management services (CPT 99345 and 99355). Additional information on the final rule and its impact is available at www.cms.gov.

HHS Bulletin Addresses HIPAA Privacy Rule in Emergencies

In light of the Ebola outbreak and other events, the Department of Health and Human Services (HHS), Office for Civil Rights, released a bulletin addressing

application of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in emergency situations. According to HHS, the HIPAA Privacy Rule is not suspended but, “covered entities may disclose, without a patient’s authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient.” HHS also states that the Privacy Rule recognizes the legitimate need for public health authorities to have access to protected health information to prevent or lessen a serious or imminent threat to the health and safety of a person or the public, among other things. When disclosing the information in an emergency situation, a covered entity must be cautious to disclose only the “minimum necessary” information. You can view the entire bulletin at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/emergencysituations.pdf>.

Record Number of Hospitals Assessed Readmission Penalties

CMS recently released information showing that a record 2,610 hospitals were fined under the third round of the Hospital Readmissions Reduction Program. According to an analysis made available by Kaiser Health News, nearly 18 percent of Medicare patients hospitalized were readmitted within one month. Further, it is estimated that the readmissions cost Medicare \$26 billion -- \$17 billion of the costs are estimated to have resulted from potentially avoidable readmissions. Over the course of the year, it is estimated that the penalized hospitals will be fined a total of \$428 million. Medicare evaluates readmissions for patients initially admitted for elective knee or hip replacements; those suffering lung ailments; patients with heart failure; patients admitted for a heart attack; and patients admitted for pneumonia. The program began in 2012 and is certain to continue to be examined as a framework to reduce Medicare spending in other areas.

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coding CORNER

Jill M. Young, CPC, CEDC, CIMC

The ACOI Coding Corner is a column written by Jill M. Young, CPC, CEDC, CIMC. Ms. Young is the Principal of Young Medical Consulting, LLC. She has over 30 years of experience in all areas of medical practice, including coding and billing. Additional information on these and other topics are available at www.acoi.org and by contacting Ms. Young at YoungMedConsult@aol.com.

The information provided here applies to Medicare coding. Be sure to check with local insurance carriers to determine if private insurers follow Medicare's lead in all coding matters.

Coding for Transitional Care Management

A number of topics were explored at a coding session held at the ACOI's 2014 Annual Convention and Scientific Sessions in October. One particular area of interest raised by the attendees was a discussion of the proper coding for Transitional Care Management (TCM). TCM includes services provided to a patient whose medical and/or psychosocial condition requires moderate- or high-complexity medical-decision making while transitioning care from an inpatient hospital setting to a community setting. (See June 2013, CMS ICN 908628 for additional details.)

In defining TCM, the Centers for Medicare and Medicaid Services (CMS) has indicated that the TCM code is for providers providing or overseeing the management and coordination of services for a patient for 30 days, addressing as needed, their medical conditions, psychosocial needs and activity supporting daily living.

Clarity as to who can order or initiate TCM remains elusive as there is no clear definition at this time. An October FAQ issued by CMS states that the initial interactive contact must be more than a hospital or a family member calling to make an appointment. According to the FAQ, it must be an "interactive exchange of information." Absent additional guidance by CMS, practices must determine if their initiation of TCM meets this "interactive exchange of information" requirement for Medicare patients.



Internists Appointments

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nominated by the American Association of Colleges of Osteopathic Medicine. The American Osteopathic Association nominated Dr. Nichols.

The Osteopathic Principles Committee, which is responsible for determining the requirements for programs that seek recognition as osteopathic-focused programs, will be chaired by ACOI Board of Directors member **Robert A. Cain, DO, FACOI**. Also serving on that committee are past ACOI president **Anthony N. Ottaviani, DO, MS, MACOI**, **Robert T. Hasty, DO, FACOI**, and **Natasha Bray, DO, FACOI**. Dr. Hasty is a member of the ACOI Council on Education and Evaluation. Dr. Bray has served as an internal medicine residency program director.

Appointments to one additional vital committee, the Review Committee for Internal Medicine (RC-IM), have not yet been announced. The ACOI, through the AOA, submitted six nominees for three osteopathic seats on the RC-IM.

Government Relations

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Deadline for Meaningful Use Hardship Exemption Approaches

CMS has announced that it has reopened the Meaningful Use hardship exception application period for eligible professionals and hospitals to avoid the 2015 Medicare payment adjustments for not demonstrating meaningful use of Certified Electronic Health Record Technology (CEHRT). The deadline for physicians and hospitals to apply is November 30, 2014.

Eligible professionals and hospitals that have never met meaningful use before may apply if they were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability, and could not attest by the early attestation deadline for new participants. Additional information is available at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>.

Washington Tidbits: Tidal Wave Hits DC

With just a few election results still uncertain, it is clear that the landscape in Washington has changed following the 2014 midterm elections. Prior to the November 4 elections, the House was controlled by the Republicans (234-201) and the Senate by the Democrats (55-45). With the swearing-in of the 114th Congress in January, there will be larger Republican margins in the House (244-184) and the Senate (53-46) will be controlled by a new Republican majority. The election results will be immediately evident in the composition and leadership of the committees. As a result, there will be a change in the nature of the legislation that advances in the chambers of Congress. There will still be policy differences between Congress and the President. Will compromises be reached? Will gridlock be a thing of the past? Keep in mind that the race for the White House in 2016 is now under way!

ACOI Feels “Like Family” to Dr. Haspel

(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.)



Lawrence U. Haspel, DO, MACOI

Lawrence U. Haspel, DO, MACOI is a past-president and former member of the ACOI Board of Directors. An ACOI member for more than 40 years, he served on several committees over the years and was one of the College’s Visiting Professors. He is a cardiologist who practiced in Chicago throughout his career. He demonstrated his continued commitment to the College by being the first donor to make a major gift to ACOI to support its important work and mission.

Recently Ms. Ciconte spoke to Dr. Haspel about his long-time involvement with ACOI.

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

why you chose to support the College so generously.

Dr. Haspel: I have a strong identification with ACOI as an osteopathic physician and cardiologist. The College understood my goals of practice and education throughout my career. ACOI felt like a family providing opportunities for continuing medical education, for making life-long friends, and for giving back through service and financial support.

As an ACOI leader, I realized how important it is for the College to have additional resources over and above my dues and registrations for educational programs. A number of years ago, ACOI launched an effort for leaders and members to remember ACOI in their will or estate plan. Decisions on giving are made based on where you are in life. I felt at that time it was best for me to make a current gift rather than a future testamentary gift.

Ms. Ciconte: I know that you were one of ACOI’s Visiting Professors. This key program receives support through the College’s Generational Advancement Fund. How did you happen to participate in this program?

Dr. Haspel: When I was an Internal Medicine resident, I was a fortunate to have the ACOI president at that time as one of my mentors. He told me that I was a good presenter and teacher. For that reason, I felt it was important for me to use these skills and talents to reach out to students of internal medicine and encourage them to become involved in ACOI. I believe that people who go to osteopathic medical schools are “higher touch” people so ACOI must continue its outreach activities to engage students through programs like the Visiting Professor Program

Although I have not been a Visiting Professor in recent years, I enjoyed speaking and meeting with the students.

Ms. Ciconte: I know many ACOI members are generous with their time and talents for ACOI serving as convention speakers, educational program trainers, and on ACOI committees. In your opinion, how can ACOI encourage others

to financially support the College’s Generational Advancement Fund?

Dr. Haspel: Over the years I have given and also served on the boards of nonprofit organizations I care about. I support ACOI’s efforts to build a stronger culture of giving for the College’s future by doing what other organizations do. First, you need to make it easy to give - dues renewal, online, and written and personal appeals. Next, ACOI needs to make a compelling case for giving to the Generational Advancement Fund by sharing and reporting on the various ways gifts were put to good use.

I believe ACOI should continue its effort to educate ACOI members about the various ways to make a planned gift to the College. I know from my personal experience that these types of gifts can provide income to a member or pass assets on to heirs.

Ms. Ciconte: How can ACOI continue to serve its members in the future?

Dr. Haspel: This is a very difficult time for ACOI given the new unified graduate medical education accreditation system that is being defined and implemented in the future. For that reason, I believe that ACOI needs to continue to promote what it does really well, for example, the maintenance of certification on the College’s website. I don’t think it needs to do anything new. Because ACOI is a smaller organization, it can be closer to members than other organizations. The sense of family I mentioned earlier continues thanks to the good work of the ACOI staff.

Ms. Ciconte: Dr. Haspel, ACOI thanks you for the many contributions you have made and continue to make to help the College educate and train the next generation of osteopathic internists.

Estate Planning Session Focuses on Asset Protection



Yuval Bar-Or, Ph.D.

Attendees at the 2014 ACOI Annual Convention participated in a special educational session presented by Yuval Bar-Or, Ph.D, an Assistant Professor at Johns Hopkins University's Carey Business School, and the author of seven books, including the Pillars of Wealth series for medical professionals.

Dr. Bar-Or covered basic legal documents such as wills and financial and medical Powers of Attorney. Participants then engaged

in a lively discussion of asset protection options, including alternatives for avoiding taxes, such as Irrevocable Trusts, Permanent Life Insurance and Qualified Retirement Plans. The session concluded with a conversation about how you can leave a financial legacy through estate planning to not-for-profit organizations like ACOI. Legacy giving is a wise investment for securing an organization's future. Dr. Bar-Or noted that by carefully considering what and when people give, they discover they can make gifts and provide for their families at the same time.

This session served as a valuable refresher for ACOI members who are currently planning for retirement and provided the necessary steps that residents and younger physicians should follow as they begin their medical careers. For more information on estate planning or referrals through the American Academy of Estate Planning Attorneys, visit www.aaepa.com/member_directory or please contact Brian Donadio at bjd@acoi.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

New Members Welcomed

The ACOI Board of Directors and staff welcome the following members whose membership applications or changes in membership status have been approved by the Credentials Committee and Board of Directors.

Active Membership:

Ashley E. Alexander, DO
Mark R. Allen, DO, MPH
Arun K. Biradavolu, DO
Nicholas R. Brown, DO
Bianca S. Brunelli, DO
Colette D. Bullock, DO
Erin E. Caldwell, DO
Jennifer E. Chiesa, DO
Robert A. Coker, DO
Elena Coppola, DO
Jill K. Couch, DO
Nicole M.J. Cowley, DO
Brian P. Feehan, DO
Ann M. Fernandez, DO
Amy L. Fowler, DO
Jennifer R. Gardner, DO
Eric D. Greenberg, DO
Joseph B. Halliday, DO
Ramey Hito, DO
Stephen E. Hoey, DO
Jonathan M. Horbal, DO
Valerie M. Howard, DO
Adityanant Jain, DO
Lori H. Kopperman, DO
Tyner J. Kuehn, DO
Kevin W. Maguire, DO
David I. Mederos, DO
Maryann A. Mikhail, DO
William J. Nazzaro III, DO
Patrick O. Nduaguba, DO
Brandon Nguyen, DO
Jose L. Prieto, DO
Majid J. Qazi, DO
Razelle J. Reyes, DO
Laura A. Richardson, DO
Mary Beth Salmosen, DO
Nina Sarwar, DO
Juanito E. Savaille, DO
Gauri B. Sharma, DO
Scott A. Silver, DO
Phu T. Truong, DO
Amanda A. Valvano, DO
Aria K. Williams, DO
Amanda K. Winters, DO
Patrick J. Wise, DO
Lesley E. Wood, DO

Associate Membership:

Salim R. Surani, MD.
Vasiliky Tsirogiannis, MD
Claude L. Zanetti, MD

Emeritus Membership:

William W. Cottingham, DO
James L. Gilliland, DO
Donald J. Hayosh, DO
Peter P. Krenitsky, DO
Gary L. Slick, DO

Retired Membership:

C. David Wingfield Jr., DO



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PROFESSIONAL OPPORTUNITIES

AVAILABLE FELLOWSHIP POSITION FOR JULY 2015! -

Correctional Managed Health Care-University of Connecticut Health Center

The University of Connecticut School of Medicine UCONN Health Center Correctional Managed Health Care Program (CMHC) has a robust two year Fellowship program in Correctional Medicine which leads to Certification by the American Board of Correctional Medicine and a Master Degree in Public Health. It also has significant networking with partners for placement after the completion of the Fellowship. It is currently the only freestanding program in the country that partners with state prisons and jails as well as juvenile/youth detention.

Eligibility:

Applicants must meet the following qualifications in addition to program specific qualifications to be eligible for appointment to fellowship program at The University of Connecticut School of Medicine:

1. Graduates of osteopathic medicine schools in the United States accredited by the American Osteopathic Association (AOA) and successful completion of any pre-requisite training specified by the appropriate accrediting body.
2. Applicants for training in correctional medicine must be AOA board certified/eligible in any participating conjoint specialty. (Family Medicine, Internal Medicine, and Occupational and Preventative Medicine)
3. Applicant must meet CDOC background check and have no prior criminal convictions

Benefits:

Benefits include: Leave Benefits, 4 Weeks' Vacation, Educational and Travel Allowance, Major Holidays off, Medical, Dental and Prescription Benefits for employee, spouse and dependent children, Professional Liability/Malpractice Insurance.

Contact Information:

Dr. Johnny Wu, Program Director: johwu@uchc.edu
Lindsey Ferrara, Program Coordinator: ferraria@uchc.edu
Visit: <http://cmhc.uchc.edu>

ASSISTANT PROFESSOR - New York

The Department of Medicine at the NYIT College of Osteopathic Medicine (NYITCOM) is seeking a full-time academic Internal Medicine physician at the Assistant Professor level for immediate employment. Responsibilities to include ambulatory patient care in our Academic Health Care Centers, pre-clinical and clinical medical student education, research, scholarly activities and institutional service.

Qualifications: DO or MD degree; completion of an ACGME or AOA approved Internal Medicine residency; board eligible or certified by the AOBIM or ABIM; NY State licensed or eligible; subspecialty training or other advanced certification a consideration but not mandatory.

Environment: NYIT offers a competitive salary and attractive benefits package along with a professional environment designed to enhance career development. NYIT has been recognized by the Chronicle of Higher Education as one of the "Great Colleges to Work For" according to its 2010 and 2011 published surveys. Come join a growing department at a progressive, technologically-oriented osteopathic medical school.

Interested candidates please send a copy of your CV along with cover letter to: Candi Rosen at crosen@nyit.edu

POSITIONS AVAILABLE FOR GERIATRIC MEDICINE FELLOWSHIP - Stratford, New Jersey

Consistently ranked among the best Graduate Schools in Geriatrics by U.S. News & World Report, Rowan University School of Osteopathic Medicine's Geriatric Internal Medicine Fellowship has one- and two-year positions available 7/1/15. The program provides the opportunity to train with experts in geriatric internal medicine and to develop and enhance teaching and research skills and clinical expertise in treating older adults. Qualified applicants must have completed an AOA-accredited residency program in internal medicine and have or be eligible for a NJ medical license. Applications should be submitted through Electronic Residency Application Service (ERAS). For more information, visit our web site www.rowan.edu/som/njisa/ or contact Susan Huff at (856) 566-6124 or email huffsm@rowan.edu.

Director of Medical Education Bradenton, Florida

Manatee Memorial Hospital, a 319-bed teaching hospital with established AOA-accredited residency programs in Internal Medicine, Family Medicine and a Traditional Rotating Internship program seeks a highly qualified physician with significant academic leadership experience to assume oversight, administration and accountability of the hospital's AOA-approved programs as the Director of Medical Education. DME qualifications include: Graduate of a COCA-approved COM, AOA Board certification, a minimum of three (3) years practice experience and three (3) years experience as a teaching faculty member in an OGME program. The DME will ensure compliance with the AOA Basic Documents and AOA-approved specialty standards and implement a high quality post doctoral training program at MMH, including participation in appointment and supervision of Residency Program Directors. The DME also serves as the Intern Program Director, ensuring completion of evaluations and all internship requirements and is the Chairman of the Graduate Medical Education Committee of the Hospital. The DME position requires active participation with the House Staff and availability in the hospital throughout the work week.

If you feel your skills match our rewarding opportunity, please apply online today at:

www.manateememorial.com



EOE, tobacco-free/drug free campus

PROFESSIONAL OPPORTUNITIES

INTERNIST OR FAMILY PRACTICE OSTEOPATHIC PHYSICIAN - Emmitsburg, Maryland

To be part of Emmitsburg Osteopathic Primary Care Center in Emmitsburg, Maryland. EOPCC is a non profit teaching practice which serves Emmitsburg and local community with compassionate care regardless of ability to pay.

We have office hours plus serve the local nursing home. Opportunity in future to become CEO. Beautiful rural setting in foot hills of the Appalachians, 12 miles south of Gettysburg Hospital. We have completed Medication and First Certification with Medicare for EMR use. Visit our web site www.eopcc.com. Bonita J. Krempel-Portier, D.O. If interested, email Dr. Bonnie Portier at BPor486@aol.com

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 Out-patient 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

NEPHROLOGIST - Tulsa, Oklahoma

Established five-physician private Nephrology practice located in Tulsa, OK associated with Oklahoma State University - College of Health Sciences is seeking a BE/BC Adult Nephrologist to start immediately. Practice consists of comprehensive clinical nephrology including care of office, hospital, and dialysis (HD, PD, NxStage) patients. If interested, teaching at the student, resident and fellow levels is available. Competitive salary with excellent benefits package. Opportunity for early partnership at which time JV membership and ownership of dialysis units is available. Job Requirements: MD or DO Degree; Graduate of an Accredited Nephrology Training Program; BC in Internal Medicine and BE/BC in Nephrology; Three Excellent Letters of Recommendation.

Contact April Wells, Practice Administrator, april@tulsakidney.com.

NEPHROLOGY FELLOWSHIP - Tulsa, Oklahoma

Nephrology fellowship position is open for July, 2015 at Oklahoma State University Medical Center. Join an outstanding senior fellow in training.

This program includes five nephrologists (soon to be expanding to six), 350 dialysis patients (45 on home therapy), and three months of elective time the second year. The fellow will rotate at OSU Medical Center and St Francis Hospital (both in Tulsa). There are also two secondary hospitals in Tulsa utilized for training. Transplant training is done at St John Hospital in Tulsa. At OSUMC, the fellow will have residents and students assigned to service and will be expected to participate in teaching.

If you have an interest, please contact Kenneth E Calabrese DO, FACOI at kencalab44@gmail.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.

Volunteer for an ACOI committee

Volunteers are needed for a variety of ACOI committees, councils and task forces. Appointments will be made by new President **Judith A. Lightfoot, DO**, and the Board of Directors by the end of the year. More information on the committees and the appointment process can be found on the ACOI website, www.acoi.org.



IM Board Review Course & Clinical Challenges in Inpatient Care Meet In Las Vegas

ACOI's 2015 Internal Medicine Board Review Course and Clinical Challenges in Inpatient Care will be held concurrently at The Cosmopolitan Hotel in Las Vegas, NV. The Board Review Course runs from March 18-22 and the Hospital Medicine Update runs March 19-22. Registration information for both events is now available online and will be mailed out shortly.

Visit www.acoi.org to register.

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2015 Internal Medicine Board Review Course
March 18-22 The Cosmopolitan Hotel, Las Vegas, NV
- 2015 Challenges in Inpatient Care
March 19-22 The Cosmopolitan Hotel, Las Vegas, NV
- 2015 Congress on Medical Education for Resident Trainers
May 1-3 Kierland Resort, Phoenix, AZ
- 2015 Annual Convention & Scientific Sessions
Sept 30-Oct 4 Marriott Waterside Hotel, Tampa, 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

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.

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

Computerized Examination 200 Sites Nationwide
TBD

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.

Hospital Medicine Recertification Program

The following information about the AOA recertification program for hospitalists is being republished at the request of ACOI Members attending a session for hospitalists at the 2014 ACOI Convention and Scientific Sessions in Baltimore. The AOA approved a pilot program in 2011 providing for recertification in internal medicine with a focused practice in hospital medicine.

The pilot program is structured around the Osteopathic Continuous Certification (OCC) process. It creates two tracks of internal medicine recertification: general internal medicine and general internal medicine with a focused practice in hospital medicine. Each certified physician would choose the track appropriate to his or her practice. The program is similar to a process created by the American Board of Internal Medicine, which is an allopathic certifying body.

The elements of the pilot program are as follows: 1) there is a secure examination; 2) candidates are required to meet clinical practice requirements set by the AOBIM; 3) candidates are required to have been practicing hospital medicine for at least three years prior to application; 4) candidates are required to maintain their certification with continuous self-assessment CME and practice performance improvement in hospital-based medicine as per AOBIM requirements for OCC.

Complete information on the pilot program is available from the AOBIM at www.aobim.org.