

From President Sutton

Patients Want What Osteopathic Internists Offer



We are celebrating 75 years of Osteopathic Internal Medicine. I am honored to be serving as ACOI President for 2016-2017. We have just completed our

annual convention, successfully covering the theme I selected as program chair of Science vs Pseudoscience in Internal Medicine. All of our subspecialties were actively involved with exceptional speakers. Science wins this ultimate battle, providing proof of what care we should provide to our patients. Our patients assume we are working on the basis of science. Each patient wants Whole Patient Care, as per the original school of osteopathic medicine.

Patients may not know exactly who we are, but they want what we have. What

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John R. Sutton, DO, FACOI Inaugurated as 2016-2017 President



Cyndi Juhler, DO, Shannon McMann Smithberger, DO, Lisa Oliveri-Lepain, DO and Cathy Wolff, DO, help celebrate the inauguration of 2016-17 President John R. Sutton, DO, in Palm Desert, CA

John R. Sutton, DO, FACOI was inaugurated as the 2016-17 President of the ACOI at the Annual Meeting of Members on Monday, October 31, in Palm Desert, CA. The Member Meeting was the concluding event of the 2016 Annual Convention and Scientific Sessions. Dr. Sutton is a board-certified endocrinologist with a private practice in Carson City, NV. He has served on the Board of Directors since 2007. He also served as program chair for the Convention this year.

A near-record 1275 physician members attended the Convention. During the business meeting, the members elected a slate of officers proposed by the Nominating Committee. **Martin C. Burke, DO, FACOI**, a cardiologist practicing in Chicago, was

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Volunteer For an ACOI Committee

Volunteers are needed for a variety of ACOI committees, councils and task forces. Appointments will be made by 2016-17 President John R. Sutton, DO, and the Board of Directors by the end of the year. Those interested in serving should send an email to Executive Director Brian J. Donadio (bjd@acoi.org) listing the position(s) of interest and a brief statement of qualifications. More information on the committees and the appointment process can be found on the ACOI website, www.acoi.org.

March 23-26, 2017 in Las Vegas

2017 Inpatient Clinical Challenges Program Announced

Registration will open in December for the ACOI's popular CME program for hospitalists and others: Clinical Challenges in Inpatient Care, which will take place March 23-26, 2017 at the J.W. Marriott Las Vegas. The program will provide up to 25 AOA 1A CME credits in internal medicine. In addition, the program meets the American Osteopathic Board of Internal Medicine's (AOBIM) requirement for a board review course for those who plan to sit for the focused hospital medicine recertification credential. New this year, the program will include a full day of inpatient cardiology education.

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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

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Letter from the President

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we have are the tenets of osteopathic medicine:

1. The body is a unit, mind and spirit;
2. The body is capable of self-regulation, self-healing and health maintenance;
3. Structure and function are reciprocally interrelated.

Patients want rational treatment as it relates to the first three tenets.

On these tenets is the foundation of osteopathic internal medicine. We consider the whole patient, and we try to piece together the broken patient so that the body can do its job of finding best health. Much of ill health is poor self-care, and we as osteopathic internists have deep knowledge of how it all comes back together. With our help, rational treatment is no longer “this is just the way we do it.” Now, rational treatment involves scientific evidence not just hope, encouraging well-studied medication and lifestyle changes as we try to dig to the bottom of the current medical problem. We are not satisfied with a temporary fix or band aid.

We are at the top as osteopathic internists. Other doctors look to us when the surgery is done, or if the primary care of the patient gets too complicated. In recent years, we have been told that we need to cut costs and focus on quality care. We must document quality care to get paid, but the system is ever changing. We must trust the basics of our training. When I was in basic training, I was not really fond of internal medicine as a student doctor in Kirksville. Although I was not fully aware of the high standards being taught in my IM courses there, I was being taught by a great leader of the ACOI. A few years later he would be President.

I went on to my rotating internship at Garden City Hospital, Osteopathic, in Michigan. It took me a while to feel like a doctor, but in this bastion of osteopathic medicine in suburban Detroit, I saw in full view osteopathic internal medicine at its best. This was grass roots internal medicine with one-on-one care of the real patient. It was the community’s hospital, and we saw everything there. No ambulance passed that hospital to go to another. I learned well the skills of general internal medicine and its specialties there, and I developed the soul of an osteopathic internist. My ultimate goal was to practice quality osteopathic care of the adult, even then 25 years ago. I remember back to my high school days, gunning for a future medical career, but fearful of getting a “B” on my report card. Always a perfectionist, that is what I expect of my current endocrine care. “A” level care, no room for a “B.” That is who we are as osteopathic internists.

We have hope in the changes we can make in the lives of the people we serve. The ACOI fosters our values of leadership, excellence, integrity, professionalism and service, in our mission to promote high quality, distinctive osteopathic care of the adult.

I have been blessed to follow in the footsteps of many osteopathic internal medicine leaders. Many of these leaders I know through our own IM gatherings, and many mentors I worked with in my postgrad training and practice in suburban Detroit. Educated care was the key.

I am here to serve the members of the ACOI. I am dedicated to the task, and I want to help our populace in any way I am able. I am at your service. I have worked long and hard to get to this spot, and I want to enjoy it.

God Bless.



government RELATIONS

Timothy McNichol, JD

CMS Releases Final Physician Payment Rule for 2017

The Centers for Medicare and Medicaid Services (CMS) released a final rule for the 2017 Medicare Physician Fee Schedule (PFS). The rule applies to services provided on or after January 1, 2017. Among other things, the rule finalizes a number of coding and payment changes intended to better identify and value primary care, adds codes to the list of eligible telehealth services, and updates the Geographic Practice Cost Indices (GPCI). According to a fact sheet released by CMS, the updated policies, “will improve Medicare payment for those services provided by primary care physicians for patients with chronic conditions, mental health and behavioral health issues, and cognitive impairment conditions.” After taking into account all adjustments, CMS stated that the final PFS conversion factor is \$35.89, an increase from the 2016 conversion factor of \$35.80. You can learn more about the final rule and its impact on reimbursement under the Medicare program by visiting www.cms.gov.

Uninsured Rate Declines According to CDC Report

According to a report recently released by the Centers for Disease Control (CDC), the uninsured rate fell to 8.9 percent in the first half of 2016. The report found that approximately 20.2 million people have gained insurance coverage as a result of the Affordable Care Act (ACA). According to the CDC’s findings, the percentage of insured young adults continues to lag behind other age groups. Adults 25 to 34 are almost twice as likely as adults 46 to 54 to lack insurance coverage. In addition to age, the CDC found a correlation between income levels and health insurance coverage. The impact of the ACA on the number of insured Americans will continue to garner increased attention as the President-Elect and House and Senate leaders continue to explore efforts to repeal the ACA. To learn more about the CDC’s analysis of the uninsured, visit www.cdc.gov.

New Report Finds Rapid Growth in Health Information Technology

A report recently released by the Office of the National Coordinator for Health Information Technology (ONC) shows extensive gains in the availability and use of health information technology (HIT). According to the report, prior to the adoption of the Health Information Technology for Economic and Clinical Health (HITECH) Act in 2008, only 17 percent of physicians and nine percent of hospitals utilized at least a basic electronic health record (EHR). In 2015, 96 percent of hospitals and 78 percent of physicians were found to use a certified EHR. According to the ONC, the exchange of health information by hospitals with outside healthcare providers grew from 41 percent in 2008 to 82 percent in 2015. You can learn more about the ONC’s findings and the outlook for the future growth of HIT by visiting www.HealthIT.gov.

ONC Offers Guide to Help Providers Negotiate EHR Contracts

The ONC announced the release of a guide titled, “EHR Contracts Untangled: Selecting Wisely, Negotiating Terms and Understanding the Fine Print.” The guide is intended to help providers with the planning, acquisition and adoption of an EHR system. The guide explores topics such as contracting with an EHR vendor, system performance, data rights, interoperability and integration, intellectual property, and more. In conjunction with the new publication, the ONC also released a new web-based tool to make it easier to find practical information and guidance for physicians. You can learn more by visiting www.HealthIT.gov.

Washington Tidbits: President Samuel Tilden?

Article II, Section 1 of the Constitution sets forth the process to elect the president and vice-president of the United States. Most importantly, it details the process to select

the electors who ultimately elect the chief executive. In our nation’s long history, 44 people have been elected to the highest office of the land through this process. Of course you remember President Samuel Tilden and his path to the White House.

Perhaps not. Five times in our nation’s storied history an individual has won the popular vote, lost the electoral vote and ultimately, lost the presidency. This first happened in 1824 when Andrew Jackson was defeated by John Quincy Adams. It happened again in 1876 with Samuel Tilden falling to Rutherford B. Hayes. Grover Cleveland lost to Benjamin Harrison in 1888. In modern times, Al Gore lost to George W. Bush in 2000 and Hillary Clinton lost to Donald J. Trump in 2016. The one unifying fact in all of these instances is that the White House was not occupied by the person who received the most popular votes. Amazingly, this potential outcome was not only foreseen by our founders, it may in fact have been intended!

In defending the Constitution prior to its ratification, Alexander Hamilton wrote in Federalist Paper 68, “Talents for low intrigue, and the little arts of popularity, may alone suffice to elevate a man to the first honors in a single state; but it will require their talents, and a different kind of merit, to establish him in the esteem and confidence of the whole Union....” The system was designed to select a chief executive to serve as the executive of the Union as a whole and not just a small subset of the electorate concentrated in just a few geographic regions. Ultimately, the system was created with a process intended to select an executive who would reflect and represent a diverse nation. This process has served us well for more than 230 years. A series of checks and balances is intricately and inseparably woven into the indestructible fabric that is our national government created by the people to “form a more perfect Union.” Confidence may be high that regardless of how one views the outcome of our most recent election, we will persevere and be stronger as a nation. As Alexander Hamilton wrote in Federalist Paper 68, “...the manner of it be not perfect, it is at least excellent.”



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.

Looking Ahead to 2017

I recently attended a meeting in Chicago where information on the new Current Procedural Terminology (CPT) codes and Medicare updates for the upcoming year were presented. Subjects covered ranged from the new modifier for telehealth services to the new codes for spine surgery. With the New Year rapidly approaching, now is the time to plan for the implementation of changes that will become effective January 1, 2017. Over the upcoming weeks, I will continue to review in detail the numerous upcoming changes to Medicare reimbursement. For your consideration, following are some preliminary observations and highlights that are of note for 2017:

- For any procedures in which the physician is both administering the sedation and performing the procedure (i.e. endoscopy, bronchoscopy, and colonoscopy), the work RVU of 0.25 will be removed from the code payment. This is in-part because so many of these procedures are being performed with an anesthesiologist providing the sedation services. If you perform just the procedure, no change is needed in your coding. You will, however, see a reduction in payment for the code. If you perform both the procedure and provide the sedation service, you will need to bill an additional code (99151-99153). These codes when billed together will result in the same payment in 2017 as in 2016, minus the adjustment for the year-to-year multiplier change. When the sedation is provided by a physician other than the one performing the procedure (not an anesthesiologist), another code set will be appropriate (99155-99157). It is important to note, gastroenterologists will need to use a unique code (G0500) for most procedures. This code is valued at 0.10 work RVUs so their affected procedures will see a decrease in payment by this amount.
- There are two new codes for health risk assessments per standardized instruments for a patient-focused and caregiver-focused assessment (96160-96061).
- Non-face-to-face prolonged service codes will be recognize for payment (99358-99359).
- New temporary care codes for payment of psychiatric collaborative care management were created. These codes are used to describe a model for providing psychiatric care in the primary care setting (G0502-G0504).
- Changes to the payment system for hospital off-campus provider-based departments (PBD) are being implemented for 2017. These changes are for new PBDs, but will also affect established PBDs that change their address or purchase new equipment.
- Complex chronic care management codes will be recognized for payment in 2017 (99487-99489). There is also a new temporary add-on code (G0506) for the comprehensive assessment of and care planning visit for patients requiring chronic care management services.
- As always, there are new codes for the latest flu vaccine. There is also a change to existing influenza virus vaccine codes that removes age references and replaces them with dosage administered differences for the codes. (90653-90658, 90674).

There is Still Time to Let Your IRA Help Us, Plus Other Ideas to Save Taxes!

If you have an Individual Retirement Account (IRA) and are at least 70½ you can help ACOI and yourself at the same time. Legislation that is now permanent allows you to direct up to \$100,000 of your required minimum distribution to be paid directly to ACOI.

By doing this, you will not have to report as personal income and pay taxes on whatever you direct to ACOI. Instead, you can have any amount you choose – up to \$100,000 – paid to ACOI by making a Qualified Charitable Distribution.

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

In addition to providing help from your IRA now, email katie@acoi.org to receive a copy of Your IRA Legacy, our popular easy-to-understand, non-technical brochure that will tell you about other tax-wise considerations for using your IRA.

If you are not yet receiving a required distribution, or don't have an IRA, there are other ways you can help. Consider making a gift of appreciated stock, and deduct from your federal income taxes the full market value of the stock and pay NO capital gains tax. Or consider a gift of a life insurance policy you no longer need. Perhaps you have a vacation home you don't use much now and could consider keeping the right to use it for your lifetime, but let ACOI have it when you are gone.

There are other suggestions we can propose to reduce your income or estate taxes while helping ACOI. If you would like to know more, email tmcnichol@acoi.org for a copy of Your 2016 Personal Planning Guide with ideas and strategies for estate planning, gifts from your estate, income tax planning, investments and retirement, social security and charitable gift planning.



talking science & education

Donald S. Nelinson, PhD

Welcome to this month's Talking Science and Education. Before getting into some interesting developments in the world of breaking medical science, I want to wish all of our members a very safe and happy Thanksgiving. Indeed one of the things I am grateful for this year are the readers who have used this column to contact ACOI and further engage with the College.

Medical Science News

Healthcare Providers Receiving Flu Vaccines is Suboptimal

Roughly one in every five American health care workers do not receive the annual influenza vaccination, and in some facilities that number exceeds half, according to research published in the US Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report.¹ To assess recent rates of flu vaccinations in the health care community, Carla Black, PhD, an epidemiologist at the CDC's National Center for Immunization and Respiratory Diseases, and her team analyzed data from the last two flu seasons.

In the 2015-2016 flu season, 79% of all health care workers reported being vaccinated, which was similar to the 77.3% who said they got flu vaccines in the 2014-2015 flu season. Health care personnel who worked in hospitals were most likely to be vaccinated (91.2%), compared with people who worked in clinics (79.8%) and those employed in nursing homes and long-term care facilities (69.2%). Despite having lower overall vaccine coverage, long-term care facilities were the only places where vaccination rates increased in 2015-2016 -- an increase of 5.3%. Doctors continued to be more likely to get a flu vaccine (95.6%) than medical assistants and aides (64.1%).

Vaccination rates dropped to 44.9% in health care facilities where vaccination wasn't required of employees. The most effective way of ensuring that health care workers get vaccinated seems to be by making it a requirement, the researchers noted. The highest overall rates of vaccination were in facilities that mandate flu vaccination for workers (96.5%)

Reference

1. Black CL, Yue X, Ball SW, et al. Influenza vaccination coverage among healthcare personnel – United States, 2015-16 influenza season. *MMWR Morb Mortal Wkly Rep.* 2016;65(38):1026-1031. doi: 10.15585/mmwr.mm6538a2.

Diabetes Dialogues

Treating Diabetic Peripheral Neuropathies Can be Very Challenging: Management Options Revisited

Peripheral neuropathy is a common complication of diabetes mellitus that is associated with a significantly decreased quality of life. A recent meta-analysis by Çakici et al found that ALA, opioids, botulinum toxin A, reflexology, and Thai foot massage have beneficial effects on the symptoms of diabetic peripheral neuropathy.

Diabetic peripheral neuropathy affects approximately 60-70% of patients with diabetes and a total of 347 million people worldwide.¹ This complication is not only associated with painful symptoms, but can also lead to significant consequences such as paresthesia, loss of sensation, ulcers, osteomyelitis, gangrene, foot deformities, and amputation. Common symptoms of diabetic peripheral neuropathy are listed in Table 1. Because the symptoms and complications of diabetic peripheral neuropathy can lead to a sig-

nificant decrease in a patient's quality of life, it is important to evaluate the effectiveness of the various treatment options available in the management of diabetic peripheral neuropathy.

Unfortunately, treating diabetic peripheral neuropathy can be challenging.¹ Although there are several therapeutic options for managing peripheral neuropathy, adherence to treatment is often a concern due to the common side effects associated with these agents. Medications that have been evaluated in the treatment of peripheral neuropathy include antidepressants, anticonvulsants, topical agents, and opioids.

A recent systematic review conducted by Çakici et al analyzed 27 randomized controlled trials (RCTs) to determine the effectiveness of various pharmacological, non-pharmacological, and alternative treatment options used in the management of peripheral neuropathy.¹ A total of 19 treatment regimens were assessed in patients with T2DM to evaluate both neuropathic pain and sensibility symptoms. Primary outcomes of the review included total symptom score (TSS), visual analog scale (VAS), neuropathic pain rating scale, neuropathic pain scale, pain threshold, and neuropathic rating scale. The main results of the meta-analysis are summarized in Table 2.

Several important conclusions were obtained in the analysis by Çakici et al.¹ One key finding of the study was the beneficial effect of α -lipoic acid (ALA) in patients with diabetic peripheral neuropathy. Five of the six studies analyzed in their review found that 600mg of oral or intravenous ALA once daily resulted in a statistically significant reduction in TSS. Other interventions that were associated with positive effects on peripheral neuropathy symptoms included opioids, botulinum toxin A, reflexology, and Thai foot massage. Therapies that did not significantly improve symptoms of peripheral neuropathy were micronutrients and photon stimulation therapy.

In their analysis, the authors also discussed the various strengths and limitations of their study.¹ One key strength of this review was the inclusion of a

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broad range of trials that involved pharmacological, non-pharmacological, and alternative methods for treating diabetic peripheral neuropathy. Unfortunately, however, there was only one RCT that met the author’s inclusion criteria that evaluated currently used medications, such as antidepressants or antipsychotics. Additional limitations of this analysis include a lack of uniformity in patient characteristics across studies, and short study lengths and follow-up times during the studies.

Reference

1. Çakici N, Fakkal TM, van Neck JW, Verhagen AP, Coert JH. Systematic review of treatments for diabetic peripheral neuropathy *Diabet Med.* 2016 Nov; 33(11):1466-1476. DOI:10.1111/dme.13083.

Table 1 — Common Symptoms of Diabetic Peripheral Neuropathy¹

<ul style="list-style-type: none"> • Neuropathic pain • Tingling • Aching • Numbness • Weakness of limbs • Burning • Hyperalgesia and allodynia in the feet • Sleep deprivation • Depression

Table 2 — Summary of Meta-Analysis Results¹

INTERVENTION	EVIDENCE
a-lipoic acid (ALA)	<ul style="list-style-type: none"> • Six studies total compared 600mg ALA once daily to placebo <ul style="list-style-type: none"> ◦ 1 study had high risk of bias (patients were pre-treated with an antidepressant) • Five studies found significant improvements in TSS in ALA group; 1 study found improvement in TSS in placebo group • Four studies found IV ALA significantly reduced TSS <ul style="list-style-type: none"> ◦ Pooled analysis indicated a mean difference of -2.45 (95% CI -4.52, -0.39) ◦ Substantial heterogeneity among studies • Two studies found oral ALA significantly reduced TSS <ul style="list-style-type: none"> ◦ Pooled analysis: mean difference of -1.95 (95% CI -2.89, -1.01) • ALADIN III study: no significant reduction in same primary outcome after IV treatment versus oral ALA • Conclusions <ul style="list-style-type: none"> ◦ 600mg of oral or IV ALA once daily significantly reduce symptom scores ◦ Lower doses of ALA do not decrease symptom scores
Botulinum toxin A	<ul style="list-style-type: none"> • Two studies total compared botulinum toxin A to placebo <ul style="list-style-type: none"> ◦ Analyzed reduction in pain using pain scales ◦ Pooled analysis: mean difference of -0.8 (95% CI -1.3, -0.4) • Conclusions <ul style="list-style-type: none"> ◦ Botulinum toxin A significantly reduces pain versus placebo
Monochromatic Infrared Energy (MIRE)	<ul style="list-style-type: none"> • Three studies total compared MIRE to placebo <ul style="list-style-type: none"> ◦ One study: no improvement in sensation and increased risk of AEs (wounds, superficial burns, myocardial infarction) ◦ One study: MIRE associated with significant benefit in pain reduction ◦ One study: no significant differences between MIRE and placebo • Conclusions <ul style="list-style-type: none"> ◦ There is mixed evidence regarding the use of MIRE for diabetic peripheral neuropathy
Active analgesic controlled-release oxycodone, gabapentin enacarbil, clonidine gel, magnetic foot insoles, transcutaneous electrical stimulation	<ul style="list-style-type: none"> • Eleven studies total compared interventions to placebo <ul style="list-style-type: none"> ◦ All studies found intervention had beneficial effects on diabetic peripheral neuropathy ◦ Six of the 11 studies did not have statistically significant results • Gabapentin enacarbil: no dose-response relationship found with different dosages

INTERVENTION	EVIDENCE
Lipo-PGE, EMLA cream, ISDN topical spray	<ul style="list-style-type: none"> • Three small studies total found positive effect of intervention on diabetic peripheral neuropathy symptoms <ul style="list-style-type: none"> ◦ Standardized differences could not be calculated due to lack of data
Reflexology of the feet	<ul style="list-style-type: none"> • One study analyzed reflexology compared to pharmacological treatment <ul style="list-style-type: none"> ◦ Reflexology associated with positive effects on diabetic peripheral neuropathy symptoms
Thai foot massage	<ul style="list-style-type: none"> • One study analyzed Thai foot massage compared to health education <ul style="list-style-type: none"> ◦ Thai foot massage associated with positive effects on diabetic peripheral neuropathy symptoms
300mg Ponalrestat ICI 128436 2400mg gabapentin enacarbil, pregabalin, QR-333 topical compound, micronutrients, photo stimulation 870 nm, surgical decompression	<ul style="list-style-type: none"> • Studies found no beneficial effect of intervention on diabetic peripheral neuropathy symptoms

Abbreviations: AEs – adverse events; ISDN – isosorbide dinitrate; IV – intravenous; TSS – total symptom score.

If you’ve gotten this far, I applaud your tenacity. As always, feel free to contact me with suggestions, questions or recipes at don@acoi.org. Have a great holiday.

PROFESSIONAL OPPORTUNITIES

ASSISTANT PROFESSOR/INTERNAL MEDICINE, AZ - The Arizona College of Osteopathic Medicine (AZCOM) is seeking an academic/clinical Assistant Professor. This person will spend 0.4 FTE in the Internal Medicine Department teaching small groups, lecturing, assisting with standardized patient testing of students, grading, and participating in clinical clerkship rotation recruitment and rotation site visits and didactic education.

This position, at a rank of Clinical Assistant Professor, requires a DO degree and osteopathic or ABMS board certification in Internal Medicine and must be clinically active. Contact William Peppo, DO, Chair, Department of Medicine at wpeppo@midwestern.edu.

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NEPHROLOGY FELLOWSHIP OPPORTUNITY, MI - Seeking applicants for July 2017 AOA Accredited Nephrology Fellowship in Detroit, MI. Fellows will rotate with 8 staff nephrologists at Beaumont-Farmington Hills, Garden City Hospital, and St. John Macomb Oakland Hospitals; engage in busy Livonia outpatient clinic; round on a large outpatient hemo and peritoneal dialysis population; have transplant training at Henry Ford or St John Hospitals; as well as many other exciting opportunities. Interested applicants please contact Michael Misuraca DO FACOI at mike91976@aol.com.

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

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ipc of **TEAMHealth**

Gaining Through Giving: Doing Well While Doing Good Session at Convention

Sandy Macnab, ACOI's Planned Giving Counsel, presented an informative session for attendees on how they can help themselves, their families, and ACOI at the same time. The executive overview of how charitable gifts can help individuals with tax and estate planning issues offered information on ways to make gifts that can return income for life, or that can help children and grandchildren. A number of attendees were interested in seeing how these types of gifts would work for them and requested a personal calculation be created. If you are interested in learning more about these types of gifts, send an email to Tim McNichol at tmcnichol@acoi.org to schedule a call with Sandy Macnab to discuss a personal calculation.

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

 **Franciscan HEALTH**

Contact the Physician & Provider Services Team for more information about our current opportunities:

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Email us at Practice@franciscanalliance.org
Visit us online at FranciscanDocs.org

Financial Planning Materials Available

In our continuing effort to provide information to ACOI members on how they can help themselves, their families, and ACOI while saving income and estate taxes, the College has several pamphlets available for year-end tax planning:

- Your 2016 Personal Planning Guide
- 2016 Federal Tax Pocket Guide – to share with your advisers and planners
- Charitable Gift Planning Guidelines

Email Katie Allen mailto: katie@acoi.org to request these pamphlets or any of the following titles:

- Gifts of Securities
- Your Will to Help
- The Gift Annuity
- Ideas for Retirement
- A Special Beneficiary
- Art of Gift Planning
- When the Time Comes
- Your IRA Legacy
- Remarkable Unitrusts
- Bequeath Your Values
- Planning for Women



75th Anniversary Circle Continues to Grow

ACOI's 75th Anniversary Circle now numbers 48 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 52 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 to the 75th Anniversary Circle members (as of November 18, 2016):

Michael A. Adornetto, DO, MBA, FACOI

Barbara A. Atkinson, DO, FACOI

Lee Peter Bee, DO, FACOI

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

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. Hastly, DO, FACOI

Kevin P. Hubbard, DO, MACOI
and Roxanne Hubbard

G. Michael Johnston, DO, MACOI

Joanne Kaiser-Smith, DO, FACOI
and Kevin Smith

Teresa M. 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

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 Farion, 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

Larry A. Wickless, DO, MACOI

Convention ROUNDUP

2016 Resident Research Abstract Contest Winners

A record number of residents and students entered the 2016 ACOI Research Abstract Poster Contest in Palm Desert. From among these, three finalists were selected to present their original research during a plenary session, three case presentations were selected by the judges for cash prizes.

The ACOI congratulates all of the trainees who entered the contest, and in particular, the following prize winners:

ORIGINAL RESEARCH

1. Application of Manual Medicine for Resolution of Ileus
Michele McDaniel, DO (Genesys Regional Medical Center)
2. Selective Outcome Reporting of Clinical Trials in the Field of Hematology
Linda Leduc, DO (OSU Medical Center)
3. Combination of T3 and T4 Therapy for Improving Hypothyroidism and Overall Quality of Life
Anam Tariq, DO (Pinnacle Health at Community General Hospital)

CASE PRESENTATIONS

1. Distal RTA Presenting as Acute Paralysis
Ashleigh Frank, DO (Aria Health)
2. Concurrent Diabetic Ketoacidosis and Myxedema Coma
Rachel Logan, DO (Riverside Medical Center)
3. An Elderly Woman with Three Primary Malignancies
*Jason Higgs, DO & Maria Akhtar, DO
(St. James Hospital-Heart of Lancaster Regional Medical Center)*



Fun Run Winners

The following participants earned trophies for finishing within the top three places in the four mile or two mile runs during the Annual Convention:

4 Mile (Men)

- 1st Dustin Tompkins
- 2nd Aron Christensen
- 3rd Jeff Bradberry

4 Mile (Women)

- 1st Veronica Williams
- 2nd Jamie Kauffman
- 3rd Amanda Lee

2 Mile (Women)

- 1st Charlene LePane
- 2nd Elizabeth Thomas
- 3rd Lisa Bruce

2 Mile (Men)

- 1st Gregory DiLorenzo
- 2nd Mike Sterkel
- 3rd Ron Bruce

Prize Winners

Congratulations to the following convention attendees, lucky recipients of prizes made possible by the generosity of our supporters for completing their Exhibitors Visit Cards:

Joseph Jeppson

Cherry Republic Gift Basket
(Donated by Munson Health)

Christopher Fink

\$100 Gift Card
(Donated by Indigo Health)

Jeremy James

\$100 gift Card
(Donated by Mid-Michigan Health)

Lee Peter Bee

Tumi Backpack
(Donated by ACOI)

James Sitek

Future ACOI Meeting Registration
(Donated by ACOI)

Julie Burgos

Future ACOI Meeting Registration
(Donated by ACOI)

Kim Barbolla Vasquez

His/Hers Rayban Sunglasses
(Donated by ACOI)

Randy Mills

Bose Headphones
(Donated by AOF)

Stavros Karatsoridis

His/Hers Fitbit
(Donated by Sound Physicians)

Erik Miller

MedStudy
17th Edition IM Curriculum
(Donated by MedStudy)

Jesse Helton

Bose Wireless Speaker
(Donated by ACOI)

Cody Davis

Plantronics Savi w740
Wireless Headset
(Donated by SoftwareOne)

Cheryl Kovalski

iPad Pro
(Donated by ACOI)

ACOI Launches Osteopathic Recognition Tool Box

As part of the College's ongoing effort to assist all internal medicine residency programs complete the transition to ACGME accreditation and achieve Osteopathic Recognition, ACOI is pleased to announce the development of an Osteopathic Recognition (OR) Tool Box.

The toolbox includes numerous resources that will help programs through the process. The resources in the tool box may be accessed by going to www.acoi.org/education/gme/general-information/OR_Toolbox.html



Clinical Challenges

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The ACOI Continuing Medical Education Committee, led by Chairman Frederick A. Schaller, DO, MACOI, has designed an agenda that will appeal to physicians who treat patients in the hospital. Among the areas to be covered are: respiratory support in hospitalized patients, pulmonary fibrosis, mobile devices to improve hospital efficiency, Metformin use in chronic kidney disease, non-healing wound management, oncologic emergencies and more. Some of the cardiology sessions planned include medical management of atrial fibrillation, TAVR update, leadless pacing devices, late breaking clinical trials and new modalities in treatment of heart failure with reduced EF.

The JW Marriott Las Vegas Resort & Spa is situated on 50 acres of lush garden landscape, only 20 minutes from the Las Vegas Strip. The hotel offers an impressive range of premium amenities and a commitment to outstanding service. Guest rooms are well-appointed and recently renovated and the resort features 10 restaurant options. Meeting registration and hotel information will be available early in December at www.acoi.org.

Dr. Sutton Inaugurated

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elected to the office of President-elect. **Annette T. Carron, DO, FACOI**, a geriatrician and palliative care specialist in the Detroit area, was elected Secretary-Treasurer. **Scott L. Girard, DO, FACOI, Robert T. Hasty, DO, FACOI** and **Samuel K. Snyder, DO, FACOI**, all were elected to three-year terms on the Board of Directors. Dr. Girard is a general internist practicing as a hospitalist. Dr. Hasty is a general internist who is the founding dean of the proposed new Idaho College of Osteopathic Medicine, and Dr. Snyder is a nephrologist. **Damon L. Baker, DO, FACOI**, a general internist, was elected to complete the one year remaining in Dr. Carron's Board term.

The business meeting included reports from the Executive Director and Finance Committee. For the fiscal year ending June 30, 2016, the ACOI experienced a profit of \$570,159. The Finance Committee, chaired by **Judith A. Lightfoot, DO**, reported that total assets of the College grew to \$4.36 million.

The members also approved Bylaws amendments that will permit Active Membership in the College for MDs who are involved with residency training programs that are either AOA approved or have osteopathic recognition from the ACGME. An additional amendment removed the requirement that changes to the Bylaws be approved by the AOA Board of Trustees.

The Convention featured a theme of "Science vs. Pseudoscience in Internal Medicine." Sessions were well attended, with 700 or more physicians typically present for the plenary sessions. In particular, a vascular medicine symposium and a cardiology symposium saw standing room crowds. Other sessions attracted hundreds of attendees throughout the week.

During the Convention, the College continued the celebration of the 75th anniversary of its founding in 1941. Highlighting the activities were the release of a new book: "A History of Osteopathic Internal Medicine: Celebrating the ACOI's First 75 Years," authored by **Kevin P. Hubbard, DO, MACOI**. Dr. Hubbard also provided a keynote address reviewing some of the notable events and people responsible for advancing osteopathic internal medicine. Information on how to order a copy of the history is available at 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 Members:

Saba Alaqli, DO	Sheri Christian-Armstrong, DO	Mervat Mourad, DO
Jay Anderson, DO	Christopher Edwards, DO	Bethany Mullins, DO
Vinay Antin, DO	Seina Farshadsefat, DO	Noel Pense, DO
Matthew Arkebauer, DO	Ibrahima Goudiaby, DO	Maria Persianinova, DO
Ann Awadalla, DO	William Hood, DO	Christina Plotycia, DO
Jodie Bachman, DO	Hieu Huynh, DO	John Preece, DO
Indrani Banerjee, DO	Annie Hyon, DO	Christopher Quarshie, DO
Siddharth Bhimani, DO	Eugene Jalbert, DO	Sagarika Sinha, DO
Kendall Blair, DO	Sarah Jones, DO	Morgan Smith, DO
Jeffrey Brasky, DO	Yoon Kim, DO	Rachel Thibodeaux, DO
Elizabeth Brooks, DO	Marc Kubas, DO	Justin Tolentino, DO
Christian Chiavetta, DO	David Kugler, DO	Jawan Trad, DO
Mindy Chilman-McComb, DO	Christopher Manhart, DO	Trung Tran, DO
	Richard McNeilly, DO	

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2017 Internal Medicine Board Review Course
March 22-26 JW Marriott, Las Vegas, NV
- 2017 Clinical Challenges in Inpatient Care
March 23-26 JW Marriott, Las Vegas, NV
- 2017 Congress on Medical Education for Resident Trainers
May 4-6 Sheraton San Diego Resort & Marina, San Diego, CA
- 2017 Annual Convention & Scientific Sessions
Oct 11-15 Gaylord National Resort and Convention Center, Washington, DC
- 2018 Annual Convention & Scientific Sessions
Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2019 Annual Convention & Scientific Sessions
Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Annual Convention & Scientific Sessions
Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL

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

Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at www.acoi.org.

2017 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination

Computerized Examination 200 Sites Nationwide
September 14, 2017 - *Application Deadline: February 1, 2017*

Internal Medicine Recertifying Examination

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

Subspecialty Certifying Examinations

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

- 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; 312 202-8274.

Contact the AOBIM at admin@aobim.org for deadlines and dates for the Hospice and Palliative Care, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.

Member Milestones



Marc Cote, DO, FACOI, FACP has been named Assistant Dean for Clinical Education at Pacific Northwest University

(PNWU) College of Osteopathic Medicine. Dr. Cote had been serving PNWU as an associate professor in internal medicine, the chief of internal medicine, and the chair of clinical medicine. Current service to the osteopathic profession includes his position of president-elect and member of the Board of Directors of the Northwest Osteopathic Foundation. He was the 2013 president of the Washington Osteopathic Medical Association.

Prior to joining the faculty of PNWU, Dr. Cote was a US Department of Defense civilian senior medical officer and regional medical director of clinical operations for the former US Army Western Regional Medical Command from 2010 through June 2014. This regional position encompassed two tertiary care teaching medical centers with a multitude of physician residences and fellowships, several community hospitals, and 43 outpatient clinics in the 20 western states including Alaska.

Dr. Cote also served as a US Army Surgeon General consultant for seven years during his military career. The US Army Surgeon General awarded Dr. Cote the "A" Proficiency Designator in addition to numerous military awards ranging from the Legion of Merit to the Order of Military Medical Merit. He retired from active duty at the rank of colonel in 2008. A resident of Olympia, WA, Dr. Cote has been an ACOI became an ACOI fellow in 2009.