

From President Burke
We Are Stronger Together



Osteopathic internal medicine is sacred to me. The ACOI exists to protect osteopathic internal medicine through its members and member-led Board of Directors. Whether you

know it or not, it is sacred to you too. The legacy of osteopathic internists over the last 76 years has been steady and effective striving to make our patients well. The history of our style of medicine is remarkably colorful. The ACOI has grown exponentially in the last 10 years by setting standards for graduate medical education that have been most appealing to osteopathic medical school graduates. Our grassroots outreach to osteopathic medical students has added to the family. But now, ironically, the very growth and appeal that we enjoy is threatened by the single accreditation system for GME.

Osteopathic Recognition

While the ACGME understands the value of osteopathic internal medicine as well as the OPTI concept based in primary care, our IM programs are struggling to organize around Osteopathic Recognition. More effort must be placed on Osteopathic Recognition! The time is now.

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Bylaws Changes Approved by Members

Martin C. Burke, DO, FACOI Inaugurated as 2017-2018 President

Martin C. Burke, DO, FACOI was inaugurated as the 2017-18 President of the ACOI at the Annual Meeting of Members on Sunday, October 15, in National Harbor, MD. The Member Meeting was the concluding event of the 2017 Annual Convention and Scientific Sessions. Dr. Burke is a board-certified cardiologist and electrophysiologist with a private practice in Chicago. He is the chief scientific officer for Corvitas Science Foundation and has served on the Board of Directors since 2008.

A record 1538 physician members attended the 2017 Convention, which was held in conjunction with the Annual Clinical Assembly of the American College of Osteopathic Surgeons. Between the two groups, more than 2700 physicians participated.

During the business meeting, ACOI members elected a slate of officers proposed by the Nominating Committee. **Annette T. Carron, DO, FACOI**, a geriatrician and palliative

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Exploring New Science in Cardiovascular Medicine to Be Offered in April

The ACOI will offer a new continuing education program for cardiologists, “Exploring New Science in Cardiovascular Medicine,” April 27-29 in Chicago. This active learning program is designed for general cardiologists, subspecialists, and internists focused on treating cardiovascular and cardio-metabolic diseases. The two-and-a-half day meeting will address important topics for the cardiovascular practitioner, including sessions on cardiovascular risk assessment and treatment that will cover the new JNC 8 guidelines, advances in the management of hyperlipidemia, women and heart disease, and cardio-oncology – a new and exciting area.

Subspecialists will enjoy a case-based approach to the evaluation and treatment of arrhythmias and interventional cardiology. The faculty for this program will include national and international experts selected for their skills as clinicians, researchers and educators. Approximately 14 IA CME credits will be offered. Registration and complete agenda materials will be available by the end of the year.

Volunteer For an ACOI Committee

Volunteers are needed for a variety of ACOI committees, councils and task forces.

Appointments will be made by 2017-18 President Martin C. Burke, 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.

2017 CONVENTION PHOTOS AND HIGHLIGHTS INSIDE

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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

2017-2018 OFFICERS

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Letter from the President

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The ACOI is engaged in a full court press devoting great resources to insure that the IM residencies and fellowships that we have cultivated for 76 years remain OSTEOPATHIC in culture and educational excellence. The Board has defined the distinction of osteopathic recognition with all the tenets of A.T. Still preserved. We need all hands on deck to maintain our previously-AOA accredited IM programs as distinctively osteopathic. Then we can expand to traditionally non-osteopathic programs. The ACGME also wants this to happen as they realize the value of the osteopathic philosophy and educational continuity. I wish to enlist any energy and passion that you can spare to voice your support for Osteopathic Recognition, Practices and Principles in your local training programs. Please contact Don Nelinson, PhD in the ACOI office, or visit the ACOI website (www.acoi.org) for tools, tips and tricks.

Physician Leadership

The ACOI is clear that leadership in healthcare resides in and defines our profession. You as physicians provide more leadership skills in a single patient encounter than any other part of our healthcare system may hope to provide. We need to cultivate and promote this fact more. Physician leadership is critical for patient care, promoting wellness, enhancing the doctor-patient relationship, and identifying new methods of care that improve outcomes. This is a powerful message that finds its time by creating a positive, fact-based campaign that clearly presents the very best results of relying on a professional class of doctors. I am in awe of what you do each day in your professional lives and believe that we need to cough up our humble pie and begin the process of marketing our true value to the American people. This is critical to our wellness and the preservation of our profession.

Physician Wellness

The ACOI has created a taskforce led by Dr. Annette Carron, ACOI President-Elect, to address the impact on the wellness of our members of an adversarial workplace that imposes 24/7 pressure. The perpetual, nonstop changes and piling on of useless duties in our daily care of patients has to be managed into submission. The situation is untenable and is, in part, linked to our regaining leadership in health and healthcare for all, including ourselves. Discussions have centered on time management agreements that preserve the private lives of doctors who are dogged by constant access, and who have no support to limit it. In kind, we are investigating the value of creating systems for our members to control patient outcome data and lead the definition of quality. Through the year, I will be communicating the Task Force's progress as they work toward solutions for our members and their families.

Transforming the ACOI

The ACOI is transforming into a professional services organization that provides support to maintain osteopathic recognition, high-end continuing medical education (both destination and cloud-based), and advocacy for our members in wellness and leadership that extends beyond our previous efforts. The transformation is occurring as we respond to the loss of our training program oversight duties. We are helping our residency programs apply for osteopathic recognition, expanding our CME accreditation beyond the AOA to the ACCME, as well as creating osteopathic educational content online that will be appealing to our members of all ages and experience. This requires more resources than member dues can provide, so the Board approved the 75th Anniversary Campaign to raise a million dollars to fund the transformation and its initiatives. We need your help to further the future of osteopathic internal medicine and finish the transformation. There has never been a better time for the College but the future of the College is in our hands. Please consider giving to the Campaign as the entire Board, past presidents and too many members to mention here already have contributed. The ACOI, osteopathic internal medicine and our profession have never been stronger. Now is the time to double down and invest in our transformation to sustain what all of us think is the best way to practice medicine.

*Martin C. Burke, DO, FACOI
President*



government RELATIONS

Timothy McNichol, JD

ACOI Supports Repeal of Independent Advisory Board

The House of Representatives recently voted to repeal the Independent Payment Advisory Board (IPAB) established under the Affordable Care Act (ACA). The IPAB allows for the reduction of Medicare reimbursements and other reforms, absent congressional involvement, by vesting certain powers in a non-elected panel appointed by the President. In the event that the panel is not named, the powers would be vested in the Department of Health and Human Services. The panel is empowered to provide recommendations to reduce Medicare spending to achieve an arbitrary growth rate. While the IPAB has yet to be empaneled, the process threatens the ability of physicians to provide Medicare services to current beneficiaries at the time care is needed and will challenge the ability of physicians to provide care to new Medicare beneficiaries in the future. In response to these concerns, ACOI President Martin C. Burke, DO, FACOI, sent a letter in support of the repeal legislation, highlighting the need to protect patient access to care provided by osteopathic internists and subspecialists. You can read Dr. Burke's letter at www.acoi.org/ACOI_IPAB_Repeal_Support_HR_849_103117.pdf.

Public Health Emergency Declared for Opioid Crisis

President Trump declared a public health emergency in response to the nation's growing opioid epidemic. The declaration allows for the temporary appointment of specialized individuals and shifts certain resources to help people receive substance abuse treatment. In making the announcement, the President suggested the possibility that legal action could be taken against "bad actors," both individuals and companies, who are perpetuating the opioid epidemic. The announcement from the President was met with concern that he did not provide for new emergency funding to help states and local jurisdictions address the epidemic in a more proactive and aggressive fashion. Efforts to address the opioid epidemic are certain to continue as Congress explores the crisis and ways to address it.

President Takes Steps to Reform Health Care Insurance

The President signed an executive order in response to Congress' inability to advance legislation to repeal and replace the Affordable Care Act (ACA). The executive order directs federal agencies with jurisdiction to pursue regulations that would allow for the sale of health insurance across state lines. In addition, the order directs regulatory efforts to increase access to association health plans (AHPs), short-term, limited-duration insurance (STLDI), and health reimbursement arrangements (HRAs). In announcing the order, the President said, "I just keep hearing 'repeal and replace, repeal and replace.' Well, we're starting that process, and we're starting it in a very positive manner." It is important to note that the President also announced that cost-sharing reduction (CSR) payments to insurers would no longer be made. The CSRs reduce copayments, deductibles and other out-of-pocket cost for low-income individuals and market places established under the ACA. Congress continues to explore legislative solutions to help stabilize the health insurance market. The ACOI is closely monitoring these ongoing activities.

Acting Secretary of Health and Human Services Confirmed

President Trump nominated Eric Hargan to serve as Acting Secretary of the Department of Health and Human Services (HHS). He was subsequently confirmed by the Senate. Hargan takes over at HHS following the resignation of Tom Price, MD. Mr. Hargan was previously confirmed by the Senate as a Deputy Secretary. He is an attorney by training whose law practice included a focus on transactions, healthcare regulations and government relations.

Senate Approves Chronic Care Legislation

In a rare display of bipartisanship, the Senate unanimously approved legislation to improve health outcomes for Medicare beneficiaries with chronic illness. The bill approved by the Senate aims to streamline care coordination, improve disease management and reduce Medicare costs. In addition, the legislation extends the Independence at Home demonstration program, among other things. The legislation has been referred to the House Energy and Commerce Subcommittee on Health where no additional action has been taken at this time. The ACOI will continue to monitor congressional activity on this and similar legislation.

Washington Tidbits Political Divisions Erupt

While it may appear that political divisions and conflict in Washington have reached levels of discord which have never been seen before, the truth is that it can always be worse! To appreciate how bad it could be, one has to look no further than the activities surrounding Kansas joining the Union in 1856.

Senator Charles Sumner of Massachusetts spoke on the Senate floor about whether Kansas should be admitted to the Union as a slave state or a free state. Opposed to slavery, Senator Sumner spoke of two senators who supported Kansas entering the Union as a slave state. He spoke in terms that would today provoke an outcry the likes of which has rarely been seen. One target of his caustic comments was Senator Andrew Butler from South Carolina. Representative Preston Brooks, a South Carolinian himself, took personal offense to the statements made about the senator from South Carolina and responded. He entered the Senate chamber and caned Senator Sumner into unconsciousness. Brooks resigned after overcoming a House resolution to censure him. He was immediately reelected, but died shortly thereafter. Senator Sumner recovered and served for another 18 years in the Senate. Perhaps the current political environment in Washington, DC is not as bad as it could be!



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.

Extra Care Needed in Use of Prepopulated EHR Templates

The widespread use of electronic health records (EHR) has led to the use of templates by many physicians. Some of these include prepopulated or "normal" physical exam templates that enter information into the patient's record assuming normal details of the exam performed. This can be extraordinarily problematic because the practice requires what I call a "negative action" on your part to ensure accurate chart documentation. You need to go through that imported exam to un-check, delete or change any parts of the exam that were not normal. If you forget to do this, the exam documentation may be in conflict with the chief complaint, history of present illness, or the assessment and plan. In the event of an audit the service for which you billed will be declined.

Insurers have indicated that inserting information that assumes entire sections of the record as being "normal" is not an indication that the work has been done. Phrases such as falsification of medical records, misrepresentation, and clinical plagiarism indicate the insurance companies are developing policies that will result in negative outcomes for someone who does not provide original documentation on a patient for a specific visit and date of service. Reed Gelzer, MD, MPH, co-founder of the Advocates for Documentation Integrity and Compliance, stated it best when he said, "Overwriting (cloning) misrepresents who provided the service, which could alter the amount billed. In addition, by submitting cloned documents for billing you are committing (insurance) fraud."

So what does this mean for your exam? Document what you do. If you see a patient for a minor problem and the level of service for that office visit is 99213, you are required under 1995 Evaluation and Management (E&M) guidelines to only document two exam elements. That is not to say that you cannot document more, but from a documentation perspective you need only two. A 99214 generally requires five exam elements. Instead of importing a cloned or "normal" physical exam on the patient, simply document what you examine. In using your normal physical exam, which may include information about 12 organ systems, what did you find medically necessary to examine for that patient? Documenting exam elements of skin, gastrointestinal and genitourinary for someone with an ear ache

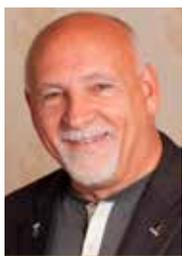
may not be necessary. Even the 99214 service, which might be for an older patient who has several co-morbidities affecting your medical decision making about the ear ache, requires only five exam elements (i.e. ENT, eyes, heart, lungs, constitution). It is more efficient, accurate and compliant to document those five elements instead of 12 in your cloned document.

The next time you have a complicated patient, measure how much time you spend reading through your "normal" template to make sure it represents the patient's actual exam. Not only will you find it more efficient to document what you examine, it is the compliant and audit-passing way to document. Know the required documentation of the exam for the E&M code selected and document those items. You can add more if you feel it is necessary. Please understand, I am not telling you as a physician what you cannot do. I am simply suggesting that if you know the required exam elements, you may find importing and correcting documentation of the 12-element "normal" exam does not make you more efficient or compliant. With so many things taking up your time, anything that saves you a few minutes that can be shifted to patient care is invaluable!

Have You Moved?

Keep us updated.

If you have recently made any changes in your address, phone number or email, please notify theACOI at acoi@acoi.org.



talking science & education

Donald S. Nelinson, PhD

Welcome to the November edition of Talking Science and Education. After a hiatus for our annual convention last month, I'm happy to be back with the monthly trivia question. Our question last month asked: Which of the following is FALSE about the United States:

- A. In the past year, public health funding increased 9% from \$86 to \$94 per person.
- B. In the past year, the percentage of the population without health insurance decreased 19% from 13.1% to 10.6%.
- C. In the past year, preventable hospitalizations decreased 13% from 57.6 to 49.9 discharges per 1000 Medicare enrollees.
- D. In the past year, premature death decreased from 7,054 to 6,997 years lost per 100,000 population.

Once again, the unfortunate correct answer is (d). In the past year, premature death increased for the second consecutive year from 6,997 to 7,054 years lost per 100,000 population. The top five causes of premature death in the U.S. are cancer, unintentional injuries, heart disease, suicide, and perinatal deaths.

OK folks, let's see how you do with this week's population health trivia. Remember, data is drawn from 2016 surveys.

TRUE or FALSE: This year marks the end of a 26-year decline in the rate of cardiovascular deaths.

- A. True
- B. False

Please email your response to me at don@acoi.org. Remember: we do give VALUABLE prizes, and if you're thinking of going to Google for the answer.....DON'T!!

Talking Education

At a time when many training programs are working to achieve ACGME accreditation for their internal medicine programs, or Osteopathic Recognition, the mandate for scholarly activity poses a challenge for many of these programs. In addition, in my discussions with residents across the country, the desire to be involved in clinical research has emerged time and again. Last month's Journal of Graduate Medical Education (JGME) had an excellent article entitled Finding Our Way Through Shades of Gray: 6 Virtues to Guide Researchers in Planning, Conducting, and Writing Up Research (Bridget C. O'Brien, Dorene F. Balmer, and Lauren A. Maggio (2017) Finding Our Way Through Shades of Gray: 6 Virtues to Guide Researchers in Planning, Conducting, and Writing Up Research. Journal of Graduate Medical Education: October 2017, Vol. 9, No. 5, pp. 555-559. <https://doi.org/10.4300/JGME-D-17-00546.1>). In this paper, the authors offer guiding principles which I found relevant, practical and helpful. Their six virtues include:

1. Thoughtfully convene a research team;
2. Prudently set the scope and timeline of the research project;
3. Carefully consider ALL data and interpretations;
4. Mindfully check assumptions;
5. Cautiously chunk data to tell a story;
6. Cohesively tell a story.

I invite anyone interested in doing research to read this concise, well-written article.

Diabetes Dialogues

Are we addressing overweight and obesity adequately with our patients?

Last week was Obesity Week, so I want to address this major health issue in this month's newsletter. Adults with overweight or obesity report receiving little weight loss counseling, especially involving medications and surgery; however, many report trying to lose weight within the last

12 months, according to a speaker at an Obesity Week panel I attended.

Less than 50% of patients with obesity have reported receiving weight loss counseling within a provider visit, and most primary care providers offer no counseling at all, according to Sean J. Iwamoto, MD, a postdoctoral fellow in the division of endocrinology, metabolism & diabetes at the University of Colorado School of Medicine. Iwamoto's data indicate that primary care providers seem to overvalue exercise, meaning they find it more comfortable to discuss exercise with their patients. They believe as well that exercise is the most effective way to lose weight, and they undervalue other things like weight loss medications. We also know that obesity medications are effective, but prescription rates are low.

Iwamoto and colleagues evaluated data from the Patient Outcomes Research to Advance Learning (PORTAL) on 2,811 adults (median age, 52 years; 54.2% white; 61.8% women; 79.4% with obesity) to determine weight-related health care experiences. Participants completed a survey in the summer of 2015 to report on personal experiences from providers.

Among participants with obesity, 79.8% tried to lose weight in the last 12 months, more than half exercised or changed eating habits, and less than 9% used weight loss programs or medications. Fewer than 3% had weight loss surgery.

Participants reported that their health care providers only sometimes (49.5%) or never (17.1%) brought up weight at clinic visits. Discussions about lifestyle change (83.7%) and weight loss programs (62%) were reported more often than meal replacements (19.2%), surgery (15.6%) or medications (10.6%).

Iwamoto found that overall, most patients with overweight and obesity have tried to lose weight by changing eating habits and exercising, very few have tried medications, weight loss programs and surgery. In addition, they have received little information about medications and surgery even when it is indicated. Iwamoto presented his data at a meeting of the Obesity Society in Washington, DC last week.

Feel free to send questions, comments, accolades and requests for topics to me at don@acoi.org.

Burke Inaugurated

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care specialist in the Detroit area, was elected President-elect. **Samuel K. Snyder, DO, FACOI**, a nephrologist in Fort Lauderdale, FL, was elected to the office of Secretary Treasurer. In addition, **Damon L. Baker, DO, FACOI**, **Robert L. DiGiovanni, DO, FACOI**, and **Joanne Kaiser-Smith, DO, FACOI** were elected to three-year terms on the Board of Directors. **Susan M. Enright, DO, FACOI**, was elected to fill the remaining two years in Dr. Snyder's Board term, and **Amita Vasoya, DO, FACOI**, was elected to complete one year remaining in the term of a Board member who resigned (**Mitchell, D. Forman, DO, FACOI**).

The business meeting included reports from the Executive Director and Finance Committee. For the fiscal year ending June 30, 2017, the ACOI experienced a profit of \$442,439. The Finance Committee, chaired by **John B. Bulger, DO, MBA**, reported that total net assets of the College grew to \$3.9 million.

The members also approved Bylaws amendments that redefine how nominations are made for the honorary degree of Fellow of the ACOI. The amendments keep the requirement that the primary sponsor be an ACOI Fellow, while permitting the secondary sponsor to be a physician colleague—DO or MD—who can attest to the qualifications of the nominee. The revisions also permit the secondary sponsor to provide the attestation via signature on the nominating form, rather than in a letter. These changes were presented in response to the rapid growth of the profession and the fact that many ACOI members practice where there are no ACOI Fellows to support their nominations. Members who are interested in becoming Fellows, but who do not know an ACOI Fellow to sponsor their nomination, should contact the ACOI office for assistance.

The Convention featured a theme of "Goldilocks Medicine—Not Too Little; Not Too Much." Sessions were very well attended, with over 1,000 physicians typically present for the three keynote sessions. There were a number of presentations made jointly with the surgeons that were particularly popular.

75th Anniversary Campaign Update

Campaign Update: As of October 31, 2017, gifts and pledges totaling \$538,098 have been received (72% of our overall goal). Our thanks to the generous donors listed on the Honor Roll below:



\$75,000

Lawrence U. Haspel, DO, MACOI

\$45,000

Martin C. Burke, DO, FACOI

\$25,000 - \$44,999

Rick A. Greco, DO, FACOI and
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Nathan J. Landesman, DO, FACOI

Alexander "Sandy" Macnab

Daniel L. Maxwell, DO, FACOI

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for her mentor

George Caleel, DO, MACOI

Christine M. Samsa, DO, FACOI

and Nathan P. Samsa, DO, FACOI

Roy J. Sartori, DO, FACOI

and Christine Sartori

Thomas Schneider, DO, FACOI

Suzanne Shenk, DO, FACOI

and Scott Siegal, DO, FACOI

Martin W. Schwarze, DO, MACOI

Laura Smith, DO, FACOI

Duane Sossong, DO

Scott Spradlin, DO, FACOI

David G. Stainbrook, Jr., DO, FACOI

Christina A. Stasiuk, DO

and George Farian, Esq.

W. W. Stoever, DO, MACOI

Brad Suprenant, DO, FACOI

David Susser, DO, MACOI

John R. Sutton, DO, FACOI

Richard R. Thacker, DO, FACOI

Kenneth Trinidad, DO

Gordon P. Tussing, Jr., DO

Amita Vasoya, DO, FACOI

William H. Voss, DO, MACOI

Thomas Waltz, DO, FACOI

R. Colin Wetz, DO, FACOI

Mark L. Woodard, DO, FACOI

Your Support Can Help Us Reach Our Goal of \$750,000 by 12/31/17

We need your support now to insure that osteopathic internal medicine continues to thrive for years to come. Our efforts are already beginning to bear fruit. The ACOI is working to enhance the products and services that enrich our members' lives and promote the ways in which osteopathic internal medicine practice benefits the public.

There are several ways you can make a tax deductible gift:

- Visit www.acoi.org and click on the [Donate Now](#) button to make a secure credit card donation.
- Call Katie Allen at 301-231-8877 to make a pledge and determine payment schedule.
- Make a gift of appreciated securities so that you can receive credit for the full fair market value of the stock, help ACOI, and avoid paying any tax on the gain. Contact Brian Donadio at bjd@acoi.org or 301-231-8877.
- For those at least 70 ½ you can help ACOI and yourself at the same time if you have an Individual Retirement Account (IRA) because you can now have a portion or all of your required minimum distribution (up to \$100,000) paid directly to ACOI.

By doing this you will not have to take the required amount as income and pay taxes on it. Instead, you can have any amount you want – 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 ACOI know if you want to help in this way because you need to notify your IRA administrator at least six weeks in advance and before you take your distribution.



Tax and Estate Planning Seminar at At ACOI Annual Convention

Sandy Macnab, ACOI's Planned Giving Counsel, presented "Gaining Through Giving: Doing Well While Doing Good," 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.

In Memoriam

Word has been received of the death of **Beverly J. Mathis, DO, FACOI**, of Tulsa, OK, on September 2 at the age of 66. Dr. Mathis was a graduate of the Oklahoma State University College of Osteopathic Medicine. She was board certified in internal medicine and nephrology, which she practiced until July of this year. She was the daughter of C.D. Heasley, DO, the first licensed osteopathic physician in the State of Oklahoma. Dr. Mathis was an Active ACOI member for 23 years and achieved the degree of Fellow in 2001.



Member Milestones

Johnny S. Dias, DO, of Simpsonville, SC, was interviewed for an article in a recent issue of Medical Economics about how to assure that communication with patients is not negatively impacted by electronic paperwork. Dr. Dias is a general internist and ACOI member since 2012.

Jennifer LeComte, DO, FACP, FAAP, is the new Division Chief of Internal Medicine at Rowan Medicine in Stratford, NJ. A 2006 graduate of the Philadelphia College of Osteopathic Medicine (PCOM), Dr. LeComte is certified in both internal medicine and pediatrics. She previously held leadership positions at Christiana Care Health System, including being the clinical leader for attaining NCQA certification as Delaware's first multi-site, Level 2 Patient Centered Medical Home.

Sidney Simon, DO, FACOI, of White Plains, NY, was recently honored at the 40th anniversary gala of the NYIT-College of Osteopathic Medicine (NYIT-COM). A 1950 graduate of PCOM, Dr. Simon was recognized for having taught every graduate of NYIT-COM since its inception in 1977.

ACOI Members Perform Community Service Project at Annual Meeting



Approximately 20 ACOI physician and resident members participated in a community service opportunity during the 2017 Convention and Scientific Sessions. Through the ACOI Committee on Minority Health and Cultural Competency, the volunteers participated in the University of Maryland's Health Advocates In-Reach and Research (HAIR) initiative. The initiative engages barbershops and beauty salons as culturally-relevant portals for the delivery of health screenings, education and medical services in the local community.

As part of the project, teams of osteopathic internists and residents visited four local barbershops and salons where they engaged with members of the community. While visiting the barbershops, participants provided blood pressure screenings, discussed the importance of preventive care and answered many different healthcare questions presented by the patrons. The community setting allowed for an open and free-flowing conversation on such diverse topics as smoking cessation, the importance of screening for colorectal cancer, and the impact of family history on one's own health. Volunteers and community members benefited from this exciting opportunity that connected the ACOI to the local community.



Campaign Chair Challenge – A Great Success

Larry Haspel, DO, Chair, of ACOI's 75th Anniversary Campaign, issued a challenge at the start of the 2017 Annual Convention to help the College successfully reach its campaign goal by increasing his own personal commitment based on the number of gifts of \$500 made during a 30-day period. Gifts and multi-year commitments totaling more than \$55,000 have been received to date. Many thanks to ACOI members who helped us meet Larry's challenge!

Vision for ACOI Post-2020 Progress Report

The ACOI has carefully assessed its future and is transforming its programs, products, and services to better connect with osteopathic internists. The College plans to create and disseminate osteopathic CME course content using the latest technologies. The process is underway for expanding our CME accreditation so we can provide credits that meet the recertification requirements of both the AOBIM and the ABIM.

The College is at the fore-front of moving into a positive position in the new ACGME world. ACOI is assisting every AOA-accredited residency/fellowship program to achieve ACGME accreditation, with the ultimate goal to assist all previously AOA-accredited internal medicine programs to achieve Osteopathic Recognition.

Update: As of October 30, 67 of our internal medicine programs and 22 subspecialty programs have achieved initial accreditation from the ACGME. Crucially, we have also seen 20 programs apply for Osteopathic Recognition, which is so vital to the continued existence of our profession.

The next two years are a critical time. The ACOI must continue to advocate for osteopathic internal medicine and be the voice at the table for our profession. The 75th Anniversary Campaign goal of \$750,000 by December 31, 2017 will provide the significant resources needed to transform the College's programs, products and services. The funds will enable the ACOI to:

- Insure that the values of osteopathic internal medicine endure.
- Proudly model and advocate patient-centered, hands-on medicine for all physicians.
- Provide needed resources to the osteopathic internal medicine profession.

Campaign support has been used to hire additional staff like Don Nelinson, PhD, who is working with the training programs, and on achieving ACCME accreditation. Support is also being used to fund new technologies for CME delivery.

Interview with William D. Strampel, DO, Dean, Michigan State University College of Osteopathic Medicine at the 2017 Annual Convention



Meet **William D. Strampel, DO**, who has been Dean, Michigan State University College of Osteopathic Medicine since 2002. He received a military scholarship to attend the Chicago College of Osteopathic Medicine which led to his military medical career. Dean Strampel served as chief of the Quality Assurance Division, Department of the Army, Office of the Surgeon General in the early 1990s. He then became the commander of the Brooke Army Medical Center and Great Plains Regional Medical Command, where he was responsible for eight community hospitals and a medical center. From 1994 to 1996 Dean Strampel was director of medical education at Brooke. Before coming to MSU in 1999 as the college's senior associate dean, he

was a special assistant to the U.S. Surgeon General for operations and readiness, and served as chief medical officer for the Tricare Management Activity, which made him responsible for a managed care budget of more than \$8 billion. Dr. Strampel was inducted into the ACOI's prestigious Gillum Society of Master Fellows this year.

Ms. Ciconte: Tell me why you have been involved with the ACOI.

Dean Strampel: Although I have never served on the ACOI Board, I have known a number of the ACOI leaders over the years. Larry Haspel and Tom Allen, both ACOI Past Presidents, and I went to medical school together. Larry and George Caleel, another Past President, invited me to do a cardiac internship in Chicago with them. Although my roots were with the AOA, I knew that the ACOI always put together solid programs. I also appreciated the College's approach for training young people in osteopathic internal medicine, which was very accepting of everyone. There is a strong sense of family within the ACOI.

Ms. Ciconte: You not only made a very generous commitment to the 75th Anniversary Campaign this year, but you also agreed to serve on the ACOI's 75th Anniversary Campaign Committee. Why did you choose to do this and what do you think ACOI should do and say to encourage members to make a special contribution to this campaign?

Dean Strampel: I first learned about the campaign when I was interviewed by Sandy Macnab, one of the consultants working with ACOI on fundraising. Then Larry Haspel, the Campaign Chair, called and asked me to serve on the Committee and so I agreed. I made a major gift because I wanted to support the ACOI, which has come a long way in its 75 year history.

I would say to members that ACOI needs to remain our voice during this transition period and going forward, which requires greater resources. The College needs to continue to work with Program Directors to help them through the single accreditation process and continue their osteopathic recognition. During my career, I have witnessed many changes in the osteopathic medical profession. Years ago at MSU, there was a DO medical school right next to the MD medical school. I also saw the change in residencies moving from private to government funded.

What I would say to members is that we cannot expect things to stay the way they are. For that reason, we need to provide financial support now so that the ACOI can address the changes we face and create a stronger College for osteopathic internists in the future.

Ms. Ciconte: How do you see the single accreditation program that goes into effect in 2020 affecting the osteopathic internal medicine profession and ACOI?

Dean Strampel: I believe osteopathic internists will continue to show the empathy and compassion we always have. Quite frankly, we know how to treat people better. During this transition period, the ACOI has an opportunity to promote our patient-centered care to the wider public.

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

Dean Strampel: I believe embracing all internists, both DO and MD, will help to strengthen osteopathic internal medicine and ACOI. I am pleased that the College is seeking ACCME accreditation so that MDs as well as DOs can benefit from its excellent CME programs for certification requirements.

As ACOI celebrates its 75th anniversary, the College and its members celebrate a rich history that demonstrates what distinguished osteopathic internal medicine. Looking to the future, we do not want to forget our separate past. However, we now have an opportunity to educate and train MDs on the values we hold, perhaps even allowing them to serve the ACOI in a variety of new ways.

Ms. Ciconte: Dean Strampel, ACOI is indeed grateful to you for your significant generosity and dedication to the College and the principles of osteopathic internal medicine.

PROFESSIONAL OPPORTUNITIES

INTERNAL MEDICINE ASSOCIATE POSITION AVAILABLE - Florida. Busy solo IM practice seeking a new graduate who is excited about learning how to remain profitable in private practice. Office hours only and no hospital rounds. Plenty of cultural events, theater, shopping, fantastic dining and outdoor activities year round are a plus for this area. Must be BC/BE and have FL licensure. Relocation stipend included in package as well as health insurance and 401K program. Interested applicants may send resume to drb@drbnaples.com. More information can be provided by Denise Maclean, practice manager at Denise@DrbNaples.com.

PRIMARY CARE PHYSICIANS - New York. Catholic Health Services of Long Island (CHSLI) currently has full time opportunities for Board Certified/Board Eligible Internal or Family Medicine Physicians to join community-based practices within Nassau County, New York. Some locations may require a measure of nursing home and hospital coverage.

Catholic Health Services of Long Island is a fully integrated health system serving the communities of Long Island, NY. Comprised of 6 hospitals, 3 long term care facilities, a Home Care and Hospice agency, and a program for developmentally disabled individuals, CHSLI has over 17,000 employees and an operating budget in excess of \$2B.

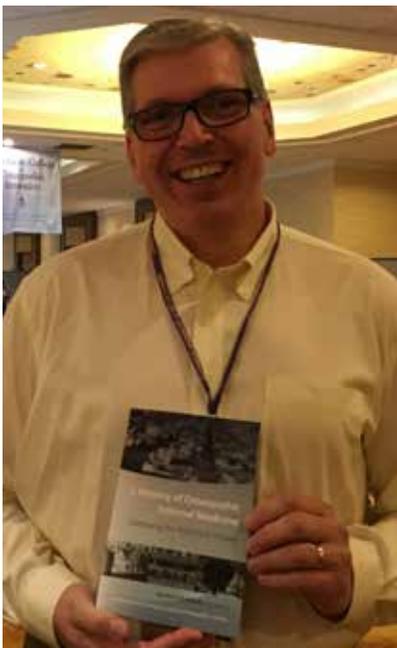
Requirements include:

- Board Certification/Board Eligible Internal or Family Medicine
- NYS MD/DO License
- Strong Interpersonal and communication skills with the ability to engage at all levels of the organization to promote a culture of patient safety and participate in performance improvement

We offer a competitive salary, dynamic work atmosphere, and a comprehensive benefits package. For immediate consideration, please email your CV to: gail.still@chsl.org. Equal Opportunity Employer M/F/D/V



Celebrating the ACOI's First 75 Years



The California division of the American Society of Osteopathic Internists reorganized in 1941 to form the American College of Osteopathic Internists. In the 75 ensuing years there has been a great deal of change in the science and practice of medicine. One constant, though, has been the commitment of the ACOI's members to the profession and to providing the highest quality of care to their patients.

Through the tireless efforts of **Kevin P. Hubbard, DO, MACOI**, the history of the College and its members has been recorded in a new book titled, "A History of Osteopathic Internal Medicine: Celebrating the ACOI's First 75 Years." The book, which chronicles the shaping of this remarkable profession, is available for purchase at www.acoi.org.

Resident Abstract Poster Contest Winners

Congratulations are offered to the winners of the 2017 Resident Research Abstract competition conducted last month during the Annual Convention and Scientific Sessions. Prizes were awarded in the categories of original research and case presentations. The three original research finalists presented their work during a plenary session at the Convention, following which the prizes were announced.

2017 ORIGINAL RESEARCH **FIRST**

Reactive γ -Ketoaldehydes Promote Protein Misfolding and Atrial Arrhythmia Susceptibility in Experimental Hypertension
Joseph Prinsen, DO
(Sparrow Hospital)

SECOND

Burnout in Medical Students by Targeting Social Isolation with a Novel Pen Pal Program
David Fraulino, DO (University of Connecticut Health Center)

THIRD

Archival Tumor Blocks: A Roadblock to Targeted Genomic Therapies
Matthew Hadfield (Student, LUCOM)

2017 CASE REPORTS

FIRST

A Case of Amlodipine Overdose: Role of High Dose Insulin Therapy
Kelvin Tran, DO; Think Tang, DO; Tarris Webber, DO (Valley Hospital Medical Center)

SECOND

Pain in the Brain from NC Before the Plane
Latoya Roberts, DO
(Merit Health Wesley)

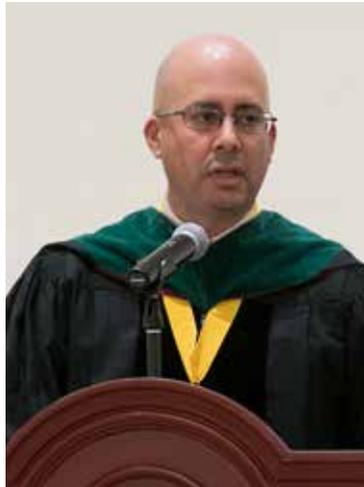
THIRD

Uncal Herniation in an Intensive Care Unit Patient with Progressive Multifocal Leukoencephalopathy: A Review of High Intracranial Pressure Management for the Internist in the Intensive Care Unit Setting
Neelam Patel
(Student – VCOM Carolinas)

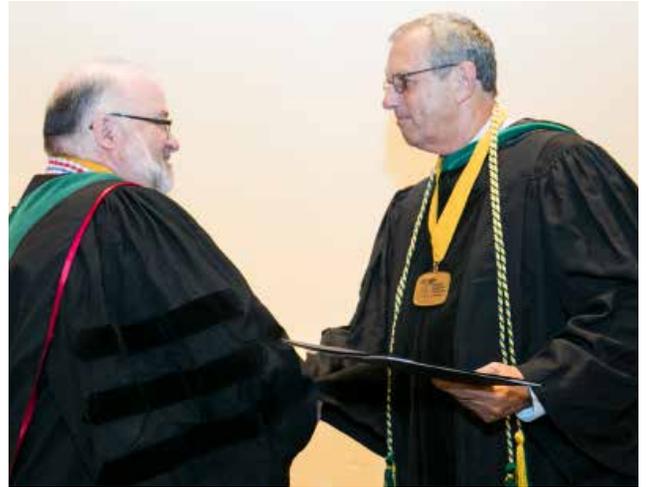
2017 ACOI Convention & Scientific Sessions



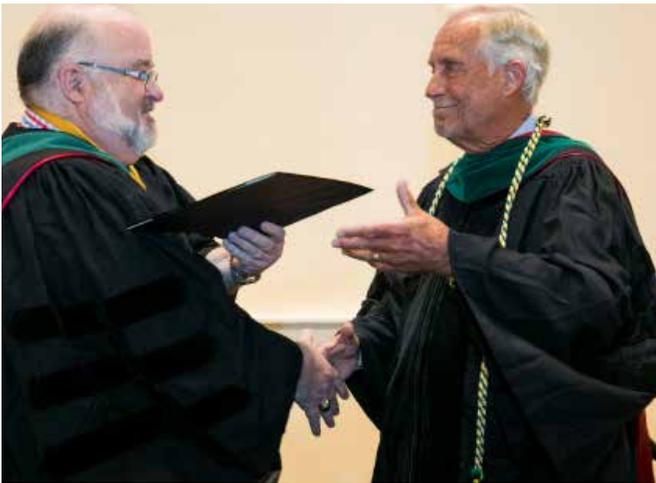
Incoming ACOI President Martin C. Burke, DO, with his wife, Melissa



Dr. John Bulger, presenting the 2017 Memorial Lecture



ACOI President John R. Sutton, DO (left) congratulating 2017 Master Fellow recipient Michael B. Clearfield, DO.



2017 Master Fellow recipient Louis C. Haenel, Sr., DO.



2017 Master Fellow recipient William D. Strampel, DO.



2017 Master Fellow recipient Martin W. Schwarze, DO.

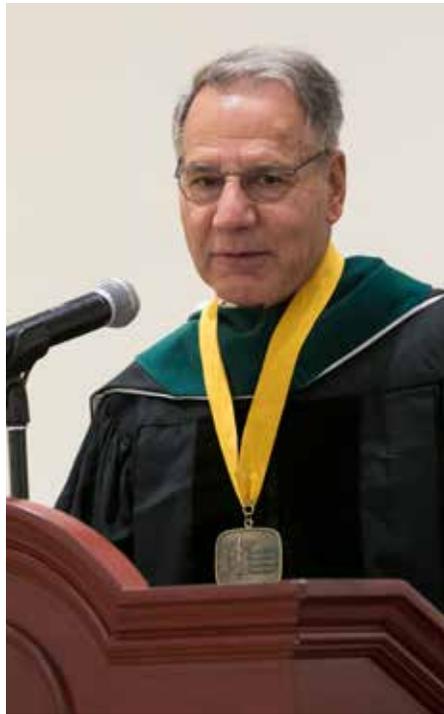


2017 Master Fellow recipient James A. Groff....., DO.

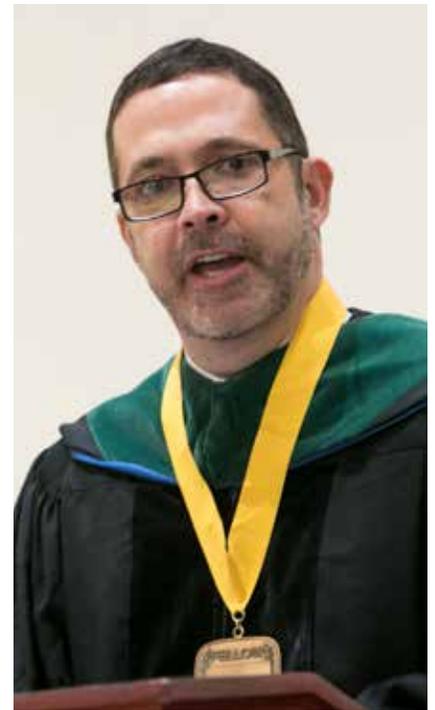
2017 ACOI Convention & Scientific Sessions



Recipient of the 2017 ACOI/AOF Internal Medicine Resident of the Year Award, Daniel L. Griffin, DO



2017 ACOI Teacher of the Year; William Peppo, DO



2017 ACOI Internist of the Year Steven M. Katzman, DO



2016-2017 ACOI Board of Directors

*Left to right, back row: Scott Girard, DO; Susan Enright, DO; Chris Sciamanna, DO; Michael Adornetto, DO; Robert Hasty, DO; Joanne Kaiser-Smith, DO; Robert DiGiovanni, DO; Damon Baker, DO; Brian Donadio; Samuel Snyder, DO
Seated: John Bulger, DO, Judith Lightfoot, DO; John Sutton, DO; Annette Carron, DO and Martin Burke, DO. (Board member Robert Cain, DO is not pictured)*

2017 ACOI Convention & Scientific Sessions



Hundreds of members attended the lectures.



CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2018 Internal Medicine Board Review Course - April 25-29
- 2018 Clinical Challenges in Inpatient Care - April 26-29
- 2018 Exploring New Science in Cardiovascular Medicine - April 27-29
- 2018 Congress on Medical Education for Resident Trainers - April 27-28
Chicago Marriott Downtown Magnificent Mile, Chicago, IL
- 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
- 2021 Annual Convention & Scientific Sessions
Sept 29-Oct 3 Marriott Marquis Hotel, San Francisco, CA

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.

2018 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination

Computerized Examination 300 Sites Nationwide
September 12-14, 2018 - *Application Deadline: February 1, 2018*

Internal Medicine Recertifying Examination

Computerized Examination 300 Sites Nationwide
September 12-14, 2018 - *Application Deadline: April 1, 2018*

Internal Medicine Recertifying with a Focus in Hospital-Based Medicine Examination

Computerized Examination 300 Sites Nationwide
September 12-14, 2018 - *Application Deadline: April 1, 2018*

Subspecialty Certifying Examinations

Computerized Examination 300 Sites Nationwide
August 28-30, 2018 - *Application Deadline: April 1, 2018*

- Cardiology • Critical Care Medicine • Endocrinology • Gastroenterology
- Hematology • Hospice and Palliative Medicine • Interventional Cardiology
- Infectious Disease • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

Subspecialty Recertifying Examinations

Computerized Examination 300 Sites Nationwide
August 28-30, 2018 - *Application Deadline: April 1, 2018*

- 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 *Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine* examinations.*

Fun Run Winners

Men's 4 Mile:

- 1st – Dustin Tompkins
- 2nd – Kevin Burke
- 3rd – Bryan Pace

Women's 4 Mile:

- 1st – Kim Hendricks
- 2nd – Maria Greco
- 3rd – Jill Lubiner

Men's 2 Mile:

- 1st – David Somerman
- 2nd – Leif Christiansen
- 3rd – Zach Brackney

Women's 2 Mile:

- 1st - Sarah Burke
- 2nd – Shelly Jordan
- 3rd – Jennifer Brackney

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:

Stephanie Baukus, DO
Silvia Bercovici, DO
Brian Cousino, DO
Christine Curran, DO
Elizabeth Golding, DO
Kathleen Hager, DO
Ben Howe, DO
Julianne Imseis-Losh, DO
Samuel Krachman, DO
Michael Leveille, DO
David Malit, DO
Elise Marshall, DO
Luis Martinez, DO
Andrew Murray, DO
Jeffrey Powell, DO
Janet Ramos-Revoredo, DO
Eric Rosenbaum, DO
Jeffrey Rossi, DO
Ethan Rutledge, DO
Kiely Schultz, DO
Ryan Sefcik, DO
Rhonda Sipes, DO
Kerry Spero, DO
Jason Stienecker, DO
Lauren Sturtevant, DO
Paul Swafford, Jr., DO
Phillip Tran, DO
Greg Wilkerson, DO
Jeffrey Ziffra, DO
Jessica Zingaretti, DO

Associate Member:

Yusef Hazimeh, MD