

From President Burke Osteopathic Medicine Is Distinctive



The ACOI defines Osteopathic Internal Medicine through our members' interactions with patients day in and out. This distinction has been honed from

medical school into post graduate medical education residencies and fellowships, and even further in our practices. Though OMT is a part of osteopathic training, it is not the essence of our patient care. It is a contributor. Training in OMT has lent a distinctive tool that allows for more personal attention to the patient. The basic tenet in "laying of the hands" is a trust builder. While it is critical to our professional brethren, full service OMT practice is not included in the majority of practice. OMT does not embody what makes our brand of Internal Medicine distinctive, but it is an important portion of the core. Identifying the place OMT holds in our distinctiveness is one of the most important exercises the ACOI is facing as we

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ACOI's Commitment to Physician Wellbeing

The challenges associated with physician burnout and maintenance of wellbeing are very real and occur across the continuum of training and medical practice. The issues surrounding physician wellbeing impact individuals, institutions, and society as a whole, including patients. ACOI has taken a proactive stance in addressing these challenges through our Task Force on Physician Wellbeing and our participation in the writing of a pivotal Charter outlining steps to support wellbeing and reduce burnout at all levels of medical training and practice.

A Medical Charter:

Commitments to Limit Physician Burnout and Promote Well-Being

More than half the physicians in America say they experience some type of burnout in their work. The Charter on Physician Well-Being is an intended model for hospitals and medical organizations not only to minimize and manage physician burnout, but also to promote physician wellbeing. The Charter, which has been endorsed by many major medical organizations, including the ACOI, appears online in JAMA, the Journal of the American Medical Association.

"This is a first step on a national level to lay out guiding principles and commitments that we consider essential for physician wellbeing throughout a career, beginning with the earliest training," says Colin West, M.D., Ph.D., a physician-researcher at Mayo Clinic and senior author of the charter.

Aimed at organizations, medical leaders and policymakers, the charter calls for adequate support systems for physicians dealing with stress, overwork,

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Friday, April 27 • 10:00 - 11:00 AM Eastern Time

Free Live Cardiology Webcast

The ACOI is proud to host its first-ever live webcast on Friday, April 27 from 10–11 AM Eastern Time. This complimentary webcast is offered as an introduction to the ACOI's Online Learning Center, which will be unveiled shortly.

Two live presentations will be brought to you from the Exploring New Science in Cardiovascular Medicine meeting being held this weekend in Chicago. ACOI member and internationally-renowned cardiologist, Robert Chilton, DO, FACO, FACC will present the following two sessions:

- 10:00 – 10:30 AM ET ASVD Risk Reduction Therapy: Beyond Statins
- 10:30 – 11:00 AM ET Diabetes Heart Disease: A Ticking Time Bomb!

You can participate in the event by viewing it live at:

<http://media01.commpartners.com/2018/ACOI/ChicagoApr2018/index.html>

If you are not able to join us in Chicago, we hope you will log-in and enjoy these exciting lectures!



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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become a professional services organization. Osteopathic internal medicine is distinctive, but not just OMT.

Doctor – Patient Relationship

The ACOI as a professional services organization is focusing our educational content on the doctor–patient relationship as a hallmark of our brand of Internal Medicine. The sanctity and power of our patient care and leadership relies on the patient’s trust fostered by a physician’s confidence and knowledge. One service that the ACOI already provides is the type of educational content that instills advanced patient -focused medical care. We are quickly building the online platform for this content. Among other activities, the Learning Management System will house our Osteopathic OCC medical knowledge self-assessment modules. These modules remain up-to-date and valuable as they meet the changing requirements for both osteopathic and allopathic continuous certification. Stay tuned as we work through the details of change and clarify our brand and distinctiveness further around the Doctor and the Patient.

Physician Wellness

Our profession’s wellness depends on our ability to provide high-quality patient outcomes and communication. We already do provide high quality care today, but we will not be able to maintain our distinctiveness without supporting our physician community and their wellness. This is, of course, multifactorial. In fact, I was reading today that leaders have much more stress when they are no longer in control. In other words, leaders are less effective when they have no skin in the game. There are ways to regain control of medicine, but it is going to take work, business acumen and organization. The ACOI is a great starting place to leverage the overhead of shifting to teach our member internists the value of official data collection and control. The EMR is not the answer it was thought it to be. Mainly because the people that set it up are not clinicians. We will be convening our Physician Wellness Task Force soon to create some concrete initiatives that the ACOI can provide in order to get started and take back control of local patient care as it should be. Our distinction and its integration into patient care and local health systems is critical to our profession. Please join me in thinking this through some more and share comments and ideas with me or staff.

MEGA-CME 2018 in Chicago

This week, the ACOI will be descending on the Chicago Marriott on the Magnificent Mile for the Board Review Course, Hospital Medicine Challenges, New Cardiovascular Science and Residency Trainers Congress. These four distinct courses will provide our highest-end educational content and speakers and has something for everyone. Please make an effort to join us as part of the ACOI family.

*Martin C. Burke, DO, FACOI
President*



government RELATIONS

Timothy McNichol, JD

Advancing Opioid Legislation Remains a Focus for Congress

Committees of jurisdiction in both the House and Senate continue to explore legislation addressing the ongoing opioid epidemic. Recently the Senate Health, Education, Labor and Pensions Committee (HELP) released a bipartisan discussion draft. The draft was compiled using components of more than 40 separate pieces of legislation that have been the subject of numerous committee hearings and public comment. In releasing the draft, HELP Committee Chairman Lamar Alexander stated, “The opioid crisis is currently our most serious public health epidemic and despite efforts in every state, it is getting worse. Our response needs to be urgent, bipartisan and effective.” As a result of the bipartisan focus on this issue and the ongoing efforts in both chambers of Congress, it is highly likely that additional action will be taken by both the House and Senate this year. The ACOI is continuing to closely monitor these legislative efforts.

Director of Centers for Disease Control and Prevention Appointed

Secretary of Health and Human Services Alex Azar announced the appointment of Robert R. Redfield, MD as Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry. Dr. Redfield is a leading HIV/AIDS researcher who at the time of his appointment was a professor at the University of Maryland School of Medicine. While at the school, he was a co-founder of the Institute of Human Virology. In addition, he spent more than 20 years at the Walter Reed Army Institute of Research where he was a pioneer in HIV/AIDS research. As head of the CDC, Dr. Redfield will oversee more than 12,000 employees and 10,000 contractors. In one of his first acts as head of the CDC, Dr. Redfield highlighted to the employees of the agency the importance of science and data, the need to expand the use of vaccines, and the need to continue to address the opioid epidemic. He becomes the 18th Director of the CDC following Brenda Fitzgerald, MD who was forced to resign following revelations that she purchased shares in tobacco companies following her appointment.

Healthcare Fraud Prevention Efforts Net \$2.6 billion in Recoveries

According to a recently released report, the US Government recovered \$2.6 billion in fiscal year 2017 through healthcare fraud prevention and enforcement efforts. The recovery occurred following the Department of Justice opening 967 new criminal healthcare fraud investigations that resulted in the filing of 439 cases. More than 940 new civil healthcare fraud investigations also were started during this time. In addition, the Department of Health and Human Services (HHS) Office of the Inspector General engaged in activities resulting in 788 criminal actions and 818 civil actions. According to the report, more than 3,200 individuals

and entities were excluded from future participation in federal health programs as a result of these efforts.

Washington Tidbits

A Chamber Bound by Rules: Rules Change

The Senate is a chamber bound by rules. Rules dictate when and how one may speak. Rules provide the manner in which legislation is considered. Rules even establish the decorum of the chamber. The Senate rules are created by precedential rulings of presiding officers, by formal votes of the Senate, and through customary practices and ad hoc arrangements. Well, sometimes rules are meant to be changed.

One of the reasons rules change is to adapt to the times and the evolving needs of the chamber. To this end, the Senate recently voted unanimously to change its rules to allow senators the opportunity to bring their infants on to the chamber’s floor. Why would the Senate take this step? For the first time in US history a sitting senator gave birth. Senator Tammy Duckworth of Illinois welcomed Maile Pearl just a few weeks ago. The rule change allows Senator Duckworth and those to follow the opportunity to bring their infants up to one year of age onto the Senate floor for votes. According to Senator Dick Durbin, “I think it will do us good in the United States Senate, every once in a while to see a pacifier next to the antique ink wells on our desks.” You can learn more about the rules and procedure of the Senate by visiting https://www.senate.gov/reference/reference_index_subjects/Rules_and_Procedure_vrd.htm.



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.

Incident to Services and Billing

I started giving lectures on the topic of non-physician practitioners (NPPs), such as nurse practitioners and physician assistants, more than 10 years ago at our state medical society education meeting. Prior to my first presentation, I conducted an extensive amount of research and felt that I knew the topic inside and out. While I was well prepared for that presentation, I quickly learned that my understanding of incident to billing and that of the audience was vastly different!

I did not get very far into the lecture when the first hand went up with a question. I was talking about how the physician must see the patient to establish a plan of care for the diagnosis. The NPP then uses the plan of care to provide direction for the treatment of that patient. "That's not right! That's not how it's done," exclaimed one of the learners. In reality, it was not as much of a question as it was a challenge. At that very moment, I was standing in front of a screen where my presentation slide had the exact words from the Medicare Carrier Manual that I referenced. As I pointed to the visual behind me, many participants continued to shake their heads in disagreement.

This exchange has occurred more than once over the years and I still find offices that are not following the applicable rules. They do not understand their Medicare billing options for services provided by NPPs. When I started my work in this area, common practice was for the physician to first see the new patient. That was considered as the only necessary service by the physician before the NPPs could see the patient and bill the service "incident to" under the physician's name. The view that has persisted is that it did not matter if the problem was new or old, just that the physician had seen the patient that first time to establish care. That was the perception then and it continues today. The confusion is compounded by some commercial insurers adopting their own policies related to billing for services provided by NPPs. Please note that I am talking here only about Medicare payment policy. In order to properly set up your outpatient practice's use and billing for services provided by NPPs under the Medicare program, you need to thoroughly understand the rules. You can learn more by visiting <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>. Section 60.1B is the relevant section.

These details are not the same for NPP use and billing of services provided in the inpatient setting. We will explore that topic next month.

Resources Available for ACGME Osteopathic Recognition

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 [here](#).

News From the AOBIM

Advanced Heart Failure and Transplant Cardiology Subspecialty Exam

The AOBIM is currently in the beginning stages of creating a subspecialty exam in the field of Advanced Heart Failure and Transplant Cardiology. The AOBIM is working toward the goal of offering this initial exam in conjunction with other AOBIM subspecialty exams in August of 2019 via Prometric testing centers.

REMINDER: AOBIM 2018 Recertification Deadlines

The initial application deadline for all AOBIM recertification exams is April 1, 2018. The AOBIM will continue to accept late applications for the recertification exam until the final deadline of May 1, 2018. The AOBIM Internal Medicine recertification exam will be offered via Prometric testing centers from September 12-14, 2018 and subspecialty recertification exams from August 28-30, 2018.



talking science & education

Donald S. Nelinson, PhD

Greetings colleagues and welcome to the April issue of Talking Science and Education. Just back from the last day of spring skiing in Vermont and I must say: I'm good! Beautiful weather finally invades the east and how welcome it is!

In last month's population health quiz, we noted that some of the nation's healthiest states by overall rank have experienced large increases in drug deaths, and asked which of the states among those did not show a dramatic increase in drug deaths. The correct answer of my beloved Vermont was provided by Morvarid "Mo" Rezaie, DO, FACOI of Primary Care Associates in Fort Worth, TX. Congratulations Mo! The disturbing data for states that did not fare as well show that New Hampshire's rate increased by 118 percent (additional 13.2 deaths per 100,000 population), Massachusetts' rate increased by 69 percent (additional 8.1 deaths per 100,000 population), and Rhode Island's rate increased by 56 percent (additional 8.9 deaths per 100,000 population).

Here's your population health trivia quiz for April. Remember, in the spirit of good sportsmanship, no Googling allowed. Good luck! For the next few months, we are going to focus on the variation in concentration of healthcare providers around the country. This month we want to know which state has the highest concentration of mental health providers per 100,000 population:

- A. California
- B. Florida
- C. Massachusetts
- D. New York

Send your answer to don@acoi.org.

Talking Education

The issue of physician wellness and the prevalence and impact of burnout on students, trainees, and practicing physicians has become a major focus for medical institutions: from training through the continuum of the practice lifespan. Last week at the Accreditation Council for Continuing Medical Education's (ACCME) annual education convention, Tait Shanafelt, MD of Stanford University School of Medicine offered the keynote address on Leading by Design. He emphasized how burnout threatens our healthcare delivery system and imperils safe and effective patient care. Dr. Shanafelt presented a model that demonstrates how CME providers can provide leadership to foster an educational home that promotes individual and system wellness and improved care.

ACOI has assumed an active role on a national scale to advance wellness among all healthcare providers and trainees. The ACOI Task Force on Physician Wellbeing has been created to address the root causes of stress and burnout in the clinical work environment and in our training programs. In addition, ACOI was among a group of national medical organizations who, for the past year have been working as part of the Collaborative for Healing and Renewal in Medicine (CHARM) to draft a Charter on Physician Wellbeing. This group set forth guiding principles (see story on page one) and key commitments

as a framework for individuals, organizations, health systems, and the medical profession to address physician well-being from medical training through a full career. ACOI is proud to have been part of the writing group and an original endorser of the charter. Published in JAMA on March 29, 2018, you can read the charter by clicking on this link <https://jamanetwork.com/journals/jama/fullarticle/2677478>.

Diabetes Dialogues

Diabetes decreases likelihood of in-hospital cardiac arrest survival

Patients with diabetes were modestly less likely to survive in-hospital cardiac arrest compared with those without diabetes, according to a study published in The American Journal of Cardiology. Justin B. Echouffo - Tcheugui, MD, PhD, clinical fellow in medicine at Brigham and Women's Hospital, and colleagues analyzed data from 1,009,073 patients from the Nationwide Inpatient Sample who underwent CPR for in-hospital cardiac arrest from 2003 to 2013.

Covariates included in this study were primary expected payer, demographics, various comorbidities, weekday vs. weekend admission and initial cardiac arrest rhythm.

The primary outcome was survival to hospital discharge. The secondary outcome of interest was discharge disposition, categorized as home or self-care, home health care, short-term hospital, skilled nursing facility and others.

Among the cohort, 30.8% had a documented diagnosis of diabetes. Those with diabetes were more likely to be older and had an increased prevalence of CV risk factors such as obesity, smoking, dyslipidemia and hypertension ($P < .001$ for all). These patients were also more likely to have previous MI, history of CAD, previous

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Physician Wellness

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and mental health issues. It promotes development of institutional and organizational changes ranging from re-engineering work schedules and personnel policies to providing wellness and counseling programs for physicians. The charter reflects many of the issues highlighted in over a decade of research on burnout conducted by Mayo researchers and collaborators.

“Physicians should not be alone in managing burnout. It is a responsibility shared between individuals and the organizations in which they practice,” says Dr. West. “Leaders must be engaged and responsive to these problems by creating a supportive culture that minimizes stigma and promotes a positive workplace.”

Research shows that when burnout grows unchecked organizations and careers will suffer, but patients can suffer most due to treatment errors and reduced physician availability.

Charter co-authors are Larissa Thomas M.D., M.P.H. of the University of California, San Francisco School of Medicine; and Jonathan Ripp, M.D., M.P.H. of the Icahn School of Medicine at Mount Sinai in New York. The authors represent a larger consortium, the Collaborative for Healing and Renewal in Medicine (CHARM), which includes members from a broad range of medical organizations, including ACOI. The charter project was supported by a Mapping the Landscape, Journeying Together grant from the Arnold P. Gold Foundation.

Read more about the Charter and ACOI’s involvement by clicking on this link <https://jamanetwork.com/journals/jama/fullarticle/2677478>.



Special Award Nominations Also Sought

Fellows Nominations Due April 30

The deadline for submitting nominations for the honorary Degree of Fellow is April 30, 2018. The minimum eligibility requirements for consideration are two consecutive years of Active ACOI membership and certification by either the American Osteopathic Board of Internal Medicine or the American Board of Internal Medicine. Nomination packets have been mailed to all current Fellows, as well as those who are eligible through AOBIM certification. Interested members who are certified by the ABIM are asked to contact the ACOI office for an application as the College does not maintain a complete list of ABIM-certified physicians.

Nominations also are sought for the Internist, Researcher and Teacher of the Year Awards, and Master Fellowship. The deadline for nominations for these awards is June 1.

Bylaws changes approved last year simplified the nomination process and made it easier for candidates who do not have two Fellows available to nominate them. Such members are urged to contact the ACOI office for assistance.

Talking Science & Education

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CABG, previous PCI, HF, previous cardiac arrest, chronic renal failure and peripheral vascular disease ($P < .001$ for all).

During the 11-year study period, 27% of patients with diabetes and 25.1% of patients without diabetes survived in-hospital cardiac arrest.

After multivariate adjustment, patients with diabetes had a modestly lower risk for survival to hospital discharge compared with patients without diabetes (adjusted OR = 0.96; 95% CI, 0.95-0.97).

There was a lower risk for survival in patients with a primary CV diagnosis (aOR = 0.88; 95% CI, 0.86-0.89), those who were younger (aOR = 0.93; 95% CI, 0.92-0.94), and patients with ventricular fibrillation or ventricular tachycardia as the cardiac arrest rhythm (aOR = 0.88; 95% CI, 0.79-0.82). The presence of chronic kidney disease also influenced this.

Compared with patients without diabetes, those with diabetes were less likely to be discharged home or with self-care (26.4% vs. 31.6%; aOR = 0.82; 95% CI, 0.8-0.84).

“The observed estimates of association between [diabetes] and survival are modest and potentially within the range of residual confounding,” Echouffo-Tcheugui and colleagues wrote. “However, if these observations are true, in view of the low survival rate among patients with [in-hospital cardiac arrest] nationally in the United States, with approximately half of adult patients achieving return of spontaneous circulation and less than one-quarter of patients surviving to hospital discharge, even a 4% relative difference in survival between patients with and without [diabetes] would be relevant.”

Echouffo-Tcheugui JB, et al. Am J Cardiol. 2018;doi:10.1016/j.amjcard.2017.12.005.

ACOI Benefiting Now from Campaign Funds

The ACOI Board of Directors is pleased to report in this and future issues of the ACOI information newsletter that the College is using campaign funds in creating a home for those who believe in the patient-centered, osteopathic approach to healthcare. Here are a few ways that the funds are being put to good use:

- The College is upgrading its use of technology that will allow us to offer CME in a variety of formats our members need.
- We should be recognized as a provider of CME that qualifies for both AOA and AMA credit, and meets the recertification requirements of both the AOBIM and the ABIM in late 2018.
- The ACOI will continue to emphasize the distinctive osteopathic approach that is both beneficial to patients and valued by them in all our continuing medical education offerings.
- The ACOI continues to provide hands-on assistance to residency programs as they seek allopathic accreditation, and to encourage them to secure Osteopathic Recognition as they make the transition. This will assure that the distinctive osteopathic philosophy imbued in students during their medical school years will continue during residency. It is gratifying that 100 percent of the ACOI internal medicine programs that have been reviewed by the ACGME have been granted initial accreditation.

Ask an Expert

Q: I think the stock market may go down soon. Is there a way that I can lock-in my market gains, get an annual income, and avoid paying capital gains taxes?

A: Yes. There are several ways you can lock-in your good fortune and help ACOI at the same time. You can donate some of your stock to a charitable trust that will pay you income for life based on the full present fair market value of your stock. You can choose to receive a fixed income equal to at least 5% (and up to 50%) of the initial value of your gift, or a fluctuating income equal to at least 5% (and up to 50%) of the annual value of the assets in the trust.

If you'd rather not set up a trust, you could establish a simple contract called a Charitable Gift Annuity with ACOI. It pays you a fixed percentage of your original gift for life. Rates are based on your age. The older you are, the higher the payment rate. For example, if you are single and 75 years-old, it can pay you 5.8% interest for life and if you are 85 it can pay you 7.8% for life. If you are younger, you can defer taking payments and lock-in attractive rates.

Whatever you decide, you can protect what your stock has earned and avoid paying capital gains that would be due if you sell the stock. The plans will provide you with a generous tax deduction now, and a portion of the income you receive will be tax-free.

To receive a personalized illustration by mail of how this can work for you and your situation, call Brian Donadio at 301-231-8877 and our planned giving consultant will create a confidential plan that you can share with your tax attorney or other planning professional.

Q: Because the estate tax exemption has now increased to \$11.2 million, the condo we were planning to leave to ACOI in our will now won't save us any estate taxes so what do you suggest we do?

A: You could consider retaining the right to use your condo for the rest of your lives but give the condo to ACOI now. If you were planning to leave the condo at your death, by giving it now and assuming it is worth about \$400,000 and you are 57 and 56 years old respectively, you could be entitled to an income tax deduction of about \$220,000 which will save more than \$81,000 if you are in the 37% tax bracket. If your condo is worth more than that, you will receive a larger tax deduction and save even more.

To receive a personalized illustration by mail of how this can work for you and your situation, please call Brian Donadio at 301-231-8877 and our planned giving consultant will create a confidential plan that you can share with your tax attorney or other planning professional.

Have You Moved?

Keep us updated.

If you have recently made any changes in your address, phone number or email, please notify the ACOI at

acoi@acoi.org

75th Anniversary Campaign Honor Roll of Donors

(Outright Gifts and Multi-Year Commitments of \$1,000 or more as of April 22, 2018)

The ACOI Board of Directors wishes to thank all ACOI members for their annual support for the College. The generous support of our 75th Anniversary Campaign donors is of the utmost importance as we seek to maintain an osteopathic approach to internal medicine for future generations of patients.

\$75,000

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Francis X. Blais, DO, FACOI

Robert E. Bulow, DO, FACOI

Boyd Buser, DO

Terry Bushnell, DO, FACOI

Kenneth E. Calabrese, DO, MACOI

Thomas A. Cavaliere, DO, MACOI

Humayun Chaudhry, DO, MS, MACOI

David Chesner, DO, FACOI

Barbara L. Cicone, Donor Strategies

Sharolyn Cook, DO, FACOI

Lawrence Cowsill, DO, FACOI

Carmella D'Addezio, DO, FACOI

Margaret Davenport, DO, FACOI

Kenneth P. Dizon, DO

Kathleen J. Drinan, DO, FACOI

Bruce D. Dubin, DO, MACOI

Susan E. Duke, DO, FACOI

Susan M. Enright, DO, FACOI

Ira Epstein, DO, FACOI

Mitchell D. Forman, DO, FACOI

Eric D. Good, DO, FACOI

Debora Goodrich DO, FACOI

and John Goodrich

David J. Greathouse, DO, FACOI

Robert T. Hastly, DO, FACOI

Dory Jarzabkowski, DO, FACOI

G. Michael Johnston, DO, MACOI

Robert Juhasz, DO, FACOI

Joanne Kaiser-Smith, DO, FACOI

and Kevin Smith

Michael Keefe, DO, MACOI

Marc M. Kesselman, DO, FACOI, FACC

Teresa M. Kilgore, DO, FACOI

Andrew Kotis, DO, FACOI

Cheryl Kovalski, DO, FACOI

Paul Kudelko, DO, MACOI

Nathan J. Landesman, DO, FACOI

Alexander "Sandy" Macnab

Daniel L. Maxwell, DO, FACOI

Timothy W. McNichol, JD

Michael J. Menolasino, III, DO, FACOI

Nathan Miller, DO, FACOI

Jo Ann Mitchell, DO, FACOI

Rizwan K. Moinuddin, DO

Joseph Namey, Jr., DO, MACOI

Donald S. Nelinson, PhD

V. Kim Newsome, DO, FACOI

and Tim Stainbrook, RN, BSN

Herbert Pasternak, DO, FACOI

Joanna Pease, DO, MACOI

William Peppo, DO, FACOI

Daniel K. Peshka, DO

John Prior, DO, FACOI

Bennet Radford, DO, FACOI

Jeffrey A. Ranalli, DO

and Trina A. Poretta, DO

Laura Rosch, DO, FACOI 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

Martin W. Schwarze, DO, FACOI

Suzanne Shenk, DO, FACOI

and Scott Siegal, DO, FACOI

Laura Smith, DO, FACOI

Duane Sossong, DO

David G. Stainbrook, Jr., DO, FACOI

Christina A. Stasiuk, DO

and George Farian, Esq.

W. W. Stoeber, 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

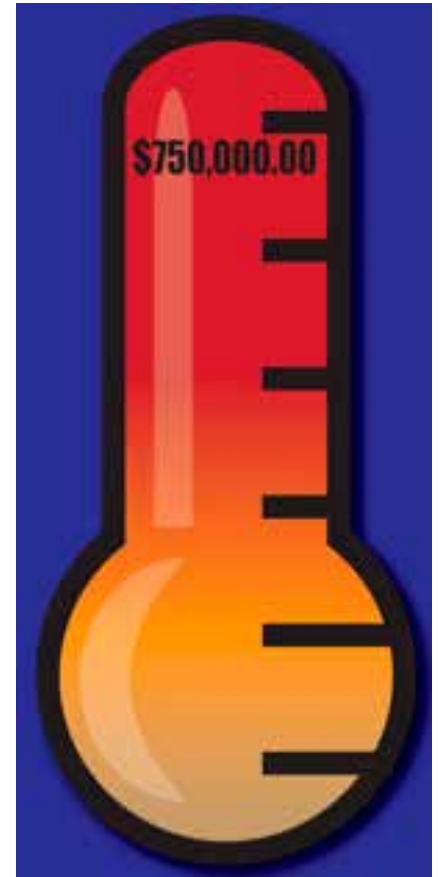
Thomas Waltz, DO, FACOI

R. Colin Wetz, DO, FACOI

Mark L. Woodard, DO, FACOI

William Zipperer, Jr., DO, FACOI

ACOI's 75th Anniversary Campaign Surpasses Goal – Raising \$841,195.95!



75th Anniversary Circle Tree is Growing! Still Time to Reserve Your Leaf!

The tree that started out with 100 leaves is now 125 leaves and growing! Due to the interest in being a 75th Anniversary Circle member, the ACOI has extended the deadline to June 30, 2018 to make a tax deductible gift of \$1000 to reserve your leaf. Visit www.acoi.org to make a credit card contribution, mail a check to the ACOI office at 11400 Rockville Pike, Suite 801, Rockville, MD 20852, or contact Katie Allen at katie@acoi.org or 301-231-8877.

How ACOI's Generational Advancement Fund is Making a Difference For A Student Leader



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

Meet **Fernando Magana Herrera** - 2nd Year medical student at Burrell College of Osteopathic Medicine in Las Cruces, New Mexico and SOIMA Immediate Past President. He served as the first student internal medicine club president of the brand new COM last year.

Fernando is from Dallas, Texas and did his undergraduate degree at the University of Texas Arlington. Fernando's great experience shadowing a DO cardiologist led him to decide to become an osteopathic physician. He chose to attend Burrell COM because he thought that as a new institution it would be a great learning opportunity to help start programs there.

Ms. Ciconte: Have you ever attended an ACOI Annual Convention?

Mr. Magana: Yes, I had the chance to attend the 2017 ACOI Convention at National Harbor, which was a terrific opportunity for me and two of my classmates. Our thanks to Dr. Muneer Assi, FACOI, for being our Faculty Advisor at BCOM and encouraging us to attend the convention. We found the sessions that Dr. Scott Girard developed for medical students extremely helpful. Because Burrell is so new, we don't have upperclassmen at our school. At the convention we were able to meet older medical students and learn how their programs work. Dr. Chris Sciamanna's presentation offered critical information on applying for residencies. It was also great to meet so many ACOI members, including current leaders like Dr. John Sutton.

Ms. Ciconte: As the IM Club President, have you had a Visiting Professor session?

Mr. Magana: Yes, we had Dr. Sutton, ACOI's Immediate Past President, conduct our first ACOI Visiting Professor session. The students loved his session on imaging and endocrinology. As it turned out, one of our faculty members, Dr. Richard Darrow, MACOI, who teaches endocrinology, had been one of Dr. Sutton's professors in medical school. It was great to have Dr. Darrow's former student addressing us about a field he truly loves. After his presentation to a group of 50 students, we appreciated having some one-on-one time with him to ask him specific questions about applying for fellowships and how to join the ACOI.

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

Mr. Magana: As you can imagine, there is a lot of stress in the lives of medical students with our studies, looking to what we need to do next, and, of

course, the debt we are incurring in becoming an osteopathic physician. I am pleased that Burrell provides the resources needed for mental health through hotlines and support groups.

Ms. Ciconte: How can ACOI help?

Mr. Magana: First and foremost, continue offering Visiting Professor sessions for medical students. The speakers enlighten us about the fields they have chosen and offer suggestions and recommendations for what we need to do next in pursuing our own careers. The ACOI educates us about the larger community of osteopathic internal medicine.

I know ACOI has a mentoring program but would like to see that program promoted to all medical students. Perhaps the College could conduct a monthly conference call for medical students to call in and talk with a mentor.

Ms. Ciconte: Your Visiting Professor session occurred thanks to gifts to the ACOI's Generational Advancement Fund. What would you say to encourage more ACOI members to contribute to the Fund?

Mr. Magana: First, I would thank them for being an ACOI member and for their financial support. I would ask them to recall what they needed when they were medical students. I know the Visiting Professor session introduced the DO community to our students and inspired our attendees to join ACOI. In many ways ACOI members who contribute to the Generational Advancement Fund are paying it forward! They are cultivating future leaders for ACOI and osteopathic internal medicine.

In closing, I want to thank Katie Allen and Susan Stacy at ACOI for all

PROFESSIONAL OPPORTUNITIES

July 2018 Pulmonary Fellowship Positions Available

Two PGY IV Pulmonary Medicine Fellowship positions are available beginning July 1, 2018 at Bay Area Medical Center in Corpus Christi, Texas. The ideal candidate must have completed an ACGME or AOA-approved Internal Medicine residency and meet requirements for board-eligibility before June 30, 2018.

Our Graduate Medical Education Programs include:

- Pulmonary Fellowship
- Cardiology Fellowship
- Internal Medicine Residency
- Dermatology Residency
- Pharmacy Residency

Our team is dedicated to delivering top patient care and advancing medical knowledge. With over 50 resident physicians and fellows currently practicing in our programs, we are continuing to grow.

Each fellow will have the opportunity to give numerous case presentations and participate in monthly journal clubs. Our programs are designed to equip each of our graduates with the tools they need flourish and succeed in their field.

If you have questions about our program or the application process, please contact the fellowship coordinator, Cheyenne Silva at 361-761-3436 or email Cheyenne.oneill@hcahealthcare.com.

Corpus Christi Medical Center

Bay Area Hospital and Doctor's Regional Hospital are two of six hospitals that make up Corpus Christi Medical Center, an HCA affiliate bringing the best in medical care to South Texas. Corpus Christi Medical Center has been a growing part of South Texas since 1962, what began as a 26 bed facility in the early 60s has grown into a 631 bed system offering a full range of health care services. For more information, please visit <http://ccmedicalcenter.com>.

The City of Corpus Christi

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

For information about the city of Corpus Christi, please visit

<http://www.visitcorpuschristitx.org>



ACOI Board Nominations Sought

Active members of the ACOI who are interested in serving on the Board of Directors are invited to contact the College's office and request a nominating packet. The members of the ACOI will elect three individuals to three-year terms on the Board at the Annual Meeting of Members, October 21 in Orlando, FL. As part of an ongoing self-assessment process, the Board has developed a position description for Board members, and a list of competencies that should be possessed by the Board as a whole. Potential candidates must complete an application form that allows them to describe how their experience and expertise match up with the desired competencies.

In order to be considered by the Nominating Committee, the completed nomination packet must be returned to the ACOI office no later than June 15, 2018. The slate of candidates will be announced in the July issue of the newsletter.

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.

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: Expired*

Internal Medicine Recertifying Examination

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

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

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

Subspecialty Certifying Examinations

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

- 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: May 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.*

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:

Brent Barnes, DO
Yvonne Bodemann, DO
Amir Chaudhari, DO
Kathryn Driza, DO
Tiffany Postell, DO
Jerry Pudusseri, DO
Omair Sheikh, DO
Zakaria Sheikhsaden, DO
Michelle Shukhman, DO
Yu-Hsuan Wang, DO

Associate Members:

Sanjay Bhatia, MD
Odalys Frontela, MD