

From President Carron The Caring Physician



Most of us went into medicine with the idea of helping others. Certainly, the thought of having a good lifestyle and earning the community's respect crossed our minds, but the hours spent in

training, debt amassed and limited salary for so many years are far too burdensome to go into medicine for the money. Even when we are making a good salary, the time away from our families, stress, and often moral injury we suffer in caring for patients can make us both forget and question why we went into medicine in the first place.

Last summer I was having some non-descript symptoms ultimately leading to a decision to have an EGD. My Osteopathic internist is part of a large multi-specialty group whose practice is that if you are seen by one of the internists in the group and referred to GI in the same group, you do not need to be seen by GI in office prior to a procedure. I was grateful to save the time for another office visit. I am at a new hospital, so do not know many of the docs yet.

In pre-op holding, the gastroenterologist came to say hello. He stood behind the

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Special Award Nominations Also Sought

Fellows Nominations Due May 17

The deadline for submitting nominations for the honorary degree of ACOI Fellow is May 17, 2019. 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. A link to eligibility information and nominating forms is found here: <https://www.acoi.org/membership/fellowship/fellow-nomination-information>

Recently-approved Bylaws changes 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.

Nominations also are sought for the Internist, Researcher and Teacher of the Year Awards, and Master Fellowship. The deadline for those nominations is June 1. Eligibility requirements are found at www.acoi.org.



Robert A. Cain, DO, FACOI Named AACOM President and CEO

The American Association of Colleges of Osteopathic Medicine (AACOM) announced this month that ACOI member Robert A. Cain, DO, FACOI, will become its next president and CEO. Dr. Cain currently serves as the Associate Dean for Clinical Education at the Ohio University Heritage College

of Osteopathic Medicine (OU-HCOM). Dr. Cain, who serves on the ACOI Board of Directors, was selected after an extensive, six-month nationwide search.

"Dr. Cain lives and breathes osteopathic medicine," said Lori A. Kemper, DO, Dean of the Arizona College of Osteopathic Medicine of Midwestern University (AZCOM) and Chair of the AACOM Board of Deans. "With extensive credentials in undergraduate medical education and graduate medical education, the board knew that the right person who could shape the next chapter of AACOM's history was Dr. Cain. We look forward to working with him as he transitions to one of the most important positions in medical education."

In addition to his role at Ohio University, Dr. Cain functions as the Chief Academic Officer for the Ohio Centers for Osteopathic Research and Education (CORE), a statewide medical education consortium. Prior to this university appointment, he served as the Director of Medical Education (DME) from 2006 to 2014, and as the Director of

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American College of Osteopathic Internists

In Service to All Members; All Members in Service

MISSION

The mission of the ACOI is to promote high quality, distinctive osteopathic care of the adult.

VISION

The ACOI seeks to be the organization that osteopathic internists think of first for education, information, representation and service to the profession.

VALUES

To accomplish its vision and mission, the ACOI will base its decisions and actions on the following core values:

LEADERSHIP for the advancement of osteopathic medicine

EXCELLENCE in programs and services

INTEGRITY in decision-making and actions

PROFESSIONALISM in all interactions

SERVICE to meet member needs

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Letter from the President

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bedside table and nurse and said, "Hello, so you are here for your routine colonoscopy?" I said, no, I am here for an EGD, referred by an internist in your group. He said "Oh, ok, see you after the procedure." No questions about my symptoms, no exam whatsoever, never even came around the bedside table. He then moved to the bay next to me when I heard him say, "Hello, so you are here for your routine colonoscopy?" That patient replied, "No, doc, I'm here because I am bleeding. Don't you remember me? I have some things I need to talk to you about." The doctor's reply was, "Oh ok, I will see you after procedure." He never discussed the patient's concerns with him.

After my procedure, I recovered and was dressed and waiting for the doctor to come discuss findings. The nurse had said there were some abnormal findings. After 20 more minutes or so, the nurse said, "Sorry you are waiting. You were the unlucky one to go first. He comes out only after every two procedures to talk to patients." After another 15 minutes, the gastroenterologist came out, waved at my husband and me, said "Everything's fine," and kept walking. I yelled, "But the nurse said some things were abnormal and I wanted to discuss my symptoms." He replied, "Nothing big. Make an appointment for the office."

The nurse then brought my discharge instructions and they were instructions for post-colonoscopy. I brought this to the nurse's attention, and she laughed and said, "Oh, he does that all the time," and used her pen to cross off colonoscopy instructions and handed them to me.

After having had the opportunity to review my records the next day, the procedure report was correct, but it indicated there was a complete H&P done with full exam and assessment stating "53 y/o female patient," and plan stating "routine colonoscopy."

I could not discern from the timing if he actually did an H&P before he even saw me, but he clearly made no connection between me as a patient and his documentation.

It was the most dehumanizing thing that has ever happened to me. Not to mention, I lost sleep over the poor guy next to me, wondering if he ever had his bleeding addressed, or if he would be my next palliative care consult for missed/poorly treated metastatic colon cancer. My first response was wanting to report this doctor to the state medical board. I handled it differently, but I regret not reporting him as he was not scared enough. It took him six months to correct my H&P.

While I do not personally know this doctor, I have to believe this is not what he imagined his practice would be like. He is overscheduling himself. Is it for the money? Is it because of pressure from his practice to bill more RVUs? Is the paperwork limiting his time to spend with patients? Have you ever documented all or part of an exam you didn't do? Do you have nurses making excuses for your behavior? (A systems sentinel event waiting to happen).

How much money do we really need?

Do you remember why you went into medicine?

ACOI has worked diligently over last several years to develop a plan to help our members stay true to why they pursued medicine. Principle-Centered Medicine puts down on paper in a new, real way, how to redefine Osteopathic medicine for the 21st century. You will see a lot more about this in the near future. It is guiding ACOI in how we develop our continuing education and other resources to help doctors/students maintain a sense of control though community, leadership, education and wellness. Sign up for one of our online or live activities now and stay posted!

It's always been within you.

Annette Carron, DO, CMD, FACOI, FAAHPM

President



government RELATIONS

Timothy McNichol, JD

CMS Final Rule Expands Coverage for Telehealth Services

The Centers for Medicare and Medicaid Services (CMS) released a final rule allowing Medicare Advantage (MA) plans the opportunity to expand coverage of telehealth services. Under the final rule, MA plans will be provided greater flexibility to expand their telehealth benefits beginning in 2022. In addition, the final rule will allow beneficiaries to receive the services in their homes. According to CMS Administrator Seema Verma, “With these new telehealth benefits, Medicare Advantage enrollees will be able to access the latest technology and have greater access to telehealth.” You can learn more by visiting www.cms.gov.

Medicare for All Legislation Introduced in the Senate

Healthcare reform remains an area of focus for the current Congress. With a number of elected officials positioning themselves on the issues of increased access and greater affordability, 15 senators recently introduced the “Medicare for All Act of 2019.” According to the sponsors of the legislation, a number of whom are White House hopefuls, the legislation would provide federal universal healthcare coverage with no out-of-pocket costs. In addition, the bill would expand current Medicare coverage to include dental, hearing and vision care, and home and community-based long-term care services, among other things. Opponents of the legislation have raised concerns with the projected cost of the legislation as well as the expanded roll government would play in providing healthcare coverage. Similar legislation was also recently introduced in the House. Action on the legislation is unlikely at this time. The ACOI will continue to monitor this and similar legislation intended to expand access to healthcare services.

Legislation Introduced to Prohibit Discrimination Based on Health Status

As the Affordable Care Act (ACA) again makes its way through the court system, Republican members of the Senate have introduced legislation to prohibit insurers from discriminating against beneficiaries based on health status by denying coverage or increasing premiums. While current law established under the ACA already includes these protections, a case working its way through the courts could possibly strike down the ACA in its entirety. As a result, preexisting condition protections currently in law would be vacated. The Administration has indicated that it has changed its original position and will no longer defend the ACA in court. It is likely that this issue will land before the Supreme Court. The ACOI is continuing to monitor this closely as the future court decisions will impact both patients and the physicians who care for them.

Bipartisan Drug Pricing Legislation Advances

Legislation was recently unanimously approved by the House Ways and Means Committee requiring drug manufacturers to publicly justify large price increases for existing drugs and high prices for new drugs. Under the legislation, beginning in 2021, a manufacturer would be required to submit a justification to the Department of Health and Human Services (HHS) if a drug price increases by more than 10 percent or \$10,000 over one year, or 25 percent or \$25,000 over three years. Further, a manufacturer would be required to justify a launch price of \$26,000 or more. The legislation would also require the Secretary of HHS to report to Congress on the price of drugs provided in the inpatient setting as well as disclose rebates, discounts and other price concessions, among other things. Concern about the rising cost of prescription drugs remains a common thread that connects both sides of the aisle and remains an area where common ground is likely to be found over the coming months. The ACOI is monitoring this and other bills intended to address the rising cost of prescription drugs.

ACOI Joins in Support of Graduate Medical Education Funding

The ACOI joined with nearly 70 physician organizations to support legislation that would increase Medicare funding for graduate medical education (GME). Specifically, legislation introduced in both the House and Senate would increase the number of residency training positions funded by Medicare by 3,000 per year over the next five years. With a projected shortfall of between 42,600 and 121,300 physicians by 2030, it is important for Congress to act now to ensure access to needed health care in the future. The legislation has been referred to committees of jurisdiction in the House and Senate where, to date, no additional action has been taken. This legislation will continue to be closely monitored.

Washington Tidbits

The longer the speech the better?

The Republican party was divided and the battle for the White House was bitter. One candidate represented the Republican establishment. The other represented a third-party with differing ideological views. On the evening of October 14, 1912 an attempt was made on the life of the third-party candidate who was once the face of the Republican party. The attempted assassination that evening in Milwaukee, Wisconsin failed to silence the intended target.

He began by saying, “Friends, I shall ask you to be as quiet as possible. I don’t know that you fully understand that I have just been shot.” The candidate then proceeded to deliver a 90-minute speech with the assassin’s bullet lodged in his chest. It appears that the bullet was slowed by a steel-enforced glass case and a copy of the speech, all 50 pages of it! It turns out that this was not the candidate’s first experience with assassination attempts. The candidate himself ascended to the Presidency with the successful assassination attempt of President William McKinley. While Theodore Roosevelt survived the attack that evening, he failed to win election to a third term.



coding **CORNER**

Jill M. Young, CPC, CEDC, CIMC

Jill Young, CPC, CEDC, CIMC, is the principal of Young Medical Consulting, LLC, a company founded to meet the education and compliance needs of physicians and their staff. Jill has over 30 years of medical experience working in all areas of the medical practice. You can reach Jill by emailing her at youngmedconsult@gmail.com.

Amending Medical Records - Exercise Extreme Caution

All too often a physician is asked to amend a medical record. You or your staff are told, “All you need to do...” is add a few words or re-word the diagnosis. Be careful and exercise extreme caution! It is generally not acceptable just to add a few words into a paper or electronic medical record. Amendments should be made only for the proper reasons and should include documentation of the reason the record was changed.

When physician offices worked with mostly paper records, most providers and staff knew never to white-out or black-out incorrect text. Rather, instructions from CMS were to use a single line strike-through allowing the original text to remain visible. The person signing and dating the revision needed to be the author of both the original documentation and the altered material.

Medical record keeping within an electronic health record (EHR) now deserves special attention. Simply striking through text doesn't work. As a result, CMS revised the regulations in 2015 to provide the following:

The principles specified remain fundamental and necessary for document submission to MACs, CERT, Recovery Auditors, and ZPICs. Records sourced from electronic systems containing amendments, corrections or delayed entries must:

- a. Distinctly identify any amendment, correction or delayed entry, and
- b. Provide a reliable means to clearly identify the original content, the modified content, and the date and authorship of each modification of the record. (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R615PI.pdf>)

As a result, deleting and re-writing text remains unacceptable and could be compared to whiting out and re-writing in a paper chart. The best guidance I have found among the MAC's is from Noridian Healthcare Solutions on a page called “Documentation Guidelines for Amended Medical Records.” Noridian is a Part A and B Medi-

care contractor for Jurisdiction E and F that includes AK, AZ, CA, HI, ID, MT, ND, NV, OR, SD, UT, WA and WY. Not only does the resource give useful information on how to make a late entry or an addendum or correction, it also includes a section titled “Falsified Documentation” that states the following:

Corrections to the medical record legally amended prior to claims submission and/or medical review will be considered in determining the validity of services billed. If these changes appear in the record following payment determination based on medical review, only the original record will be reviewed in determining payment of services billed to Medicare.

Appeal of claims denied on the basis of an incomplete record may result in a reversal of the original denial if the information supplied includes pages or components that were part of the original medical record, but were not submitted on the initial review. (<https://med.noridianmedicare.com/web/jeb/cert-reviews/mr/documentation-guidelines-for-amended-records>)

The next time you are asked to make a change to a medical record, take a moment and ask yourself if you forgot to document something, or if you are being asked to make the change for reimbursement purposes, only. If it's the latter, ask yourself the question again and then read the information on the Noridian page on Falsified documentation before making any amended entries.



talking science & education

Donald S. Nelinson, PhD

Greetings colleagues and welcome to the April issue of Talking Science and Education for 2019. Writing to you today from Vermont where we are in mud season, and the first black bear sighting has been made!

In last month's population health quiz, we asked what is the prevalence of obesity in the US among adults 25 and older who are high school graduates with no college experience? The nation's overall obesity rate rose five percent in the past year, with one in three adults now experiencing obesity. Subpopulation data show that adults aged 25 and older with a high school diploma, but no college, have a 36.1% rate of obesity. As we are all aware, obesity continues to be a leading cause of cardiovascular disease and cancer — chronic diseases that are contributing to premature death rates. Dr. Jennifer Leavitt of Parkersburg, WV was the first respondent with the correct answer. Congratulations Dr. Leavitt, your prize is on its way!

As we examine population health trends in 2018, there are many successes and challenges. This month we look at the decrease in the number of children in poverty. Between the years 2013 and 2018, what was the percent decrease of children in poverty?

- A. 30%
- B. 5%
- C. 19%
- D. 12%

Join our previous winners by sending your answer, but remember: no Googling!!!

Send your answer to don@acoi.org and win valuable prizes!

Talking Education

In this column, I often discuss undergraduate medical education (UME) and graduate medical education (GME) issues. However, as the majority of our readers are in hospital or community-based practices, I wanted to revisit a topic that is important to clinicians: does CME work? By “work,” I mean does it change physician behavior, and ultimately does it have an impact on patient care and outcomes? In 1995, Davis et. al. published a major systematic review showing factors that characterized CME activities that had an impact on physician behavior (70%) and patient outcomes (48%)². Conventional methods (lecture with Q&A) had little impact on either outcome. Augmenting activities with integrated interactivity, pre- and post-activity experiences (longitudinal interventions), and enabling, or practice-enhancing components, have been found to have a greater impact on outcomes. In addition, practice-based CME showed stronger outcomes. Of course, Davis' systematic review included no online CME activities.

Davis' research has been replicated and validated several times over the years. In 2015, Cervero and Gaines published a study that synthesized the systematic review literature about CME effectiveness published between 2003 and 2014³.

The authors sought to answer the questions: (1) Does CME improve physician performance and patient health outcomes? and (2) What are the mechanisms of action that lead to positive changes in these outcomes? The authors found: (1) CME does improve physician performance and patient health outcomes, and (2) CME has a more reliably positive impact on physician performance than on patient health outcomes. The systematic reviews they analyzed support previous research showing CME activities that are more interactive, use more methods, involve multiple exposures, are longer,

and are focused on outcomes that are considered important by physicians lead to more positive outcomes.

The importance and value of evidence-based continuing medical education and professional development is something ACOI is committed to nurturing in our live and online activities housed on our learning management system. We invite our members interested in developing evidence-based educational activities or serving as faculty to contact ACOI.

Diabetes Dialogues

ADA Updates Standards of Care in Diabetes Based on New Data

The American Diabetes Association (ADA) has made three important updates to its 2019 Standards of Medical Care in Diabetes pertaining to cardiovascular and kidney disease.¹

Starting in 2018, the ADA began making real-time revisions to its online Standards document based on new developments, such as newly-published studies or product approvals, rather than waiting until the end of each year to update recommendations.

This so-called “Living Standards of Care” is available online in Diabetes Care.

The ADA concluded On March 27, 2019 that recently-published research indicated an urgent need to update the 2019 Standards of Care to ensure optimal treatment recommendations for people with cardiovascular disease and diabetes, and for those with chronic kidney disease and diabetes.

Section 10, on cardiovascular disease and risk management, was revised to include a recommendation based on the outcomes from the Reduction of Cardiovascular Events with Icosapent Ethyl Intervention Trial (REDUCE-IT) advising that icosapent ethyl (Vascepa) be considered to reduce cardiovascular risk in patients with diabetes and atherosclerotic cardiovascular disease, or other cardiac risk factors, who are taking a statin and have controlled low-density lipoprotein cholesterol (LDL-C), but elevated triglycerides.

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US-Trained DOs Recognized as Equal to MDs in 20 African Countries

(The following is excerpted from a recent edition of *The DO* magazine.)

The medical regulatory boards of 20 African countries will recognize U.S.-trained DOs as equal to U.S.-trained MDs. This means DOs who seek to practice in these countries will be recognized and registered in the same manner as MDs.

The Association of Medical Councils of Africa (AMCOA) recently approved a resolution granting the American Osteopathic Association's request that AMCOA recognize U.S.-trained DOs as fully licensed physicians with practice rights equivalent to MDs.

Last year, the AOA helped secure recognition of DOs from the United Nations International Labor Organization (ILO). ILO issued a letter affirming that U.S.-trained DOs are fully licensed physicians who prescribe medication and perform surgery. The AOA used that letter as supporting evidence in its AMCOA resolution.

ACOI member and past president, Humayun J. "Hank" Chaudhry, DO, MACOI, CEO of the Federation of State Medical Boards and former chair of the International Association of Medical Regulatory Authorities (IAMRA), played a key role in supporting the request. "The resolution's passing is a significant win for all DOs," noted Dr. Chaudhry. "This is a historic milestone in the advancement of the osteopathic medical profession around the globe and on the African continent in particular," he said.

AMCOA is a transnational organization that sets standards for quality and safety in its 20 member countries, which include Botswana, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mauritius, Namibia, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

In addition to practice opportunities, the resolution will help facilitate DO and osteopathic medical student participation in faculty exchanges, global outreach projects and international research. Achieving recognition across Africa positions the AOA to work with the global regulatory coalition IAMRA to secure a similar declaration.

You can read the full story here: <https://thedo.osteopathic.org/2019/04/u-s-trained-dos-recognized-as-equal-to-mds-in-19-african-countries/>

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

Dr. Cain

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the Internal Medicine residency program from 1999 to 2007 at Grandview Hospital in Dayton, OH.

Over the past two decades, Dr. Cain has served on a number of local, state, and national committees, task forces, and boards in a variety of roles, including the ACOI Council on Education and Evaluation and Executive Committee, the American Osteopathic Association (AOA) Council on Postdoctoral Training Institutions (COPTI), the AOA Council on Postdoctoral Training (COPT), the AOA and AACOM Blue Ribbon Commission on Osteopathic Medical Education, and as the First Chair of the Accreditation Council for Graduate Medical Education (ACGME) Osteopathic Principles Committee. He also served as President of the Association of Osteopathic Directors and Medical Educators (AODME, now known as the AOGME).



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(Outright Gifts and Multi-Year Commitments of \$1,000 or more as of April 15, 2019)

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Janice A. Knebl, DO, MACOI
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. Moynuddin, DO
and Mahnaz Ali, 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, MACOI
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 M. Farion, Esq.
W. W. Stoeve, 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
Ronald L. Walsh, DO, MACOI
Thomas Waltz, DO, FACOI
R. Colin Wetz, DO, FACOI
Mark L. Woodard, DO, FACOI
William Zipperer, Jr., DO, FACOI

Science & Education

continued from page 6

That section — as well as Section 9 on pharmacologic approaches to glycemia treatment, and Section 11 on microvascular complications and foot care — also includes several revisions based on the Dapagliflozin Effect on Cardiovascular Events - Thrombosis in Myocardial Infarction 58 (DECLARE-TIMI 58) trial, in which the sodium-glucose cotransporter type 2 (SGLT2) inhibitor dapagliflozin (Farxiga, AstraZeneca) reduced hospitalization for heart failure and progression in chronic kidney disease (CKD).

Also regarding dapagliflozin use in Section 11, a revision reflects the recent label change to include approved use in CKD down to an eGFR ≥ 45 mL/min/1.73 m² (previously ≥ 60 mL/min/1.73 m²).

Under this new process, the online version of the Standards and downloadable PDF are updated and revised throughout the year with highlighted annotations added to the text.

For each “living” Standards update, ADA notifies readers through emails, websites, and social media. Other materials, including the Standards of Care slide deck, app, and professional education programs, are also revised for consistency. Given the long legacy of guideline updates trailing behind medical innovations and data, the “living” Standards initiative seems a meaningful advancement for clinicians.

¹ADA. Standards of Medical Care. *Diabetes Care*. 2019;42(Suppl 1)

²Davis A. Changing physician performance. *JAMA*. September 6, 1995; 274(9)

³Cervero RM, Gaines JK. The impact of CME on physician performance and patient health outcomes: an updated synthesis of systematic reviews. *J Contin Educ Health Prof*. 2015 Spring;35(2):131-8. doi: 10.1002/chp.21290

Interview With Kevin P. Hubbard, DO, MACOI



Meet Kevin P. Hubbard, DO, HMDC, MACOI, Chair, Primary Care Medicine Department on the Kansas City Campus of Kansas City University - College of Osteopathic Medicine. After graduating in 1986 from KCU, Kevin did an internship in Tulsa, his residency at University Hospital in Kansas City and the Normandy Osteopathic Hospitals in St. Louis, and a Fellowship in Hematology and Medical Oncology at MD Anderson Cancer Center in Houston, Texas. He joined the adjunct faculty at Kansas City University in 1992, and became full-time faculty there in 2012. Kevin is a past president of the ACOI, is the co-director of the Internal Medicine Board Review Course, and currently serves, or has served, on the ACOI Development, CME and Information Technology Committees. He is the author of A History of Osteopathic Internal Medicine, Celebrating the ACOI's First 75 Years.

opment, CME and Information Technology Committees. He is the author of A History of Osteopathic Internal Medicine, Celebrating the ACOI's First 75 Years.

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

Dr. Hubbard: The nurturing and welcoming nature of the College has made my volunteering most enjoyable. In my experience, I found great support and encouragement among the members and staff that helped my time and efforts contribute to the College's success. The ACOI is the only organization that looks after osteopathic internists and can provide what we need to better help our patients.

Ms. Cicone: Regarding your efforts and involvement with the College, what are you most proud of ACOI accomplishing?

Dr. Hubbard: Looking back, there are many things that I am proud that the College was able to accomplish over the years. However, the thing I am most proud of now is how farsighted the ACOI and its Board of Directors are in advocating and creating what osteopathic internists need for their practices. The AOA/MD single accreditation decision caused the ACOI leadership to look at how the College can provide the services we need given the changes that decision mandated. I believe the ACOI demonstrated an incredible ability to be farsighted in its strategic planning to help transform the College.

Ms. Cicone: In addition to sharing your time and talents with ACOI, you have made financial contributions to ACOI over and above your dues, including a generous contribution to the 75th Anniversary Campaign. Why did you choose to make a gift? What do you think ACOI should do and say to encourage members to support the College financially?

Dr. Hubbard: When I look at which organizations to support, there is none better than the ACOI because of what it provides for me and allowed me to do over the years. It is not a hardship or burden, but an honor to give.

I would tell others to support the College in order to sustain it for future generations. In many ways, we are taking care of our "professional grandkids" through our financial contributions. All of us need to help the ACOI be what it needs to be, not just through our membership and involvement, but also by being generous. I believe if you are blessed by service or ministry, if you have benefited, if you care about the osteopathic internists who will follow us, you should then "give back" by becoming an ACOI donor.

Ms. Cicone: You and your wife are Charter Members of ACOI's Legacy Society that recognizes individuals who have included the College in their estate plans. Why did you choose to make this ultimate contribution? What would you say to others about becoming a member of the Legacy Society?

Dr. Hubbard: My wife and I believe our lives need to be about giving and serving. We are trying to help generations to come. Even in our death, we want to insure that the ACOI continues to be the premier organization that looks after osteopathic internists and provides what we need for the best patient-centered care.

Joining the Legacy Society is a wonderful way for ACOI members to leave a mark for future generations of osteopathic internists. I would ask - What do you want your own legacy to be?

Ms. Cicone: Given the challenges facing osteopathic internal medicine, what does ACOI need to do to continue to serve its members in the future?

Dr. Hubbard: The single most important thing for the College to do is to continue to advocate for osteopathic internal medicine enabling the organization to grow and flourish. At first, many felt that the single accreditation decision could be a death blow for the ACOI. Now, thanks to the strategic direction the ACOI leadership is taking it is seen as having great potential to lead the College into its future.

Ms. Cicone: Any closing comment or thought?

Dr. Hubbard: The ACOI is where it is today because of the people in the past who contributed their time, talents and treasure. It is now this generation's turn to follow their lead in acting for the benefit of the organization and future generations of osteopathic internists.

Ms. Cicone: Dr. Hubbard, ACOI is indeed grateful to you for your generosity, leadership and dedication to the College and the principles of osteopathic internal medicine.

Add Your Name to Leave a Legacy

Members of the ACOI Legacy Society have done their part to ensure the future of the College. A special thank you to our Charter Members!

If you are not a member, please look at the names listed and consider adding yours to those who have made a provision in their estate plans, typically with a bequest provision, that will provide support in the future.

It will bring you peace of mind knowing that you have done your part to ensure that those who will enter the profession in the future will have access to the same education, support, and mentoring that you have received. Think of it as paying your dues forward with a bequest of \$10,000 or more, leaving a legacy and mentoring those you will never know but who will provide future generations with the kind of patient-centered care that you have built a career providing.

New members will be recognized at the 2019 ACOI Convention in Phoenix. Be among those who will receive a certificate and a unique crystal memento that shows that you have proudly made an investment in the future of the profession.

If you would like to have the ACOI planned giving consultant talk with you about creative ways you can join the Legacy Society now and receive a lifetime income, please contact Brian Donadio via email at bjd@acoi.org or call 301-231-8877 to let us know how and when to contact you.

Legacy Society Charter Members

Dr. Jack and Jocelyn Bragg

**Dr. John and
Dr. Michelle Bulger**

**Dr. Mathew and
Marbree Hardee**

**Dr. David and
Rita Hitzeman**

**Dr. Robert and
Donna Juhasz**

**Dr. Karen and
Jim Nichols**

Dr. Eugene and Elena Oliveri

**Dr. Frederick and
Amy Schaller**

75th Anniversary Fundraising Campaign

How Your Contributions Have Been Put to Use



The ACOI has used the funds raised in the successful 75th Anniversary Campaign to create a home for those who believe in the patient-centered, osteopathic approach to healthcare that we call Principle-Centered Medicine. More information about this will be forthcoming soon.

Meanwhile, in the past three years, we have hired staff and accomplished the following:

- Achieved accreditation from the Accreditation Council for Continuing Medical Education (ACCME) as a CME provider. Our CME now can provide AOA and AMA credit and meets the recertification requirements of both the AOBIM and the ABIM.
- Upgraded our technology to allow ACOI to offer CME in a variety of new, mobile-friendly formats that our members need. The new ACOI Online Learning Center now houses more than 100 CME credit opportunities that can be accessed anywhere, anytime.
- Provided hands-on assistance to residency programs as they seek allopathic accreditation while encouraging them to secure Osteopathic Recognition as they make the transition. This assures that the distinctive osteopathic philosophy imbued in students during their medical school years will continue during residency. The overwhelming majority of both internal medicine and subspecialty programs have been approved by the ACGME.
- Became the first osteopathic specialty to be granted an ex officio seat on an ACGME Residency Review Committee.

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:

Shirley O. Ayuk-Takem, DO

Kathryn O. Das, DO

Kelly S. Biddle, DO

Gammal Hassanien, DO

Shannon Beck Keating, DO

Kyle Steven Marcotte, DO

M. Shane Patterson, DO

Danielle Thomas, DO

Karen Wiarda, DO

Todd B. Wissner, DO

Patient-Focused. Evidence-Based. Physician-Led.

When you join Northwest Permanente, P.C., you will have the chance to practice in an environment that offers ample opportunity to pursue and achieve your personal and professional goals. You will benefit from a comprehensive network of support services and a talented team of colleagues who share your passion for medicine and patient care.

We invite you to consider Primary Care or Urgent Care opportunities with our physician-managed, multi-specialty group of over 1,500 physicians and clinicians who care for over 600,000 members throughout Oregon and Southwest Washington.

PRIMARY CARE and URGENT CARE PHYSICIANS

Opportunities available in Portland and Salem, OR, and SW WA, including Longview.

As one of the nation's pre-eminent health care systems and a benchmark for comprehensive, integrated and high-quality care, we offer a variety of opportunities to grow and hone your skillset. We offer leadership, research and teaching opportunities, as well as new physician mentorship programs, cross-specialty collaboration, career growth and stability.

Our physicians enjoy:

- Competitive salary and benefit package
- Student loan assistance program
- Education stipend and leave for continued medical education
- Professional liability coverage
- Generous retirement programs

Join us and be a part of something unique, something special, something that matters.

To apply, please visit: <http://nwp.kpphysiciancareers.com>.

Please contact Sr. Recruiter, Marisa Walter, at Marisa.E.Walter@kp.org or 503-813-1045, with any questions. EOE

Find Your Career at CHSU

CHSU College of Osteopathic Medicine is hiring full-time and part-time positions in UME with future potential in GME.

Classes begin Summer 2020. Apply at CHSU.edu



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Join the New Sustainers Club Today

The ACOI's Sustainers Club is growing! The College is pleased to welcome and recognize the following members of our new Sustainers Club:

Lee Peter Bee, DO, FACOI

Robert A. Cain, DO, FACOI

Janet Cheek, DO, FACOI

David J. Mohlman, DO, FACOI

Jeffrey Packer, DO, FACOI

Laura Rosch, DO, FACOI

Christine and Nathan Samsa, DOs, FACOIs

Samuel Snyder, DO, FACOI

BECOME A MEMBER OF
THE NEW ACOI
SUSTAINERS CLUB

Help the College Better Plan
for Its Future!

Sustainer Club Members
contribute on a monthly basis.
Benefits of being a Sustainer
Club member include:

- Invitations to donor events at ACOI meetings
- Update communications from ACOI leaders twice a year
- Special recognition as Sustainers Club members in ACOI publications and the website

Sign Up Today by clicking
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to make a credit card
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allowed by law.*

American College of Osteopathic Internists INTERNAL MEDICINE BOARD REVIEW COURSE Marriott Baltimore Waterfront Hotel • May 8-12, 2019

Course Description and Learning Objectives

This 5-day course will provide an intensive and comprehensive overview of most of the major areas of importance to physicians preparing for the American Osteopathic Board of Internal Medicine Certifying Examination and Recertifying Examination (September 3-5, 2019). It will also provide a thorough overview of major areas of internal medicine. Special emphasis will be placed on recent advances in various subspecialty areas in internal medicine and clinical skills management as they pertain to clinical practice and the examinations.

Several "Board-type" questions will be included during each lecture to improve registrants' readiness to respond to examination questions. The lectures will be given by distinguished faculty who are recognized for their ability as outstanding teachers and clinicians. A detailed syllabus will be provided to registrants. Immediately following each day's lectures, designated faculty from each subspecialty area will be available for a question and answer period.

GENERAL INFORMATION

Recommended Audience

This postgraduate course is appropriate for physicians who provide personal care to adults: general internists; family physicians; residents and fellows-in-training; and subspecialists who want to remain current in the field of internal medicine.

Course Location

The Baltimore Marriott Waterfront Hotel is located at 700 Aliceanna Street, Baltimore, MD 21202. For hotel information, call 1-877-212-5752. A special room rate of \$199/per night (plus 15.5% tax) has been arranged for this meeting. Reservations must be made by April 16, 2019 in order to receive this special ACOI discounted room rate. Reservations may be made online at <https://book.passkey.com/go/ACOIJointReview2019>.

Course Directors

Kevin P. Hubbard, DO, MACOI and Scott L. Spradlin, DO, FACOI.

Syllabus

The syllabus included with registration is provided electronically (you will need a lap top or tablet to follow the agenda on site) and includes the following material: Expanded narrative/lecture content, including all information the instructors deem vital to board preparation; replication of key slides; a bibliography of key references and suggested readings; and board-type questions directly relating to each presentation as an aid in board exam preparation. **Those who prefer a printed binder may order one for an additional \$80.**

Early Registration

Register early to ensure a place in this course and to qualify for the early registration discount, which expires on April 16, 2019.

Discounted Fees For Residents

Residents and students receive a \$100 discount off the regular registration fees.

Refunds

A processing fee of \$100 will be charged for cancellations received at any time. Cancellations must be received in writing no later than April 16, 2019 in order to obtain a refund. Fees for registrations cancelled after that date will be applied toward a future ACOI meeting registration, minus the \$100 processing fee.

Accreditation and Credit Designation Statements

The American College of Osteopathic Internists (ACOI) is accredited by the American Osteopathic Association to provide continuing medical education to physicians and has designated this live CME activity for a maximum of 40.75 AOA Category 1A credit.

The American College of Osteopathic Internists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American College of Osteopathic Internists designates this live activity for a maximum of 40.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclaimer

Participants should be aware that the certifying and recertifying examinations in internal medicine are prepared by the American Osteopathic Board of Internal Medicine, an organization independent from the American College of Osteopathic Internists. Although the general areas of content have been announced, the questions on the examinations are confidential and have NOT been made available to any organizations, societies or schools preparing "board review courses." Physicians considering taking such a course should realize that as a result of this confidentiality, the courses cannot be uniform and cannot purport to anticipate the examinations' actual content.

Official Car Rental

The following discount fares arranged with Hertz are good for May 1-19, 2019. Call 800 654-2240 and refer to **CV#04130013**.

CAR CLASS	DAILY Per Day	WEEKEND Per Day	WEEKLY 5-7 Days
A-ECONOMY	\$39.00	\$19.00	\$169.00
B-COMPACT	\$42.00	\$21.00	\$174.00
C-MID-SIZE	\$45.00	\$23.00	\$184.00
D-STANDARD	\$49.00	\$25.00	\$194.00

CAR CLASS	DAILY Per Day	WEEKEND Per Day	WEEKLY 5-7 Days
F-FULLSIZE 4DR	\$55.00	\$33.00	\$205.00
G-PREMIUM	\$69.00	\$69.00	\$345.00
I-LUXURY	\$89.00	\$89.00	\$399.00
Q4-MIDSIZE SUV	\$62.00	\$62.00	\$299.00
L-STANDARD SUV	\$74.00	\$74.00	\$339.00

CAR CLASS	DAILY Per Day	WEEKEND Per Day	WEEKLY 5-7 Days
R-MINIVAN	\$79.00	\$79.00	\$399.00
U-CONVERTIBLE	\$75.00	\$75.00	\$413.00
T-LARGE SUV	\$115.00	\$115.00	\$549.00
T6-PRM XCAP SUV	\$130.00	\$130.00	\$715.00

ACOI 2019 BOARD REVIEW COURSE AGENDA

WEDNESDAY, MAY 8

6:30-7:00 am	Continental Breakfast
Hematology	
7:00-7:30 am	Benign Hematology - <i>Cheryl D. Kovalski, DO, FACOI</i>
7:30-8:00 am	Disorders of Hemostasis - <i>Cheryl D. Kovalski, DO, FACOI</i>
8:00-8:30 am	Basic Oncology, Markers, Genes - <i>Kevin P. Hubbard, DO, MACOI</i>
8:30-9:00 am	Clinical Oncology, Physical Diagnosis, Systemic Manifestations, Chemotherapy - <i>Kevin P. Hubbard, DO, MACOI</i>
9:00 – 9:30 am	Leukemia and Lymphoma - <i>Cheryl D. Kovalski, DO, FACOI</i>
9:30 - 9:45 am	Coffee Break
Oncology	
9:45-10:15 am	Oncology Palliative Care Session – <i>Kevin P. Hubbard, DO, MACOI</i>
10:15-10:45 am	Myelodysplastic Syndrome & Plasma Cell Dyscrasias <i>Cheryl D. Kovalski, DO, FACOI</i>
10:45-11:15 am	Cancer in Men-Prostate, Testes and Kidney - <i>Kevin P. Hubbard, DO, MACOI</i>
11:15-11:45 am	Cancer in Women - Breast, Uterus and Ovary - <i>Kevin P. Hubbard, DO, MACOI</i>
11:45-12:00 pm	Hem/Onc Board Review Questions - <i>Kevin P. Hubbard, DO, MACOI and Cheryl D. Kovalski, DO, FACOI</i>
12:00 pm-1:00 pm	Lunch Break
Endocrinology	
1:00-1:30 pm	Parathyroid Disease; Calcium Metabolism; Osteoporosis <i>Jack L. Snitzer, DO, FACOI</i>
1:30- 2:00 pm	Disease of the Thyroid - <i>John R. Sutton, DO, FACOI</i>
2:00-2:30 pm	Endocrine Pancreas; Diabetes Mellitus; Metabolic Syndrome <i>Jack L. Snitzer, DO, FACOI</i>
2:30-3:00 pm	Endocrine Board Review Questions - <i>Drs. Snitzer and Sutton</i>
3:00-3:15 pm	Coffee Break
3:15-3:45 pm	Disease of the Adrenals and Gonads - <i>John R. Sutton, DO, FACOI</i>
3:45-4:15 pm	Pituitary and Related Disorders - <i>Jack L. Snitzer, DO, FACOI</i>
4:15-4:45 pm	Interactive Identification Optic Fundi and Endocrine Physical Findings <i>John R. Sutton, DO, FACOI</i>
4:45-5:00 pm	Endocrine Board Review Questions - <i>Drs. Sutton and Snitzer</i>

THURSDAY, MAY 9

6:30 – 7:00 am	Continental Breakfast
Rheumatology	
7:00-7:30 am	Rheumatoid and Osteoarthritis - <i>Robert L. DiGiovanni, DO, FACOI</i>
7:30-8:00 am	Vaculitis - <i>Robert L. DiGiovanni, DO, FACOI</i>
8:00-8:30 am	Scleroderma, Lupus and Dermatomyositis - <i>Howard L. Feinberg, DO, FACOI</i>
8:30-9:00 am	SpA-Spondyloarthritis - <i>Robert L. DiGiovanni, DO, FACOI</i>
9:00-9:15 am	Coffee Break
9:15-9:45 am	Gout and Pseudogout-Crystal Arthropathies - <i>Howard L. Feinberg, DO, FACOI</i>
9:45-10:15 am	Osteomyelitis, Septic Arthritis, Lyme Arthritis, Rheumatic Fever & AID Arthritis <i>Howard L. Feinberg, DO, FACOI</i>
10:15-10:30 am	Joint Fluid Analysis - <i>Drs. Feinberg and DiGiovanni</i>
10:30-10:45 am	Rheumatology Board Questions - <i>Drs. Feinberg and DiGiovanni</i>
Infectious Diseases	
10:45-11:15 am	Clinical Microbiology - <i>Gerald W. Blackburn, DO, MACOI</i>
11:15-11:45 am	Pneumonia & TB - <i>MarkAlain Dery, DO, FACOI</i>
11:45 am-12:45 pm	Lunch Break
12:45-1:15 pm	Endocarditis & Prophylaxis; Infectious GI Diseases <i>Gerald W. Blackburn, DO, MACOI</i>
1:15-1:45 pm	CNS Infections - <i>MarkAlain Dery, DO, FACOI</i>
1:45-2:15 pm	HIV/AIDS - <i>Gerald W. Blackburn, DO, MACOI</i>
2:15-2:45 pm	Hemorrhagic Fevers & Fevers of Unknown Origin - <i>MarkAlain Dery, DO, FACOI</i>
2:45-3:00 pm	Infectious Disease Board Review Questions - <i>Drs. Blackburn and Dery</i>
Allergy/Immunology	
3:00-3:15 pm	Coffee Break
3:15-3:45 pm	Clinical Basis of the Immune Response and the Complement Cascade - <i>Bryan L. Martin, DO, FACOI</i>
3:45-4:15 pm	Asthma - <i>Jonathan M. Horbal, DO, FACOI</i>
4:15-4:45 pm	Systemic Allergic Disorders, Immunodeficiency and Immunoglobulin Disorders - <i>Bryan L. Martin, DO, FACOI</i>
4:45-5:15 pm	Food, Sinusitis, Rhinitis and Drug Allergy - <i>Jonathan M. Horbal, DO, FACOI</i>
5:15-5:45 pm	Allergic Skin Disorders and HAE - <i>Bryan L. Martin, DO, FACOI</i>
5:45-6:00 pm	Allergy/Immunology Board Review Questions - <i>Drs. Martin and Horbal</i>
6:00-7:15 pm	Welcome Reception

FRIDAY, MAY 10

6:30-7:00 am	Continental Breakfast
Pulmonary Diseases	
7:00-7:30 am	Respiratory Failure, Ventilator Therapy and PFT - <i>Thomas F. Morley, DO, MACOI</i>
7:30-8:00 am	Chronic Obstructive Lung Disease - <i>Amita Vasoya, DO, FACOI</i>
8:00-8:30 am	Restrictive Lung Disease - <i>Thomas F. Morley, DO, MACOI</i>
8:30-9:00 am	Lung Cancer and Paraneoplastic Syndromes - <i>Amita Vasoya, DO, FACOI</i>
9:00-9:15 am	Coffee Break
9:15-9:45 am	Pulmonary Thromboembolism - <i>Thomas F. Morley, DO, MACOI</i>
9:45-10:15 am	Unknown PFTs, Chest X-rays - <i>Drs. Vasoya and Morley</i>
10:15-10:45 am	Sleep Medicine Case Studies – <i>Timothy J. Barreiro, DO, FACOI</i>
10:45-11:15 am	Critical Care Case Studies – <i>Timothy J. Barreiro, DO, FACOI</i>
11:15-11:45 am	Pulmonary/Sleep/CCM Board Review Questions - <i>Drs. Barreiro, Morley and Vasoya</i>
11:45 am-1:00 pm	Lunch Break
Nephrology	
1:00-1:30 pm	Acute Kidney Injury and Chronic Kidney Disease - <i>Mark D. Baldwin, DO, FACOI</i>
1:30-2:00 pm	Tubulointerstitial Disease - <i>Mark D. Baldwin, DO, FACOI</i>
2:00-2:30 pm	Glomerulonephritis-Diagnosis and Management - <i>John E. Prior, DO, FACOI</i>
2:30-2:45 pm	Nephrology Board Review Questions - <i>Drs. Baldwin and Prior</i>
2:45-3:00 pm	Coffee Break
3:00-3:30 pm	Case Studies of Electrolyte Disorders - <i>Mark D. Baldwin, DO, FACOI</i>
3:30-4:00 pm	Case Studies of Acid/Base Disorders - <i>John E. Prior, DO, FACOI</i>
4:00-4:30 pm	Hypertension - <i>John E. Prior, DO, FACOI</i>
4:30-4:45 pm	Nephrology Board Review Questions - <i>Dr. Prior and Baldwin</i>

SATURDAY, MAY 11

6:30-7:00 am	Continental Breakfast
Cardiology	
7:00-7:30 am	Management of Chronic Coronary Syndromes – <i>Robert J. Chilton, DO, FACOI</i>
7:30-8:00 am	Valvular and Congenital Heart Disease – <i>Robert Bender, DO, FACOI</i>
8:00-8:30 am	Management of Cardiac Arrhythmias and Conduction Disorders <i>Robert J. Chilton, DO, FACOI</i> Cardiomyopathies – <i>Martin C. Burke, DO, FACOI</i>
8:30-9:00 am	Cardiomyopathies - <i>Martin C. Burke, DO, FACOI</i>
9:00-9:15 am	Cardiology Board Review Questions - <i>Drs. Burke and Bender</i>
9:15-9:30 am	Coffee Break
9:30-10:00 am	Diagnosis of Peripheral Arterial Diseases – <i>Robert Bender, DO, FACOI</i>
10:00-10:30 am	Congestive Heart Failure – <i>Martin C. Burke, DO, FACOI</i>
10:30-11:00 am	Acute Coronary Syndromes – <i>Robert Bender, DO, FACOI</i>
11:00-11:30 am	Cardiac Risk Factors and Noninvasive Cardiac Diagnosis - ECG, Echo <i>Martin C. Burke, DO, FACOI</i>
11:30-11:45 am	Cardiology Board Questions – <i>Drs. Burke, Chilton and Bender</i>
11:45 am-1:00 pm	Lunch Lecture (Office Medicine for the Boards – <i>Scott L. Spradlin, DO, FACOI</i>)
Gastroenterology	
1:00-1:30 pm	Disease of the Esophagus - <i>Lindsay Mohrhardt, DO</i>
1:30-2:00 pm	Disease of the Stomach - <i>Jack D. Bragg, DO, MACOI</i>
2:00-2:30 pm	Disease of the Small Intestine - <i>Lindsay Mohrhardt, DO</i>
2:30-3:00 pm	Disease of the Colon - <i>Jack D. Bragg, DO, MACOI</i>
3:00-3:15 pm	GI Board Review Questions - <i>Drs. Bragg and Speaker Mohrhardt</i>
3:15-3:30 pm	Coffee Break
3:30-4:00 pm	Disease of the Pancreas - <i>Jack D. Bragg, DO, MACOI</i>
4:00-4:30 pm	Liver Diseases - <i>Lindsay Mohrhardt, DO</i>
4:30-5:00 pm	GI Surgery Review: Indications and Complications – What to Look For <i>Lindsay Mohrhardt, DO</i>
5:00-5:30 pm	Cancer of the GI Tract, Liver and Pancreas - <i>Jack D. Bragg, DO, MACOI</i>
5:30-5:45 pm	GI Board Review Questions - <i>Drs. Bragg and Mohrhardt</i>

SUNDAY, MAY 12

General Medicine	
7:00-7:30 am	Acute and Chronic Neuropathies: Diagnosis and Management <i>Scott L. Spradlin, DO, FACOI</i>
7:30-8:00 am	The Role of Genetic Testing and Counseling for the General Internist <i>Robert Hasty, DO, FACOI</i>
8:00-8:30 am	Headache, Motor Disorders and Amyotrophies - <i>Scott L. Spradlin, DO, FACOI</i>
8:30-9:00 am	Nutritional Disorders and Their Management - <i>Robert Hasty, DO, FACOI</i>
9:00-9:15 am	General Medicine Board Review Questions - <i>Drs. Spradlin and Hasty</i>
9:15-9:30 am	Coffee Break
9:30-10:00 am	Cutaneous Manifestations of Systemic Disease - Part 1 - <i>Lloyd Cleaver, DO</i>
10:00-10:30 am	Cutaneous Manifestations of Systemic Disease-Part 2 - <i>Lloyd Cleaver, DO</i>
10:30-11:00 am	Diagnosis of Stroke & Multiple Sclerosis - <i>Scott L. Spradlin, DO, FACOI</i>
11:00-11:30 am	Drug Caused Side-Effects and Disorders - <i>Lloyd Cleaver, DO</i>
11:30-11:45 am	General Medicine Board Review Questions - <i>Drs. Cleaver and Spradlin</i>
11:45 am-12:00 pm	Questions and Wrap Up

2019 ACOI INTERNAL MEDICINE REVIEW COURSE REGISTRATION FORM

Baltimore Marriott Waterfront Hotel • May 8 - 12, 2019

Registration available online at www.acoi.org/education/cme/board-review-course.html

Full Name			
AOA Number			
Mailing Address			
City		State	Zip
Work Phone	()	Fax Number	()
Home Phone	()	Cell	()
Email Address			
Preferred Name on Badge			
Emergency Contact		Telephone	()
Fees	<input type="checkbox"/> ACOI Member (Registering ON/BEFORE 4/16/19...\$850) <input type="checkbox"/> ACOI Member (Registering AFTER 4/16/19...\$900) <input type="checkbox"/> Non-Member (Registering ON/BEFORE 4/16/19...\$1025) <input type="checkbox"/> Non-Member (Registering AFTER 4/16/19...\$1075) <input type="checkbox"/> Resident/Fellow (Registering ON/BEFORE 4/16/19...\$750) <input type="checkbox"/> Resident/Fellow (Registering AFTER 4/16/19...\$800) <input type="checkbox"/> Printed Syllabus \$80 (Electronic copy provided with registration) <input type="checkbox"/> *ACOI Generational Advancement Fund \$ _____ <input type="checkbox"/> TOTAL \$ _____		
Payment Method	<input type="checkbox"/> Check to ACOI <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Name on Card			
<input type="checkbox"/> Check here if billing address is same as mailing address listed above. If not, please provide below			
Billing Street			
Billing City		State	Zip
Credit Card Number		Security Code	
Credit Card Exp. Date			
Signature			

Send this form & payment to: ACOI, 11400 Rockville Pike, #801, Rockville, MD 20852 or Fax to 301 231-6099, or register at www.acoi.org.

NOTE: All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of \$100 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by April 16, 2019. No refunds will be made after that date, but registration fees (less \$100 cancellation fee) may be applied to a future ACOI meeting registration.

*The **ACOI Generational Advancement Fund** was created to foster the growth and assure the future of osteopathic internal medicine. The Fund directs its efforts toward assisting students, residents and fellows as they begin their careers as osteopathic internists. For more information, visit https://www.acoi.org/mms/donation_form.cgi

☐ **PLEASE NOTE:** Check here if you plan to stay at the Baltimore Marriott Waterfront Hotel.
Separate hotel registration is required. This does not register or guarantee a room at the hotel.

☐ **SPECIAL NEEDS:** In accordance with the Americans with Disabilities Act, every effort has been made to make this conference and activities accessible to people of all capabilities. Please list specific special assistance needed or any dietary restrictions, or contact Susan Stacy at susan@acoi.org or by phone, 301 231-8877.

List special requirements here: _____

ACOI 2019 CLINICAL CHALLENGES IN HOSPITAL MEDICINE

Preliminary Agenda

Thursday, May 9

7:30- 8:00 am	Continental Breakfast
8:00- 8:05 am	Welcome - <i>Rick A. Greco, DO, FACOI</i>
8:05- 8:50 am	Potpourri of Guidelines We Are Not Following - <i>Michael A. Adornetto, DO, , MBA, FACOI</i>
8:50 - 9:35 am	Diabetic Post-Operative Care - <i>Jack L. Snitzer, DO, FACOI</i>
9:35 - 9:50 am	BREAK
9:50 - 10:50 am	Hypoglycemia that Usually Isn't - <i>Jack L. Snitzer, DO, FACOI</i>
10:50 - 11:50 am	Dementia and Delirium - <i>Roberta S. Rose, DO</i>
11:50 am - 12:00 noon	Q&A
12:00 noon - 1:00 pm	LUNCH (on your own)
1:00 - 2:00 pm	Treating the Parkinson Patient in the Hospital - <i>Roberta S. Rose, DO</i>
2:00 - 2:45 pm	MIPS, ACOs, Etc.- <i>John B. Bulger, DO, MBA, FACOI</i>
2:45 - 3:00 pm	BREAK
3:00 - 4:15 pm	Quality Improvement and the Alphabet Soup of Healthcare Reform - <i>John B. Bulger, DO, MBA, FACOI</i>
4:15 - 5:15 pm	Prognostication - <i>Annette T. Carron, DO, FACOI</i>
5:15 - 5:30 pm	Q&A
6:00 - 7:15 pm	Welcome Reception

Friday, May 10

7:30 - 8:00 am	Continental Breakfast
8:00 - 8:45 am	Sepsis Guidelines: What's New? - <i>MarkAlain Dery, DO, FACOI</i>
8:45 - 9:45 am	Latent TB Infection and Non-Tuberculous Mycobacterial Infections - <i>Kenneth Woods, DO</i>
9:45 - 10:00 am	BREAK
10:00 - 11:00 am	Ultrasound for the Hospitalist - <i>Nicholas Denne, MD</i>
11:00 - 11:55 am	Ultrasound Update - <i>Speaker TBD</i>
11:55 am - 12:00 noon	Q&A
12:00 noon - 1:00 pm	LUNCH (on your own)
1:00 - 2:00 pm	In the Mind of the Triage Hospitalist - <i>Christian S. Greco, DO</i>
2:00 - 3:00 pm	Cannabis Confusion and the Hospitalist - <i>C. Clark Milton, DO, FACOI</i>
3:00 - 3:15 pm	BREAK
3:15 - 5:15 pm	Curbide Consultations - <i>Gerald W. Blackburn, DO, MACOI; Timothy J. Barreiro, DO, FACOI</i> <i>Annette T. Carron, DO, FACOI; MarkAlain Dery, DO, FACOI; Rick A. Greco, DO, FACOI</i>
5:15 - 5:30 pm	Q&A

Saturday, May 11

7:30 - 8:00 am	Continental Breakfast
8:00 - 9:00 am	Introduction to Medication Assisted Treatment (MAT): Removing the Stigma - <i>James H. Berry, DO</i>
9:00 - 10:00 am	Addiction in the Hospital: Managing the Polysubstance Dependent Patient - <i>Patrick Marshalek, MD</i>
10:00 - 10:15 am	BREAK
10:15 - 11:15 am	Heart Failure Guideline Updates - <i>Chad A. Link, DO</i>
11:15 am - 12:15 pm	Why Are My Patients Bleeding? Indications of Cardiac Anticoagulation - <i>Robert J. Fanning, DO</i>
12:15 pm - 1:15 pm	LUNCH
1:15 - 2:00 pm	Adult Congenital Heart Failure for the Internist - <i>Saurabh Rajpal, MD</i>
2:00 - 3:00 pm	Diastolic Heart Failure or HFpEF - <i>Robert J. Fanning, DO</i>
3:00 - 3:15 pm	BREAK
3:15 - 4:00 pm	Pulmonary Hypertension Update - <i>Timothy J. Barreiro, DO, FACOI</i>
4:00 - 5:00 pm	Sleep Apnea – What's New? - <i>Timothy J. Barreiro, DO, FACOI</i>
5:00 - 5:15 pm	Q&A

Sunday, May 12

7:30 - 8:00 am	Continental Breakfast
8:00 - 9:00 am	Tele-Medicine: Coding & Billing - <i>Jill M. Young, CPC, CEDC, CIMC</i>
9:00 - 10:00 am	OMM - Thoracic Somatic Dysfunction - <i>Antonios J. Tsompandis, DO</i>
10:00 - 10:15 am	BREAK
10:15 - 11:00 am	Current Changes with the E&M in Medicare - <i>Jill M. Young, CPC, CEDC, CIMC</i>
11:00 - 11:45 am	OMM Procedures at Bedside in the Hospital - <i>Antonios J. Tsompandis, DO</i>
11:45 am - 12:00 Noon	Q&A
12:00 Noon	Closing of Agenda - <i>Rick A. Greco, DO, FACOI</i>

*Agenda Subject to Change

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2019 Internal Medicine Board Review Course - May 8-12
- 2019 Clinical Challenges for Hospitalists - May 9-12
- 2019 Exploring New Science in Cardiovascular Medicine - May 9-12
- 2019 Congress on Medical Education for Residency Trainers - May 10-11
Baltimore Marriott Waterfront Hotel, Baltimore, MD
- 2019 Annual Convention & Scientific Sessions
Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Internal Medicine Board Review Course - April 29-May 3
- 2020 Clinical Challenges for Hospitalists - April 30-May 3
- 2020 Exploring New Science in Cardiovascular Medicine - May 1-3
- 2020 Congress on Medical Education for Residency Trainers - May 1-2
Renaissance Orlando at Sea World Resort, Orlando, FL
- 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.

Tentative 2019 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination

Computerized Examination 300 Sites Nationwide

September 3-5, 2019 - *Application Deadline: June 1- Late Deadline: July 1*

Internal Medicine Recertifying Examination

Computerized Examination 300 Sites Nationwide

September 3-5, 2019 - *Application Deadline: June 1- Late Deadline: July 1*

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

Computerized Examination 300 Sites Nationwide

September 3-5, 2019 - *Application Deadline: June 1- Late Deadline: July 1*

Subspecialty Certifying Examinations

Computerized Examination 300 Sites Nationwide

August 22-24, 2019 - *Application Deadline: June 1- Late Deadline: July 1*

- 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 22-24, 2019 - *Application Deadline: June 1- Late Deadline: July 1*

- 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.

In Memoriam

Word has been received of the following deaths in the ACOI family:

Jeremy M. Gaspar, DO, 33, of Keller, TX, on December 16, 2018. Dr. Gaspar was a 2012 graduate of Lake Erie College of Osteopathic Medicine. He completed his internal medicine residency at Plaza Medical Center in Fort Worth, TX in 2015. Dr. Gaspar was certified by the AOBIM in internal medicine and practiced as a hospitalist in Fort Worth. He was an active member of the ACOI from the completion of his training until his death.

Gary R. Zuckerman, DO, MACOI, 82, of Richmond Heights, MO, on January 2, 2019. Dr. Zuckerman was 1963 graduate of the University of Health Sciences-College of Osteopathic Medicine in Kansas City, MO. He was the first graduate of an osteopathic internal medicine program (Oklahoma Osteopathic Hospital, Tulsa, OK, 1968) to be accepted in an allopathic gastroenterology program. He completed that training at Washington University School of Medicine in St. Louis in 1973. Dr. Zuckerman was board certified by the AOBIM in internal medicine and gastroenterology. He was an Active member of the ACOI from the completion of his training until becoming an Emeritus member in 2016. He achieved the degree of Fellow in 1978 and was initiated into the Gillum Society of Master Fellows in 2002.

David A. Jenkins, DO, 55, of Plano, TX, on January 29, 2019. Dr. Jenkins was a 2006 graduate of the University of North Texas Health Science Center-Texas College of Osteopathic Medicine. He completed his internal medicine residency at St. Louis University and was board certified in internal medicine by the AOBIM. He was an Active member of the ACOI from the completion of his training until his death.