

## From President Carron Language



CP, RRR, PMH,  
SOB, HPI,  
CAD, HOTH,  
etc.

In medicine our  
days are filled  
with a deluge  
of letters. We  
have a language  
all our own that

serves us well to document quicker  
and discuss a patient's case even  
faster.

ACOI, AOA, MIPS, REMS, FDA,  
PDMP, etc.

The business/administrative/educa-  
tion aspect of medicine also is filled  
with abbreviations that flood our  
emails, licensure and paperwork  
of practicing medicine. I often sit  
in meetings and wonder if those  
speaking know their audience, as  
these abbreviations are thrown out  
with little apparent thought of their  
understanding.

AML, CHF, COPD, TIA, CVA

Our patients, too, learn a language  
of their illnesses that can often instill  
fear, yet sometimes complacency  
when discussing their diagnosis/

*continued on page 2*

## New ACOI Online Learning Center is Launched



The ACOI is pleased to announce the opening  
of the ACOI Online Learning Center! For more  
than 75 years the ACOI has provided high-quality  
education for internists. With the launch of the  
ACOI Online Learning Center, continuing medical  
education is now at your fingertips. As the practice

of medicine continues to grow in complexity, and your time becomes more taxed  
with each passing day, the ACOI Online Learning Center provides a one-stop shop  
for continuing education at a time and place most convenient to you. The new site  
is optimized to work from either your desktop or mobile device, and is available 24  
hours a day, seven days a week.

The AOA's three-year CME cycle is coming to an end on December 31. The ACOI  
Online Learning Center provides the opportunity to conveniently earn those final  
credits you may need to complete your CME requirements for certification. Make  
the ACOI Online Learning Center your new online home for lifelong learning. Visit  
the ACOI Online Learning Center at <https://learning.acoi.org!>

## ACOI Receives ACCME Accreditation



The American College of Osteopathic Internists (ACOI) has  
been reviewed by the Accreditation Council for Continuing  
Medical Education (ACCME®) and awarded Provisional  
Accreditation for two years as a provider of continuing medi-  
cal education (CME) for physicians. Accreditation in the  
ACCME system seeks to assure the medical community and  
the public that ACOI delivers education that is relevant to cli-  
nicians' needs, evidence-based, evaluated for its effectiveness,  
and independent of commercial influence.



ACCME accreditation represents a major step in the growth  
of ACOI's continuing medical education program. ACOI  
will now be able to offer certified activities (live, online, and  
enduring) to physicians who are board-certified through either  
the AOA Bureau of Osteopathic Specialists or the American  
Board of Medical Specialties.

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## Volunteer For an ACOI Committee

Volunteers are needed for a variety of ACOI committees, councils and task  
forces. Appointments will be made in January by 2018-19 President Annette  
T. Carron, DO, and the Board of Directors. Those interested in serving should  
send an email to Executive Director Brian J. Donadio ([bjd@acoi.org](mailto:bjd@acoi.org)) listing  
the position(s) of interest and a brief statement of qualifications. More infor-  
mation on the committees and the appointment process can be found on the  
ACOI website, [www.acoi.org](http://www.acoi.org).



## 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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treatment.

LOL, TTYL, SMH, JK

Our younger generation, too, has developed a text language of their own. Often for convenience, but at times for keeping secrets

As I teach first and second year medical students in the classroom this language of medicine two half-days a week, I am also daily teaching IM residents at the bedside how to “unlearn” this language when talking to patients and families, and to communicate in lay person terms. I am struck by how important language is to medicine and our daily lives both professionally and personally. My nephew is battling metastatic cancer and as I go to appointments with him, I am often stunned at how poorly his healthcare team communicates to him and his wife. I have seen the language of medicine on the other side in the scariest of times and know we need to do a better job as physicians.

I meet daily with families of seriously ill patients and remember what a hospital priest and dear friend taught me early in my career. He would say, “You have to use the ‘D’ word, Annette.” I, myself, have used terms such as pass on and not live long, in place of the words die or dying simply because it feels easier to say. I have found that families appreciate doctors being straightforward and honest. We have to do this more with our peers and profession, as well as our patients.

We at ACOI are evolving rapidly in our language with our members and in our plans for the future: OMM, OMT, OPP and their importance in our daily practice as Osteopathic internists are a vital part of our immediate future. We hope to give you tools as an ACOI member to acknowledge how you daily incorporate your Osteopathic training into patient care.

ACCME – (Accreditation Council for Continuing Medical Education) It is big news that ACOI just received provisional ACCME accreditation – we can now provide allopathic and osteopathic credits for CME. We are happy to work with your organization, state society, etc. to jointly sponsor CME events! Thanks to Don Nelinson, PhD, ACOI Chief Science and Education Officer, the CME Committee, and the ACOI staff for their hard work to achieve this accreditation.

If you plan to be a speaker for ACOI in the future, be prepared for some “tough talk” regarding quality and due date of your presentations. This helps us meet ACCME and AOA requirements and also helps improve our educational program. We look at all comments on our ACOI education activity evaluations as we strive regularly to improve our offerings.

I, personally, and all of us at ACOI, welcome your communication/”tough talk” on how to improve our service to you. Now is the time for straightforward and honest conversations. When you find yourself ranting to a colleague about a healthcare issue, let us know your concerns and give us a chance to help. Email or call the ACOI staff or Board members anytime!

“Our lives begin to end the day we become silent about the things that matter.”  
- Martin Luther King, Jr.

Happy Holidays to you and your family.

TTFN

Annette T. Carron, DO, FACOI, CMD, FAAHPM  
President



# government RELATIONS

*Timothy McNichol, JD*

## **Texas Court Finds Affordable Care Act Unconstitutional**

A federal judge in Texas recently found the Affordable Care Act (ACA) to be unconstitutional in its entirety. The case now goes before the Fifth Circuit Court of Appeals. The Circuit Court's ruling can be appealed to the Supreme Court, but the Court does not have to agree to hear the case. The ACA and all of its provisions remain in effect while the case works its way through the court system and all appeals are exhausted.

The case now working its way through the courts was filed by 20 states following enactment of the tax reform bill signed into law in December 2017. Prior to enactment of the tax reform law, the Supreme Court, in a separate case, upheld the individual mandate provisions contained in the ACA as a lawful exercise of the government's taxing power. In doing so, the Court upheld the constitutionality of the ACA. The tax reform law eliminated the individual mandate created under the ACA, and thus the 20 states filed suit to stop implementation of the healthcare reform law claiming it now to be unconstitutional. The argument is that the rationale for the Court's prior decision saving the ACA is no longer applicable.

Affirmation of the lower court's ruling will result in the termination of federal law expanding Medicaid coverage, establishing rules for employer-sponsored health care, creating health insurance marketplaces, amending Medicare, and creating protections for those with pre-existing conditions, among many other things. In addition, the ACA and its provisions are responsible for creating access to insurance coverage for more than 20 million Americans. The ACOI will continue to monitor this matter closely as its resolution will have far-reaching effects on nearly every aspect of the health care delivery system.

## **Over a Billion Dollars in Medicaid Overpayments Remain Uncollected**

The Department of Health and Human Services (HHS) Office of the Inspector General (OIG) announced that the Centers for Medicare and Medicaid Services (CMS) has failed to collect over a billion dollars in Medicaid overpayments to states. The overpayments were identified through 313 audits reviewed by the OIG taking place in fiscal years 2010 – 2015. The audits found a total of \$2.7 billion in overpayments with approximately \$909 million successfully collected. The OIG report found that recoveries have been hampered by policies and procedures that fail to include timeframes for dealing with states that disagree with the recovery recommendations. Medicaid funding, which has been expanded under the Affordable Care Act, will continue to be a focus of Congress in the future. Reports such as this one will certainly help shape the debate.

## **HHS Investigative Recoveries Continue**

According to a report to Congress by the HHS Office of Inspector General, investigative recoveries for fiscal year 2018 are expected to reach \$2.91 billion. During fiscal year 2018, the OIG initiated 764 criminal actions, 803 civil actions and excluded 2,712 individuals or entities from federal health care

programs. The OIG noted that the opioid epidemic, home and community-based services, cybersecurity and value-based care initiatives will remain areas of focus in the future, in addition to the traditional area of Medicare and Medicaid fraud.

## **Uninsured Rate Holds Steady**

The Centers for Disease Control and Prevention (CDC) recently released a report finding that the number of uninsured Americans held steady at approximately 8.8 percent for the first half of 2018. This rate is similar to the 2017 uninsured rate. The report noted that approximately 20.1 million more Americans have health insurance coverage following enactment of the Affordable Care Act in 2010.

## **Washington Tidbits**

### **The Table is Set:**

### **A Look Ahead to 2019**

Americans went to the polls on November 6 to cast their votes for local, state and federal officials. While the pundits and talking heads will disagree on the meaning of the shift in the House and expansion in the Senate, some agreement can be found in the belief that 2019 is going to be a bumpy ride!

The House will change hands and be controlled by Democrats by a margin of approximately 235 – 199. (One race in North Carolina remains undecided.) Republicans expanded their margin in the Senate and will control the chamber 52- 47. In addition to the divided Congress, it is highly probable that Special Counsel Mueller with release a report, government funding will have to be addressed, and the 2020 race for the White House will be underway. Gridlock may not be far away in 2019. More legislative battles are certain to ensue when the 116th Congress convenes on Thursday, January 3!





## *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](http://www.acoi.org) and by contacting Ms. Young at [YoungMedConsult@aol.com](mailto: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.*

### **Documenting the Patient's Chief Complaint and History-Caution Required**

As previously reported, with the New Year comes the implementation of a number of changes to the Medicare Physician Fee Schedule (PFS). I would like to call your attention to the change in documentation requirements for a patient's chief complaint (CC) and history.

The Centers for Medicare and Medicaid Services (CMS) recently released a series of Frequently Asked Questions (FAQs) examining the 2019 PFS. Following is the FAQ addressing the documentation of a patient's history by ancillary staff or the beneficiary:

1. What parts of the history can be documented by ancillary staff or the beneficiary starting in CY 2019?

The CY 2019 PFS final rule expanded current policy for office/outpatient E/M visits starting January 1, 2019 to provide that any part of the chief complaint (CC) or history that is recorded in the medical record by ancillary staff or the beneficiary does not need to be re-documented by the billing practitioner. Instead, when the information is already documented, the billing practitioner can review the information, update or supplement it as necessary, and indicate in the medical record that she or she has done so. This is an optional approach for the billing practitioner, and applies to the chief complaint (CC) and any other part of the history (History of Present Illness (HPI), Past Family Social History (PFSH), or Review of Systems (ROS)) for new and established office/outpatient E/M visits. To clarify terminology, we are using the term "history" broadly in the same way that the 1995 and 1997 E/M documentation guidelines use this term in describing the CC, ROS and PFSH as "components of history that can be listed separately or included in the description of HPI." This policy does not address (and we believe never has addressed) who can independently take/perform histories or what part(s) of history they can take, but rather addresses who can document information included in a history and what supplemental documentation should be provided by the billing practitioner if someone else has already recorded the information in the medical record.

As noted in the FAQ, the clarification does not address the long-standing question of who can take and perform the patient's health history. I

strongly encourage caution in looking at this part of the PFS. What many coding experts thought would be a change allowing ancillary or auxiliary staff to take and document the CC and the elements of the entire history, has not panned out. I would suggest that if your staff is acting as a scribe for this portion of the care you are providing, that you review, update and note your actions in the record. Otherwise, I would continue to say that although any member of your staff can record the CC and PFSH, you, the provider, should still perform the other element of the history, the HPI. You can learn more by visiting <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFee-Sched/>.

### **Join the New Sustainers Club Today**

**BECOME A MEMBER OF THE NEW ACOI SUSTAINERS CLUB**

**Help the College Better Plan for Its Future!**

Sustainers Club Members are monthly donors who:

- give by credit card
- arrange a monthly debit from a bank account, or
- send a check

Remember, your gift is tax-deductible to the full extent allowed by law. Sign up today by clicking [this link](#) (or see form on page 9 of this newsletter.)



# talking science & education

*Donald S. Nelinson, PhD*

Greetings colleagues and welcome to the final issue of Talking Science and Education for 2018. I want to take this opportunity to wish all of our members and your families a very merry Christmas, and a happy and healthy new year. May 2019 bring greater peace, understanding and unity to our country and our world.

In last month's population health quiz we asked which state experienced the largest rank decline in overall health status in 2017 on the United Health Foundation's Healthy States Annual Report. Unfortunately, we had no winners. The correct answer, North Dakota experienced the largest rank decline, falling seven places in the rankings to No. 18 in the country. The State's rankings for smoking, Salmonella and immunizations among children all declined in the past year.

For this month, we ask the following: states in the United Foundation Survey are ranked on five model categories (listed below). Massachusetts unseated Hawaii in 2017 from its five year run as the number one healthiest state. Massachusetts was ranked in the top three spots for four out of five categories. On which of the following did the number one healthiest state (Massachusetts) rank ninth?

- A. Behaviors
- B. Community and Environment
- C. Policy
- D. Clinical care
- E. Health Outcomes

Remember: no Googling!!! Send your answer to [don@acoi.org](mailto:don@acoi.org).

## Talking Education

As most of you may know by now (see Dr. Carron's Letter from the President for this month), ACOI has received provisional accreditation from the Accreditation Council for CME (ACCME). This accomplishment marks a significant advancement for the College's educational program. ACOI will now be able to offer certified activities (live, online, and enduring) to physicians who are board-certified through either the AOA Bureau of Osteopathic Specialists or the American Board of Medical Specialties. Beyond the implications for the expansion of our audience for certified activities, the ACCME accreditation process has elevated the quality of our CME program and all activities we certify for CME credits. My thanks to the staff at ACOI for their yeoman's work on the application, and the ongoing support and input by our CME Committee.

## Diabetes Dialogues

### Going to bed earlier could reduce risk of type 2 diabetes and heart disease

The importance of sleep and cardiovascular health has long been an area supported by research and clinical experience. Now, a new study published in *Advances in Nutrition*<sup>1</sup> provides additional evidence. The investigators assert that avoiding going to bed too late could reduce the risk of heart disease and type 2 diabetes.

In the first-ever major international trial comparing so-called "night owls" -

people who stay up late - to early risers, the findings showed night owls were more inclined to eat late, drink more alcohol, consume more sugar and skip breakfast the next day. In addition, they were less likely to eat vegetables and were found to have bigger, but less frequent meals.

These eating patterns indicate that this could be why those who go to bed late were found to have an increased risk of type 2 diabetes.

As we know, blood glucose levels are typically lower through the night than during the day in healthy people. However, snacking late at night can increase glucose levels, impacting metabolism through the night, which could explain why those who favor staying up late could be at greater risk of poorer health.

Lead author Suzana Almoosawi, Ph.D., a research fellow at Northumbria University, said: "In adulthood, being an evening chronotype is associated with greater risk of heart disease and type 2 diabetes, and this may be potentially due to the poorer eating behavior and diet of people with evening chronotype."

Staying up late could also negatively affect those who already have type 2 diabetes. The investigators found that people who have a poorer control of their diabetes are more likely to be evening chronotypes.

<sup>1</sup> Almoosawi S, Vingeliene S, Gachon F, Voortman T, Palla L, Johnston JD, Van Dam

RM, Darimont C, Karagounis LG. Chronotype: Implications for epidemiologic studies

on chrono-nutrition and cardiometabolic health. *Adv Nutr*. 2018 Nov 30. doi:

10.1093/advances/nmy070. [Epub ahead of print] PubMed PMID: 30500869

# Interview with Laura Rosch, DO, FACOI



Meet **Laura Rosch, DO, FACOI**, the Dean of the new Joplin, Missouri campus of the Kansas City College of Osteopathic Medicine. Prior to this position, Laura was Chair of the Internal Medicine Department at Midwestern University in Chicago, and was a member of the faculty for seven years. She was elected this year to the ACOI Board of Directors and serves on the College's CME Committee and Development Committee.

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

**Dr. Rosch:** As a strong advocate of the osteopathic profession and our quality of patient care and education, ACOI's mission is closely aligned with mine.

The College attracts an amazing

group of people from all parts of the country. I am very proud to be a member and owe Dr. Gary Slick, DO, MACOI, a debt of gratitude for encouraging residents like myself to join.

Years ago, when I was starting as the Program Director at Mt. Sinai Hospital in Chicago, John Bulger, DO, FACOI, a past-president of the College, was very helpful to me. I have had wonderful mentors throughout my career including ACOI members and leaders such as Marty Burke, DO, FACOI, Immediate Past President.

I believe that Brian Donadio and his team's kindness and loyalty to the members make us feel like a family, a family that wants to be involved in helping the organization be the best it can be.

**Ms. Ciconte:** You recently joined the ACOI Board of Directors and are serving on the ACOI Development Committee. Why did you agree to take on these leadership roles? What do you see is your role on the Development Committee?

**Dr. Rosch:** I am so pleased to serve on the ACOI Board as I see this as a natural progression of my many years as a member to now give back and serve the future of the osteopathic internal medicine profession. As a Development Committee member, it is important that we continue the momentum started by the 75th Anniversary Campaign to provide the necessary financial support so the College can strengthen its infrastructure for enhanced technology, CME offerings and services for members. I was very excited to learn that ACOI had received the ACCME accreditation so that our CME qualifies for both AOA and AMA credit.

**Ms. Ciconte:** In addition to sharing your time and talents with ACOI, you have made financial contributions to ACOI over and above your dues, including joining the 75th Anniversary Circle. You are also a member of the new

Sustainers Club for members who want to give monthly. Why did you choose to make these gifts? What do you think ACOI should do and say to encourage members to support the College financially?

**Dr. Rosch:** I feel it is important for me to put my money where my mouth is as an osteopathic internist and ACOI leader. The ACOI has a strong reputation for spending its resources wisely. I am so impressed with the ACOI Board members' significant contributions of time and their talents. Even with three kids in college, it "warms the cockles of my heart" to be able to financially support the ACOI.

As for my message to encourage others to give to ACOI, I would say: "With all the changes in medicine today, it is good to have a reputable organization like the ACOI representing us in Washington, DC, offering excellent CME programs, and being there for us. The College has always taken a leadership role in issues that affect us – licensure and practice rights. The College truly serves as the guardian of the osteopathic internal medicine profession. For these reasons, please join with me and others who provide additional financial support."

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

**Dr. Rosch:** The ACOI needs to maintain its role as an advocate for practice rights at the federal level and perhaps beginning to look at the state level. The value and quality of the ACOI's CME programs must be sustained, as well.

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



# 75th Anniversary Campaign Honor Roll of Donors

## (Outright Gifts and Multi-Year Commitments of \$1,000 or more as of December 10, 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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Laura Rosch, DO, FACOI for her mentor  
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and Scott Siegal, DO, FACOI  
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Duane Sossong, DO  
David G. Stainbrook, Jr., DO, FACOI  
Christina A. Stasiuk, DO  
and George M. Farion, Esq.  
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William Zipperer, Jr., DO, FACOI

## Your Gift Now Can Help ACOI and Save Taxes!

Many people are pleased that their personal income has gone up with the tax law passed at the end of last year and, as a result, they can now help charities more generously.

Your ability to take advantage of tax savings depends on your tax bracket AND whether you are able to have enough deductions available to exceed the standard deduction of \$24,000 for couples filing jointly and half that amount for single taxpayers.

Charitable gifts can still be deducted so some are planning to bundle their 2018 contributions to achieve a higher giving level. For example, a married couple that will pay \$10,000 in state income and property taxes and \$10,000 in mortgage interest, combine their charitable giving so it totals more than \$4,000 to be able to itemize.

Think about including ACOI in year-end giving that might also include gifts to your faith community and your college or university. It's a good time to think about helping more organizations, or making larger gifts. To encourage giving, the IRS has increased the limit you can deduct to 60% of your Adjusted Gross Income.

In addition to giving more, another wise strategy is to reduce your taxable income. If you are now receiving a Required Minimum, Distribution from your IRA, you can reduce your taxable income by up to \$100,000 by directing a payment from you IRA to ACOI or any other qualified charity. If you have not begun this process, or if you have already received your 2018 distribution it's too late for this year, but it's not too early to plan for next year.

*continued on page 8*

## Help ACOI and Save Taxes

*continued from page 7*

And, it's not too late to make a gift of stock or a gift of other appreciated assets, such as real estate. Even with the recent stock market fluctuations, many have securities that have gone up in value. If that's true for you, by making a gift of some of what you have, you can receive a DOUBLE tax value.

Why? Because you can deduct the full fair market value of your stock or other appreciated assets – if owned for more than one year – AND YOU WILL SAVE AGAIN because you will avoid paying all capital gains AND the new net investment tax on what you contribute.

It's a win, win and can be accomplished by you, or by asking your broker to contact ACOI to arrange the transfer. The value of your tax deduction is fixed by the value of the stock on the day your gift is made. For securities that are fluctuating in value, timing can be very important. Let us know what you plan or ask your broker to call us so ACOI gift planners can help you take maximum advantage of your giving. A gift of mutual fund shares will benefit you in the same way.

What about stock that has gone down in value? Rather than giving it to ACOI, you should sell it and then contribute the proceeds. By doing that you will receive a tax deduction for the gift AND be able to report a capital loss, which you can also deduct. It's a way to get the best benefit from a stock that did

not do as well as you had hoped it would.

To learn more, please email [katie@acoi.org](mailto:katie@acoi.org) and ask to receive the helpful planning document: Your 2019 Personal Planning Guide. It has ideas and strategies about

- Estate Planning
- Gifts from Your Estate
- Income Tax Planning
- Investments and Retirement
- Social Security
- Charitable Gift Planning

If you already know that you would like to have Mr. Sandy Macnab, the ACOI planned giving consultant call you, please email Brian Donadio at [bjd@acoi.org](mailto:bjd@acoi.org) or call 301-231-8877 to let us know how and when to contact you.

## 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, Oregon, and Southwest Washington, 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](mailto:Marisa.E.Walter@kp.org) or 503-813-1045, with any questions. EOE





**Help the College Better Plan for Its Future by**

**Becoming a Member of the ACOI Sustainers Club**

**Sustainer Club Members are monthly donors who give by credit card,  
arrange a monthly debit from their bank account or send a check.**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to become a Sustainers Club member with a monthly gift of: \_\_\_\_ \$100 \_\_\_\_ \$75 \_\_\_\_ \$50 \_\_\_\_ \$25 \_\_\_\_ Other

Please select one of the following options regarding your pledge:

1. Please charge my credit card on the following schedule:

Amount to Charge \$ \_\_\_\_\_ a month for the next 12 months.

Card Number \_\_\_\_\_ ☐ MC ☐ VISA ☐ AMX

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address, if different from above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I wish to send a check of \$ \_\_\_\_\_ to ACOI each month for the next 12 months.

Please send me a reminder by \_\_\_\_ Mail \_\_\_\_ Email \_\_\_\_ Both

3. \_\_\_\_ I plan to set up a monthly contribution through my bank.

4. Please contact me to discuss how I wish to make my gift at \_\_\_\_\_

**You can also make a credit card contribution at [www.acoi.org](http://www.acoi.org). Please return by email to [katie@acoi.org](mailto:katie@acoi.org),  
fax (301 231-6099) or by mail to 11400 Rockville Pike, Suite 801, Rockville, MD 20852.**

**Your gift is tax-deductible to the full extent allowed by law.**

**Thank you for joining ACOI's Sustainers Club!**

# 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 10-12
- 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](http://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](mailto:admin@aobim.org); 312 202-8274.*

*Contact the AOBIM at [admin@aobim.org](mailto:admin@aobim.org) for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.*

## **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](#).