



American College of Osteopathic Internists • Stay True to Why You Pursued Medicine

DECEMBER
2019



Meet Samuel K. Snyder
ACOI 2020 President



**Residents and Students
Find Value In ACOI**



**ACOI Supports Health
Professions Funding**



Diabetes Dialogues



Is that a NEW LOGO?

Listening prompts change. Listening prompts revolution. Listening prompts pictures, thoughts, words, and stories. For us, it prompted a brand and messaging refresh that is represented through a brighter look and a tone that we hope speaks to all of our members — old and new.

If you missed the brand launch video at the Annual Convention, check it out [here](#) and see how ACOI is evolving. Looking back and knowing where we came from is fine. But it is ahead where we are focused.



ACOI Info Has a New Look

The *ACOI Info* newsletter is an important piece of communication that we know you've come to rely upon each month. It is here where we inform you with our thoughts as a community. Through words, pictures, and stories, we hope to connect you to new ideas and revelations to inspire you in how you provide care. Whether it is updates on the progress of legislation, introductions to new members, or news about continuing education, this newsletter is an important tool that brings us together as like-minded members.

And, with the new look of our organization that many of you witnessed at the Annual Convention in Phoenix, we are now happy to unveil the new design of *ACOI Info*. With the four pillars of our strategic vision as the foundational lens for content, we hope you enjoy the NEW *ACOI Info*!

We are excited to have you along with us.

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Are Set:* It is our
responsibility to
create the future
we want. [Read](#)



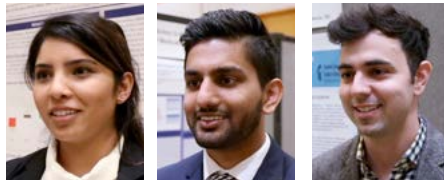
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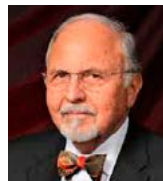
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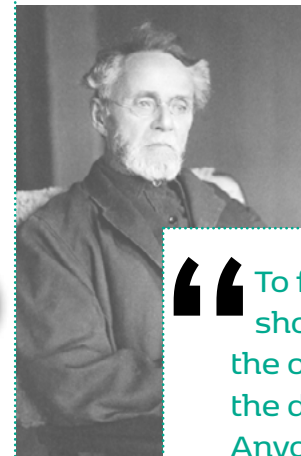
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Talking Science & Education 15 Big Changes on the Horizon



There is a lot going on in diabetes research. Talking Education and the population health quiz will be back in January 2020. [Read](#)



“To find health
should be
the object of
the doctor.
Anyone can
find disease.”

~ A. T. Still, MD, DO,
founder of osteopathy and
osteopathic medicine

Leadership

We help you realize
your full potential

Community

We create and welcome you
to a home where you belong

Education

We help you learn exactly
what you need to know

Health & Wellness

We lead you to discover the
spirit of wellness



Our Intentions Are Set



A letter from our President

Samuel K. Snyder,
DO, FACOI



We can dream about the future of osteopathic medicine and the ACOI, if we are so inclined. But as Chicago poet Delmore Schwartz wrote, “In dreams begin responsibility.”

It is our responsibility to create the future we want.

Between sentences and paragraphs of this newsletter, I am working on the agenda for a department meeting today at noon. Then, there is another agenda to complete for a meeting on Wednesday. My clinic schedule this afternoon is another agenda. We all are working on our agendas all the time, it seems. And we all have our own private agendas, as well, whether for work, or related to home and family.

What is an agenda? It's really an intention, or a set of intentions, set inside a schedule or program for action.

This column is my chance to share my vision of ACOI's agenda with you. By this time, if you read last month's column, you have some idea of where we are going as an organization. We are on rocky seas that will most probably remain rocky for a long time to come. We are weathering a major storm, the Single GME process, and doing very well. As you know, most of our core Internal Medicine residencies and fellowships have done well with ACGME accreditation. They are moving forward, albeit in a changed environment, with further adaptations to be made as the situation evolves. And a significant percent of these have chosen osteopathic recognition, as well. We should take these things as signs of success for ACOI. Not all of our osteopathic specialty society colleagues have done as well.

This storm has been the first of what we can think of as “global climate change” in the world of osteopathic medicine. We are emerging from this first storm in fairly good shape, but we can expect another, and yet another, as the ramifications of AOA's actions filter down to the specialty organizations. Our

resources to retain you as members, and to attract new residents as members are challenged. We are developing new resources and new partnerships so that we can be better able to direct our own destiny. Our online learning platform is a tremendous asset as we do this, and our osteopathic specialty society colleagues can partner with us in assuring a stronger future.

We welcome your suggestions and input going forward. The ACOI belongs to all of us. We can dream about the future of osteopathic medicine and the ACOI, if we are so inclined. But as Chicago poet Delmore Schwartz wrote, “In dreams begin responsibility.” It is our responsibility to create the future we want.

Recently you all received an email from Rob DiGiovanni, the ACOI's secretary/treasurer and chair of the Development Committee. While none of us are thrilled to get pleas for money, and we all get a lot of them, I encourage you to support the ACOI in any way you can during this season of giving. It's a gift to the future of our profession.

I wish for you and your loved ones all to have a joyous holiday season, and to have a new year filled with health and happiness.

Sam Snyder, DO, FACOI
President



Let's Talk Principles



As physicians, our members are used to others depending upon them for their expert knowledge, their heartfelt compassion, and their confident leadership. That's where the concept of Principle-Centered Medicine comes in. With the development of the Principles over the last few years, we've developed a set of guidelines designed to remind you that what you do is based on values and beliefs that

are both a necessary part of how you think and live, and guideposts for how you care for yourself so you can care for others.

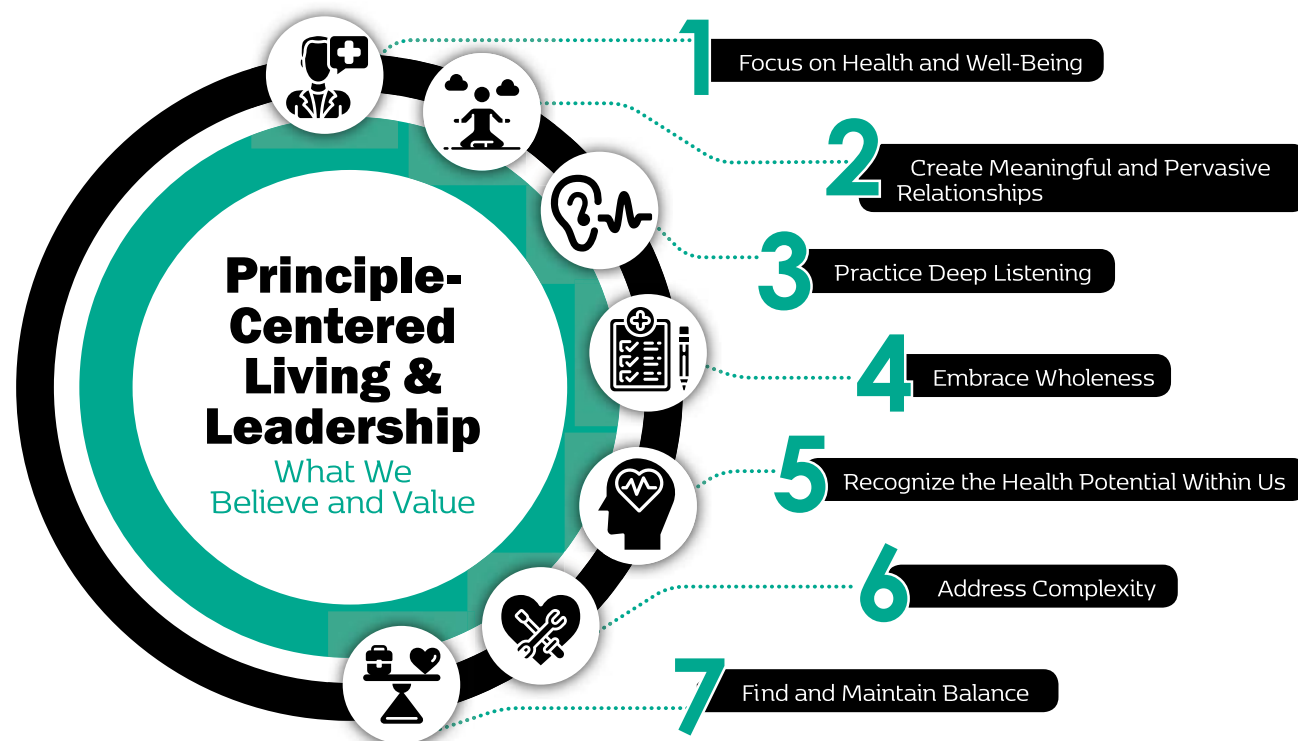
Each month, in this newsletter, starting in January, 2020, we will explore one of the seven principles. Each will be examined in a way that lifts it off the screen from just an idea to something you can

embrace with conviction, understanding how each plays out in your life.

For now, we'll remind you of them in their entirety. As you read through them, get excited about 2020 being a year where you can further align the care you provide with the values you hold dear.



Rediscover your roots.
It's always been
within you.





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 2019-20 President Samuel K. Snyder, DO, FACOI, and the Board of Directors. Those interested in serving should send an email to Brian J. Donadio, Executive Director (bjd@acoi.org), listing the position(s) of interest and a brief statement of qualifications. More information on the committees and the appointment process can be found on the ACOI website, www.acoi.org.



Being on the Board has been an amazing experience. The Board has been super welcoming and open with me and they embrace every comment I've ever given. I wouldn't be where I am today if it wasn't for ACOI. They open so many doors for residents. My advice for resident and student members is get in there and get involved! It is our future. We are going to be the next generation of ACOI members so it is super important. ACOI is so encouraging and welcoming and they want to hear what we have to say, so please get involved!

~ Valentina Stevanovich Lassalle, DO
Board of Directors
Resident Representative



2019-2020

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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 here.](#)

Join the New Sustainers Club Today

The College is pleased to welcome Morvarid Rezaie, DO, FACOI and Ryan Norman, DO, to our Sustainers Club and recognize the following members of our 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 Samsa, DO, FACOI Nathan Samsa, DO, FACOI
Samuel Snyder, DO, FACOI
Ryan M. Norman, DO
Morvarid Rezaie, DO, FACOI
Humayun J. Chaudhry, DO, MACOI, MS

Become a Member of the ACOI Sustainers Club

Help the College Better Plan for Its Future!

Sustainers Club Members contribute on a monthly basis. Benefits of being a Sustainers 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

Sign up today by completing this [form](#).

Remember, your gift is tax-deductible to the full extent allowed by law.

Renew Your Membership and Receive a \$50 Education Credit!

The new ACOI membership year is underway and renewal information has been sent to all members. This year, every new or renewing member of the College will receive a \$50 credit good toward the purchase of a CME activity of your choice at the ACOI Online Learning Center. This one-time credit can be used any time through June 30 of 2020.



2019 Was Quite a Year!

Annette T. Carron, DO, FACOI, our 2019 president and our new president, Samuel Snyder, DO, FACOI, remind of us of what ACOI has accomplished during 2019 and of the opportunities that lie ahead. Check out what they have to say in this [video](#).

Why ACOI is Our Future

“As a medical student, it is such a great community thing to see internists across the nation. I would encourage students to join if you think you want to do internal medicine. I would encourage them to attend the ACOI conference. It is such a great networking opportunity to see the potential in yourself as leaders in the future and to see things that the practice of medicine needs. It's been a great experience for me.”

Ayesha Hasan
3rd year medical student,
Western University



“ACOI gives me more opportunities. Being a member, I get that guidance, I get that mentorship and I get to see what the field has to offer and the different directions I can go in, which I think is very valuable.”

Jay Shah
3rd year medical student,
Chicago College of
Osteopathic Medicine



“Being a member of ACOI grants me opportunities. There's nice camaraderie between fellow residents and faculty. I've gotten a lot of insight into future career goals as a result of coming to the convention. I can go and talk to anyone around here...and they can be a guide and helping hand. I'd say to someone who is not a member to join since we have so many resources here. The biggest resources are the people.”

Rani Kattoula
Resident
St. John Providence Health
System





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

Add Your Name to Leave a Legacy

The ACOI Legacy Society was created to recognize and honor ACOI members who include the College in their wills or estate plans. 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 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 you will leave a legacy—mentoring those you may never know and providing future generations with the same principle-centered care in their careers.



For more information, contact Brian Donadio via email at bjd@acoi.org, or call 301-231-8877 to let us know how and when to contact you.



Samuel K. Snyder, DO, FACOI Inaugurated as President for 2019-20

Samuel K. Snyder, DO, FACOI was inaugurated as the 2019-20 President of the ACOI at the Annual Meeting of Members on Sunday, November 3, in Phoenix, AZ. The Member Meeting was the concluding event of the 2019 Annual Convention and Scientific Sessions. A nephrologist in South Florida, Dr. Snyder has been an Active member of the College since 1990 and was first elected to the Board of Directors in 2009. He is associate professor and chair of the Department of Medicine at Nova Southeastern-Kiran C. Patel College of Osteopathic Medicine in Fort Lauderdale.

During the business meeting, ACOI members elected a slate of officers proposed by the Nominating Committee. **Michael A. Adornetto**, DO, MBA, FACOI, a general internist in private practice in the Cleveland area, was elected President-elect. **Robert L. DiGiovanni**, DO, FACOI, a rheumatologist in Largo, FL, was elected to the office of Secretary-Treasurer. In addition, **Susan M. Enright**, DO, FACOI, **Robert T. Hasty**, DO, FACOI and **C. Clark Milton**,

DO, FACOI were elected to three-year terms on the Board of Directors. **Watson Ducatel**, DO, MPH, FACOI, was elected to complete one year remaining in Dr. DiGiovanni's Board term. The business meeting included reports from the outgoing President, **Annette T. Carron**, DO, FACOI, Executive Director **Brian J. Donadio**, FACOI, and the Finance Committee. Members also approved amendments to the bylaws relating to codes of ethics and professionalism.

The Convention featured a theme of "Lost in Translation: Applying Research to Clinical Practice." Sessions were very well attended, with over 700 physicians typically present for the plenary sessions. In addition, ACOI Board member **Robert A. Cain**, DO, FACOI introduced ACOI's Principle-Centered Medicine concept, which is the culmination of five years of strategic planning intended to guide the future of osteopathic internal medicine. The ACOI also unveiled its new logo and a branding refresh during the meeting. Total physician registration for the convention exceeded 1300.



Michael A. Adornetto
DO, MBA, FACOI



Robert L. DiGiovanni
DO, FACOI



Robert T. Hasty
DO, FACOI



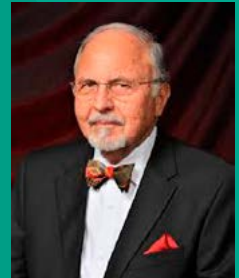
C. Clark Milton
DO, FACOI



Watson Ducatel
DO, MPH, FACOI

In Memoriam

Word has been received of the death of Augustine Perrotta, DO, MACOI of Bloomfield Hills, MI. Dr. Perrotta died on November 24, one week short of his 81st birthday. A 1966 graduate of the Chicago



College of Osteopathic Medicine, Dr. Perrotta completed his internal medicine residency at Oklahoma Osteopathic Hospital in Tulsa, following which he completed fellowships in Hematology at the University of Washington, Seattle, and Oncology at Sloan Kettering Memorial Cancer Center in New York City.

Dr. Perrotta became an ACOI Active member in 1975. He achieved the degree of Fellow in 1985, and was inducted into the Gillum Society of Master Fellows in 2000. He became an Emeritus Member of the College in 2007. While in practice, Dr. Perrotta served as Chair of the Department of Medicine and Chief of Hematology/Oncology at Henry Ford Hospital in Warren, MI. He was the author or co-author of numerous published abstracts and articles. He also authored a chapter on oncology in two editions of the textbook, Foundations of Osteopathic Medicine.



Deep Tissue Pressure Injury

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.

youngmedconsult@gmail.com

When reviewing the new ICD-10-CM diagnosis codes for 2020, I was struck by changes to the section on pressure ulcers. Codes were added with a subset classification of “pressure induced deep tissue damage.” The changes were made to remove the confusion surrounding coding for certain pressure ulcers.

ICD-10-CM guidelines state that pressure ulcer stages are based on severity (stages 1-4, unspecified stage, and unstageable) and location. Confusion arises when looking at a stage 1 deep tissue injury. Previously, codes described injured intact skin, while the other stages described open ulcers. In an effort to address this disparity in coding, a new level of severity was added for 2020 titled, “deep tissue pressure injury” (DTPI). ICD-10-CM guidelines state that based on documentation, the new subset of codes is to be used for both pressure-induced deep tissue damage and deep tissue pressure injury.

In 2020, the code for pressure “injury” reflects “localized damage to the skin and/or underlying soft tissue, usually over an underlying bony

prominence or related to a medical or other device.” In addition, “The injury can be present as intact skin or an open ulcer and may be painful.” This descriptive language was established by the National Pressure Ulcer Advisory Panel (NPUAP). The NPUAP is recognized as the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment. The panel updated the stages of pressure injuries in 2016. It is interesting to note the code changes were made based not on research, but on a consensus vote directed by clinical practice and a review of current literature. The ICD-10-CM Coordination and Maintenance Committee incorporated these changes into the 2020 codes. The committee said it did so based on the NPUAP’s latest recommendations regarding the staging of pressure ulcers. As a non-clinician, it made me wonder if physicians were already using these classifications in practice and the codes were simply updated to reflect this.

The NPUAP defines DTPI as, “intact or non-intact skin with localized areas of persistent non-blanchable deep red, maroon, purple discoloration

or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This condition results from intense and/or prolonged pressure and shear forces at the bone muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss.”

When looking at the codes in the pressure ulcer set, remember that use of the of the pressure ulcer classification “unstageable” is appropriate when the clinical documentation specifically indicates “unstageable.” An example of this could be when a bandage is covering the area in question. This stage should not be confused with “unspecified,” which is used when there is no documentation regarding the stage.

One last reminder, ICD-10-CM guidelines state that when coding for pressure ulcers, one should use as many codes from the L89 category as needed to identify all the pressure ulcers the patient has.





Government RELATIONS

Timothy McNichol, JD



ACOI Supports Health Professions Funding

The ACOI recently joined with other healthcare organizations to call for increased funding in the Title VII Health Professions and Title VIII Nursing Workforce Development programs for fiscal year (FY) 2020. These important programs provide scholarships, loan repayment grants, and other financial support to help fill gaps in the supply of health professionals. The programs are designed to better serve vulnerable patient populations through prioritizing the supply, distribution, and diversity of our Nation's healthcare workforce. You can review the letter of support at www.acoi.org/advocacy/legislative-and-regulatory-comments.

House Approves Legislation to Reduce the Cost of Prescription Drugs

The House recently approved legislation to lower the cost of prescription medications by a vote

of 230 – 192. The legislation (HR 3) gives Medicare the ability to negotiate lower drug prices on hundreds of drugs (up to 250 brand-named drugs and insulin), limits out-of-pocket drug costs to \$2,000 annually for Medicare beneficiaries, and ties maximum drug prices to those paid by other countries, among other things. Under the legislation, prescription drug manufacturers that raised prices above the rate of inflation since 2016 are required to lower the price of the medications or provide a rebate to the federal government. The Congressional Budget Office (CBO) estimates the legislation will reduce the deficit by approximately \$5 billion over 10 years. While the Senate is not expected to consider HR 3, efforts in that chamber are ongoing to advance a bipartisan package. Approval of HR 3 is viewed as a positive step toward enactment of meaningful legislation to lower the cost of prescription drugs. The ACOI will continue to closely monitor legislation impacting the cost of prescription medications.

Medicare Improper Payment Rates Fall

According to the Centers for Medicare and Medicaid Services (CMS), the Medicare Fee-for Services (FFS) improper payment rate fell to 7.25 percent (\$28.91 billion) in fiscal year 2019. The reduction in improper payments was attributed to corrective actions taken in home health claims, clarification and simplification of documentation requirements for Part B billing, and corrective actions taken in payments for durable medical equipment, prosthetics, orthotics and other supplies. Improper payment rates also fell for Medicare Advantage (7.87 percent), and Part D (.75 percent) for the same time period. The report noted, however, that improper payment rates increased under Medicaid and the Children's Health Insurance Program (CHIP). It is thought that the increases in these programs were driven by insufficient documentation verifying eligibility.

Continued





Government RELATIONS

Dr. Stephen Hahn Confirmed as FDA Commissioner

Stephen Hahn, MD, recently was confirmed by the Senate as Commissioner of the Food and Drug Administration (FDA). Prior to his confirmation, Dr. Hahn served as Chief Medical Executive at the University of Texas MD Anderson Cancer Center. He is a radiation oncologist who specializes in lung cancer and sarcoma. Opposition to his confirmation centered around concerns about Dr. Hahn's willingness to address the growing trend of e-cigarette use and the impact of vaping on the Nation's youth. Dr. Hahn became the first permanent head of the FDA in nearly eight months.

\$5 Billion Expected in Investigative Recoveries

The Department of Health and Human Services (HHS) Office of Inspector General (OIG) announced expected recoveries of \$5.4 billion during fiscal year (FY) 2019. This is an increase from the \$2.91 billion recovered during FY 2018. According to the report: 809 individuals or entities had criminal actions brought against them; 695 individuals or entities had civil actions brought against them; and 2,640 individuals and entities were excluded from participating in federal health programs. Efforts are ongoing to weed out fraud, waste and abuse. You can learn more about these efforts by visiting <https://oig.hhs.gov/about-oig/about-us/index.asp>.

Washington Tidbits Impeached!

Article II, Section 4 of the Constitution provides, "The President, Vice President and all civil officers of the United States, shall be removed from office on impeachment for, and conviction of, treason, bribery, or other high crimes and misdemeanors." A divided country, warring branches of government, and congressional disdain for the President and his policies lead to this moment in history. The President was pushing the bounds of his powers. Congress was trying to rein him in. The extent of executive power and privilege were called into question. Among other things, the President was accused of making speeches, "with a loud voice, certain intemperate, inflammatory, and scandalous languages" with the intent to disgrace Congress. This is not modern-day reporting, but a summary of the first impeachment proceedings against Andrew Johnson in 1868. In the first-ever impeachment trial, President Johnson survived conviction and removal from office by one vote. History will soon again turn its eyes to the Senate, the trier of fact, as it considers the charges brought by the House against President Donald J. Trump, who became only the fourth sitting US President to be impeached. Presiding over the trial will be Chief Justice John G. Roberts, Jr. How will history unfold in the coming weeks and months?



ACOI National Meetings

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

2022 Annual Convention & Scientific Sessions

Oct 19-23

Baltimore Marriott Waterfront Hotel, Baltimore, MD

2023 Annual Convention & Scientific Sessions

Oct 11-15

Tampa Marriott Waterside Hotel, Tampa, FL

2024 Annual Convention & Scientific Sessions

Oct 9-13

Kierland Resort, Phoenix, AZ

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 [acoi.org](https://www.acoi.org).



News for Internal Medicine Residents

AOBIM Announces Early Entry Certification Pathway for Residents

The American Osteopathic Board of Internal Medicine (AOBIM) has announced an early entry pathway to the AOBIM Internal Medicine Certification exam. Third-year Internal Medicine residents will be eligible to take the certification exam March 30 – April 4, 2020. To be eligible for this exam administration, residents must have participated in the ACOI Inservice Examination during each of the first two years of internal medicine residency, and have an anticipated training completion date of August 31, 2020 or earlier.

Registration will open January 6, 2020 and close March 13, 2020. Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at aobim@osteopathic.org; 312 202-8274.

2020 Certifying Examination Dates & Deadlines

APPLICATIONS OPEN MARCH 1, 2020

Internal Medicine Certifying Examination

Computerized Examination 300 Sites
Nationwide
September 1–3, 2020

Application Deadline: July 1

Late Deadline: Aug 1

Internal Medicine Recertifying

Examination
Computerized Examination 300 Sites
Nationwide
September 1–3, 2020

Application Deadline: July 1

Late Deadline: Aug 1

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

Computerized Examination 300 Sites
Nationwide
September 1–3, 2020

Application Deadline: July 1

Late Deadline: Aug 1

Internal Medicine Certifying Examination

Early Entry Pathway for Third-year Residents
Computerized Examination 300 Sites
Nationwide
March 30–April 4, 2020

Registration Dates:

January 6–March 13, 2020

Subspecialty Certifying Examinations

Computerized Examination
300 Sites Nationwide
August 18–20, 2020

Application Deadline: July 1

Late Deadline: Aug 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 18–20, 2020

Application Deadline: July 1

Late Deadline: Aug 1

• Cardiology • Clinical Cardiac
Electrophysiology • Critical Care Medicine
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Big Changes on the Horizon

Talking SCIENCE EDUCATION

Donald S. Nelinson, PhD



Greetings colleagues and welcome to the December issue of *Talking Science and Education*. This month's Talking Science and Education will be an abbreviated edition. As there is a lot going on in diabetes research, I will present some of that here and will bring back Talking Education and the population health quiz in January 2020.

In last month's population health trivia question, we noted that cases of chlamydia continue to increase. We asked, by what percent has chlamydia increased per 100,000 population since 2009 in the United States?

Nicole Longo, DO, FACOI, from the Med Learning Group was the first respondent with the correct answer. Since 2009, chlamydia increased 35 percent from 367.5 to 497.3 cases per 100,000 population, and four percent in the most recent year (2017-2018) from 478.8 to 497.3 cases per 100,000 population. Congratulations, Nicole! I invite you all to test your population health knowledge when the quiz returns next month.

“As there is a lot going on in diabetes research, I will present some of that here and will bring back Talking Education and the population health quiz in January 2020.”

Diabetes Dialogues

Hypoglycemia increases frailty, mortality risks among adults with diabetes.

My hunch is that it comes as no surprise to most clinicians that adults with diabetes may have higher mortality rates and be more likely to have incident frailty if they experience at least one hypoglycemic episode, according to findings published in the *Journal of Diabetes and its Complications*¹.

Dr. Kuo-Liong of the University of Taiwan found that comprehensive evaluation of the risk factors for hypoglycemia can improve glycemic control and facilitate the selection of optimal antidiabetic medications, although subclinical hypoglycemic episodes are still common. In this sense, he concludes that understanding the entire spectrum of adverse influences arising from hypoglycemia shares the same degree of importance as risk factor management for clinicians taking caring of patients with diabetes.

Continued





Talking SCIENCE EDUCATION

(Continued)


Chien and colleagues assessed frailty and mortality among a group of 2,108 adults (mean age, 65.8 years; 53.3% women) who experienced an episode of hypoglycemia no more than 3 years after being diagnosed with diabetes and compared these outcomes with those of 8,432 propensity-matched adults (mean age, 65.9 years; 54% women) who had diabetes and no history of hypoglycemia.

The researchers assessed frailty by collecting data on instances of conditions associated with fatigue, resistance, ambulation, illness and loss of weight as part of the FRAIL scale. According to the researchers, meeting the criteria from two of the five categories included in the scale equated to “the development of frailty,” and meeting the criteria for three of the five categories equated to incident frailty.

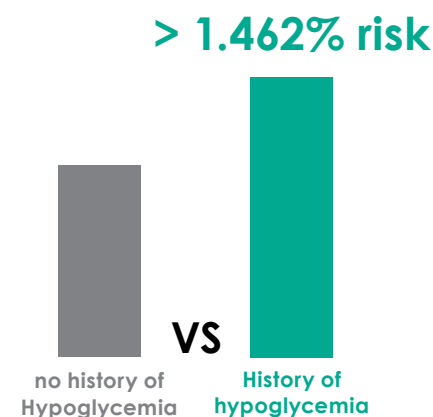
There were 126 diagnoses of incident frailty among those with a history of hypoglycemia and 46 with no history of hypoglycemia. According to the researchers, frailty risk was 1.46 times greater among participants with a history of hypoglycemia vs. participants who did not have such a history (HR = 1.46; 95% CI, 1.03-2.08).

There were 920 deaths among those with a history of hypoglycemia and 448 deaths among those with no history of hypoglycemia. Mortality risk was 1.462 times greater among participants with vs. without a history of hypoglycemia (HR = 1.462; 95% CI, 1.3-1.65).

In addition, the researchers noted that “a higher frequency of hypoglycemia was paralleled by a rising risk of mortality and frailty during follow-up in the unadjusted model.”

The relationship between hypoglycemia and frailty/mortality mostly exhibited a dose-responsive association, supporting the validity of the researchers’ findings. This phenomenon extends the spectrum of adverse [sequelae] brought by hypoglycemia among patients with diabetes, and it will be interesting to speculate whether management and prevention of hypoglycemia may benefit those at a higher risk of developing frailty in this growing population. 

The relationship between hypoglycemia and frailty/mortality





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SERVICE to meet member needs