ACOI information

A PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS
VOL. 27 NO. 12 MAY 2018

From President Burke

Pragmatic Progression

A steady, progressive agenda peels to the core or solution with focus and calm. The ACOI for over 75 years has peeled the onion of progression, mimicking the culture of pragmatism that our members have always applied in caring for their patients each day. Our methods are based in the doctor-patient relationship and interaction, whether we are producing personalized emotional care, high quality CME, patient-based certifying vehicles, or GME programs that are second to none. Your ACOI has been, and will be, committed to mimicry of your pragmatic, progressive approach to Internal Medicine principles and practice.

Principles and Practice of Internal Medicine was the first textbook written for our field by Dr. William Osler. He was a Canadian who began his career as a local frontier apprentice interested in infectious disease and progressed as a professional to Regent of the Royal College of Physicians. Dr. Osler is the father of allopathic internal medicine. At the same time,

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In This Issue...

Orlando Will Host 2018 Convention

The 2018 ACOI Annual Convention and Scientific Sessions will take place Oct. 17-21 in Orlando, FL. The Orlando World Center Marriott will be the host hotel for the meeting. Following up on the recent conclusion of the ACOI's 75th Anniversary celebration, the convention theme this year is: "Osteopathic Internal Medicine: the Next 75 Years."

Program Chair **Robert L. DiGiovanni, DO**, and the CME Committee have designed an educational activity that will appeal to general internists, hospitalists and subspecialists. The agenda will include a high-level cardiology symposium, plenary sessions geared toward the problems that internists are dealing with in each subspecialty area, and a number of special sessions aimed at specific audiences, including hospitalists, residency program trainers, residents and students.

There also will be a day-long series of presentations on Florida and other state law requirements for maintaining licensure. Daily keynote session will include a presentation by **Christian T. Cable, MD**, who is chair of the ACGME Internal Medicine Residency Review Committee. Dr. Cable, who recently became the first MD accepted for full Active membership in the ACOI, will speak on: "Osteopathic Medicine from the Outside In."

Registration for the 2018 Convention will be available by the end of June.

ACOI Board Nominations Sought

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

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

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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our own culture of Internal Medicine began through Dr. Andrew Still, a frontier apprentice interested in the emotional, visual and tactile function of healing, who then progressed to an entirely unique and patient-focused field of medicine that has never lost sight of its base principles and practice. Osteopathic Internal Medicine continues to progress pragmatically since the late 1800s using these base principles and your application of them in caring for patients today. It is bigger than the Regency of the Royal College of Physicians. It is bigger than Internal Medicine. It is more than worth preserving, protecting and progressing. The ACOI is an organizational platform needed to continue Osteopathic principles' and practices' worth.

Osteopathic principles and practices of Internal Medicine are not solely osteopathic. It is just easier for us to apply them in caring for patients due to our education and continuing education. There are plenty of allopathic colleagues who practice this style of pragmatic, progressive medicine that is patient centric each day. We want to embrace them and professionally support this style whether D.O. or M.D. We want to lead the way of emotional, sense-driven internal medicine while adding pragmatic progression of art and science, always focused on the sacrosanct relation of patient and doctor. This is more than preserving Osteopathy and directly linked to preserving the profession of medicine.

So here's to you, who work unwaveringly for your patients day in and out. The ACOI gets it, values it and is committed to supporting it. Your principles are our principles. This is our core.

Branding Update

Briefly, the Executive Committee determined during a recent planning retreat that we need to develop a concise and core message for the organization as we change our focus and product line and reach out to osteopathic and non-osteopathic colleagues. Consequently, we participated in a workshop this month to identify our key messaging and communication strategies. More to come in direct messaging to you by our Fall Convention. We are really focusing the message to our core principles and practices in an effort to better define the holistic approach to Internal Medicine. So progress.

AOBIM/ACOI Partnership

Also this month, we partnered with the AOBIM in a joint letter to our osteopathic internal medicine program directors confirming the validity of AOBIM certification, its importance in securing standards for our brand of medicine and the value of continuity of training and standards that has been the hallmark of our 75+ year heritage. ABIM certification is not required to be a residency program director and this is a fully supported statement by the ACGME. The AOBIM stands strong with leadership in quality testing and psychometric validity for practicing internists. The AOBIM is better and more pragmatic. The ACOI is fully committed to supporting the AOBIM and our partnership is necessarily strong for our members, who constitute the majority of diplomates of this Board. Maintaining a strong osteopathic internal medicine board certification is a critical component to keeping patient-centric, principled internal medicine alive and vibrant. Your local support at home and in your training programs must be continued for future generations of internists devoted to osteopathic principles and practices. Please contact the office with any concerns or questions in this regard. We are here to help.

Finally, summer is upon us. Please take time from the grind of clinical practice to smell the roses. I wish you all a happy and safe summer.

Martin C. Burke, DO, FACOI
President

government RELATIONS

Timothy McNichol, JD

Right-to-Try Legislation Approved
The House approved legislation to give patients with life-threatening diseases access to experimental treatments. Under legislation recently approved in both the House and the Senate, with certification by a physician, certain patients potentially will have access to drugs and biological products that are not yet approved for commercial use by the Food and Drug Administration (FDA). The legislation, which is expected to be signed into law by the President, will benefit those with life-threatening diseases who are not eligible to participate in a clinical trial to take unproven medicine without the approval of the FDA. While the FDA's current Expanded Access program allows patients to use unapproved experimental drugs if certain conditions are met, this legislation expands potential access to drugs and biological products by not requiring the FDA to sign off on a treatment, among other things. Similar legislation previously approved by the House attempted to narrow eligibility by creating more stringent requirements, but was unable to garner enough support in the Senate. As a result, the House considered and approved the Senate-passed version of the right-to-try legislation. The legislation expands access to drugs and biologics that have successfully completed phase one clinical trials, but have yet to be approved for sale.

Opioid Bills Advance in the House
The House Committee on Energy and Commerce recently approved 25 opioid-related bills for consideration by the full House. The legislation approved by the Committee, and referred to the House, would collectively do the following: establish Comprehensive Opioid Recovery Centers (CORCs); provide for the testing of incentive payments for behavioral health providers that adopt certified electronic health records; require e-prescribing for certain controlled substances; and provide new authority to the National Institutes of Health (NIH) to conduct research on non-addictive pain medications, among other things. Addressing the opioid epidemic remains a focus of Congress and the Administration. Additional congressional action is anticipated. The ACOI is continuing to monitor legislative and regulatory efforts to address opioid misuse and abuse.

Administration Announces Blueprint to Reduce Prescription Drug Costs
The Administration recently released the American Patients First Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs. The blueprint looks to address: high list prices for drugs; senior and government programs overpaying for drugs due to lack of the latest negotiation tools; high and rising out-of-pocket costs for consumers; and foreign governments "free-riding" off American investment in innovation. To this end, the Department of Health and Human Services (HHS) proposed the following four key strategies for reform: improved competition; better negotiation; incentives for lower list prices; and, lowering out-of-pocket costs. In conjunction with the release of the Administration's plan, the FDA announced its intent to revise the generic drug approval process to speed the availability of lower-cost generic drugs and an intent to adjust regulations to prevent anticompetitive strategies that delay generic drugs from going to market. You can read the Administration's complete plan to lower drug costs at https://www.hhs.gov/sites/default/files/AmericanPatientsFirst.pdf.

Drug Costs for Medicare and Medicaid Continue to Increase
According to a report recently released by the Centers for Medicare and Medicaid Services (CMS), drug costs for Medicare Parts B and D and Medicaid have increased significantly since 2012. CMS found that 17 percent ($109 billion) of Medicare spending in 2012 was for prescription drugs. In 2016 prescription drug spending increased to 23 percent ($174 billion). In a releasem, CMS stated, "Some off the most commonly used drugs across Medicare Part B, Medicare Part D and Medicaid saw double-digit annual increases over the last few years." The data was released by CMS to increase transparency and to provide patients and physicians with more information. You can view the report at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Information-on-Prescription-Drugs/.

CMS Announces Rural Health Strategy
In an effort to provide a proactive approach to ensure individuals living in rural America have access to high quality, affordable healthcare, CMS announced the release of it Rural Health Strategy. According to CMS Administrator Seema Verma, "For the first time, CMS is organizing and focusing our efforts to apply a rural lens to the vision and work of the agency." The strategy focuses on the following five objectives to achieve the agency's vision for rural health: apply a rural lens to

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The Good Doctor

(This is one in an occasional series on ethical issues provided by members of the ACOI Ethics Committee. This item is presented by Jack D. Bragg, DO, MACOI.)

"The Good Doctor"
By Barron H. Lerner
A book review by Jack Bragg, DO, MACOI

"It was not until I immersed myself in my father's journals, however, that I really understood how dramatically the practice of medicine had evolved over only a few decades. As a historian, I knew that such change was inevitable and that much progress had occurred. I also remained comfortable criticizing many of the decisions made by my father's generation of physicians. But situating myself in the middle of my dad's cases exposed me to an intoxicating type of medical practice that surprised me in the force of its appeal and eventually led me to revisit some very basic assumptions."

Barron H. Lerner, MD, PhD is an internist and historian of medicine in New York. He followed in the footsteps of his father who practiced from the sixties into the nineties as an infectious disease expert and practiced as many did in those days. His dad spent hours day and night and weekends at the hospital and made house calls as well as all of the other duties a doctor had to do and developed strong bonds with his patients. Not only was his dad's style of practice old fashioned, so were his ethics. It was a very paternalistic time in medicine and Dr. Lerner describes in detail how that attitude adopted by his father and most other doctors in that era affected the practice of medicine in a manner that would never be tolerated today.

But the book is more than just an illustration of a difference in the medical ethics of two generations. It's also about how that difference affected the relationship between father and son, sometimes creating a palpable tension and strong disagreement. Importantly, it also traces the evolution of medical ethics from the paternalism of yesterday to the emphasis on patient rights in general, and particularly autonomy and informed consent that dominate our ethical discussions today.

Through giving the reader a tour down the lane of his professional training and development, as well as his dad's extensive personal journals, Dr. Lerner develops a keen insight into his dad's beliefs and attitudes, how medicine was practiced a generation ago and how different physician thinking about patient care is today. In addition he recounts numerous well-reported abuses by the medical establishment and health care industry, such as experimenting on patients, both children and adults, without permission, flagrant exploitation by the pharmaceutical companies of physicians, and the decision-making that today resides with patients, but was controlled solely by doctors of his father's generation.

Though continuing to believe that his dad's ethical practices were not as good as those of his generation, young Dr. Lerner does come to understand to some extent why doctors practiced the way they did. Modern technology and incredible medications that we take for granted were not available at that time and much of what a doctor had to treat patients with was compassion, concern and love. Not to mention the fact that doctors were the professional healers and knew more about medicine than their patients. They believed as well that they had a responsibility to use that knowledge to treat as best they could.

The son traces his dad's disillusionment with the rapidly changing medical situation in the United States along with the elder Lerner's declining health due to advancing Parkinson's disease and ultimately his death. While rejecting paternalism in favor of patient autonomy and informed consent, Dr. Lerner does lament the loss of the kind of time a doctor used to spend with patients and the doctor's complete devotion to his or her patients, day or night.

This is a fascinating journey from "the old days" of medicine when doctors reigned supreme in every aspect of the training and practice of medicine to today's practice, where we often feel like mere technicians subject to the whims of insurance companies and the government. You can't help but ask two questions: Why did it turn out this way? How can we recover the good aspects of that era, including getting to know our patients much better than we do today?

Lerner BH, The Good Doctor; A Father, a Son, and the Evolution of Medical Ethics, Beacon Press, Boston, 2014

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.

Member Milestones

Bernard Rubin, DO, FACOI, of Birmingham, MI, has let us know he will be retiring as division head of rheumatology at Henry Ford Hospital and leaving the patient care arena entirely. He is joining GSK (GlaxoSmithKline) as a national medical expert in the Immunology and Rare Diseases Division. Dr. Rubin will provide scientific expertise to the internal organization and lead external communications to educate, gain expert insight, and advocate for GSK medicines and the diseases they are designed to treat.

talking science & education

Donald S. Nelinson, PhD

Greetings colleagues and welcome to the May issue of Talking Science and Education. For those of us in the east, I just wanted to point out that the green things sprouting on the tree branches are called leaves!

In last month's population health quiz, we asked which state has the highest concentration of mental health providers per 100,000 population? Nationwide, the concentration of mental health providers varies most widely, with some states having

six times the number of mental health providers per 100,000 population than other states. Then answer to last month's question is Massachusetts. Massachusetts has the highest concentration of mental health providers with 547.3 per 100,000 population. Alabama has the lowest concentration of mental health providers with 85 per 100,000 population. Unfortunately, we did not have a winner in May, but I'm sure this month's trivia question will yield a winner.

Here's your population health trivia quiz for May. Remember, in the spirit of good sportsmanship, no Googling allowed. Good luck!

This month we want to know which of the following states has more than 200 primary care physicians per 100,000 population?

A. California
B. Connecticut
C. Ohio
D. Florida

Send your answer to *don@acoi.org*.

Talking Education

Four major forces are converging to trans¬form the mission of continuing medical education (CME) from primarily knowl¬edge transmission to actually changing pro-fessional behavior to adopt best practices to enhance the health of patient populations. These forces include pay for perfor¬mance, which requires continual improve¬ment in practice behaviors. Related are quality ratings of practices of hospitals, clinics, and clinicians, which purchasers can use to decide on where to receive best practices. Licensing and continuous or maintenance of certification standards are shifting from a basis of CME credit to a basis of increas¬ing competency with evidence of behavior changes in clinical practices and perfor¬mance improvement. CME standards have also shifted from primarily knowledge-based to behavior change–based with evi¬dence of progress toward best practices.

For CME programs to maximize oppor¬tunities to impact behavior change, optimal models and strategies are needed that can tai¬lor CME activities to the needs of different segments of professional populations rather than relying on one-size-fits-all offerings.

A particularly promising approach is the integration of Everett Roger's diffusion of innova-tion theory, and the transtheoretical model of change (TTM – James Prochaska), both of which represent population approaches to behavior change. Roger's model segments populations into five groups: innovators, early adopters, early majority, late majority, and laggards. The TTM segments populations into five stages: pre-contemplation, contemplation, preparation, action, and maintenance. Both models understand behavior change as a process that unfolds over time and involves progress through stages of diffusion or change. In both models, change equals progress. The models differ in that Roger's segments are more dispositional in nature, with population segments behaving simi¬larly across innovations. Innovators in a medical specialty, for example, are very likely to be the first to change and adopt new medications, technologies, or proce¬dures. Laggards are likely to be the last.

Why do I bring up these models? ACOI, in our commitment to excellence in education and service to our members is developing innovative approaches to education that are aimed at meeting mandates for behavior change and will be incorporating these and other evidence-based approaches to medical education. You will start to see these advances at live activities as well as in enduring activities which you will find on ACOI's soon-to-be launched Learning Management System at ACOI.org.

Diabetes Dialogues

Nutrition Research Study Shows Intermittent Fasting Helps Certain Health Issues

A pilot study conducted at Louisiana State University's (LSU) Pennington Biomedical Research Center shows that eating all of your meals by mid-afternoon and fasting the rest of the day improves blood sugar control, blood pressure and oxidative stress, even when people don't change what they eat.

This is the first study in humans that shows consuming all of your calories in a six-hour period provides metabolic advantages compared to eating the exact same amount over 12 hours or more, even if you don't lose weight. The data also indicate

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Talking Science & Education

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that our feeding regimen has to be synchronized with the body's circadian rhythm and our biological clock.

The study is published in the journal Cell Metabolism[1].

The research is important because it shows for the first time in humans that the benefits of intermittent fasting are not solely due to eating less. Practicing intermittent fasting has intrinsic benefits regardless of what you eat. Also, the study shows that eating early in the day may be a particularly beneficial form of intermittent fasting.

The investigators hope that the research will also raise awareness of the role of the body's internal biological clock —the circadian system — in health.

Eating late at night, is bad for metabolism. The human body is optimized to do certain things at certain times of the day, and eating in sync with circadian rhythms seems to improve health in multiple ways. For instance, the body's ability to keep blood sugar under control is better in the morning than it is in the afternoon and the evening, so it makes sense to eat most of our food in the morning and early afternoon.

Previous studies showed intermittent fasting improves metabolism and health. However, researchers didn't know whether these effects are simply because people ate less and lost weight.

The investigators decided to conduct the first highly controlled study to determine whether the benefits of intermittent fasting are solely due to eating less. The study was also the first to test a form of intermittent fasting called early time-restricted feeding (eTRF) in humans. eTRF involves combining time-restricted feeding — a type of intermittent fasting where people eat in an 8-hour or shorter period each day — with eating early in the day to be in alignment with the body's circadian rhythms in metabolism. It is tantamount to eating dinner in the mid-afternoon and then fasting for the rest of the day.

In the study, eight men with prediabetes tried following eTRF and eating at typical American meal times for five weeks each. On the eTRF schedule, the men each started breakfast between 6:30-8:30 am each morning, finished eating six hours later, and then fasted for the rest of the day — about 18 hours. Everyone finished dinner no later than 3 p.m. By contrast, on the typical American schedule, they ate their meals spread across a 12-hour period. The men ate the same foods on each schedule, and the researchers carefully monitored the men to make sure that they ate at the correct times and only ate the food that the researchers gave them.

The researchers found that eTRF improved insulin sensitivity, which reflects how quickly cells can take up blood sugar, and it also improved their pancreases' ability to respond to rising blood sugar levels. The researchers also found that eTRF dramatically lowered the men's blood pressure, as well as their oxidative stress levels and their appetite levels in the evening.

These findings could lead to better ways to help prevent type 2 diabetes and hypertension. In light of these promising results, the investigators said more research is needed on intermittent fasting and meal timing to find out how they affect health and to figure out what types of approaches are reasonable for most people.

[1]Sutton EF, et. al. Early time-restricted feeding improves insulin sensitivity, blood pressure, and oxidative stress even without weight loss in men with prediabetes. Cell Metab. 2018 May 8. pii: S1550-4131(18)30253-5. doi: 10.1016/j.cmet.2018.04.010. [Epub ahead of print].

Karen J. Nichols, DO, Leaving MWU/CCOM

After a 16-year tenure as dean of Midwestern University/Chicago College of Osteopathic Medicine (MWU/CCOM), the first female president of the ACOI and AOA, Karen J. Nichols, DO, MACOI, is moving on in order to devote more time to serving in other leadership positions in medicine.

"The osteopathic profession is in a pivotal time of significant transition," Dr. Nichols says. "I'm engaged in positions of influence at the ACGME [Accreditation Council for Graduate Medical Education], including the executive committee and the governance committee, which benefit the osteopathic profession." Dr. Nichols also serves in leadership roles within the AOA and the American Association of Colleges of Osteopathic Medicine. In these positions, Dr. Nichols aims to help build osteopathic medicine's influence within the larger world of organized medicine.

During her career, Dr. Nichols has been known as a trailblazer for women in osteopathic medicine. She was the first female to be elected President of the ACOI in 2000-2001. She later served as the AOA's first woman President in 2010-11.

Dr. Nichols was featured in the recent PBS documentary, The Feminine Touch, which covers the history of women in osteopathic medicine and won a regional Emmy award. The documentary also highlights prominent female leaders in the osteopathic medical profession.

Dr. Nichols is board certified in internal medicine by the AOBIM. Prior to academic medicine, Dr. Nichols practiced internal medicine and geriatrics for 17 years at Mesa General Hospital in Arizona.

She is a graduate of Kansas City University College of Osteopathic Medicine (KCU-COM) and holds an honorary doctorate of humane letters from KCU-COM.

Interview with Judith Lightfoot, DO, FACOI

Meet Judith Lightfoot, DO, FACOI, who is Vice Chair of the Department of Medicine, Internal Medicine Program Director, and Chief of Infectious Diseases at Rowan University in Glassboro, New Jersey. A graduate of PCOM, she practices medicine as a member of the Rowan Medicine Group.

Dr. Lightfoot served on the ACOI Board of Directors from 2006 - 2017. As the ACOI President in 2015-2016, she was the first African American and fourth woman to serve in this role since the College's founding.

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

Dr. Lightfoot: I dedicated considerable time to ACOI because I believe the College is instrumental in developing future leaders in our profession. In my experience, I find ACOI members to be a great group of people, open-minded and welcoming. Over the years, I was able to watch and work with other ACOI leaders to carry on the College's mission, as well as my own.

I feel that the ACOI is the leader in teaching residents and practicing physicians in the osteopathic profession. As a member of the ACOI Board, I participated in the Board's strategic planning process and agree that the College is on the right path for our members and osteopathic internists.

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

Dr. Lightfoot: Again, I would first emphasize ACOI's capacity to show young women and men how to become leaders in our profession. A number of years ago, I was pleased to be asked to chair a special task force, now the Committee on Minority Health. Many students want to get involved in working to address health disparities in our country. Our Committee's most recent work was integrated into ACOI's educational program at the 2017 Annual Convention when we did a field trip to local area barbershops. The HAIR Community Service Activity gave our residents and physicians the experience to witness how community health coaches can be armed with basic health information to encourage their patrons to see their health care providers. This program was done in conjunction with Dr. Thomas Stevens with the University of Maryland School of Public Health.

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 a major gift to the 75th Anniversary Campaign. Why did you choose to make such a generous gift? What do you think ACOI should do and say to encourage members to support the College financially?

Dr. Lightfoot: I chose to make a major gift to the campaign because I believe in the ACOI and in our future. In order to do what the College needs now, upfront dollars were needed. As for encouraging other members to give, the ACOI must tell our members and donors what is being done with the funds raised and that they helped to make these things happen. In this first phase of implementing ACOI's strategic plan, we must show them that their gifts are truly an investment in the College and their own futures.

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. Lightfoot: ACOI must continue to focus on securing osteopathic recognition for the future. It is important that the College continue to build strong alliances with other organizations like the ACP and AAIM. Our educational training is state-of-the-art at our annual convention, board review courses, and specialized offerings. The funds raised through the 75th Anniversary Campaign enabled ACOI to create its Online Learning Center, which will soon launch to provide a variety of different educational offerings for our members.

Ms. Ciconte: Dr. Lightfoot, any closing comment or thought?

Dr. Lightfoot: I will always be a dedicated ACOI member because the College has not only broadened my horizons as a clinician, educator, teacher, and leader but is building the future leaders in our profession. The ACOI was the first medical society to have a resident serve on its Board of Directors, providing opportunities for the resident Board member be a voice for other trainees; learn how the College runs; how strategic planning takes place; and how general internists and subspecialists unite to formulate ideas and resolve current and potential future issues which could affect the College and its existence. We welcome the engagement of our resident representative as we share the history of how ACOI was established and address the changes that will be needed as we strive to provide what our members need - education, leadership, fellowship, inclusiveness and intellectual stimulation.

Ms. Ciconte: Dr. Lightfoot, 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 May 24, 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
Lawrence U. Haspel, DO, MACOI

$45,000
Martin C. Burke, DO, FACOI

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$1,000 - $2,499
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Mitchell D. Forman, DO, FACOI
Eric D. Good, DO, FACOI
Debora Goodrich DO, FACOI and John Goodrich
David J. Greathouse, DO, FACOI
Robert T. Hasty, DO, FACOI
Dory Jarzabkowski, DO, FACOI
G. Michael Johnston, DO, MACOI
Robert Juhasz, DO, FACOI
Joanne Kaiser-Smith, DO, FACOI and Kevin Smith
Michael Keefe, DO, MACOI
Marc M. Kesselman, DO, FACOI, FACC
Teresa M. Kilgore, DO, FACOI
Andrew Kotis, DO, FACOI
Cheryl Kovalski, DO, FACOI
Paul Kudelko, DO, MACOI
Nathan J. Landesman, DO, FACOI
Alexander "Sandy" Macnab
Daniel L. Maxwell, DO, FACOI
Timothy W. McNichol, JD
Michael J. Menolasino, III, DO, FACOI
Nathan Miller, DO, FACOI
Jo Ann Mitchell, DO, FACOI
Rizwan K. Moinuddin, DO
Joseph Namey, Jr., DO, MACOI
Donald S. Nelinson, PhD
V. Kim Newsome, DO, FACOI and Tim Stainbrook, RN, BSN
Herbert Pasternak, DO, FACOI
Joanna Pease, DO, MACOI
William Peppo, DO, FACOI
Daniel K. Peshka, DO
John Prior, DO, FACOI
Bennet Radford, DO, FACOI
Jeffrey A. Ranalli, DO and Trina A. Poretta, DO
Laura Rosch, DO, FACOI for her mentor George Caleel, DO, MACOI
Christine M. Samsa, DO, FACOI and Nathan P. Samsa, DO, FACOI
Roy J. Sartori, DO, FACOI and Christine Sartori
Thomas Schneider, DO, FACOI
Martin W. Schwarze, DO, 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 Farian, Esq.
W. W. Stoever, DO, MACOI
Brad Suprenant, DO, FACOI
David Susser, DO, MACOI
John R. Sutton, DO, FACOI
Richard R. Thacker, DO, FACOI
Kenneth Trinidad, DO
Gordon P. Tussing, Jr., DO
Amita Vasoya, DO, FACOI
William H. Voss, DO, MACOI
Thomas Waltz, DO, FACOI
R. Colin Wetz, DO, FACOI
Mark L. Woodard, DO, FACOI
William Zipperer, Jr., DO, FACOI

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

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

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

Ask an Expert

Q. I'm more than 70.5 years old and am required to take an annual payment from my IRA, which is included in my taxable income. I keep hearing that I should consider making a payment from my IRA to a qualified charity like ACOI to reduce my taxable income. Is that still true with the new tax law, and why not just take the payment and make a charitable gift to ACOI?

A. The payment you are referring to is your Required Minimum Distribution (known as your annual RMD.) Under IRS rules you must begin to receive payments once you turn 70.5 years old. However, if some or even all of your RMD is not needed for current or future expenses, tax and financial planners advise that you consider asking your IRA plan administrator to make a direct payment to a qualified charity such as ACOI to avoid the income taxes that a higher adjusted gross income brings.

Known as a Qualified Charitable Distribution (QCD), the amount you authorize – in any amount up to $100,000 – is not tax deductible, but reduces your taxable income by the amount of the distribution. For some members of the College, this is a more valuable planning strategy than a charitable deduction and is particularly valuable for those who will not be able to itemize expenses under the new tax law.

But to make it work, you must have the distribution paid directly from your IRA to us. If you accept the required distribution and then write us a check, you will have to declare the amount as part of your adjusted gross income. Many savvy College members want to keep their AGI as low as possible.

Because it can take weeks or even months to accomplish, you should contact the administrator of your IRA plan now and ask for the forms you need to request a Qualified Charitable Distribution payment to ACOI or to any qualified nonprofit organization. If you need more information or would like us to contact your plan administrator on your behalf and get the forms, please call Brian Donadio at 301-231-8877.

Campaign Funds Put to Use

Thanks to the support of our 75th Anniversary Campaign Donors, the ACOI was able to host its first-ever live webcast on Friday, April 27 from 10-11 AM Eastern Time. This complimentary webcast was offered as an introduction to the ACOI's Online Learning Center, which will be unveiled shortly.

Two live presentations were brought to ACOI members from the Exploring New Science in Cardiovascular Medicine meeting being held that weekend in Chicago. ACOI member and internationally-renowned cardiologist, Robert Chilton, DO, FACOI, FACC presented the following two sessions:

10:00 - 10:30 AM ET
ASVD Risk Reduction Therapy: Beyond Statins

10:30 - 11:00 AM ET
Diabetes Heart Disease: A Ticking Time Bomb!

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

PROFESSIONAL OPPORTUNITIES

July 2018 Pulmonary Fellowship Positions Available

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

Our Graduate Medical Education Programs include:

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

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

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

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

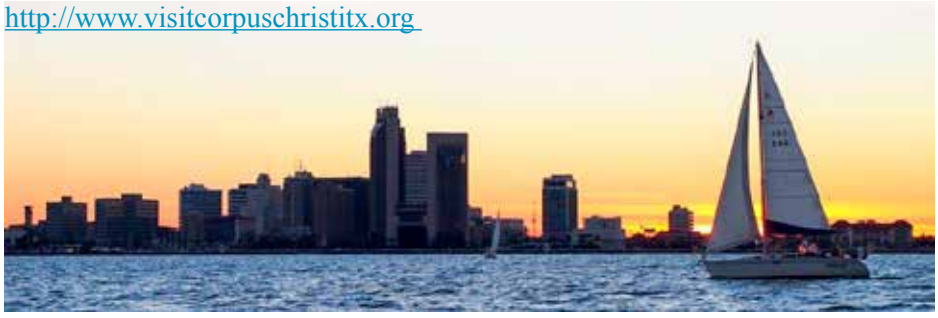
Corpus Christi Medical Center

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

The City of Corpus Christi

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

For information about the city of Corpus Christi, please visit http://www.visitcorpuschristitx.org



Government Relations

continued from page 3

CMS programs and policies; improve access to care through provider engagement and support; advance telehealth and telemedicine; empower patients in rural communities to make decisions about their healthcare; and leverage new partnerships to achieve the goals of the CMS Rural Health Strategy. You can learn more about CMS' efforts to address rural healthcare by visiting https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/index.html.

Washington Tidbits
Air Force One…
President on Board

The first sitting President to take to the air was Franklin Delano Roosevelt in 1943. He departed Miami, Florida on January 11 for a 15,000 mile round-trip flight to Casablanca, Morocco where he met with British Prime Minister Winston Churchill and others to discuss planning for World War II. (Theodore Roosevelt, after leaving the White House, flew in a Wright Flier in 1910.) It was not until 1953, when a plane carrying Dwight D. Eisenhower with call signal "Air Force 8610" was confused with Eastern Airlines flight 8610, that the plane carrying the President become designated as Air Force One to prevent future confusion.

Sometimes things can change – even mid-flight. Richard M. Nixon boarded Air Force One to fly home to California in August of 1974. He announced his intention to resign the Presidency the night before. As he was in the air, Gerald Ford was sworn in and Richard Nixon was no longer President. While flying over Jefferson County, Missouri the pilot radioed traffic control and said, "Kansas City, this was Air Force One. Will you change our call sign to SAM 27000?" The President was no longer on board!

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2018 Annual Convention & Scientific Sessions
  Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2019 Annual Convention & Scientific Sessions
  Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Annual Convention & Scientific Sessions
  Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL
- 2021 Annual Convention & Scientific Sessions
  Sept 29-Oct 3 Marriott Marquis Hotel, San Francisco, CA

Please note: It is an ACOI membership requirement that Active Members attend the Annual Convention or an ACOI-sponsored continuing education program at least once every three years.
Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at www.acoi.org.

2018 Certifying Examination Dates & Deadlines

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

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

Internal Medicine Recertifying with a Focus in Hospital-Based Medicine Examination
Computerized Examination 300 Sites Nationwide
September 12-14, 2018 - *Application Deadline: Expired*

Subspecialty Certifying Examinations
Computerized Examination 300 Sites Nationwide
August 28-30, 2018 - *Application Deadline: Expired*
• Cardiology • Critical Care Medicine • Endocrinology • Gastroenterology
• Hematology • Hospice and Palliative Medicine • Interventional Cardiology
• Infectious Disease • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

Subspecialty Recertifying Examinations
Computerized Examination 300 Sites Nationwide
August 28-30, 2018 - *Application Deadline: Expired*
• 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.*

AOBIM Board Member Needed

The AOBIM has an open board member position. Responsibilities of AOBIM board members include duties ascribed by the AOA in the certification processes of Osteopathic physicians and setting and testing a standard of excellence. AOBIM board members participate in exam development, item writing and reviewing, and appeals. Participation on the Board requires attendance at in-person meetings (travel expenses are reimbursed by the AOA) and conference calls, as needed. Board members receive CME credit for writing items, attending exam-related meetings and administering exams, and honoraria for attending in-person board meetings. The time commitment is approximately 10 hours per month.

Please contact **Dan Hart, AOBIM Certification Director**, at aobim@osteopathic.org for more information.