

From President Snyder

ACOI Is Ready to Meet New Challenges



As we approach the holidays, it's a great time to remember what has been given to us and to express the gratitude we feel. Aside from all the personal

gifts I have been given—the love of a wonderful wife and kids, the health and abundance with which I have been blessed—I am also grateful for the opportunities I have received through ACOI. We have just come from a successful Convention. I have been given the opportunity to assume a leadership role in our organization, and to contribute more during the coming year. And I feel the support and solidarity of our Board of Directors and membership, as we steer ACOI on a new course in the new and changing environments of medical practice and education.

If you are regular readers of this space, you know from Annette Carron's columns over the past year about the directions the Board

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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 2019-20 President **Samuel K. Snyder, DO**, and the Board of Directors. Those interested in serving should send an email to Executive Director Brian J. Donadio (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.

A Fond Farewell

As I write my last column for the ACOI newsletter, now as ACOI immediate past president, I am feeling not sad, but grateful. Grateful for the opportunity to serve, to grow as a leader, to meet so many of our hard-working, boots-to-the-ground members making a difference in patients' lives one by one, and grateful now to pass the baton to Sam Snyder, DO, FACOI, the new ACOI President. You are in good hands.

I have spent the year sharing personal stories to help demonstrate what being an Osteopathic internist means, what trying to live a life well-lived means, and how ACOI can help you do both.

As I considered what to write in my last column, an idea came to me when I was in NYC last week. I saw a Broadway show, as I love live theatre. I have yet to be at a professional show where there wasn't a standing ovation at the end. It is usually warranted, but this time it crossed my mind, "How come every time?" I pondered the three hours I spent at a patient's home a few months ago with a family who was very angry their mother was dying. At the end of our conversation, they were crying, but happy she was comfortable. They were able to say goodbye and thanked/hugged me as she passed in her home while we were at her bedside. I thought, "Now that deserves a standing ovation." ☺ I'm sure you have all had similar experiences helping a patient/family, or making that tough diagnosis!

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Members of the ACOI leadership met with AOA President Ron Burns, DO, during the Annual Convention in Phoenix. (L-R) John Sutton, DO, Annette Carron, DO, Ron Burns, DO, Samuel Snyder, DO, Michael Adornetto, DO, MBA and Robert Cain, DO.



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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has taken in response to these challenges. Our Board has created a distinctive new direction, as we announced at the convention, with new opportunities for service to our membership. We stand for Principle-Centered Medicine, which in a very real sense means being true to why we became osteopathic physicians in the first place. Of course, we will continue to put on education programs of the highest quality for our membership, for individual and institutional growth and development.

ACOI is one of the first osteopathic organizations to receive accreditation by the Accreditation Council for Continuing Medical Education (ACCME), which allows us to grant category 1 AMA PRA credit. We can now sponsor CME activities that provide requisite credit to all physicians, both DO and MD—but of course we will retain our specific osteopathic identity. We are developing creative partnerships with our brother and sister osteopathic organizations to enable them to use our new Online Learning Center as a platform for their CME activities. These new capabilities will empower ACOI to increase its CME offerings to members, non-members, and hopefully, will also attract new members. We are working with AOBIM to simplify the process of continuing certification, and to make that a less onerous, more meaningful process. And with AOBIM, we hope to strengthen our ties to osteopathic internal medicine residents and assure the strength of our in-service and certifying board exams.

At the Convention, we received important suggestions from members about “greening” ACOI. Our Board has already begun to address this issue. One of my goals is to make ACOI a greener organization, in keeping with the needs of our planet and our role as its custodians. Your suggestions are welcome. This is in keeping with our decision to become a signatory member of the Consortium of Medical Societies on Climate and Health—one of over 30 member societies, along with ACP and AMA, but the only osteopathic member so far.

This coming year in ACOI history will be a long one as we meet the many recent challenges osteopathic medicine faces. Yet it will go by in the blink of an eye. Our ACOI is strong; our Board and members have the talent, ideas and drive to succeed. Let’s all work together, so that ACOI meets the challenges, thrives and creates a great new future for osteopathic internal medicine. As we provide additional information about the concept of Principle-Centered Medicine, remember that it has always been within you; it’s why you came to practice osteopathic internal medicine in the first place.

Sam Snyder, DO

ACOI President



government RELATIONS

Timothy McNichol, JD

2020 Medicare Physician Fee Schedule Final Rule Released

The Centers for Medicare and Medicaid Services (CMS) recently released the final rule providing for updates to physician payment policies, payment rates, and quality provision for services provided under the Medicare Physician Fee Schedule (PFS). The final rule takes effect on January 1, 2020.

Physician payments under the Medicare program are calculated by applying a conversion factor to the relative resources used to provide a service (physician work, practice expense, and malpractice). The 2020 calendar year PFS sets the conversion factor at \$36.09. This is a slight increase from the calendar year 2019 PFS conversion factor of \$36.04.

The rule finalizes significant changes to evaluation and management (E/M) office visits by adopting Current Procedural Terminology (CPT) Editorial Panel changes. This includes retaining five levels of E/M coding for established patients; reducing the number of levels to four for office/outpatient E/M visits for new patients; and revising code definitions. The time and medical decision-making process for all CPT codes is modified by requiring the performance of a history and exam only as “medically appropriate.” In addition, the final rule allows clinicians to choose the E/M visit level based on either medical decision-making or time. The final rule includes an add-on for office/outpatient E/M visits for primary care and nonprocedural specialty care. These changes take effect January 1, 2021 in order to allow for the extensive education and preparation of physicians, coders, insurers and electronic health record vendors.

Physician supervision requirements for physician assistants are updated to allow for greater alignment with state law and state scope of practice requirements. To further reduce regulatory burdens, the final rule modifies documentation requirements to allow physicians and others to review and verify (sign and date), rather than redocument notes previously made in the medical record by other members of the medical team. The rule finalizes changes for transitional care management (TCM), chronic care management (CCM) and principal care management (PCM) services. Medicare coverage for opioid use disorder treatment services is addressed by the final rule through the creation of new codes for telehealth services, among other things. You can learn more about the final rule in this month’s Coping with Coding column and by visiting <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>.

Second Continuing Resolution Signed into Law

For a second time this year, the House and Senate approved, and the President signed into law, a continuing resolution (CR) to keep the federal government’s operations funded. The current CR maintains 2019 spending levels and runs through December 20. Additional action will be needed on or before this date. Government operations are funded through 12 separate appropriation bills. Prior to approval of appropriations legislation, legislators must agree to a top line for funding amounts. Once these amounts are agreed upon, Congress provides appropriations within these limits. It appears that general agreement has been

reached on these funding levels, increasing the chances of additional appropriation legislation being considered and approved prior to the next deadline. The Labor-HHS-Education funding package, which is the largest domestic appropriations measure, is expected to see little opposition and to be one of the first to be considered and approved. The ACOI will continue to monitor this process closely.

Implementation of Final Conscience Rule Blocked

A federal court in New York recently struck down a final rule protecting healthcare entities and others who refuse to provide or pay for medical services based on religious or moral grounds. The court found that the Department of Health and Human Services (HHS) lacked the statutory authority to enact regulations the court found to be in violation of federal law including, but not limited to, the Administrative Procedure Act. In addition, the judge found the regulations failed to protect against undue hardship for employers and was both arbitrary and capricious. It remains unclear whether the Administration will appeal the decision or work to restructure the administrative actions to survive additional court action.

Congress Continues Work to Address Cost of Prescription Medications

The House Ways and Means Committee recently approved legislation along party lines to lower the cost of prescription medications. The legislation would allow the government to negotiate prices on hundreds of drugs (H.R. 3). Under the approved legislation, the Secretary of the Department of HHS would directly negotiate prices on at least 35, and up to 250 brand-name drugs, that are the most expensive to the Medicare

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coding **CORNER**

Jill M. Young, CPC, CEDC, CIMC

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

Big Changes on the Horizon

The annual CPT® and RBRVS 2020 Annual Symposium was recently held in Chicago, Illinois. I have attended this meeting for the past 16 years because of the important information that is presented. The three days of educational sessions are chock-full of valuable information that helps me better prepare for the changes that will impact physicians and your practices. Representatives from both the AMA and the Centers for Medicare and Medicaid Services (CMS) are there to present information on both new CPT codes for the upcoming year and to address other issues such as Medicare updates. The most anticipated of all the presentations was the session reviewing the CY 2020 Medicare Physician Fee Schedule Final Rule.

I knew going into the meeting that changes were coming to documentation of office services beginning in 2021, but this meeting cemented the significance of the changes released in the final rule. Planning for implementation of these changes should begin soon as they could impact all aspects of your office's operations.

I was working for a billing company in 1995 and 1997 when the Evaluation and Management (E/M) guidelines were released. I was involved in part in the education process for physicians on the "new and improved" way of documenting visits for physicians and other qualified health care professionals. The changes that will take effect on January 1, 2021 are equally transformational. CMS' efforts to advance "administrative simplification" and "patients over paperwork" initiatives are at the core of these changes. Both documentation requirements and reimbursement will be impacted. The time to begin preparations is now.

The AMA released the CPT definitions for office visit codes for 2021. The language is significantly different. Following is the language for a new patient level 4 (99204):

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

What did you notice first? The lack of mention of "key components?" The lack of familiar words like "detailed" or "comprehensive?" No inclusion of "medically appropriate" in reference to a history and/or examination? Did you notice the new numbers listed for this code in minutes along with the phrase "total time" instead of typical time? In 2021, the push for coding will be based on either medical decision making (MDM) or the total time of the visit. In the past you have been guided by 1995 or 1997 sections on MDM. The section of the documentation guidelines that you have relied on will be changing in January 2021.

Just remember, although the required amount of documentation may be less and your notes shorter, medical necessity still needs to be documented. Medical necessity continues to be the over-arching criterion when it comes to E/M services. Do not forget to include it in your documentation!

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.

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](#).



talking science & education

Donald S. Nelinson, PhD

Greetings colleagues and welcome to the November issue of Talking Science and Education. It was great seeing so many of you at the convention in Phoenix. I hope you found the experience educationally fulfilling and personally enjoyable. If you have topics or other ideas that you feel can improve our annual convention, or any of the ACOI educational activities, please don't hesitate to contact me directly.

In last month's population health trivia question, we noted that cardiovascular death rates continue to move in the wrong direction. We asked by what percent have cardiovascular deaths increased since 2015.

Brendan Kelly, DO, FACOI from the AtlantiCare Regional Medical Center, was the first respondent with the correct answer. Since 2015, cardiovascular deaths significantly increased two percent from 250.8 to 256.8 deaths per 100,000 population. The cardiovascular death rate has been increasing since 2015.

Congratulations, Brendan! I invite you all to test your population health knowledge with this month's question.

Chlamydia continues to increase. Since 2009, chlamydia increased by what percent per 100,000 population in the United States?

- A. 10%
- B. 5%
- C. 50%
- D. 35%

Become a Talking Science and Education winner, but remember: no Googling!!!

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

Talking Education

Older Does Not Necessarily Mean Wiser!

Okay, now that I've got your attention, I want to assure you that this month's column does not espouse an ageistic manifesto. Indeed, I, myself, fall into the category of "experienced [older!]" individuals. What I do want to do is share some key takeaways to both caution and advise medical educators. These concepts apply to UME, GME, and CME and should be considered in live, digital and enduring activities. The first two points ask us to question conventional "wisdom" and are evidence-based. The next three concepts are guides to developing quality visual learning experiences whether using PowerPoint, Presi, or other platforms. As always, I hope you find these helpful, and welcome your thoughts about the challenge of delivering quality educational activities. (See charts on pages 6-7)

Diabetes Dialogues

Men with T2D, Osteoarthritis Experience More Severe Joint Pain with Insulin Use

Previous studies have indicated more severe symptoms of osteoarthritis (OA) and higher rates of arthroplasty in patients with type 2 diabetes mellitus (T2DM).¹ In addition, it has been suggested that long-term insulin use may overload some tissues with enriched insulin receptors, which may affect pain perception.² A hospital-based cohort study published in BMJ Open Diabetes Research & Care found sex heterogeneity in the relationship between T2DM and severity of OA symptoms and an association between insulin treatment and pain severity in men.³

A total of 700 patients with OA and total arthroplasty, or those waiting for the surgery, volunteered to take part in the study. Eligible patients experienced pain at the hip and/

or knee joints. Comparisons for pain severity were made between patients with T2DM, who were clinically diagnosed with T2DM or were self-diagnosed with a fasting blood glucose of ≥ 126 mg/dL, and patients without diabetes. Patients with other conditions, such as rheumatoid arthritis, lupus, avascular necrosis, and fractures, were excluded.

In total, 489 patients contributed to the study. The mean age of participants was 65.8 ± 10.6 years and 61.6% were women. Most of the participants had obesity, with an average body mass index of 31.6 ± 6.1 kg/m² for women and 29 ± 5.6 kg/m² for men ($P < .001$). A total of 28.4% of participants were diagnosed with T2DM (30% of men vs 28% of women; $P = .03$). Female participants reported more OA pain than men.

Participants used a numerical rating scale from 0 to 10 to report the pain severity in each affected joint. Pain severity scores were calculated by adding the number of painful joints with the highest pain rating reported for any joint. Men with T2DM had a slightly higher pain severity score than their counterparts without diabetes ($P = .01$), including in non-weight-bearing joints. In men, the most severe pain score was found in those receiving insulin treatment compared with all other patients ($P = .025$). Similar associations were not found in women. The most significant indication for pain severity in women was waist circumference, irrespective of body mass index ($P = .002$).

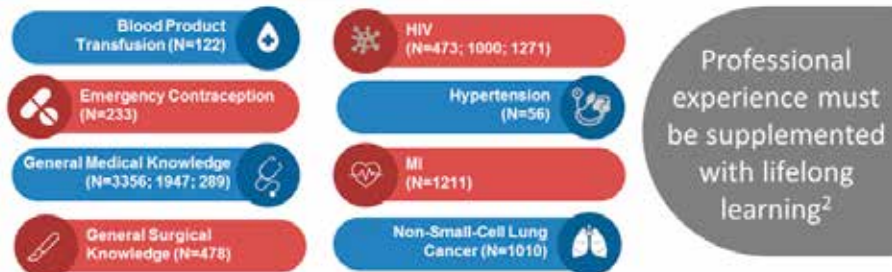
Furthermore, men with T2DM consumed 3 times more analgesics than men without T2DM (84% vs 61%; odds ratio, 3.03; 95% CI, 1.24-7.36; adjusted $P = .01$). There was no difference in analgesic consumption in women with vs without diabetes ($P = .66$).

This study found that men with T2DM and OA, and especially men receiving insulin treatment, report higher pain severity, have more joints affected by pain, and consume more analgesics than men without diabetes. The presence of pain in non-weight-bearing joints, such as the hands, might suggest that

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Older Doesn't Always Mean Wiser: Clinical Experience Is Not Associated with Increased Knowledge

In a Systematic Review of 12 Studies, All Demonstrated a Negative Association Between Knowledge and Experience¹



1. Choudhry NK, et al. *Ann Intern Med*. 2005;142(6):260-270.
 2. VanNieuwenberg L, et al. *Postgrad Med J*. 2016;92(1086):217-222.
 3. Davis DA, et al. *JAMA*. September 6, 2006—Vol 296, No 9: 1094-1095.

1

The Most Common CME Teaching Methods Are the Least Effective

- Learning – not merely educating – results in a change in clinical practice
- Lectures and printed material
 - Increase knowledge (but may not change behavior)
 - Role play or practice sessions more effective
 - Multiple sessions > single session
- Online courses



VanNieuwenberg L, et al. *Postgrad Med J*. 2016;92(1086):217-222.
 Davis DA, et al. *JAMA*. 1995;274:700-705.

2

Select Principles for Visual Learning



1. Mayer RE. *Journal of Computer Assisted Learning*. 2017;33:400–423; 2. Neumann JH, et al. *Med Education*. 2013;35(2):199-208

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Talking Science

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diabetic neuropathy affects the severity of OA. As sensorimotor neuropathy presents earlier and has a higher prevalence in men with diabetes than in women, this may explain the sex difference in reported pain severity. The association of pain severity with waist circumference in women fits a previously proposed theory that there is a link between metabolic syndrome and chronic pain.⁴ The role of diabetic medication in OA pain had not been explored before this study, noted the researchers, and the effect of insulin administration on OA progression requires further investigation.

References

¹ Schett G, Kleyer A, Perricone C, et al. Diabetes is an independent predictor for severe osteoarthritis: results from a longitudinal cohort study. *Diabetes Care*. 2013;36:403-409.

² Rosa SC, Ruffino AT, Judas F, et al. Expression and function of the insulin receptor in normal and osteoarthritic human chondrocytes: modulation for anabolic gene expression, glucose transport and GLUT-1 content by insulin. *Osteoarthritis Cartilage*. 2011;19:719-727.

³ Castano Betancourt MC, Morais CL, Vannucci Nunes Lipay M, et al. Gender differences in the effect of diabetes mellitus and its treatment on osteoarthritic pain. *BMJ Open Diab Res Care*. 2019;7:e000736.

⁴ Loevinger BL, Muller D, Alonso C, Coe CL. Metabolic syndrome in women with chronic pain. *Metabolism*. 2007;56(1):87-93.

Select Principles for Visual Learning

**Reduce
Extraneous
Processing**

**Manage
Essential
Processing**

**Foster
Generative
Processing**

Break lessons to allow self-pacing
(segmenting principle)

Provide pre-training on key terms
(pre-training principle)

Narration preferred (vs text)
(modality principle)

1. Mayer RE. *Journal of Computer Assisted Learning*. 2017;33:403–423; 2. Nagmoti JM. *Indian J Med Microbiol*. 2017;35(2):199-203

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Select Principles for Visual Learning

**Reduce
Extraneous
Processing**

**Manage
Essential
Processing**

**Foster
Generative
Processing**

Use conversational language
(personalization principle)

Draw graphics as you explain
(embodiment principle)

1. Mayer RE. *Journal of Computer Assisted Learning*. 2017;33:403–423; 2. Nagmoti JM. *Indian J Med Microbiol*. 2017;35(2):199-203

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We're Halfway to Meeting the ACOI Board's \$30,000 Challenge to Build the Generational Advancement Fund (GAF)

Thanks to the generous support of our Annual Convention donors, we need to raise only an additional \$15,000 to meet the challenge.

WHY – Due to the need for the kind of principle-centered medicine that our members provide, ACOI introduces osteopathic medical students to our community and the vibrant career opportunities available in our specialty through our Visiting Professor Program and at the Annual Convention. Both of these programs are supported by our Generational Advancement Fund (GAF).

WHAT ACOI DOES – ACOI arranges and pays travel costs for an internal medicine role model speaker; provides a grant to the student club for refreshments; and supplies ACOI mementos for student attendees (approximately \$1000 per visit). To assist Internal Medicine Club student leaders to attend the ACOI Annual Convention, the annual registration fee is waived and each club receives a \$1000 grant to cover travel and other expenses.

OUR GOAL

- Increase the number of Visiting Professor Programs from 25 to 40 per year at the 57 (and growing number) of osteopathic college campuses. Note: There were only 11 osteopathic medical schools in 1995 when the Visiting Professor Program started.
- Encourage 25 or more Internal Medicine Clubs to send their student leaders to the Annual Convention.

READ THE THANKS OF A STUDENT LEADER:

"I want to say thank you to those ACOI members who provide financial support that benefits students. The Visiting Professor Program is an awesome program that makes such a difference for students because these sessions give us a glimpse of our futures. I encourage members to continue contributing to the Generational Advancement Fund." Alli Dews, Liberty University College of Osteopathic Medicine (LUCOM) 2018-2019 President, SOIMA

ANNUAL GAF FUNDRAISING GOAL: \$65,000

HOW YOU CAN HELP US MEET THE BOARD GAF CHALLENGE

- Become a member of the Sustainers Club which recognizes monthly donors. Keep in mind that \$83.33 a month is a \$1000 annual gift.
- Join the 75th Anniversary Circle with a gift or pledge of \$1000 to be recognized with an engraved leaf on the 75th Anniversary Circle Tree in the ACOI lobby.
- Make a gift in honor or memory of someone who is or was important to your medical training and career.

THE ACOI BOARD OF DIRECTORS' CHALLENGE CAN BE MET WITH YOUR SUPPORT!

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

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

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 by clicking <https://www.acoi.org/make-a-gift-to-acoi/your-support-makes-difference-acoi> and check the monthly gift box to make a credit card contribution.

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

ACOI's Generational Advancement Fund (GAF) At Work



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

Meet **Sierra Hollar**, a graduate of Boise State University, who is a second-year medical student at Pacific Northwest University College of Osteopathic Medicine in Yakima, Washington. Sierra and several of her classmates attended their first ACOI annual convention in Phoenix, October 30 – November 3, 2019. This interview took place there.

Ms. Ciconte: Tell me how you decided to pursue an osteopathic medical career.

Ms. Hollar: When I was younger, I had an adverse medical experience related to a knee injury from playing soccer. There was even the potential for a legal problem due to the way my doctor interacted with me and my family. Given this experience, I considered becoming a naturopathic professional until others suggested I explore an osteopathic medical career due to its focus on Mind, Body, and Soul. Osteopathic medicine is the most holistic approach with the best and most years of education.

Ms. Ciconte: Are you involved with the Student Osteopathic Internal Medicine Club? How did you happen to attend the ACOI Annual Convention this year?

Ms. Hollar: Yes, I am currently a member and plan on getting more involved after this experience. Being able to attend the convention has been a terrific experience. The \$1000 GAF grant from the College enabled three of us to attend. It covered our airfare and we shared a room to stretch our funds. We are also eating better than usual for medical students thanks to the many convention events that offer food!

I am so impressed with the sense of community at the Convention. It is a welcoming and nurturing experience for us. As second year students, the lectures which are more tangible than I expected, were educational as well as a good review for boards. Everyone is helping build each other up and educate each other for the patient's sake.

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

Ms. Hollar: With single accreditation going into effect next year, we are uncertain how this will impact our applying for residencies. What will the new dynamic be between MDs and DOs in the workplace? In general, we are wondering what our future will be.

When I was a third year college student, I worked in a clinic with a DO. That experience allowed me to see how a DO practices medicine. However, my Guidance Counselor at the college told me I should go the MD route first, and then the DO route if that didn't work out. Of course, I decided to go directly to osteopathic medical school instead.

Ms. Ciconte: How can ACOI help?

Ms. Hollar: The conference has been so empowering for us as students. I wish more students had been in attendance. ACOI needs to continue to raise awareness of the many different fields and opportunities that comprise osteopathic internal medicine.

Ms. Ciconte: Your grant for students to attend the Annual Convention and your upcoming Visiting Professor Program are thanks to gifts to the College, especially to the ACOI's Generational Advancement Fund. What would you say to encourage more ACOI members to contribute to the Fund?

Ms. Hollar: I would first say thank you to the GAF donors for providing the funds that allow the ACOI to offer programs that benefit students. It is important for students to have opportunities to work with doctors you aspire to be like. Attending the convention is a wonderful opportunity for that since the attendees are welcoming and gracious to the students. It gives us the opportunity to meet DOs who could become potential mentors for our career development.

With continued and increased support for the GAF, members can help more students hear what doctors expect, learn what we can do to be successful in our rotations, and give us opportunities to communicate with mentors who will guide our careers. GAF donors have a great impact on the next generation of osteopathic internists!

Ms. Ciconte: Sierra, many thanks for making the time to be interviewed during this busy convention. Best wishes for continued success in pursuing your osteopathic medical career.



What is “Mindful Estate Planning?”

If you missed our 2019 Convention Sunrise Session presented by Barbara L. Tesner, CFRE, in Phoenix, here are some takeaways:

FIRST – make some quality time to think about what is most important to you. In the session, a **Legacy Brainstorming Worksheet** was utilized – to truly just brainstorm, write down who and what you care about – thoughts and ideas – names, words, phrases, concepts, causes. Give it a try – put a timer on for three minutes and just let your thoughts flow onto your worksheet.

EMBRACE THIS IDEA - Estate planning is about more than just who gets your money or your stuff.

A FEW BASICS:

BENEFICIARIES - are individuals, trusts, or even organizations that are designated in estate planning documents to receive assets of the estate.

HEIRS - are individuals who are legally entitled to collect an inheritance, when a deceased person did not formalize a will. Generally speaking, heirs who inherit the property are children, descendants or other close relatives of the decedent.

DIFFERENCES BETWEEN A WILL AND A TRUST –

A WILL is a legal document which allows you to control how your estate will be distributed after you pass away. A will also enables you to appoint a guardian for your minor children as well as provide instructions and set aside funds for the care of any pets you may have.

If you die without a will or a trust - the state oversees the distribution of your assets and decides who receives what via the court process of probate. In other words, if you don't have a will the state will make one for you. All 50 states have laws of this kind on the books.

A TRUST is a fiduciary relationship in which you give another party authority to handle your assets for the benefit of a third party, your beneficiaries.

BOTH are useful estate planning devices that serve different purposes.

Your estate planning attorney and financial advisor can tell you how best to use a will and a trust in your estate plan. An **estate-planning attorney** can help you with both, *but* it is also **smart to work with a financial advisor** who can take a more holistic financial approach regarding forming a trust.

Do you need an estate planning attorney in your area?

<https://www.actec.org/fellows/directory/> The American College of Trust and Estate Counsel (ACTEC) Search Tool is an excellent source as these individuals have been elected by experienced attorneys as tops in estate planning.

“DEATH & TAXES” – Federal Taxes and State Taxes:

- The **federal government** imposes estate tax at your death only if **your taxable estate is worth more than \$11.4 million** (for deaths in 2019).
- The **federal government** does not impose an **inheritance tax**, **but a few states do**. Inheritance tax doesn't depend on the amount of the estate; instead, it depends on who inherits the property.
- Many state tax exemption amounts have changed in the last few years. To get the most up-to-date numbers, check online, at the website of your state's taxing authority - **know your STATE rules** - consult your advisors for the current tax situation in states where any of your assets are located.

REMEMBER - This is your opportunity to provide for people, creatures, and causes while you are blissfully in the great beyond.

If you are interested to learn more about how to include ACOI in your estate plans, please contact Brian Donadio at 301-231-8877 or email to bjd@acoi.org. Brian will contact Barbara L. Tesner on your behalf.

To receive our helpful planning booklets: “2019 Federal Tax Pocket Guide” and “Your Guide to Effective Giving in 2019,” please email katie@acoi.org.

These guides have ideas and strategies about:

- Giving Securities • Maximizing Tax Savings • Giving through a Will • Gifts to Provide Income • Charitable Gift Planning • Gifts of Life Insurance.



Students and leaders of Nova Southeastern University's SOIMC who attended the 2019 Annual Convention thanks to a grant from the Generational Advancement Fund. From left to right: Alyssa Benjamin, Manell Aboutaleb (SOIMC President), new ACOI President, Samuel Snyder, DO, FACOI, who teaches at Nova Southeastern University, Kristi Njaravelil (SOIMC Treasurer), and Neil Patel.



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Tower Health has joined forces with Drexel University to build an additional location for the university's College of Medicine in West Reading, less than one mile from the Reading Hospital campus. This collaboration will bring undergraduates and graduates clinical education and research to a single campus.

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For more information, contact:
Christopher David, Physician Recruiter
Phone: 484-628-5413
Christopher.David@towerhealth.org

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 will enter the profession in the future will have access to the same education, support, and mentoring that you have received. **Think of it as paying your dues forward.** With a bequest of \$10,000 or more you will leave a legacy—mentoring those you will never know, but who will provide future generations with the kind of principle-centered care that you have built a career providing.

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.

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

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Farewell

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The ACOI Board of Directors, Brian Donadio, Susan Stacy and staff stand for you.



This made me realize I wanted my last message today to celebrate a man who has dedicated his life to his family and the Osteopathic profession. Truly, our Executive Director Brian Donadio, who has announced his retirement beginning July 2020 after 30 years with the ACOI, has lived a life as a man for others.

“Attention is the rarest and purest form of generosity” – Simone Weil.

Brian is a quiet, calm, generous leader. Doing what is best for the ACOI while helping to guide and develop a new president each year, taking no credit for himself. As I spoke at our Board meetings with the utmost freedom to lead, I always sat a little straighter because I knew Brian would “lean in” when needed and whisper a word or two of advice to keep me on track. He truly lives the spirit of deep listening. A man of few spoken words, but who hears everything.

I often reflect on what God’s plan is for each of us and I have told Brian multiple times he is exactly where God wanted him to be. He has touched hundreds of physician’s lives and in turn, thousands of patient’s lives by creating smart, realistic educational events for all of us, by advocating for the Osteopathic internist at every level, as well as by creating a safe place to come to learn and be part of a family.

While he still has many months of work to continue to move ACOI forward, today, my friend and our greatest advocate, Brian Donadio, deserves our applause and standing ovation.

THANK YOU!

Cheers, Brian.

Annette T. Carron, DO, FACOI, FAAHPM
ACOI President 2018-2019

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Government Relations

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program and the healthcare system. Similar legislation was previously approved by the House Energy and Commerce and Education and Labor Committees. While both sides of the aisle in the House and Senate are interested in lowering the costs of prescription medications, a path to the President’s desk remains uncertain at this time. The ACOI will continue to monitor this and similar legislation as it is considered by Congress.

Washington Tidbits The “Tea Party”

The ship departed London, England with cargo certain to be taxed upon its arrival. In fact, once the content of its cargo became clear, the ship would not be allowed to enter port prior to the proper payment of taxes. Tensions were continuing to rise as chants of “taxation without representation” were growing in both frequency and volume. Fearing for the safety of the crew and guests aboard the brigantine that spent more than three months at-sea making its trans-Atlantic journey in 1774, a co-owner of the ship paid the taxes – on 17 chests of tea. Outraged, the colonists threatened the life, the lives of his family members, and the property of Anthony Stewart. Under pressure and immense fear, he set fire to his own brigantine, the “Peggy Stewart,” along with all its contents. Less than a year after the infamous Boston Tea Party (where 342 chests of tea were thrown overboard), the “Annapolis Tea Party” would become little more than a footnote in the annals of the American Revolution. The “Peggy Stewart” was set ablaze and sank to the bottom of Annapolis Harbor. Its remnants are believed to be buried underneath reclaimed land that is now part of the US Naval Academy!

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

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 and Scientific Sessions
Oct 19-23 Baltimore Marriott Waterfront Hotel, Baltimore, MD
- 2023 Annual Convention and Scientific Sessions
Oct 11-15 Tampa Marriott Waterside Hotel, Tampa, FL
- 2024 Annual Convention and 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 www.acoi.org.

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*

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 • Endocrinology
- Gastroenterology • Geriatric Medicine • Hematology • Hospice and Palliative Medicine
- Infectious Disease • Interventional Cardiology • Nephrology • Oncology
- Pulmonary Diseases • Rheumatology • Sleep Medicine

Advanced Heart Failure and Transplant Cardiology Certifying Examination

Computerized Examination 300 Sites Nationwide

August 18-20, 2020 - *Application Deadline: July 1- Late Deadline: Aug 1*

Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at admin@aobim.org; 312 202-8274.

Contact the AOBIM at admin@aobim.org for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.

New Members Welcomed

The ACOI Board of Directors and staff welcome the following members whose membership applications or changes in membership status have been approved by the Credentials Committee and Board of Directors.

Brian Chang, DO

Justin S. Cochrane, DO

Ashleyrae Donald, DO

Greg D. Gibbs, DO

Scott P. Hilton, DO

Justin K. Johnson, DO

Sara A. Molnar, DO

Ali A. Nasir, DO

Tam Nguyen, DO

Ragu Sivarajan, DO

Ian M. Smith, DO

Victoria A. Troncoso, DO

Natalie Yanes, DO

Yardley Brice, DO