DOs Doing Good

Dr. LoRusso: First Osteopathic Internist to Lead Prestigious Global Research Organization

Special Feature:

Committee on Health Equity and Inclusion in Medicine: Advocating for our LGBTQIA+ Patients

ACOInfo

American College of Osteopathic Internists

June 2023

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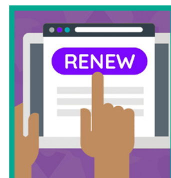

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New DEA Requirement: ACOI Has You Covered

Welcome to the June ACOI newsletter, just in time for the new requirement for all physicians and other prescribers holding Drug Enforcement Agency (DEA) certification as of June 27, 2023.

I will address what you need to know about the most recent assignment for physicians and other health care providers in order to renew your DEA.

The Consolidated Appropriation Act of 2023 is a $1.7 trillion omnibus spending bill funded by the United States government. Included within this act is the Medication Access and Training Expansion (MATE) Act, which has a requirement for all DEA certificate holders to complete an eight-hour training program on the treatment and management of patients with opioid and other substance use disorders (SUD). Substance Use Disorder is defined by the inability to control the use of a particular substance despite harmful consequences. The American Psychiatric Association (APA) has developed 11 criteria for SUD diagnosis in the DSM-5 manual. The severity of the disorder--mild, moderate or severe—is determined by the number of diagnostic criteria the patient displays.

The timeline for this requirement started this week. As of June 27, 2023, everyone who either applies for a new DEA certificate or renews an existing one must fulfill the requirement of eight hours of opioid or substance abuse education.

The deadline for completion is the date of your next scheduled DEA registration submission (after June 27, 2023). This one-time requirement will not be part of any future renewals.

The enforcement of this requirement is self-attestation at the time of submission of DEA application, subject to possible auditing. For members who hold multiple state licenses, you will be happy to know that this requirement will only need to be completed once. For those states that already have a requirement for training, this new requirement and the state requirement can be fulfilled simultaneously.

There are several pathways for completion of this requirement that I will address at this time.

- Board certified physicians (AOA or ABMS) in Addiction Medicine are deemed to have satisfied this requirement.
- For our younger members, graduation from medical school within the last 5 years of June 27, 2023, who would have completed eight hours on substance abuse as part of their curriculum have fulfilled the requirement.
- Members who actively treat and manage patients with SUD, including utilizing pharmacotherapy approved by the Food and Drug Administration (FDA) have fulfilled the requirement.

For the majority of physicians, completing eight hours of training will be their path to completion. Training can occur in a variety of settings, including virtual or on demand sessions, seminars, or professional society meetings. It can be cumulative over several programs or completed in one session. Past training within the past two years on the management and treatment of this topic can count toward this requirement if obtained through accredited groups which include the ACOI, the AOA, as well as other organizations accredited by the ACCME.

The ACOI is offering an online package that fulfills the eight-hour requirement. You can purchase the package or receive it free with your Annual Convention registration.

The goal and purpose of these actions is to make medical care for substance use disorder more available to those that are in need. Incorporating training on SUD into routine health care will enable physicians and other practitioners to screen more widely, treat appropriately, prevent substance misuse, and engage people in life saving interventions. There are nearly two million DEA registrants all of whom must now dedicate eight hours to complete the DEA mandated CME—that's 16 million hours of CME!

Continued

New DEA Requirement: ACOI Has You Covered

(Continued)

Let ACOI help you fulfill your requirements.

Follow ACOI's blog for details on the DEA online package available in early July. The online package will be available for $79 for members and $99 for non-members. As a bonus, the online package will be included with every ACOI 2023 registration. All ACOI 2023 attendees (in person and virtual) will receive a code to view the DEA online package for free. Once our package is released on the ACOI Online Learning Center, you will be able to access it at any time and complete it on your schedule. *If you've already registered for ACOI 2023, you will receive an email with the code to access the package.*

Joanne Kaiser-Smith, DO, FACOI
president@acoi.org

ACOI Education Fulfills DEA Requirements

DEA Online Package — LAUNCHING EARLY JULY

Session	Faculty	Credit(s)
Pain Management Principles and Proper Disposal of Medications	Annette T. Carron, DO, FACOI	1
Nonpharmacologic Therapies	Leonard R. Hock, DO, MACOI	1
New DEA Requirements and Addiction for the Hospitalist	Leonard R. Hock, DO, MACOI	0.75
Pain Management in the Older Patient: What's Necessary and What is Harmful	Jean Storm, DO	1
Palliative Care Management	Annette T. Carron, DO, FACOI	0.75
Pain Management for Addicted, Medically Assisted, or Relapsing Patients	Annette T. Carron, DO, FACOI	0.75
Prescribing Controlled Substances	Joshua D. Lenchus, DO	2
Opioids and Addiction for the Hospitalist	Holly L. Geyer, MD	1
	TOTAL	**8.25 Credits**

Advocating for Our LGBTQIA+ Patients

Erik D. Wert, DO, FACOI,
ACOI Committee on Health Equity and Inclusion in Medicine

As June begins, we celebrate another LGBTQIA+ Pride Month.

On June 28, 1969, at 0100 hours, NYPD Public Morals Officers raided The Stonewall Inn on Christopher Street in Greenwich Village. Officers began rounding up patrons to transport them to police headquarters. Gay bar raids were a routine part of the NYPD's operations, but this night's raid would have an unexpected ending. As patrons were forced out of the building, two transgender women of color took a stand. They fought back, igniting a six-day confrontation with the NYPD, rallying the city's LGBTQIA+ population that up until that point kept themselves largely hidden. Coverage of this story was ignored or sanitized by mainstream media but the debate for LGBTQIA+ rights was sparked.

Pride is people finding strength, courage, and a common voice to demand equality and destroy systemic legal, medical, media, and social oppressions that exist. We need to focus on this rather than the media's focus on corporations that support the LGBTQIA+ population.

As doctors, we need to be aware that like any other marginalized community, the LGBTQIA+ population often suffers at the hands of 20th Century medicine. LGBTQIA+ people have a history of imprisonment, involuntary commitment to mental hospitals, and extreme "treatment" to correct this perceived mental illness.

It was not until 1973 that the American Psychological Association removed homosexuality as a mental disorder from the DSM. It was inappropriate then and we can take that lesson into our practice. We can be better doctors by following what is happening to the LGBTQIA+ community.

For the past three years, there have been a record number of bills that attack LGBTQIA+ rights. These proposed laws represent censorship about identities, same-sex marriages, restricting education, and book bans. It harms public health. Currently the transgender community is the focus multiple bills which are trying to limit healthcare. Some of these laws attack the fundamental functions we as doctors provide. Violence against LGBTQIA+ people has always been a problem, being nine times more likely to be victims of violent hate crimes.

Going forward in your practice, consider the following: Sex is assigned at birth based on biological characteristics; sexual orientation is defined by who you are physically and romantically attracted to; and gender identity is one's inner concept of self as masculine, feminine, a blend of both, or neither. Many times, as physicians we tend to forget the aspect of the social history when we see patients. For many of us, we look at the constellation of medical conditions and consider family history. It would be unthinkable to disregard the family history.

What makes social history less important? Osteopathic medicine is special because it concerns the entire patient, and the social history must be part of that tenant. We get little training relative to the scary topic of sex and identity, but is it any different than other aspects of patient care?

We must advocate for our patients. We must strive for compassion and empathy toward all individuals regardless of race, ethnicity, gender, disability, sexual orientation, and gender identity. We must look at how injustice affects our patients and continue to educate ourselves on the impacts on our patients. The struggle for justice is ongoing and not only for LGBTQIA+ population but for all populations we serve.

DOs Doing Good: Dr. LoRusso, First Osteopathic Internist to Lead Prestigious Global Research Organization

by Gina Kilker

Patricia LoRusso, DO, PhD (HC), FASCO, FAACR, has a goal that seems larger than life – to end cancer deaths. For over thirty years, as a renowned expert in cancer research, Dr. LoRusso has developed new cancer drugs through her work with clinical trials and has pioneered major advances in medical oncology and early-phase clinical trials. A Professor of Medical Oncology at Yale Medical School, and the Associate Director of Experimental Therapeutics at Yale Cancer Center, she is also Yale's Division Chief for the Early Phase Clinical Trials Program.

Cancer Research Organization to Tackle Goals from DO Leadership Perspective

Throughout Dr. LoRusso's storied career, she has witnessed many firsts in the field of cancer research, yet her most recent first that she is beaming about is becoming the first DO and the first clinical researcher without an active laboratory, to lead the American Association for Cancer Research (AACR), an organization she has been extensively involved with since 1988. Dr. LoRusso was recently elected President-elect and will begin her one-year term in May 2024.

With a worldwide membership of over 55,000 in 130 countries and territories, the AACR is the first and largest cancer research organization dedicated to accelerating the conquest of cancer. As President, she will be involved in government advocacy and international relations which will provide an opportunity for vast exposure for the field of osteopathic internal medicine.

"I come from a very patient-focused background, in part because of my training as a DO and because I'm a clinician scientist. Consequently, I think those two components will reflect in my leadership initiatives in how I fulfill my role and responsibilities as the president of this magnificent organization," she said.

Striving to be the absolute best in the field of cancer research has catapulted Dr. LoRusso onto a path defined by enormous goals. As a physician whose life has been dedicated to helping people beat cancer, she is no stranger to aiming at big targets. Under her direction, the AACR will tackle some of the biggest challenges she believes exists in cancer research today: funding; health inequity; and clinical trial recruitment of underrepresented populations.

She said that the federal government is the largest funder of cancer research, and with only minimal budget increases recently, there is a great need for organizations like the AACR to advocate for even more resources.

She is however hopeful about the reignition of President Biden's Cancer Moonshot Initiative announced by the White House in 2022 which sets "…an ambitious, achievable goal: to reduce the death rate from cancer by at least 50 percent over the next 25 years, and improve the experience of people and families living with and surviving cancer, ultimately ending cancer as we know it today."

She will lead the AACR to address the issues surrounding health inequity and the challenges with access and recruitment for cancer clinical trials for minorities and other underrepresented populations. Working in the field for as long as she has, Dr. LoRusso understands both well; she is currently researching the barriers to clinical trial recruitment. In addition to geographical obstacles, another factor that influences access is distrust of the healthcare system in general. She stresses that the problem isn't just in oncology, but it is a struggle that exists for any specialty conducting clinical trials.

She believes that increasing awareness to improve education about trials and the need for representation from all segments of the population is part of the solution and that focusing awareness efforts at a community level is ideal. "Training people within their communities and educating them so that they can reach the people within their own spheres, where the level of trust will be greatest, is a hopeful approach."

Continued

#DOsDoingGood: Dr. LoRusso

(Continued)

Overcoming Stigma Boosts Personal Strength and Motivation to Excel

In 2022, Dr. LoRusso received the AACR-Joseph H. Burchenal Award for Outstanding Achievement in Clinical Cancer Research. Over the years, her countless other accolades and accomplishments, including the ACOI Researcher of the Year Award in 2010, hasn't erased the memory of the challenges that the DO initials behind her name presented in the early days. "It was hard to get into certain fellowships way back when," she said. "Many people felt that the pedigree of a DO was not the same as the pedigree of being an MD, especially one that trained in the Ivy League. So, yes, I do believe that I have had challenges along the way, but overcoming challenges makes you stronger. And I believe that the strength that I have had along the way is because of many of those challenges."

That is why she believes it is important for her to be part of the ACOI. "To me having an organization that represents the core of an osteopathic physician's beliefs and medical practice values is important. The ACOI collectively representing our osteopathic internists has a greater voice and presence than each of its individual members. The ACOI can reach out and speak out as a unified voice to increase our visibility and assist others in understanding our mission. It is important to let people know who we are and what we stand for."

Her belief is that what makes a physician or scientist extraordinary isn't the stereotypical pedigree produced from an Ivy League education. Instead, she believes that what makes someone the best they can be is the act of striving to be the best that one can be, regardless of one's roots.

Her roots as a DO have aligned with her professional goals perfectly to carry out the mission of putting patients first when it comes to cancer research. "The DO mission is always about putting the patient at the center. In everything we do in cancer research, from the basic, to the translational, to the clinical, if we always put the patient as a focus – and that's our mission as osteopathic physicians – we will make an impact."

She believes that everyone in the complex chain that comprises cancer research needs to have the patient's focus in mind no matter what their responsibility is. "Even if you're working in a lab with cell lines in petri dishes, or running an assay, or developing a new biomarker, or developing a new drug – whether someone is in the lab as a chemist or as a translational scientist, or whatever their role is – they need to ask themselves, how can this work that I am doing here today impact patients tomorrow? That's part of our osteopathic mission and our focus."

"I'm proud to be an osteopath. There aren't many of us in oncology. It's taught me a lot about human life. As a practicing medical oncologist, I always remember that behind every one of those patients is a person. We are treating much more than just their disease."

Even with all the seemingly insurmountable challenges in cancer research, Dr. LoRusso is hopeful while remaining cognizant that the road ahead is still long.

"I've been working in cancer drug development for over 30 years to improve the lives of patients with cancer and there's never been a more exciting time to do cancer drug development. The science is so much stronger today in 2023 than it was when I started my academic career and that is now translating into better therapeutic interventions that have made a giant impact on the treatment of cancer patients! I'm convinced that by working together, we will be taking those developments to the next level. We've come a long way; however, by coming a long way, we've realized how much further we need to go to cure this disease and end cancer as we know it today."

Countdown to Tampa

Damon L. Baker, DO, FACOI, Annual Convention Chair

ACOI 2023 October 11-14 Tampa • Hybrid

Year after year, the Annual Convention experience has always impressed me. As Chairperson for ACOI 2023, I have been privy to witnessing what is behind the curtain in planning these incredible gatherings. ACOI Senior Director of Administration & Meetings, Susan Stacy, FACOI, together with the wonderful ACOI staff, approach the Annual Convention as more than an opportunity to assemble a rich educational agenda; they use it as a chance to create memorable experiences that demonstrate how much the organization values each member.

Knowledge sharing that goes above & beyond

Now that I am an integral part of preparing for the Annual Convention, I have seen up close the care and thought taken in not only planning a comprehensive agenda, but in arranging for speakers that leverage new ideas, along with the introduction of creative approaches in how we encounter our daily challenges as osteopathic internists. This year at ACOI 2023, I am thrilled to announce that over 50% of this year's speakers will be new and they'll be sharing fresh topics!

CME learning at a beautiful location

All of us working as osteopathic internists, whether we are in an academic institution, research lab, or in a bustling clinical setting, can relate to the occasional need for a change of scenery. We understand that and strive to find relaxing and scenic destinations that are easy for members to travel to while helping us feel a million miles away from our everyday cares. Tampa fills the bill this year. What a perfect place to pursue your quest for wellness and self-care!

The Tampa Marriott Water Street is the site for this year's Annual Convention where you can look forward to the serenity of waterside accommodations. Spend some time in between or after educational sessions swimming in the rooftop pool, taking in the city and water views from high above in a private cabana, or enjoying a spa treatment at the Spa by JW. Nearby, you can stroll the scenic Tampa Riverwalk or check out the activities at Sparkman Wharf.

For anyone who craves even more luxury, choose the JW Marriott Tampa Water Street when you make your reservations online. The properties are connected via a glass skybridge, making both hotels a convenient choice for attendance. For anyone who wishes to arrive as early as October 5, the Marriott is extending the special ACOI room rate for some fun and sun before the conference begins. Book your room now before the block is full.

Share Your Work at #ACOI2023

Submissions are now open for ACOI's Annual Poster Contests and Presentations. Submit before **July 31** to qualify!

Annual Poster Contest

Residents and students can submit abstracts in the categories of original research or case presentations. Cash prizes will be awarded to the top winners in each category, and convention registration is free for residents and students.

Resident Application **Student Application**

Faculty Poster Presentations

Faculty are welcome to share their knowledge with the ACOI community in a number of categories. Poster presentations will qualify for scholarly activity. Learn more.

Faculty Application

Government RELATIONS

Timothy W. McNichol, JD, and Camille Bonta

Lawmakers Ask CMS to Finalize Prior Authorization Rule

This month, 294 congressional lawmakers, 233 in the House and 61 in the Senate, sent a letter to the Centers for Medicare and Medicaid Services (CMS) asking the agency to finalize regulations that would advance interoperability and improve prior authorization (PA) in Medicare Advantage (MA) plans, state Medicaid agencies and Medicaid managed care plans, Children's Health Insurance Program (CHIP) agencies and CHIP managed care entities, and issuers of Qualified Health Plans (QHPs) on the Federally-Facilitated Exchanges (FFEs). ACOI submitted comments on the rule.

Many of the proposals in the rule align with the Improving Seniors' Timely Access to Care Act, legislation that ACOI has made an advocacy priority. Last year the legislation passed the House but did not receive consideration in the Senate after the Congressional Budget Office estimated the bill would cost roughly $16 billion dollars over 10 years due to additional care that would be provided — care for which coverage is most likely being denied but is otherwise medically necessary.

The letter, led by Representatives Suzan DelBene (D-WA), Mike Kelly (R-PA), Ami Bera (D-CA), and Larry Bucshon (D-IN) and Senators Roger Marshall (R-KS), John Thune (R-SD), Sherrod Brown (D-OH), and Kyrsten Sinema (D-AZ) also asks CMS to improve upon its proposed regulations by: 1) establishing a mechanism for real-time PA decisions for routinely approved services; 2) setting a deadline of 24 hours for MA plans to respond to prior authorization requests for urgently needed care; and 3) requiring detailed transparency metrics.

House Member Seeks Transparency of Practice Ownership

Representative Jan Schakowsky (D-IL) introduced legislation that would require certain health care provider entities to annually report to the Centers for Medicare and Medicaid Services changes in ownership for the previous one-year period, including information on mergers or acquisitions. The bill (H.R. 3262) applies to physician-owned practices with more than 25 physicians during a reporting year; ambulatory surgery centers; hospitals; a physician practice owned by a hospital, health plan, private equity company, or venture capital firm; and independent freestanding emergency departments. Reported information would be made public, and entities that fail to report would be subject to financial penalties.

Will Debt Deal Put Pressure on Congress to Finish Spending Bills?

Earlier this month, Congress passed, and President Biden signed into law, the Fiscal Responsibility Act of 2023. The law allowed the U.S. to avoid economic default by suspending the debt ceiling through January 1, 2025. The law also puts in place spending caps for Fiscal Years (FY) 2024 and 2025.

For FY2024, non-defense spending will remain relatively flat and increase by 1 percent in FY 2025. The law also includes a provision that would impose a 1 percent reduction to both non-defense and defense spending — lowering funding to below FY 2023 levels — if lawmakers have not completed work on all 12 of the annual appropriations bills by January 1. In recent years, lawmakers have allowed spending negotiations to extend well beyond the start of the new fiscal year. While the threat of the spending penalty is designed to short-circuit protracted negotiations, some Republicans in Congress could intentionally hold up the spending bills in an effort extract deeper federal spending cuts.

To appease hard-right Republicans who view the debt deal's spending caps as a ceiling and not a floor, House Appropriations Chairwoman Kay Granger (R-TX) will reportedly propose a funding allocation for the Labor-Health and Human Services-Education spending bill that is 29 percent less than FY2023. Cuts of this magnitude would likely impact critical federal investments in medical research and initiatives funded by the Centers for Disease Control and Prevention.

Continued

Government
RELATIONS *(Continued)*

While lower spending levels in the House will allow Speaker McCarthy to move the appropriations measures through his chamber, those bills ultimately will be reconciled with their companion measures in the Senate which will likely be written at higher levels that meet the debt deal's ceiling caps.

MedPAC Issues Telehealth Report to Congress

The Medicare Payment Advisory Commission (MedPAC) has released its June 2023 Report to the Congress: Medicare and the Health Care Delivery System. Each June, as part of its mandate from Congress, MedPAC reports on issues affecting the Medicare program as well as broader changes in health care delivery and the market for health care services. This report also satisfies a mandate by Congress for MedPAC to examine the use of telehealth services during the COVID-19 Public Health Emergency (PHE), and the impact of expanded telehealth coverage on quality and access to care.

During the PHE, which ended on May 11, 2023, Medicare temporarily expanded coverage of telehealth. Congress has extended many of Medicare's telehealth expansions through December 31, 2024.

The report found that Medicare physician fee schedule (PFS) spending for telehealth services peaked in the second quarter of 2020 and then began to fall, with evaluation and management services accounting for almost all (98 percent) of PFS telehealth spending. Mental, behavioral, and neurodevelopmental disorders accounted for the highest share of telehealth spending in 2021 at 34.4 percent.

Based on focus groups conducted by MedPAC, Medicare beneficiaries would like the option of telehealth visits to continue after the PHE, but MedPAC was limited in its ability to assess the impact of telehealth on quality, access, and costs because of the time lag in claims data. Both beneficiaries and clinicians reported that telehealth visits take less time than in-person visits; however, MedPAC's analysis of claims found the distribution of the levels of office/outpatient visits for established patients was about the same as for in-person and telehealth visits in 2021. MedPAC states in the report that if the time clinicians spend with patients is typically shorter during telehealth services, a smaller share of telehealth visits should be coded at higher levels.

MedPAC suggests the use of audio-only services could be analyzed in the future, and that policymakers should continue to monitor the impact of telehealth on access, quality, and cost and should use this evidence to inform any additional permanent changes to policy.

Washington Tidbit

American History Shaped by Little Known Figures

American history is peppered with individuals who alter the course of events while remaining mostly unknown. For example, many will never know what 24-year-old Frank Wills did early in the morning of June 17, 1972.

Mr. Wills, a security guard at an upscale hotel in Washington, DC, noticed some tape on a door connecting a parking garage with a stairwell to the basement of the hotel where he was working. He removed the tape to allow the door to lock and noticed that it was replaced 10 minutes later. He decided to call the police and the rest is history. Mr. Wills' phone call put into motion the chain of events that led to the resignation of Richard M. Nixon two years later. While Frank Willis may have drifted into obscurity, his actions forever changed the politics of Washington in ways that are still felt to this day!

CODING CORNER

Non-Physician Practitioners and "Incident to" Billing

Jill M. Young, CPC, CEDC, CIMC

One of my first projects as a consultant was the preparation and delivery of a lecture on billing for the services provided by non-physician practitioners (NPPs)--specifically nurse practitioners (NP) and physician assistants (PA). My lecture was met with significant opposition from some of the NPs and PAs in the audience, even though I directly quoted Medicare's policy on incident to billing.

Some 20 years later, incident to billing continues to create confusion and I find that many offices are still not compliant in their billing of incident-to services. I remain amazed at how many coders and billers still do not know the rules. Even more amazing is that those who do know the rules and try to apply them correctly are often told they are wrong when they share the information with their providers.

The "incident to" concept can certainly be confusing when it allows for an NPP to perform an office visit, but to bill for it under a physician under certain circumstances. This is allowed under an evolving set of rules from Medicare. The benefit of an NPP billing under a physician provider is a 15 percent payment differential. Payment for services billed under physicians are allowed to be billed at 100 percent of the Medicare fee schedule, while NPP's services are allowed to be billed at 85 percent of the fee schedule.

Confusion is exacerbated by other payers having different ways of dealing with the incident-to or indirect billing concept.

I have seen payers tell you to bill all NPP services under any physician in the practice with no consideration for Medicare rules. Other payers have unique policies in place to allow a service performed by an NPP to be billed under a specific physician. For one, the only requirement is a telephone call between the NPP and a physician in the group to gain approval for the treatment plan.

If an insurance payer does not publish rules for NPP services, you should follow Medicare rules. This is true in many areas of questions with payers. If your practice indicates they follow Medicare rules with their published policies and regulations in these situations, this is a practice policy that is reasonable and defensible.

Let us look more closely at Medicare's policy on the incident to concept and new patients in the office setting. New patients cannot be seen under the incident to concept and billed by a supervising physician. There are no exceptions. The NPP cannot start the visit for the physician to finish. The rules are very clear. Unfortunately, I still get questions about whether or not the physician signing the record in this instance makes it OK. It does not. Facility billers, where a patient receives two bills, cannot use the incident to concept for services.

Looking at established patients, Medicare policy states, "There must have been a direct, personal, professional service furnished by the physician to initiate the course of treatment of which the service being performed by the non-physician practitioner is an incidental part of" the care. This policy leads to some confusion. The policy used to state that a plan of care needed to be in place, but that language has changed over time. What documentation is needed to show the physician initiated the course of treatment becomes something local Medicare carriers (MAC) define. Novitas does refer to the physician establishing a treatment plan. WPSGHA's educators (the MAC for my home state of Michigan) teach that any change in medication or dosage or ordering of diagnostic tests takes a visit out of incident to guidelines. These are just a couple of examples of MAC's comments and policies. Have your staff verify the specifics of what your MAC requires.

I can tell you without question that a Medicare patient needs to be seen by a physician at their initial appointment to begin their relationship with the practice. There must also be "subsequent services by the physician of a frequency that reflects the physician's continuing active participation in and management of the course of treatment." New problems and exacerbations of existing problems do not fall under Medicare's definition of incident to, which is a service that is "integral though incidental."

Continued

CODING CORNER *(Continued)*

Your NPPs, from Medicare's perspective, can see new patients, new problems and changes to existing ones. However, those services must be billed directly, under the billing numbers of the NPP. It is their medical decision making that is taking place, and therefore, their service to bill and be paid for at the rates set for that type of provider.

The additional 15 percent payment that incident to services provide comes with rules to follow for Medicare and any payers that follow Medicare's policies. If your practice logistically cannot follow them, bill the service under the NPP's numbers directly. It is not about the 15 percent you would have to return for failing an audit—it is about the $10,000.00 per claim you would be fined!

Information for this article and references cited are from the following:

- Section 110 &120 of Medicare Claims Processing Manual, Chapter 12
- Section 190 & 200 of Medicare Benefit Policy Manual, Chapter 15
- 42 CFR 410.74-410.75

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How Wellness Has Been Influential in My Life

Meghan Haas, DO, FACOI,
ACOI Physician Wellbeing Committee

Healthcare can make work-life balance challenging at times. I initially completed a residency in internal medicine and then chose to pursue a fellowship in the field of Hospice and Palliative Medicine. I currently practice palliative care at a dedicated cancer center in Tampa, Florida delivering a mix of inpatient and outpatient care to cancer patients, and I enjoy finding ways to optimize their quality of life and manage their symptoms. Although palliative care can be very rewarding, it can also be emotionally demanding at times. Working with very ill cancer patients has made me realize how precious life is and the importance of maintaining both my physical and mental health to prevent burnout. I have known many medical providers who have sadly been faced with this issue. I have learned that in order to be the best medical provider I can be for my patients, self-care is important.

Another reason I have placed more emphasis on my overall well-being is my closest friend, Jessica. Jessica was unfortunately diagnosed with breast cancer over three years ago. She is one of the strongest people I know. Despite having the challenges of undergoing a bilateral mastectomy, chemotherapy and breast reconstruction, she demonstrated resilience and a tremendous amount of strength. She continued to work as a palliative care nurse practitioner full time in addition to being a full-time mother to her daughter who was five years old at that time.

She has since made a point to prioritize and incorporate wellness into her lifestyle and has been a true inspiration to me. She started treatment with acupuncture and has found this to be very beneficial in managing her treatment related fatigue and overall well-being. Jessica has found that her quality of life has improved significantly and is thankfully now in remission. Jessica has been a great influence on me, and I have been motivated to incorporate various forms of wellness into my life.

I am also very fortunate to be surrounded by my amazing family and friends whom I enjoy spending quality time with. Other self-care methods I use are meditation and prayer. These have been instrumental in improving my wellness. I also joined a wellness program at Hand and Stone and have found great benefit from massage therapy. In addition, I enjoy being outdoors walking, hiking, and participating in water activities which not only improve my well-being but make me a better provider.

In addition to preventing burnout, I am fortunate to work at an institution where my patients can also receive some forms of holistic care. Our cancer center has an integrative medicine team which includes massage therapy, yoga, acupuncture, guided imagery and meditation, pet therapy, music and art therapy which patients can benefit from.

In addition, another Doctor of Osteopathic Medicine and I have incorporated Osteopathic Manipulative Treatment into our outpatient palliative care clinic. We have had many individuals benefit from these services with improvement in a variety of cancer-related symptoms.

Now that I have incorporated wellness into my life, my goal is to inspire others, including family, friends, colleagues, and learners whom I work with to do the same while highlighting the importance of self-care and quality of life.

Wellness Corner

ACOI members identify dealing with stressors as the most critical issue facing them today. Each month we'll share an idea a member shared with us on how they work to promote their own wellness.

"Recognize your own limitations and adjust expectations and activities accordingly."

"Forgiveness and compassion [for oneself]."

Have a suggestion of your own? Email us at katie@acoi.org.

Get Involved—Join an ACOI Committee

Make a difference and represent the community by joining an ACOI committee. Committees advance advocacy efforts, build education products, write pieces for online publications, and more.

Active and resident members of the ACOI who are interested in serving on an ACOI committee are invited to fill out the nomination form. Committees are generally selected in December of each year, and applications will stay on file when submitted at any time.

Learn more about each of our committees. If you have any questions, please contact Susan Stacy at susan@acoi.org.

Renew Your Dues Now

The ACOI dues for the membership year of July 1, 2023, to June 30, 2024, are now available to pay. You can renew online or by mail using the invoice that was recently mailed to you.

Thank You for Renewing

ACOI provides leadership, networking, and education to help our members be successful and stay true to why they pursued medicine. We recently mailed out a brochure which highlights what we've done over the last year. We would love to hear your feedback on this mailing!

We Value YOU!

ACOI is the premier community for osteopathic internal medicine and subspecialist physicians because of members like **you**. Your support directly builds innovating educational programs that make a difference in osteopathic medicine. Thank you for all you do. We look forward to serving you this year.

If you have any questions about membership, please contact Neena at neena@acoi.org.

Connect, bond, share.
ACOI is Home

ACOI Member News

Anya K. Cope, DO, FACOI, was profiled this month in The Daily Yonder for her dedication to bringing and retaining healthcare practitioners to rural communities. Thank you, Dr. Cope, for your hard work educating the next generation of osteopathic physicians!

Jessica B. Smith-Kelly, DO, received the "Generation Next: 40 Under 40" award by *The State Journal* of West Virginia. The program pays tribute to young professionals who work to make West Virginia a better place to live. Congratulations Dr. Smith-Kelly!

Bryan E. Lee, DO, FACOI, has joined the oncology medical staff at Baystate Regional Cancer Program. Dr. Lee sees patients by referral at Baystate's D'Amour Center for Cancer Care and at Baystate Franklin Medical Center. Congratulations on your new position, Dr. Lee!

Milton J. Dakovich, DO, FACOI, passed away peacefully days after celebrating his 100th birthday. Dr. Dakovich was a graduate of Des Moines University College of Osteopathic Medicine and Surgery. He enjoyed a long and fulfilling career as a physician, serving as Professor of Medicine at DMUCOM, Vice-President of Medical Affairs at Des Moines General Hospital, and President of the Iowa Osteopathic Medical Organization. Dr. Dakovich is remembered by his family as having a wonderful sense of humor and always having a kind word to say.

Share Your News With Us!

If you've recently received an award or accepted a new position, let us know so we can give you a shout out! Send an email to katie@acoi.org with your news, or news about your fellow members.

Upcoming ACOI Events

ACOi 2023 October 11-14 Tampa • Hybrid

2023 Annual Convention & Scientific Sessions
October 11-14
Tampa Marriott Waterside Hotel, Tampa, FL | Hybrid
Add to Outlook | Add to Apple Calendar | Add to Google Calendar

REGISTER NOW

2024 Annual Convention & Scientific Sessions
October 30-November 3
Kierland Resort, Scottsdale, AZ
Add to Outlook | Add to Apple Calendar | Add to Google Calendar

2025 Annual Convention & Scientific Sessions
October 8-12
JW Marriott Marco Island Resort, Marco Island, FL
Add to Outlook | Add to Apple Calendar | Add to Google Calendar

2023 Certifying Examination

Dates & Deadlines

AOBIM Initial Certification Exam
Remote Online Proctoring
September 20-22, 2023
First Application Deadline: July 20, 2023
Final Application Deadline: August 20, 2023

Application materials are available on the AOBIM's website. Contact the AOBIM at admin@aobim.org for additional information.

Available Through August 15

Registration for our 2023 Spring Meetings will remain open until August 15th. Register today for any of these virtual events!

2023 Internal Medicine Board Review
Virtual Course
REGISTER NOW

2023 Clinical Challenges in Hospital Medicine
Virtual Course
REGISTER NOW

2023 Subspecialty Focused Meeting
Virtual Course
REGISTER NOW

Please note: It is an ACOI membership requirement that Active Members attend an ACOI-sponsored continuing education program at least once every three years.

Donor Club

The ACOI wishes to thank all Members for their annual support for the College. Their generous support is of the utmost importance as we seek to maintain an osteopathic approach to internal medicine for future generations of patients.

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Osteopathic internists are practicing Principle-Centered Medicine™ and thriving in their personal and professional lives.

Mission

As the premier community for osteopathic internists, ACOI provides leadership, networking, and education to help our members be successful and stay true to why they pursued medicine.

Visit our website to learn more.

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