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Osteopathy is to me a very sacred science. It is sacred because it is a healing power through all nature.
~ A. T. Still, DO, founder of osteopathy and osteopathic medicine

Leadership
We help you realize your full potential

Community
We create and welcome you to a home where you belong

Education
We help you learn exactly what you need to know

Health & Wellness
We lead you to discover the spirit of wellness
A letter from our President
Samuel K. Snyder, DO, FACOI

We can identify our personal deal breakers, and cultivate happiness and positive emotions, and still be great internists in this day and age. We can lead a fulfilled life, filled with purpose that we can feel good about. We see PCM as a crucial element in this aspiration.

Remember the first moon landing? Some of us are old enough for that. Someday, we will each look back and remember where we were just before the outbreak of COVID-19, as people do after important moments in history. Just before the news from abroad became a public health crisis here in the USA, I was returning home from a meeting of the ACOI Executive Committee, probably the last trip out of town I will be taking for many months. It was a great meeting in which our Executive Committee continued to develop the direction of our organization. We put some meat on the bones of our statements about Principle Centered Medicine (PCM), articulating more completely the distinctiveness of osteopathic internal medicine. This harkens back to what we have always believed about why we wanted to practice medicine in the first place—“It’s always been within us.” Many thanks to John Becknell, Ph.D., who has acted as our facilitator at these meetings.

One of the important areas of our discussion was focus on physician health and wellness. This is so much more than simply going to the gym, eating right and losing those pesky 10 pounds, or even getting into a habit of meditation. All of these are great things to do, and each is important in its own right. But they are also only tools to get to a true sense of well-being, a sense of “comprehensive wellness.” Many of the thoughts that follow are taken from the work of Martin E.P. Seligman, a psychologist at the University of Pennsylvania, who started the “positive psychology” movement.

John Becknell presented Dr. Seligman’s acronym “PERMA” to us, as an umbrella for aspiring to this fitness. “P” stands for “positive emotion,” creating a mindset of positivity—for example, finding opportunity in challenge, rather than vice versa. “E” is for “engagement,” which is another way of saying “flow” or “presence”—being here in the present moment, not living in a state of perpetual distraction. “R” is for “positive relationships.” We all have relationships that are more positive and ones that are less so, and we know intuitively that the positive relationships enrich our lives and empower us to grow. “M” is for “meaning,”—how easy is it for us to lose sight of the meaning of why we are physicians when we are preoccupied with finishing our charts on EHR late after we should be home for dinner with our families? “A” is for “accomplishment and achievement,” and this is really the summation of what becomes possible as we fully integrate the first four elements of this paradigm.

The PERMA paradigm of positive psychology resonates with PCM in deep harmony.

Continued
We know the challenges we face as physicians in the 21st Century— the difficulties running our businesses, running out of time to be with our patients, dealing with new diseases, being public health physicians at the same time as we are internists. The PERMA paradigm can give us tools by which we can get back to our own wellness, and also achieve the standards of PCM—which epitomize why we all became physicians in the first place.

How do we live in a difficult world and thrive? It is a fundamentally osteopathic notion that the body and mind have natural abilities to heal themselves. We can apply these principles to cultivate an inner life of resilience. We can identify our personal deal breakers, and cultivate happiness and positive emotions, and still be great internists in this day and age. We can lead a fulfilled life, filled with purpose that we can feel good about. We see PCM as a crucial element in this aspiration.

That’s the “why.” The “how?” That’s where we get into those methods, techniques, and exercises that fit each of us best as individuals.

ACOI will continue to develop these thoughts going forward, and I hope you will participate with me in the process. It might seem idealistic at first, but these are ideals that can have teeth. I would love your feedback, and we welcome your participation in ACOI as we grow more tools you can use on a regular basis. We have great plans for expanding access and service over the coming months, but it will take time and work. We ask for your patience, and also for your continued support in any way you can—committee involvement, using our online learning system, tax deductible contributions, even getting up-to-date in dues payments. In the meantime, I will be working on applying the PERMA paradigm in my own life.

Sam Snyder, DO, FACOI
President

June 30 Deadline

ACOI Board of Directors Nominations Sought

Active members of the ACOI who are interested in serving on the Board of Directors are invited 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 25 in Marco Island, 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 30, 2020. The slate of candidates will be announced in the July issue of the newsletter.
The ACOI Board of Directors is pleased to announce the hiring of Karen C. Caruth, MBA, as the College’s next Executive Director, effective June 1, 2020. The appointment follows a months-long national search to replace Brian J. Donadio, who informed the Board last May of his decision to retire at the end of his contract in July.

Karen Caruth received her undergraduate degree from Duke University and her MBA from the University of Iowa. She is a 2020-21 Presidential Leadership Scholar and has a background in hospital administration and leading healthcare nonprofits. Most recently, Karen served as the Chief Business Development Officer at Inteleos, a nonprofit healthcare certification organization.

“Karen is smart, warm and ready to join the ACOI family. She respects our culture and she understands the challenges ACOI faces. She is the right person to take over the reins and direct our organization through rough times and good times ahead,” commented ACOI President, Samuel K. Snyder, DO, in announcing the hiring.

Her understanding of Osteopathic Medicine, and of Principal-Centered Medicine, make Karen a great fit for the ACOI.”

“I am humbled and honored with the opportunity to join ACOI,” Ms. Caruth said. “I have dedicated my career to improving healthcare, both from the physician and patient perspective. I am eager to get to know the staff and leadership at ACOI; and begin work to advocate and serve the osteopathic internist community.”

Ms. Caruth has an extensive healthcare background. Prior to joining Inteleos, Ms. Caruth served as the Executive Director of Mended Hearts/Mended Little Hearts, a nonprofit patient advocacy organization. Previously, she worked for the American College of Cardiology, and in hospital administration at the University of Iowa Hospitals and Clinics.

Brian Donadio will retire in July following 31 years leading the ACOI staff. “I have had amazing good fortune to spend most of my career with this organization,” he said. “I have been challenged and inspired by the work that osteopathic internists do every day. The volunteer leaders and staff of the College have always had one goal in mind—to help ACOI members provide the best care to their patients. For me to have played a role in that has been a true privilege.”

President-elect Michael A. Adornetto, DO, MBA, who chaired the search committee, added, “Karen brings a wealth of knowledge and experience to the ACOI at a very critical time for our organization.”
ACOI Heroes: Facing COVID-19

From Manhattan, KS to Manhattan, NY

Steven Short, DO, Volunteers on the Front Lines

Our ACOI members are smart, talented and incredibly brave. We’re seeing that more than ever today. If they aren’t being inundated by COVID-19 where they live, some, like Steven Short, DO, are traveling hundreds of miles to put themselves in harm’s way to be where they can make a difference. A pulmonary critical care specialist, Dr. Short left Manhattan, Kansas, for the other Manhattan – the one at the epicenter of the COVID-19 outbreak. He left his busy Midwest practice for what he planned to be a week helping at New York City’s largest COVID hospital. Then, after discovering that he was the only pulmonary specialist volunteering at the hospital, he was asked to stay longer than he originally intended. He went from a one-week commitment to agreeing to stay four to six weeks longer.

Flabbergasted by the overwhelming demands on the hospital’s workers, critical lack of supplies, and the devastating outcomes of the patients on ventilators, he has been documenting his days with Facebook updates in the hopes that people back in his community understand how important stay-at-home orders are and why social distancing is critical. See more about ACOI member and healthcare hero, Dr. Short, here.

Thank you Dr. Short and all the ACOI members who are putting your lives on the line to do the toughest job there is in America today. We appreciate you.

(If you know of an ACOI Healthcare Hero who has stories to share, we want to know so we can post them on our social media channels and in the ACOI Info newsletter. Please contact katie@acoi.org)
In Memoriam

Word has been received of the death of Priya Khanna, DO, FACOI, of Glen Ridge, NJ, on April 13, 2020. She was 43 years old. Dr. Khanna was a 2003 graduate of the Midwestern University-Arizona College of Osteopathic Medicine. She completed her internal medicine residency at Union Hospital in 2005 and a nephrology fellowship at Rowan SOM-Jefferson Health-Our Lady of Lourdes Hospital in 2007. Dr. Khanna was certified in internal medicine and nephrology by the AOBIM and maintained a nephrology practice in northern New Jersey. She was an Active ACOI member since 2008 and achieved the degree of Fellow in 2010.

Regular COVID-19 Updates for ACOI Members

Tune into ACOI’s Social Media Channels to See the Latest

In conjunction with the ACOI, MarkAlain Dery, DO, FACOI, co-chair of the ACOI Infectious Diseases Subspecialty Section, has graciously been hosting COVID-19 video updates designed to help ACOI members stay abreast of discoveries and medical information in fighting COVID-19.

Located in New Orleans, one of the epicenters for the COVID-19 outbreak, Dr. Dery is Medical Director of Infectious Diseases and Chief Innovation Officer for Access Health Louisiana, and was the medical director for the federal COVID-19 testing site being piloted in three cities (including New Orleans, LA).

The updates have been posted on ACOI’s social media channels twice a week and are available on the ACOI website at here. Follow along on any of ACOI’s social media channels to keep up with the latest video briefings as they are posted.

Are You a Fan of the ACOI?

Tune into ACOI’s Social Media Channels to See the Latest

As social media grows as an increasingly important tool for communications, we want to make sure you are following the latest updates on all of ACOI’s social media channels. Please follow us today on Twitter, Facebook, LinkedIn and YouTube.

Then simply show that you are following all of ACOI’s social channels and you’ll be entered to win one of the 10 ACOI t-shirts we are giving away! Just send a screen shot to katie@acoi.org showing that you are a follower and you might win a fabulous ACOI T-shirt! HURRY; the contest ends May 31.
Special Award Nominations Also Sought

Fellows Nominations Due June 30

The deadline for submitting nominations for the honorary degree of ACOI Fellow is June 30, 2020. The minimum eligibility requirements for consideration are two consecutive years of Active ACOI membership and certification by either the American Osteopathic Board of Internal Medicine or the American Board of Internal Medicine.

Nomination packets have been mailed to all current Fellows, as well as those who are eligible through AOBIM certification. Interested members who are certified by the ABIM are asked to contact the ACOI office for an application as the College does not maintain a complete list of ABIM-certified physicians. A link to eligibility information and nominating forms is found here.

Recently-approved Bylaws changes simplified the nomination process and made it easier for candidates who do not have two Fellows available to nominate them. Such members are urged to contact the ACOI office for assistance.

Nominations also are sought for the Internist, Researcher and Teacher of the Year Awards, and Master Fellowship. The deadline for those nominations is also June 30. Eligibility requirements are found at www.acoi.org.

Why is Being a Member of ACOI important to You?

Not many organizations can boast the “benefits” that some of our members expressed when asked why they felt being an ACOI member is important to them. The fellowship, sense of family, the personal and professional leadership opportunities, and the growth that helps them excel as physicians are just a few of the things we heard. Watch and pass this video on to anyone who is contemplating membership!
The ACOI Online Learning Will Help Meet Your CME Needs

Among the many challenges in dealing with the COVID-19 pandemic is the cancellation of numerous live CME activities, including the ACOI’s “Big 4” scheduled for April 29-May 4 in Orlando, FL. One way to meet your CME needs during this difficult time is through the ACOI Online Learning Center. We have added new content and improved navigation tools to help you quickly find the educational materials you want and need. You can access a multitude of lectures spanning the many areas of internal medicine and earn CME credit when and where it is most convenient for you.

We understand the many hurdles you face as a busy practicing physician, resident or student and want to help simplify things so you can focus on what is important to you and to help you stay true to why you pursued medicine. The ACOI Online Learning Center is your one-stop-shop for osteopathic online education. If you have not already done so, be sure to take advantage of the $50 credit made available to all paid members.

Note to Those Planning for Certification Examinations

For graduating residents and others planning to sit for the 2020 internal medicine certifying or recertifying examinations, the ACOI Internal Medicine Board Review Course can help put you over the top in your preparations.

While we were unable to offer the 2020 live Review Course due to the Covid-19 pandemic, the 2019 Course is available in high quality video and audio formats at the ACOI Online Learning Center (OLC). The OLC provides the option to participate in the entire Review Course, or pick only those subspecialty areas where you feel the need for extra help. Discounts apply for residents and fellows. You may access the Online Learning Center here.

ACOI National Meetings

2020 Annual Convention & Scientific Sessions
Oct 21-25
Marco Island Marriott Beach Resort, Marco Island, FL

2021 Annual Convention & Scientific Sessions
Sept 29-Oct 3
Marriott Marquis Hotel, San Francisco, CA

2022 Annual Convention & Scientific Sessions
Oct 19-23
Baltimore Marriott Waterfront Hotel, Baltimore, MD

2023 Annual Convention & Scientific Sessions
Oct 11-15
Tampa Marriott Waterside Hotel, Tampa, FL

2024 Annual Convention & Scientific Sessions
Oct 9-13
Kierland Resort, Phoenix, AZ

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

Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183, or from our website at acoi.org.
COVID-19 Resources for Osteopathic Internists

The ACOI is collecting up-to-date resources to help you provide the best care for your patients and take care of yourself during the ongoing Covid-19 pandemic. There are resources for physicians, patients and families.

Of particular note this month are two items that are not widely available elsewhere. ACOI member Charlene LePane, DO, FACOI, reached out to Dr. Peter Tsai, inventor of the filtration fabric in the N95 mask. Dr. Tsai provided her with two recommended methods for reusing the N95 respirator. Read about them on our resources page.

Additionally, you can access the Covid-19 update videos that are posted twice weekly by Mark-Alain Dery, DO, FACOI, co-chair of ACOI’s Infectious Diseases Subspecialty Section.

These and many more Covid-19 resources are available at our home page here.

Join Our Peer-to-Peer Support Meetings

Beginning Wednesday, May 6, we invite ACOI members to join us for a special time of gathering and support.

As you care for your patients during the COVID-19 pandemic, the ACOI is here to support you with our new, weekly Peer-to-Peer Well-being Check-in sessions. As an ACOI member, you are invited to join your peers and colleagues in a confidential forum where you can share what is happening in your world today.

Facilitated by an ACOI leader and an experienced facilitator, the hour-long sessions will be a time to gather, listen, share, encourage and support one another. The voluntary, check-in style meetings will be offered through a secure Zoom link and limited to a maximum of 10 participants each week. We encourage open communication in an informal setting. Registration at no charge is required (email susan@acoi.org).

Please join us:

Dates: Each Wednesday beginning May 6, 2020

Time: 8 PM EDT Location: Zoom link provided to registrants

Co-Facilitated by: Samuel K. Snyder, DO, FACOI, and John Becknell, PhD

If you have any suggestions, we’d like to hear from you. In this time of crisis, there’s no better time to stand together.
An Essential Educational Event on Practice Management and Legal Issues in the Age of the Coronavirus

Medical Practice Preparedness for the Coronavirus (COVID-19)

LIVE CME WEBINAR

Wednesday, April 29, 2020
7:00 - 8:15 PM ET

Free for ACOI Members
$30 for Non-Members

Physician practices are being significantly impacted by the COVID-19 pandemic, which continues to have a major impact on operations, patient care, and business finances. Amid all of this, laws and regulations are changing daily, and sometimes hourly, to meet the challenges. The ACOI is excited to bring you this nationally recognized panel of experts to present a live webinar designed to keep you abreast of the latest developments impacting your patients and practice. This activity will be presented as a live one-hour webinar followed by questions and answers.

To register and participate CLICK HERE.

Learning Objectives

After participating in this educational activity, learners will be able to:

• Describe evolving administrative requirements to accommodate telemedicine into clinical practice, including ethical considerations and coding.

• Access guidance on the Paycheck Protection Program, staff employment issues, and key actions to maintain clinical operations and support the delivery of care.

• Summarize the latest legislative and regulatory updates, including new CDC guidance on infection control, and telehealth screening scripts, expanded non-physician provider scope of practice, and other breaking developments.

This live activity is certified for 1.25 AOA 1A CME Credits and AMA PRA Category 1 Credits™.

A recording of this presentation will be made available at the ACOI Online Learning Center.

PANELISTS

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Education
Major Changes Announced Affecting AOA/AOBIM Certification

The AOA and AOBIM announced two major changes affecting internal medicine and other certifications this month. The first would provide a one-year extension of certification eligibility for all certifications set to expire in 2020. This is in response to the Covid-19 pandemic. The second creates an alternative longitudinal assessment to replace the high-stakes recertifying examination in internal medicine. The high stakes exam will be offered for the final time this year. Details of the two changes are provided below. Additional information is available by contacting the AOBIM at aobim@osteopathic.org.

One-Year Extension of Board Eligibility

The AOA Bureau of Osteopathic Specialists (BOS) and division of Certifying Board Services announced that a one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification or recertification in 2020, among other policy changes, in response to the COVID-19 pandemic. Recognizing the impact of Covid-19, the BOS announced the following AOA Board Certification policy changes, which take effect immediately:

Initial Certification

- A one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification for primary, subspecialty and conjoint boards who are unable to sit for their certification board exams in 2020.

- Once testing windows are reopened at Prometric and Pearson VUE, graduating residents and other physicians may still choose to take their initial certification exam in 2020. Please note, seat availability may be limited.

- In addition to traditional venues for administration of initial certification exams, the AOA Certifying Board Services team is investigating options for leveraging technology to support remote proctoring of exam administration in 2020 and beyond. Information on these options will be communicated as it becomes available.

Osteopathic Continuous Certification

Component 2 (Lifelong Learning):

- The BOS is working with the Council of Osteopathic CME exploring a variety of CME options, including COVID-19 specific activities (clinical or practice management) for the remainder of the 2019-2021 CME cycle. More information will be shared as it becomes available.

Component 3 (Cognitive Assessment):

- A one-year extension of board certification will be granted to diplomates whose certification expires in 2020 and who are required by their specialty board to take a traditional, high-stakes recertification exam.

- Once testing windows are reopened at Prometric and Pearson VUE, diplomates may choose to take their recertification exams in 2020. Please note, seat availability may be limited.

- There will be no change in the recertification requirements for specialty boards that have transitioned away from high stakes recertification examinations and are now offering longitudinal OCC assessment models for recertification.

Component 4 (Practice Performance Improvement and Assessment):

- For diplomates whose certification expires Dec. 31, 2020, the Practice Performance Assessment and Improvement (PPA) requirements for the 2020 calendar year are eliminated for all AOA specialty certifying boards. PPA requirements will resume Jan. 1, 2021.

SEEKING A CHAIR OF INTERNAL MEDICINE

Applications are being accepted for the employment of the Chair of Internal Medicine who is responsible for the planning, directing, and the implementing of programs, policies, and procedures for the Department of Internal Medicine.

The Arkansas Colleges of Health Education is located in Fort Smith, Arkansas on a beautiful new 430-acre campus. Founded in 2014, ACHE admitted its first class in the Arkansas College of Osteopathic Medicine in 2017 and began the Master of Science in Biomedicine Degree program in 2019. These programs are housed in a state-of-the-art 102,000 square foot facility which establishes the foundation for future growth. A 66,000 square foot College of Health Sciences building was recently completed and this new facility houses programs in Physical Therapy, Occupational Therapy, and Physician Assistant Studies.

For specific qualifications and application procedures, go to the Arkansas Colleges of Health Education acheedu.org/employment-opportunities/

Arkansas Colleges of Health Education is an Equal Opportunity Employer
AOBIM Announces Alternative to High Stakes Recertification Examination

The AOBIM has announced plans to implement a longitudinal assessment replacing the 10-year, high-stakes recertification (OCC) examination for internal medicine. The AOBIM is implementing the new longitudinal assessment for all diplomates that honors their current 10-year certificate and eases the transition for those who will be closing out a 10-year cycle in the upcoming years. Plans are being made to adopt a similar option for the subspecialties. These will be announced as soon as they are available.

All AOBIM general internal medicine diplomates participating in OCC with certificates expiring December 31, 2020 are eligible to access the AOBIM Longitudinal Assessment Modules beginning January 1, 2021 (additional details below). Those with certificates that expire in 2022 or later, will be eligible to register for the longitudinal assessment on August 1 of the year prior to the expiration of their certificates.

AOBIM diplomates with certificates that expire December 31, 2020, have two options to satisfy their Component 3: Cognitive Assessment requirement:

Assessment Pathway 1: High Stakes Long Form Exam

The AOBIM will offer the high-stakes long-form examination for the final time this year. Diplomates must register by August 14, 2020. In order to maintain certification with the AOBIM, diplomates must take and pass the traditional 3.5 hour high-stakes long-form exam. This is a one-day computer-based exam that contains multiple choice questions where the diplomate selects the “best answer.” AOBIM exams are evaluated using an absolute standard (pass/fail). This will be the last year this exam will be offered.

Assessment Pathway 2: AOBIM OCC Longitudinal Assessment Modules

The AOBIM longitudinal assessment modules will be available to all registered diplomates on January 1, 2021. Diplomates must register by August 31, 2020 to maintain certification with the AOBIM. Diplomates will be required to participate in, and successfully complete, three modules annually (between January 1 and December 31). All questions within the modules must be answered and an 80% pass rate must be achieved to successfully complete the module. Diplomates whose certification expires December 31, 2020 must successfully complete three modules by December 31, 2021, to maintain certification with the AOBIM. More information on implementation can be found on the AOBIM website.

To view the AOA Board Certification policy changes that take effect immediately for both initial certification and Osteopathic Continuous Certification, visit the AOA Board Certification website. For further assistance for those impacted by COVID-19 related exam postponements, email certification@osteopathic.org.
As physicians, our members are used to others depending upon them for their expert knowledge, their heartfelt compassion, and their confident leadership. That’s where the concept of Principle Centered Medicine comes in. With the development of the Principles over the last few years, we’ve developed a set of guidelines designed to remind you that what you are doing is based on values and beliefs that are both a necessary part of how you think and live, and guideposts for how you care for yourself so you can care for others.

**Embrace Wholeness**

We always consider the patient as a whole (mind, body, spirit).

**FOUNDATIONAL ATTRIBUTES**

**What does this Principle accomplish?**

- It reminds us that we cannot treat the patient as if they come to us in parts, isolating those parts in our decision making as if they are not related.

- It orients our approach to patient care, reminding us that every complaint and every encounter may be layered and hiding another concern behind the expressed concern or another problem behind the chief complaint.

**FUNCTIONAL ATTRIBUTES**

**How does this Principle work?**

- It requires our consultative approach to be comprehensive.

- It requires us to look beyond the obvious presenting complaint or presenting problem, giving attention to the many determinants of health that may affect treatment and outcomes.

Stay tuned as we continue to explore more on what Principle Centered Medicine means and how it works in our daily practices. Next month we will examine Principle 5.
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, Development Counsel to the ACOI.

Meet Gina Gilderman, a second-year medical student in the third class at Burrell College of Osteopathic Medicine (BCOM) in Las Cruces, New Mexico, and President of the Student Osteopathic Internal Medicine Association (SOIMA) there. Gina grew up in the northern Minnesota town of Duluth and was a competitive figure skater for over 18 years. She did her undergraduate studies at Pepperdine University, majoring in biology and minoring in music (specifically piano and violin). Before going to medical school, Gina took a year off and worked in a pain clinic as a medical assistant and scribe.

**Gina Gilderman**

How did you decide to pursue an osteopathic medical career?

Growing up, I knew there were two different types of doctors – MDs and DOs. Working at the pain clinic, I had the opportunity to work closely with a DO and saw first-hand how several of the osteopathic manipulative techniques helped in dealing with chronic pain. Witnessing that care helped me decide to pursue an osteopathic internal medicine career.

In addition to your studies, you are an active student volunteer. Tell me about what you are doing.

Before serving as SOIMA President at BCOM, I was a member of the Executive Board of BCOM’s Student Osteopathic Medical Association (SOMA). I currently serve as the Regional Coordinator for Medical Supply Drive, seeking funds and donations of Personalized Protection Equipment (PPE) in New Mexico and El Paso, Texas which is only thirty miles from BCOM. I volunteered for this role when Covid-19 was in its early stages in mid-March with hopes to preemptively reduce stress and provide adequate protection for healthcare providers on the frontlines.

You were able to have a Visiting Professor session recently with Dr. Robert Hasty. How did it go?

It was awesome! Seventy-ninety students attended, mostly first and second year students since third year students are off campus at their rotation hubs. Faculty and various deans also attended. Dr. Hasty presented on residencies and gave us great advice for the future. He was truly wonderful.

How is Covid-19 impacting the lives of medical students?

Initially, SOIMA didn’t have much of a presence at BCOM. As President, I advocated for students to join to learn about the many specialties that internal medicine has to offer. In addition, I used the club to connect with many people in the community. We participated in the 2019 Alzheimer’s Walk, provided blood pressure readings at health fairs, and ran multiple blood drives at BCOM. Leading SOIMA helped get me out of my comfort zone and I’m proud that my dedication and work has led SOIMA to now be the second biggest club on campus.
Ms. Gilderman: Our governor has adopted strict regulations of sheltering in place with travel only allowed for groceries, medical needs, and essential businesses. Students are currently not allowed on the BCOM campus to minimize contact. All instruction is being done on-line, labs have been cancelled, and exams are delivered electronically. I feel that I am more productive with my studies because I have more time, but do miss being on campus!

I am set to start my clinical rotations in early July, but everything is currently up in the air! As of now, I am using the extra time that I have to focus on my board exams, which are coming up in June.

Ms. Ciconte: Prior to this crisis, what were some of the challenges facing medical students today?

Ms. Gilderman: One of the main challenges that medical students face is learning how best to study since there is so much to learn. You always need to be studying - sometimes I feel it’s like trying to drink from a fire hydrant. I think there is a lot of pressure, too, on first year students to get involved in research and volunteering in order to help strengthen future residency applications. It is difficult to balance all of this simultaneously, especially when you are trying to adapt to new study habits. I think the single accreditation process puts more pressure on us, too.

Q

Ms. Ciconte: How can the ACOI help?

Ms. Gilderman: ACOI is doing a lot more than other national organizations with its Visiting Professor program, grants to attend the Annual Convention and its mentoring program. I use the mentoring program and tell other students they should as well. The College needs to continue to educate students about the diverse set of specialties as many think only of hospitalist positions. Providing resources on the many opportunities of internal medicine is important, particularly because internal medicine is one of the largest matched specialties.

Ms. Ciconte: Your Visiting Professor session and grants to student leaders to attend the ACOI annual convention 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. Gilderman: I would tell ACOI members that Visiting Professor sessions have a great impact on the osteopathic internal medicine profession. They provide information on internal medicine, help to increase the number of future internists, and decrease the gap of much-needed physicians nationwide. After Dr. Hasty’s presentation, we had a number of students join SOIMA and 20 to 30 members frequently volunteered at events and raised funds for the club!

Robert T. Hasty, DO, FACOI (second from right) with the student leadership at BCOM
Washington Continues to Advance Legislation to Address Impact of COVID-19

The President recently signed into the law the $2 trillion “Coronavirus Aid, Relief, and Economic Security Act” (CARES Act). The CARES Act is the third piece of legislation in response to the far-reaching effects of the COVID-19 pandemic. Included in the package was $100 billion for the Public Health and Social Services Emergency Fund to reimburse eligible health care providers for expenses and lost revenue attributable to COVID-19. The CARES Act also established and provided preliminary funds for the Paycheck Protection Program (PPP) to support small businesses, which include physician practices, among many other things. Enactment of these and other programs almost immediately resulted in the programs running out of appropriated funds. As a result, Congress approved a fourth package providing an additional $484 billion to support these and other programs. At this writing, the President has indicated he will sign the legislation into law. Preliminary discussions surrounding a fifth coronavirus legislative package have already begun.

In addition to legislative action, the Centers for Medicare and Medicaid Services (CMS) is continually updating its policies and adopting new ones to better allow physicians to effectively and efficiently respond to the needs of Medicare beneficiaries. Efforts to decrease exposure to curb the spread of COVID-19 are driving rapid changes in telehealth services such as: allowing providers to evaluate Medicare beneficiaries who have only audio phones; expanding eligible telehealth services to include more than 80 additional services; allowing physicians to use readily-available, non-public facing remote communication products such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, and Skype; and virtual check-in services are now permitted for both new and established patients, among many other things.

The ACOI continues to work with other physician organizations in an effort to promote legislation and regulations to assist you and your patients during these trying times. The ACOI will continue to advocate on behalf of you and your patients to ensure you can provide the level of high-quality care you aim to provide. Please be sure to check often the ACOI online COVID-19 resource page available at here for the most current information. If you have any questions about Washington’s response to COVID-19, please email Tim McNichol at tmcnichol@acoi.org.

Funding Opportunity Available through the FCC

The Federal Communications Commission (FCC) announced the availability of $200 million in grants through its COVID-19 Telehealth and Connected Care Pilot Program. The funds were appropriated through the CARES Act to help healthcare providers provide connected care services to patients at their homes or mobile locations in response to the COVID-19 pandemic. The Program will provide immediate support to eligible health care providers responding to the
COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services. The program will be made available until its funds have been expended, or the COVID-19 pandemic has ended. The program is limited to eligible nonprofit and public health care providers as defined in statute. Additional information is available at information is available here.

Washington Tidbits

“Not Immune...To Change”

The Supreme Court is an institution steeped in tradition. It hears oral arguments in 70-80 cases per session from the first Monday in October through the end of April. When COVID-19 began to impact every aspect of American life in March, the Supreme Court was not immune. Not one to enthusiastically welcome and adopt change, the Court needed to respond.

Initially, it postponed indefinitely the 20 cases still scheduled for oral arguments. The Court later agreed to utilize technology and allow for 10 cases to be argued by telephone conference using audio only for the first time in the history of the Court. Beginning on May 4, the Court will hear cases that examine the status of American Indian reservations in Oklahoma, as well as the attainment of President Trump’s financial records, among other things. The Court even has gone as far as to allow greater use of electronic filings in response to the impact of COVID-19. The question remains, what will the operations of one of the most traditional organizations in the world look like on the other side of the pandemic?
The ACOI Board of Director wishes to thank all ACOI members for their annual support for the College. The generous support from 75th Anniversary Circle members 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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Community

Outright Gifts and Multi-Year Commitments of $1000 or more as of December 18, 2019

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Thank You!
The ACOI Board Generational Advancement Fund Challenge Is Suspended

Due to COVID-19, the College has suspended live Visiting Professor Program visits. As illustrated in student doctor Gina Gilderman’s interview this month with Barbara Ciconte, these programs help us introduce osteopathic medical students to our community and the vibrant career opportunities available in our specialty. We know that our members are facing many challenges at this time due to the coronavirus pandemic that are impacting their practices, families and their communities.

For that reason, the College has decided to suspend its fundraising campaign to meet the ACOI Board’s $30,000 challenge to increase the number of Visiting Professor Programs and provide grants to student leaders to attend the annual convention.

The ACOI Board appreciates the support received to date and will reinstate the Challenge in the near future.

Join the New Sustainers Club Today

The College is pleased to recognize the following members of our new Sustainers Club:

- Lee Peter Bee, DO, FACOI
- Robert A. Cain, DO, FACOI
- Humayun J. Chaudhry, DO, MACOI, MS
- Janet Cheek, DO, FACOI
- David J. Mohlman, DO, FACOI
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- Christine Samsa, DO, FACOI
- Nathan Samsa, DO, FACOI
- Samuel Snyder, DO, FACOI

Become a Member

Help the College Better Plan for Its Future!

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

- Invitations to donor events at ACOI meetings
- Update communications from ACOI leaders twice a year
- Special recognition as Sustainers Club members in ACOI publications and the website

Sign Up Today

Sign up today by completing this form. Remember, your gift is tax-deductible to the full extent allowed by law.
A pandemic is sweeping the globe and has overtaken every aspect of our lives. Many of us are thinking more keenly about our own mortality as well as that of our loved ones - and understandably so, given the news. Hopefully, you and yours will be just fine. But it never hurts to be prepared.

For many people, the term “estate” conjures visions of stately mansions, fountains, private jets, and other luxuries associated with the super-rich. However, if you own anything when you die, you have an estate. Your estate includes personal property, real estate, bank accounts, retirement accounts, life insurance and business interests. Putting a basic estate plan in place can help ease the burden on your family, provides protection for minor children and establishes a plan in case of incapacity.

What is an estate plan? In its simplest form, an estate plan names an executor and directs who you want to receive your possessions after you die. However, good estate planning accomplishes much more than that:

- Planning for incapacity with instructions in a health care directive;
- Ensuring competent management of assets at death or during incapacity;
- Minimizing taxes and court costs;
- Naming guardians for minor children;
- Safeguarding loved ones with gambling, substance abuse, or mental health issues;
- Providing for family members with disabilities without invalidating the individual’s ability to receive government benefits;
- Planning for succession of a family business at retirement, disability or death; and
- Including your “digital assets” - all electronic records that you own, license, or control, also any online accounts or digital files that you have authority to access – email, online banking, social media accounts, cloud storage, blogs, and just about anything else that you do online, on your phone, or on your computer that requires a login and password. Most states have either enacted the Revised Uniform Fiduciary Access to Digital Assets Act or are in process of doing so (see list here) that gives a person’s family (or Executor) the right to access and manage their digital assets after they die.

What happens if I die without an estate plan? It is easy to delay addressing this question. However, if you die without an estate plan (dying “intestate”), state law dictates the distribution of your property. Each state has its own intestacy statute establishing a priority of inheritance between a surviving spouse, children, parents, siblings, and more distant family members. If no family members can be found, all of your property goes to the state.

What is a will? In its most basic form, a will is a document that directs how your property is to be distributed at death; nominates your personal representative, or the person charged with overseeing the administration of your estate; and names a guardian for minor children.

Do I need a will? Probably. And if you have children and property, you’ll need several will-like documents. To be clear, a will is the document that determines what happens to your assets - the things you own. Your will determines what will happen to everything from your children to your tchotchkes, from your heirlooms to your stocks and bonds. The exception: assets that may already have a beneficiary named, like IRAs or some bank and investment accounts.

What are the estate documents I should consider? The “big four” are:

- A will – NOTE: your partner or spouse needs to create a separate will;
- Living will - also known as an Advance Medical Directive or Health Care Directive, which is exactly what the name implies: It determines what will be done with your affairs if you’re still living (but incapacitated). A living will focuses on how you’d want your end-of-life decisions handled if you were unable to make your wishes known;
Estate Planning Tips (Continued)

Planning for Peace of Mind

- Durable health-care power of attorney - which names the person who will make medical decisions for you;

- Durable financial power of attorney - which gives somebody the right to make legal and financial decisions for you.

What is a trust? A trust is a legal arrangement where a trustee holds title or ownership to property for the benefit of named beneficiaries. At the individual’s death, trust assets are distributed to the named beneficiaries without the need for court supervision. Other benefits include minimizing estate tax, incapacity planning, and planning for children/grandchildren with legal, financial or substance abuse issues.

How do I decide between a will or a trust? 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.

How can I find an estate planning attorney in my area? 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, link here.

Can I create my will online? Yes. Wills have traditionally been drafted in person with a lawyer, but over the last 20 years, a number of online will preparation services have been gaining popularity. Both paid and free services like LegalZoom, Tomorrow.me, and Rocket Lawyer allow you to create a will by answering a series of questions about your finances and personal circumstances.

Are online wills legal? The short answer is yes, wills drafted online are both legal and enforceable. To be executed, the will needs to be witnessed by two people not listed as heirs and signed by the writer of the will. Some states also require that a notary - a person authorized by the state to legally certify or “notarize” documents - witness the signing as well. Nationalnotary.org can tell you if a notary is needed to legalize a will in your state, if remote notary services are available, and how to access such services to execute your will if you are under a shelter in place order. Though online wills are legal, all wills can be challenged in court on various grounds.

What is the Uniform Electronic Wills Act (or the E-Wills Act)? New laws are allowing people to create and sign wills online without a lawyer or notary present. Basically, it is to allow a valid will without paper or wet-ink signature required, all done electronically. This is not yet widely available however it is important to know that many states say it is not if, but when they will adopt this legislation. Only four states have passed laws authorizing electronic wills: Florida, Nevada, Indiana, Arizona. And as of November 15, 2019, five have considered legislation on E-wills, but have not yet adopted a law: California, New Hampshire, Texas, the District of Columbia, and Virginia.

In conclusion: Remember that an estate plan is not just about divvying up your assets and preventing family squabbles over your baseball card collection. This is an opportunity for you to think about providing for people, creatures, causes and organizations which are important to you. Most of all, having a will provides peace of mind like no other document.

If you are interested to learn more about how to include ACOI in your estate plans, please contact Brian Donadio at bjd@acoi.org.

Since the ACOI staff is unable to mail ACOI’s “2020 Personal Planning Guide” with helpful tips at this time due to the Covid-19 lockdown in Maryland, please email Kara Kerns at kara@acoi.org to reserve a copy for future mailing.
Much has changed since my last column on telehealth services. More changes are certain to follow as the COVID-19 epidemic continues to unfold. There continues to be many changes to the regulations affecting the provision of telehealth services. Following are a few highlights.

As you know, direct supervision of non-physician providers or auxiliary staff is required by Medicare. This requirement is satisfied by your presence in the office suite. During the current public health emergency (PHE), the supervision requirement can be fulfilled through your availability through an “interactive telecommunication technology.” If you and the non-physician provider have smart phones with audio and visual capabilities, the ability for you to have an audio/visual conversation fulfills the supervision requirement the same as if you were available in the office.

Another change as a result of the COVID-19 crisis relates to your physical location when making contact with patients by email, phone, or with audio/visual communications. Your location is not restricted as a result of the PHE. Whether you are in your office, at home, or in your car, all locations are allowed. The service is billed as the same place of service where you would normally bill when providing that same service.

I have heard a great deal of frustration surrounding the performance of Evaluation and Management (E&M) visits using telehealth services. The waiver of location restrictions for you and the patient was supposed to create increased flexibility and limit the exposure of patients and providers to COVID-19. Unfortunately, remaining technology requirements often create additional hurdles to providing timely care. The need for real-time audio and visual technology for the interaction between patients and their physicians is unrealistic. Telehealth services were initially developed at a time where the patient was at an originating site such as another physician’s office or a hospital. Those locations had the required technology because they were intended to provide secured telehealth services. Without both audio and visual technology, code selection options vary and so does your level of reimbursement. If you are using just audio services for your patient visit, you are left with a code option from the phone call series of codes (i.e. 99441-99443), which reimburses at half a telehealth office-type visit.

Some major insurers have waived the visual component completely, while others are waiving it only if you are unsuccessful in attempts to first use it. Unfortunately, there is no consistency. For example, among the various state BlueCross BlueShields, or even among states’ Medicaid payers, there is no conformity. To date, there is no master list of what each insurance company requires for each telehealth code, what documents are required, or how modifiers and place of service information is to be entered when submitting a claim. As a result, your billing staff needs to do their research and check your payers’ websites for their policies. Check back regularly as insurers are, in some cases, still in the decision making and claims instruction development process.

For those complex patients on Medicare to whom you can provide telehealth services, know that you have two new code selection options. The CMS 1744 Interim Final Rule offers the option contained in the 2021 E&M office documentation guidelines, officially implemented next year, to code based on medical decision making alone or based on “new time.” New time is defined by the total time of the visit, which includes both face-to-face and non-face-to-face time. The times for each office code are the same as the times you are using in 2020 when you select a code level based on counseling and coordination of care guidelines.

My advice to you is to make sure you document. Document all details of the patient encounter to allow for the best opportunity to code for the most appropriate level of care.
As an example, consider the following:

- Did the patient have an appointment, but wanted to stay at home?
- Did the patient need a refill and needed to be evaluated before safely completing that refill request?
- Was the appointment conducted using audio only? Did you attempt, but were unsuccessful to use both audio and visual communication?
- Was the patient encounter using email or through a portal?
- Who was involved in the patient encounter? Your staff can speak with the patient and document the consent certain codes require.
- How long were you in contact with the patient? If it was a “call” (audio or audio/visual), document the total time spent with the patient.
- How long was spent on the email/portal communication with the patient?

Remember the “new time” measurement is the total time from when you first opened the chart until you were done with all aspects of the patient encounter. You may want to consider making a template that prompts you to remember what details you need to write down and document. If needed, this resource can be scanned into your electronic health record and combined with your patient care note. Let your billing staff review the details of the information and decide what code set and level of care is appropriate for the patient encounter. If you do not have the information needed from a particular payer to select a code or to bill that payer, hold the claim until the information is available.

I suggest you do not try to learn all the nuances of coding and billing for these visits. Leave that to your staff. See your patients and document, document, document. Stay safe.

One final positive note: CMS announced that the two percent sequestration of Medicare reimbursements, the money that has been withheld from you the past several years, will be temporarily suspended from May 1, 2020 through December 30, 2020.

References:
- CMS-1744-IFC “Final Rule”
- CMS Current Emergencies website
- CMS Waiver and Flexibilities Information
Greetings, colleagues, and welcome to the April issue of Talking Science and Education. Once again, I want to take this opportunity to thank you: the physicians and other healthcare providers caring for our nation during this very difficult time. Not only are we grateful for your technical skills, but for the compassion and passion that you bring to the care of each patient you encounter. Please stay safe and remember that self-care is essential for you to provide care to others.

Hoping to provide just a small distraction, I will once again challenge you with the monthly population health quiz. Last month’s quiz asked which state showed the largest improvement in ranking from 2018 to 2019? While we had no correct respondents in March, the correct answer is Alaska. Alaska’s improvement was driven by gains in the behaviors category (+9 ranks), particularly for obesity (+27) decreasing from 34.2% to 29.5%, and excessive drinking (+19) decreasing from 21.3% to 17.7%. Also, a factor was an advance in the community and environment category (+7), particularly for air pollution (+12), decreasing from 7.4 to 6.4 micrograms per cubic meter.

This month I have decided to forego Talking Education to share some current research related to the Coronavirus and diabetes.

Talking Science
A COVID-19 UPDATE
“Insufficient evidence” to recommend DPP-IV inhibitor treatment in type 2 diabetes with COVID-19

Insulin — not DPP-IV inhibitors or GLP-1 receptor agonists — should be the agent of choice for the management of severely ill patients with diabetes and coronavirus infections; this position is supported by extensive historical experience and the increased adoption of continuous glucose monitoring, according to a literature review published in Endocrine Reviews this week.

DPP-IV inhibitors and GLP-1 receptor agonists, which are widely used in the treatment of type 2 diabetes, may exert anti-inflammatory actions in humans, and the agents have been used to control glucose in hospitalized patients, according to Daniel J. Drucker, MD, a professor of medicine at the Lunenfeld Tanenbaum Research Institute and the University of Toronto. However, there is “insufficient evidence” to suggest such agents might safely replace insulin for critically ill individuals with diabetes and coronavirus infection.

It has become clear over the last few months that people with diabetes, and people with obesity, are at greater risk for more severe COVID-19 infections. We also know that GLP-1 levels and DPP-IV activity are regulated by infection and inflammation, and in turn, DPP-IV inhibitors and GLP-1 receptor agonists may also modulate inflammation. There is also science linking DPP-IV to coronavirus infection, specifically with MERS-CoV.

Two coronavirus receptor proteins, angiotensin converting enzyme 2 (ACE2) and DPP-IV, are established transducers of metabolic signals and pathways regulating inflammation, renal and cardiovascular physiology, and glucose homeostasis; however, available evidence does not continue...
Talking SCIENCE and EDUCATION
(Continued)

currently support clinically meaningful alterations in markers of immune function after administration of DPP-IV inhibitors in humans with or without type 2 diabetes.

The severe acute respiratory syndrome SARS-CoV2 (COVID-19) coronavirus pandemic highlights the importance of understanding shared disease pathophysiology potentially informing therapeutic choices for individuals with type 2 diabetes.

In the review, Drucker noted several important takeaways for clinicians:

- ACE2 and DPP-IV are coronavirus receptors. DPP-IV is a MERS-CoV receptor, but not a SARS-CoV-2 receptor, that is, not a COVID-19 receptor.
- ACE2 and DPP-IV control inflammation and cardiometabolic physiology.
- DPP-IV inhibitors do not meaningfully modify immune response in humans.
- COVID-19 hospitalizations are more common among people with diabetes and obesity.
- Acute COVID-19 illness requires reevaluation of any medications used for type 2 diabetes.
- Insulin is the glucose-lowering therapy of choice for acute coronavirus-related illness in the hospital.

Adults with diabetes are no more likely to contract COVID-19 than people without diabetes but could be up to twice as likely to die from complications of the disease. In an analysis of data from China and Italy published this month in the Journal of Endocrinological Investigation, the researchers wrote that, compared with adults who had a more favorable coronavirus disease course, the pooled rate ratio of diabetes among patients with an adverse coronavirus disease course was 2.26 (95% CI, 1.47-3.49).

Drucker’s review in Endocrine Reviews provides a comprehensive overview of many open issues on the relationships between diabetes and COVID-19. There are epidemiological aspects still not well understood about the links between diabetes and prevalence of the infection or severity of COVID-19. Drucker highlights evidence that diabetes is associated with impaired immune function and believes this is going to be a major focus of upcoming research. In fact, recent research shows, in addition to pneumonia and interstitial lung disease, COVID-19 causes gastrointestinal symptoms.

This review provides substantial insight into the molecular pathways that could link diabetes with SARS-CoV-2 infection and COVID-19 severity, with as a special focus on proteases ACE2, TMPRSS2 and DPP-IV. We know that other beta-coronaviruses use membrane-bound DPP-IV to enter the cell, although such evidence for SARS-CoV-2 is weak. DPP-IV is also shed from the membrane as a soluble protein, and how the soluble and membrane-bound DPP-IV interact to regulate coronavirus cycle is unclear. DPP-IV inhibitors would inhibit both the membrane-bound and soluble forms. Even if SARS-CoV-2 used mDPP-IV to enter the cell, it is difficult to predict the antiviral effects of inhibiting DPP-IV enzymatic activity.

So far, in the absence of any clinical data that support the anti-COVID-19 effect of DPP-IV inhibitors, this remains a hypothesis. My hunch is that there will be more available data in a few weeks. The hypothesis is fascinating, because DPP-IV inhibitors have an optimal safety profile even among older adults, who are particularly prone to COVID-19 progression. Even if DPP-IV inhibitors had no effect on viral infection, they remain a good therapy for older and fragile individuals with type 2 diabetes.

1 Drucker DJ. Endocr Rev. 2020;doi:10.1210/endrev/bnaa011.
PPE-associated Headaches Increase Among Healthcare Workers Amid COVID-19

Prolonged use of personal protective equipment during the COVID-19 pandemic, such as N95 masks and protective eyewear, was shown to cause or exacerbate headache among health care workers in Singapore

The first case of COVID-19 in Singapore was reported on Jan. 23, 2020 followed by rapid escalation of cases. Front-line health care workers were mandated to wear personal protective equipment (PPE) in high-risk areas, including EDs, isolation wards and ICUs. Jonathan Ong, a consultant in the division of neurology at the National University Hospital in Singapore, and colleagues investigated the correlation between prolonged use of this equipment and headache during the HAPPE study.

Nurses, physicians and paramedical personnel (n = 158) at the National University Hospital answered a questionnaire assessing headache disorders. On average, they wore the N95 mask and protective eyewear for 6 hours per day. De novo PPE-associated headaches were reported by 128 respondents (81%) and were mainly located in the areas of contact from the face mask or goggles and their head straps. Headache intensity was graded as mild by 71.9% of respondents while 23.4% experienced associated migraine-like symptoms such as nausea, vomiting, photophobia, phonophobia, movement sensitivity and neck discomfort. The onset of pain was within 1 hour of wearing PPE and spontaneous resolution occurred in most cases within 1 hour from removal of the equipment. Most respondents (68.8%) did not use acute analgesic treatment.

Participants with preexisting primary headache diagnosis (29.1%) were more likely to develop de novo PPE-associated headaches. They reported that increased PPE use aggravated their background headaches in addition to other possible contributing factors such as sleep deprivation, stress, irregular mealtimes and inadequate hydration. In this group, more frequent use of acute medication was reported.

Pressure on the head and tractional forces from the mask and goggles are likely to be the main cause of PPE-associated headaches, according to the investigators.

It is hypothesized that the peripheral sensitization may activate the trigemino-cervical complex through nociceptive information transmitted via different branches of the trigeminal nerve through the trigeminal ganglia and brainstem to the higher cortical areas, thereby triggering the headache attack.

PPE also causes thermal discomfort, moisture accumulation and difficulty breathing, which likely serve as additional triggers.

No data in the United States has been published yet. However, the magnitude of this condition is clinically significant and might worsen as the current outbreak spreads widely and stays for a longer time, affecting the work performance of health care workers. Perhaps, better strategies are needed for designing various personal protective equipment and reducing their exposure time by health care workers.

2020 Certifying Examination Dates & Deadlines

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@aoobim.org; 312 202-8274. Contact the AOBIM at admin@aoobim.org for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.
The mission of ACOI is to promote high quality, distinctive osteopathic care of the adult.

ACOI seeks to be the organization that osteopathic internists think of first for education, information, representation and service to the profession.

To accomplish its vision and mission, 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