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~ 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

Classical osteopathy requires principles, not techniques!"
One of the challenges facing the ACOI in the changing environment of medicine and medical education is creating and strengthening relationships with osteopathic medical students. Osteopathic medical education is a growth industry, fueled by the rapid increase in the number of osteopathic medical schools and branch campuses. Roughly a quarter of all students currently in medical school in the USA are in osteopathic medical schools. On one hand, this bodes well for the future of our profession. Never before has osteopathic medicine been so present in so many conversations in so many important circles about the future of medicine in the USA. In sheer numbers, there will be more DOs than ever – and certainly, more DO internists, as Internal Medicine has now become the most popular choices of residency for DO graduates.

On the other hand, the unintended consequences of Single GME and the current (contested) dictates of ABIM make the future of osteopathic board certification uncertain, and this casts a shadow on the future of our profession. It represents a potential obstacle to keeping and strengthening connections with our graduates once they leave residency, if they have not been certified in their specialty by osteopathic certifying boards.

Perhaps the best way to meet this challenge is to start early. We can increase our outreach to students in the earliest stages of their medical education (or before!), to develop their understanding of and relationship to osteopathic principles, especially as epitomized in Principle-Centered Medicine™, and to cultivate these relationships over the breadth of the educational continuum, from application to osteopathic medical school, through undergraduate medical education, into residency, and beyond into professional life.

Of course, it is tautological to say that our students are our future. But it is true, and we have to embrace this truth to grow.

One aspect of this is the “ChooseDO” program created by AACOM (and its president Robert Cain, DO, FACOI, an ACOI Board member). “ChooseDO” will reach out to college undergraduates and even high school students to begin their education about osteopathic medicine as a life path.

Focused more particularly on currently enrolled students of osteopathic medicine, Robert Good, DO, MACOI, is championing this cause on behalf of the ACOI. Dr. Good is a former president of the ACOI, and continues to serve our profession in many ways. Dr. Good is working on this project with Valentina Stevanovich Lassalle, DO (Dr. Lassalle is our resident representative on the Board), Joshua Layher, DO, and Seo Hanna, OMS2. This team is developing programs to increase our outreach to our students.

As you might know, we have a longstanding Visiting Professor program. In this program,
members of the ACOI Board of Directors (present and past) and other distinguished members visit colleges of osteopathic medicine and meet with students in their internal medicine clubs. The Visiting Professor Program is a great program in which we can really get out and meet students, create relationships, and promote awareness of osteopathic internal medicine as a career choice. We have tried to get to as many campuses as we could, but with the proliferation of new schools, we have not made it to all of them. As you might guess, this program has suffered in the year of COVID-19. We have not traveled to colleges since the pandemic began. But the program is not gone. In fact, we are working with new online platforms to refashion the Visiting Professorship program. The new Visiting Professor program will allow us to visit more than one college at a time. Potentially, we will soon be able to visit all campuses, virtually. This will increase our outreach, increase our ability to communicate with osteopathic students, and enhance our influence on their interest in internal medicine.

But Dr. Good’s efforts are not confined to the Visiting Professorship program. He and his team are of course planning to create ongoing relationships with ACOI and student internal medicine clubs. Among the goals of the program will be: to provide leadership training for student leaders for club development; to provide the potential for mentorship for our members; to make the general populations of osteopathic students more aware of internal medicine and the ACOI; and to provide innovative presentations to the general student membership. This work will enhance the Visiting Professor program, and also our student programs at the annual convention. We see this as a tremendous opportunity to develop the future of our profession, and to spread the ideals of Principle-Centered Medicine™.

Another student-oriented activity in which we recently participated was the virtual Student Fair held by AACOM on August 14. Students from every college of osteopathic medicine were present, and specialty societies had chat rooms for open conversations with the students. For over eight hours, students signed in and out, to converse with and ask questions of ACOI Board members and other volunteers. Thanks to AACOM for the great opportunity to connect with students.

Of course, it is tautological to say that our students are our future. But it is true, and we have to embrace this truth to grow. If you are interested in participating in the Visiting Professor program, please let me know. We thrive on your volunteer spirit. If you would like to help the ACOI reach our students, let us know! I would love to hear from you, and I will share your interest with Dr. Good and the ACOI team.

Sam Snyder, DO, FACOI
President
The 2020 Annual Convention & Scientific Sessions is Coming!

Registration is NOW OPEN

This year the ACOI is bringing its renowned quality education right to your door. As we launch the Convention this year as a virtual event, you will benefit from an enriching program designed to help you achieve your education goals while still having ample opportunity to connect with friends and colleagues.

• **Attend Live CME sessions!** Approximately 60 1A credits will be offered! Check out the preliminary program on our website!

• **Bonus:** Additional recorded sessions will be available online at no extra cost.

• Don’t miss our first Keynote Speaker, **Samuel Shem**! The legendary bestselling author of The House of God and its sequel Man’s 4th Best Hospital, will kick things off with an uplifting welcome exclusively for ACOI members.

• Our second Keynote Speaker is **Matthew Luhn**! This former Pixar storyteller and story supervisor will inspire members to use storytelling to manage stressful situations, make order of chaos and improve education and retention of information.

• Our third Keynote Speaker is **Humayun Chaudhry, DO, MACOI**! The President and Chief Executive Officer of the Federation of State Medical Boards will wrap up our convention on Saturday.

• **Early Bird Savings!** Hurry and register soon. Save $50 when you register by September 21st.

Stay tuned to our website for more announcements and updates. You may always email questions to Susan Stacy at susan@acoi.org. Don’t forget to connect with us on social media for the latest news!
Spread the News About the VIRTUAL ACOI 2020 Convention! #ACOI2020

Share your excitement about the upcoming ACOI 2020 Virtual Convention and Scientific Sessions! Help us spread the news. Let your colleagues and your entire social media network know you are participating. Use your voice to help us amplify this extraordinary virtual opportunity for quality osteopathic education, collaboration, and networking.

We want to hear from you!

Use the hashtag #ACOI2020 on Twitter, LinkedIn, or Facebook and share with your entire network about the ACOI 2020 Virtual Convention and Scientific Sessions!

• Let everyone know you’re attending!
• Talk about what you’re looking forward to!
• Ask us questions @acoi_org on Twitter!
• If you are presenting, promote your session to your network!
ACOI Online Learning Center

The COVID-19 pandemic has impacted almost every aspect of your daily life. Your desire to obtain needed continuing medical education and staying abreast of the latest updates in internal medicine does not have to be one of them. 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 that span 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 help you stay true to why you pursued medicine. The ACOI Online Learning Center is your one-stop-shop for osteopathic online education.

Online Learning Center Spotlight: Board Review Course

Getting ready to take a vacation for the summer? Just looking to brush up on areas of interest in internal medicine while earning some continuing medical education credits? The ACOI Online Learning Center offers a diverse selection of educational content to meet your needs. In an effort to better serve you, the ACOI Online Learning Center includes curated packages of content. For instance, the 2019 Board Review Course is available and includes over 60 separate lectures that address key areas of interest to internists and subspecialists. The package is more than a Board Review Course, it is a general review for primary care physicians.

ACOI National Meetings

2020 Annual Convention & Scientific Sessions
October 21-24
A Virtual Event

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

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

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

2024 Annual Convention & Scientific Sessions
October 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.
ACOI Heroes: Facing COVID-19

Long Hours and Hard Conversations are Part of a Day’s Work for Dr. Marianne Holler

by Gina Kilker

Most people try to avoid uncomfortable conversations, especially around death. Marianne Holler, DO, FACOI, on the other hand, specializes in them. As a palliative care physician, difficult conversations about end-of-life delivered with compassion and understanding for patients and their families are something she does routinely. Yet, as she will attest, in 2020, nothing has been routine about those conversations.

In a profession that strives to improve the quality of life for patients who have a serious or life-threatening disease, Dr. Holler views palliative medicine as a “superpower” of sorts, allowing physicians to bring options for care that treat patients’ discomfort, symptoms, and stress. Yet the highly infectious nature of COVID-19 has complicated how palliative care teams work with patients and their families by taking away the very thing that makes that “superpower” deliverable in a compassionately human way – the in-person communication that includes empathy, eye contact, hand-holding, and hugs.

The goal at the core of every palliative care encounter is the desire to understand the wishes of a family’s loved one to ensure a peaceful and comforting dying experience. Those wishes can range from “I want to die at home,” and “I don’t want interventions that prolong death if I am terminal,” to “I’m open to any experimental healing treatments.”

Dr. Holler, Chief Medical Officer of the Advanced Care Institute at the VNA Health Group (an agency that provides home primary care, hospice, and palliative services), found herself having conversations about loved ones’ last wishes during their final hours in all the usual places – long-term care facilities, hospital ICUs, and also in places where she normally doesn’t find herself – emergency rooms. Yet, there she was during the height of the emerging COVID crisis, often a faceless voice over a cell phone having conversations with families of people, many of whom she had never met before, and, even worse, many of whom who hadn’t planned that day on facing end-of-life decisions for their loved ones.

There were instances, too, when the talks were jarring because she was not only having them about one member of a family, but about multiple members of the same family who had daughters, fathers, sons, or sisters all suddenly struck by COVID-19 and facing their last moments. But, for Dr. Holler, who in normal circumstances, is accustomed to having these discussions in-person, the real tragedy was not being able to sit face-to-face with the family and deliver news about their loved one’s sudden demise, especially since many families felt bewildered by the turn of events and had lingering questions about the virus.

“These conversations couldn’t happen in a physical way, which normally that’s the first thing I would do. Usually, I would sit down and say, ‘why don’t you come in, see your mom, and then we’ll have a conversation face-to-face?’ “Trying to connect with somebody on a human level, yet not being able to look at them across the table or hold their hand or look them in the eye during these challenging emotional conversations, was just devastating,” she said.

Also troubling was the sheer number of conversations she was having. Dr. Holler typically had 240 patient visits per month, at her practice, Community Medical Center in Toms River, New Jersey. But, this spring, visits were nearly double, closer to 470 per month; approximately 40% of them were COVID-19 related.

Continued
Tips for Physicians: Preparing Patients and Families When the End is Near
by Maryanne Holler, DO, FACOI

During the COVID-19 pandemic, how can health care providers prepare for situations where people, young, middle-aged, and the elderly, are unexpectedly dying? Physicians are concerned if they discuss end-of-life issues that patients and families will lose hope. It is important to have these difficult conversations when things are not going the way everyone wants. As practitioners find themselves querying family members to understand what their loved ones may desire to insure a more dignified death, here are some of my recommendations:

1. Be prepared to acknowledge the first goal is always to have the patient live as long as possible. But if things do not go well, what would be important? To be home with family? To focus on comfort? These are questions that need to be asked.

2. Families and patients often present roadblocks that doctors are not comfortable navigating. “God will heal her” or “She is a fighter,” or “We have hope.” Developing language that helps move past those statements can help:

   • God Will Heal Her: Families are acknowledging that we may be in a place that man/medicine may not be able to help. We need to stop seeing faith as an obstacle. I tell them I am happy they are a family of faith. That way they know something greater than us is in charge. If this is when they are called home, what would be important?

   • She is a Fighter: I point out that being a fighter is a mental, emotional, and spiritual state. The body often will continue to fail even if the spirit is willing it to go forward. When that happens, what would be important?

   • We Have Hope: We never want to take hope away. But, in the face of a serious illness, we may need to help patients and families think about what they are hoping for. Up to that point we are conditioned to see hope as binary. We have hope, she lives; we don’t have hope, she dies. Hope expands in serious illness. We hope she is not in pain; we hope she accomplished all she wanted to; we hope she knows how much she was loved.
COVID-19 has made Dr. Holler worry too about the complex patient communication challenges that practitioners are facing. Medical schools, after all, aren’t known for end-of-life care unless it is their declared specialty. If the pandemic has stretched the skills of palliative care professionals who are equipped with specialized training for these difficult quality-of-life conversations, how are other physicians handling them? Consequently, facing these sudden and upsetting circumstances is thrusting providers into unfamiliar territory.

“The message to the public especially now, in the face of this, is that we never know when we’re going to go from being fine to not being fine,” she said. “COVID-19 has brought this issue front and center.” Dr. Holler urges families to have the tough conversations about end-of-life wishes before their loved ones are forced to guess. Those wishes can mean many things. The choices are as individual as their circumstances. After all, no one wants to turn to the palliative care team, at their loved one’s deathbed, and confess, “we never talked about it.”
ACOI Launches Monthly Osteopathic Leadership Meetings for Students in Internal Medicine

Virtual gatherings will provide unprecedented educational opportunities, leadership training, and support

In the spirit of collaboration with colleges of medicine around the country, the ACOI is announcing the launch of virtual student monthly leadership meetings open to all 46 ACOI student internal medicine clubs throughout the nation. The Student Osteopathic Leadership in Internal Medicine and Dialogue (SOLID) program, will host presentations and subsequent discussions designed to bring college medical club leaders and medical students together with ACOI leadership and mentors.

Inspired by the success of both ACOI’s Virtual Visiting Professors Program and the student education programming offered annually as part of the ACOI Convention and Scientific Sessions, the goal of the SOLID program is to connect more frequently with chapters and to help osteopathic internal medicine students be successful.

“ACOI is known for quality education that is both well respected and much sought after. Consequently, we anticipate this program will be positively received by chapter leaders and students,” said ACOI member, Robert Good, DO, MACOI, who has worked with ACOI leadership to develop the program. “We believe that by banding together virtually and sharing the vast resources and experience of our members, we can truly go beyond the classroom to both better prepare students and help them develop stronger internal medicine organizations in their respective colleges.”

The program will provide students support to navigate some of the most common hurdles and stressors they face, such as passing board exams and developing research programs. And as the COVID-19 pandemic continually changes the way medical students learn and interact with one another, the SOLID program will be a reliable resource as they face these new challenges. The monthly education sessions and interactions will focus on a variety of topics that will assist club leaders in building strong supportive clubs, as well as leverage thought leadership from other ACOI student chapters throughout the country.

“Healthcare is based on relationships,” said Dr. Good, “We believe that the effort we put forth now as an organization to support student success and enhance chapter development is key to establishing and maintaining lifelong ACOI relationships.”

The program is offered free of charge for all ACOI student members. Check out the next page for the agenda for the monthly virtual presentations for September. Future scheduleing can be found on our website!
ACOI Launches Monthly Osteopathic Leadership Meetings for Students in Internal Medicine (Continued)

For more information about SOLID contact Susan Stacy at Susan@acoi.org. For the schedule of student sessions to be held during ACOI’s 2020 Annual Convention, check our website!

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<thead>
<tr>
<th>Date/Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tr>
<td>September 24, 2020</td>
<td>Welcome to ACOI</td>
<td>Robert Good, DO, MACOI</td>
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<td>8:00 - 8:10pm EST</td>
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<tr>
<td>8:10 - 8:40pm</td>
<td>Developing Your Internal Medicine Club - 5 Keys to Success</td>
<td>Thomas Mohr, DO, FACOI; Kevin Wilson, DO, FACOI</td>
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<tr>
<td>8:40pm - 9:00pm</td>
<td>Principle Centered Medicine</td>
<td>Samuel Snyder, DO, FACOI, ACOI President</td>
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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
Ryan M. Norman, DO
Jeffrey Packer, DO, FACOI
Morvarid Rezaie, DO, FACOI
Laura Rosch, DO, FACOI
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.

Membership Renewal
Renew your Membership Today!
The new ACOI membership year begins on July 1 and renewal information has been sent to all members. Don’t want to worry about remembering annually to renew? This year, the ACOI has offered an automatic renewal option. Check another thing off your to-do list by opting in to automatic renewals!

For 2020, ACOI has added an option to extend dues payments if you or your practice have faced financial hardships. Please email Claudette Jones if you would like to discuss membership dues assistance.

"I became an ACOI member because I wanted to be with other osteopathic internists who practice the same principles of osteopathic patient care. As a regular attendee at the College’s annual conventions, I enjoy meeting osteopathic internists from across the country. I find the convention lectures to be wonderful. They provide excellent opportunities to learn from specialists who have their fingers on the pulse of research and treatment in the field."

Morvarid Rezaie, DO, FACOI
Member since 2009

"Being a member of the ACOI is like being part of a family, an educational family, with strong values."

Robert DiGiovanni, DO, FACOI
Member since 1987
Greetings colleagues, and welcome to the August issue of Talking Science and Education. I hope you and your families are staying healthy and that you are practicing necessary self-care. After a few sweltering weeks in Vermont, the weather has turned perfect with warm, dry days and cool evenings. The early and excessive collecting of food by my furry and feathered woodland neighbors bodes well for a cold and snowy winter. We shall see.

Last month’s population health quiz noted that, over the past five to ten years, there have been some national successes in areas related to population health. We asked which statistic represents a national success that has occurred during the past ten years or less. Unfortunately, none of our respondents identified the reduction of children in poverty as the correct answer.

The percentage of children living in poverty continues to improve, significantly decreasing 2% in the past year (18.4% to 18.0%) and down 20% since the peak in 2013 (22.6%).

Exposure to chronic stress — including unreliable access to food, health care and stable housing — may impair child development and affect health throughout the lifespan. One estimate of the social cost of childhood poverty, including lost potential earnings and costs of poor health totaled $1.03 billion annually in the United States, or around 5.5% of gross domestic product.

Talking Education

Low health literacy affects millions of Americans, putting those who are affected at a disadvantage and at risk for poorer health outcomes. Low health literacy can act as a barrier to effective disease self-management; this is especially true for chronic diseases such as heart failure, diabetes, cancer and other conditions that require complicated self-care regimens.

Health literacy can be defined as the ability to obtain, process, and understand health information and to use that information to make appropriate decisions about one’s health and medical care. This draws significantly on both patient and provider self-efficacy. Large-scale national surveys conducted by the US Department of Education indicate that about one third of the American adult population (90 million Americans) has limited health literacy. People with limited health literacy have less health knowledge, worse health status, and higher healthcare costs than individuals with adequate health literacy — even after controlling for potentially confounding sociodemographic factors. Much of this presents through poor levels of adherence to treatment regimens.

Clinicians routinely underestimate the prevalence of limited health literacy among their patients and frequently overestimate the ability of individual patients to understand the information they provide to those patients. Awareness of the prevalence of limited health literacy in a clinician’s practice, however, can allow the clinician to modify communication methods to match the needs of patients, thereby optimizing the likelihood of concordance and adherence.

To more completely grasp the prevalence of limited health literacy in your practice, there are several instruments to assess the health literacy skills of your patients. The tools are tested for reading level, available in multiple languages and address not only language issues, but cultural health beliefs.

Become a Talking Science and Education winner but remember: no Googling!!! Send your answer to don@acoi.org and win valuable prizes! Please note, winners’ prizes may be a bit delayed in delivery as the ACOI staff, like much of America, is currently working from home.
Make sure to join ACOI Committee on Minority Health and Cultural Competency Chairperson Watson Ducatel, DO, FACOI and Committee Member Tim Barreiro, DO, MPH, FACOI as they bring a clinically-focused and solution-based discussion of this topic during the upcoming ACOI Annual Convention and Scientific Sessions on October 21-24, 2020.

Talking Science: Diabetes Dialogues

Fasting Blood Sugar Variability in Young Adults Tied to CAC Risk Later

Higher variability in fasting blood sugar in young adults may lead to greater coronary artery calcification (CAC) progression during middle age. These were the findings from a recent study out of China published this month in the journal Diabetes Care. This suggests the value of fasting glucose variability in predicting risk for subclinical coronary artery diseases. Glycemic variability (GV), which refers to swings in blood sugar levels, has a broader meaning because it alludes to blood sugar oscillations that occur throughout the day, including hypoglycemic periods and postprandial increases, as well as blood sugar fluctuations that occur at the same time on different days. Weijing Feng, Southern Medical University, Guangzhou, China, and colleagues had investigated intraindividual variability of fasting blood sugar during young adulthood and found it is associated with CAC progression in middle age. The researchers included 2,256 participants from CARDIA (Coronary Artery Risk Development Study in Young Adults).

CAC was assessed by computed tomography scanner at baseline (2000–2001) and 10 years later (2010–2011). Progression of CAC was assessed for each participant as the difference of logarithmic CAC scores at follow-up and baseline (log [CAC (follow-up) + 1] − log [CAC (baseline) + 1]). FG variability was defined by the coefficient of variation about the mean FG (FG-CV), the SD of FG (FG-SD), and the average real variability of FG (FG-ARV) during 10-year follow-up. The researchers investigated the association between fasting blood sugar variability and CAC progression with adjustment for demographics, clinical risk factors, mean fasting blood sugar level, change in fasting blood sugar level, diabetes incidence, and medication use. Key findings of the study include: After multivariable adjustment, 1-SD increment in FG-CV was associated with worse progression of CAC as demonstrated as percent change in CAC with incident CAC 5.9% and any CAC progression 6.7% for 10 years. Similar findings were also observed in FG-SD and FG-ARV. Higher FG variability during young adulthood was associated with greater CAC progression in middle age, suggesting its value in predicting risk for subclinical coronary artery diseases.

2 Leach DC. Competence is a habit. JAMA. 2002;287(2):243-244.
National Immunization Awareness Month: New QI & Online CME

Did you know... 
As many as 67% of pregnant women, especially those from lower socioeconomic backgrounds, do not receive the recommended influenza and Tdap vaccines during pregnancy, even though pregnant women are twice as likely to be hospitalized for influenza, and 69% of pertussis deaths happen in babies and infants under two.

The American College of Osteopathic Obstetricians and Gynecologists launched a new Quality Improvement Project and Online CME Activity to help you improve vaccine uptake during pregnancy.

Both are offered at no charge to all providers of women’s health care. Both activities are supported with an independent educational grant from GlaxoSmithKline.

Registration can be found here.

The Online CME Activity: 
Overcoming Barriers to Influenza and Tdap Immunizations During Pregnancy

0.5 Category 1-B AOA CME Credit & 0.5 AMA PRA Category 1 Credit(s)™

Presented by Emmie Strassberg, DO, FACOOG

This activity expires on July 31, 2021

Read more about this activity and register here.

Make an Effective Vaccine Recommendation during National Immunization Awareness Month

August is National Immunization Awareness Month (NIAM). This annual observance highlights the efforts of [healthcare professionals/tailored to audience] to protect patients of all ages against vaccine-preventable diseases through on-time vaccination.

During NIAM, the ACOI encourages you to ensure your patients are up to date on recommended vaccines. Research has consistently shown that healthcare professionals are the most trusted source of vaccine information for parents and patients.

Use NIAM as an opportunity to access CDC educational resources like the #HowIRecommend Video Series, which offers simple and practical guidance for having successful vaccine conversations with parents and patients. These short videos demonstrate how to make effective vaccine recommendations, address common vaccine questions, and take a team-based approach to vaccination.
HHS Extends Application Deadline for Medicaid and Medicare Providers

The Department of Health and Human Services (HHS) has extended the deadline for the provider Relief Fund Phase 2 general distribution to Medicaid, Medicaid managed care, Children’s Health Insurance Program (CHIP) and dental providers impacted by COVID-19 until Friday, August 28. Additional information is available at here.

CMS Releases Proposed Medicare Physician Fee Schedule for Calendar Year 2021

The Centers for Medicare and Medicaid Services (CMS) released the Medicare Physician Fee Schedule (PFS) proposed rule for Calendar Year 2021. The proposed rule provides for a conversion factor of $32.26, which is $3.83 less than (11 percent) the previous year’s conversion factor. The reduction is the result of increased spending in certain areas coupled with a statutory physician payment update rate requirement of zero percent. The proposed rule continues a gradual implementation of the Merit-based Incentive Payment System (MIPS) and addresses the Medicare Shared Savings Program. The proposal would permanently add services to the Medicare telehealth list added to in response to the COVID-19 pandemic and temporarily extend payment for other services through the calendar year in which the public health emergency ends. Evaluation and Management (E/M) changes are proposed for implementation as well. The ACOI continues to review the more than 1,300-page proposal in detail. Additional information will be forthcoming.

HHS Issues Report Confirming Increase in Primary Care Telehealth Visits

According to a new report released by the Department of Health and Human Services (HHS), 43.5 percent of Medicare primary care visits in April were provided through telehealth. As early as February of this year, before the public health emergency was declared, less than 0.1 percent of primary care services were provided this way. According to HHS Secretary Alex M. Azar, “The meteoric rise of telehealth during the pandemic has not only helped us combat the virus, but also prompted a new conversation around the

Leadership

Continued
future of patient-centered care.” According to the report, the largest increase in telehealth services occurred in urban counties. The report also noted a continued demand for telehealth services following the resumption of in-person visits in May. As a result of the increased use of telehealth services, driven in large part by the pandemic, it is likely that policy makers will continue to pursue efforts to support increased used of telehealth in the future.

Federal Judge Blocks Transgender Rule

A US District Court judge blocked a Trump Administration rule that removed non-discrimination protections for transgender people in health care. The final rule overturned protections created under the Obama Administration through the Affordable Care Act (ACA). In temporarily blocking the final rule, the judge noted a Supreme Court decision issued four days prior to publication of the final rule which, prohibits discrimination based on sexual orientation and gender-identity. Implementation of the final rule now awaits additional court action, including a suit brought by 23 Democratic Attorneys General. The ACOI will continue to monitor this matter as its resolution will impact access to health care.

CMS Resumes Routine Inspections

The Centers for Medicare and Medicaid Services (CMS) announced it will resume routine inspections of all Medicare and Medicaid certified providers and suppliers to improve patient safety and quality of life. In response to the COVID-19 pandemic, certain inspections were suspended to help prioritize infection control and to help focus on immediate jeopardy situations. CMS also announced, in addition to the resumption of inspections, guidance has been issued to resolve enforcement cases previously on hold because of survey prioritization changes. You can learn more by visiting this site.

ACOI Partners with the AOA to Call for End to Surprise Billing

The ACOI recently partnered with the AOA and other osteopathic specialties in a grassroots campaign to call on Congress to end surprise billing. Surprise billing occurs when a patient faces unexpected charges for care provided unbeknownst to them by an out-of-network provider. As a result of our combined efforts, more than 240 Senators and Representatives in 40 states were sent letters calling for action. The ACOI and others asked Congress to pass legislation that does the following: establishes a fair process for independent dispute resolutions with the ability to bundle claims, with no undue limitations on physicians; incorporate actual billed charges, as determined through an independent claims database, when calculating out-of-network payments to physicians; and, require stronger network adequacy requirements for insurers. The ACOI will continue to work with others to address this important issue.

Washington Tidbits

“The Pugnacious Type”

In the early years of our young Nation, duels were commonplace. Duels were highly structured activities guided by codified rules set forth in a document called the Code Duello published in 1777. The code lists 26 specific rules and guidelines. One such rule was that a misfire counts as a shot taken. In 1806 a duelist was struck in the chest by his opponent while his pistol reportedly misfired. As such, the duel should have ended. Instead, the misfired weapon was fired again, striking and killing Charles Dickinson. The man who broke protocol and killed his opponent would later become President of the United States. Andrew Jackson shot and killed Charles Dickinson because he accused him of cheating on a horse race bet and insulted Jackson’s wife!
Telehealth Services in the Era of COVID-19

It has been more than five months since our lives have been turned upside down by the COVID-19 pandemic. We have all seen responses driven by both logic and emotion. Coding and billing should be devoid of emotion and passion, while still reliant on consistent and repeatable guidelines. If you provide care to a patient and follow the published guidelines set by insurers, you should be reimbursed accordingly. How do you ensure you stay up to date on the continually changing guidelines?

I am sure you and your billing staff have experienced some degree of frustration with navigating payers’ websites in an effort to locate the most current information as it relates to billing for telehealth services. I understand this frustration. I have compiled the following data of the variations your staff may encounter. This information applies only to telemedicine services and does not consider other variables.

### CODING CORNER

**Jill M. Young, CPC, CEDC, CIMC**

Jill Young, CPC, CEDC, CIMC, is the principal of Young Medical Consulting, LLC, a company founded to meet the education and compliance needs of physicians and their staff. Jill has over 30 years of medical experience working in all areas of the medical practice.

youngmedconsult@gmail.com

<table>
<thead>
<tr>
<th>For in-network visits - policy considerations still apply. Information is not officially confirmed. Check individual policy benefits.</th>
<th>AETNA</th>
<th>AETNA Medicare Advantage</th>
<th>CIGNA</th>
<th>CIGNA Medicare Advantage</th>
<th>UNITED HEALTH Medicare Advantage</th>
<th>UNITED HEALTH Medicare Advantage</th>
<th>BCBS Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost-share waiver for Telemedicine Visits (outpatient behavioral and mental health)</strong></td>
<td>Extended to 9/30/2020</td>
<td>Extended to 9/30/2020</td>
<td>Unclear</td>
<td>Extended to 12/31/2020</td>
<td>Non-COVID dx visit waiver extended thru 7/24/2020</td>
<td>Non-COVID dx visit waiver extended thru 7/24/2020</td>
<td>Extended to 8/31/2020</td>
</tr>
</tbody>
</table>
My intent is to highlight some of the variables one must consider in order to accurately code for telehealth services. Of importance are not only the different dates set by the individual insurers, but also that Medicare Advantage (MA) plans do not have to follow Medicare policy, although this is encouraged. As a result, there are significant variations among different MA plans. For example, Aetna extended the cost-share waiver to September 30th, while Cigna extended it to December 31st. Upon review of United Health’s website, it appears they only started the waiver benefit on May 11th but are offering it through September 30th.

The variation among insurers requires your staff to regularly research their guidelines to correctly advise you and your patients about what services can be offered, as well as what the patient’s financial liability will be. Telemedicine coverage has been significantly expanded due to the Medicare waiver that was provided early in the pandemic, but it remains uncertain how the waiver will be addressed going forward. You and your staff need to remain vigilant in your efforts to stay informed about the benefits available to your patients, as well as their cost-sharing obligations.
Addiction Medicine Certification Eligibility Requirements Announced

The AOA Conjoint Addiction Medicine Examination Committee has posted the requirements for subspecialty certification eligibility, including a clinical practice pathway on its website. To be eligible for Addiction Medicine Subspecialty Certification, a candidate must hold an active primary certification in an AOA or ABMS specialty, have completed an AOA- or ACGME-accredited fellowship in addiction medicine, and hold an active license to practice in a U.S. state or territory.

Requirements for those seeking to enter via the clinical practice pathway are outlined in the link below. The conjoint Board has set a tentative date of December 2020 as a goal for administering the exam.

Click here for details.

2020 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination
Computerized Examination 300 Sites
Nationwide
September 1-3, 2020

Internal Medicine Recertifying Examination
Computerized Examination 300 Sites
Nationwide
September 1-3, 2020

Internal Medicine Recertifying with a Focus in Hospital-Based Medicine Examination
Computerized Examination 300 Sites
Nationwide
September 1-3, 2020

Subspecialty Certifying Examinations
Computerized Examination 300 Sites
Nationwide
August 18-20, 2020

• 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

Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at admin@aoibm.org; 312-202-8274.
Contact the AOBIM at admin@aoibm.org for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.
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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MISSION
The mission of ACOI is to promote high quality, distinctive osteopathic care of the adult.

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

VALUES
To accomplish its vision and mission, 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