COVID-19 Updates from CMS

COVID-19: DOs in Action

Leading By Example

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Leadership
We help you realize your full potential

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

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We help you learn exactly what you need to know

Health & Wellness
We lead you to discover the spirit of wellness
Remember to Give Hope!

It is not uncommon for primary care physicians to hear the “oh by the way” complaint during a patient encounter, which has often led to a more extensive visit than planned. The current pandemic has caused a shift in patients’ questioning toward their doctor’s opinion on COVID.

The most recent data predicts a surge of cases due to many factors surrounding seasonal change and other risk factors associated with increased transmission. We remain aware of the need to continue masking and social distancing, especially during this time of year that typically brings many people together. Even though the increase in new cases was predicted, this does not help to lessen the impact on our friends, families, and communities.

In the news, we see the latest daily peak in cases above 280,000, and a new record number of deaths in one day of 3,600 patients from COVID-19. The numbers are surprising for patients, who are asked to stay in their homes, often alone, with nothing to do but listen to the descriptors, like “staggering loss of life,” a “new grim milestone today...,” often repeated on media outlets everywhere. Even the great news of COVID vaccines is followed with “but there is a long road ahead of us,” despite the long road we have traveled. In the end, the news and media coverage rarely provides useful information, which contributes to our struggle with COVID-19.

During this time, make it a point to engage in casual conversation with patients about COVID-19. The fear and uncertainty many are experiencing is profound, and patients of all ages are affected. The disruption of daily routines, and now a drastic change to holiday planning due to the pandemic, has led to a significant increase in anxiety and depression symptoms in both those with a history of mental illness, and in those who previously had great mindfulness skills that are now disrupted by the pandemic.

Through opening the dialogue with our patients, we provide them with a medical perspective they do not receive through news and media. We can change the dialogue from one that describes an uncontrolled illness to a dialogue about how collaborative efforts have helped to alter the state of the curve, and highlight the need for better hospital and resource readiness. Through public health measures, we have expedited the time for vaccine development, which is now being delivered to the first wave of recipients. Continued vaccinations are expected over the next few months.

Continued
Many ACOI members are opening up this dialogue through social media. For example, Mark Alain Dery, DO, MPH, FACOI is providing ACOI followers with weekly updates on the general state of the COVID-19 pandemic, viewable on our YouTube channel. Being at the front lines of the pandemic with twenty years of experience in medicine and infectious disease, he provides updates on our current state and level of preparedness, helps all of us understand the basics of COVID-19, and discusses emerging developments without the fluff and dramatization the media provides. I encourage you to check out his resources on our website.

In the end, we have these conversations to provide hope and reassurance, even though we know this season of hope will be unlike any other.

Michael A. Adornetto, DO, MBA, FACOI
President


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ACOI Members Are Leading By Example

These physicians are stepping up to protect themselves and their community by getting vaccinated against COVID-19. Help us champion science-backed change and send us your vaccine picture to share on social media!

#IGotTheShot
COVID-19: DOs in Action

Vigilance and Data Set the Tone for Dr. Dale Bratzler’s Campus COVID Plan

by Gina Kilker

COVID-19 has changed every aspect of American life and nowhere is that fact more apparent than on the campuses of colleges and universities across the country. From classrooms to athletic fields, higher education facilities have had to strategize and execute operations through a public health lens like never before. How successful these institutions would be in the face of an unprecedented threat has not only been scrutinized by students, parents, faculty, and staff, but by the national media as expectations met skepticism on how the challenge would be managed on campuses throughout the U.S.

Suddenly administrators were shifting into a proactive crisis mode that required leadership from their most trusted and respected community members. For the University of Oklahoma (OU), the responsibility of leading decision-making and safety planning for the University’s multiple campuses was ascribed to ACOI member Dale Bratzler, DO, MACOI. With his experience in leadership positions around the country, including as a senior policy adviser for the Centers for Disease Control and Prevention, Dr. Bratzler was a natural fit for the massive task of coordinating the University’s approach to navigating campus life through a pandemic.

Since being named as the University of Oklahoma’s Chief COVID Officer in June, Dr. Bratzler has been coordinating the University’s dedicated COVID management team to provide guidance for everything from opening the campus this past fall, to determining classroom and dormitory protocols, to issuing guidelines and policies for keeping University athletics as safe as possible both for the athletes and the fans.

“University of Oklahoma football is king!” said Dr. Bratzler. “Athletics for the University are an enormous enterprise. I had the opportunity to review all of the protocols our athletics leadership team put in place early in the process. I made onsite visits to the training facilities and stadium to review plans for bringing student athletes back to campus and to create safety protocols—in locker rooms, at the training facilities, and on the field, which included mask mandates. It’s one of the things I laugh about when people tell me you can’t wear a mask in the gym! I tell them to come watch our football team!”

Thanks to those strict procedures, ongoing vigilance, and Dr. Bratzler’s continued collaboration with the team physician to monitor any issues if they arose, the Sooners played a full (winning!) season with fan seating capacity in the football stadium limited to 25%. Physical distancing in the stands was enforced by seating family “pods” separate from others and requiring masks. But according to Dr. Bratzler, all did not start smoothly. “There were some challenges after the first home game with students not following the safety protocols in the stands, so we made revisions to seating arrangements and student expectations, and had excellent compliance with protocols for the rest of the season.”

This fall Dr. Bratzler not only coordinated COVID policies for the nearly 48,000 students, faculty, and staff on all three OU campuses, he was also instrumental in collaborating with the State Board of Regents COVID-19 Advisory Panel in establishing safety protocols to open the state’s other universities and colleges all across Oklahoma. At OU, opening safely meant testing each student who lived in congregate housing prior to fall move-in and conducting random student testing during the semester. In addition to proactively establishing quarantine policies, he and his team readied 500 isolation rooms in the event students test positive. Using a set of established parameters, Dr. Bratzler relies on a comprehensive dashboard of data to make determinations on whether cases are in check or whether there are spikes that would mean transitioning to online classes.

Continued
COVID-19: DOs in Action
(Continued)

Specific data also helps to pinpoint if there are outbreaks among certain populations, which could assist in deciding whether a shutdown of the whole campus would be necessary or not. “For instance, if we saw a large outbreak principally in our dormitories, which are mostly freshmen, then we might move all freshman classes online without affecting upper level students who need to attend labs required for attaining their degrees. We’re watching everything very carefully.”

That vigilance has paid off. During fall semester Dr. Bratzler reported that there were no known cases of virus transmissions in the classrooms. Still, he continues to regularly communicate the importance of keeping up safe practices of mask wearing, hand washing, and social distancing.

As the University spokesperson for COVID policy, it is not uncommon for him to do multiple media interviews a day, and he is regularly part of the “OU Together” video campaigns broadcast on social media channels designed to keep the University community up to date. In addition to his official title as Professor and Chair for the Department of Health Administration and Policy at the University’s Hudson College of Public Health, Dr. Bratzler is the Enterprise Chief Quality Officer for the campus’s three-hospital system, plus, in the evenings, he volunteers and teaches at a clinic for individuals who are uninsured, some of whom he’s diagnosed with COVID-19.

He realizes that despite all the planning, policy making, data assessment, time, and monetary investments that have been made, controlling how people cooperate is a large piece of a very complicated puzzle. “We’re basing our hopes on keeping the University open by the actions of 18- to 24-year-olds! We have worked to make our campuses and classrooms very safe. We have physical distancing in all our classrooms, mandatory masks, and enhanced disinfection. Throughout the University we completed refurbishments of the HVAC system, including adding high-efficiency filters and increased air exchanges from the outside. The University has spent millions of dollars upgrading everything across the three campuses, including installing touchless technology.”

Yet given all of the colossal responsibilities for a job that didn’t exist a year ago, he says, it actually comes down to individual actions. “It’s about personal responsibility. And that’s what we’re trying to teach the students. If they want to keep the campus open, it’s really up to them.”

Dr. Bratzler encouraged students to practice COVID safety over the Thanksgiving holiday as part of the OU Together campaign.
OSU-COM at the Cherokee Nation is Making History

Oklahoma State University (OSU) College of Osteopathic Medicine at the Cherokee Nation is the first tribally affiliated medical school in the United States. The school sits on Cherokee land, but the agreement to form the school was signed by four additional area tribal nations: the Chickasaw, Choctaw, Muscogee (Creek), and Seminole. All five tribes are providing funds for scholarships and clinical rotation sites within their tribal clinic systems. “We’ve been investing in our young people for quite some time, sending them to medical school at Harvard and Stanford and all over the country,” says Bill John Baker, former principal chief of the Cherokee Nation. “But when we saw an opportunity to have a medical school right here and not have to ship our kids off, that made perfect sense.” Read more about OSU-COM at the Cherokee Nation here.

First-year medical student Ashton Glover Gatewood, a citizen of the Choctaw Nation, receives her white coat from ACOI member Natasha Bray, DO, FACOI, Associate Dean of Academic Affairs at the OSU College of Osteopathic Medicine at the Cherokee Nation. (Source: OSU Center for Health Sciences)

Congratulations to Janice Knebl, DO, MACOI!

Dr. Knebl, Interim Chair of Internal Medicine and Geriatrics at the Texas College of Osteopathic Medicine, graduated from the highly esteemed American Association of Colleges of Osteopathic Medicine (AACOM) Osteopathic Health Policy Fellowship on December 6th. The Osteopathic Health Policy Fellowship (OHPF) is a year-long leadership training program designed to give osteopathic physicians the skills they need to analyze, formulate, and implement health policy on the local, state, and national levels, with the purpose of increasing access to affordable, quality health care. Congratulations, Dr. Knebl!

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.
Greetings colleagues, and welcome to the December issue of Talking Science and Education. Ski season has begun in the Green Mountain State and conditions are slowly improving. Required reservations and social distancing in the lift lines are new and inconvenient, but necessary accommodations. For any of you hoping to vacation in Vermont over the holidays, the state requires a two-week quarantine before traveling here, or a 10-day quarantine with a negative COVID test.

As the holidays approach, we wish you all health and happiness. May 2021 bring us a rebirth and the chance to once again be together!

In last month’s quiz we explored another disturbing population health challenge: the rate of drug deaths per 100,000. We asked by what percent have drug deaths in the United States increased between 2016 and 2019.

Since 2007, drug deaths increased 104% from 9.4 to 19.2 deaths per 100,000, well above the Healthy People target to reduce drug-induced deaths to 11.3 deaths per 100,000 by 2020. Since 2016, the rate has risen 37% from 14.0 deaths per 100,000. This equates to 53,000 additional deaths over the most recent comparable three-year period.

A report published by the Trust for America’s Health finds that drug overdoses in the United States have become the leading cause of injury death. The rate has more than tripled between 1999 and 2017, according to the National Institutes of Health. Heavy drug use and overdoses burden individuals, families, their communities, the health care system, and the economy. The effects of substance misuse contribute to significant public health problems including crime, homicide, suicide, teenage pregnancy, sexually transmitted infections, HIV/AIDS, domestic violence, child abuse, and motor vehicle accidents, according to Healthy People 2020.

In this month’s quiz we are asking about a growing challenge in sexual health. The incidence of chlamydia has been growing for quite some time and the role of men in its transmission is often understated.

Talking Education

The Journal of the American Osteopathic Association is now the Journal of Osteopathic Medicine

Many of you may already know that after 119 years of continuous self-publication, the Journal is undertaking its first major publishing partnership beginning in 2020 (with deGruyter, out of Germany) and will be transitioning to an open access (freely available), online-only model. By vote of the AOA Board of Trustees, the name of the journal is changing to the Journal of Osteopathic Medicine (JOM).

The AOA feels these changes are a great asset for readers and authors. Hopefully, they will bring papers published in the JOM increased attention. Some key points include:

- **Open access model**: Publication in the Journal of Osteopathic Medicine will continue to be free for authors. The AOA will underwrite article processing charges. In essence, the AOA is moving from a model of financially supporting member subscriptions to one where they financially support research, so they can continue to promote and protect the profession as widely as possible. For those of us who have publication experience, this is truly a positive departure from many/most open access processes which charge authors to publish.

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**Monthly Population Health Quiz**

This month we ask by what percent has chlamydia increased per 100,000 population in the United States between 2018 and 2019?

A. 10%
B. 20%
C. 5%
D. 8%
E. 3%

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

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

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**Continued**
Talking Science and Education: Diabetes Dialogues

“Repeat After Me” for Better Diabetes Care

In last month’s Talking Education, I reported about the valuable and underused technique of the “teach-back method.” This week I want to report on a study that demonstrates that a key to helping people with T1 and T2DM stay healthier and out of the hospital could be as simple as better communication.

For years, clinicians and researchers have shown that the most powerful tool in the physician’s armamentarium is skilled communication. To recap, the teach-back method is a simple concept: after a health care provider explains various details on treatment plans, medications, and how to manage the disease at home, they then ask the patient to repeat back the information.

In the study, the technique was associated with better patient knowledge and also better self-advocacy and self-management, according to Young-Rock Hong, the study’s lead investigator from the University of Florida College of Public Health and Health Professions.

Doctors already learn the technique in medical school. However, it turns out that when you tell a patient something, they only hear about 10% of what you’re telling them. This technique allows you to assess their understanding and their recall. The reason for the lack of initial understanding could include that the information is new to the patient and can be overwhelming to take in.

The study analyzed data on more than 2,900 adults with diabetes. At the one-year follow-up, patients whose care providers used teach-back with them were 20% less likely to have diabetes-related health complications, including micro and macro vascular problems like heart disease and kidney or eye problems. They were also less likely to be hospitalized with diabetes-related complications. Data came from the 2011-2016 Medical Expenditure Panel Survey administered by the U.S. Agency for Healthcare Research and Quality (AHRQ).

Besides improving diabetes care, this technique could save billions of dollars annually in U.S. health care expenditures, researchers said, with savings of $1,400 to $1,700 for each diabetes patient.

A disturbing finding from the study showed that only one-quarter of patients had consistent teach-back experiences with their doctors.

So why don’t more doctors use this approach? Researchers suggested doctors may not feel they have enough time for teach-back during the visits, or they may be skeptical about its effectiveness. They may also feel they are talking down to or quizzing their patients.
Talking SCIENCE and EDUCATION

(Continued)

Hong previously studied teach-back with patients who had high blood pressure, type 2 diabetes, and heart disease, finding patients engaged in teach-back were significantly less likely to require hospitalizations related to those conditions.

Based on Hong’s previous findings, physicians who utilize the teach-back method of communication report they have better patient satisfaction, which means these patients may have improved interactions and relationships with their providers. In addition, they may show better adherence to their medications and other self-management skills related to their conditions.

Diabetes affects more than 34 million Americans. Another 88 million have prediabetes. The disease requires active self-management and continuous care by health care providers to prevent health complications.

The goal of treating diabetes is to prevent or delay the complications of diabetes and improve quality of life. Considering this goal, it is necessary for patients to have knowledge of the disease and to be able to comply with treatments. If people with diabetes do not understand why they’re being treated or how to follow whatever the treatments are, they are fighting a losing battle. Little things sometimes make a big difference.

**CMS Releases Final Physician Payment Rule for 2021**

The Centers for Medicare and Medicaid Services (CMS) issued the annual Physician Fee Schedule (PFS) and Quality Payment Program (QPP) final rule effective January 1, 2021. Under the final rule, the PFS conversion factor will decrease by $3.6811 to $32.4085. This decrease reflects a -10.2% budget neutrality adjustment required by existing law to account for increases in relative value units (RVU) for Evaluation and Management (E/M) visits. This will result in a significant redistribution of payments. The rule implements previously finalized increases in RVUs for E/M visits performed in the office and outpatient setting for new and established patients (CPT codes 99202-99205 and 99211-99215). CMS also finalized new add-on E/M codes for complex patients (G2211, formerly GPC1X). The net result of these changes in the PFS benefit medical specialties that bill a high number of E/M services and are reflected in the following table:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Combined Impact</th>
<th>Specialty</th>
<th>Combined Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/Immunology</td>
<td>9%</td>
<td>Hematology/Oncology</td>
<td>14%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>1%</td>
<td>Infectious Disease</td>
<td>-4%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>-7%</td>
<td>Internal Medicine</td>
<td>4%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>16%</td>
<td>Nephrology</td>
<td>6%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>-4%</td>
<td>Pulmonary Disease</td>
<td>1%</td>
</tr>
<tr>
<td>General Practice</td>
<td>7%</td>
<td>Rheumatology</td>
<td>15%</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from Table 106: CY 2021 PFS Estimated Impact on Total Allowed Charges by Specialty.
In addition, in response to the Public Health Emergency (PHE), CMS used waiver authority to allow 144 telehealth services to be covered under Medicare. The final rule makes Medicare coverage permanent for more than 60 of these services, ensuring coverage of them beyond the end of the PHE. CMS did not permanently extend the Medicare telehealth geographic and site of service originating site restrictions, which temporarily allows Medicare beneficiaries to receive care from their homes during the PHE. Additional information on these and the many other components of the final rule are available here.

CMS Expands Availability of COVID-19 Resources

The US Food and Drug Administration issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine for individuals 16 years of age and older on December 11. Additional vaccines are expected for review and possible approval soon. During the COVID-19 Public Health Emergency (PHE), Medicare will cover and pay for the administration of the vaccine. CMS has made available a number of resources to assist you and your patients with the administration of COVID-19 vaccines. These and other resources are available through the ACOI COVID-19 Resource Center.

President-elect Biden Announces Plan for First 100 Days

President-elect Joe Biden recently announced three priorities for his first 100 days in office to change the course of COVID-19 infections in the United States. Specifically, he has stated that he will call for all Americans to wear a mask, the administration of 100 million COVID-19 vaccines, and the opening of schools. President-elect Biden stated, “My first 100 days won’t end the COVID-19 virus. I can’t promise that.” He went on to say, “It is going to take some time, but I’m absolutely convinced that in 100 days we can change the course of the disease and change lives in America for the better.” President-elect Biden in a separate event announced the following appointments and nominations to his healthcare team: Xavier Becerra, will be nominated as Secretary of Health and Human Services; Dr. Vivek Murthy as U.S. Surgeon General; Dr. Rochelle Walensky as Centers for Disease Control and Prevention Director; Dr. Marcella Nunez-Smith as COVID-19 Equity Task Force Chair; Dr. Anthony Fauci as Chief Medical Adviser to the President on COVID-19; and Jeff Zients as Coordinator of the COVID-19 Response and Counselor to the President.

Washington Tidbits

Time to Wrap Things Up

As we approach the end of 2020, a year full of trials and tribulations, we also approach the end of the 116th Congress. Congress runs on a two-year cycle broken into first and second sessions. Its actions are regulated by a series of traditions and formal rules. One such rule is the way Congress concludes its business for the legislative session. Sometime before the end of December, once final legislation is advanced to fund the government and perhaps provides emergency COVID-19 relief, Congress will adjourn sine die—“without day.” It is the final adjournment for the legislative session and will formally end the tumultuous year in Congress. What will the New Year bring? We will know soon enough!
PROFESSIONAL OPPORTUNITY

We are seeking to fill a full-time position for

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The Senior Associate Dean for Academic Affairs provides leadership for the planning and implementation of all components of the academic programs’ administration for the medical school. This includes oversight and supervision of the divisions of Alumni Engagement, Assessment, Center for Teaching and Learning, Curriculum, Registrar and Student Affairs. The Senior Associate Dean leads these divisions to meet RowanSOM’s mission to “develop clinically skillful, compassionate and culturally competent physicians from diverse backgrounds who are grounded in our osteopathic philosophy and ready to meet future healthcare workforce needs.” To read more about our commitment to diversity, equity and inclusion, please visit: https://sites.rowan.edu/diversity-equity-inclusion/index.html. This role reports directly to the Dean and is a key member of the Dean’s Cabinet.

The Rowan University School of Osteopathic Medicine is located in Stratford, NJ, 20 minutes away from the city of Philadelphia.

QUALIFICATIONS:

DO, MD, EdD or PhD; at least ten years of experience in undergraduate medical education; at least five years of academic administrative experience at a senior level including education, student affairs, management and administration.

Outstanding leadership, interpersonal communication, collaboration, team-building, and negotiation skills with a varied constituency (students, faculty, chairs, staff) are essential. Ability to work with people from diverse racial, ethnic, gender identity, and socioeconomic backgrounds and adapt a flexible leadership style for multiple cultural environments with a strong knowledge of racial health disparities. Experience with the osteopathic medical school landscape is preferred. Experience in education, admissions, academic accreditation, student affairs, management and administration strongly preferred.

Qualified candidates are invited to apply online at the Rowan University job site: https://jobs.rowan.edu/en-us/job/494848/senior-associate-dean-for-academic-affairs-school-of-osteopathic-medicine-stratford

Applications should contain a letter of interest that includes a clear description of qualifications, curriculum vitae, and a statement of teaching philosophy.

Applicant review will begin immediately and continue until a successful candidate is hired.
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

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.
New Certification Pathway

New Exam-Free Pathway to AOA Board Certification for ABMS-Certified DOs

DOs certified by the American Board of Medical Specialties (ABMS) prior to September 1, 2020 are now eligible to receive reciprocal certification from AOA Certifying Board Services without taking a high-stakes initial certification exam or paying initial certification fees. To maintain AOA Board Certification, DOs will be required to meet their specialty/subspecialty board’s requirements for Osteopathic Continuous Certification (OCC). The application fee is $0 for AOA members and $299 for non-members.

To learn more about ABMS reciprocity and submit an application, visit the AOA Board Certification website.

Get Prepared for the Exam!

ACOI’s Online Learning Center offers our 2019 Internal Medicine Board Review Course, which is excellent study material for those planning to take the Early Entry Exam. If you are registered for the exam and purchase our 2019 Internal Medicine Board Review Course, you will receive the updated 2021 Board Review Course for free in the spring.

2021 Certifying Examination

Dates & Deadlines

Early Entry Exam

Registration Opened: December 4
Late Fee Begins: February 1
Final Deadline: February 12

Registration has opened for the Early Entry Pathway for the 2021 AOBIM Internal Medicine Certification exam. Third-year Internal Medicine residents will be eligible to take the certification exam March 1 – 6, 2021. To be eligible for this exam administration, residents must have participated in the ACOI Inservice Examination during each of the first two years of internal medicine residency and have an anticipated training completion date of August 31, 2021 or earlier.

Registration opened on December 4, 2020 and will close February 12, 2021. Registration and more information can be found by visiting the AOBIM’s website.

Dates and deadlines for the Internal Medicine, Internal Medicine Recertification, and Subspecialty Exams coming soon!

Further information is available by contacting the AOBIM at admin@aobim.org; 312 202-8274.
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.

Kevin P. Hubbard, DO, MACOI and Roxanne Hubbard
C. Clark Milton, DO, FACOI and Elaine D. Milton
Susan M. O’Neal, DO, FACOI
Michael I. Oppari, DO, MACOI and Susan Oppari
Anthony N. Ottaviani, DO, MPH, MACOI and Catherine Ottaviani
Frederick A. Schaller, DO, MACOI and Amy Schaller
James H. Wells, DO, PhD, FACOI
Larry A. Wickless, DO, MACOI

$5,000 - $7,499
Damon L. Baker, DO, FACOI
Lee Peter Bee, DO, FACOI
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Brian J. Donadio, FACOI and Ellen Donadio
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Samuel K. Snyder, DO, FACOI and Pamela Snyder
Ruben Tenorio, DO, FACOI
Alan W. Wan, DO, FACOI

$2,500 - $4,999
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Steven B. Calkin, DO, FACOI
Janet E. Cheek, DO, FACOI
Pamela R. Gardner, DO, FACOI
Bonita J. Krempel-Portier, DO, FACOI and Bill Porter, PhD
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Daniel J. Peasley, DO, FACOI and Marti Peasley
Keith A. Reich, DO, FACOI
Morvarid Rezaie, DO, FACOI
Scott Spradlin, DO, FACOI
Troy A. Tyner, DO, FACOI and Ingrid M. Brown, DO, FACOI
John F. Usluck, DO, MACOI
Amrita Vasoya, DO, FACOI
Winter Wilson, DO, FACOI and Tina Wilson
Randal Worth, DO, FACOI

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