ACOI info
American College of Osteopathic Internists • Stay True to Why You Pursued Medicine

ACOI PRINCIPLE 2: Create Meaningful and Pervasive Relationships

WVCOM Students Welcome ACOI President as their Visiting Professor

The Big Four Like Never Before: See you in Orlando!

Diabetes: The Association with Cognitive Decline

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Classical osteopathy requires principles not techniques!
~ A. T. Still, MD, 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

Being a Good Physician Is About Who You Are as a Person

Communicating the Values of the ACOI to Students
A couple of weeks ago, I had the opportunity to be a Visiting Professor at Philadelphia College of Osteopathic Medicine, my alma mater. I had not been there in several years. For those who are not familiar with the Visiting Professor program, this is a chance for ACOI leaders to visit students at as many COMs as we can get to. And, as you know, there are more every year. This year, we plan to reach about 40 campuses.

I had a chance to meet with Ken Veit, the dean at PCOM, who was a very gracious host, as always. There were almost a hundred students at my talk, as well as two faculty advisors, both of whom had taught me as a student. The talk is entitled, “How to Succeed on Rotations and Get the Residency of your Dreams.” I have given it at COMs all over the country. This talk is my effort to get across to students that being a good physician is more about who you are as a person, what values you hold, how you treat other people, than about what you know, which studies you can cite, or what technical skills you have mastered. Then we go over the match statistics and some considerations about match strategies.

Our students harbor an enormous amount of anxiety about their chances for success in our profession. Not only is it tough to get into medical school, it is tough to make it through, and the stress of the match seems to be getting greater yearly. Their stress is a reaction to the emphasis on grades and board scores, and the disconnect between their motives for being there, and the tensions inherent in the match process. We all might have experienced this in our time, but it feels that today’s students are getting it in larger doses than ever. Because of this, I suspect there is a tendency to forget what it is all about—doing our best to give quality care to our fellow humans. Or, more simply, to take care of each other.

The challenges of medical education are complex and address the heart of ACOI’s purpose and philosophy. When we remember the daunting difficulties we faced in school and finding residencies, we have to appreciate that, for our students, these trials have increased almost logarithmically. The competition is fiercer, the numbers game is more imposing, the chimera of work/life balance seems ever more impossible to attain. And yet these are the very threats that the new promise of ACOI is meant to help us face—all of us, practicing physicians and students. It is also exactly here where we can perhaps be of greatest help to our students, and thus of greatest service to the future of our profession.

Continued
So, it is worthwhile to restate ACOI’s principles here: focus on health and well-being for our patients and ourselves; create meaningful and pervasive relationships; practice deep listening; embrace wholeness; recognize the health potential within us; address complexity; find and maintain balance. And, of course, these are all under the banner of Principle-Centered Medicine, the vital core within each of us that drew us to a life in medicine.

Each of us finds our way through the labyrinths of these challenges the best way we can. But, we are all better together. ACOI helps us in numerous ways, but most especially by giving us the community in which we can navigate these labyrinths together. Whatever level of activity in ACOI each of us might have chosen personally, now is the time our community should come together. ACOI needs your help and support. Please make the mission of the ACOI your personal mission by giving time, or giving financially. It helps us all grow professionally and personally.

And then I capped of my visit to Philly in Chinatown for some wonderful Hong Kong style roast duck, as good there as anywhere else in the world. It was delicious!

Sam Snyder, DO, FACOI
President
Exploring New Science in Cardiovascular Medicine, ACOI’s continuing education program for cardiologists, will take place May 1-3 at the Renaissance Orlando SeaWorld Resort in Orlando, FL. An internationally recognized faculty will bring the very latest evidence-based advances using a highly interactive, case-centric approach. This activity is part of a series of new CME offerings the ACOI has created for subspecialists. It is designed for general cardiologists, interventional cardiologists and electrophysiologists in clinical practice.

The program begins on Friday, May 1 with sessions on congestive heart failure and cardiomyopathy. Afternoon sessions will focus on arrhythmia, including discussions of atrial fibrillation ablation, symptomatic ventricular ectopy and re-entrant supraventricular tachyarrhythmias: medical vs. ablative intervention. The Saturday program will feature a block of lectures on cardiovascular risk reduction and imaging in the morning, and coronary intervention in the afternoon. The symposium will conclude on Sunday, May 3, with presentations on valvular heart disease and pulmonary hypertension.

This activity is certified for both AOA CME Credit and for AMA PRA Category 1 Credit™. Complete registration and agenda information can be found on our website here.
2020 Congress on Medical Education for Resident Trainers and Medical Educators

We are pleased to announce that the 2020 ACOI Congress on Medical Education for Resident Trainers will take place May 1 – 2, at the Renaissance Orlando at Sea World Resort in Orlando, FL. This year’s Congress program is packed with information that will be helpful to you in your day-to-day efforts to provide the best training for your residents.

The agenda will begin with an update from the ACGME Internal Medicine Residency Review Committee, and include timely topics such as, training your residents to recognize implicit bias, the opportunities available through interprofessional education, how to use social media and other modern resources as tools for collaboration and education, devising a curriculum for MDs in an osteopathic track, the ACOI’s Principle Centered Medicine concept, and more. A complete agenda may be found here.

Hotel Reservations – The ACOI has negotiated a guest room rate of $229 single/double (plus taxes) at the Renaissance Orlando at Sea World Resort. Reservations may be made by contacting the hotel directly at 1(800) 266-9432 or thorough this link. Please remember to request the ACOI Group room rate. It is very likely that this hotel will be sold out and it does not have to honor the negotiated rate after Wednesday, April 8.

Rental Car Discounts – The ACOI has an arrangement with Hertz through which our members and meeting attendees receive special discounts every time they reserve a Hertz car. Call 1-800-654-2240 and refer to CV #04130015 to make a reservation.

Meeting Registration – Complete the meeting registration form on our website prior to April 8, 2020. Registrations received after that date do not qualify for the $50 pre-registration discount.
Registration is open for the 2020 ACOI Internal Medicine Board Review Course, which will take place April 29-May 3 at the Renaissance SeaWorld Resort in Orlando, FL. This 5-day course is a comprehensive review of general medicine and each of the subspecialties. It is an excellent way for practicing physicians to update their medical knowledge, and it provides an intensive and comprehensive overview of most of the major areas of importance to physicians preparing for the both the American Osteopathic Board of Internal Medicine and American Board of Internal Medicine Certifying Examinations and the AOBIM Recertifying Examination.

Special emphasis is placed on recent advances in various subspecialty areas in internal medicine and clinical skills management as they pertain to clinical practice and the examinations. In addition, “board-type” practice questions are included with each lecture to improve registrants’ readiness to respond to examination questions. The lectures are given by distinguished faculty who are recognized for their ability as teachers and clinicians. A detailed syllabus is provided to registrants. Immediately following each day’s lectures, designated faculty from each subspecialty area are available for a question and answer period.

This postgraduate course is appropriate for physicians who provide personal care to adults: general internists; family physicians; residents and fellows-in-training; and subspecialists who want to remain current in the field of internal medicine. Complete registration information is available www.acoi.org. This activity is certified for both AOA CME Credit and for AMA PRA Category 1 Credit™.
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.

**FOUNDATIONAL ATTRIBUTES**

**What does this Principle accomplish?**

- It reminds us that we must work with each patient as an individual and they must work with us to help them achieve their health potential.

- The focus is not simply control or management of their disease, but control and management of their disease with an understanding of how the care delivered moves the patient toward their health potential.

- It reminds us of the importance of the doctor-patient relationship.

**FUNCTIONAL ATTRIBUTES**

**How does this Principle work?**

- It is intended to promote meaningful, dialogue between the physician and patient, not linear communication.

- The physician and patient must have an ongoing conversation about their health and plan of care. This element cannot be replaced by other members of the healthcare team.

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 3.
President Releases Budget Proposal for 2021

The President recently released his budget proposal for Fiscal Year 2021. Included in the proposal is a large list of spending reductions that could negatively impact the healthcare delivery system and the future development of healthcare providers. Proposed reductions include cuts to graduate medical education funding, health professions funding, research, and public health programs, among other things. Overall, the President’s budget proposal calls for $769.5 billion in mandatory savings from the Department of Health and Human Services (HHS), $464.8 billion in Medicare spending cuts, alone, over the next 10 years. For 2021, the President proposed a $9.4 billion cut to HHS (9 percent); a decrease to the budget for the Centers for Disease Control (CDC); and a decrease in funding for the National Institutes of Health (NIH). The proposed budget released by the President serves as a marker for the President’s policy priorities. The House and Senate are responsible for the approval of a budget and the necessary appropriations. To date, no hearings have been scheduled to examine the President’s proposal indicating in-part the level of support it has on the Hill. The

HHS Notifies Congress of Potential Need to Transfer Funds

The Department of Health and Human Services (HHS) recently notified Congress that it may transfer $136 million from existing accounts to respond to the emerging threat presented by the coronavirus (COVID-19). Under federal law, funds may be shifted 15 days following notice being provided to Congress. Under plans presented by HHS, $75 million would be shifted to the Centers for Disease Control (CDC); up to $52 million to the HHS Office of the Assistant Secretary for Preparedness and Response; and, up to $8 million to the office of Global Affairs. Additional information summarizing the Federal Government’s response will be provided as it becomes available.

House Committees Advance Legislation to Address Surprise Medical Billing

Two House committees recently advanced competing legislation to ban surprise medical bills for patients who unknowingly receive medical treatment from out-of-network providers. Both parties in Congress agree on the need for a legislative solution to this problem in order to protect patients. To date, however, an agreement has been elusive on how best to determine how insurers should reimburse providers for out-of-network services. Insurers generally favor a solution that uses median in-network rates in a geographic region. Providers have largely been supportive of efforts that provide an option for arbitration. In addition to the legislation advanced by committees in the House, the Senate has considered legislation to address this important issue. It is possible that a compromise will be identified and advanced through both chambers of Congress prior to the end of the year. The likelihood of success remains complicated.

ACOI will continue to monitor Congress’ efforts to fund government activities impacting physicians, patients, and the health of all Americans.

ACOI continues to support physician-led health care teams as an important component of Principle-Centered Medicine™.
Medicaid Block Grant Program Invites Legal Challenges

The Centers for Medicare and Medicaid Services (CMS) recently announced a plan to “transform Medicaid” by allowing states to receive a capped annual amount of federal funding for their Medicaid programs. Under the proposal, states will be able through the waiver process to request funding amounts for non-disabled working-age beneficiaries in the form of block grants or per-capita spending caps. It is expected that efforts to enact the proposal will be strenuously challenged in the courts, with opponents alleging that CMS is attempting to exceed statutory authority and sidestep the established arrangement between states and the Federal Government. In return for accepting the capped Medicaid funding, states would be granted increased flexibility in the management of benefits and the establishment of eligibility rules, allowing them to better control costs and share in any realized savings. Due to the important role Medicaid plays in the healthcare delivery system, the ACOI will continue to closely monitor CMS’ efforts to reform the system.

Washington Tidbits

“A Grateful Nation”

Following two terms as President, and a lifetime of service to his nation, the statesman retired to his rural estate where he dove headfirst into his love of farming. On December 12, he spent the day out on his farm in cold and wet conditions. Already running late for dinner, he refused to change into dry, warm clothes. The following day he complained of a sore throat and had an increasing hoarseness to his voice. Painful medical treatments were employed, and multiple doctors were summoned to his bedside. However, this was a battle from which the patient would not emerge triumphant. Between 10:00 and 11:00 on the evening of December 14, 1799, the general, president, statesman, founding father, and farmer, took his last breath and passed away at his home in Virginia surrounded by his wife Martha and closest confidants. On his birthday following his death on February 22, 1800 the nation celebrated what would later become Presidents’ Day. The commemoration of George Washington’s birthday marked the first federal holiday to recognize the life and contributions of an individual!
ACOI Committees 2019-2020

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Brendan Kelly
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Thanks to these ACOI members for their time and dedication as active committee members!
INTERVIEW

Humayun J. Chaudhry, DO, MACOI, ACOI Past President

Meet Dr. Humayun (Hank) J. Chaudhry, DO, MACOI, President and CEO of the Federation of State Medical Boards (FSMB), which represents the nation’s state medical licensing boards and co-manages the United States Medical Licensing Exam (USMLE). Dr. Chaudhry graduated in 1991 from the New York Institute of Technology College of Osteopathic Medicine (NYIT-COM) and has Master’s degrees from NYU and the Harvard School of Public Health. He was Chairman of the Department of Medicine and Assistant Dean at NYIT-COM from 2001-2007. Prior to joining FSMB, he was Commissioner of Health for Suffolk County, NY, leading the ninth largest health department in the U.S. Dr. Chaudhry also served in the Air Force Reserve, rising to the rank of Major as a flight surgeon. He is a Master Fellow and Past President of the ACOI, a Master Fellow of the American College of Physicians (ACP), and co-author of Fundamentals of Clinical Medicine (2004) and Medical Licensing and Discipline in America (2012).

Q: Ms. Ciconte: Tell me about your current position as President and CEO of the Federation of State Medical Boards.

A: Dr. Chaudhry: I had spent several years in health care, academia, management and leadership roles, so I felt the time was right, in 2009, to explore opportunities such as the position of CEO of the FSMB. I was honored that they selected me. My job is to represent the nation’s state medical and osteopathic boards and to support their needs so they can do their job of protecting the public better. I feel privileged to help the state boards advance sensible policies on licensure portability, telemedicine, patient safety, clinician wellness, ethics and professionalism, and the opioid epidemic.

Q: Ms. Ciconte: Why did you become an ACOI member? How have you benefited from your membership over the years?

A: Dr. Chaudhry: I joined the ACOI to network with my colleagues and become a better internist. From my days as a student and resident member, I chose to be an active member. The College does a magnificent job welcoming members and getting them engaged and involved in a variety of ways, especially in advocacy. I served on the ACOI Board of Directors for a number of years before being elected President. My board experience helped me see up close the valuable role of the staff and board in governing this College.

Q: Ms. Ciconte: In addition to sharing your time and talents with ACOI, you have made financial contributions to ACOI over and above your dues, including a generous contribution to the 75th Anniversary Campaign and other annual gifts. Why did you choose to make a gift? What do you think ACOI should do and say to encourage members to support the College financially?

A: Dr. Chaudhry: I greatly enjoyed my service on the ACOI Board and I am happy to make time to share what I have learned about our specialty through the Visiting Professor Program. In those visits, I remind medical students that there are many opportunities in internal medicine and its specialties and they should not feel pressured to go into other fields if they like what we do. The Q & A format of these interactions is the best part, where we connect on a personal level, hopefully validating what the students need to know as they pursue their careers.
**INTERVIEW (Continued)**

**Humayun J. Chaudhry, DO, MACOI, ACOI Past President**

**A**

**Dr. Chaudhry:** The 75th Anniversary was an important milestone for the ACOI. My gift was a way for me to acknowledge the College’s success. Yes, I recently decided to become a member of the monthly Sustainers Club because I believe that type of financial support will help the College think about its future and the future of osteopathic internal medicine.

ACOI needs to continue to inform its members about how those funds are being used to benefit the College, medical education and our profession. For new physicians, I would encourage them to give whatever they can each year.

**Ms. Ciconte:** Given the challenges facing osteopathic internal medicine, what does ACOI need to do to continue to serve its members in the future?

**A**

**Dr. Chaudhry:** The College needs to continue to demonstrate their value to its members. One way is through participation in the critical conversations taking place on changes and innovations in our profession. I see the single ACGME accreditation system being a collaborative and collegial opportunity for the College.

A major change for the College coming up this year is Brian Donadio’s retirement as Executive Director after 30 years of dedicated service to the College. I have learned a lot from Brian over the years. When faced with challenging situations in my current position at FSMB, I often sit back and wonder what Brian would do. The ACOI Board has a key opportunity now to select a new executive director who can take the College into the future.

**Ms. Ciconte:** Dr. Chaudhry, ACOI is indeed grateful to you for your generosity, leadership and dedication to the College and the principles of osteopathic internal medicine.
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.
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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Kevin P. Hubbard, DO, MACOI
and Roxanne Hubbard
C. Clark Milton, DO, MACOI
and Elaine D. Milton
Susan M. O’Neal, DO, MACOI
Michael I. Oppari, DO, MACOI
and Susan Oppari
Anthony N. Ottaviani, DO, MPH,
MACOI and Caterina Ottaviani
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and Pamela Snyder
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Morvarid Rezaie, DO, FACOI
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Troy A. Tyner, DO, FACOI
and Ingrid M. Brown, DO, FACOI
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and Mahnaz Ali, DO
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Joanna Pease, DO, MACOI
William Peppo, DO, FACOI
Daniel K. Peshka, DO
John Prior, DO, FACOI
Bennet Radford, DO, FACOI

Jeffrey A. Ranalli, DO
and Trina A. Poretta, DO
Laura Rosch, DO, FACOI for her mentor
George Caleel, DO, MACOI
Christine M. Samsa, DO, FACOI
and Nathan P. Samsa, DO, FACOI
Roy J. Sartori, DO, FACOI
and Christine Sartori
Thomas Schneider, DO, FACOI
Martin W. Schwarze, DO, MACOI
Suzanne Shenk, DO, FACOI
and Scott Siegel, DO, FACOI
Laura Smith, DO, FACOI
Duane Sossong, DO
Susan B. Stacy, FACOI
David G. Stainbrook, Jr., DO, FACOI
Christina A. Stasika, DO
and George M. Fanion, Esq.
W. W. Stoever, DO, MACOI
Brad Suprenant, DO, FACOI
David Susser, DO, MACOI
John R. Sutton, DO, FACOI
Richard R. Thacker, DO, FACOI
Kenneth Trinidad, DO
Gordon P. Tussing, Jr., DO
Wilfred VanderRoes, DO, FACOI
William H. Voss, DO, MACOI
Ronald L. Walsh, DO, MACOI
Thomas Waltz, DO, FACOI
R. Colin Wetz, DO, FACOI
Mark L. Woodward, DO, FACOI
William Zipperer, Jr., DO, FACOI

Thank You!
**Give a Gift of Stock to Help Us Meet the Board Challenge!**

Many people help ACOI with gifts of cash, but many members of the College have stock or other assets that have gone up in value. If that’s true for you, by making a gift of some of what you have, you will receive a DOUBLE tax value.

Why? Because you can deduct the full fair market value of your stock or other appreciated assets – if owned for more than one year – AND YOU WILL SAVE AGAIN because you will avoid paying all capital gains taxes on the “paper profit.”

It’s a win, win and can be accomplished by you or by asking your broker to contact ACOI to arrange the transfer. The value of your tax deduction is fixed by the value of the securities on the day your gift is made. For securities that are fluctuating in value, timing can be important. Let us know what you plan or ask your broker to call us so ACOI can help you take maximum advantage of your giving.

A gift of mutual fund shares will benefit you in the same way. If you have stock that has gone down in value, rather than giving it to ACOI, you should sell it and contribute the proceeds. By doing that you will receive a gift deduction AND be able to report a capital loss which you can deduct. It’s a way to get the best benefit from a stock that did not do as well as you had hoped it would.

Please contact Brian Donadio at bjd@acoi.org or call 301-231-8877 to find out how to make a gift of stock.

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**GAF Programs Make A Difference to Students**

“I want to say thank you to those ACOI members who provide financial support that benefits students. The Visiting Professor Program is an awesome program that makes such a difference for students because these sessions give us a glimpse of our futures. I encourage members to continue contributing to the Generational Advancement Fund.” With continued and increased support for GAF, members can help more students hear what doctors expect, learn what we can do to be successful in our rotations, and give us opportunities to communicate with mentors who will guide our careers.

*Alli Dews.* Liberty University College of Osteopathic Medicine (LUCOM) 2018-2019 President, SOIMA hosted a Visiting Professor Program.

Being able to attend the convention has been a terrific experience. The $1000 GAF grant from the College enabled three of us to attend. It covered our airfare and we shared a room to stretch our funds.

I am so impressed with the sense of community at the Convention. It is a welcoming and nurturing experience for us. As 2nd year students the lectures which are more tangible than I expected, were educational as well as a good review for boards.

*Sierra Hollar,* a 2nd year medical student at Pacific Northwest University College of Osteopathic Medicine attended the 2019 Annual Convention in Phoenix.
We Are Committed to:

- Increasing the number of Visiting Professor visits from 25 to 40 per year at the 57 (and growing number) of osteopathic college campuses.
- Encouraging 25 or more Internal Medicine Clubs to send their student leaders to the Annual Convention.

At least $65,000 is needed each year to accomplish these goals.

What Your Support Does for Our Students

ACOI arranges and pays travel costs for enthusiastic and dynamic ACOI-affiliated interns to conduct Visiting Professor visits to osteopathic medical schools around the country. We provide funds to the student clubs for refreshments, and supply ACOI-logoed mementos for student attendees. The cost for each visit averages $1000.

The other priority of the GAF is to make it possible for student leaders to attend the ACOI Annual Convention. Each student club receives a $1000 grant, and registration and other fees are waived for the student attendees.

As the chair of the ACOI Development Committee and a member who has valued ACOI since joining as a trainee many years ago, I want to thank ACOI members for their financial support for the College. You have tangibly demonstrated your commitment to the College and the value it has brought to you over the years. The College introduces osteopathic medical students to our community and the vibrant career opportunities available in our specialty through two major Generational Advancement Fund (GAF) programs – the Visiting Professor Program and Student Convention Grants. Today we are asking you to help us meet the ACOI Board’s Challenge to bring the next generation of osteopathic internists into the ACOI family.

The ACOI Board Challenge: Securing the Generational Advancement Fund

To secure the future and expand the reach of GAF programs, the ACOI Board of Directors launched a Challenge Campaign last October to match up to $30,000 in member contributions for the Fund. Thanks to the generous support of donors to date, we are halfway to meeting that challenge and achieving our goal.

Over the years, students have told us how beneficial the Visiting Professor Program is. Many have told us what a significant influence it was in their decision to choose internal medicine careers. In addition, students who ACOI has helped attend the Annual Convention share with us what a welcoming and nurturing experience they’ve had among our community.

How You Can Help

Click on this link to make a secure credit card gift:

[www.acoi.org/make-a-gift-to-acoi/your-support-makes-difference-acoi]

- Become a member of the Sustainers Club which recognizes monthly donors. Keep in mind that $83.33 a month is a $1000 annual gift.
- Remember, your gift is tax-deductible to the full extent allowed by law.

You’ve given your all to our profession, now we are asking you to help future internists give theirs!

Many thanks,

Robert L. DiGiovanni, DO, FACOI
ACOI Secretary/Treasurer Chair, ACOI Development Committee
Dr. Snyder gave an excellent presentation here at WVSOM. It was helpful to hear about what residencies look for in a rotating student from a former residency director. He laid out the big and little things that can make a difference when trying to impress programs. His talk also gave us tools to break down match data to be able to strategically apply to residency programs.

~ David Abood
WVSOM SOIMA President
In ACOI’s role as a trusted source of information for our members, this article is intended to help point out salient issues that may affect many ACOI members.

The “Setting Every Community Up for Retirement Enhancement” Act of 2019 (SECURE Act) became law on December 20, 2019. It is a massive piece of legislation (almost 1,000 pages in total) and includes both retirement-related changes and non-retirement-related changes.

After saving for years in an IRA, 401(k) or other tax-deferred retirement plan, you eventually have to take the money out – called Required Minimum Distributions (RMD) - and pay taxes on it.

What’s changed? The SECURE Act raised the Required Minimum Distribution (RMD) starting age to 72 (formerly set at 70 ½) which means individuals have until April 1 of the year following the year they turn age 72 to take their first RMD.

Who’s affected? This affects individuals turning 70½ after December 31, 2019. Individuals who reached age 70½ on or before December 31, 2019, must start and/or continue taking RMDs at age 70½. Failure to do so results in a 50% penalty.

What types of retirement plans require minimum distributions (RMDs)?
The RMD rules apply to all employer sponsored retirement plans, including profit-sharing plans, 401(k) plans, 403(b) plans, and 457(b) plans. The RMD rules also apply to traditional IRAs and IRA-based plans such as SEPs, SARSEPs, and SIMPLE IRAs.

The RMD rules also apply to Roth 401(k) accounts. However, the RMD rules do not apply to Roth IRAs while the owner is alive.

Planning considerations. Moving back the Required Minimum Distribution (RMD) by a year and a half opens up a lot of options for individuals to consider. RMDs are taxed as income. Everyone’s RMD is different, the size of your RMD changes every year, and the rules differ for IRAs and 401(k)s.

**If you have an IRA.** Qualified Charitable Donations (QCDs) can be a tax-efficient way to make a gift to ACOI. Here are a few reasons to consider making a QCD also called the “IRA Charitable Rollover”:

- NOTE: QCDs can only be made from IRAs. Money in employer-sponsored retirement plans such as 401(k)s and 403(b)s is not eligible for QCDs. Some 403b plans will allow you to rollover funds from a 403b to establish an IRA (e.g., TIAA). Please consult your financial advisor.

- After you turn 70½, you can donate up to $100,000 from your traditional IRA to charity each year. Charitable gifts count as a Required Minimum Distributions (RMD) but aren’t included in your Adjusted Gross Income and are not taxed as income - giving you the opportunity to receive a tax benefit for your charitable gift without itemizing.

- You must transfer the money directly from your IRA to the charity – the transfer won’t be tax-free if you withdraw the money first and then write a check to the charity. The procedures vary by company, so ask your IRA administrator for its requirements.

- If you are approaching 70½ and desire to make a Qualified Charitable Donation (QCD) from your IRA, you may still do so, as the age for QCDs has not changed.

- QCDs are particularly attractive now that fewer people will be itemizing deductions due to the current tax law.

When must I receive my Required Minimum Distribution?
You must take your first Required Minimum Distribution for the year in which you turn age 72 (70 ½ if you reach 70 ½ before January 1, 2020). However, the first payment can be delayed until April 1 of 2020 if you turn 70½ in 2019. If you reach 70% in 2020, you have to take your first RMD by April 1 of the year after you reach the age of 72. For all subsequent years, including the year in which you were paid the first RMD by April 1, you must take the RMD by December 31 of the year.

What happens if a person does not take an RMD by the required deadline?
If an account owner fails to withdraw an RMD, fails to withdraw the full amount of the RMD, or fails to withdraw the RMD by the applicable deadline, the amount not withdrawn is taxed at 50%.

Please refer to the official IRS link [here](https://www.irs.gov/pubs/p598.pdf) for more FAQs regarding Required Minimum Distributions. Click [here](https://www.wellsfargo.com/banking/retirement-planning/required-minimum-distributions/) for a detailed overview of the 2019 SECURE Act Legislation provided by Wells Fargo.

To receive ACOI’s “2020 Personal Planning Guide” with helpful tips, email Kara Kerns at [kara@acoi.org](mailto:kara@acoi.org)
As we find ourselves in the peak season for respiratory illness, there is perhaps no better time to review coding for pneumonia. I am often asked about which category of codes to use and when it is appropriate to use a history of pneumonia code.

If a patient is seen for a cough, the signs and symptoms of the patient (cough-R05) is an appropriate diagnosis for the record. The proper coding changes only when the physician makes a diagnosis of pneumonia through a clinical exam or x-ray reading. Once the diagnosis of pneumonia is made, it becomes a question of what the cause of the infection is, which could affect the selection of the proper code.

If the cause of the infection is not known, and in the office setting it often is not, then a diagnosis of J18.9 pneumonia, unspecified organism, is appropriate. This code is also assigned to a patient with a diagnosis of community acquired pneumonia. Be sure to note, even in this diagnostic sub-category of pneumonia, unspecified, there are four other codes which address other types of unspecified pneumonia. There are unique codes, when supported by documentation, for bronchopneumonia (J18.0), lobar pneumonia (J18.1), hypostatic pneumonia (J18.2), and other pneumonia (J18.8). There are also codes for unspecified bacterial pneumonia (J15.9) and unspecified viral pneumonia (J12.9).

If additional information about the patient’s pneumonia becomes known through the course of treatment, the code should be changed to reflect the new information. The code for the current visit should be based on what is known at the time of the visit, as well as what is documented in the record.

The pneumonia code changes to a personal history code when it meets the conditions set forth in the guidelines. ICD-10-CM guidelines, Section 1.C.21.c.4 states, “Personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.” With pneumonia, this will most likely occur at a visit in the future when the patient comes in and their history of a pneumonia is classified as a co-morbidity and is documented in the record as such.

Diagnostic coding is important for your Hierarchical Condition Category (HCC) scores as well. A patient with an active illness is “sicker” than a patient whose coding indicates a resolved illness. Do not classify your patient as being “healthier” than they are by using a history code of pneumonia, just because they are “getting better.” If they are still sick and under your care for the illness, the “personal history of” section of codes is not correct. Do not forget to code any other signs and symptoms that are not attributable to the disease process of pneumonia such as hemoptysis or a flareup in their asthma.

**Coding Corner**

Jill M. 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
The ACOI Online Learning Center Is Here for You!

With the New Year comes a refreshed and rebranded 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 continuing medical education credit when and where it is most convenient for you. We understand the many challenges 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.

Online Learning Center Spotlight:
Dream Makers

This month you can access a free presentation by Jim Morris, Jr., the former Major League Baseball player who was the inspiration for the hit movie, The Rookie. In this presentation, which Mr. Morris made at the 2019 ACOI Convention, he explores the importance of combining dreams with hard work. He takes you on his personal journey from being a high school baseball coach to a pitcher in the major leagues. This engaging presentation highlights the power of dreams to inspire and transform one’s life. Be sure to check out this and other interesting topics at the ACOI Online Learning Center.
Greetings colleagues and welcome to the February issue of Talking Science and Education. Here at ACOI the crocuses are starting to burst through, but in Vermont the temperatures languish well below freezing during the day and drop to single digits at night. However, the skiing conditions remain pretty good.

Last month, we asked which state is rated healthiest for 2019 based on the 35 measures in the America’s Health Rankings? The answer is my home state of Vermont. Three of the top five states are in the Northeast and the actual rankings are:

1. Vermont
2. Massachusetts
3. Hawaii
4. Connecticut
5. Utah

Monthly Population Health Quiz

This month’s question goes to the opposite end of the rating scale. Which state is rated the least healthy in the United States?

A. Michigan  
B. Mississippi  
C. Oklahoma  
D. Alaska  
E. Georgia

Become a Talking Science and Education winner but remember: no Googling!!! Send your answer to don@acoi.org and win valuable prizes!

Physician Behavior Change: Strategies to Elevate Your Presentations

Last month I offered some guidelines for change in physician behavior. This month, I want to share a few tactics to help optimize your CME presentations. The insights are derived from an important meta-analysis on the effectiveness of educational interventions designed to change physician behavior.

While the study was completed in 1995, it remains a major advancement in evidence-based continuing medical education. The following three slides take the key elements identified by the PI, Dave Davis, MD as the most important to drive behavior change:

- Interactivity
- Enabling interventions (easily translated from “classroom” to exam room)
- Longitudinal interventions (reinforcement)

Interactivity/active learning

- Ongoing Q&A: careful of Audience response systems (ARS)  
- ARS requires planning and thought!  
- Gaming: Jeopardy  
  - Stimulates dopamine, ↑ adoption, retention  
  - Case studies with pathway questions (ACOI OCC)  
- Panels  
- Bring in audience  
- How do you do it?

Source: McMahon GT and Slonczewski, SE, JAMA, 2018  
Davis D, JAMA, 1995
Talking SCIENCE EDUCATION (Continued)

Slides take the key elements identified by the PI, Dave Davis, MD as the most important to drive behavior change:

- Interactivity
- Enabling interventions (easily translated from "classroom" to exam room)
- Longitudinal interventions (reinforcement)

Enabling interventions

- Case-centric learning
- Meaning and relevance to the clinician: Efficacy
  - Base your presentation on case(s): ACOI OCC
  - NOT AT THE END!!!!!!!!!!!!
- Didactics support clinical decision-making
  - Traditional: Epidemiology—pathophysiology—new stuff—case... if there's time
  - VS
- Invite learners to offer their own ideas about the case
  - Ensures relevance and interactivity
- Small groups/pairs
  - Also integrates interactivity
  - How do you do it?

Davis, JAMA, 1995
Netlinson DS & Welsrum, WONCA, 2012

Longitudinal learning

- Pre-work
  - Case to be discussed during activity
  - Controversial review or study
  - Guideline changes
- Post-activity follow-up
  - Thank you with summary of key points
  - Further reading
  - Invitation to a blog etc.

Davis, JAMA, 1995
## 2020 Certifying Examination Dates & Deadlines

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<thead>
<tr>
<th>Examination Type</th>
<th>Date</th>
<th>Application Deadline</th>
<th>Late Deadline</th>
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<tbody>
<tr>
<td>Internal Medicine Certifying Examination</td>
<td>September 1–3, 2020</td>
<td>July 1</td>
<td>Aug 1</td>
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<tr>
<td>Internal Medicine Recertifying Examination</td>
<td>September 1–3, 2020</td>
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<tr>
<td>Internal Medicine Recertifying with a Focus in Hospital-Based Medicine Examination</td>
<td>September 1–3, 2020</td>
<td>July 1</td>
<td>Aug 1</td>
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<tr>
<td>Internal Medicine Certifying Examination for Third-year Residents</td>
<td>March 30–April 4, 2020</td>
<td>January 6–March 13, 2020</td>
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Subspecialty Certifying Examinations

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<tr>
<td>Cardiology • Critical Care Medicine</td>
<td>August 18–20, 2020</td>
<td>July 1</td>
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<td>Endocrinology • Gastroenterology</td>
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<td>Hematology • Hospice and Palliative Medicine</td>
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<td>Interventional Cardiology • Infectious Disease</td>
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<td>Nephrology • Oncology • Pulmonary Diseases</td>
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<td>Electrophysiology • Critical Care Medicine</td>
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Advanced Heart Failure and Transplant Cardiology Certifying Examination

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Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at aobim@osteopathic.org; 312 202-8274.
Diabetes and Obesity Associated with Cognitive Decline in Older Adults

Sustained blood sugar elevations were linked to an increased risk for cognitive decline in older adults, according to results of a population-based study published in the Journal of the American Geriatrics Society. Researchers also found that the hormone adiponectin was likely a risk factor for cognitive decline in older adults without abdominal obesity.

In people aged 87 to 88 years or older, there does not seem to be anything related to diabetes or obesity that is associated with the rate of cognitive decline, so all bets seem to be off in the tenth and late ninth decades of life. However, below that age, it matters whether people have abdominal obesity.

According to the researchers, diabetes is a consistent risk factor for cognitive decline and dementia whether measured in midlife or later life. Prior research has suggested that diabetes, high BP and high BMI should be examined together to determine their relative contributions to adverse cognitive outcomes.

To investigate potential mechanisms related to the association of diabetes and obesity with cognitive decline, Dr. Mary Ganguli and colleagues at the University of Pittsburgh conducted a 10-year prospective population-based study of 478 individuals aged 65 years or older. They assayed fasting blood markers of glycemia, insulin resistance, obesity and inflammation and modeled these indices as predictors of the slope of decline in global cognition. In multivariable regression analyses of the entire sample and stratified by sex-specific median waist-hip ratio (WHR), they adjusted for sex, education, age, APOE-4 genotype, WHR, depressive symptoms and systolic BP. They then analyzed the same variable using WHR-stratified machine-learning.

The multivariable regression analyses of the entire sample revealed that HbA1c was significantly associated with cognitive decline, and it remained associated with cognitive decline in those with higher WHR after stratifying by median WHR. Metabolic indices were not associated with cognitive decline in those with lower WHR. Among individuals aged younger than 88 years with central obesity, the researchers noted that even small amounts of hyperglycemia might independently predispose to faster cognitive decline. Among those aged younger than 87 years without central obesity, they found that adiponectin may be a novel independent risk factor for cognitive decline.

Based on these findings, clinicians need to pay more attention to abdominal obesity and be concerned about prediabetes in those individuals. In those who don’t have abdominal obesity, internists should perhaps pay more attention to unexplained weight loss. My thought is that the adiponectin relationship needs to be investigated further before saying adiponectin should be measured in the clinical setting.

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