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

ACOI PRINCIPLE 1: Focus on Health and Wellbeing

Rowan University Students Welcome ACOI Visiting Professor

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

Diabetes: Stopping the Progression
Is that a NEW LOGO?

Listening prompts change. Listening prompts revolution. Listening prompts pictures, thoughts, words, and stories. For us, it prompted a brand and messaging refresh that is represented through a brighter look and a tone that we hope speaks to all of our members — old and new.

If you missed the brand launch video at the Annual Convention, check it out here and see how ACOI is evolving. Looking back and knowing where we came from is fine. But it is ahead where we are focused.

We are excited to have you along with us.
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Stopping the progression from prediabetes to diabetes is a challenge faced by many patients and their health care providers. Read

To cure disease the abnormal parts must be admitted to the normal.
~ 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

Health & Wellness
We lead you to discover the spirit of wellness

We help you learn exactly what you need to know
What do we mean by “Principle-Centered Medicine?” What is this new mantra for ACOI?

Since its beginning, osteopathic medicine has been holistic, as captured in the phrase “mind, body, spirit.” This phrase captures the essence of the holistic perspective that, along with osteopathic manipulative medicine, are the most important contributions made by Andrew Taylor Still to the reform of American medicine. Over the past two years, our former presidents Marty Burke and Annette Carron wrote about Principle-Centered Medicine in this column; and Bob Cain, a member of our Board and CEO of AACOM, spoke eloquently about this at our recent convention. I would like to add my two cents to this conversation.

Our Board has spent many hours developing a vision for the future of our organization in the changing (and challenging) landscape of modern medicine. We discussed why we all went into osteopathic internal medicine in the first place. We had to dig deeply into our own minds, our own hearts, and our own spirits. What we came up with is this: As different as we all might be as individuals, there are tremendous common themes that drove us to become physicians, in particular, osteopathic internists, and these themes still occupy a central place in our hearts, and define us as physicians and as human beings. The underpinnings of Principle-Centered Medicine relate to why we became osteopathic physicians (even if it had not yet been articulated as such); why we want to continue in our profession; and why we are driven now to assure the survival and growth of osteopathic internal medicine.

We identified the following principles, or pillars, of our common beliefs: focus on health and well-being; create meaningful and pervasive relationships; practice deep listening; embrace wholeness; recognize the health potential within us; address complexity; find and maintain balance. We recognize that we operate on a continuum between the micro, macro and meso levels of being. And we thrive most when we are able to be present—completely present, in our minds, our bodies and our spirits. This is not a final statement. It represents who and where we are in the world as it is now. And it projects us into the future that is our responsibility and our privilege to create.
We humans have an unfortunate tendency to focus on the negative. It is an evolutionary trait that helped our ancestors survive in the wild, so they didn’t forget that they were always somebody else’s potential lunch. So, when we focus on loss—the loss of osteopathic residencies, the loss of osteopathic hospitals—some of us tend to the unfortunate conclusion that these are bad times.

The reality is quite the opposite. There have never been so many osteopathic physicians. Fully one quarter of the students in American medical schools are in osteopathic medical schools. Osteopathic medical education is a growth industry as we continue to open new schools and new campuses all over the country. Never before have so many leaders and institutions in the allopathic world recognized us for who we are, for what we have already contributed, and welcomed us as colleagues in the community of American medicine. Finally, the reforms of Andrew Taylor Still are bearing rich fruit. This can be the beginning of the best of times for osteopathic internal medicine.

Cordially,

Sam Snyder, DO, FACOI
President
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.

**FOUNDBATIONAL ATTRIBUTES**

*What does this Principle accomplish?*

- It changes the way we approach the patient, placing the focus on their health potential and looking for ways to optimize it.
- 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 promotes holistic care.
- It reminds us to think beyond a reactive, treatment-driven response that simply ‘achieves control’ of the problem.

**FUNCTIONAL ATTRIBUTES**

*How does this Principle work?*

- The physician and patient must address where they want to be with regard to their health and how they will get there inclusive of determinants of health.
- The physician and patient must look to the future and make plans for how to potentially realize that future.
- There must be shared decision-making through a process to engage, respect and arrive at a treatment or healthcare plan that resonates with the patient, family, and 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 2.**
Government Relations

Timothy McNichol, JD

Minimum Smoking Age Legislation Signed into Law

As part of a year-end, must-pass $1.4 trillion spending package, the President recently signed into law legislation amending the Federal Food, Drug, and Cosmetic Act. The amended law prohibits retailers from selling tobacco products to anyone under the age of 21 (previously 18 years of age). Under the amended law, regulated tobacco products include cigarettes, cigars, and E-cigarettes. ACOI joined with other physician organizations in May 2019 supporting enactment of this important legislation as a critical public health issue. You can review the original letter sent by ACOI and others at www.acoi.org/advocacy/legislative-and-regulatory-comments.

ACOI Supports Physician-Led Health Care Teams

ACOI recently joined with a number of physician organizations in submitting comments to the Centers for Medicare and Medicaid Services (CMS) in response to efforts by CMS to expand the scope of practice for certain health care providers. ACOI continues to support physician-led health care teams as important component of Principle-Centered Medicine™. Specifically, the comments raise concerns with efforts by CMS to eliminate physician supervision of nonphysician professionals, and the resulting impact on safe and efficient patient care. The comments highlight differences in education and training of advanced practice registered nurses (APRNs) and physician assistants (PAs). CMS is encouraged to advance efforts that ensure scopes of practice commensurate with both education and training for the benefit of patients care. You can read the full comments at www.acoi.org/advocacy/legislative-and-regulatory-comments.

ACOI will continue to advocate on issues of importance to physicians and the patients to whom they provide care.

Department of Justice Announces $2.6 Billion in Healthcare Recoveries

The Department of Justice (DOJ) has announced the recovery of $2.6 billion in civil settlements and judgments from the healthcare industry for the fiscal year ending September 30, 2019. According to the DOJ, this is the tenth consecutive year in which recoveries from civil healthcare fraud settlements and judgments exceeded $2 billion. The total recovered funds do not include state recoveries supported by the DOJ’s ongoing efforts. According to a statement by the DOJ, the ongoing success of these enforcement efforts is a testament to the Department’s, “Commitment to use the False Claims Act and other civil remedies to deter and redress fraud by individuals as well as corporations.” Additional information is available at www.justice.gov.

Leadership
Supreme Court Rejects Motion for Expedited Consideration of ACA Case

The Supreme Court recently rejected a request by the House of Representatives and a coalition of Democratic-led states to fast-track a case recently considered by the US Court of Appeals for the Fifth Circuit. In the case currently working its way through the lower courts, the courts have found the Affordable Care Act (ACA) to be unconstitutional as a result of enacted legislation eliminating the penalty for individuals who fail to maintain health insurance coverage. The individual mandate was used to uphold the constitutionality of the ACA in a previous Supreme Court case. In the most recent judicial action, the Court of Appeals for the Fifth Circuit remanded the case to a district judge for further consideration. By rejecting the petition for expedited consideration, the Supreme Court essentially ensured that many questions surrounding the future viability of the ACA will remain unanswered through the 2020 election. Further, the Court did not signal whether it will even accept the case in the future. ACOI will continue to follow this matter closely as the final adjudication of the case could significantly impact the healthcare delivery system.

Washington Tidbits

“The President, Vice President and Civil Officers”

Article 2, Section 4 of the Constitution provides, “The President, Vice President, and civil officers of the United States, shall be removed from office on impeachment for, and in conviction of, treason, bribery, or other high crimes and misdemeanors.” This, and related provisions of the Constitution, are the ultimate example of the Framers’ intent to create a system of “checks and balances.” In the more than 240 years of our Nation’s history, the Senate has conducted 19 impeachment trials. Hanging in the balance was the fate of presidents, judges, a senator, a Supreme Court justice, and a Secretary of War. Of the 19 impeachment trials that took place, six ended with findings of no guilt; five resignations occurred prior to conviction; and eight of the trials concluded in a finding of guilt which resulted in removal from office. All eight of the convictions were judges. History may be a strong indicator of what is to come in the proceedings now underway in the Senate! How will the 20th impeachment trial end?
ACOI Committees 2019-2020

Council on Graduate Medical Education
Susan Enright • Chair
Joanne Kaiser-Smith • Vice Chair
Jaclyn Cox
Rick Greco
Matthew Hardee
Brendan Kelly
Joanna Pease
Joshua Layher
Valentina Lassalle • Resident Rep
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Practice Management Committee
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Governance Committee
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Robert Hasty
Amita Vasoya

Government Affairs Committee
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Stephanie Bauerle
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Susan Enright
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G. Michael Johnston
Michael Opipari
Anthony Ottaviani
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Kevin Hubbard - BRC
Joanne Kaiser-Smith
Laura Rosch
Mia Taormina
Valerie Lassalle • Resident Rep
Rick Schaller • Cardiology Update

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

Robert T. Hasty, DO, FACOI, ACOI Board Member

Meet Robert T. Hasty, DO, FACOI, founder and consultant with Hasty Consulting, who is on the ACOI Board of Directors and a member of its Governance Committee. Robert received his Doctor of Osteopathic Medicine from Nova Southeastern University (NSU) College of Osteopathic Medicine in 2000. He subsequently trained at Mt. Sinai Medical Center in Miami, where he completed his training in Internal Medicine. Dr. Hasty began his career as a hospitalist and internist for Cogent Healthcare at Lee Memorial Health Systems in Fort Myers, FL. He chose to follow a “calling” in 2005 to become an academic physician and joined the faculty of NSU College of Osteopathic Medicine. Robert served as the Founding Program Director of the Palmetto General Hospital Internal Medicine Residency Program and helped develop several other graduate medical education programs. He also served as the Vice Chair of the Internal Medicine Department at NSU-COM. Dr. Hasty became the Vice President of Medical Education and the Regional Associate Dean in 2013 and later Associate Dean for Postgraduate Affairs for Campbell University-Jerry M. Wallace School of Osteopathic Medicine in North Carolina. During his tenure at Campbell University, he created 383 residency positions in 20 programs at seven organizations. During this time, the university was awarded the AOA STAR award for strategic planning that created medical education opportunities in North Carolina for the next generation of osteopathic physicians. Most recently, Dr. Hasty was the Founding Dean and Chief Academic Officer of the Idaho College of Osteopathic Medicine (ICOM), Idaho’s first medical school.

Q

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

A

Dr. Hasty: I became a member to help support the osteopathic internal medical profession. In turn, the leadership and professional opportunities I had through ACOI enabled me to pursue my career as an academic physician developing new medical schools. My participation on ACOI committees and on the Board was career changing and had a positive impact on my life and career.

Q

Ms. Ciconte: Tell me why you have dedicated your time and talents to ACOI.

A

Dr. Hasty: Volunteering for ACOI truly fits with my personal mission to improve the world by improving the lives around me. The positive impact I see of my efforts drives me to continue dedicating my time and talents to the College.

Q

Ms. Ciconte: As the former Dean and Chief Academic Officer of the Idaho College of Osteopathic Medicine, how is the single GME accreditation transition affecting medical training for osteopathic physicians?

A

Dr. Hasty: I believe that single accreditation is profoundly positive to our profession. At first, there were reasonable concerns with this change, but I see ACOI’s strategic planning and efforts are paving the way forward for osteopathic internists.

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. Hasty: I am a complete believer in what ACOI does for our members and the patients we care for. I made my gift because I feel that the College is a good steward of its resources, which insures positive impacts for our members and the profession.

I would ask ACOI members who believe as I do to give to the College so that it can move forward in providing what osteopathic internists need now and in the future.
Ms. Ciconte: Given the challenges facing osteopathic internal medicine, what does ACOI need to do to continue to serve its members in the future?

Dr. Hasty: I would say the College needs to continue to innovate and keep doing what it does to serve our members. It needs to continue to advocate for osteopathic internists and our patients. It must continue offering leadership opportunities to members and providing a variety of educational opportunities utilizing the best of technology. Over the past 10 years, I have developed a very positive social media presence that brings together a community of osteopathic medical leaders and medical educators that share information and help one another.

Ms. Ciconte: During your time on the ACOI Board, the College has undertaken a serious strategic planning process. How do you see this process going forward?

Dr. Hasty: The strategic planning process of the past few years helped the College undergo a metamorphosis to take the organization into its next 75 years. The focus was on improving the College to reflect the needs of our members today and in the future. The need to continue to improve and enhance our offerings to members is a priority for our future.

ACOI is losing an incredible leader with the retirement of Brian Donadio on June 30, 2020. We were extremely fortunate to have his leadership for 30 years. However, with the direction the ACOI Board mapped out through our strategic planning process, I am excited to have this opportunity to bring on a new leader for the next generation of osteopathic internists.

Ms. Ciconte: Dr. Hasty, 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
Janet Cheek, DO, FACOI
David J. Mohlman, DO, FACOI
Jeffrey Packer, DO, FACOI
Laura Rosch, DO, FACOI
Christine Samsa, DO, FACOI Nathan Samsa, DO, FACOI
Samuel Snyder, DO, FACOI
Ryan M. Norman, DO
Morvarid Rezaie, DO, FACOI
Humayun J. Chaudhry, DO, MACOI, MS

Become a Member of the ACOI Sustainers Club

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.

Resources Available for ACGME Osteopathic Recognition

As part of the College’s ongoing effort to assist all internal medicine residency programs complete the transition to ACGME accreditation and achieve Osteopathic Recognition, ACOI is pleased to announce the development of an Osteopathic Recognition (OR) Tool Box.

The toolbox includes numerous resources that will help programs through the process. The resources in the toolbox may be accessed here.

Renew Your Membership and Receive a $50 Education Credit!

The new ACOI membership year is underway and renewal information has been sent to all members. This year, every new or renewing member of the College will receive a $50 credit good toward the purchase of a CME activity of your choice at the ACOI Online Learning Center. This one-time credit can be used any time through June 30 of 2020.

ACOI.org • American College of Osteopathic Internists

ACOI Info • Jan. 2020

Assistant Professor of Internal Medicine or Family Medicine

Job Description: The Assistant Professor will be directly responsible for teaching, clinical duties, and scientific scholarship.

Required Qualification: D.O./M.D. degree and Board Certification in Internal Medicine or Family Medicine; able to be licensed in Tennessee within the first-year of hire date by the Tennessee Board of Osteopathic Examination/Tennessee Medical State Board; unrestricted Tennessee license and approved medical professional liability insurance must be maintained throughout employment (individual coverage for patient care for University approved activities will be paid or reimbursed by LMU-DCOM)

Preferred Qualifications: minimum of 5 years’ experience in clinical/academic medicine teaching and leadership. Academic rank will be commensurate with training and experience.

Please apply at https://careers.lmunet.edu/
Add Your Name to Leave a Legacy

The ACOI Legacy Society was created to recognize and honor ACOI members who include the College in their wills or estate plans. Members of the ACOI Legacy Society have done their part to ensure the future of the College. A special thank you to our Charter Members!

If you are not a member, please look at the names listed and consider adding yours to those who have made a provision in their estate plans, typically with a bequest provision, that will provide support in the future.

It will bring you peace of mind knowing that you have done your part to ensure that those who enter the profession in the future will have access to the same education, support, and mentoring that you have received.

Think of it as paying your dues forward. With a bequest of $10,000 or more you will leave a legacy—mentoring those you may never know and providing future generations with the same principle-centered care in their careers.

For more information, contact Brian Donadio via email at bjd@acoi.org, or call 301-231-8877 to let us know how and when to contact you.

Legacy Society Charter Members

Dr. Jack and Jocelyn Bragg
Dr. John and Dr. Michelle Bulger
Dr. Mathew and Marbree Hardee
Dr. David and Rita Hitzeman
Dr. Robert and Donna Juhasz
Dr. Karen and Jim Nichols
Dr. Eugene and Elena Oliveri
Dr. Frederick and Amy Schaller
Welcome New Members
The ACOI Board of Directors and staff welcome the following members whose membership applications or changes in membership status have been approved by the Credentials Committee and Board of Directors.

Anastasia Bessas, DO
Kimberly Fok, DO
Jennifer Hwang, DO
Janella Leon, DO
Ramy Mansour, DO
Anna Orlando, DO
Gurdeep Singh, DO

AOBIM Announces Early Entry Certification Pathway for Residents
The American Osteopathic Board of Internal Medicine (AOBIM) has announced an early entry pathway to the AOBIM Internal Medicine Certification exam. Third-year Internal Medicine residents will be eligible to take the certification exam March 30 – April 4, 2020. To be eligible for this exam administration, residents must have participated in ACOI Inservice Examination during each of the first two years of internal medicine residency, and have an anticipated training completion date of August 31, 2020 or earlier.

Registration opened January 6, 2020 and will close March 13, 2020. Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at aobim@osteopathic.org; 312 202-8274.

Member Milestone
Geraldine T. O’Shea, DO, has been named the Chair of the Board of the National Board of Osteopathic Medical Examiners (NBOME). Dr. O’Shea is a general internist practicing in Jackson, CA. She will serve a two-year term as Board Chair. A graduate of the Western University College of Osteopathic Medicine, she completed her internal medicine training at Maricopa Medical Center in Phoenix, AZ. She also serves as a member of the AOA Board of Trustees. Dr. O’Shea has been an Active ACOI member since 2007.

In Memoriam
Word has been received of the death of Teresa M. Matzura, DO, FACOI, 65, of Homewood, IL on December 25, 2019. Dr. Matzura was a board-certified internist, cardiologist and critical care medicine specialist who practiced in the Chicago area for 30 years. She served three terms on the ACOI Board of Directors and was president of the College in 2001-2002—the second woman ever to hold that position. Dr. Matzura was know as one of the finest clinicians in Chicago. She was recognized for that attribute with the ACOI Internist of the Year award in 2009. She also was a committed educator at Midwestern University-Chicago College of Osteopathic Medicine, where she trained medical students, residents and fellows. She served as residency program director for the cardiology and critical care medicine fellowships at CCOM.

Dr. Matzura was a 1980 graduate of the Des Moines University College of Osteopathic Medicine. She completed her internal medicine residency at St. John-Oakland Hospital and a cardiology fellowship at Franciscan Health (St. James Hospital) in Chicago. She was an Active member of ACOI from 1985 until her death. She earned the degree of Fellow in the College in 1991.

The five women who have served as president of ACOI were together in November at the annual convention in Phoenix. (Left to right) Judith Lightfoot, DO, Joanna Pease, DO, Karen Nichols, DO, Theresa Matzura, DO, and Annette Carron, DO)
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
Annette T. Carron, DO, FACOI and Everett Greenleaf
Brian J. Donadio, FACOI and Ellen Donadio
Scott L. Girard, DO, FACOI and Laura J. Girard

James C. Giudice, DO, MACOI
Karen J. Nichols, DO, MA, MACOI, CS
Eugene A. Oliveri, DO, MACOI
Samuel K. Snyder, DO, FACOI and Pamela Snyder
Ruben Tenorio, DO, FACOI

Alan W. Wan, DO, FACOI

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
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Eugene A. Oliveri, DO, MACOI
Samuel K. Snyder, DO, FACOI and Pamela Snyder
Ruben Tenorio, DO, FACOI

Alan W. Wan, DO, FACOI
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.

GAF Programs Make A Difference to Students

“\text{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.}” \text{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.}

\text{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.

\text{Sierra Hollar, a 2nd year medical student at Pacific Northwest University College of Osteopathic Medicine attended the 2019 Annual Convention in Phoenix}
Building a Strong Future for Osteopathic Internists

The national demand for internists is growing. The need has never been stronger for the kind of principle-centered medicine that osteopathic primary care internists, hospitalists, and subspecialists provide. ACOI has answered this need by introducing osteopathic medical students to our community and the vibrant career opportunities available in our specialty through our Visiting Professor Program and Student Convention Grants funded by the Generational Advancement Fund (GAF).

In order to expand GAF programs to benefit more students, the ACOI Board announced a $30,000 Challenge Campaign at the Annual Convention in October and thanks to the generous support of the Annual Convention donors, we need to raise only an additional $15,000 to meet the challenge.

What ACOI Does
ACOI arranges and pays travel costs for an internal medicine role model speaker to conduct a Visiting Professor Program; provides a grant to the student club for refreshments; and supplies ACOI mementos for student attendees (approximately $1000 per visit).

To assist Internal Medicine Club student leaders to attend the ACOI Annual Convention, the annual registration fee is waived and each club receives a $1000 grant to cover travel and other expenses.

Our Goal
Increase the number of Visiting Professor Programs from 25 to 40 per year at the 57 (and growing number) of osteopathic college campuses. Note: There were only 11 osteopathic medical schools in 1995 when the Visiting Professor Program started.

Encourage 25 or more Internal Medicine Clubs to send their student leaders to the Annual Convention each year.

At least $65,000 is needed each year!

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.

• Make your gift in honor or memory of someone who is or was important to your own medical training and career.

• Remember, your gift is tax-deductible to the full extent allowed by law.

The ACOI Board Of Directors’ Challenge Can Be Met With Your Support!

Many thanks,
Robert L. DiGiovanni, DO, FACOI
ACOI Secretary/Treasurer Chair,
ACOI Development Committee
Visiting Professor Program

Gerald Blackburn, DO, MACOI, with students at Rowan University College of Osteopathic Medicine during his Visiting Professor presentation in December.
Have You Been Feeding Your Brain and Forgetting About Your Soul?

Don’t Fret. The Big Four is Here!

Register Now!

• 2020 Internal Medicine Board Review Course
  April 29-May 3

• 2020 Clinical Challenges for Hospitalists
  April 30-May 3

• 2020 Exploring New Science in Cardiovascular Medicine
  May 1-3

• 2020 Congress on Medical Education for Residency Trainers
  May 1-2

Renaissance Orlando at SeaWorld
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 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™.
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:
Principle-Centered Medicine

You went into medicine because you saw a joy and excitement in it. There was something inside of you that directed you toward a life-long pursuit of knowledge and helping others. The ACOI’s concept of Principal-Centered Medicine™ is at the core of what you do. This month, you can access for free the 2019 Convention keynote presentation by Robert A. Cain, DO, that explains how ACOI sees the role of osteopathic internal medicine in today’s health care system. It is an insightful look into the future that awaits you. Dr. Cain explores the work put in by the ACOI Board of Directors to identify and provide services to help you again find joy in your daily work. Be sure to check out this and other exciting education activities at the ACOI Online Learning Center (https://learning.acoi.org).

ACOI National Meetings

2020 Internal Medicine Board Review Course
April 29-May 3

2020 Clinical Challenges for Hospitalists
April 30-May 3

2020 Exploring New Science in Cardiovascular Medicine
May 1-3

2020 Congress on Medical Education for Residency Trainers
May 1-2
Renaissance Orlando at Sea World Resort, Orlando, FL

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

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

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

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

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

Please note: It is an ACOI membership requirement that Active Members attend the Annual Convention or 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.
House of God Author Announced as 2020 ACOI Annual Convention Keynote

The ACOI is pleased to announce that Samuel Shem, MD, will provide the Keynote address at the 2020 ACOI Annual Convention and Scientific Sessions in Marco Island, FL.

Dr. Shem is a novelist, playwright, and activist. His first novel (1978), *The House of God,* is a medical classic, selling three million copies. In 2016 it was chosen by *Publishers Weekly* as number two on its list of the 10 Best Satires of All Time (number one was *Don Quixote*; number three, *Catch-22*). It was also named number one on a 10 Most Influential Books list in an MDLinx vote by physicians (followed by Harrison’s *Internal Medicine,* and *The Bible*).

His latest novel, *Man’s 4th Best Hospital,* is a sequel to *The House of God.* It was reviewed by Dr. Sanjay Gupta of CNN: “Dr Sam Shem has done it again. This time all of us—doctors and patients alike—are along for the ride into the entire universe of medicine, which is at once both wonderful and ludicrous. The story of doctors—overwhelmed by long noxious hours in front of billing computers called Electronic Health Records, trying to treat patients humanely—feels so timely and relevant.”

Dr. Shem has made numerous appearances on six continents speaking about “How to Stay Human in Medicine: the Danger of Isolation and the Healing Power of Good Connection.”

Samuel Shem, MD

**2020 ACOI Annual Convention**
**October 21-25**
**Marriott’s Marco Island Beach Resort in Marco Island, FL**

Dr. Shem’s Keynote will take place on Thursday, Oct. 22.

Copies of his works will be available for Dr. Shem to inscribe. Mark your calendars!
Greetings colleagues and welcome to the January issue of Talking Science and Education. I hope you all enjoyed the holidays and that the coming year brings peace and health to all!

I am happy to say that the monthly population health quiz is back! The data for the quiz is drawn from the America’s Health Rankings report sponsored by the United Health Foundation and the American Public Health Association. America’s Health Rankings Annual Report provides the longest running state-by-state analysis of the nation’s health. This is the 30th annual report and is based on data through 2019.

Monthly Population Health Quiz

Based on the 35 measures used in the America's Health Rankings, which state is rated healthiest for 2019?

A. Colorado
B. Utah
C. Vermont
D. California
E. Washington

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: Ideas to Obtain the Holy Grail

In this month’s Talking Education, I would like to address physician behavior change. Health care leaders need a unique set of skills to manage innovation and guide their organizations during a time of rapid change. I am deriving much of this piece from an article written by Robert Pearl, CEO of the Permanente Medical Group in Forbes (January, 2016).

Three ways to improve physician leadership

“Real change” in health care requires leaders who can help doctors change how they practice medicine. But physicians tend to resist change, and many traditional leadership skills need to be modified to work well in the unique context of health care.

Physician-centric leadership

Pearl shares several tips for health care leaders working to engage physicians in initiatives to improve and modernize care:

• Use influence, not authority. Physicians value clinical and personal autonomy, and they frequently come from diverse backgrounds. That makes it difficult for groups of physicians to reach a consensus on new approaches to care—and it makes top-down mandates for change unlikely to work. Instead, leaders should use their influence to construct a vision and build a case for change that doctors can buy into.

Nearly one in four doctors may be a ‘cowboy’ who likes to go rogue

• Engage doctors emotionally. While physicians are taught to think analytically, medicine is also an emotional profession. Leaders must “engage the heart” to change physician behavior. For instance, when leaders talk to doctors about reducing medical errors, they shouldn’t just cite data...
and peer-reviewed research—they need to use emotionally powerful stories. Bring the family of a patient who died from an iatrogenic condition into the room, and everyone will lean forward and listen intently."

- Explicitly define change—and let doctors track their performance. Frequently, doctors’ first reaction to new initiatives is to worry that they will be overwhelmed by new demands (e.g., EHR). Leaders can overcome this fear by explicitly defining change in terms of “specific and observable actions”; explaining the broader context of process changes so doctors know why they are important; and providing doctors access to their performance data to help them stay on track and self-manage.

Three critical skills for clinicians moving into executive roles

- Build trust. Physicians will only follow a leader they trust. But trust requires consistent in-person engagement, not just emails. Moreover, trust is all about being consistently honest. “Leaders who deceive people sometimes can get away with it once, but rarely twice,” Pearl writes.

- Stick with what works. Adopting physician-centric leadership strategies is a challenge. Some leaders may want to cherry-pick some approaches and ignore others. But long-term success will only come to leaders that fully embrace a management style that recognizes the unique challenges of leading physicians. ☞

## 2020 Certifying Examination Dates & Deadlines

### Internal Medicine Certifying Examination
- Computerized Examination 300 Sites
- Nationwide
- September 1-3, 2020
- **Application Deadline:** July 1
- **Late Deadline:** Aug 1

### Internal Medicine Recertifying Examination
- Computerized Examination 300 Sites
- Nationwide
- September 1-3, 2020
- **Application Deadline:** July 1
- **Late Deadline:** Aug 1

### Internal Medicine Recertifying with a Focus in Hospital-Based Medicine Examination
- Computerized Examination 300 Sites
- Nationwide
- September 1-3, 2020
- **Application Deadline:** July 1
- **Late Deadline:** Aug 1

### Internal Medicine Certifying Examination for Third-year Residents
- Computerized Examination 300 Sites
- Nationwide
- March 30–April 4, 2020
- **Registration Dates:** January 6–March 13, 2020

### Subspecialty Certifying Examinations
- Cardiology
- Critical Care Medicine
- Endocrinology
- Gastroenterology
- Hematology
- Hospice and Palliative Medicine
- Interventional Cardiology
- Infectious Disease
- Nephrology
- Oncology
- Pulmonary Diseases
- Rheumatology

### Subspecialty Recertifying Examinations
- Cardiology
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Endocrinology
- Gastroenterology
- Geriatric Medicine
- Hematology
- Hospice and Palliative Medicine
- Infectious Disease
- Interventional Cardiology
- Nephrology
- Oncology
- Pulmonary Diseases
- Rheumatology
- Sleep Medicine

### Advanced Heart Failure and Transplant Cardiology Certifying Examination
- Computerized Examination 300 Sites
- Nationwide
- August 18-20, 2020
- **Application Deadline:** July 1
- **Late Deadline:** Aug 1

Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at admin@aoibim.org; 312 202-8274. Contact the AOBIM at admin@aoibim.org for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.
Addition of linagliptin to metformin reduces prediabetes progression

Stopping the progression from prediabetes to diabetes is a challenge faced by many patients and their health care providers. In a recent study, prediabetes was less likely to progress to type 2 diabetes among adults who took a combination of linagliptin and metformin vs. metformin alone; the combination group was also more likely to achieve normal glucose levels.¹

It has been demonstrated that treatment of prediabetes reduces the risk of micro- and macrovascular complications, as well as global mortality, highlighting the relevance of early treatments for glucose abnormalities. Evaluation of new alternatives for patients with prediabetes is needed to generate scientific evidence about the safety and efficacy profile of these therapies to treat hyperglycemia at early stages.

The study PI, Dr. Guardado-Mendoza and colleagues examined how often type 2 diabetes developed or normal glycemic levels were achieved using data from across 24 months for 144 adults with prediabetes in the Prevention with Linagliptin, Lifestyle and Metformin (PRELLIM) study. The researchers randomly assigned participants to a twice per day regimen of 2.5 mg linagliptin and 850 mg metformin (n = 74; mean age, 48 years; 66.2% women) or a twice per day regimen of 850 mg metformin (n = 70; mean age, 50 years; 55.7% women). The researchers performed oral glucose tolerance tests (OGTT) and hyperglycemic clamps at 6-month intervals to examine beta-cell function, serum glucose, insulin C-peptide and plasma glucagon levels. The researchers also collected HbA1c data.

Participants assigned the combination experienced a 0.04% decrease in HbA1c at 24 months vs. a rise of 0.42% among those assigned metformin alone (P < .01). The researchers found that glucose levels improved during the whole OGTT and during the entire follow-up, and these improvements were significantly better when comparing those taking the combination with those taking metformin alone.

At 24 months, four participants assigned the combination had type 2 diabetes and 10 assigned metformin alone had the condition (HR = 4; 95% CI, 1.24-13.04). In addition, at 24 months, 52.7% of those assigned the combination achieved normal glycemic levels vs. 33.3% of those assigned metformin alone. In fact, participants assigned the combination were 3.31 times more likely to achieve normal glycemic levels than those assigned metformin alone (OR = 3.31; 95% CI, 1.54-7.09).

The researchers used an OGTT disposition index, which was a calculation combining acute insulin response and fasting insulin, as the metric for beta-cell function, with higher scores indicating superior function. Participants assigned the combination had scores of 2.41, 2.13 and 2.07 on the index vs. 1.56, 1.6 and 1.72 for those assigned metformin alone at 6, 12 and 24 months, respectively (P < .05 at each timepoint).

Together, these improvements in pancreatic beta- and alpha-cell function with combined treatments, like the one that we used in the linagliptin plus metformin group, highlights the role of pancreatic islet cell function as an integrative functional unit to control glucose metabolism and prevent type 2 diabetes, and perhaps due to this effect, the most effective therapies to prevent type 2 diabetes would be those with an important effect on pancreatic islet function combined with lifestyle,” the researchers wrote.

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