#ACOI2020
A virtual event
OCTOBER 21-25

ACOI’s 2020 Convention Goes Virtual
ACOI Heroes: Facing COVID-19
Online Board Review Course
Workouts in the Park

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

ACOIinfo

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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

We look at the body in health as meaning perfection and harmony, not in one part, but in the whole... ~ A. T. Still, DO, founder of osteopathy and osteopathic medicine

Connect with us:
A letter from our President
Samuel K. Snyder, DO, FACOI

We are all physicians, and we want our decision-making process to reflect our focus on health and well-being.

After much soul searching, the ACOI Board of Directors reached the difficult decision to hold our annual convention and scientific sessions on a virtual platform, rather than in-person in Marco Island, as originally planned. In this, we are in harmony with most (if not all) of the major medical societies whose meetings are typically in the fall. We plan to have an outstanding program, and we have reason to hope that attendance will be greater than we usually have at live conventions. Even so, I would like to review with you how we came to this decision.

Our annual convention and scientific sessions have long been something special for many of us. Not just an opportunity to get CME credits for recertification, not just a chance to get some of the most up-to-date medical information available anywhere. But also an occasion—a chance to renew old friendships, deepen old relationships and create new ones. A time to recharge, to grow, even to taste a little joy. A respite from the rigors of practice, a bit of escape. Giving up on this, even during a crisis year, was not an easy decision, and was not made without a lot of back and forth among the Board members.

Ultimately, this decision represents our application of Principle-Centered Medicine—PCM, those core beliefs that drive the College. It has, of course, become commonplace to say that we live in unprecedented times. It was in embracing the complexity of life in the time of a pandemic that formed the foundation of our discussions. We are confronted daily with new data that challenge our evolving understanding of COVID-19, and shape and reshape our reactions and social accommodations to it. None of us know for certain the consequences of the actions we take today, or whether they will affect the manifestations of the pandemic tomorrow. So, embracing complexity, and to a certain extent, accepting the inevitable limitations of our knowledge, framed the entire conversation.

Our Board is a pretty tight group. We work together closely over the course of years. Over the past several years, we have wrestled over the future directions of our College and the truly existential challenges we face. And we have gotten closer than ever. This emphatically does not mean that we all see the world through the same prisms. Not at all! But we have learned through the meaningful and pervasive relationships we have developed to practice deep listening. Sometimes that has meant patience, stifling the urge to react rather than let one another’s words soak in with an attitude of acceptance. Sometimes kicking and screaming, sometimes with true empathy, we have listened to each other’s concerns, which included the pros and cons

Continued
of a live convention versus a virtual one.

For some, that has meant considering the risk of travel when we have health challenges, or age considerations, about whether it would be worth it to go to Marco Island. For others, it has meant how to deal with and perhaps end the isolation we have endured during the pandemic by attending our annual reunion. Some expressed the concern that perhaps we should finally address the carbon footprint that live meetings entail. And we had to consider presenters—they would be subject to all the same considerations and conflicts as us. Inevitably there would be presenters who would be available for a virtual convention but unwilling or unable to come to a live one. Everyone has their personal assumptions about the wisdom of further isolation that a virtual event suggests. Suddenly, we all want the experts in epidemiology and public health to serve our private agendas.

Of course, we are all physicians, and we want our decision-making process to reflect our focus on health and well-being. Or at least we want to justify ourselves to believe that it does reflect that focus. At the same time, we seek to recognize the health potential within each of us, ourselves and our loved ones, and our patients, and to act accordingly. So, we would never knowingly act in ways to threaten our own health—if we could just get around our own assumptions.

This is a decision the Board could not make in isolation, and we polled you, our members. The response from membership was robust. We asked you if you would prefer a live convention, a virtual convention, or a mixed live/virtual format. Almost two thirds of you favored a virtual convention over the other two alternatives—a strong majority. You, the membership who make the College what it is, helped the Board find the balance it needed to make the decision.

One of the recurring pleasures of the live conventions has always been the chance to appreciate that our members come together from all parts of the country, from all kinds of medical practices, to celebrate their unity as osteopathic internists under the ACOI banner. I believe that we can have that celebration, albeit in a different way, in the virtual convention. It is up to us to figure out how. We do not have models. We have never done this before. But we have the College, and we have each other. This is the time when we can use our common sense of purpose, our creativity, our heritage of osteopathic internal medicine, and PCM to embrace the wholeness that our profession represents.

See you online at the convention this fall. 

Sam Snyder, DO, FACOI
President

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At the ACOI we believe that with challenges come opportunities. As 2020 evolves and proves to be one with broad challenges that have had personal and professional implications for our members, we are excited to continue to find ways that move our organization forward as we always have in good times and in bad since 1941.

In the spirit of Leadership, Community, Education, and Health and Wellness, there is no better way to live these Four Pillars than by connecting with our members at the Annual Convention. To that end, we are excited to announce that we will join together, virtually, this fall for the ACOI 2020 Annual Convention and Scientific Sessions!

Although we are disappointed at the thought of not being able to see each other in person this year, rest assured that we are going to be hosting an unforgettable virtual event that will allow for broader participation, allowing more members to join – from your living rooms, or offices, or wherever you choose to connect.

For many of us, the ACOI Annual Convention is a highlight of our year and this year will be no different as we will continue to offer the ability to:

- Attend live CME sessions
- Socialize, recharge, and connect with our colleagues both professionally and personally
- Participate in the Fellows Convocation
- Showcase the work of Residents with the Resident Poster Contest
- Stay current on the continual advancements being made in osteopathic internal medicine

Stay tuned to our website for more announcements and updates. We will be sharing additional details in the coming weeks and months ahead. You may always email questions to Susan Stacy at susan@acoi.org. Thank you for your flexibility and optimism. Together we will remain strong and connected as an ACOI family.

Don’t forget to connect with us on social media for the latest news!
ACOI Heroes: Facing COVID-19

Dr. Judith Lightfoot’s Own Near-Death Battle Underscores the Dangers of Hidden Symptoms

by Gina Kilker

Sailing on a cruise ship in early January, ACOI member, Judith Lightfoot, DO, FACOI, heard a BBC broadcast that mentioned a mysterious virus that was infecting individuals in China. Immediately, a red flag went up for the New Jersey infectious disease physician. While there were only eight known cases, the city of Wuhan was responding aggressively by erecting two hospitals within 10 days — clearly in anticipation of something bigger and more ominous to come.

It wouldn’t be until she returned home and was back to work, serving in her many roles as Vice Chairman of Department of Medicine, Internal Medicine Program Chair, and Chief of Infectious Disease at Rowan University in Stratford, New Jersey, that she learned more about the emerging Novel Coronavirus. And little did she know during those pre-pandemic days, when scant information was available from the CDC, and treatment guidelines were still experimental and preliminary, that she would eventually have the dubious distinction of being one of the first doctors in New Jersey to contract COVID-19. Her experience fighting the illness for several treacherous weeks in March would soon paint a cryptic profile of an enigmatic virus that nearly cost both her and her elderly mother their lives.

COVID-19 Strikes

Unlike most COVID-19 cases that present with the typical symptoms of fever, cough, and shortness of breath, Dr. Lightfoot’s case started out much differently. Late one afternoon, she began suffering from an excruciating headache, which she mistakenly thought was sinus-related. After several days with no relief, and faced with a full work schedule, including a packed calendar of interviews with incoming medical students, and her typical clinical duties seeing over 20 patients a day, she began suffering with crippling indigestion on top of her unending headache. When she arrived home in the evening, she walked into her foyer and collapsed onto the floor. The next few days she was unable to eat or drink. As she grew weaker, she began to go unconscious regularly at home and was unable to return to work — a rare occurrence for the dedicated physician who had only called in sick once in her 33-year career.

While family and coworkers asked if she suspected she had COVID-19, she believed it was unlikely. And with testing kits nearly impossible to get (even for a physician), she was left to deduce that it was simply a bad case of the flu. Although she increasingly grew more ill over the next two weeks, and could only tolerate eating oranges and ginger ale, she continually resisted attempts by her husband to take her to the hospital, and even insisted on working from home, treating patients through telemedicine appointments. Eventually the Dean of the University’s School of Osteopathic Medicine, Thomas A. Cavalieri, DO, MACOI, FACP, and Thomas Morley, DO, FACOO, FCCP, FAASM, Chair of the Department of Medicine and Chief of the Pulmonary Department at Rowan University, became increasingly concerned with Dr. Lightfoot’s health. Together with her husband, they finally convinced her that she had to go to the hospital.

Now presenting with an alarmingly elevated heart rate, weight loss, worsening gastrointestinal symptoms, extreme dehydration, loss of taste, debilitating weakness, and excruciating back pain, she was transferred to the ICU and received a COVID test.
Further examination revealed pneumonia (without a cough or fever) and she was started on a regimen of Hydroxychloroquine and Azithromycin — which at the time were the treatments of choice. Despite how grave her condition was, Dr. Lightfoot remembers that she kept trying to help her own COVID patients through telephone consults from her ICU bed. It took four days before her own positive COVID test came back; in the meantime, without anyone knowing, her mother was silently growing increasingly ill alone in her New Jersey home.

At first, her mother also concluded that she was just feeling poorly due to a sinus headache. After several days of trying to reach his mother, Dr. Lightfoot’s brother in Washington D.C. became concerned when she was not responding either to his phone calls or to his texts and contacted Dr. Lightfoot’s husband, who rushed to his mother-in-law’s home and found her collapsed at the top of the stairs, barely breathing. She was quickly transported to the hospital and admitted to the ICU, coincidentally on the same day her daughter was released. Eventually she recovered, was released, and recuperated with her daughter at Dr. Lightfoot’s home.

Prepared to Fight the Continuing Pandemic

Now, months later, both Dr. Lightfoot and her mother are regaining their strength, grateful to be survivors as they slowly make their way back to normalcy. Framed by her own harrowing fight with COVID-19, Dr. Lightfoot now finds herself intellectually and emotionally equipped to help her patients fight the virus. What concerns her today is the growing number of cases in the U.S. and cavalier attitudes about mask-wearing and other preventative measures.

“Masks matter! We need to worry about our fellow man. We have become too selfish in our society. Take time to check in on your neighbors and loved ones who live alone. If we show we care, we can get through this! I don’t want anyone to get this. It is hard to fight and not everyone makes it,” she says.

Being in the unique position as both a survivor and a medical professional, what is her advice as the pandemic continues? “It is important to remember that it could be any one of us. You can’t see COVID, but as doctors we need to be prepared for symptoms that are not consistent with what we’ve been told to be on the lookout for. It masquerades as other symptoms — vascular complications and dermatologic conditions for example. And most people DON’T present with a fever. Plus, many people are asymptomatic, which is why testing is so important. As physicians in the middle of this pandemic, we must use our diagnostic intuition to help our patients. This is going to be with us for a while until we can get an effective vaccine and we all have to help each other get through this moment.”

A special note of thanks from Dr. Lightfoot

“Thank you to those who provided their care and expertise to me at my most critical moments.”

“I knew I had gifted and compassionate colleagues, but it wasn’t until I was a patient myself, gravely ill with my bout with COVID-19, did I view them from the perspective of a patient in a hospital bed. I will be forever grateful for their care and vigilance. Thank you to Dr. Michael Barnish and Dr. Zeina Ghayad for my care. And a note of gratitude to Dr. Robert Williams, Dr. Todd Levin, and Dr. Mark Condoluci who took wonderful care of my mother. A very special thanks to my mentor who trained me, Dr. David Condoluci, who oversaw everything while I was in the hospital, and who provided comfort and assurance to my family throughout that difficult time. And, I will never forget Dr. Maryam Soliman, Pulmonary Critical Care Fellow, who kept in contact with me and texted me throughout the night when I was in the ICU to make sure my breathing was stable to make sure I did not have to end up on a ventilator.”
Nominations for ACOI Leadership Positions Announced

The ACOI Nominating Committee has announced the slate of candidates for election at the Annual Meeting of Members scheduled for October 25 as part of the 2020 ACOI Annual Convention. The Committee has nominated Robert L. DiGiovanni, DO, for President-Elect and Joanne Kaiser-Smith, DO for Secretary-Treasurer. The Nominating Committee also approved four candidates for election to the Board of Directors. Incumbents Watson Ducatel, DO, MPH, and Damon Baker, DO, were nominated to new terms. Charlene LePane, DO was nominated to complete the term previously filled by Dr. Kaiser-Smith. Under the College’s Bylaws, this year’s President-Elect, Michael A. Adornetto, DO, MBA, FACOI, will be inaugurated as President for the 2020-2021 year at the conclusion of the elections.

Michael A. Adornetto, DO, MBA, FACOI is an AOBIM Certified Internist with University Hospitals of Cleveland. A graduate of the Ohio University College of Osteopathic Medicine, Dr. Adornetto completed a combined Internal Medicine/Pediatrics residency at the Cleveland Clinic Foundation in 1994. He obtained his MBA from Baldwin Wallace University, in Cleveland Ohio in 2013. As a longstanding member of the ACOI, he served as the Internal Medicine Residency Program Director at St. John Medical Center in Westlake, Ohio, and was awarded the degree of Fellow, ACOI in 2006. Dr. Adornetto was first elected to the Board of Directors in 2011, and has served on multiple committees, including chair of the ACOI Practice Management and Professional Development Committee, and on the Executive Committee, since 2018; in 2019 he also served as Program Chair of the ACOI Annual Convention. He continues to Practice in Westlake, Ohio, as well as serve as the President of UH West Shore Primary Care, and as the West Side Medical Director for University Hospitals Primary Care Institute.

Robert L. DiGiovanni, DO, FACOI is a board-certified internist and rheumatologist practicing in Largo, FL. He completed his internal medicine training at Suncoast Hospital (now Largo Medical Center) and a fellowship in rheumatology at the University of Arizona Health Sciences Center in Tucson. He is the current president of Suncoast Internal Medicine Consultants and the program director of the rheumatology fellowship program at Largo Medical Center. Dr. DiGiovanni has been active in the ACOI Subspecialty Section of Rheumatology, serving as chairman and education coordinator of the section. He chaired the 2018 Annual Convention program and has provided numerous lectures for the College at the Board Review Course, convention and other meetings. Dr. DiGiovanni has been an Active member of the ACOI since 1987 and achieved the degree of Fellow in 1994. He was first elected to the Board of Directors in 2013.

Damon L. Baker, DO, FACOI is a board-certified general internist practicing in Tulsa, OK. He is Professor and Chair of the Department of Internal Medicine at Oklahoma State University Center for Health Sciences, College of Osteopathic Medicine (OSU-COM), and Chief Medical Officer at Oklahoma State University Medical Center. Dr. Baker is also program and medical director of the Internal Medicine Specialty Services HIV/AIDS program at the OSU Center for Health Sciences. A 1993 graduate of OSU-COM, Dr. Baker completed his internal medicine residency at Tulsa Regional Medical Center. He has served on numerous boards and committees at the local level, and served on the ACOI Council on Education and Evaluation. An Active ACOI member since 1997, Dr. Baker received his FACOI degree in 2001 and was first elected to the Board of Directors in 2016.

Continued
Watson Ducatel, DO, MPH, FACOI is a board-certified general internist practicing in Brandon, FL. A 2011 graduate of NOVA Southeastern College of Osteopathic Medicine (now the Kiran L. Patel College of Osteopathic Medicine), he received his Master of Public Health at the same institution in 2011. Dr. Ducatel completed his internal medicine residency at Largo, FL Medical Center in 2014. He has served on the ACOI Committee on Minority Health and Cultural Competency since 2016 and chaired a symposium on of Public Health at the same institution in 2011. Dr. Ducatel completed his internal medicine residency at Largo, FL Medical Center in 2014. He has served on the ACOI Committee on Minority Health and Cultural Competency since 2016 and chaired a symposium on the impact of violence on underserved populations at the 2018 ACOI Convention. Dr. Ducatel has been an ACOI Active member since completing his training and received the degree of Fellow in 2016. Dr. Ducatel was first elected to the Board of Directors in 2019.

Joanne Kaiser-Smith, DO, FACOI is board-certified in internal medicine and geriatric medicine with a practice in Stratford, NJ. She is a Professor of Medicine and Associate Dean of Graduate Medical Education at Rowan University. Dr. Kaiser-Smith is a graduate of UMDNJ-SOM (now Rowan University) and completed her residency training at Kennedy Memorial Hospitals-University Medical Center in Stratford. She has served several terms on the Council on Education and Evaluation, was Chair of the Women’s Health Task Force and currently serves as Chair of the Governance Committee. Dr. Kaiser-Smith was a recent finalist for the AOA Mentor of the Year Award. She has been an Active member of the ACOI since 1988 and was awarded the degree of Fellow in 1994. Dr. Kaiser-Smith was first elected to the Board of Directors in 2012.

Charlene LePane, DO, MSPH, FACOI is a board-certified internist and advanced endoscopic gastroenterologist practicing in Celebration, FL. A graduate of Auburn University, she earned a Master of Science in Public Health at the University of Alabama, and went on to earn her medical degree at Kansas City University of Medicine and Biosciences. Dr. LePane completed her residency in internal medicine at Mount Sinai Medical Center/Jackson Memorial Hospital in Miami, then completed a fellowship in advanced gastroenterology at St. John Oakland Hospital in Madison Heights, MI. Dr. LePane has served as the Gastroenterology Educational Chair and Section Chair for several terms, as well as participating as a Resident Research Paper Reviewer, the Research Committee, the Women’s Health Task Force and the Subspecialty Benefits Task Force. Dr. LePane has been an Active member of the ACOI since 2004 and was awarded the degree of Fellow in 2011.

The Nominating Committee this year is chaired by C. Clark Milton, DO. Also serving are Annette Carron, DO, and Robert Hasty, DO. Any Active member of the ACOI may nominate other qualified candidates by submitting the nomination to the Executive Director. Such nominations must be supported by the signatures of 30 active members of the College; they also must include a brief statement of qualifications and must be received no later than 30 days prior to the date of the election. Further information is available from the Executive Director.
Join the New Sustainers Club Today

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

Lee Peter Bee, DO, FACOI
Robert A. Cain, DO, FACOI
Humayun J. Chaudhry, DO, MACOI, MS
Janet Cheek, DO, FACOI
David J. Mohlman, DO, FACOI
Ryan M. Norman, DO
Jeffrey Packer, DO, FACOI
Morvarid Rezaie, DO, FACOI
Laura Rosch, DO, FACOI
Christine Samsa, DO, FACOI
Nathan Samsa, DO, FACOI
Samuel Snyder, DO, FACOI

Become a Member

Help the College Better Plan for Its Future!

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

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

Sign Up Today

Sign up today by completing this form.

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

Membership Renewal

Renew your Membership Today!

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

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

“Being a member of ACOI grants me opportunities...I can go and talk to anyone around here and they can be a guide and helping hand. I’d say to someone who is not a member to join since we have so many resources here. The biggest resources are the people.”

Rani Kattoula, DO
Resident, St. John Providence Health System

“ACOI has helped me serve my patients with more compassion, more empathy, because that is what ACOI has shown to me.”

Amita Vasoya, DO, FACOI
Member since 2001
ACOI Online Learning Center

The COVID-19 pandemic has impacted almost every aspect of your daily life. Your desire to obtain needed continuing medical education and staying abreast of the latest updates in internal medicine does not have to be one of them. We have added new content and improved navigation tools to help you quickly find the educational materials you want and need. You can access a multitude of lectures that span the many areas of internal medicine and earn CME credit when and where it is most convenient for you. We understand the many hurdles you face as a busy practicing physician, resident, or student and want to help simplify things so you can focus on what is important to you and help you stay true to why you pursued medicine. The ACOI Online Learning Center is your one-stop-shop for osteopathic online education.

Online Learning Center Spotlight: Board Review Course

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

ACOI National Meetings

2020 Annual Convention & Scientific Sessions
Oct 21-25
A Virtual Event

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

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

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

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

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

Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183, or from our website at acoe.org.
Greetings colleagues, and welcome to the July issue of Talking Science and Education. I hope you and your families are able to find some quality leisure time this summer. Here in Vermont the weather has been great and my golf game? Well there is a reason golf is a four letter word! Please stay safe and remember that self-care is essential for you to provide care to others.

Last month’s population health quiz asked which state showed the largest decline in overall health ranking from 1990 to 2019? Our winner is a previous population health quiz winner: Dr. Peter Ankrom from Murfreesboro, Tennessee. Dr. Ankrom knew that Kansas had the greatest decline Kansas’ decline was driven by cancer deaths (-20 ranks, increasing from 180.2 to 194.7 deaths per 100,000). ○

Talking Education
AOBIM Announces Alternative to High Stakes Recertification Examination

The AOBIM has announced plans to implement a longitudinal assessment replacing the 10-year, high-stakes recertification (OCC) examination. AOBIM is implementing the new longitudinal assessment for all diplomates that honors their current 10-year certificate and eases the transition for those who will be closing out a 10-year cycle in the upcoming years. All AOBIM general internal medicine diplomates participating in OCC with certificates expiring December 31, 2020 are eligible to access the AOBIM Longitudinal Assessment Modules beginning January 1, 2021 (additional details below). AOBIM diplomates with certificates that expire December 31, 2020, have two options to satisfy their Component 3: Cognitive Assessment requirement:

Assessment Pathway 1: High Stakes Long Form Exam

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

Assessment Pathway 2: AOBIM OCC Longitudinal Assessment Modules

The AOBIM longitudinal assessment modules will be available to all registered diplomates on January 1, 2021. Diplomates must register by August 31, 2020 to maintain certification with the AOBIM. Diplomates will be required to participate in, and successfully complete, three modules annually (between January 1 and December 31). All questions within the modules must be answered and an 80% pass rate must be achieved to successfully complete the module. Diplomates whose certification expires December 31, 2020 must successfully complete three modules by December 31, 2021, to maintain certification with the AOBIM.
The 15 multi-media modules bring learners through cases that integrate 30 clinical presentations most commonly treated by general internists (as determined by CMS). Performance is evaluated on correctness of evidence-based decision-making and confidence in those decisions. Learners who do not respond accurately and/or confidently are sent to micro-learning experiences that address the topic where a deficiency is noted. The modules are currently being updated and will be available on or before January 1, 2021. Psychometric data has shown performance on the modules is highly correlated with performance on the previous high-stakes recertification exam.

Talking Science

Workouts in the Park

Parks can be good for your health, but fear of crime stops some people from using them, a new study finds.1 Previous research has shown that urban green spaces can lower stress levels, weight and heart disease risk, and that living near a park is linked to fewer days of anxiety and depression.

This new study found that New York City residents are more likely to exercise in a park if they live nearby, and the more they do so, the less anxious and depressed they feel -- but only if they’re not concerned about their safety.

For the study, New York University (NYU) researchers analyzed survey responses from more than 3,800 people. The survey results showed that nearly twice as many New Yorkers who lived within a five-minute walk from a park said they exercised there sometimes or often, compared with those who lived more than 30 minutes away. Frequent park exercisers reported having one fewer day a month with mental health issues, compared to those who rarely or never exercised in their local park.

The authors assert that if we want to make the most of the abundant health benefits parks offer, then they need not only to be more accessible, but also safe for everyone. For those worried about crime, the closeness of a local park made no difference in park use, according to the report published online July 7 in the International Journal of Environmental Research and Public Health.

The principle author, Stephanie Orstad cautioned that living near a park may not be enough to improve your physical and mental well-being through exercise. To make parks feel safer, she suggested improving cleanliness and lighting along paths, offering organized programs and fostering a sense of community.

Medication Use Linked to Weight Gain in Postmenopausal Women

For postmenopausal women, antidepressants, beta-blockers, and insulin are associated with weight gain over three years, according to a study published online July 15 in Menopause.2

Fatima Cody Stanford, M.D., M.P.H., from Massachusetts General Hospital in Boston, and colleagues conducted a prospective observational study involving a cohort of 76,252 postmenopausal women aged 50 to 79 years with weight measured at baseline and three years. Body mass index (BMI) and waist circumference (WC) measurements were conducted at baseline and three years, and the association between use of weight-promoting medications with change in BMI and WC was examined.

The researchers found that overweight or obese women at baseline were more likely to be taking antidepressants, beta-blockers, and/or insulin. During the course of three years, taking at least one putative weight-promoting medication correlated with a greater increase in BMI and WC compared with not taking these medications (0.37 versus 0.27 kg/m², 1.10 versus 0.89 cm). An increase in both BMI and WC was seen with the number of weight-promoting drugs prescribed. Compared with nonusers, those who took either antidepressants or insulin or a combination of antidepressants and beta-blockers were more likely to have a significant increase in BMI.

The study is a good reminder that information about weight-promoting medications may help to inform clinical decision-making and support increased attention to lifestyle modifications and other strategies to mitigate their side effects.


2 Stanford, FC MD, MPH, MPA et. al. The association between weight-promoting medication use and weight gain in postmenopausal women, Menopause: July 13, 2020; doi: 10.1097/GME.000000000001589
Addiction Medicine Certification Eligibility Requirements Announced

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

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

Click [here](#) for details.

### 2020 Certifying Examination Dates & Deadlines

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

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

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

**Subspecialty Certifying Examinations**
- Computerized Examination
- 300 Sites Nationwide
- August 18–20, 2020
  - **Application Deadline:** July 1
  - **Late Deadline:** Aug 1
  - • Cardiology • Critical Care Medicine
  - • Endocrinology • Gastroenterology
  - • Hematology • Hospice and Palliative Medicine
  - • Interventional Cardiology • Infectious Disease
  - • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

**Subspecialty Recertifying Examinations**
- Computerized Examination 300 Sites
- Nationwide
- August 18–20, 2020
  - **Application Deadline:** July 1
  - **Late Deadline:** Aug 1
  - • Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine
  - • Endocrinology • Gastroenterology
  - • Geriatric Medicine • Hematology • Hospice and Palliative Medicine • Infectious Disease
  - • Interventional Cardiology • Nephrology
  - • Oncology • Pulmonary Diseases • Rheumatology • Sleep Medicine

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

Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at [admin@aoibim.org](mailto:admin@aoibim.org); 312 202-8274. Contact the AOBIM at [admin@aoibim.org](mailto:admin@aoibim.org) for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.
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 to rely upon the human body’s intrinsic self-repair and self-regulatory mechanisms as part of our toolbox for providing effective care.
- It orients our approach to patient care as we consider existing and future approaches to expanding our ability to treat disease and move patients closer to their health potential.

**FUNCTIONAL ATTRIBUTES**

**How does this Principle work?**
- It requires us to recognize the complexity of human life and to constantly think beyond what is true and accepted today.
- It requires us to think about creating the conditions that will allow the human body to engage its self-regulatory and self-maintaining mechanisms.
- It requires us to give consideration to the many determinants of health that may affect treatment and outcomes.
House Approves Legislation to Address ACA

The House recently approved legislation to shore up the Affordable Care Act (ACA) and allow the government to negotiate certain drug prices. Included in the legislative package are provisions to increase federal tax credits for individuals to purchase insurance coverage through the ACA marketplaces and incentivize states to expand their Medicaid programs. The inclusion of provisions to allow the federal government to negotiate certain drug prices is intended to create a savings in federal spending to offset the cost created by efforts to expand the Affordable Care Act. It is unlikely the Senate will consider this legislation adopted along party lines in the House.

The legislative package serves as a policy marker as healthcare continues to evolve into a campaign issue for this fall. ACOI will continue to closely monitor this matter as it progresses.

COVID-19 Drives Increase in ACA Enrollments

According to a recent report released by the Centers for Medicare and Medicaid Services (CMS), an increase in job losses fueled by the COVID-19 pandemic has resulted in an increase in enrollments in Affordable Care Act (ACA) health plans. The report provides data on the number of individuals who signed up for coverage on HealthCare.gov through a special enrollment period (SEP) during the coronavirus disease 2019 (COVID-19) pandemic. Among other things, the report found that more than 487,000 individuals lost minimum essential coverage (MEC) and sought new coverage through HealthCare.gov. This represents an increase of 46 percent from the same time period last year. You can review the report in its entirety at here.

Supreme Court Upholds Contraceptive Coverage Exemption

In July, the Supreme Court ruled that the Administration has the authority to create exemptions to the requirement that employer-provided healthcare coverage cover contraception. This coverage requirement was created under the Affordable Care Act (ACA). However, certain employers with religious and/or moral objections requested exemptions to this requirement to provide coverage for contraception. Prior to consideration by the Supreme Court, the Third Circuit issued an order to prevent implementation of the final rules creating the exemptions in June 2019 on the grounds that the Departments of Health and Human Services and Treasury exceeded their statutory rulemaking authority and failed to follow proper order in issuing the exemptions. The Supreme Court overturned the Third Circuit allowing for implementation of the coverage exemptions. At issue were two final rules that created exemptions for employers who held religious and or moral objections to the contraceptive coverage mandate. In response to the Supreme Court upholding these exemptions, the House of Representatives is considering legislation to rescind the final rules that created the exemptions, and prevent them from taking effect. However, even if this legislation preventing the implementation of exceptions passes the House, it is unlikely to be considered in the Senate at this time.
or signed into law by the President.

**CMS Creates Office to Reduce Regulatory Burdens**

The Centers for Medicare and Medicaid Services (CMS) announced the creation of the Office of Burden Reduction and Health Informatics. The establishment of the Office is part of the Patients over Paperwork (PoP) Initiative created in 2017 in response to concerns about excessive regulation. The office is tasked with reducing regulatory burden across agency operations. According to CMS Administrator Seema Verma, “The work of this new office will be targeted to help reduce unnecessary regulatory burden, increase efficiencies, continue administrative simplification, increase the use of health informatics, and improve the beneficiary experience.”

The office aims to cut the “red tape” confronted by healthcare providers by reducing unnecessary regulatory and administrative burdens. The office will work to increase efficiency through the use of health informatics, and leverage data and technology to promote innovation within the healthcare delivery system and improve patient care. While many details have yet to be released by the Centers for Medicare and Medicaid Services (CMS), the ACOI will continue to carefully monitor the development of this new office and its impact on physicians and their patients.

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**Washington Tidbits**

**“Co-counsel”**

On the evening of December 22, Gulielma “Elma” Sands disappeared in Manhattan. Prior to her disappearance that evening she told a relative that she was set to secretly marry her suitor later that evening. She was never seen again. Her body was subsequently found in a well and the resulting murder trial would become the first murder trial on record in the United States. The defendant, Levi Weeks, secured the representation of three prominent New York attorneys: Henry Brockholst Livingston, and two other gentleman whose paths would continue to cross until one last time on July 11, 1804 -- Aaron Burr and Alexander Hamilton. After only five minutes of deliberations, the jury returned a verdict of not guilty in the first-ever murder trial on record in the United States.
The ACOI Board of Director wishes to thank all ACOI members for their annual support for the College. The generous support from 75th Anniversary Circle members is of the utmost importance as we seek to maintain an osteopathic approach to internal medicine for future generations of patients.

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MISSION
The mission of ACOI is to promote high quality, distinctive osteopathic care of the adult.

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

VALUES
To accomplish its vision and mission, ACOI will base its decisions and actions on the following core values:
LEADERSHIP for the advancement of osteopathic medicine
EXCELLENCE in programs and services
INTEGRITY in decision-making and actions
PROFESSIONALISM in all interactions
SERVICE to meet member needs