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

Time for a Change

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A fact may and often does stay before our eyes for all time powerful in truth, but we heed not its lessons.

~ A. T. Still, DO, founder of osteopathy and osteopathic medicine

Leadership
We help you realize your full potential

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

Education
We help you learn exactly what you need to know

Health & Wellness
We lead you to discover the spirit of wellness
When I was a kid in the sixties, the anthem of social change was Bob Dylan’s song “The Times They Are A-Changin’.” It was a personal anthem of mine. If you are too young to remember that song, it is worth listening to now. Its message is as fresh now as it was then. Right now, the times they are a-changin’ faster than ever. The pandemic, the first wave, flattening the curve—wait, is that a second wave coming? Unemployment shoots through the roof, businesses are closing, oil is worth less than zero dollars a barrel, and the planet is heating up. Violence in the streets, innocents die. Peaceful protestors, looting rioters, and a wave of social unrest. The world is spinning like a top, the rate of change is dizzying, disorienting, confusing—in our country, our culture, our world. There is so much going on outside, we might be too stunned to be aware of the changes that are triggered internally, in our minds and hearts, by what is speeding ahead in front of our eyes. And those inner changes matter as much as anything else.

Confronted with changes of such magnitude, coming at us with such momentum, how are we to maintain our equilibrium as osteopathic internists? And more importantly, how can we help those who need us? How can we serve? More than ever, we need a foundation of ideals that is so solidly rooted, yet so responsive, that it empowers our personal growth and enhances our service. We have to be like the trees—responding to the winds but rooted in our ideals.

First, let’s look at the osteopathic credo of mind, body, spirit. We are used to thinking of our roles as physicians in the context of serving individuals, usually on a one-to-one basis, behind a closed door, with the privacy and confidentiality that relationship deserves. But when we consider the inclusion of spirit in our founding principles, we must come to understand that you cannot serve spirit purely in the individual, because we are all connected through spirit, however we might choose to articulate that. To be an osteopathic physician means to serve all, whether one at a time or in the collective.

Please understand clearly. I am not talking about politics. I am not talking about faith or religion. I am talking about the responsibility of being an osteopathic physician.

Over the past few decades, we have come to appreciate that physicians cannot practice in the isolation of a treatment room. Our responsibility has grown to include some aspect of public health, no matter what the specialty or what the practice venue. Without some consideration of our responsibility for public health, without some education in that area, we are not providing our patients with the level of service they deserve and need.

Without some consideration of our responsibility for public health, without some education in that area, we are not providing our patients with the level of service they deserve and need.
What has become painfully clear in recent weeks is that we cannot serve the public health needs of our patients or the greater population without also speaking out on issues of social justice. The first cannot be accomplished without attention to the second. To some, this might have been painfully obvious all along. Others of us are awakening slowly to the deeper levels of responsibility entailed by this connection. I am not especially naïve. But I know that what I have learned in the past few weeks about discrimination, hatred, racism, poverty, privilege and power have awakened me to a new level of compassion and empathy. Now it is my obligation to reflect those learnings in my practice of medicine and my teaching of future physicians.

I have often heard in recent days the refrains that things will never be the same, and that we will have to find a new normal. It’s true. Of course, it’s true, those statements are always true, whether we realize it or not. ACOI realizes it too. We cannot stand still. We are not the same organization we were a decade ago, or even a year ago. And we will not be the same a year from now, or a decade from now. Over the past few years, as our leadership articulated the pillars of Principle Centered Medicine™, we could not have foreseen what has overtaken us so quickly. But those pillars are exactly the standards by which we can move forward as practitioners and even exemplars of osteopathic internal medicine. Let me restate them here, and you can reflect on how appropriate each one is to meet the changing needs of our patients and our society, as we move at breakneck speed into an uncertain future:

- 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

The practice of these principles can be the personal compass for each of us, so we can always find true north. ACOI is the organization of the present and future that stands by and for these principles. This is what the practice of osteopathic internal medicine is supposed to be: mind, body, spirit. We must take responsibility for ourselves, our personal well-being and awareness. We must continue to take responsibility for our patients, for treatment of disease, alleviation of suffering, and maintenance of health. And we must take responsibility for our society because the highest standards of public health are counterfeit unless they include the highest standards of social justice and planetary health.

Sam Snyder, DO, FACOI President

How Has the ACOI Influenced Your Personal and Professional Development?

In this month’s featured video, hear a few of our members share their stories about how the ACOI has helped them grow both personally and professionally.
Early in 2015, the AOA announced it would join forces with the Accreditation Council for Graduate Medical Education (ACGME) to create a single GME accreditation system in the U.S. At about the same time, I was considering how much longer to continue working. Even after 25 years, I loved my job as ACOI Executive Director, and still do. I also heard the voices of mentors and friends encouraging me to retire while I was young enough to enjoy it.

The AOA announcement created an existential crisis for the ACOI, as it did for many other osteopathic organizations. The lifeblood of membership for our College has always been the residents who completed osteopathic residency training. What would happen when there were no more osteopathic residencies? The transition to the new GME system was set at five years. I determined to stay with the College through the transition and do what I could to assure a positive ACOI future.

One of the most rewarding parts of my job has been to watch and learn from how internists approach problem solving. Our Board of Directors recognized immediately that many of the old ways of doing business would not be enough. Unlike many other of our peer groups, they wasted very little time in angry denial. As they would with any sick patient, they diagnosed the problem and designed a treatment plan. Through continuous strategic planning, they grappled with the difficult questions that are at the core of any organization’s mission: Why should we continue to exist? What does the ACOI bring to the world that no one else does? What would be missed if the ACOI ceases to exist?

The culmination of that work is the identification of a set of principles that the ACOI believes are both osteopathic in origin and universally applicable in providing high-quality patient care. A commitment to Principle-Centered Medicine™ is what we think sets ACOI apart from any other organization. (To learn more about what the principles are and how they can be incorporated into your practice and life, I recommend viewing Robert Cain, DO’s keynote talk at the 2019 Convention, available for free at our Online Learning Center. A big part of the principles is ACOI’s commitment to helping our members live well. Essential to that is practicing self-care. When outside pressures are overwhelming, it’s easy for physicians to lose sight of why they wanted to be doctors. Our promise is that we will help you stay true to why you chose medicine as a career.

It is now late June, 2020, and the ACGME transition is complete. Every single AOA internal medicine and subspecialty training program that sought ACGME accreditation is now accredited. That is something to be proud of. Much of the groundwork needed for the future is in place. Many, many challenges lie ahead. An impressive new Executive Director has been hired—Karen C. Caruth, MBA—and she is absolutely the right person to lead ACOI on this journey. I feel very confident that the future is bright.

It feels like 30 years have passed in the blink of an eye. It is not possible to thank individually all of the people whom I should for their support over that time. I have been inspired by what our members do every day. I am in awe of the volunteers who serve on our committees and the Board of Directors for no other reason than to give back to your profession. I will be eternally grateful for the dedication shown by the ACOI staff, who achieve so much under sometimes very trying conditions. Most of all, I will cherish the lifelong friendships I have made over the years. While this is so long for now, don’t be surprised to see me at an ACOI meeting in the future. Old habits die hard! 🙏
June 30 Deadline

ACOI Board of Directors Nominations Sought

Active members of the ACOI who are interested in serving on the Board of Directors are invited to contact the College’s office and request a nominating packet. The members of the ACOI will elect three individuals to three-year terms on the Board at the Annual Meeting of Members on October 25th.

As part of an ongoing self-assessment process, the Board has developed a position description for Board members, and a list of competencies that should be possessed by the Board as a whole. Potential candidates must complete an application packet that allows them to describe how their experience and expertise match up with the desired competencies. In order to be considered by the Nominating Committee, the completed application packet must be returned to the ACOI office no later than June 30, 2020. The slate of candidates will be announced in the July issue of the newsletter.
COVID-19 and the Minority Experience

A Checkered History Frames the Pandemic Response

by Gina Kilker

Few have been spared the anxiety and uncertainty of COVID-19; but, for some Americans, like Black Americans and Native Americans, the pandemic has taken an especially frightening toll.

Without the ability to have advocates, such as relatives or loved one by their side, many Black Americans are confronting their worst fears as they seek medical care during the pandemic. Most hospitals have instituted no-visitor policies, and sick patients are facing COVID-19 diagnoses and treatment—and often their last moments—by themselves. Painted against a historical backdrop of general mistrust toward the medical community, many Black Americans hesitate to seek needed care, fearing inadequate treatment stemming from past inequities in the medical system. These fears are exacerbated by ever-changing CDC guidelines, questions about experimental drug treatments, and in some locations, overcrowded ICUs. Rapid-fire decisions are being made on how to treat seriously ill COVID-19 patients, only adding to the uncertainty.

“In my own office, I saw firsthand the fearfulness of my brown-skinned patients about what could happen to them if they went to the hospital,” said the Tampa, FL internist.

The trepidation voiced by his patients about going to a medical facility as a minority without a trusted advocate by their side, eventually crossed over into Dr. Ducatel’s personal life. In March, his wife’s uncle, a man in his mid-80s living in New York City, was experiencing COVID-like symptoms. Dr. Ducatel acted remotely from Florida to counsel him and his family in New York, and felt strongly that he needed to go to the hospital for care. Eventually, the uncle went and was indeed found to be COVID-19 positive. After days of the family maintaining contact with hospital personnel and receiving reports that sounded promising, the situation quickly turned dire and Dr. Ducatel’s wife’s uncle passed away. And, like many families throughout the nation, Dr. Ducatel’s family suffered the additional anguish of knowing he died alone, without the comfort of family by his side.

COVID Has Uncovered Problems in Medicine

The Guardian, a leading UK publication, reports that African Americans have died at a rate in the U.S. of 50.3 per 100,000 people, compared with 20.7 for whites, 22.9 for Latinos, and 22.7 for Asian Americans. It is not a genetic predisposition that is creating this tragedy, unlike the myths that have been propagated inaccurately for years, according to Dr. Ducatel.

“In medical school, we are taught that Blacks have the highest rates of diabetes, HIV, hypertension, etc. If that is not worded or talked about carefully, a student could assume that those diseases are inherently associated with having brown skin, but that is not what the science shows. We need to recognize the profound role medicine has had in creating these beliefs that certain groups of people are biologically distinct and inferior in some way when compared to others. Medicine has had a role in creating that belief.”

Another population, Native Americans, is also seeing disproportionately high death rates; indigenous people in Arizona are...
experiencing 42.8 deaths per 100,000. In some tribes, the infection rate is double that in the State of New Jersey, which is the second worst affected state in the U.S. The Navajo Nation surpassed the State of New York at 2,680 cases per 100,000 people, compared to 1,890 in New York.

Diseases have ravaged and threatened Native American lives many times in the past, tracing back to when European colonizers introduced infectious diseases such as measles, cholera, typhoid and smallpox, sometimes deliberately. Those epidemics are thought to be responsible for killing more than 70% of the native populations, who had no immunity to the imported germs.

Currently, Native Americans have tried to minimize the infection rate of COVID-19 by taking early action and closing borders within their communities, but they face serious challenges. By some estimates, 40% of Navajo Nation communities have no running water. And, with impoverished living conditions brought on by forced displacement and historical persecution, all of which are considered significant factors for the population’s overall poor health and well-being, the COVID-19 crisis is overrunning their Nations.

**DOs Can Lead New Thinking Toward Medical Equity**

“I think that medicine has a unique opportunity to set the record straight on what race is, what race is not, and on medical equity. And, I think we have a big role in making our society better in this country by shedding the way we have approached different human populations in the past. We have the power to correct the record,” Dr. Ducatel said.

“What this once in-a-lifetime pandemic has done is force out all the medical ills; and I don’t mean diseases, but all the things attached to having diseases and dealing with them and being part of the medical system. It has forced all of that from underneath the surface.

“I get excited at the thought of the opportunities that I believe that we as DOs have, just based on our historical and theoretical mindset and the principles of our osteopathic medicine founder, A.T. Still. In the 1800s, during the Civil War, he was an advocate fighting as a Union Army soldier. I think we have a very unique perspective to offer the world and we can take leadership on this issue in medicine where others cannot, and I would love for it to start with the ACOI.”

**Sources:**
- Navajo Nation’s water shortage may be supporting COVID-19 spread
- Black Americans dying of COVID-19 at three times the rate of white people
- Why Native Americans took COVID-19 seriously: ‘It’s our reality’

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**American College of Osteopathic Internists Statement on Racism and Inequality**

The American College of Osteopathic Internists expresses our profound sadness for the recent tragic deaths of George Floyd and others who are victims of prejudice. In addition to recognizing the suffering and unique challenges of those who are most impacted by racism and social inequities, we mourn the stark reality that prejudice and discrimination based on skin color and other physical characteristics continue to harm the health of our entire nation.

The osteopathic profession has always tried to advocate for diversity within our profession and to improve the quality of human lives without regard to skin color or other physical differences. Our profession will stand firm with all whose health is impacted by racism. We are committed to ending the health inequalities that continue to ravish the American people.

We believe that all aspects of the individual contribute to the health of that person, and that those physical aspects which make a person unique should never result in disadvantage or the infliction of harm.

We are hopeful that through these national tragedies, members of our profession, along with others outside our profession, will continue to fight for health equity, freedom, and justice for all. Our hearts are heavy, but our will is strong. Our osteopathic community will continue to work on the front lines to heal the people of our nation and create a better future for all of us.
When infectious disease (ID) physicians first hear about mysterious viruses emerging on the scene, they tend to remember all the details of where they were, who they were with, and what they were doing. Such was the case for ACOI member, Mia Taormina, DO, FACOI. The date was January 21 and, as Chair of the Infection Control Taskforce for DuPage Medical Group in the Chicagoland area, she acted immediately, calling an emergency meeting of the taskforce that same day. They discussed potential scenarios that they might likely face if the virus ever reached Illinois. One month later, she found herself at a conference in Costa Rica hosted by Michigan State University. Suddenly considered a coronavirus expert, she spoke to physicians in all specialty areas about what she had learned in her research to date about the virus.

"During the conference, we had approached the idea of having 1,000 cases nationwide. I knew that this was going to be something, and that this was the real deal, but I never thought I’d be in a position where we would be getting a thousand cases per day in my state," she said. "I never could have imagined that it could be as big as it was."

From Research to Real World

Little did Dr. Taormina know that just seven weeks after she first heard of COVID-19, and the very next day after returning from the conference, she would be the physician to personally diagnose the first case of COVID-19 in DuPage County. That date was March 9. From then on, she described what she and her team faced as “an absolute war zone.”

Soon, physicians in her practice alone were losing up to three patients daily; statewide, that number was 80-120 per day. “It was shocking to see young people under the age of 30 walk in short of breath, needing oxygen, and passing away two to three days later. Yet, while I saw some horrible outcomes, it was balanced by some incredible saves," she said. “And for some patients, we thought there was no way they were going to make it out of the hospital alive, but they made it out alive and well. They recovered to a point of being able to go home and go to rehabilitation services after major interventions like being on ventilators, requiring dialysis, and being treated for bloodstream infections. All the complications that come from long-term intensive care stays had all reversed and they were able to go home without oxygen.”

Further mystifying her and the team was the lack of patterns that they were witnessing -- who was getting very sick and who was not. One of her patients who was 102 years old, barely required oxygen and recovered quickly.

But things rapidly grew more complicated when one of her clinic partners was forced to take a medical leave because she was at high risk of contracting the virus. Then another blow: her other partner contracted COVID-19, leaving Dr. Taormina as the sole remaining ID specialist in her practice. Normally, the relatively small ID department, staffed with just the three doctors, covered an expansive service area; they served at four local hospitals and covered over a dozen additional hospitals statewide.

“There was a stretch of about 70-plus days where I virtually worked straight through. I had just two days off over Easter break,” she recalled.

Organization and Optimism Fueled her Superhero Stamina

When Dr. Taormina’s workdays ended, her other jobs as single parent and kindergarten teacher for her six-year old daughter were just beginning. Once she was the only ID provider left at her large multi-specialty group clinic, she knew rotating from her practice to hospital visits to childcare responsibilities would require meticulous planning and organization.
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.

Babajide Adio, DO
James Bartley, DO
Dennis Buck, DO
William Evans, Jr., DO
Leslie Gomez, DO
Chris Hauger, DO
Alexandria Jilg, DO
Brittany Lesher, DO
Kenneth Mueller, III, DO
Sean Nonnemaker, DO
Justin Noroyan, DO
Nicholas Poponea, DO
David Russell, DO

“...A lot of it was knowing exactly where I was going to round first, and which hospital was second and then third, and which patients I was going to see when. I would spend a considerable amount of time in the evenings, after my daughter went to sleep, reading charts so I could prep for the next day and develop a framework of what I was going to do the next day. And waking up the next morning, it’s often a good hour before my daughter gets up and I will get right on the computer and start to pre-chart all of those patient notes. It saves so much time. Consequently, I am almost never walking into a patient room asking ‘what brings you in today?’ I know exactly why they’re there. I know exactly what’s been done so far. And I know exactly what I need to do. And I think the patients appreciated not having to repeat themselves and tell their story a dozen times. My tendency toward being organized and just knowing that there will be a light at the end of the tunnel. That’s what got me through.”

And just when Dr. Taormina didn’t think her life could be busier, she found herself in greater demand as she was asked to appear regularly as an expert guest on Chicago public radio station, WBEZ, answering callers’ questions about COVID-19. In the midst of a pandemic with so much to do in her personal and professional life, and with concerns of a second wave to prepare for, why does this ACOI healthcare hero take the time to do so much and then commit to appearing on a live program, too? Her answer is that now is the time to contribute during this once-in-a-lifetime pandemic.

“Whatever I’m asked to do, I’m very willing to do. There’s going to be a time when this is over and gone and this might be the only time in my whole life for me to do all this. I’m not going to sit it out.”
Important Information on Becoming an ACOI Fellow

Consider joining your esteemed colleagues to become an ACOI Fellow. Maintaining your membership is the important first step toward the prestigious status of Fellow in ACOI, where the FACOI designation can be added to your name.

Did you know that:

- The Board of Directors may award the title of “Fellow” to one who meets requirements as outlined in the Bylaws of the College?
- Just over a third of ACOI members have achieved the designation of Fellow?
- Becoming a Fellow puts you in an elite category of professionals that garners the trust and respect of your peers, colleagues and patients?
- The degree of Fellow is conferred each year in a moving ceremony during the annual convention, where candidates receive a commemorative medallion, certificate and photo?
- Active members of the College are eligible for nomination after two years of membership and certification by the AOBIM or ABIM?
- You must remain certified and a Member in good standing to maintain your Fellowship?

Begin the process for obtaining this prestigious honor today by visiting www.acoi.org.

Special Award Nominations Also Sought

Fellows Nominations Due June 30

The deadline for submitting nominations for the honorary degree of ACOI Fellow is June 30, 2020. The minimum eligibility requirements for consideration are two consecutive years of Active ACOI membership and certification by either the American Osteopathic Board of Internal Medicine or the American Board of Internal Medicine.

Nomination packets have been mailed to all current Fellows, as well as those who are eligible through AOBIM certification. Interested members who are certified by the ABIM are asked to contact the ACOI office for an application as the College does not maintain a complete list of ABIM-certified physicians. A link to eligibility information and nominating forms is found here.

Recently-approved Bylaws changes simplified the nomination process and made it easier for candidates who do not have two Fellows available to nominate them. Such members are urged to contact the ACOI office for assistance.

Nominations also are sought for the Internist, Researcher and Teacher of the Year Awards, and Master Fellowship. The deadline for those nominations is also June 30. Eligibility requirements are found at www.acoi.org.
In Memoriam

Word has been received of the death of Harold Rexford Ruettinger, DO, FACOI, 62, of Fenton, MI on May 26, 2020. Dr. Ruettinger was a board-certified internist who practiced in Dearborn Heights for over 35 years.

Dr. Ruettinger was a 1985 graduate of the Chicago College of Osteopathic Medicine. He completed his internal medicine residency at Garden City Osteopathic Hospital and went on to serve the same hospital as Chief Medical Officer.

He was an Active member of ACOI from 2007 until his death.

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.
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: Medical Practice Preparedness for the Coronavirus (COVID-19)

Were you unable to attend the recent live ACOI webinar titled, “Medical Practice Preparedness for the Coronavirus (COVID-19)?” In an effort to keep you abreast of the latest COVID-19 developments that impact your practice and patients, the ACOI has made the CME webinar available free for ACOI members on our Online Learning Center. You can access the webinar at a time and place most convenient to you by simply clicking here and selecting “Free Activities.” There is a $30 charge for non-members. 1.25 AOA 1-B credits are available upon completion of the webinar.

ACOI National Meetings

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 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.

Status of Convention

ACOI is still finalizing details of its upcoming Convention (October 21-25). Thank you to those who completed the survey on virtual vs. in-person for the event. While there will certainly be a virtual option for the Convention, we are exploring the feasibility of an in-person event, as well. We hope to have full details and registration open soon, and look forward to seeing you online or in-person in October!
Update on the Visiting Professor Program

This past year the ACOI sponsored a total of 21 Visiting Professor sessions. Sixteen were in person and five were conducted as virtual sessions. ACOI reached out last month to all of the COMS that had not set up a VP session yet, and many expressed the desire to set up a VP session, if possible, in the fall.

John R. Sutton, DO, FACOI at a Visiting Professor session at Idaho College of Osteopathic Medicine, March 2020.

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.
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.

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 7.
Meet David Moon, a rising third year medical student and outgoing SOIMA President at Liberty University’s College of Osteopathic Medicine (LUCOM). David grew up in Temecula, California. He graduated in 2016 from UCLA with a B.S. in Biology.

Q Ms. Ciconte: How did you decide to pursue an osteopathic medical career?

A Mr. Moon: Growing up I had no idea that osteopathic medicine existed. While at UCLA, I participated in a Medical Outreach Group where I had the opportunity to shadow an osteopathic physician practicing at a free clinic in Mexico. I was able to observe OMT for the first time and although I was a bit skeptical, I was amazed how the patient responded to this type of treatment, announcing that she was pain free. After that experience, I did some research on osteopathic medicine and found that I really liked the approach and the time they spent with their patients.

I was not going to apply in the cycle, but a mentor encouraged me to apply. LUCOM stood out among the schools that accepted me because I felt they really invested in my application and took their time to get to know me and my story.

Q Ms. Ciconte: You served as President of the Student Osteopathic Internal Medicine Association for the 2019-2020 year. What was that experience like?

A Mr. Moon: My experience was very good. Thanks to a grant from the College, I was able to attend the ACOI Annual Convention along with two other student leaders in Phoenix last October. We enjoyed the one-day sessions that were planned for medical students. The speakers were terrific, sharing important information about what we need to know for our futures. There was a session on student debt which was a bit daunting, but helpful to know. It was great to meet medical students from other medical schools so we could learn about the differences and similarities of other campuses. I also enjoyed having the opportunity to meet ACOI’s leaders and members. We would be sitting at a table and an ACOI member would stop at the table to welcome us and find out where we were going to medical school. We all felt very welcomed to the osteopathic internal medicine community.

Q Ms. Ciconte: You were able to have a Visiting Professor session with Dr. Hasty. How did it go?

A Mr. Moon: Dr. Hasty was the first Internal Medicine Visiting Professor Program we had last fall. His energy is amazing and his session set the tone for the year. We had over a hundred first-and second-year students in attendance. His session on “How to Succeed in Rotations and Get into Residency” was very practical. After the Visiting Professor session, students came up to me and told me Dr. Hasty had motivated them to do better and felt that they learned a lot at his session.

Q Ms. Ciconte: How is COVID-19 impacting the lives of medical students?

A Mr. Moon: In some ways, social isolation was no different since medical students are constantly studying anyway. However, it was difficult and stressful to learn our hands-on clinical skills on-line. Cancelling our classes and activities only added to the stress of a medical student.

Continued
Ms. Ciconte: Prior to this crisis, what were some of the challenges facing medical students today?

Mr. Moon: I think the major challenge is being able to find balance in our personal and professional lives. How do we make time for rest in our non-stop schedule of studying? How do we give ourselves permission to rest when we know that our fellow colleagues are studying?

Ms. Ciconte: How can ACOI help?

Mr. Moon: It would be good for current medical students to be able to learn some practical tips from recent medical school graduates on how they handled and coped with the most common issues. Perhaps this could be the focus of a column in the ACOI newsletter written by a recent medical school graduate.

Ms. Ciconte: Your Visiting Professor session and grants to student leaders to attend the annual convention are thanks to gifts to the College, especially to the ACOI’s Generational Advancement Fund. What would you say to encourage more ACOI members to contribute to the Fund?

Mr. Moon: I would like to first thank them for the support that they have given so far. I believe that it is important for medical students to learn from previous generations of osteopathic internists and how they navigated, and are currently navigating, through their careers. The amazing educational and networking opportunities at the convention are tremendously beneficial for our futures. The Professors who come to speak to us through the Visiting Professor Program have so much wisdom to share and they help us as students to stay motivated and look forward to being attendings one day.

I would say that I am very grateful to the ACOI for all the opportunities they provide to students. These opportunities encourage partnerships with students. I know I look forward to continuing my partnership as an ACOI member!

Ms. Ciconte: David, many thanks for all you did and will continue to do for LUCOM’s SOIMA. Best wishes for continued success in pursuing your DO.
where the delivery of health care services is impacted by the current pandemic. The protections would extend to those who provide care in good faith during the COVID-19 pandemic health emergency. The protections do not extend to instances of negligence or willful misconduct.

The ACOI will continue to monitor this legislation closely. You can view the request in its entirety here.

House and Senate Committees Explore Health Disparities

House and Senate committees have begun to explore racial health disparities in the age of COVID-19. Committees of jurisdiction are set to examine racial inequities within the health care system and why COVID-19 has hit communities of color harder than white communities. The House Energy and Commerce, House Ways and Means and Senate Finance Committees are exploring different aspects of racial disparities in the health care delivery system, which include the availability of resources like PPE and ventilators, the availability of health care centers that serve minority communities, and physician shortages for minority populations, among other things.

The ACOI will continue to monitor the oversight and legislative activities of these committees and their impact on patient care.

Rule Removing Non-Discrimination Protections Finalized

The Department of Health and Human Services Office for Civil Rights announced a final rule that removes gender identity and termination of pregnancy from the definition of “on the basis of sex.” The final rule has raised concerns within the LGBTQ community and others concerned with its impact on the availability and access to health care services. The final rule removes anti-discrimination safeguards created after the enactment of the Affordable Care Act (ACA).

Shortly after release of the final rule, in an unrelated Supreme Court case, the Court handed down a decision that protects workers from discrimination based on sexual orientation or gender identity. Following release of the final rule, and in light of the Court’s decision, the first lawsuit was filed by advocates of the LGBTQ community that challenges the final rule. This issue is certain to work its way through the courts. The ACOI continues to support physician-led health care teams as an important component of Principle-Centered Medicine™.
COVID-19 Causes Delays in Value-Based Payment Models

The Centers for Medicare and Medicaid Services (CMS) recently announced it will delay implementation of some new value-based payment models and create flexibility for others in response to the disruptions caused by the COVID-19 pandemic. CMS Administrator Seema Verma wrote in a blog post, “Of course, when it comes to a pandemic of the proportion we’re now experiencing, as part of ensuring the value-based payments are sustainable, the models must be adjustable to address the uniqueness of the current situation.” Included in the adjustments is an extension of the Next Generation ACOs through 2021 and to allow ACOs to stay on Track 1+ through the end of 2021, among other adjustments. CMS also announced that it will allow providers another opportunity this year to apply for the Direct Contracting model. Both the Comprehensive End-stage Renal Disease Care Model and the Oncology Care Model have been extended. You can learn more about these changes and others by visiting the CMS Innovation Center COVID-19 Flexibilities page here.

Funds Provided to Support Health Care in Rural and Underserved Areas

The Department of Health and Human Services recently announced the release of $107.2 million in funds to expand and train the healthcare workforce in rural and underserved areas. The funds were made available to over 300 recipients and will support primary care training and the enhancement of accredited residency training programs, among other things. The awards were provided through the Health Resources and Services Administration (HRSA).

Washington Tidbits

“Dinner Plans”

The young nation was at a crossroads. Seeing the opportunity to find compromise between two sides, dinner was arranged for two founding fathers by the then Secretary of State. Secretary of the Treasury Alexander Hamilton and James Madison met over dinner on June 20, 1790 to hammer out final details that would both secure the creation of a central bank and the location of the new nation’s capital along the banks of the Potomac River. Having arranged the “meeting, the menu, the venue, the seating,” Thomas Jefferson was in the room where it happened – he was also the first US President to take the oath of office in the new capital that was part of the grand compromise!
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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Community

Thank You!
Right now, the world is quickly learning to connect in vastly different ways. One thing has not changed: No one-size-fits-all plan exists for a good estate plan.

Estate planning has not been on the top hit parade of most individuals To-Do List. AARP research revealed that six out of 10 U.S. adults do not have wills and many who do, have documents that are out of date. But in the midst of the COVID-19 pandemic, Google reported that searches for “how to make a will” are 67% higher than they have been at any time in the search engine’s history.

Granted, you are busy — with intense professional demands, loving family, and friends. But please allow yourself to take the time to think about — and also — take action on your estate plan.

Start with goal-based planning: determine what you want to accomplish and how your situation is unique. There are two sides to goal-based planning — the financial side and the emotive side.

For the fiscal part it is important to work with a team of qualified professionals like estate attorneys, tax professionals, insurance specialists and a financial planner.

For the emotional part, you should take some time to think about YOUR legacy, your thoughts on what is most important to you. This is an important step in Estate Planning. It is not just about calculating how much to give.

To help with thinking about what is meaningful to you, use the Legacy Brainstorming Worksheet.

If you do not have an estate plan, most states have one for you, and it may not be what you would want. Not many people would purposely let their state legislature draft their estate plan for them, yet that is what you get if you don’t plan yourself.

The tips below are to help you through this process.

How to Find Trusted Financial Advisors:

1. Ask for referrals from dependable individuals. Start by asking friends, family, and colleagues for recommendations.

2. Always interview multiple experts — Even if you need to move quickly to handle crucial legal or health care matters, resist the temptation to hire the first advisor you meet.

3. Look for professionalism, compassion, and communication - Whatever your preferences, make your wishes known to an advisor.

4. Request and check references. Ask for a recent client and a long-term client who has been with the advisor for five or more years.

5. Make your selections while watching out for red flags. Be cautious about anyone who rushes you to instantly sign documents or make payments before you can review paperwork or think things over.
How to Find Trusted Estate Planning Attorneys – in addition to the list above:

The American College of Trust and Estate Counsel (ACTEC) Search Tool is an excellent source as these individuals have been elected by experienced attorneys as tops in estate planning. Check it out here.

Since the ACOI staff is unable to mail ACOI’s “2020 Personal Planning Guide” with helpful tips, at this time due to the COVID-19 lockdown in Maryland, please email Kara Kerns at kara@acoi.org to reserve a copy for future mailing.
With summer comes the hope that many of us have turned the corner in our Nation’s fight against the COVID-19 pandemic. However, understanding that we are not out of the woods yet, now is as good a time as any to review your practice’s billing and coding activities. How many patients are you “seeing” a day compared to your pre-COVID-19 numbers? How are you billing the visits? What do your current accounts receivable look like?

As I have noted in the past, the Centers for Medicare and Medicaid Services’ (CMS) website includes a “Current Emergencies” tab that contains a wealth of information in regard to telemedicine services. The resource is available here. Included is the latest edition of CMS’s FAQ for physicians, released on June 19. The FAQ addresses such things as telemedicine services and whether or not there are CPT codes available to describe medical discussions lasting longer than 30 minutes for audio only calls (99441-99443 series). I also encourage you to visit the ACOI’s COVID-19 resources available here.

It is a good time to take a closer look at your accounts receivable and any place of service 02 billed to Medicare for telehealth visits in the early stages of the public health emergency (PHE). These can be updated online for an additional payment of $12.00. The other outstanding financial issue that could increase your Medicare reimbursements is the process of reprocessing claims for the increase in payment of $30 to $60 for the coded 99441 - 99443. This series of codes was re-priced May 12 with a retroactive date of March 1, 2020.

Many commercial insurance companies are currently publishing dates for the end of waivers and policy suspensions for telehealth services. Your staff needs to review which codes your commercial insurers will cover and determine which insurers will terminate the policy exceptions. As an example, BCBS Michigan recently released a document that shows the codes associated with telehealth procedures covered with no cost sharing for members during the COVID-19 pandemic for BlueCross (commercial) PPO and BCN HMO (commercial) members will end June 30, 2020.

When reviewing the policies, be sure to distinguish between which of the insurance products are being analyzed. Although BCBS in Michigan indicated an end to no member cost sharing for office visits for two commercial products after June 30, their Medicare Plus Blue PPO and BCN Advantage members will have these benefits until December 30, 2020.

If circumstances take a turn and there is a spike in your state’s COVID-19 cases, be sure your staff continues to monitor your commercial insurers in the event they extend or reinstitute waivers or policy suspensions set to expire or that have already expired. This will allow you to know and maximize the codes that are allowed for billing and to let your patients know if they have a financial responsibility during your informed consent discussions. Stay informed, stay current, and stay safe as we enter this next phase of the PHE.
Greetings, colleagues, and welcome to the June issue of *Talking Science and Education*. At a time when there is so much uncertainty, disruption and fear, I hope we as a nation will find the courage to join together in an effort to heal; on all fronts! 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 greatest improvement in overall health ranking from 1990 to 2019? Our winner is Dr. Peter Ankrom from Murfreesboro, Tennessee who knew that New York was the correct answer. New York made the largest improvement in the rankings since 1990, rising 29 ranks, followed by Vermont at +19. New York’s improvement was driven by decreases in premature death (+42 ranks) dropping from 9,754 to 5,830 years lost before age 75 per 100,000, infant mortality (+28) declining from 10.7 to 4.5 deaths per 1,000 live births, violent crime dropping from 31,007 to 351 offenses per 100,000 and cancer deaths declining from 205.6 to 176.4 deaths per 100,000 (both +23).

**Talking Education**

*Microlearning and CME: What the heck is that anyway?*

As technology rapidly develops, the industries and disciplines that make use of it — including medical education — evolve as well. Microlearning techniques are an exciting opportunity to combine grounded learning principles with new educational technologies. The term “microlearning” is actually a reference to its main strategy, which is dividing study materials into bite-size chunks and focusing on one at a time.

Microlearning works by chunking up complex learning into a series of short, 10-to-20-minute lessons. Whereas traditional methods of teaching measure time spent in hours, microlearning offers learning in chunks of seconds or minutes. Where macrolearning is formal, hierarchical and sequential, microlearning is informal, dynamic and flexible. Information retrieval in traditional learning occurs via courses, while in microlearning platforms, learning occurs in small, self-contained learning units.

While microlearning is growing in popularity for all age ranges in the educational world, its skill-based format is especially applicable to adult learners attempting to achieve specific objectives. Medical board exams require a tremendous amount of recall and proficiency. And after the exam, medical practice requires just as much, if not more. Because of this, it is especially important for residents and physicians to optimize their study time — not necessarily to study more, but to study smarter. ACOI will soon be offering micro learning experiences on the app-friendly Online Learning Center which will allow you to narrow in on exactly what you need to work on, using adaptive technology to filter out what you already know. In microlearning, the learner concentrates on solving individual problems rather than trying to memorize extensive abstract concepts.

**Talking Science**

*Using Smartphone Apps for Glycemic Control in Diabetes: What Improvements Are Still Needed?*

Smartphone applications that provide tracking of health data can be a useful tool in the management of diabetes, but available...
apps are still lacking in incorporation of current diabetes guidelines, according to study results1.

Lau and colleagues evaluated free Android mobile apps using the Diabetes Self-Management Education and Support (DSMES) and 2019 American Diabetes Association (ADA) guidelines for renal and cardiovascular complications. Using the search term “diabetes,” free apps in the Google Play store with 100,000 to 1 million downloads were identified. Included apps were required to incorporate DSMES criteria and medication adherence data (N=10).

According to the Google Play store, the top 10 apps (in descending order) were mySugr, Onetouch Reveal, OneDrop Diabetes Management, Diabetes: M, Diabetes, Ontrack Diabetes, Health2Sync, Diabetes Connect, Glucose Buddy Diabetes Tracker, and Blood Glucose Tracker. All apps gave users the ability to track blood glucose levels and eight of 10 provided tracking of HbA1c levels. The percent of DSMES incorporation within the apps ranged from 18.2% to 81.8%, but none of the apps used all of the DSMES or 2019 ADA guidelines. Heart palpitation and retina/eye issue recommendations were present in one of the 10 apps. None of the apps had the ability to track cardiovascular and renal complications. Medication sound reminders were included in seven of the 10 apps and push notifications were included in four of 10.

Despite some shortcomings, the authors felt the apps provide an introduction to patient-centered tracking of health data. Undoubtedly there will be improvements in the future as more physicians use the apps and provide feedback to the app developers and eHealth commerce space.  

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@aoibm.org; 312 202-8274. Contact the AOBIM at admin@aoibm.org for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.

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.
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