Let's Talk Principles 8
Practice Deep Listening.
Read

75th Anniversary Circle Updates 13
How Your Contributions Have Been Put to Use. Read

ACOI Committees 24
Read

Meet Morvarid Rezaie, DO, FACOI
Practicing Internist and specialist in Hospice and Palliative Care 9
Read

ACOI Big Four
Cancelled
5
Read
ACOI Cancels “Big Four” Meetings scheduled for Orlando.

COVID-19 Resources for Osteopathic Internists 7
The ACOI is collecting up-to-date resources to help you provide the best care for your patients and take care of yourself during the ongoing Covid-19 pandemic. Read

Diabetes Dialogues 22
Elevated Ferritin Levels Amplify Type 2 Diabetes Risk. Read

Guvernment Relations 11-12
• Washington Advancing Efforts to Address COVID-19
• CMS Develops New Code for Coronavirus Lab Test
• HHS Announces Enforcement Discretion for Telehealth Services
• CMES Announces Exeptions for Quality Reporting Programs
• Supreme Court to Consider Lower Court’s Decision Striking Down the ACA
• Washington Tidbits Read

A Message from Robert L. DiGiovanni, DO, FACOI 16
You’ve given your all; help the next generation give theirs Read.

Visting Professor 14
Highlights from the spring semester. Read

Coding Corner 19
Telehealth Updates
CMS Rules During the COVID-19 Nationwide Public Health Emergency. Read

Talking Science & Education 20-21
Academic Detailing in the New Era of Diabetes Medication Management Read

Certifying Examinations 23
Dates & Deadlines Read

Tax-Wise Planning 17-18
The Revised Uniform Fiduciary Access to Digital Assets Act. Read

Let us not be governed today by what we did yesterday, nor tomorrow by what we do today, for day by day we must show progress.

~ A. T. Still, DO, founder of osteopathy and osteopathic medicine
COVID-19 gives us a great opportunity to talk about community.

If you have been reading this column over the past few months, you know that I have been discussing Principle-Centered Medicine (PCM), the overarching paradigm that guides us in our practice of osteopathic internal medicine and epitomizes the ideals that drove us to become physicians in the first place. There are four pillars of this ideal: education, leadership, health and wellness, and community.

COVID-19 gives us a great opportunity to talk about community.

Once upon a time, a generation ago, most physicians were independent practitioners, small businesspersons (and in those days, mostly men). Of course, that has all changed. One generation had to learn to give up the reins in changing times, and the next had to learn that medicine is a team sport. And life goes on.

The nature of the team sport that is modern medicine has been repeatedly reconceptualized over the past few decades. Along the way, it has had to respond to public health challenges that have demanded rethinking and redefining what it means to be a physician—the outbreak of HIV/AIDS, the Ebola epidemic, and now COVID-19.

We are all being inundated with stories and images of the surging pandemic and its social consequences: empty shelves, hoarding toilet paper, kids (young adults?) partying like they have nothing to do with the potential spread of disease. Some politicians are seeking partisan edges by disseminating misinformation at the expense of all of us. There are alternating waves of inappropriate fear and inappropriate nonchalance in the air. And yet, the science we have is pretty clear, and our knowledge and understanding of the situation are growing rapidly.

As we all know, care for those with the disease itself is mostly supportive. Prevention is paramount, and one of the most important tools for prevention is “social distancing,” a new term in the public health lexicon. At the same time, the medical community has come together—public health officials, physicians, all practitioners—to care for and comfort our people, all of them. Providers, patients, populations of every stripe can come together for the benefit of all.

One of the great distinctions between approaching this pandemic from a political perspective versus a medical/public health perspective is this: Politicians are trying to tell us how to feel. “Don’t panic,” or “It’s someone else’s responsibility.”

There is irony in the idea that all sectors of the medical community are coming together and joining with the greater population at the same time that we practice social distancing as one of our preventive tools. We embrace that irony.

Community Will Get Us Through This
or “The sky is falling and now is the time to panic.” All of that is nonsense. On the other hand, our community of medicine (the greater community, including public health and other providers) conveys the message of what to do to preserve and protect health, and to care and comfort those who have been stricken.

There is irony in the idea that all sectors of the medical community are coming together and joining with the greater population at the same time that we practice social distancing as one of our preventive tools. We embrace that irony.

I know I am preaching to the choir. We are in this together. That’s what community is all about. The medical community is providing the leadership that can pull our greater American community together. That’s how we will get through this.

Sam Snyder, DO, FACOI
President
ACOI Cancels “Big Four” Meetings Scheduled for Orlando, April 29-May 3

After careful consideration and in response to the growing impact of the Coronavirus Disease, the ACOI has made the responsible decision to cancel its spring meetings scheduled for April 29-May 3 in Orlando, FL. This decision recognizes that osteopathic internists, residents and fellows are needed at home to provide essential services as their communities combat the pandemic. It also reflects recommendations of the World Health Organization and the Centers for Disease Control to limit the size of gatherings across the country.

The affected ACOI meetings are the Internal Medicine Board Review Course, Clinical Challenges in Hospital Medicine, New Science in Cardiovascular Medicine, and the Congress on Medical Education for Residency Trainers.

Registrants will be contacted directly regarding options for the return or repurposing of registration fees. Those who have made travel and hotel reservations are urged to cancel them promptly.

One way the meet your CME needs during this difficult time is through the ACOI Online Learning Center. Check out page 6 for more information.
The ACOI Online Learning Will Help Meet Your CME Needs

Among the many challenges in dealing with the Covid-19 pandemic is the cancellation of numerous live CME activities, including the ACOI’s “Big 4” scheduled for April 29-May 4 in Orlando, FL. One way to meet your CME needs during this difficult time is through the ACOI Online Learning Center. We have added new content and improved navigation tools to help you quickly find the educational materials you want and need. You can access a multitude of lectures spanning the many areas of internal medicine and earn 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 to help you stay true to why you pursued medicine. The ACOI Online Learning Center is your one-stop-shop for osteopathic online education. If you have not already done so, be sure to take advantage of the $50 credit made available to all paid members.

Online Learning Center Spotlight: Practicing True Medicine with Infectious Disease Specialist Mia Taormina, DO

This month you can access the ACOI’s True Medicine Podcast with ACOI member Mia Taormina, DO. This podcast explores issues surrounding the diagnosis and treatment of the rapidly changing COVID-19 infection in the United States. Dr. Taormina discusses her personal experiences and provides insight for those on the front lines of this disease practicing True Medicine. Be sure to check out this and other exciting resources at the ACOI Online Learning Center.
COVID-19 Resources for Osteopathic Internists

The ACOI is collecting up-to-date resources to help you provide the best care for your patients and take care of yourself during the ongoing Covid-19 pandemic. There are resources for physicians, patients and families.

Of particular note are two items that are not widely available elsewhere. The first is a new episode of ACOI’s True Medicine podcast featuring infectious disease specialist Mia Taormina, DO. She provides insights into the latest thoughts about the spread of the disease, which patients should be tested and more. Dr. Taormina is part of a multi-specialty group in the Chicago area.

The second is a report from Robert A. Cain, DO, on how the osteopathic philosophy and training can contribute to the effective management of the current public health crisis. Dr. Cain is a member of the ACOI Board of Directors and is President and CEO of the American Association of Colleges of Osteopathic Medicine.

These and many more Covid-19 resources are available at our home page here.

For their Deeds
by Gina Kilker

Today we are thinking about them more.
They are the ones responding – brave and ready at the door.
The healthcare heroes who are attending to the sick day and night.
Without them our only companions would be anxiety and fright.
But they are our hope and healers in this time of need.
And all they ask is consideration and supplies for their deeds.
We can all do our part to respect their toil.
We will stay home, away from each other, and remain loyal.
It is not too much to ask for their lives to be spared.
And someday we will be proud to say we did what was needed because we cared.
Thank you, healthcare heroes, for facing the fight.
Tomorrow a brighter day is coming. And because of you we will all see the light.

COVID-19 Resources for Osteopathic Internists

The ACOI is collecting up-to-date resources to help you provide the best care for your patients and take care of yourself during the ongoing Covid-19 pandemic. There are resources for physicians, patients and families.

Of particular note are two items that are not widely available elsewhere. The first is a new episode of ACOI’s True Medicine podcast featuring infectious disease specialist Mia Taormina, DO. She provides insights into the latest thoughts about the spread of the disease, which patients should be tested and more. Dr. Taormina is part of a multi-specialty group in the Chicago area.

The second is a report from Robert A. Cain, DO, on how the osteopathic philosophy and training can contribute to the effective management of the current public health crisis. Dr. Cain is a member of the ACOI Board of Directors and is President and CEO of the American Association of Colleges of Osteopathic Medicine.

These and many more Covid-19 resources are available at our home page here.

For their Deeds
by Gina Kilker

Today we are thinking about them more.
They are the ones responding – brave and ready at the door.
The healthcare heroes who are attending to the sick day and night.
Without them our only companions would be anxiety and fright.
But they are our hope and healers in this time of need.
And all they ask is consideration and supplies for their deeds.
We can all do our part to respect their toil.
We will stay home, away from each other, and remain loyal.
It is not too much to ask for their lives to be spared.
And someday we will be proud to say we did what was needed because we cared.
Thank you, healthcare heroes, for facing the fight.
Tomorrow a brighter day is coming. And because of you we will all see the light.
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.

**Practice Deep Listening**

We must listen and speak with empathy, respect, and understanding.

**FOUNDATIONAL ATTRIBUTES**

What does this Principle accomplish?

- It reminds us that we are dealing with humans, in many cases during their greatest moment of need.
- It reminds us of the importance of walking in the shoes of others.
- It reminds us to be tolerant, forgiving, and compassionate.

**FUNCTIONAL ATTRIBUTES**

How does this Principle work?

- It requires us to put the interests of others before our own self interests.
- It requires us to develop an awareness of our own biases.
- It requires us to ‘use the pause’ in order to think before speaking or acting.

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 4.
Meet Dr. Morvarid “Mo” Rezaie, born and raised in Texas, who did her undergraduate studies at the University of Texas Dallas and then graduated from the University of North Texas Health Science Center-Texas College of Osteopathic Medicine in 2006. She completed her Internal Medicine residency at Plaza Medical Center of Fort Worth, in 2009 and served as Chief Resident during her final year. A practicing internist in Fort Worth, Dr. Rezaie opened her own practice, Fort Worth Primary Care, in June, 2018. She also specializes in Hospice & Palliative Medicine.

**INTERVIEW**

**Morvarid Rezaie, DO, FACOI**

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

**Dr. Rezaie:** I became an ACOI member because I wanted to be with other osteopathic internists who practice the same principles of osteopathic patient care. As a regular attendee at the College’s annual conventions, I enjoy meeting osteopathic internists from across the country. I find the convention lectures to be wonderful. They provide excellent opportunities to learn from specialists who have their fingers on the pulse of research and treatment in the field.

**Ms. Ciconte:** I know that you are an ACOI Fellow (FACOI.) Why did you decide to pursue this special credential?

**Dr. Rezaie:** I realize that I pursued the FACOI earlier in my career than many others. This was due to the fact that a couple of my mentors, Scott Ewing and Barbara Atkinson, approached me about wanting to nominate me for this special credential. I was honored to be selected as a Fellow, and strive to live up to the expectations of FACOI’s every day in my practice and patient care.

**Ms. Ciconte:** You have made financial contributions to ACOI over and above your dues, including a generous contribution to the 75th Anniversary Campaign and now as a monthly donor and member of our Sustainers Club. Why did you choose to make a gift? What do you think ACOI should do and say to encourage members to support the College financially?

**Dr. Rezaie:** When I learned about the 75th Anniversary Campaign several years ago at an annual convention, I was compelled to support it because I take pride in being an osteopathic internist. With the single accreditation transition going into effect this year, I do not want us to lose the significant impact of our osteopathic philosophy in taking care of people the way we do.

As for what the College should say and do to encourage members to support ACOI financially, I believe the College must keep donors and members informed as to where the contributions are being used. The message needs to tug at the heartstrings of members so they feel their contributions are making a difference, whether in the support for osteopathic medical students as they start their medical education to helping graduating residents develop.
their careers in medicine. It is important for the members to see how contributing financially will help ACOI bring more light to osteopathic recognition and how this type of care benefits our patients and the general public. At this time, some ACOI members wonder if the osteopathic internal medicine field will indeed continue.

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

**A** Dr. Rezaie: I would like to see the College provide more support for people like me who have independent practices. Opportunities for practice consultations and info on how to have a successful practice would be very helpful. The ACOI needs to continue offering the highest level of excellence in their CME programming. I like the ability to take CME online and on my smart phone.

**Q** Ms. Ciconte: Do you have any closing comment or thought?

**A** Dr. Rezaie: I want to say again that I truly value my ACOI membership and benefit greatly from attending the College’s Annual Convention every year; and I hope to become more involved in the organization, including possible leadership opportunities.

Ms. Ciconte: Dr. Rezaie, ACOI is indeed grateful to you for your generosity and dedication to the College and the principles of osteopathic internal medicine.
Government

RELATIONS

Timothy McNichol, JD

Washington Advancing Efforts to Address COVID-19

As the nation responds to the Novel Coronavirus (COVID-19), the only certainty in these tumultuous times is the uncertainty that is yet to follow. Congress has passed, and the President has signed into law, two legislative packages addressing the far-reaching effects of COVID-19 on nearly every aspect of American life. At the time of this writing, Congress is on the verge of approving a third relief package that could cost over $2 trillion dollars. This is in addition to the many actions being taken by individual states. The ACOI will continue to closely monitor legislative activity that impacts both the practice of medicine as well as the lives of your patients. Over the coming months we will continue to use this space to keep you apprised of important issues. If you have any questions about Washington’s response to COVID-19, please email Tim McNichol at tmcnichol@acoi.org. We are here for you during these trying times.

CMS Develops New Code for Coronavirus Lab Test

The Centers for Medicare and Medicaid Services (CMS) took further action to ensure America’s health care facilities and clinical laboratories are prepared to respond to the threat of the 2019-Novel Coronavirus (COVID-19). Specifically, CMS recently developed a new HCPCS code for providers and laboratories to test patients for SARS-CoV-2. This code will allow those labs conducting the tests to bill for the specific test instead of using an unspecified code, which means better tracking of the public health response for this particular strain of the coronavirus to help protect people from the spread of this infectious disease.

Health care providers who need to test patients for Coronavirus using the Centers for Disease Control and Prevention 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code (U0001). The Medicare claims processing system will be able to accept this code on April 1, 2020, for dates of service on or after February 4, 2020. HCPCS is a standardized coding system that Medicare and other health insurers use to submit claims for services provided to patients. Additional information is available here.

HHS Announces Enforcement Discretion for Telehealth Services

The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) announced that it will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) against covered health care providers in connection with good faith provisions of telehealth during the COVID-19 nationwide public health emergency. The notice is intended to allow health care providers to use audio and visual communication technology to provide telehealth services to patients using non-public facing remote communication products. Permissible examples of technology include Apple FaceTime, Facebook Messenger video chat, Google
Hangouts video, or Skype. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks. Additional information is available here.

**CMS Announces Exceptions for Quality Reporting Programs**

The Centers for Medicare and Medicaid Services (CMS) announced it is providing exceptions to quality reporting requirements and extensions for clinicians and providers that participate in Medicare quality reporting programs. The exceptions and extensions are being provided in response to the increasing burdens caused by the 2019 Novel Coronavirus (COVID-19). According to CMS Administrator Seema Verma, “In granting these exceptions and extensions, CMS is supporting clinicians fighting coronavirus on the front lines.” No data for services provided from January 1, 2020 through June 30th, 2020 will be used in CMS’ calculation for Medicare quality reporting and value-based purchasing programs. A complete and updated list of CMS actions is available here.

**Supreme Court to Consider Lower Court’s Decision Striking Down the ACA**

The Supreme Court recently announced it will consider a case from the Fifth Circuit challenging the constitutionality of the Affordable Care Act (ACA). The case, which originated in Texas, struck down the ACA following enactment of legislation that removed the tax penalty for those failing to fulfill the individual mandate created under the ACA. The Fifth Circuit found the ACA to be unconstitutional. The Supreme Court is expected to hear oral arguments later this year with a final decision being handed down in early 2021. It remains to be seen how the current governmental response to COVID-19 will impact this timing. The Court could decide whether to strike down the ACA in-part or in its entirety. This is the third major case for the Supreme Court addressing the ACA. The ACOI will continue to monitor this matter closely as any final decision could have a far-reaching effect on the health care delivery system.

**Washington Tidbits**

“A Nation at War”

The country was being torn apart by divisive economic considerations, coupled with ethical and moral factors. The inconceivable death toll of the war reached approximately 660,000 Americans. Amazingly, infectious diseases and epidemics accounted for nearly two-thirds of all the deaths. Pneumonia, typhoid, diarrhea/dysentery, and malaria, among other infections, killed more soldiers than all the battles combined. The Civil War forever changed the course of our nation. How will our nation’s response to a novel infection, COVID-19, shape our future?
75th Anniversary Fundraising Campaign

How Your Contributions Have Been Put to Use

The ACOI has used the funds raised in the successful 75th Anniversary Campaign to create a home for those who believe in the patient-centered, osteopathic approach to healthcare that we call Principle-Centered Medicine. Based on the four pillars of Education, Health and Wellness, Community and Leadership, Principle-Centered Medicine is our guidepost for helping you stay true to why you pursued medicine as a career.

Meanwhile, in the past three years, we have hired staff and accomplished the following:

- Achieved accreditation from the Accreditation Council for Continuing Medical Education (ACCME) as a CME provider. Our CME now can provide AOA and AMA credit and meets the recertification requirements of both the AOBIM and the ABIM.

- Upgraded our technology to allow ACOI to offer CME in a variety of new, mobile-friendly formats that our members need. The new ACOI Online Learning Center now houses more than 200 CME credit opportunities that can be accessed anywhere, anytime.

- Provided hands-on assistance to residency programs as they seek allopathic accreditation while encouraging them to secure Osteopathic Recognition as they make the transition. This assures that the distinctive osteopathic philosophy imbued in students during their medical school years will continue during residency. The overwhelming majority of both internal medicine and subspecialty programs have been approved by the ACGME.

- Became the first osteopathic specialty to be granted an ex officio seat on an ACGME Residency Review Committee.
Visiting Professor Program

ACOI's Visiting Professor Program is unfortunately on hold for the time being, but we had some great sessions in February and early March! Here's a look back at a few highlights from the spring semester.

February 3
Great turnout for Robert Hasty, DO, FACOI at NYITCOM!

February 18
Dr. Hasty with RVUCOM SOIMA President Taylor Harp, Vice President Meghan Finke, and Treasurer Emily McGovern.

February 18
ACOI Past-President John R. Sutton, DO, FACOI alongside Student-Doctor Trey Morgan, Dr. Rodney Bates, and Student-Doctor Sarah Patterson.

Why Should Medical Students & Residents Join ACOI?
Medical students and residents have a special place at the ACOI with an unmatched sense of community and support, along with unique ways to develop leadership skills. Hear what seasoned DOs and residents alike say about the benefits of ACOI membership for young professionals.
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.

**Community**

**Outright Gifts and Multi-Year Commitments of $1000 or more as of December 18, 2019**

- **$75,000**
  - Lawrence U. Haspel, DO, MACOI
  - Gary A. Agia, DO, FACOI
  - Robert A. Cain, DO, FACOI
  - Robert L. DiGiovanni
  - Michael B. Clearfield
  - James C. Clouse, DO, MACOI
  - Jocelyn Bragg
  - Jack D. Bragg, DO, MACOI

- **$45,000**
  - Martin C. Burke, DO, FACOI
  - Robert L. DiGiovanni
  - Michael B. Clearfield
  - Robert A. Cain, DO, FACOI
  - Jocelyn Bragg
  - Jack D. Bragg, DO, MACOI

- **$25,000 - $44,999**
  - Rick A. Greco, DO, MACOI and Carol A. Greco, DO
  - Robert G. Good, DO, MACOI
  - John B. Bulger, DO, MBA, FACOI
  - Judith A. Lightfoot, DO, FACOI
  - David F. Hitzeman, DO, MACOI
  - David F. Hitzeman
  - Anthony N. Ottaviani, DO, MPH, MACOI and Catherine Ottaviani
  - Anthony N. Ottaviani
  - Fredrick A. Schaller, DO, FACOI
  - Anthony N. Ottaviani and Lisa Schaller
  - Frederick A. Schaller, DO, MACOI
  - Anthony N. Ottaviani

- **$15,000**
  - Robert J. Stomel, DO, MACOI
  - Rick A. Greco, DO, MACOI
  - Martin C. Burke, DO, FACOI
  - Lawrence U. Haspel, DO, MACOI
  - Robert J. Stomel, DO, MACOI
  - Martin C. Burke, DO, FACOI
  - Lawrence U. Haspel

- **$12,500 - $24,999**
  - Robert J. Stomel, DO, MACOI
  - Rick A. Greco, DO, MACOI
  - Martin C. Burke, DO, FACOI
  - Lawrence U. Haspel, DO, MACOI
  - Robert J. Stomel, DO, MACOI
  - Martin C. Burke, DO, FACOI
  - Lawrence U. Haspel

- **$10,000 - $14,999**
  - Robert J. Stomel, DO, MACOI
  - Rick A. Greco, DO, MACOI
  - Martin C. Burke, DO, FACOI
  - Lawrence U. Haspel, DO, MACOI
  - Robert J. Stomel, DO, MACOI
  - Martin C. Burke, DO, FACOI
  - Lawrence U. Haspel

- **$7,500 - $9,999**
  - Robert J. Stomel, DO, MACOI
  - Rick A. Greco, DO, MACOI
  - Martin C. Burke, DO, FACOI
  - Lawrence U. Haspel, DO, MACOI
  - Robert J. Stomel, DO, MACOI
  - Martin C. Burke, DO, FACOI
  - Lawrence U. Haspel

- **$5,000 - $7,499**
  - Larry A. Wickless, DO, MACOI
  - James H. Wells, DO, PhD, FACOI
  - John B. Bulger, DO, MBA, FACOI
  - Judith A. Lightfoot, DO, FACOI
  - David F. Hitzeman, DO, MACOI
  - Anthony N. Ottaviani
  - Anthony N. Ottaviani and Lisa Schaller
  - Anthony N. Ottaviani
  - Fredrick A. Schaller, DO, FACOI
  - Anthony N. Ottaviani

- **$2,500 - $4,999**
  - Michael A. Adorno, DO, MBA, FACOI and Laurel Adorno
  - Steven E. Calkin, DO, FACOI
  - Janet E. Cheek, DO, FACOI
  - Pamela R. Gardner, DO, FACOI
  - Bonita J. Krepel-Portier, DO, FACOI
  - Bill Porter, PhD
  - Sara Liter-Kuester, DO, FACOI
  - Daniel J. Peasley, DO, FACOI and Marti Peasley
  - Keith A. Reich, DO, FACOI
  - Morvarid Rezaie, DO, FACOI
  - Scott Spradlin, DO, FACOI
  - Troy A. Tyner, DO, FACOI and Ingrid M. Brown, DO, FACOI
  - John F. Uslick, DO, FACOI
  - Amita Vasoya, DO, FACOI
  - Winter Wilson, DO, FACOI
  - Randal Worth, DO, FACOI

- **$1,000 - $2,499**
  - Gary A. Agia, DO, FACOI
  - Robert A. Atkinson, DO, FACOI
  - Mark D. Baldwin, DO, FACOI
  - Jay Beckwith, DO, MACOI and Beth Beckwith
  - Robert H. Biggs, DO, FACOI
  - Gerald W. Blackburn, DO, MACOI
  - Francis X. Blais, DO, MACOI
  - Robert E. Bulow, DO, FACOI
  - Kimberly A. Burch, DO
  - Boyd R. Busier, DO
  - Terry Bushnell, DO, FACOI
  - Christian T. Cable, MD, MHPE, FACP
  - Kenneth E. Calabrese, DO, MACOI
  - Thomas A. Cavalleri, DO, MACOI
  - Humayun Chaudhry, DO, MS, MACOI
  - David Chesney, DO, FACOI
  - Barbara L. Ciccone, Donor Strategies
  - David V. Condoluci, DO, MACOI
  - Sharolyn Cook, DO, FACOI
  - Lawrence Cowssil, DO, FACOI
  - Carmella D’Addiezo, DO, FACOI
  - Margaret Davenport, DO, FACOI
  - David DePutron, DO, FACOI
  - Mark A. Dery, DO, MPH, FACOI
  - Kenneth P. Dizon, DO
  - Kenneth A. Drinan, DO, FACOI
  - Tim Stainbrook, RN, BSN
  - Keith J. Drinan, DO, FACOI
  - Tim Stainbrook, RN, BSN

- **$500 - $999**
  - Damon L. Baker, DO, FACOI
  - Lee Peter Bee, DO, FACOI
  - Annette T. Carron, DO, FACOI
  - Everett Greeneleaf
  - Brian J. Donadio, FACOI
  - Ellen Donadio
  - Scott L. Girard, DO, FACOI
  - Laura J. Girard
  - James C. Giudice, DO, MACOI
  - Karen J. Nichols, DO, MA, MACOI, CS
  - Eugene A. Oliveri, DO, MACOI
  - Samuel K. Snyder, DO, FACOI
  - and Pamela Snyder
  - Ruben Tenorio, DO, FACOI
  - Alan W. Wan, DO, FACOI
  - Kevin P. Hubbard, DO, MACOI and Roxanne Hubbard
  - C. Clark Milton, DO, FACOI and Elaine D. Milton
  - Susan M. O’Neal, DO, FACOI
  - Michael I. O’ppari, DO, MACOI and Susan O’ppari
  - Anthony N. Ottaviani, DO, MPH, MACOI and Catherine Ottaviani
  - Frederick A. Schaller, DO, MACOI and Amy Schaller
  - James H. Wells, DO, PhD, FACOI
  - Larry A. Wickless, DO, MACOI

- **$100 - $499**
  - John M. Aronson, DO, FACOI
  - Gary A. Agia, DO, FACOI
  - Robert A. Atkinson, DO, FACOI
  - Mark D. Baldwin, DO, FACOI
  - Jay Beckwith, DO, MACOI and Beth Beckwith
  - Robert H. Biggs, DO, FACOI
  - Gerald W. Blackburn, DO, MACOI
  - Francis X. Blais, DO, MACOI
  - Robert E. Bulow, DO, FACOI
  - Kimberly A. Burch, DO
  - Boyd R. Busier, DO
  - Terry Bushnell, DO, FACOI
  - Christian T. Cable, MD, MHPE, FACP
  - Kenneth E. Calabrese, DO, MACOI
  - Thomas A. Cavalleri, DO, MACOI
  - Humayun Chaudhry, DO, MS, MACOI
  - David Chesney, DO, FACOI
  - Barbara L. Ciccone, Donor Strategies
  - David V. Condoluci, DO, MACOI
  - Sharolyn Cook, DO, FACOI
  - Lawrence Cowssil, DO, FACOI
  - Carmella D’Addiezo, DO, FACOI
  - Margaret Davenport, DO, FACOI
  - David DePutron, DO, FACOI
  - Mark A. Dery, DO, MPH, FACOI
  - Kenneth P. Dizon, DO
  - Kenneth A. Drinan, DO, FACOI
  - Tim Stainbrook, RN, BSN
  - Keith J. Drinan, DO, FACOI
  - Tim Stainbrook, RN, BSN

- **$1 - $99**
  - John M. Aronson, DO, FACOI
  - Gary A. Agia, DO, FACOI
  - Robert A. Atkinson, DO, FACOI
  - Mark D. Baldwin, DO, FACOI
  - Jay Beckwith, DO, MACOI and Beth Beckwith
  - Robert H. Biggs, DO, FACOI
  - Gerald W. Blackburn, DO, MACOI
  - Francis X. Blais, DO, MACOI
  - Robert E. Bulow, DO, FACOI
  - Kimberly A. Burch, DO
  - Boyd R. Busier, DO
  - Terry Bushnell, DO, FACOI
  - Christian T. Cable, MD, MHPE, FACP
  - Kenneth E. Calabrese, DO, MACOI
  - Thomas A. Cavalleri, DO, MACOI
  - Humayun Chaudhry, DO, MS, MACOI
  - David Chesney, DO, FACOI
  - Barbara L. Ciccone, Donor Strategies
  - David V. Condoluci, DO, MACOI
  - Sharolyn Cook, DO, FACOI
  - Lawrence Cowssil, DO, FACOI
  - Carmella D’Addiezo, DO, FACOI
  - Margaret Davenport, DO, FACOI
  - David DePutron, DO, FACOI
  - Mark A. Dery, DO, MPH, FACOI
  - Kenneth P. Dizon, DO
  - Kenneth A. Drinan, DO, FACOI
  - Tim Stainbrook, RN, BSN
  - Keith J. Drinan, DO, FACOI
  - Tim Stainbrook, RN, BSN

**Thank You!**

Owing to space constraints, some donors’ names were not listed in their entirety. We express our gratitude to all donors for their generosity. For a complete list of donors, please visit ACOI.org. For more information about the ACOI, please contact Jeffery A. Ranalli, DO, FACOI, at jranalli@acoianet.org or 202.285.9571.

ACOI Info • March 2020
You’ve Given Your All; Help the Next Generation Give theirs

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

We Are Committed to:

• Increasing the number of Visiting Professor visits from 25 to 40 per year at the 57 (and growing number) of osteopathic college campuses.

• Encouraging 25 or more Internal Medicine Clubs to send their student leaders to the Annual Convention.

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

What Your Support Does for Our Students

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

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

How You Can Help

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

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

• Become a member of the Sustainers Club which recognizes monthly donors. Keep in mind that $83.33 a month is a $1000 annual gift.

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

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

Many thanks,

Robert L. DiGiovanni, DO, FACOI
ACOI Secretary/Treasurer Chair,
ACOI Development Committee
These days, most people use digital assets without even thinking about it -- to keep in touch, pay bills, manage subscriptions, store photos, and more. Whether it’s online mobile banking, airline miles, or bill payment accounts, many of our important transactions are guarded by two things: a username and a password.

Technically speaking, digital assets are any “electronic record” that you own, license, or control. This includes just about any online account or digital file that you have authority to access – email, online banking, social media accounts, cloud storage, blogs, and just about anything else that you do online, on your phone, or on your computer that requires a login.

Until recently, very few laws helped to determine who could access these files and accounts if the user became incapacitated or died. If the deceased or incapacitated person wanted any of their digital assets to be deleted, modified, or distributed to loved ones, it was difficult to discern who would have a legal right to access them. And unless the person provided usernames and passwords, the fiduciary would have no ability to access them.

As a result, digital assets would often be deleted by the company that controls them, or they would just continue to linger on the Internet or on devices long after the person’s death – untouchable by family and friends. This hole in the law caused heartache for families who wanted to collect cherished items from their loved one’s online legacy, and it caused headaches for the person charged with wrapping up the estate. Delays, frustrations, and sometimes the loss of valuable items or information were the norm.

In 2012, the Uniform Law Commission began to find a solution to this problem. The Uniform Law Commission (ULC, also known as the National Conference of Commissioners on Uniform State Laws), established in 1892, provides states with non-partisan legislation to areas of state statutory law.

The ULC created the Uniform Fiduciary Access to Digital Access Act (UFADAA) in 2014 for states to adopt. However, balancing the interests of the fiduciary, the owner, and the custodian was a challenge, and it took few tries to draft a law that minimally satisfied these parties.

In 2015 the Revised Uniform Fiduciary Access to Digital Assets Act (RUFADAA) was devised to allow executors, trustees, or the person appointed by the court (“conservator” or “fiduciary”) complete access to deceased’s digital assets. Most states have either enacted the law or are in process of doing so (see list here) that gives a person’s family (or Executor) the right to access and manage digital their assets after they die.

RUFADAA gives fiduciaries certain powers to manage digital assets, but it also attempts to provide some privacy protections for the “owners” of the digital assets, as well as legal protections for “custodians” (the businesses who make, store, or provide digital assets).

However, even with these laws in place, many of the accounts we all use on a daily basis are still governed by the “terms of service” or a “privacy policy” of that particular service (such as Gmail, Facebook, or Twitter), which still wants to determine what should be done with your account after you die.

Although most lawyers, tech companies, and public at large who have digital assets will be glad to have some guidance about a fiduciary’s access to digital assets at death or incapacity, the law is still new and in practice, challenges seem inevitable.

Download the full RUFADAA here.

Continued
Scan through this list and ask yourself: “what should happen to this stuff when I die?”

- Email Accounts
- Social Media Accounts
- Subscriptions
- Marketplace Accounts
- Interest-Specific Chatrooms or Boards
- Apps on your phone or tablet
- Photos
- Books, Music, and Videos – Storage or Streaming
- File Sharing & Storage
- Financial Accounts, including cryptocurrency such as Bitcoin
- Gaming Accounts
- Online Dating Accounts
- Medical Accounts
- Insurance Accounts
- Blogs & Websites
- Online Accounts for Utilities
- Information, Files, or Programs Stored on Your Phone, Tablet, or Computer
- Loyalty Program Benefits

**In conclusion:** It is recommended that you make a plan for your digital assets, even if your state has passed RUFADAA.

We recommend having a conversation about digital assets with your estate planning attorney. Many attorneys are creating a Digital Asset Authorization and Consent Form, much like a standard HIPAA authorization. While applicable to everyone, it may be especially critical for sole proprietors and other producers of content.

Most importantly, be proactive about this area of your planning for the sake of your fiduciaries and heirs. Additionally, as with all estate planning, you’ll probably want to revisit your digital plan every few years to adjust for new accounts and changes in your relationships.
Over the past several weeks, my knowledge of telemedicine has been challenged at a significant level. The spread of COVID-19, coupled with the President’s emergency declaration, has led to notable changes in the delivery of health care through telemedicine services. The rapidly changing environment has resulted in seemingly daily updates.

Due to the ever-changing landscape, along with the associated questions that arise, trying to compile accurate, up-to-date information remains difficult. The following information is accurate as of March 23, 2020. Always, check with your carriers and your Medicare Administrative Contractor (MAC).

The following information applies to Medicare’s telehealth benefit. Although other payers are allowing for telemedicine services, several specifically indicate that patients should look to telemedicine as their first line of care at this time.

### CMS Rules During the COVID-19 Nationwide Public Health Emergency

- Telemedicine remains a synchronous real-time, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology.

- Providers may use any non-public facing remote communication product that is available to provide telehealth to patients. This includes Skype and FaceTime.

- Originating site restrictions have been waived, which allows the patient to be at home or at any location (other than a doctor’s office or hospital).

- The patient can have services for any diagnosis, not exclusively COVID-19. In fact, the use of telemedicine is being encouraged to promote social distancing and to limit the number of people in a doctor’s office.

- The utilization of telemedicine to provide an “office visit” for a patient does not change the out-of-pocket costs for beneficiaries. They are still liable for copays and deductibles. However, the HHS Office of Inspector General (OIG) provides flexibility for healthcare providers to allow them to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

- The technical components of billing for telemedicine services has not changed. Be sure to use the new place of service code for telemedicine 02. More detailed information on CMS’ changes effective March 6, 2020 is available here.

Other codes that can be considered for non face-to-face patient care are:

- G2012 - Brief communication technology based

- 99421-99423 - Online digital evaluation and management service

- 99441/99443 - Telephone evaluation and management service

Each of these additional codes have billing variables of which you need to be aware. Check with your payers for additional guidelines. Many payers are waiving copays at this time.

Although some payers do have specific dates when these new policies will end, most do not. Therefore, be sure to frequently check websites for updated information and any termination of these COVID-19 benefits.

One other note of importance, on March 23, 2020, CMS announced an expedited provider enrollment process. In addition to waiving several of the screening requirements, each MAC will have a telephone hotline. By sharing specific information regarding the applicant, CMS hopes to give verbal approval (or rejection) of their billing privileges. Although these privileges will last only until the emergency is lifted, this should address any questions about “re-instating” physicians that are no longer practicing but would like to help.
Greetings, colleagues, and welcome to the March issue of Talking Science and Education. Last month’s population health quiz asked which state is rated the least healthy in the United States. The first reader to respond with the correct answer was Dr. Morvarid “Mo” Rezaie of Fort Worth Primary Care. Mississippi dropped from the 49th position to 50 in 2019. Key factors include:

- High infant mortality rate at 8.6 deaths per 1,000 live births, compared with 5.8 deaths per 1,000 live births nationally
- High prevalence of obesity at 39.5% compared with 30.9% nationally
- High cardiovascular death rate at 363.2 deaths per 100,000, compared with 260.4 deaths per 100,000 nationally

Congratulations, Mo!

At this very difficult time, I want to thank all of you. As COVID-19 challenges each of us to maintain our health through trying measures, it is you as physicians who are charged with our care all the while having an even greater risk for exposure and infection. As Dr. Kevin Hubbard reminds us in his wonderful 2016 book A History of Osteopathic Internal Medicine, it was osteopathic physicians who provided superior care at home during the Great Influenza Epidemic of 1918. Not being permitted to serve as physicians in the military as the United States concurrently fought in World War I, Dr. Hubbard recounts how osteopathic treatment yielded superior results in a civilian population ravaged by the “Spanish Flu:”

In 1918, military regulations did not permit the involvement of osteopathic physicians in the care of soldiers. In fact, the issue of osteopathic physicians serving in the military was so contentious that the president of the American Medical Association, Dr. William Crawford Gargas, threatened to boycott the armed forces if DOs were allowed to serve as physicians in the Medical Corps. Several DOs thus served in non-physician roles during the war.

Osteopathic care in and of itself offered very successful treatment, with mortality rates in the general population a fraction of those compared to treatment from allopathic physicians. To be fair, the data on diagnosis and treatment and their influence in the reported results have recently been called into question, given the potential benefit of modern methods of data analysis.

Writings by osteopathic physicians of the day indicate that their unique concepts of facilitating the natural healing process were very beneficial...George Conley, DO, who served as president of the board of trustees at the Kansas City College of Osteopathy and Surgery (now the Kansas City University of Medicine and Biosciences-College of Osteopathic Medicine) noted the following...

Osteopathic care in and of itself offered very successful treatment, with mortality rates in the general population a fraction of those compared to treatment from allopathic physicians. To be fair, the data on diagnosis and treatment and their influence in the reported results have recently been called into question, given the potential benefit of modern methods of data analysis.

Writings by osteopathic physicians of the day indicate that their unique concepts of facilitating the natural healing process were very beneficial...George Conley, DO, who served as president of the board of trustees at the Kansas City College of Osteopathy and Surgery (now the Kansas City University of Medicine and Biosciences-College of Osteopathic Medicine) noted the following...

Osteopathic care in and of itself offered very successful treatment, with mortality rates in the general population a fraction of those compared to treatment from allopathic physicians. To be fair, the data on diagnosis and treatment and their influence in the reported results have recently been called into question, given the potential benefit of modern methods of data analysis.

Writings by osteopathic physicians of the day indicate that their unique concepts of facilitating the natural healing process were very beneficial...George Conley, DO, who served as president of the board of trustees at the Kansas City College of Osteopathy and Surgery (now the Kansas City University of Medicine and Biosciences-College of Osteopathic Medicine) noted the following...
I and many other Americans are grateful that we have you, osteopathic internists, to once again provide the highest level of medical care as you have for more than a century.

Academic Detailing in the New Era of Diabetes Medication Management

How do we move the needle of physician behavior change? Techniques like didactic CME have been shown to have limited impact. Audit and feedback yield measurably better outcomes. However, the value of academic detailing seems to have the best track record as revealed in the evidence-based literature. Luo et al. (2019) apply a rationale for academic detailing in the context of diabetes medical management.

Educating clinicians on how to improve the medical management of type 2 diabetes in the modern pharmacologic era represents an enormous challenge given the number of medications available and the diversity across guideline recommendations. Academic detailing uses active social marketing techniques to deliver in-office, face-to-face educational encounters between a trained clinical educator/peer (academic detailer) and a primary care clinician, and can improve the quality of prescribing and management decisions, leading to better patient outcomes.

Luo et al. provide context on how academic detailing programs can improve diabetes-related clinical knowledge and practice among primary care providers, incorporating the perspective of a field-based academic detailer. It also profiles 4 diabetes-specific academic detailing programs varying in geographic scope and detailing approach, based in Massachusetts, Pennsylvania, Vermont, and Saskatchewan Province (Canada). Academic detailing can effectively overcome challenges to increasing the evidence-based use of newer glucose-lowering medications in primary care settings.


Elevated ferritin levels amplify type 2 diabetes risk

Adults with high levels of serum ferritin may be more likely to develop type 2 diabetes than those with lower levels, whereas those with a greater soluble transferrin receptor-to-ferritin ratio may be less likely to develop the condition, according to findings published in the Journal of Diabetes Investigation.1

Iron is one of the essential trace elements for the human body. When iron is deficient or excessive, it causes dysfunction in the body. Excessive iron stores have been suggested to be associated with a high risk of type 2 diabetes by causing damage to pancreatic beta cells and insulin resistance through increased oxidative stress.

Jingfang Liu and colleagues from the First Hospital of Lanzhou University in China assessed the levels of iron metabolism indicators such as ferritin and soluble transferrin receptor-to-ferritin ratios for 6,516 adults with type 2 diabetes aged at least 42 years and 43,120 adults without diabetes aged at least 43 years. The researchers used data from 12 studies that evaluated the relationship between iron metabolism indicators and type 2 diabetes.

Participants were 43% more likely to develop type 2 diabetes if they had serum ferritin levels of at least 149.2 mg/mL (OR = 1.43; 95% CI, 1.29-1.59), which the researchers defined as a high concentration. Additionally, participants were 20% more likely to develop type 2 diabetes if they had what the researchers categorized as a median level of serum ferritin (OR = 1.2; 95% CI, 1.08-1.33).

Participants were less likely to develop type 2 diabetes if their soluble transferrin receptor-to-ferritin ratio was high (OR = 0.65; 95% CI, 0.45-0.95) or at the median (OR = 0.71; 95% CI, 0.51-0.99), as defined by the researchers, who noted that type 2 diabetes risk was unaffected by soluble transferrin receptors alone.

The investigators concluded that an elevated level of serum ferritin is one of the risk factors for type 2 diabetes. The serum soluble transferrin receptor-to-ferritin ratio was inversely related to the risk of type 2 diabetes. Serum soluble transferrin receptors might not be associated with the risk of type 2 diabetes. 

## 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

---

**AOBIM Announces Early Entry Certification Pathway for Residents**

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

Further information is available by contacting Daniel Hart, AOBIM Director of Certification at aobim@osteopathic.org; 312 202-8274.
Leadership

ACOI Committees 2019-2020

Council on Graduate Medical Education

Susan Enright • Chair
Joanne Kaiser-Smith • Vice Chair
Jaclyn Cox
Rick Greco
Matthew Hardee
Brendan Kelly
Joanna Pease
Joshua Layher
Valentina Lassalle • Resident Rep
Ryan Zimmerman

Practice Management Committee

Christopher Beal • Chair
Stephanie Bauerle
Michael Adornetto
Cameron Smith
Teresa Braden
Dale Bratzler
Pamela Goldman
Robert Good
David Hitzeman
Joanna Pease
Joshua Layher
Valentina Lassalle • Resident Rep

Executive Committee

Samuel Snyder • Chair
Martin Burke
Robert Cain • At Large
Michael Adornetto
Robert DiGiovanni
Annette Carron

Finance Committee

Annette Carron • Chair
Robert Cain • At Large
Michael Adornetto
Martin Burke
Samuel Snyder
Robert DiGiovanni

Development Committee

Robert DiGiovanni • Chair
Martin Burke
Annette Carron
Kevin Hubbard
Laura Rosch
Christian Samsa
Nathan Samsa

Governance Committee

Joanne Kaiser-Smith • Chair
Michael Adornetto
Damon Baker
Susan Enright
Robert Hasty
Amita Vasoya

Government Affairs Committee

Robert DiGiovanni • Chair
Stephen Bell
Wayne Carlsten
Megan Eshbaugh
Joseph Glaimo
Virginia Irwin-Scott
Peter Meyers
Seger Morris
Jeanette Kelley
Nathan Samsa
Roshen John • Student Rep
David Tolentino
Kevin Wietecha
Jabiz Behzadpour • Resident Rep

Honors and Awards Committee

John Uslick • Chair
Lawrence Haspel
G. Michael Johnston
Michael Opipari
Anthony Ottaviani
Gary Slick

Research Committee

Carol Duffy • Chair
Vincent Carr
Michael Clearfield
Jaclyn Cox
Peter Gulick
Robert Hostoffer
Yelena Kier
Charlene LePane
Ryan Mullaney
Katrina Platt
Peter Recupero
Cara Tippett
Sumona Kabir • Resident Rep

Information Technology Committee

Anthony Wehbe • Chair
Yevgeniy Bukhman
Johnny Dias
Joseph Cambale
Kenneth Reed
Elliott Schwartz
Stephanie Whitsiker-Lewis
Kerry Whitelock
Sam Dabit - Resident Rep
Mackenzie Anderson • Student Rep
Angie Miller

Minority Health Committee

Watson Ducatel • Chair
Anita Vasoya • Vice-Chair
Timothy Barreiro
Monica Carter
Janet Cheek
Judith Lightfoot
Troy Randle
Paul Bongat
Christian Stasiuk
Ann Awadalla
Tania Maheshwari • Resident Rep
Erik Wert

Osteopathic Integration TF

Annette Carron • Chair
Natasha Bray
Jaclyn Cox
Matthew Hardee
Jodie Hermann
Anthony DeLorenzo
Nichole Barton
Robert Sanders
Robert Cain
Laura Rosch
Evelyn Schwalenberg
Kevin Wilson
Sierra Hollar • Student Rep
Paul Bongat • Resident Rep

CME Committee

David Mohlman • Chair
C. Clark Milton • Vice-Chair
Mark Baldwin
Patrick Cullinan
Mary Suchyta
Susan Enright - CEE
Rick Greco - HMU
Kevin Hubbard - BRC
Joanne Kaiser-Smith
Laura Rosch
Mia Taormina
Valerie Lassalle • Resident Rep
Rick Schaller • Cardiology Update

Physician Wellbeing Task Force

Martin Burke • Chair
Katherine Cook
Nicholas Caputo
Robert Fanning
Julie Sterbank
Christine Samsa
Thomas Schneider
Christopher Sciamanna
David Tolentino
Jasper Yung
Britney McCarty • Resident Rep
Felix Vergils • Student Rep

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