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

May 2020

Making a Difference for Our Members with Upgraded Technology

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To find health should be the object of the doctor. Any one can find disease.

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

Connect with us:

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
What Day is It?

It’s alarming how easy it has been to lose track of the days. How many days and weeks has it been since the stay-at-home orders were initially issued? How tenuous is our grasp on the passage of time under stress? How safe do we feel about our stutter-step dance with re-entry to the greater world?

Over the past several weeks, the ACOI has reached out to members, inviting you to share your experiences during the pandemic with each other. These Peer-to-Peer Well-being Check-in sessions have been an intimate and wonderful forum. Our members on the front lines of fighting the pandemic have been able to share their experiences and feelings with each other in a small group, confidential setting. They are an opportunity perhaps to decompress, to get and give solace and support, to increase the vision of all of us. The sessions have been amazing—truly eye-opening, sometimes emotional and revealing, always demonstrating a deeper level of truth than we often dare to breach.

Our members are showing tremendous courage and strength in their confrontations with this pandemic. I invite all of you to participate—you all can bring value to the conversation. We are all in this together.

The pandemic directly challenges us in ways that can strengthen our ideals as osteopathic internists and deepen our understanding of Principle-Centered Medicine (PCM). The way those of you on the front lines have met the challenges demonstrates the deep truth of why we became doctors, what has always been within us. I could go through the principles of PCM here, but you can find them at www.acoi.org, and every month in this newsletter. In fact, you already know them; you carry them inside you. There’s no need to preach to the choir, but it does give me great pride to be part of this profession and this organization.

By the time you read this, Karen Caruth will be on the verge of taking the reins as our new Executive Director, following in the very large footsteps of Brian Donadio. Brian will be helping with Karen’s transition throughout the month of June. We wish for him the greatest of joys in his retirement, and we wish for Karen great success as we build the future of ACOI.

Sam Snyder, DO, FACOI
President
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 October 25 in Marco Island, FL.

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 form 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 nomination 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.
A CO I’s Upgraded Technology Capabilities are Making a Difference for Our Members During This Pandemic

The ACOI Board of Directors and senior staff want you to know that we are thinking of you, your families, your practices and your communities during this pandemic crisis. In these unprecedented times, the health and safety of our members and employees is our highest priority and will guide our ongoing decisions.

The purpose of this article is to continue to report to our members how the College puts your contributions to work to benefit our profession. Funds raised through our successful 75th Anniversary Campaign enabled the ACOI to upgrade its technology capabilities, which are now being utilized to share vital information and resources on the novel coronavirus (COVID-19).

Here are a few examples of how your financial support is making a difference for our members:

• We created an online COVID-19 resource page to keep members apprised of the most current information that impacts you, your practice and your patients. Keep up to date on recent changes, including those that affect the delivery of telehealth services under the Medicare program;

• The Online Learning Center has a series of podcasts presented by experts and specialists to address the myriad of issues that are certain to continue to rise. Check out our Practicing True Medicine podcast with Infectious Diseases specialist Mia Taormina, DO;

• Access our twice-weekly COVID-19 YouTube updates with Mark Alain Dery, DO, FACOI, co-chair of ACOI’s Infectious Diseases Subspecialty Section;

• A live CME webinar featuring a panel of nationally-recognized experts on medical practice operations, business finances and legal issues in the age of the Coronavirus was offered free to ACOI members, and remains available for CME credit at the Online Learning Center;

• New weekly Peer-to-Peer Well-being Check-in sessions provide a confidential forum where ACOI members can share what is happening in your world today. These one-hour weekly self-care sessions, limited to no more than 10 participants, are led by an experienced facilitator. Registration at no charge is required (email susan@acoi.org). Here is what one participant said about this new program: “I must tell you it was the most powerful experience I have ever had!”

• In the past, gifts to ACOI’s Generational Advancement Fund helped the College conduct Visiting Professor programs that introduce osteopathic medical students to our community and the many career opportunities available in our specialty. Last fall, the ACOI Board of Directors announced a $30,000 challenge to try to bring the Visiting Professor program to all of the 57 osteopathic medical school campuses. Due to the COVID-19 crisis, the College was forced to stop conducting live Visiting Professor programs in March. We know that our members are facing many challenges at this time and for that reason, the College has suspended its campaign to meet the ACOI Board’s $30,000 challenge.

In closing, the ACOI is grateful for the generous support of our members. We, too, have faced many challenges, including having to cancel our Big 4 meetings this spring. Your generosity has helped us weather the storm so far. We hope you agree that we are good stewards of your gifts and that they are making a difference for our members and our profession. We look forward to your continued support that will allow the College to address the future needs of osteopathic internists.

Samuel K. Snyder, DO, FACOI
President
ACOI Heroes: Facing COVID-19

Dr. Charles Gambino Confronts COVID-19 Pandemic Armed with Osteopathic Principles

How does an osteopathic internist in the middle of pandemic central competently handle a sudden whirlwind of sick patients, manage the mounting anxiety within his office staff, and operate a practice without credible evidence-based medical guidance during the height of the COVID-19 crisis? Further compounded by a sorely insufficient supply of virus test kits, an uncertain medical environment void of clear CDC guidance, and a continual news stream of conflicting treatment information only exacerbated the nightmare scenario for ACOI member, Charles Gambino, DO, FACOI.

Located in Glen Cove, NY, a hamlet on Long Island, just 25 minutes from Manhattan, Dr. Gambino began to realize that the scenario that was unfolding before him was unlike anything he had ever seen in his 30+ year career. As cases multiplied before him, his practice began to see up to a dozen patients a day with COVID-19 symptoms. And to make matters worse, prescribed medications were ineffective as patients only got sicker. Increasingly, he found himself sending them to nearby hospitals at rapid-fire rate.

“It was like a science fiction movie the way we were gowning up to see every patient and then only to see them struggle the way they did. What was the total number of patients that I saw? Countless. I can’t tell you how many. There’s no way I can give you a total,” Dr. Gambino said. And the scenes outside the hospital were just as disturbing. “Outside of hospitals were refrigerated trucks with bodies piled in them. Whenever we’d see a refrigerated truck coming from a hospital, it wasn’t that they were delivering ice cream. There were bodies in there. We felt like soldiers without weapons.”

Instinctively falling back on osteopathic principles and old-fashioned values of how to treat patients, Dr. Gambino did what came natural to him – seeing patients where they needed him, whenever they needed him. Working 18 hours a day, running his own private practice, managing over a dozen office staff, and seeing patients in three hospitals, two sub-acute long-term healthcare facilities, and making house calls for over two dozen bed-bound patients was exhausting. But together with his family’s support, his schedule quickly fell into a new normal. Leaving the house before the sun came up, and returning at midnight each day, meant that a new standard of safety etiquette had to be established as a precaution to keep his family safe. Entering through his garage, he would immediately strip off his hospital gear, shower in the adjacent mud room, spray himself down with alcohol and Purell and then change into the fresh clothes left for him by his wife. Still, even with unwavering family support, Dr. Gambino said the rapid escalation of COVID-19 patients each day, along with the countless nursing home patients being sent to hospitals with respiratory distress under the grave uncertainty that they would ever return, was difficult to see.

But, along with his colleagues, Dr. Gambino soon devised a medication protocol that he believed got many of his patients through. And the homeopathic remedies also gave his staff comfort that they were doing all they could do to be proactively protected, which was especially difficult given that Dr. Gambino’s physician assistant contracted COVID early on before the practice transitioned to telemedicine practices. And even after remote care became standard for the office, Dr. Gambino opened his own drive-thru testing center in his office parking lot, that he manned himself, patterning it after the first federal testing site in neighboring Jones Beach, Long Island.

Today, he worries about the psychological damage and distress that social distancing has caused his patients in the long-term care facilities. “Their only reason for living is for their families and now that they can’t even see them is affecting them quite a bit.” Yet there is relief too. He hasn’t seen a new case in 2 ½ weeks. Yet, his real joy was seeing his 100-year-old patient survive the virus with grit and determination. “She kept telling us ‘So what? It is a cold, stop bothering me!’” he recalled, laughing.

(If you know of an ACOI Healthcare Hero who has stories to share, we want to know so we can post them on our social media channels and in the ACOI Info newsletter. Please contact katie@acoi.org)
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.
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.

Note to Those Planning for Certification Examinations

For graduating residents and others planning to sit for the 2020 internal medicine certifying or recertifying examinations, the ACOI Internal Medicine Board Review Course can help put you over the top in your preparations.

While we were unable to offer the 2020 live Review Course due to the COVID-19 pandemic, the 2019 Course is available in high quality video and audio formats at the ACOI Online Learning Center (OLC). The OLC provides the option to participate in the entire Review Course, or pick only those subspecialty areas where you feel the need for extra help. Discounts apply for residents and fellows. You may access the Online Learning Center here.
Medical Practice Preparedness for the Coronavirus (COVID-19)

CME Webinar

Free for ACOI Members
$30 for Non-Members

Physician practices are being significantly impacted by the COVID-19 pandemic, which continues to have a major impact on operations, patient care, and business finances. Amid all of this, laws and regulations are changing daily, and sometimes hourly, to meet the challenges. The ACOI is excited to present this webinar designed to keep you abreast of the latest developments impacting your patients and practice. This activity was originally presented as a live one-hour webinar followed by questions and answers.

To view this education activity, visit the ACOI Online Learning Center.

Learning Objectives

After participating in this educational activity, learners will be able to:

• Describe evolving administrative requirements to accommodate telemedicine into clinical practice, including ethical considerations and coding.

• Access guidance on the Paycheck Protection Program, staff employment issues, and key actions to maintain clinical operations and support the delivery of care.

• Summarize the latest legislative and regulatory updates, including new CDC guidance on infection control, and telehealth screening scripts, expanded non-physician provider scope of practice, and other breaking developments.

This activity is certified for 1.25 AOA CME Credits and AMA PRA Category 1 Credits™.

PANELISTS

Samuel K. Snyder, DO, FACOI
President, American College of Osteopathic Internists
president@acoi.org

Susan Lieberman, MBA, BSN
Vice President of Practice Resources, Conventus
slieberman@conventusnj.com

Sheila M. Mints, Esq.
Chair of Healthcare Practice and Cannabis Law Practice, Capehart Scatchard
smints@capehart.com

Jim Tudor, CPC, PCA
HealthCare Compliance Network
jtudor@hcompliance.com
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 this month are two items that are not widely available elsewhere. ACOI member Charlene LePane, DO, FACOI, reached out to Dr. Peter Tsai, inventor of the filtration fabric in the N95 mask. Dr. Tsai provided her with two recommended methods for reusing the N95 respirator. Read about them on our resources page.

Additionally, you can access the COVID-19 update videos that are posted twice weekly by Mark-Alain Dery, DO, FACOI, co-chair of ACOI’s Infectious Diseases Subspecialty Section.

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

Join Our Weekly Peer-to-Peer Self-Care Check-in Sessions!

“I have never participated in anything like this before, but it was very invigorating and helpful, warm and welcoming. I know I am not alone. Thank you.” - Participant, ACOI Peer-to-Peer Wellness Session: Supporting Members During the COVID Crisis

Should you take time in the middle of a pandemic for a little self-care? In fact, there’s no better time. If you feel you need a bit of support, or if you just want to hear how other ACOI members are doing and can lend a supportive ear, please join one of our upcoming confidential Peer-to-Peer Zoom sessions. Available free of charge to ACOI members, please go to our website for additional information.

Why is Physician Wellness Important?

Why should physicians focus on their own wellness? In this month’s video ACOI members share that through balancing self-care with career demands both physicians and patients thrive!
Major Changes Announced Affecting AOA/AOBIM Certification

The AOA and AOBIM announced two major changes affecting internal medicine and other certifications this month. The first would provide a one-year extension of certification eligibility for all certifications set to expire in 2020. This is in response to the Covid-19 pandemic. The second creates an alternative longitudinal assessment to replace the high-stakes recertifying examination in internal medicine. The high stakes exam will be offered for the final time this year. Details of the two changes are provided below. Additional information is available by contacting the AOBIM at aobim@osteopathic.org.

One-Year Extension of Board Eligibility

The AOA Bureau of Osteopathic Specialists (BOS) and division of Certifying Board Services announced that a one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification or recertification in 2020, among other policy changes, in response to the COVID-19 pandemic. Recognizing the impact of Covid-19, the BOS announced the following AOA Board Certification policy changes, which take effect immediately:

Initial Certification

- A one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification for primary, subspecialty and conjoint boards who are unable to sit for their certification board exams in 2020.

- Once testing windows are reopened at Prometric and Pearson VUE, graduating residents and other physicians may still choose to take their initial certification exam in 2020. Please note, seat availability may be limited.

- In addition to traditional venues for administration of initial certification exams, the AOA Certifying Board Services team is investigating options for leveraging technology to support remote proctoring of exam administration in 2020 and beyond. Information on these options will be communicated as it becomes available.

Osteopathic Continuous Certification

Component 2 (Lifelong Learning):

- The BOS is working with the Council of Osteopathic CME exploring a variety of CME options, including COVID-19 specific activities (clinical or practice management) for the remainder of the 2019-2021 CME cycle. More information will be shared as it becomes available.

Component 3 (Cognitive Assessment):

- A one-year extension of board certification will be granted to diplomates whose certification expires in 2020 and who are required by their specialty board to take a traditional, high-stakes recertification exam.

- Once testing windows are reopened at Prometric and Pearson VUE, diplomates may choose to take their recertification exams in 2020. Please note, seat availability may be limited.

- There will be no change in the recertification requirements for specialty boards that have transitioned away from high stakes recertification examinations and are now offering longitudinal OCC assessment models for recertification.

Component 4 (Practice Performance Improvement and Assessment):

- For diplomates whose certification expires Dec. 31, 2020, the Practice Performance Assessment and Improvement (PPA) requirements for the 2020 calendar year are eliminated for all AOA specialty certifying boards. PPA requirements will resume Jan. 1, 2021.

SEEKING A CHAIR OF INTERNAL MEDICINE

Applications are being accepted for the employment of the Chair of Internal Medicine who is responsible for the planning, directing, and the implementing of programs, policies, and procedures for the Department of Internal Medicine.

The Arkansas Colleges of Health Education is located in Fort Smith, Arkansas on a beautiful new 430-acre campus. Founded in 2014, ACHE admitted its first class in the Arkansas College of Osteopathic Medicine in 2017 and began the Master of Science in Biomedicine Degree program in 2019. These programs are housed in a state-of-the-art 102,000 square foot facility which establishes the foundation for future growth. A 66,000 square foot College of Health Sciences building was recently completed and this new facility houses programs in Physical Therapy, Occupational Therapy, and Physician Assistant Studies.

For specific qualifications and application procedures, go to the Arkansas Colleges of Health Education acheedu.org/employment-opportunities/

Arkansas Colleges of Health Education is an Equal Opportunity Employer
AOBIM Announces Alternative to High Stakes Recertification Examination

The AOBIM has announced plans to implement a longitudinal assessment replacing the 10-year, high-stakes recertification (OCC) examination for internal medicine. The AOBIM is implementing the new longitudinal assessment for all diplomates that honors their current 10-year certificate and eases the transition for those who will be closing out a 10-year cycle in the upcoming years. Plans are being made to adopt a similar option for the subspecialties. These will be announced as soon as they are available.

All AOBIM general internal medicine diplomates participating in OCC with certificates expiring December 31, 2020 are eligible to access the AOBIM Longitudinal Assessment Modules beginning January 1, 2021 (additional details below). Those with certificates that expire in 2022 or later, will be eligible to register for the longitudinal assessment on August 1 of the year prior to the expiration of their certificates.

AOBIM diplomates with certificates that expire December 31, 2020, have two options to satisfy their Component 3: Cognitive Assessment requirement:

**Assessment Pathway 1: High Stakes Long Form Exam**

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

**Assessment Pathway 2: AOBIM OCC Longitudinal Assessment Modules**

The AOBIM longitudinal assessment modules will be available to all registered diplomates on January 1, 2021. Diplomates must register by August 31, 2020 to maintain certification with the AOBIM. Diplomates will be required to participate in, and successfully complete, three modules annually (between January 1 and December 31). All questions within the modules must be answered and an 80% pass rate must be achieved to successfully complete the module. Diplomates whose certification expires December 31, 2020 must successfully complete three modules by December 31, 2021, to maintain certification with the AOBIM. More information on implementation can be found on the AOBIM website.

To view the AOA Board Certification policy changes that take effect immediately for both initial certification and Osteopathic Continuous Certification, visit the AOA Board Certification website. For further assistance for those impacted by COVID-19 related exam postponements, email certification@osteopathic.org.
Let’s Talk PRINCIPLES
By Robert A. Cain, DO, FACOI

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 therapeutic modalities that will expand our ability to treat disease and help patients and ourselves to live well.

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.
- It requires the physician to consider how this applies not only to the patient but also to a healthy relationship with oneself.

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 6.
Meet C. Clark Milton, D.O., FACOI, Director of Corporate Health in Wheeling (WV) Hospital’s Occupational Medicine Department. Dr. Milton is also the Designated Institutional Officer (DIO) at Wheeling Hospital for all graduate medical education programs. A Wheeling native, Dr. Milton graduated from the West Virginia School of Osteopathic Medicine, completed an osteopathic internship in Portland, Maine, and did his residency in internal medicine at Ohio Valley Medical Center. He is board certified by the American Board of Internal Medicine, Medical Review Officer Certification and Board of Independent Medical Examiners.

As a Board member, I am glad to be available to our younger osteopathic internist colleagues. It is important for them to know our history as we move forward as a profession in the future.

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

Dr. Milton: I joined the College because its vision and values, coupled with the diversity of tracks – professional development, personal relationship building and continuing medical education – assists me in navigating the journey to be the best osteopathic internist. Being a member enables me to know what is going on at the national level in osteopathic internal medicine and patient care.

Ms. Ciconte: How has the current pandemic affected your practice, family and community? Have you found the COVID-19 resources and webinars helpful?

Dr. Milton: The current pandemic has turned my world upside down! In 2005 I wrote a paper on the threat of a pandemic. At that time, I am not certain I believed the threat would happen, but certainly know now that I am living it. The world we were living in six months ago is not coming back.

I am pleased that the ACOI is providing helpful information and education on COVID-19 to its members. At this time, there is an excellent opportunity for the College and osteopathic internal medicine to regain the public trust.

Ms. Ciconte: You are now serving on the ACOI Board of Directors. Why did you decide to join the Board?

Dr. Milton: Osteopathic internal medicine and graduate medical education are steeped in apprenticeships. We learn and grow thanks to the influences of our mentors. I agreed to serve on the ACOI Board as a way to repay for all I received over the years. Volunteerism is an important element of our osteopathic heritage.

Ms. Ciconte: The new ACOI Executive Director, Karen Caruth, starts next month. In your opinion, what are some major issues that she and the ACOI Board will need to address in the coming years?

Dr. Milton: There is a saying that “if change is inevitable, growth is optional.” However, for the ACOI growth is imperative now. In the current environment, we see an increasing number of colleges of osteopathic medicine and graduates, the loss of osteopathic hospitals, acquisition and merger of hospitals across the country, ACGME single accreditation, and certification and recertification issues. The ACOI needs to maintain its relevance by leveraging its resources – online learning, Principle-Centered Medicine, the College’s Four Pillars – Leadership, Community, Education, and Health and Wellness - to lead us through the changes and challenges.

Continued
Ms. Ciconte: You have made financial contributions to ACOI over and above your dues, including a generous contribution to the 75th Anniversary Campaign. 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. Milton: I see the ACOI as an important resource for professional development. Financial support for the College is critical to insure our members provide the highest quality of care to our patients. That’s why I chose to make a major gift to the 75th Anniversary Campaign.

At this time, all of us are making major sacrifices. Compensation reductions are taking place, and financial futures are uncertain. However, the College needs our support to be able to offer new resources and services. Last evening, I participated in a new program - the first weekly Peer-to-Peer Well-being Check-in session via Zoom that ACOI is hosting. I must tell you it was the most powerful experience I have ever had! In this confidential forum, up to 10 ACOI members listen, share, encourage and support one another. We heard about the warlike experiences participants were dealing with as they cared for their patients during the COVID-19 pandemic. This type of session represents an important resource for our Health and Wellness pillar.

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

Dr. Milton: The ACOI needs to stay ahead of the curve. The osteopathic education model has changed. Some believe that dues-paying associations and live events are unsustainable. I do not agree. The ACOI reminds us to stay true to why we pursued medicine and offers us the knowledge and training to be the best osteopathic physicians we can be.

Ms. Ciconte: Any closing comment or thought?

Dr. Milton: Yes, I was thinking about our interview last evening and came across the following quote that I thought was pertinent: “The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty and we must rise to the occasion. As our case is new, so we must think anew and act anew.” Abraham Lincoln 1862

Look to the ACOI for anew! 📈
governments would receive $500 billion, while $375 billion would be provided to local governments under the bill. The legislation would provide funds to support an expansion of the healthcare workforce and includes provisions to provide student loan debt relief. The all-encompassing package will not likely be considered by the Senate and the President indicated that he would veto the bill, should it make it to his desk. While the likelihood of this particular legislation becoming law is highly unlikely, it sets benchmarks and lays out policy positions for future negotiations of packages tailored to respond to the ever-growing impact of COVID-19.

The ACOI continues to work with other physician organizations in an effort to promote legislation and regulations to assist you and your patients during these trying times. We will continue to advocate to ensure you can provide the level of high-quality care you aim to provide. Please be sure to check the ACOI online COVID-19 resource page often, available here, for the most current information. If you have any questions about Washington’s response to COVID-19, please email Tim McNichol at tmcnichol@acoi.org.

**“Operation Warp Speed” Announced**

The Administration recently announced the creation and leadership structure for an initiative called, “Operation Warp Speed.” The initiative is a public-private partnership created to advance the accelerated development and manufacture of COVID-19 vaccines, therapeutics and diagnostics. The initiative includes the participation of representatives from the Department of Health and Human Services (HHS), including the Centers for Disease Control (CDC), the Food and Drug Administration (FDA), the National Institutes of Health (NIH), and the Biomedical Advanced Research and Development Authority (BARDA). In addition, the Department of Defense, private firms, and other federal agencies, including the Department of Agriculture, the Department of Energy, and the Department of Veterans Affairs will work together to coordinate the rapid development of COVID-19 countermeasures. The Operation will be led by Dr. Moncef Slaoui as Chief Advisor, and General Gustave F. Perna as Chief Operating Officer. Dr. Slaoui previously served as Chairman of Global Research and Development and Chairman of Global Vaccines for GlaxoSmithKline. General
Perna is a four-star general in charge of the US Army Material Command. Operation Warp Speed, among other things, is tasked to oversee the creation of substantial quantities of a safe and effective vaccine available for Americans by January 2021. The initiative is funded by nearly $10 billion provided through previous COVID-19 legislation. [1]

**HHS Extends Attestation Deadline for Provider Relief Fund Payments**

The Department of Health and Human Services recently announced it is extending the deadline to 45 days for health care providers to attest to receipt of Provider Relief Fund payments and accept the terms and conditions of the program. The deadline, which was previously 30 days, starts from the date providers receive payment. The “Coronavirus Aid, Relief, and Economic Security Act” (CARES Act) and the “Paycheck Protection and Health Care Enhancement Act” provided $175 billion in aid to hospitals and health care providers to support expenses or lost revenue attributed to COVID-19, and to cover virus testing and treatment for uninsured Americans. Additional information is available here. [2]

**Washington Tidbits**

“Pack A Lunch”

Just on the outskirts of Washington, DC, spectators gathered on the hillside of Centreville, VA with picnic baskets and opera glasses in hand. The gathering crowds included senators, representatives and civilians. As events spun out of control, and the spectators began to flee, Representative Alfred Ely of New York left the gathering as well— as a prisoner of war. It was July 21, 1861 and the first land battle of the Civil War was underway. By the end of the day, Union Forces were turning back in retreat. What was intended to be a show of force for the Union ended in defeat and made it painfully clear that the Nation was about to enter into a bloody, prolonged conflict that would divide the Nation for years to come. The Battle of Bull Run would be a harbinger of things to come.
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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The ACOI Board Generational Advancement Fund Challenge Is Suspended

Due to COVID-19, the College has suspended live Visiting Professor Program visits. As illustrated in student doctor Gina Gilderman’s interview this month with Barbara Ciconte, these programs help us introduce osteopathic medical students to our community and the vibrant career opportunities available in our specialty. We know that our members are facing many challenges at this time due to the coronavirus pandemic that are impacting their practices, families and their communities.

For that reason, the College has decided to suspend its fundraising campaign to meet the ACOI Board’s $30,000 challenge to increase the number of Visiting Professor Programs and provide grants to student leaders to attend the annual convention.

The ACOI Board appreciates the support received to date and will reinstate the Challenge in the near future.

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.
2019 vs. 2020 Significant Changes

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

May 2019 vs May 2020 - What a difference one year makes! The COVID-19 pandemic has presented daily challenges to our regular activities. Keeping on top of the seemingly constant changes in the world’s financial and economic conditions are among these challenges.

DISCLAIMER: LAWS ARE RAPIDLY CHANGING IN RESPONSE TO COVID19 AND INFORMATION CONTAINED HEREIN IS SUBJECT TO CHANGE

The list below briefly describes notable changes in planned giving, estate planning, retirement accounts and charitable giving. Please note that the information below is not intended to be blanket recommendations for you or your family. It remains critically important for you to always confer with your financial planner and estate attorney to do what is most appropriate for your fiscal situation.

**IRA or 401(k) withdrawals:**
If you’ve been affected by the coronavirus pandemic, the CARES Act allows you to withdraw up to $100,000 from a retirement account, such as an IRA or 401(k), without having to pay a 10% penalty - even if you’re not 59.5 years old. That penalty is being waived for withdrawals up to $100,000 that happen after January 1, 2020 for corona-virus related purposes. You will pay income tax on the distribution, but that tax will be paid over three years. You also have the opportunity to re-contribute the amount that you withdraw from your retirement within three years.

**Waiver of required minimum distribution (RMD) rules:**
If you are over age 72 (or you turned 70.5 before January 1, 2020), you are normally required to take minimum distributions from your retirement account. Those minimum distributions are suspended for 2020. If you don’t want to take a retirement distribution this year you can skip it.

**Charitable contributions:** The government wants to make it easier for you to donate to charities and get a tax break for it. If you make any charitable contributions this year, you can deduct up to $300 in cash donations without having to itemize your deductions.

In 2019 charitable contributions would only reduce your tax bill if you choose to itemize your taxes. Generally, you’d itemize when the combined total of your anticipated deductions - including charitable gifts - add up to more than the standard deduction. (2020 Standard Deduction Amounts are Single: Married Filing Separately $12,400; Married Filing jointly $24,800; Head of Household $18,650.) If you take the standard deduction on your 2020 tax return (the one that you’ll file in 2021), you can claim a brand new “above-the-line” deduction of up to $300 for cash donations to charity you make this year. Donations to donor advised funds and certain organizations that support charities are not deductible. Normally, you have to itemize on Schedule A to get a tax break for charitable donations. In this case, though, it’s the other way around—if you itemize, you can’t take this new deduction. Also, limits on how much you can deduct this year are waived. Someone who can normally deduct contributions up to 50% of their adjusted gross income (AGI), no longer has that maximum limit for 2020. And businesses that can normally deduct up to 10% of their adjusted...
gross income can now deduct contributions up to 50% of their AGI.

**Electronic signatures and notarization:** The COVID-19 pandemic has unexpectedly required lawyers and, in many circumstances, judges to attempt to operate in a remote work environment. This abrupt change has heightened the importance of relying on electronic signatures and notarization, in lieu of traditional “wet-ink.” This is a swiftly developing area. Here is a list of states that have acted to allow remote notarization or remote witnessing on an emergency basis. Most states do not permit remotely witnessed Wills or “E Wills” - Wills executed in electronic form. Instead, the witnesses must be in the physical presence of the testator. Operating in the environment of the coronavirus pandemic and the resulting desire to stay-in-place,

E-Wills, with a remote witnessing option, suddenly look like an important option to the traditional Will. During an event such as the coronavirus epidemic, an E-Will statute has understandable appeal. The Uniform Electronic Wills Act (or the E-Wills Act) would allow people to create and sign wills online without a lawyer or notary present. Basically, it is to allow a valid will without paper or wet-ink signature required, all done electronically. Here is additional information regarding states that have acted to allow remote notarization or remote witnessing on an emergency basis.

If you are interested to learn more about how to make a planned gift to benefit ACOI or to include ACOI in your estate plans, please contact Brian Donadio at 301-231-8877 or email to bjd@acoi.org

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.
At the end of a long day I recently read the following in a press release from the Centers for Medicare and Medicaid Services (CMS) and started jumping up and down:

“Since some Medicare beneficiaries don’t have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, CMS is waiving the video requirement for certain telephone evaluation and management services, and adding them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services.”

It was that last sentence, stating that telephone-only telemedicine codes would finally waive the video requirement for office visits, that did it for me. Someone had finally realized that Medicare patients are inherently “older” Americans and may not have a computer with a camera and speakers. They are also less likely to have smartphones. The technology requirement of telemedicine visits was too much for many, if not most, of our seniors. Finally, I thought, doctors would be able to bill for the 99201-99215 series of codes performed via telemedicine, with a waiving of the video requirement.

Boy was I wrong! Never trust a press release. I quickly realized that was just information in a press release, but it was not a “source” or “reference” document to be cited in my compliance world of coding and billing.

Sure enough, when I found the source document, CMS-5531, I realized the words were there, not as I read them, but as I should have seen them. There is a code for telephone, audio-only visits, and that code was being added to the list of Medicare telehealth services. As it happens, it was a code that already existed but was previously not accepted or payable by Medicare.

As a consultant, my job is to know what is occurring as best I can, and to find those source documents. This ensures that the information I give to you is correct, and that I can accurately answer questions about that information. Right now, there is great deal of conjecture: “Well I saw this and that means that we can’t do that,” or “I saw on a blog that someone filed the charges like this... and got paid.” The best advice I can give is to research the information. In this COVID-19 crisis, the documents are there with the answers. You just need to look for them.

It is for this reason that I get upset when a speaker settles for “close.” Close is not what we seek when looking for the right answer. For example, I was listening to a speaker the other day and he relayed some information that was not quite correct. It was not completely wrong, but he forgot to put the information in context. Without the qualifiers, it is misinformation and that is almost as bad as wrong information. Make sure you and your staff have the whole story when it comes to COVID-19 billing and all the waivers.

On another call a speaker had a slide showing that physicians use 99441-99443 for telephone calls. The next line on the grid showed 98966-98968 for use by non-physician practitioners (NPPs) (i.e., nurse practitioners, physician assistants, clinical care specialists and others). I felt the slide was wrong, but first...
I had to find a source document to prove to myself that I was correct. Interestingly, since I first saw this information, I have received questions from two individuals who also saw the information that NPPs should be using the 98966-98968 series of codes. So, this “misinformation” has spread.

I looked at source documents from the Social Security Act, Section 1842, several chapters from the Medicare Internet Only Manual, and CPT Changes 2013. I learned that there are several places that list “non-physician practitioners” or just “practitioners” who are individuals who are not physicians, but are granted certain privileges depending on their training and state’s scope of practice. Although there is not an exact phrase that says that NPs, PAs and CNs are “other qualified health care professionals,” the summation of these sources put the words together to define that they are indeed those professionals. However, I did not find a verbatim reference.

There is one other negative to billing the 98966-98968 series of codes. CMS has increased payment to the 99441-99443 series of codes to the level of office visits, but not the 98966-98968 codes. If the speaker had indicated in his lecture that some Medicare Administrative Contractors (MAC’s) were conflicted and that some had said either set of codes could be used, perhaps someone would have done research before deciding which codes to put on a claim. This lack of information to the attendees at the lecture may now result in a financial loss to their practices. If this speaker had just shared all the information he had, then offices could have done their own research and made their own informed decisions.

The next time you hear something that makes you jump up and down as I did, take a moment to think it through. If it sounds too good to be true, perhaps it is. Do not be afraid to ask the presenter for a reference or source document. Your staff will thank you.
Greetings, colleagues, and welcome to the May issue of Talking Science and Education. This month I again want to take the opportunity to thank you: the physicians and other healthcare providers for the incredible care and sacrifice you give to us every day; certainly, during this pandemic, but at all times. No time more than now have we seen the distinctiveness of osteopathic medical care. While some may question whether this distinctiveness even exists, I for one have never been more grateful for osteopathic medicine and its practitioners. Please stay safe and remember that self-care is essential for you to provide care to others.

Last month’s population health quiz asked which state showed the largest decline in ranking for overall health from 2018 to 2019? Alas, I received no takers! Maine experienced the largest decline, dropping five ranks. Maine's decline was driven by drops in the behaviors category (-9 ranks), particularly for obesity (-5) increasing from 29.1% to 30.4%, drug deaths significantly increasing from 21.6 to 27.0 deaths per 100,000 and smoking increasing from 17.3% to 17.8% (both -4). Maine also dropped in the policy category (-5), especially for children in poverty (-10) significantly increasing from 13.1% to 14.5%.

Talking Education
E-Learning and IM GME

E-learning, the use of Internet technologies to enhance knowledge and performance, has become a widely accepted instructional approach. However, little is known about the current use of e-learning in postgraduate medical education (GME). To determine utilization of e-learning by United States internal medicine residency programs, program director (PD) perceptions of e-learning, and associations between e-learning use and residency program characteristics, the Mayo Clinic conducted a national survey in collaboration with the Association of Program Directors in Internal Medicine (APDIM) of all United States internal medicine residency programs. The investigators found that residency programs could be better resourced to integrate e-learning technologies. Asynchronous e-learning was used more than synchronous, which may be to accommodate busy resident schedules and duty-hour restrictions. PD perceptions of e-learning are relatively moderate raising the question whether PD reluctance to adopt e-learning is based on unawareness of the evidence and technologies, perceptions that e-learning is expensive, or judgments about value versus effectiveness. It seems important to explore more fully the perceived value found by the trainees themselves.

Talking Science
What high COVID-19 mortality among black patients tells us about CVD care in the US

The high mortality rates from COVID-19 among black patients and other racial/ethnic minorities has put a spotlight on the “deep-rooted failures” of the U.S. healthcare system to improve care for cardiovascular disease (CVD), according to a commentary recently published in the Journal of the American College of Cardiology.

The manuscript is from authors Keith C. Ferdinand, MD, a professor of medicine at the Tulane University School of Medicine, and Samar A. Nasser, PhD, MPH, director...
Talking SCIENCE and EDUCATION

(Continued)

of clinical health services at the George Washington University’s School of Medicine and Health Sciences. Ferdinand and Nasser reviewed national COVID-19 statistics, observing that black populations have experienced higher mortality rates in New Orleans, Chicago, Milwaukee, Detroit “and even rural Albany, Georgia.”

Black patients have made up 70% of all COVID-19-related deaths in Louisiana, for example, though they make up just 32% of the state’s population. Similar numbers can be seen elsewhere throughout the country.

The authors noted that high COVID-19 mortality among black patients “reflects long-standing, unacceptable U.S. racial/ethnic and socioeconomic CVD inequities and unmask system failures and unacceptable care to be caught and mitigated.”

“Ultimately, to stave off future unnecessary loss of life, the COVID-19 crisis must be seen as an opportunity to finally fully address CVD disparities and the underlying structural factors,” Ferdinand and Nasser wrote.

Black men and women, as well as other racial/ethnic minorities, are more likely to provide essential services, including low-wage jobs that cannot be done remotely and have fewer financial resources to draw on in the event of health problems or economic disruption. And the commentary was clear this is more than a matter of “poor lifestyle choices”—it reflects “structural societal flaws” that have led to an increase in deaths among black COVID-19 patients in urban and rural environments a like.

“People of color are not genetically nor biologically predisposed to get COVID-19 but are socially prone to coronavirus exposure and have higher incidence of the very co-morbidities fueling complications,” the authors wrote. “Notably, minorities are more likely to be uninsured compared to non-Hispanic whites, and uninsured adults are less likely to have CVD risks controlled. The comorbidities that make COVID-19 more deadly are linked to the segregation and concentrated poverty that still mark these disparate communities. Hence, maintenance and continuity of CVD care during this crisis is absolutely required.”

Ferdinand and Nasser also highlighted the importance of “both primary and secondary CVD prevention.” Clinicians should prescribe 90-day supplies of CVD medications whenever possible, ensuring that patients can have the help they need in moments when securing refills may be especially challenging.


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

- 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

- 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

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