New ACOI President
Michael A. Adornetto, DO, MBA, FACOI

COVID-19: DOs in Action

New Certification Pathway Announced

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Leadership
We help you realize your full potential

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

Education
We help you learn exactly what you need to know

Health & Wellness
We lead you to discover the spirit of wellness
Welcome, ACOI!

I have been given the great privilege of leading the ACOI as President after serving on our Board these last 10 years. The ACOI has been part of my professional life for over 30 years, and I look forward to this challenge, building on the outstanding leadership that has preceded me. We are very blessed as an organization to be well-positioned to support osteopathic internists everywhere, as well as to provide a voice for all physicians interested in Principle-Centered Medicine™. Osteopathic Internists are a rapidly growing segment of the Osteopathic profession, and the ACOI is the second-largest osteopathic specialty college. Along the way, we are also getting younger, as 66% of osteopathic physicians are under 45 years of age, which translates into a need to address the interests of a younger work force.

To respond to rapid growth in the profession, we are also changing the way we approach our members, investing in more options for on-demand learning through our Online Learning Center, and presenting opportunities that align with the adult learner rather than solely for exam preparation. Additionally, just as telemedicine was given a push from COVID-19, so has our conversion to a virtual platform as well. Our Annual Meeting, which historically has been a time for education and fellowship, was changed to a virtual format due to travel restrictions for 2020. Led by Joanne Kaiser-Smith, DO, FACOI, and our exceptional professional staff at the ACOI, we were able to bring together over 1,700 participants to view fabulous lectures and keynote speakers, and provide opportunities for students, residents, and physicians to meet through live chat and virtual meeting rooms. The experience was tremendous, even for those accustomed to live meetings.

The growth of our ACOI membership has always been a priority, however, involvement in osteopathic advocacy is vitally important to all of our careers. I struggled with this very idea, emerging from a traditional ACGME program, wondering the importance of our identity as an organization and as DOs. Resolving that this was to remind myself why I chose osteopathic medicine, and the principles engrained in our history. What we are seeking at ACOI is for all of you to remind yourselves what led you here, and to continually stay true to this in your professional career.

But there is more that needs to be done, as some may see the erosion of traditional Post-Graduate Osteopathic Training, even while the number of DOs in our profession grows.

What we are seeking at ACOI is for all of you to remind yourselves what led you here, and to continually stay true to this in your professional career.

Continued
Although our numbers may go up, our understanding of who we are will continually be challenged without traditional AOA programs and Program Directors supporting our philosophy and commitment to the holistic delivery of medicine. We will all need to be the teachers and remain involved in organizations, such as ACOI, that advocate for osteopathic physicians. We also look forward to a new generation’s involvement - supporting our past in order to protect our future.

All of us here at the ACOI are thankful that you allow us to support your needs and your career. We are thankful for those who have given so much to this organization over the years, and for those who continue to educate and pass on osteopathy to the next generation of caregivers. We are grateful for that next generation who sees a need to support each other, for those who understand the importance of advocating for our profession, and for those who understand all too well that they are the future protectors of Principled-Centered Medicine™ for the ACOI.

Michael A. Adornetto, DO, MBA, FACOI
President
New Certification Pathway

New Exam-Free Pathway to AOA Board Certification for ABMS-Certified DOs

DOs certified by the American Board of Medical Specialties (ABMS) prior to September 1, 2020 are now eligible to receive reciprocal certification from AOA Certifying Board Services without taking a high-stakes initial certification exam or paying initial certification fees. To maintain AOA Board Certification, DOs will be required to meet their specialty/subspecialty board’s requirements for Osteopathic Continuous Certification (OCC). The application fee is $0 for AOA members and $299 for non-members.

To learn more about ABMS reciprocity and submit an application, visit the AOA Board Certification website.

2021 Certifying Examination Dates & Deadlines

Early Entry Exam

Registration Opens: December 4
Late Fee Begins: February 1
Final Deadline: February 12

Registration will soon open for the Early Entry Pathway for the 2021 AOBIM Internal Medicine Certification exam. Third-year Internal Medicine residents will be eligible to take the certification exam March 1 – 6, 2021. To be eligible for this exam administration, residents must have participated in the ACOI Inservice Examination during each of the first two years of internal medicine residency and have an anticipated training completion date of August 31, 2021 or earlier.

Registration opens on December 4, 2020 and will close February 12, 2021. Registration and more information can be found by visiting the AOBIM’s website here.

Dates and deadlines for the Internal Medicine, Internal Medicine Recertification, and Subspecialty Exams coming soon!

Further information is available by contacting the AOBIM at admin@aobim.org; 312 202-8274.
COVID-19: DOs in Action

by Gina Kilker

In early 2020, as news of a novel virus spreading in China showed potential for expansion that would threaten the United States, many ACOI members had to shift gears and rearrange their priorities. For ACOI member, David Lindner, DO, MBA, FACOI, FCCP, a pulmonary critical care board-certified internist in Florida, that’s when a new focus on COVID-19 began to transform his world.

In March, the administration of his 700+ bed hospital, Naples Community Healthcare (NCH), asked Dr. Lindner to take on a new role as the COVID-19 Medical Director for his 700+ hospital bed system. Consequently, he gave up his practice for two months and found himself in the media spotlight as he became the “face” of COVID-19 for Southwest Florida.

As the primary media spokesperson for NCH, charged with communicating about how the health system was responding to the new health threat, he wrote articles for several publications and submitted research papers on COVID-19. In addition, he gave multiple TV, radio, and newspaper interviews. Recently, marking his fourth appearance to help elected leaders create COVID-19 masking policies, he testified in front of the Collier County Commission for extending the county mask mandate. Thanks to Dr. Lindner and his team, the Commission agreed to extending a county masking mandate through April 15, 2021.

ACOI DOs are involved in the COVID-19 pandemic! I couldn’t have done all of this without my partners, three of whom are also DOs.
— ACOI member, Dr. David Lindner

Dr. Lindner has also collaborated with the Florida Surgeon General and participated with establishing an NGO (non-governmental organization) partner presence for an at-risk migrant population with COVID-19. The effort received national attention and was featured in a New York Times article about the community of Immokalee Florida, an agricultural region in South Florida and home to many immigrant and migrant families who work the fields. Dr. Lindner has partnered with the Department of Health and has lectured alongside other Mayo Clinic providers on COVID-19. His facility was involved with Remdesivir research, Mayo plasma research and a 4,500- person antibody study.

In July, Dr. David Lindner was interviewed on a WINK News segment about how Naples Community Healthcare doctors were finding new ways to treat packed ICUs full of COVID-19 patients. The broadcast also ran nationally.
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.

Blast from the Past

Can you guess where and when this class of fellows was inducted? Email us the year and city/state if you think you know! The first person to guess correctly will receive a prize!

Past-President Eugene A. Oliveri, DO, MACOI (left) presenting Larry A. Wickless, DO, MACOI (right) with the Distinguished Service Award at our 1993 Fellows Convocation.

We would love to see your throwback photos! If you have some to share, please email them to katie@acoi.org.
Greetings colleagues, and welcome to the October issue of *Talking Science and Education*. The upcoming holidays will certainly be different than any we have experienced previously. However, we at ACOI wish peace, happiness, and HEALTH for you and your families. We also want to share our gratitude for your involvement with ACOI and your invaluable contributions to the health of our nation.

In last month’s population health quiz, we asked the number of deaths due to suicide per 100,000 population in the US in 2019. Since 2012, suicide rates have significantly increased nationally from 12.4 to 14.5 deaths per 100,000 as well as in 30 states. In the past year, rates continued to significantly increase nationally (up 4% from 13.9 deaths per 100,000) and in Washington (up 14% from 15.5 to 17.6 deaths per 100,000). The current rate is well above the Healthy People target of reducing the suicide rate to 10.2 deaths per 100,000 by 2020. According to CDC, suicide is the tenth leading cause of death in the nation. Mental health disorders and/or substance use disorders are the most significant risk factors for suicidal behaviors. According to the American Foundation for Suicide Prevention, other risk factors include previous suicide attempts, family history of suicide and environmental factors such as stressful life events and access to lethal means like firearms or drugs. Firearms were involved in half of all suicides in 2017, as reported by the Suicide Prevention Resource Center. Disparities in suicide are present across states and by gender, age and race/ethnicity groups. Suicide has been lowest among women and people ages 15-24 and highest among men, whites and American Indian/Alaska Natives. The suicide rate is 3.7 times higher among males (23.3 deaths per 100,000) than females (6.3). The disparity between the states with the highest and lowest rates has worsened over time. Suicide per 100,000 is 3.5 times higher in Montana (29.7 deaths per 100,000) than New York (8.4); this disparity is larger than in 2012 when suicide was 3.0 times higher in Alaska (23.3 deaths per 100,000) than New York (7.8).

**Monthly Population Health Quiz**

This month we explore another disturbing population health challenge: the rate of drug deaths. The definition of drug deaths is the number of deaths due to drug injury (unintentional, suicide, homicide or undetermined) per 100,000 population (3-year estimate age-adjusted to the mid-year). By what percent have drug deaths in the United States increased between 2016-2019?

A. 11%
B. 37%
C. 42%
D. 16%
E. 32%

Become a Talking Science and Education winner but remember: no Googling!!! Send your answer to don@acoi.org and win valuable prizes!

**Talking Education**

**Concordance, Adherence and the Value of the “Teach Back Method”**

At this year’s ACOI Annual Convention and Scientific Sessions, Drs. Watson Ducatel and Timothy Barreiro led an excellent discussion on health literacy. Regardless of a patient’s health literacy level, it is important that HCPs ensure that patients understand the information they have been given. Studies have shown that 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect.1 The teach-back method is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. It is a way to confirm that you have explained things in a manner your patients understand. The related show-me method allows staff to confirm that patients are able to follow specific instructions (e.g., how to use an inhaler, epipen, insulin pen, etc.).

Continued
The teach-back and show-me methods are valuable tools for everyone to use with each patient and for all clinic staff to use. These methods can help you:

- Improve patient understanding and adherence.
- Decrease call backs and cancelled appointments.
- Improve patient satisfaction and outcomes.

Talking Science: Diabetes Dialogues

Daily Physical Activity Lowers Postprandial Blood Sugar in Patients with T1DM

Daily physical activity (PA) is associated with blood sugar levels after an evening meal in diabetes patients, suggests a recent study in the journal Diabetes Technology & Therapeutics. The results indicate that quantitative assessment of physical activity could be relevant for mealtime treatment decisions.2

Physical activity includes all movement that increases energy use, whereas exercise is planned, structured physical activity. Exercise improves blood sugar control in type 2 diabetes, reduces cardiovascular risk factors, contributes to weight loss, and improves well-being. In contrast with exercise, or structured physical activity (PA), blood sugar disturbances due to daily unstructured Physical Activity in T1D is largely under researched, with limited information on recommendations for treatment.

Basak Ozaslan, University of Virginia and colleagues in this study presented results from a retrospective analysis of data collected under patients’ free-living conditions that illuminate the association between PA, as measured by an off-the-shelf activity tracker, and postprandial blood sugar control. The researchers retrospectively analyzed data from 37 T1D patients during two clinical studies with identical data collection protocols. 4 weeks of continuous glucose monitoring, carbohydrate intake, insulin injections, and PA (assessed through wearable activity tracker) were collected in free-living conditions.

Five-hour glucose area under curves (GAUCs) following the last bolused meal of every day were computed to assess postprandial blood sugar excursions, and their relation with corresponding antecedent PA was analyzed using linear mixed-effects regression models, accounting for meal, insulin, and current glycemic state.

Key findings of the study include:

- Datasets yielded 845 days of data from 37 subjects (22.8 ± 11.6 days/subject); post-meal GAUC was negatively associated with total daily PA measured by step count, and total time spent performing higher than light-intensity PA.
- Patients with higher median total daily PA exhibited lower average postprandial GAUC.
- Additional analyses indicated that daily PA likely presents an immediate and delayed impact on glucose control.

Daily PA assessed by commonly available sensors is significantly associated with glycemic exposure after an evening meal, indicating that quantitative assessment of PA may be useful in mealtime treatment decisions.

1 Laws MB et al. Factors associated with patient recall of key information in ambulatory specialty care visits: Results of an innovative methodology. PLOS One. February 1, 2018; https://doi.org/10.1371/journal.pone.0191940
2 Ozaslan B. Impact of daily physical activity as measured by commonly available wearables on mealtime glucose control in Type 1 Diabetes. Diabetes Technology & Therapeutics. DOI: https://www.liebertpub.com/doi/10.1089/dia.2019.0517
Supreme Court Hears Oral Arguments in Challenge to the ACA

The Supreme Court held oral arguments on November 10 to examine the latest challenge to the Affordable Care Act (ACA). The case stems from the 2017 Tax Cuts and Jobs act (TCJA), which zeroed out the individual mandate established under the ACA to penalize those who fail to maintain a minimum level of health insurance coverage. In December 2019, a federal court found the individual mandate to be unconstitutional following the changes established by the TCJA. The key questions before the Court in the current matter are: whether the unconstitutional individual mandate to purchase minimum essential coverage is severable from the remainder of the ACA; whether the district court properly declared the ACA invalid in its entirety and unenforceable anywhere; whether the individual and state plaintiffs in the case have established standing to challenge the minimum coverage provision; whether reducing the amount specified to zero rendered the minimum coverage provision unconstitutional; and whether the minimum coverage provision is severable from the rest of the ACA. While the Court will not hand down its decision until 2021, Court observers have speculated based on the questions and comments of the justices that the ACA will not be struck down in its entirety. Chief Justice John Roberts said, “I think it’s hard for you to argue that Congress intended the entire Act to fall if the mandate were struck down when the same Congress that lowered the penalty to zero did not even try to repeal the rest of the Act. I think, frankly, that they wanted the Court to do that. But that’s not our job.” This is the third time the Court has considered the constitutionality of the ACA. The ACOI will continue to monitor this matter closely as the outcome could fundamentally impact physicians and the patients for whom they provide care.
According to statement released by the transition team, “The advisory board will help shape my approach to managing the surge in reported infections; ensuring vaccines are safe, effective, and disturbed efficiently, equitably, and free; and protecting at-risk populations.” Biden met virtually with the advisory board following the announcement of its formation. The transition team has also outlined a national strategy that includes increased testing and contact tracing, among other things. Additional information is available here.

**CMS Takes Action to Ensure Access to COVID-19 Vaccine**

The Centers for Medicare and Medicaid Services (CMS) released an interim final rule to ensure Medicare beneficiaries have access to a COVID-19 vaccine at no cost once one becomes available. The rule allows Medicare to cover all vaccines that receive Food and Drug Administration (FDA) approval or Emergency Use Authorization (EUA). Medicare will pay $28.39 for administering a single dose, an additional $16.94 for an additional dose, and $28.39 for the administration of the final dose in a series. In addition, the rule provides for enhanced Medicare payments for new COVID-19 treatments provided to hospital inpatients or outpatients. In announcing the new coverage provided under the interim final rule, CMS stated that providers who administer the COVID-19 vaccine to uninsured individuals will be reimbursed through the Provider Relief Fund. Additional information is available here.

**Washington Tidbits**

**Out of This World**

Over the years, the halls of Congress have been populated by a diverse group of senators and representatives whose career paths are as diverse as the elected officials themselves. When one thinks of the potential careers politicians have before going to Washington, one often thinks of lawyers or business people. There is one career path that is rarely ever followed and out of this world – astronaut! John Glenn was the first astronaut elected to the Senate in 1974. Harrison Schmitt, who was elected to the Senate in 1976, walked on the moon as part of the Apollo 17 Mission. Jack Swigert was elected to the House in 1982, but died of bone cancer before he could take the oath of office. On November 3, Captain Mark Kelly joined the very small club of people who spent time in space prior to their election to Congress. In fact, Senator-elect Kelly (AZ) completed four separate missions to space, including a stint on the International Space Station.
The American Medical Association (AMA) released information about changes to the Current Procedural Terminology (CPT) for Office and Other Outpatient Services codes (99202-99215) effective January 1, 2021. Included in the significant changes to these codes is the description of the two methods you can employ to select the appropriate service level for these codes. The two options you will have are medical decision making or time. For purposes of this article this month, we will focus on time.

You may use time to select the appropriate level of care under the CPT Office and Other Outpatient Services codes for services provided on or after January 1, 2021 for codes 99202-99215. Counseling and coordination do not need to be greater than 50 percent of the time spent. When time is used as the method to select the appropriate code level, you must apply the new definition of time for this group of codes. The services listed require a face-to-face visit with the patient. However, non-face-to-face time may be included in the total time calculated for the visit. Other code groups such as inpatient, nursing home, or critical care codes have their own definitions of time and guidelines surrounding their use. Please be sure to note the difference and remember that time only applies to codes 99202-99215.

The Guidelines from CPT for Office and Other Outpatient Services state the following:

• Preparing to see the patient (i.e., review of tests)
• Obtaining and/or reviewing separately obtained history
• Performing a medically appropriate examination and/or evaluation
• Counseling and educating the patient/family/caregiver
• Ordering medications, tests, or procedures
• Referring and communicating with other health care professionals (when not separately reported)
• Documenting clinical information in the electronic or other health record
• Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
• Care coordination (not separately reported)
• Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver

Preparation to see the patient activates the calculation of time and continues through the documentation of clinical information in the patient’s record. The total time calculation reflects both face-to-face and non-face-to-face time when performing activities as listed above on the day of the patient encounter. There are no specific documentation guidelines from CPT regarding how to document time such as total time or start and stop times. Just be sure you document the time of the visit to show
you met the requirement of the code.

For 2021, the evaluation and management (E&M) codes do not have a time for the visit they have a time range as seen on the grid below.

The minimum amount of time of the range must be met or exceeded to select that level of service. Medical necessity still needs to be reflected in the documentation. Medicare continues to indicate that medical necessity is the “overarching criterion” for payment of services. As a result, be sure your

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>2020 TIME</th>
<th>2021 AMA TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>20</td>
<td>15-29</td>
</tr>
<tr>
<td>99203</td>
<td>30</td>
<td>30-44</td>
</tr>
<tr>
<td>99204</td>
<td>45</td>
<td>45-59</td>
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<tr>
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<td>60</td>
<td>60-74</td>
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<tr>
<td>99211</td>
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<td>N/A</td>
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<tr>
<td>99212</td>
<td>10</td>
<td>10-19</td>
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<td>25</td>
<td>30-39</td>
</tr>
<tr>
<td>99215</td>
<td>40</td>
<td>40-54</td>
</tr>
</tbody>
</table>

There are other codes, new and existing, for prolonged services that are not discussed in this article. They will be explored in future articles.
ACOI Online Learning Center

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

Online Learning Center Spotlight: Board Review Course

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

ACOI National Meetings

2021 Internal Medicine Board Review Course
Dates coming soon!

2021 Clinical Challenges in Hospital Medicine
Dates coming soon!

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

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

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

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

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

Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183, or from our website at acoi.org.
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.

**$75,000**
Lawrence U. Haspel, DO, MACOI

**$45,000**
Martin C. Burke, DO, FACOI

**$25,000 - $44,999**
Rick A. Greco, DO, MACOI and Carol A. Greco, DO
Robert J. Stomel, DO, MACOI

**$15,000 - $24,999**
Robert G. Good, DO, MACOI
John B. Bulger, DO, MBA, FACOI

**$10,000 - $14,999**
Robert L. DiGiovanni, DO, FACOI
James C. Clouse, DO, MACOI
Michael B. Clearfield, DO, MACOI
Robert A. Cain, DO, FACOI
Jack D. Bragg, DO, FACOI

**$5,000 - $7,499**
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and Roxanne Hubbard
C. Clark Milton, DO, FACOI
and Elaine D. Milton

**$1,000 - $2,499**
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Barbara 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. Buser, DO

**$25,000 - $44,999**
Martin C. Burke, DO, FACOI

**$1,000 - $2,499**
Jeffrey A. Ranalli, DO
and Trina A. Poretta, DO
Laura Rosch, DO, FACOI for her mentor
George Caleel, DO, MACOI
Christine M. Samsa, DO, FACOI
and Nathan P. Samsa, DO, FACOI
Roy J. Sartori, DO, FACOI
and Christine Sartori
Thomas Schneider, DO, FACOI
Martin W. Schwarzle, DO, MACOI
Suzanne Shenk, DO, FACOI
and Scott Siegal, DO, FACOI
Laura Smith, DO, FACOI
Duane Sossong, DO
Susan B. Stacy, FACOI
David C. Stainbrook, Jr., DO, FACOI
Christina A. Stasisk, DO
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Brad Suprenant, DO, FACOI
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Richard R. Thacker, DO, FACOI
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Ronald L. Walsh, DO, MACOI
Thomas Waltz, DO, FACOI
R. Colin Wetzel, DO, FACOI
Mark L. Woodward, DO, FACOI
William Zipperer, Jr., DO, FACOI

Thank You!
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