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Connect with us:

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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
Man Plans and God Laughs

The title of this month’s newsletter is an old Yiddish proverb, though I think this notion is echoed in the wisdom of many traditions. It is a fitting framework for my last newsletter as President of ACOI, an occasion for reflection on the past year’s challenges, accomplishments, and disappointments.

Neither valedictory nor eulogy, just a progress note in a very eventful year.

Highlights included the retirement of Brian Donadio as Executive Director after more than three decades of outstanding service and the appointment of Karen Caruth as our new Executive Director. The search was led by President-Elect Mike Adornetto, and his committee did an excellent job. Karen has hit the ground running, and is doing a wonderful job in this, one of the most trying years in the entire history of the College.

Among the changes taking place this year—in part by intention and in part made necessary by the pandemic—Karen is finding new ways to reach out to members and potential members, utilizing technology and social networking more effectively than ever before. This includes constant updating and revision of our online learning platform and our continuing accreditation by ACCME to grant CME credits for all physicians, regardless of the origins of their diplomas or board certifications.

We have continued to advocate in Washington for our profession and to partner with other medical organizations to do so on behalf of members and the profession at large.

We have faced and continue to face the pandemic together. We have experienced the many ways it has changed our world, probably forever, in less than a year so far. During the height of the first wave we offered free webinars for members to share their experiences, which provided opportunities for deep communication about the emotional as well as intellectual and medical aspects of the times.

We have dealt with and continue to deal with challenges to the integrity of osteopathic medicine that threaten our survival as a distinct profession. Some of these challenges come from inaccurate and unfounded perceptions, as well as ingrained and inherited biases from some of our physician colleagues that are playing out in real time as the terrain of graduate medical education evolves. We continue to work hard to address these challenges that face us as osteopathic internists, as specialists, residents, and students. We work aggressively, and will continue to work, to ensure the recognition of osteopathic education, training, and board certification, rightly regarded by all other professional and governmental bodies as at least equivalent.

Continued
It is essential to the future of the ACOI and osteopathic medicine that we continue this fight.

Another existential challenge is the fact that we do not have direct access to our DO residents out there in the greater world, no longer in osteopathic programs. We are working with AOA and AACOM to re-establish communication with these young internists, so that we don’t experience a “lost generation” of residents, graduating from programs without connection to their osteopathic roots. There is a tremendous opportunity here as well. I know from my work with ACGME that allopathic residents want what we have to offer. They want to know about osteopathic principles and osteopathic practice. As we reclaim connections to our DO residents, we can widen our influence on their allopathic colleagues, and strengthen the reach of our message. Programs don’t have to be historically osteopathic to seek Osteopathic Recognition from ACGME.

We are working toward ideals where programs don’t necessarily need Osteopathic Recognition in order for us to be connected to our osteopathic residents, and for these young osteopathic internists to teach their allopathic fellow residents about osteopathic principles, including Principle-Centered Medicine™.

Why did I seek to serve on the Board of ACOI and eventually become President? This has a lot to do with Principle-Centered Medicine™, although I might not have been able to put it that way 12 years ago when I was first elected to the Board. This year has been—or was supposed to have been—the year we rolled out Principle-Centered Medicine™ in a big way. If you have been reading this column over the last year, you know about this. Briefly put, Principle-Centered Medicine™ states the highest principles we hold in our heart that drove us to become physicians in the first place. Principle-Centered Medicine™ articulates the principles on which our profession is built and through which it will persist and excel. To me, Principle-Centered Medicine™ defines our highest ideals, and is equivalent to osteopathic internal medicine. There was a major emphasis on Principle-Centered Medicine™ in sessions at this year’s convention.

ACOI has been more than a professional society for me. It has been my community. Through ACOI, my professional colleagues are more than just colleagues, they are friends and even professional family. I know that might not be true for some members. But it could be. Just step forward. Get engaged. Join a committee. Become a mentor to an osteopathic medical student. Submit a letter to this newsletter. Come to conventions. Participate. Your sense of collegiality and connection to the profession can grow with just a little attention.

Many of the things I sought to accomplish as President this year are not complete.

God is laughing. But we are successfully staying afloat and on course and moving forward. The organization is on solid footing, despite my mixed metaphor. We are in a good place. I know that President-Elect Mike Adornetto and I share much of the same vision for the future of ACOI. ACOI is already the premier specialty society in the osteopathic profession. We believe that in the coming years, ACOI is on the path to become the premier osteopathic organization, in much the way ACP is the premier organization in the allopathic world. We look forward to more growth, to more outreach, to greater influence. And we look forward to you playing a greater part in the promise of ACOI’s future.

Sam Snyder, DO, FACOI
President
#ACOI2020 Was a Success!

Thank you to all who virtually attended #ACOI2020 last week! With over 80 sessions, over 70 speakers, and more than 1,700 in attendance, it was a resounding success. We’ve recapped some of the highlights below, but if you weren’t able to attend the live lectures, you can still watch prior to December 31, 2020 to receive 1A CME credits. This year, over 60 1A credits are available! Simply go here to watch.

October 21
Tests I Wish You’d Never Ordered

Tests are expensive and they can often send the patient down the wrong path of care. This session has become a mainstay for the past 20 years at the ACOI Convention. The popularity of this session was no different this year! Participants acknowledged how much they identified with the case studies presented.

October 22
Keynote: Staying Human in Medicine: From the House of God to Man’s 4th Best Hospital

Samuel Shem, MD, best selling author of the House of God and Man’s Fourth Best Hospital was the first keynote speaker at #ACOI2020. Motivated to fight injustice through his work as a novelist, Samuel Shem, the first keynote speaker at #ACOI2020, recounted to attendees how he decided to write what has become a classic, The House of God. He has since written a sequel, Man's Fourth Best Hospital. More than ever, Shem said his message about the state of medicine today is resonating with physicians everywhere. His motivational message spoke directly to today’s struggles that many physicians are facing, including burnout and the dangers of isolation.

COVID-19 Updates

Kenneth J. Tobin, DO, FACOI, FACC, explained how COVID-19 attaches to ACE-2 receptors and how viral invasion follows.

An afternoon of COVID sessions on day two of #ACOI2020 featured ACOI members, Mia Taormina, DO, FACOI, MarkAlain Dery, DO, FACOI, Mary Suchyta, DO, FACOI, Kenneth J. Tobin, DO, FACOI, FACC, and Gerald W. Blackburn, DO, MACOI.
#ACOI2020 Was a Success! (Continued)

From sharing the public health perspective, to cardiac implications of COVID-19, to the controversies in control of the spread, ACOI experts covered all angles of the pandemic.

October 23

Keynote: The Art of Storytelling

Keynote speaker Matthew Luhn combined his experience as a storyteller with tips for physicians on how to relate to patients.

Firmly believing that stories serve as much more than entertainment, Keynote speaker Matthew Luhn said they can invoke emotion and, most importantly, stories can help a patient feel comfortable and open to listening to another’s viewpoint. For physicians, storytelling provides the ability to frame a procedure or a health goal in a way that transforms a sterile or frightening clinical scenario to something more comfortable and easily understood.

Beyond Endurance: Transforming the Struggle to become a Better Physician in Uncertain Times

Karen Nichols, DO, MA, MACOI, underscored that now is the time to turn to the Principles to overcome the adversity of the pandemic.

As the uncertainty and the lack of control that has dominated life in 2020 continues, how can Principle-Centered Medicine™ help physicians build resilience? Karen Nichols, DO, MA, MACOI, cited historical and personal examples of how difficult times have helped many reach heights they may not have otherwise attained. Some of those great achievements include the founding of osteopathic medicine. Dr. Nichols recalled her challenges when she began practicing in a profession where relatively few women were physicians. Those challenges eventually led her to ascend to leadership positions that broke the “glass ceiling.” Dr. Nichols, who not only served as ACOI’s first woman president, but also as the AOA’s first woman president, emphasized how the Principles have helped her conquer her own career challenges, and how they can get us through the unknown road ahead.

The Inquisitive Physician: Experiences, Medicine & Principles

Watson Ducatel, DO, MPH, FACOI, explained how to use the Principles to help patients live their best lives as historical and societal challenges continue to impact healthcare.

Continued
Watson Ducatel, DO, MPH, FACOI, provided his perspective on how Principle-Centered-Medicine™ can guide actions to address inequities in healthcare. He noted the opportunities DOs have to carry on the legacy of the founder of osteopathic medicine, A.T. Still, who was an advocate for a more equitable society.

Convocation of Fellows

Incoming ACOI President, Michael A. Adornetto, DO, FACOI, and ACOI President Samuel K. Snyder, DO, FACOI, presided over the Convocation of Fellows and Annual Awards Presentation.

Another first for the ACOI was the virtual Convocation of Fellows where 96 members received their Fellows designation and 8 members received their Master Fellows designation. Annette T. Carron, DO, FACOI, gave the Memorial Address recalling how becoming a Fellow in 2004 changed her life. Noting that Fellows have gone above and beyond in patient care, education, and leadership, she credited ACOI for her lifelong connections and friendships and told an inspirational story that illustrated how we can’t always see what successes lie ahead for each of us.

Immediately following the Fellows Convocation, the ACOI celebrated these members with special awards: MarkAlain Dery, DO, FACOI — 2020 ACOI Internist of the Year; Cindy M. Hou DO, FACOI — 2020 ACOI Researcher of the Year; Thomas J. Mohr, DO, FACOI and Mousumi Som, DO, FACOI — 2020 ACOI Teacher(s) of the Year! Brian J. Donadio, FACOI, former ACOI Executive Director for 31 years, was honored with the Distinguished Service Awards for his leadership, inspiration, and motivation.

October 24

Resident and Student Sessions

Resident and student members received valuable tips during sessions on Passing the Boards; Debt, Jobs and the Future; and Getting the Ideal Residency. Once of the most well-received lectures of our Resident and Student sessions was “Isolation: The COVID-19 Experience.” Robert Good, DO, MACOI, discussed the isolation both ACOI members, Judith Lightfoot, DO, FACOI and Troy Randle, DO, FACOI faced as they fought COVID-19 this spring. Our heartfelt thanks to both for sharing their personal experiences.

Clockwise from top left: Troy Randle, DO, FACOI, Judith Lightfoot, DO, FACOI, Robert Good, DO, MACOI.
Going virtual didn’t stop us from holding our annual Research Abstract Poster Contest! Thank you to all of the residents, fellows, and students who rose to the challenge and presented their research and case presentations at our Virtual Convention. This year’s winners are:

**Original Research**

**1st Place:**
Cranberry Extract for Preventing Recurrent Urinary Tract Infections: An Outcome-Specific Meta-Analysis of Prospective Trials
Matthew Krinock, DO and Rachel Sluder, DO
St. Luke’s University Hospital
Bethlehem, PA

**2nd Place:**
Does Ablation in S-ICD Patients with Monomorphic Ventricular Tachycardia Prevent Shocks?
Shruti Africawala, OMS-III
Chicago College of Osteopathic Medicine of Midwestern University
Downers Grove, IL

**3rd Place:**
Cardiovascular Disease Training Lessons Learned During the COVID-19 Pandemic: Need for Change in Training Paradigm
Dakshin Gangadharamurthy, MD
Magnolia Regional Health Center
Corinth, MS

**Case Presentations**

**1st Place:**
A Deadly Case of Tumor Neglect
Jordan Torres, DO
Unity Health-White County Medical Center
Searcy, AR

**2nd Place:**
Significant Facial Deformity with Multiple Dysfunctions in a Patient with a 15-Year-Undiagnosed Melkersson Rosenthal Syndrome
Hau Tran, DO
Northeast Regional Medical Center
Kirkville, MO

**3rd Place:**
Report of Hemophagocytic Lymphohistiocytosis Syndrome in a Crohn’s Patient with Subacute EBV Infection
Jaskiran Mann, DO
Valley Hospital Medical Center
Las Vegas, NV

Congratulations Poster Contest Winners!
When I am asked to diagnose a rib dysfunction, I confidently plug my findings into Google and search to see if the diagnosis should be called an inhalation or exhalation dysfunction. I am not proud to admit that I may do the same thing with Fryette’s neutral vs non-neutral mechanics of the spine. Yet, I am still proud to be an osteopathic physician. Heresy? Perhaps, however, I would submit that the discerning identity of an osteopathic physician has been usurped over time to become synonymous with osteopathic manipulative medicine. Even in testing scenarios, there is much weight given to “osteopathic questions,” which are generally a complicated collection of musculoskeletal findings correlating with an obscure and somewhat vague nomenclature system.

The four basic tenants of Osteopathy read as follows (kansascity.edu) and, when applied, should be construed as practicing medicine in an osteopathic manner.

- The body is a unit, and the person represents a combination of body, mind and spirit.
- The body is capable of self-regulation, self-healing and health maintenance.
- Structure and function are reciprocally interrelated.
- Rational treatment is based on an understanding of these principles: body unity, self-regulation, and the interrelationship of structure and function.

One could rightly argue that these principles can be applied in all aspects of medicine, but, these principles are particularly applicable in the treatment of patients who are suffering from chronic pain. September was Pain Awareness month. October 4th was Mental Health Awareness Week. As I hope to superficially show you, the two are linked and we cannot hope to treat our patients suffering from chronic pain unless we understand, at the very least, that the body is a combination of body, mind, and spirit.

Unless you are experiencing an acute traumatic experience, pain is not just a physical phenomenon. In a largely ignored piece of work from July 2000, Daniel Brookoff published a paper in the journal Hospital Practice titled “Chronic Pain: 1. A New Disease?” This paper started to explore the differences, both on the molecular levels and clinical expression of acute versus chronic pain. The article hinted that there may be a connection between chronic pain and memory pathways as well as pointing out that many pain patients are fixated on relaying “…events and losses that appear to be only peripherally related to the focus of their evaluation.” Since that time, we have learned much more about the science of chronic pain, but much of the medical community still treats chronic pain as a purely physical phenomenon.

Pain is now known to have several modulating factors. This means that there are factors that can modify pain perception by either amplifying or muting the pain experience. Broadly taken, these factors can be broken down into psychosocial, physical, and behavioral or, perhaps not coincidentally, mind, body, and spirit.

If a patient has purely physical pain, this can generally be treated with physical remedies such as osteopathic manipulative techniques, targeted strengthening such as physical therapy, and incorporating a movement-based practice such a yoga into one’s regular routine. So, restricted motion due to previous surgical back fusion, altered gait pattern due to previous leg trauma, and similar, may alter the function. Again, these can generally be overcome using the remedies described above.

However, more commonly what develops is that this loss of function leads to fear that ongoing damage is being inflicted on the body and the patient develops what are called fear avoidance behaviors. This means that patients stop using a part or even their whole body because they have pain when they move. They associate this pain with damage and rationalize the only way to avoid this pain is to stop moving. The less they move, the greater the pain becomes causing their nervous system alarms to sound even louder.
and reinforcing their choice to not move. Without the ability to move, it is difficult to have meaningful social interactions, remain employed, or even find enjoyment in life. This leads to sleep difficulties, anxiety, depression, and a higher rate of completed suicide. If the osteopathic principles hold true, then the body should be able to self-regulate thus effectively mitigating the effects of chronic pain. Yet it does not. The body is not capable of self-regulation in a chronic pain state because of the dysregulated state of the connection between mind, body, and spirit.

This generally has foundational roots that have nothing to do with the anatomical basis of the patient’s pain. In May of 1998, Vincent Felitti et al published a landmark study\(^2\) in the American Journal of Preventative Medicine involving nearly 14,000 patients belonging to the Kaiser Health network that linked “exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood” to healthcare outcomes as an adult. Nearly 70% of the respondents had experienced these traumatic childhood events. Depending on the number of events witnessed, the person could be several times more likely to contract heart disease, lung disease, have a substance use disorder, cancer, and other health problems. In 2009, Dr Stephen Porges published a study\(^3\) in the Cleveland Clinic Journal of Medicine discussing a concept called polyvagal theory. Polyvagal theory, stated simplistically, describes how decreased vagal tone will cause a person’s body to become engaged in the “fight or flight” response. Whereas increased vagal tone will allow a person to be more relaxed and willing to engage in social interaction. Self-regulation in an osteopathic model would depend on the nervous system’s ability to right itself. However, the majority of chronic pain patients have suffered from some combination of adverse childhood events, physical trauma, or emotional trauma that has then caused a dysregulated nervous system that is constantly stuck with decreased vagal tone. This means that the patient’s nervous system perceives even innocuous stimuli as serious threats. This dysregulated nervous system creates a chronic neuroinflammatory feedback loop that perpetuates the hypervigilant nervous system which results in the perception of pain. This dysregulation either leads to or exacerbates sleep problems, anxiety, depression, and lack of energy which further dysregulates the nervous system. The molecular basis of this has been well described in the literature, but perhaps particularly well by Ji, Nackley, Huh, et al in Anesthesiology in 2018\(^4\).

So, when a patient with chronic pain is asked about their pain and they start to tell you about their horrible experience with a surgeon or a motor vehicle accident, this information is not extraneous. In fact, it is critical to understanding what is maintaining their chronic pain. This is not to say that we need to explore these traumatic experiences with patients. Quite the opposite. Exploration of these events can be permanently detrimental to the patient’s recovery. Instead, these stories, along with their lack of sleep, lack of coping mechanisms for their pain, lack of movement, and lack of a social support network are all the keys to helping the patient’s body re-learn self-regulation. Once they learn self-regulation, the healing will start. So, if you are stuck as to how to treat a patient’s chronic pain, start by hearing their story, then focus on how to treat their sleep, anxiety, pain, and trauma history. This, in my opinion, is osteopathy.


Shorin Nemth, DO, FACOI is Medical Director of Comprehensive Pain Service at Providence Health Services. He is board certified in Internal Medicine, Pain Medicine, and Palliative Care and specializes in treating chronic pain and cancer related pain.
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

Membership Renewal

Renew your Membership Today!

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

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

Blast from the Past

The ACOI Board in 2003! Top row, left to right: Joanna R. Pease, DO, MACOI; Thomas F. Morley, DO, MACOI; David F. Hitzeman, DO, MACOI; Thomas A. Cavalieri, DO, MACOI; Kevin P. Hubbard, DO, MACOI; Michael B. Clearfield, DO, MACOI; Humayun J. Chaudhry, DO, MACOI; ACOI guest. Bottom row, left to right: John F. Uslick DO, MACOI; Frederick A. Schaller, DO, MACOI; Teresa M. Matzura, DO, FACOI; Robert J. Stomel, DO, FACOI; Lawrence U. Haspel, DO, MACOI and Karen J. Nichols, DO, MACOI.

We would love to see your throwback photos! If you have some to share, please email them to us at katie@acoi.org.
Greetings colleagues, and welcome to the October issue of Talking Science and Education. I hope you and your families are staying healthy and that you are practicing necessary self-care. As always, we thank you for the exemplary care you are providing to our country. Peak foliage season is already past here in Vermont, so I felt badly for the “leafers” who came last weekend with high hopes. However, I did want to share with you all why my heart and body love the place I live. This is a picture of Haystack Mountain at sunset taken on October 2, 2020... Oh, from the 7th tee!

In last month’s population health quiz, we asked by what percent air pollution has declined in the United States between 2003 and 2019?

Air pollution decreased 36% since 2003 (13.2 to 8.4 micrograms per cubic meter [g/m3]) and 6% since 2016 (from 8.9 g/m3). The largest improvements in air pollution since 2003 occurred in Georgia (16.5 to 8.3 g/m3), Alabama (15.6 to 8.1 g/m3), Tennessee (14.9 to 7.4 g/m3) and Ohio (15.7 to 8.5 g/m3). While the United States has made great strides in reducing air pollution over the past decade and a half, a National Bureau of Economic Research report using single-year estimates suggests signs of a reversal in this trend.

According to the Environmental Protection Agency (EPA), air pollution is associated with heart and lung problems and premature death. CDC reports that large pollutant particles in the air can cause irritation and discomfort, while small, fine pollutant particles including PM2.5 (i.e., tiny particles in the air that are two and one half microns or less in width) from sources such as auto exhaust or power plants can penetrate deeply into lung tissue and enter the bloodstream. An estimated 200,000 premature deaths occur annually in the United States from combustion emissions alone.

Talking Education

Once again, I’d like to take this opportunity to invite you all to ACOI’s 2020 Virtual Convention and Scientific Sessions. Though the live meeting has ended, the lectures are available on our platform through December 31, 2020. With up to 60 hours of CME being offered for AMA PRA and AOA credits, there is content relevant to all internists. The digital platform allows for easy access to sessions at whatever time is convenient to you. If you didn’t have an opportunity to register before, you can still earn your CME credits by going online to enjoy the quality educational sessions from #ACOI2020.

Talking Science: Diabetes Dialogues

Childhood BMI and glucose may be predictors of adult T2DM at levels previously considered to be within the normal range.

Body mass index (BMI) and fasting glucose levels considered normal in children...
may be predictors of developing type 2 diabetes mellitus (T2DM) as an adult, according to results from a prospective longitudinal study published in Diabetes Care1.

Data from The International Childhood Cardiovascular Cohort Consortium, a collaboration of 7 long-standing cohort studies collected on 3 continents, were used for this study. Children and adolescents (aged 3-19 years) were recruited from 1970 to 1990 for baseline assessment; a total of 6738 participants were followed up from 2015 to 2019. Most study participants did not have T2DM at follow-up (93.5%). The participants with T2DM were significantly older (mean, 48.0 vs 43.8 years; P <.001), more were women (P =.011), and were more likely to be Black (P <.001).

After adjusting for possible cofactors, developing T2DM was significantly associated with childhood BMI (hazard ratio [HR], 1.55; 95% CI, 1.44-1.67; P <.001) and glucose level (HR, 1.24; 95% CI, 1.13-1.35; P <.001). The investigators combined BMI and glucose to develop a risk score model and observed a stronger predictor for T2DM (HR, 1.87; 95% CI, 1.72-2.05; P <.001).

Using the BMI-glucose risk score, the investigators interrogated rates of T2DM by age. They observed that beginning at 30 years of age, individuals with a risk score of 1 had an increased risk for T2DM. At ages 40 and 50 years, individuals with a risk score >1 had a 15% and 28% increased risk, respectively. A risk score of 1 coincided with a mean BMI between the 85th and 95th percentiles and absolute glucose level between 88.4 to 99.4 mg/dL. Both these levels fall outside what the Centers for Disease Control and Prevention has defined as obese.

The investigators observed that the natural log of insulin level was similarly correlated with T2DM (HR, 1.34; 95% CI, 1.16-1.56; P <.001). Adding In(insulin) to BMI and glucose, they developed an additional risk score (HR, 2.38; 95% CI, 2.08-2.73; P <.001).

This study was possibly limited by 2 factors, the researchers allowed. The observational design of this study did not allow for the investigators to control for puberty which may increase insulin resistance. To try and account for this factor, participants were stratified by age, however some bias may still be present in the data. Most (6/7) cohorts used self-reported rates of T2DM. Self-reporting may have led to an under estimation. The conclusion drawn from these data was that childhood BMI and glucose may predict risk for adulthood T2DM and that these risky levels fall within what current guidelines define as the normal range. These data also indicated that insulin levels have the potential to be a predictor if insulin assessments were standardized. The investigators


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The 2020 election is hitting a fever pitch! Across the country, candidates for local, state, and federal offices are making their closing arguments. The remaining weeks prior to the election are unlikely to see the consideration or approval of meaningful legislation in both the House or Senate. It appears that one final action prior to the election will be the confirmation of Supreme Court nominee Amy Coney Barrett. The Senate Judiciary Committee is expected to vote on her nomination on October 22. Following committee action, her nomination will go to the full Senate, where she is expected to be confirmed sometime during the week before the election. Following the elections, the House and Senate will return to consider appropriations legislation, perhaps another COVID-19 relief package, among other legislation. The results of the election could impact the legislation considered prior to the end of the year. On November 10, the Supreme Court will hear oral arguments in a case that examines the Affordable Care Act (ACA), the results of which could fundamentally alter the landscape of healthcare. The ACOI will continue to monitor these and other issues of importance to you and your patients.

ACOI Joins in Opposition to Expanded Definition of Physician Under Medicare

The ACOI recently joined with other physician organizations in opposition to legislation that would change the definition of “physician” under the Medicare program. The “Medicare Mental Health Access Act” (HR 884 / S 2772) would amend the definition of physician to include clinical psychologists. Currently, the Centers for Medicare and Medicaid Services’ (CMS) Medicare Policy Benefit Manual defines “physicians” as providers who medically diagnose patients, prescribe and manage medication, and supervise other medical staff. The manual specifically states that clinical psychologists must consult with a patient’s attending or primary care physician during the course of providing psychological care. Expansion of the term “physician” to include clinical psychologists under the Medicare program would negatively impact the team-based approach to healthcare and would improperly expand psychologists’ scope of practice, which creates both far-reaching and negative impacts on patients who seek psychiatric care. The legislation is not scheduled for consideration at this time. The ACOI will continue to monitor this matter closely.

New Phase 3 Provider Relief Funding Announced

The US Department of Health and Human Services (HHS) recently announced $20 billion in new Phase 3 Provider Relief Funding through the Health Resources and Services Administration (HRSA) for providers on the frontlines of the coronavirus pandemic. Individuals who have already received Provider Relief Fund payments are invited to apply for additional funding that considers financial losses and changes in operating expenses caused by the coronavirus pandemic. In addition, previously ineligible providers, such as those who began practicing in 2020, are also invited to apply. Eligibility includes the following:

- Providers who previously received, rejected or accepted a General Distribution Provider Relief Fund payment. Providers that have already
received payments of approximately 2 percent of annual revenue from patient care may submit more information to become eligible for an additional payment.

• Behavioral Health providers, including those that previously received funding and new providers.

• Healthcare providers that began practicing January 1, 2020 through March 31, 2020. This includes Medicare, Medicaid, CHIP, dentists, assisted living facilities and behavioral health providers.

Prior distributions in relief funding total more than $100 billion. Applications are being accepted through November 6, 2020. Funding for this Phase 3 General Distribution was made possible through the bipartisan CARES Act and the Paycheck Protection Program and Health Care Enhancement Act, which allocated $175 billion in relief funds to hospitals and other healthcare providers. Additional information is available here.

CMS Announces Expanded List of Telehealth Services

The Centers for Medicare & Medicaid Services (CMS) recently announced the addition of 11 new services to the list of telehealth services covered by Medicare during the COVID-19 public health emergency (PHE). Included in the expanded services are cardiac and pulmonary rehabilitation, among others. Payment for the expanded services delivered via telehealth is effective immediately and will last through the duration of the PHE. As a result of the additional services, the total number of telehealth services covered by Medicare now totals 144. According to CMS, between mid-March and mid-August, more than 12.1 million, or 36 percent of traditional Medicare beneficiaries received a service through telehealth. Additional information on telehealth services under the Medicare program is available here.

CMS Announces Additional Time to Repay Loans

According to the Centers for Medicare and Medicaid Services (CMS), healthcare providers will have additional time to repay any Medicare loans they received under the Accelerated and Advance Payment (AAP) Program. More than 28,000 Part B providers received payments totaling more than $8.5 billion under the AAP Program. Under the announcement by CMS repayment will be delayed until one year after payment was issued. CMS noted in a statement, “after the first year, Medicare will automatically recoup 25 percent of Medicare payments otherwise owed to the provider for 11 months. At the end of the eleven-month period, recoupment will increase to 50 percent for another six months. If the provider or supplier is unable to repay the total amount of the AAP during this time period (a total of 29 months), CMS will issue letters requiring repayment of any outstanding balance, subject to an interest rate of four percent.” Additional information is available here.

Executive Order Creates COVID-19 Workgroup on Mental Health

President Trump recently signed an Executive Order (EO) to address the impact of COVID-19 on mental health. Among other things, the EO created a work group to examine how COVID-19 has affected mental health in order to prevent suicide, drug-related deaths, and poor behavioral-health outcomes, among other things. The Coronavirus Mental Health Working Group is co-chaired by
Department of Health and Human Services (HHS) Secretary Alex Azar and Acting Director of Domestic Policy Council Brooke Rollins. The workgroup is directed to submit a report to the President within 45 days that outlines a plan to improve coordination among private and public stakeholders and agencies to improve mental and behavioral health conditions for vulnerable groups impacted by COVID-19. In addition, the EO directs the White House Office of Management and Budget to examine existing grant programs that fund mental health services, and to encourage grantees to adopt policies that advance efforts to promote access to needed mental health care services. You can read the EO in its entirety here.

Surgeon General Issues Call to Action on Hypertension

Surgeon General VADM Jerome M. Adams, MD, MPH, recently issued a Call to Action that urges Americans to recognize and address hypertension control as a national, public health priority. According to a statement released by Surgeon General Adams, the Call to Action “provides a roadmap for helping people, communities, health professionals, and others improve the heart health of our nation by working together to eliminate differences in access to quality healthcare and addressing social factors that influence overall health.” You can view the Surgeon General’s Call to Action here.

Washington Tidbits

One Final Glass Ceiling

Since 1852 only the most distinguished US citizens have had the honor to “lie in state” in the US Capitol. This honor is traditionally reserved for American officials, judges, and military leaders. Until recently, they all had one thing in common — they were all men. Associate Justice of the Supreme Court Ruth Bader Ginsburg became the first woman to lie in state on September 25. Private citizens can be honored by “lying in honor” at the Capitol. This too is a very short list of women, consisting of just one – Rosa Parks in October 2005.
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 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.
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