There's Still Time to Register!

ACOI Heroes: Facing COVID-19

Principle 3: Active Listening

Use of “Time” in Evaluation and Management Coding

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

April 2021

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Connect with us:
Principle 3: Active Listening

We just aren’t listening to each other. Really listening to each other.

Active listening is a key skill for physicians and one of the seven Principles of Medicine developed by ACOI. When face-to-face with patients, physicians get most of their information through active listening to patients’ concerns or the chief complaint that brings them to you for that encounter. To provide the best care, one needs to look at the patient with undivided attention, avoid interruptions, and ask follow-up questions to gain a better understanding of the patients’ needs. At the end of this conversation, summarizing what you have heard lets patients know you heard and understood them, and your repetition helps you frame the salient points for the listener. Through empathic listening, we confirm that we understand their plight and concerns. This active listening enables you, the physician, to propose solutions in an effective plan for improved health, rooted in science and individualized to the patient.

Now imagine a conversation ignoring effective listening. In this conversation, the speaker is trying to convey the problems they face, yet the listener is distracted, and already formulating a response. The “listener” quickly interrupts and proceeds to pontificate solutions without fully understanding. The speaker or patient, feeling the physician did not hear a word of what was being said, leaves without a solution based on this real or perceived gap in understanding. As a result, the patient does not change behavior and the problem persists.

Active listening is also applicable to effective leadership in business and in our daily lives as well. To solve problems in these spheres, we listen to understand a problem and work within teams to solve the problem. But, too often, active listening seems absent from the world of politics and when solving societal problems, and this is amplified by our dependence on social media.

Through patient encounters, each of us works to be active listeners, which requires even more attention and practice due to our highly digitized environment. According to socialmediadata.com, Facebook has 2.6 billion followers, with 500 million stories posted each day. The average Facebook user is on the platform for 38 minutes per day. Instagram has 1 billion users, and 500 million tweets are posted per day. Although many of these posts share stories of family and friends, sentinel events, or tragic life events, these conversations of today are devoid of active listening. They are one-sided posts, where responses are staggered in comments, or through emojis.

Too often though, these outlets offer avenues to respond before listening, to judge before understanding, and to frame an event in the narrative we choose. The nature of our response, even a thoughtful one, has limitations because we cannot understand the limited information before us.

Continued
We want to start a conversation regarding social issues or issues regarding the health of communities or the general populous, but we often do not listen to the other perspective. We shut down and are unable to hear the issues from a different perspective, because we have already judged for ourselves.

The dearth of active listening is exacerbated as we are emerging from a prolonged period of isolation. We are beginning to gather with family and friends again and having to re-learn active listening. Many of us have fallen into patterns of scrolling through newsfeeds, and our appetite and ability to truly listen, to seek opinions that challenge our own, has waned in light of all the external challenges we have felt this past year. We ourselves may also have an alternative perspective, but rarely are able to move this to open discussion to avoid being shut down, labeled, isolated, or vilified through untamed social media free for all. We know the only ones who are listening are those who agree with us, so what’s the point?

And yet, active listening is the bridge between where we are now and where we want—and need—to go. In order for us to improve health in our country, we will need to learn and understand the needs of our communities, and the stresses others feel in their daily lives. We will need to communicate to find solutions to gaps in care, improving population health, and understanding what diversity means to each and every one of us. We cannot point fingers, put blame, and look at the past. We must look to future solutions to our current discord. We can do this, one patient at a time, through active listening. In our communities, we can do this by encouraging open dialogue without judgement and prejudice.

This is Active Listening: ACOI Principle Centered Medicine, Principal Number 3.

Michael A. Adornetto, DO, MBA, FACOI
President
president@acoi.org

May 15 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 fill out the nomination form below. The members of the ACOI will elect three individuals to three-year terms on the Board at the Annual Meeting of Members during the 2021 Annual Convention and Scientific Sessions.

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 May 15, 2021. The slate of candidates will be announced in the June issue of the newsletter.

If you have any questions, please contact Susan Stacy at susan@acoi.org.

Leadership
Feed Your Brain Without Forgetting About Your Soul.

ACOI Spring Meetings May 11-15 are a Chance to Do Both! Register today!

Too many times we think about our education in one sense only—to feed our brain. ACOI is bringing another dimension to CME meetings with the 2021 ACOI Spring Meetings. This year we are making it even more convenient and credit-rich! The Spring Meetings will be held virtually for the first time, May 11-15, and offer up to 40 AOA Category 1A / AMA PRA Category 1 Credits™.

Juggling your education needs with all the demands of our profession during this time just got easier! The following three meetings are available for immediate enrollment. Take a sneak peek by clicking the links below so you can get a taste of what will be covered:

2021 Internal Medicine Board Review Course, May 11-15 - now for both AOBIM and ABIM exams!
Approximately 40 AOA Category 1A / AMA PRA Category 1 Credits™
This meeting is intended for those studying to take the AOBIM and/or ABIM Internal Medicine Board exams to gain first-time certification in internal medicine.

2021 Clinical Challenges in Hospital Medicine, May 12-15
Approximately 24 AOA Category 1A / AMA PRA Category 1 Credits™
This meeting is intended to help hospital-based internists stay up to date on all the medical advances and structural initiatives related to the myriad of clinical cases they are required to manage in the inpatient setting.

2021 Subspecialty Focused Review, May 13-15
Approximately 16 AOA Category 1A / AMA PRA Category 1 Credits™
This meeting is for subspecialists in the areas of cardiology, pulmonology, critical care, and infectious disease particularly in the rapidly moving landscape of treating patients with COVID-19. The meeting will address practice approaches in the management of COVID-19 and focus on the best available data for the current standards of care.

As all ACOI meetings do, this meeting features an amazing faculty with presentations that offer the latest in all topic areas, especially those that pertain to COVID-19.
ACOI Online Learning Center

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 (OLC) is your one-stop shop for the latest information in internal medicine and its subspecialties. You can find educational content available for both credit and non-credit. The OLC makes these resources available at your fingertips at a time and place most convenient to you. The OLC was recently updated to include lectures from the 2020 Annual Meeting and Scientific Sessions with more than 50 AOA 1-A credits available. The lectures are available à la carte or as a complete package saving your more than 50 percent! We understand the many challenges you face each day, staying abreast of your continuing medical education does not need to be one of them. You can access the OLC and all of its content here.

Online Learning Center Spotlight: Pixar Alum Discusses the Value of Story Telling

Matthew Luhn, a 20-year storytelling veteran, has spent his career evoking the emotions of his audience. Firmly believing that stories serve as much more than entertainment, Mr. 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, using metaphors and storytelling provide the ability to frame a procedure or a health goal in a way that transforms it from a sterile and, perhaps, frightening clinical scenario, to one that is not only more easily understood, but also relieves patients’ fears. Storytelling aligns with the goals of Principle-Centered Medicine™ and allows osteopathic internists to have better connections with patients and fosters relationship building while putting the heart back into medicine. Whether in business or in patient care, stories have proven to be an influential communications tool. This lecture is available for free on the Online Learning Center!

ACOI National Meetings

2021 Internal Medicine Board Review Course
May 11-15
Virtual Meeting
Register now!

2021 Clinical Challenges in Hospital Medicine
May 12-15
Virtual Meeting
Register now!

2021 Integrated Subspecialty Review (Cardiology, Pulmonology, Infectious Diseases)
May 13-15
Virtual Meeting
Register now!

2021 Annual Convention & Scientific Sessions
September 29-October 3
Hybrid Live/Virtual Meeting

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
ACOI Heroes: Facing COVID-19

Five Kids, One Puppy, and a Demanding Geriatric Practice During a Pandemic Isn’t Keeping Dr. Eileen Simak Down!

by Gina Kilker

If you told Eileen Simak, DO, FACOI a few years ago what her life would look like today, she may have balked. The single mother is juggling virtual school and extracurricular activites for her five children with a full-time career as a geriatric physician and still found time to adopt a new puppy. But doesn’t see her life as overly demanding.

Her unflappable nature comes from the stamina she developed as a child. “I was a pretty sick kid. I was in and out of hospitals with surgeries right up to about the 4th grade, so hospitals never scared me. They intrigued me.” It turned out that those experiences ultimately helped her decide on her career.

Throughout school science was her best subject, which led her to medicine. “I got interested in osteopathic medicine when I was in college. There were several graduates ahead of me that had done the osteopathic path so that’s what piqued my interest in osteopathy. Plus, I really enjoyed the holistic approach to treating a person.”

Having lost both sets of grandparents before the age of 11, she always desired a connection with older folks. This drove her to specialize in geriatric medicine. As a mom, she found her specialty choice helpful. “I’m a full-time mother and full-time physician and being in geriatrics over the past 18 years has allowed me to be flexible with my schedule and with my children.”

That flexibility, which allowed to do nursing home work without the commitment of set office hours, assisted her in not only raising her biological child, but in fostering and adopting four other children—all as a busy single mom.

“I got divorced right after my son was born and I wanted more children, so I adopted the next four children out of foster care. It’s been a little crazy for a few years, but we just roll with the punches in my house.”

That adaptability and positivity prepared her to deal with the pandemic. But it was still a confusing time for her and her colleagues. “When the pandemic struck last March, we had just a few cases and then it came on like a huge wave! Consequently, my network closed our office and converted it into a family medicine site since the family medicine site was converted into a COVID testing site. We had no idea at that time how long this was going to be. Suddenly, we were all just gone and working remotely on our issued laptops. We truly became a truly virtual network.”

Her ability to adapt to the unexpected still couldn’t have fully prepared her for doing virtual hospital consults from home and the ensuing waves of infection that would invade the long-term care centers. “That was a huge challenge because I had trained my whole life and throughout my practice seeing people in person and now I was either just reading charts or having the nurse bring an iPad in and trying to examine a patient.”

The added flexibility of virtual health care ultimately became something she was grateful for. “Telemedicine has really been the silver lining of COVID. Prior to it, we were never allowed to bill over the phone or do an iPad visit. But now we’re encouraged to have a mix of visits—office and face-to-face. A lot of our patients are able, with the help of their family, to use video visits or telephone visits. So that’s been a positive. Medicare caught up to technology.”

The first wave calmed down by the end of summer and Dr. Simak and her team were back into their offices and the hospitals just as the facilities were hit with a multitude of cases. “We were really affected. Once we had one case in the nursing home, you could just predict it and see it infiltrate every room on that floor and then every other floor and then the staff. It was very stressful.”

Early on the health system she worked for anticipated financial losses, which created mounting uncertainty about their team’s ability to offer in-person care. Dr. Simak and her colleagues were asked to consider voluntary pay cuts. When it became clear that her physician group was able to return to the nursing homes, thankfully the financial stress dissipated. Unfortunately the anxiety of working in an environment that saw the most at-risk COVID population skyrocketed.

Continued
ACOI Heroes: Facing COVID-19

(Continued)

“It was a really stressful time thinking, am I going to catch it? Am I going to give it to my kids? And then, I had to reset and just follow proper protocols and wear PPE and all of that, and, thankfully, I did quite well during the worst of the pandemic.”

Meanwhile, at home, she was busy managing a team of virtual schoolgoers who at times didn’t feel very motivated. She soon realized that threats to take away privileges weren’t working, so she remembered something they always wanted—a dog! She decided to use a positive goal to get them more focused on school. “So, literally two weeks ago, we adopted a dog. It has been a positive responsibility thing and they’re just loving it right now.”

While raising a family takes creativity, it also takes determination and fortitude. Not surprisingly, she didn’t let a pandemic and the accompanying pressure be a legitimate excuse to not continue moving forward. “My kids knew we were just going to have to adapt and follow the proper procedures. And we did! They’re all involved in sports and activities and while every one of them has had their share of canceled games, our feeling has been, well, at least we got a season under our belt! You have to look at the positive. Instead of harping on the fact that they only had six games this season, we are happy we had any at all. It’s those type of things that we manage through and realize you just have to keep going.”

While things are calmer now, she’s still seeing the virus devastate her patients. “I just lost a patient about two weeks ago.” But it is a vast contrast to the first wave in March 2020, when less was known about the virus and the medical community was at a loss about what to do next.

As most physicians have found during this time, it was their reliance on each other and clear communication that made the difference. “My network was amazing. Every Tuesday at 7:15am we had a virtual conference. The head of our department of medicine is also an infectious disease doctor, so our COVID updates were very straightforward with the latest numbers and statistics; we were encouraged to share all the data with our patients and families. Nothing was being hidden from the network—they were completely honest, too about what areas we were struggling with.”

That sort of information-sharing helped her while so many others outside the medical field didn’t have the benefit of having such deep insight. “I have siblings and they were much more paranoid and scared than I was. It was the fear of the unknown. I always had this anxiety, am I going to catch it? But I can only imagine people who don’t understand medicine and really don’t know what to think.”

As a geriatrics physician, she felt that her specialty hit its stride and found a vital place in helping navigate care. “Geriatric medicine is considered far from sexy, but COVID shined a light on us like nothing had before. There are other specialties in medicine that get much more notoriety because they do amazing things. But throughout this pandemic, because so many of the elderly were affected and infectious disease physicians were so overwhelmed, we got appointed as specialists that could approve the protocols. I felt acknowledged that what we do is important. I love what I do. But getting that recognition from the whole medical field was very validating.”

Staying positive got Dr. Simak, her colleagues, and her family through the pandemic’s darkest days. “You just have to keep adapting and changing whether you’re in a COVID pandemic or you are raising five kids! You have to just keep moving forward and be positive about it. My kids have rolled with the flow because I haven’t made this a negative situation.”
May is Membership Appreciation Month

Seeking Nominations for ACOI Membership Appreciation Month

The ACOI is recognizing members who deserve recognition for their contributions to osteopathic internal medicine in leadership, education, community, and health & wellness.

In May, the ACOI will be kicking off its inaugural Membership Appreciation Month. Do you or someone you know deserve recognition for commitment to osteopathic internal medicine? We'd like to recognize you or a colleague you recommend. Nominations are open now! We are pleased to announce that we have dropped the deadline, so you can now nominate an outstanding member all year long!

Starting in May we will highlight members for the work they have done and continue to do that aligns with ACOI’s foundational pillars of leadership, education, community, and health and wellness. ACOI members do amazing things every day. As part of Membership Appreciation Month, ACOI would like to highlight these accomplishments and share member stories. These stories will help elevate the ACOI community and strengthen ties among our professional community.

To nominate an individual, please submit the form found online today.

Membership Survey Drawing Winners

ACOI has received the results of our Membership Survey and the following members who participated were randomly selected as winners of a $100 Visa giftcard!

David Cullen, DO—East Grand Rapids, MI
Alejandro Luna, DO—Plantation, FL
Julie A. Elder, DO, FACOI—Wichita, KS

Congratulations to the winners, and thank you to everyone who participated in the survey! Your feedback helps us to better meet the needs of our members and to prepare for the future.

Future ACOI Members

Congratulations to Anthony J. Wehbe, DO, FACOI and Zeina R. Ghayad, DO, FACOI on the birth of their son Anthony Pierre!

Are you expecting or have you recently had a baby? We’d love to send you a bib for your little one and we’d love it even more if you could send back a photo of them wearing it! Contact Susan Stacy at susan@acoi.org to have a bib sent to you.

In Memorium

Word has been received of the passing of Cheryl A. Branon, DO, FACOI of Brookhaven, PA. Dr. Branon was an alumnus of the Des Moines University College of Osteopathic Medicine and the Philadelphia College of Osteopathic Medicine and practiced Internal Medicine at Delaware Valley Medical Specialties in Philadelphia, PA. She loved travel, reading, cooking, and most of all cherished being a doctor. Dr. Branon is survived by 4 sisters, 11 nieces and nephews, 28 great-nieces and nephews, and 4 great-great nieces and nephews.

Gratitude is the healthiest of all human emotions. The more you express gratitude for what you have, the more likely you will have even more to express gratitude for.

— Zig Ziglar
Medicare Reimbursement Cuts Postponed

The President signed into law legislation to prevent an across-the-board 2% reduction in Medicare reimbursements scheduled to take effect on April 1. The required reductions were slated to occur in response to “Pay-as-You-Go” rules that require anything that adds to the federal deficit must be offset by a reduction in spending elsewhere. The legislation recently signed into law extends the Medicare sequester moratorium that was put in place to reduce the financial impact of the ongoing COVID-19 pandemic. The new law does not, however, address additional cuts totaling more than $36 billion slated for 2022. These mandatory reductions are a result of budgetary triggers set off by the enactment of the $1.9 trillion “American Rescue Plan Act of 2021.” In anticipation of Congressional intervention, the Centers for Medicare and Medicaid Services (CMS) announced Medicare Administrative Contractors (MACs) were instructed to hold all claims with dates of service on or after April 1, 2021, for a short period in anticipation of possible Congressional action to extend the 2% sequester reduction suspension. While the action provides a temporary reprieve to Medicare reductions, additional Congressional action is required to prevent future reductions in Medicare reimbursement.

White House Announces $1.7 Billion in COVID-19 Funding

The White House recently announced plans to invest $1.7 billion to help the Centers for Disease Control and Prevention (CDC) and state governors monitor, track, and stop emerging strains of COVID-19. The funds for this effort were made available through the recently enacted American Rescue Plan Act of 2021. The increased funds will help expand genomic sequencing and create a national infrastructure to share and analyze genomic data. According to CDC Director Dr. Rochelle Walensky, “With this critical and substantial investment, the CDC will fund the equipment, supplies, training staff and electronic infrastructure, partnerships, and innovation needed to build a robust national genomic sequencing effort.” In addition, six new Centers of Excellence in Genomic Epidemiology will be set up to partner with state health departments and academic institutions to help develop new tools and workflows for collecting genomic and epidemiologic data. Finally, the funds will support the development of a National Bioinformatics Infrastructure to promote the sharing and analysis of sequence data to help experts observe how pathogens spread and mutate over time.
HHS Secretary Confirmed

Former congressman and California Attorney General Xavier Becerra was confirmed by the Senate as Secretary of the Department of Health and Human Services (HHS). As the newly installed head of HHS, his focus will be ongoing efforts to vaccinate Americans against COVID-19, implement stimulus legislation, and work to expand coverage under the Affordable Care Act (ACA). His role as California Attorney General and lead of the state coalition defending the ACA, created significant opposition from his detractors and resulted in a confirmation by the narrowest of margins—50-49. Secretary Becerra is the 25th person to hold this position.

HHS Announces Additional Delay in Drug Pricing

The Department of Health and Human Services (HHS) announced that it will continue the delay of the effective date of a final rule that requires health centers that purchase drugs through the 340B Drug Discount Program to provide low-income patients insulin and injectable epinephrine at the 340B price. The rule was supposed to take effect on January 22 and was delayed to March 22 to allow the new Administration time to review the rule. The new effective date announced by HHS is July 20, 2021. According to HHS, the additional delay will ensure that implementation of the rule does not detract from efforts to respond to the COVID-19 pandemic and ongoing efforts to deliver comprehensive primary health services to underserved populations.

ACA Special Enrollment Period Extended Through August 15

The Administration announced that it is extending the 2021 special enrollment period for the Affordable Care Act (ACA) marketplace for three months through August 15, 2021. According to a statement released by the Department of Health and Human Services (HHS), the extension will give “consumers additional time to take advantage of new savings through the American Rescue Plan.” The Centers for Medicare and Medicaid Services (CMS) recently announced that more than 500,000 consumers have signed up for health insurance through the ACA marketplace during the 2021 special enrollment period (SEP). The SEP began on February 15. Enhanced federal subsidies became available for consumers to purchase on April 1 through the ACA marketplace that will decrease monthly premiums for many by an average of $50 per person and $85 per policy. Additional information is available here.

Washington Tidbits

The One and Only

Only one time in the Nation’s history has an individual ascended to the highest office of the land without winning a general election for either president or vice-president. Amendment XXV, Section 2 provides, “Whenever there is a vacancy in the office of the Vice President, the President shall nominate a Vice President who shall take office upon confirmation by a majority vote of both Houses of Congress. Section 1 of the 25th Amendment provides, “In case of removal of the President from office or his death or resignation, the Vice President shall become the President.” Both sections 1 and 2 where triggered in less than a year when the House minority leader was nominated to replace the Vice President who resigned in disgrace. Shortly thereafter, the President who nominated the Vice President also resigned in disgrace. Following the resignation of Richard M. Nixon, Gerald R. Ford became the one and only person to ever become President of the United States without winning a general election for either President or Vice President thanks to an exceptionally unusual series of events.
Use of “Time” in Evaluation and Management Coding

Jill M. Young, CPC, CEDC, CIMC

The time has come for you to consider the “new time” method to determine the level of service when you code your evaluation and management (E&M) services in the office and other outpatient locations. I use the phrase “new time” to differentiate it from the “old time” concept with which you are accustomed. The concept is that time is used to select the level of service when counseling and/or coordination of care dominates (greater than 50%) the total time of the visit. This methodology will continue to be used on all other Evaluation & Management (E&M) Services provided on or after January 2021 without change.

When you look at the new time concept to select the level of service for an office or other outpatient service, the following lists are offered for what can and cannot be included as an accepted activity.

“New Time” includes the following activities (when performed):

- Preparing to see the patient (e.g., 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; and
- Care coordination (not separately reported).

Do not count time spent on the following:

- The performance of other services that are reported separately;
- Travel; and
- Teaching that is general and not limited to discussion that is required for the management of a specific patient.

The time spent is the total time spent on the date of the encounter, including both face-to-face time and non-face-to-face time. This language is found within the new CPT code descriptors along with a range of time for each code (99202-99205 and 99212-99215).

Time spent by staff to prepare the patient to be seen by the physician or by technicians (e.g., blood draw, taking of x-rays) is not counted. Additionally, time spent by the provider to perform other billable services (i.e., x-ray or EKG interpretations, procedures) is also not included in the calculation of the total time of the visit for the day.

CPT does not have any specific guidance on how the time of the visit should be documented. A best practice is to make sure the total time of the visit is clearly documented to show the required of time associated with the selected code was met. It is not recommended that you give a time range (e.g., “20 to 29 minutes was spent with the patient”). My Michigan Medicare carrier (WPS) stated they were “highly recommending” notations of pre-visit, visit, and post-visit time be documented.

Jill Young, CPC, CEDC, CIMC, is the principal of Young Medical Consulting, LLC, a company founded to meet the education and compliance needs of physicians and their staff. Jill has over 30 years of medical experience working in all areas of the medical practice.

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The guidance from the AMA also discusses a split-shared visit. This is not the type of visit you are thinking of that still exists within the Medicare Carrier Manual for Inpatient Hospital Visits. The split-shared visit for Office and other Outpatient Services in 2021 is defined, by the AMA, as a visit in which “a physician and other qualified health care professional(s) jointly provide the face-to-face and non-face-to-face work related to the visit.” Unlike hospital visits where the documentation of the combined work of the two individuals determines the level of service, the split-shared visit for these services in 2021 is only used when time is used to determine the level of service. Two or more individuals from the office may discuss the patient, but only the time of one individual should be counted. The overlapping time during discussion of the patient is only counted by the provider of the visit. Two examples:

- Physician’s Assistant (PA) reviews the record and sees a patient (10 minutes). PA leaves the room and has a discussion with the physician (5 minutes). PA goes back into the room and completes the service including documentation of it (15 minutes). Total time used to select the level of service to be billed by the PA: 30 minutes.

- PA reviews the record and sees a patient (10 minutes). PA leaves the room and has a discussion with the physician (5 minutes). It is decided that the physician will now take over and see the patient. He/she goes back into the room and completes the service including documentation of it (15 minutes). Total time used to select the level of service to be billed by the physician: 30 minutes.

Documentation of the different segments of a patient’s visit, in summary along with the time for that segment, as well as total time of the visit, will provide the information needed for the selection of the level of service and help show medical necessity. The other provider in these examples does not separately bill for their time.

As always, be sure the documentation shows the medical necessity of the visit, in addition to meeting the requirements of the level of service, either by utilization of the Elements of Medical Decision-Making table or by using time. The narrative of the visit with free texting may well be the most efficient and effective way to meet both these requirements.

For your use, following is a timetable for office and other outpatient services for 2021 for you to print and post where it would be most useful to you.

Download timetable here.
Greetings colleagues, and welcome to the April 2021 issue of Talking Science and Education. As I sit at my desk in rural Vermont and look out on the beauty of the trees and other flora coming back to life, I am struck with gratitude. Grateful for the many wonderful experiences I have been fortunate enough to have, my dear friends, and most importantly my family. Over the years I have come to see ACOI as part of my family. At this season of renewal, which I believe is particularly important this year, I wish you, my ACOI family, health and renewal!

In last month’s population health quiz, we asked by what percent did preventable hospitalizations decrease between 2018 and 2019? Our colleague Nicole Longo, DO, FACOI of New York was once again the first person to respond with the correct answer.

Nicole knew that between 2018 and 2019, preventable hospitalizations decreased 5% nationally from 4,475 to 4,237 hospitalizations per 100,000 Medicare enrollees. The largest declines occurred in South Dakota (4,733 to 4,087 hospitalizations per 100,000 Medicare enrollees), North Dakota (4,702 to 4,128), Michigan (5,253 to 4,820), Rhode Island (4,375 to 3,964) and Florida (5,182 to 4,779).

Congratulations Nicole!

Talking Education

Older Doesn’t Always Mean Wiser!

In this month’s Talking Education, I wanted to share two thoughts from a presentation I shared at the ACGME 2021 Educational Conference. The two points are:

1. Lifelong learning is essential for clinicians to maintain the latest knowledge, competence, and skills. This may seem obvious to many, but the risk is the belief that experience trumps lifelong learning through education and/or professional development.

2. Learning, not merely educating should be our goal as medical educators.

During a time when essentially all learning is happening virtually or through reading, we are well advised to assess the strengths and weaknesses of different approaches to teaching.

If you are interested in seeing more of this presentation, send me an email and I will be happy to share.

Talking Science and Education: Diabetes Dialogues

Five Servings of Fruits and Vegetables Per Day May Reduce Mortality

A recent study seems to validate what many of us have known for quite some time. Two servings of fruit and three servings of vegetables every day may be enough to reduce overall mortality and death from CVD, cancer, and respiratory illness, according to research published in Circulation1. While groups like the American Heart Association recommend four to five servings each of fruits and vegetables daily, consumers likely get inconsistent messages about what defines optimal daily intake of fruits and vegetables such as the recommended amount, and which foods to include and avoid.

Continued
For this analysis, researchers assessed 66,719 women from the Nurses’ Health Study (1984-2014) and 42,016 men from the Health Professionals Follow-up Study (1986-2014) with no CVD, cancer, or diabetes at baseline. According to the study, diet was evaluated using a semiquantitative food frequency questionnaire updated from baseline every 2 to 4 years. In addition, researchers performed a dose-response meta-analysis that included data from the present study and 24 other prospective studies.

Benefits of fruits and vegetables

Researchers observed a nonlinear inverse relationship between fruit and vegetable consumption and overall mortality (P < .001); however, compared with two servings per day, intake of more than five servings per day was not associated with any further reduction beyond five servings per day:

• approximately three servings per day (HR = 0.95; 95% CI, 0.92-0.99; P < .001);
• approximately four servings per day (HR = 0.89; 95% CI, 0.86-0.92; P < .001);
• approximately five servings per day (HR = 0.88; 95% CI, 0.85-0.91; P < .001); and
• approximately seven servings per day (HR = 0.89; 95% CI, 0.86-0.93; P < .001), compared with just one serving per day.

Comparison with an intake of two servings per day, five servings of fruit and vegetables was associated with lower total mortality (HR = 0.87; 95% CI, 0.85-0.9), lower CVD mortality (HR = 0.88; 95% CI, 0.83-0.94), lower cancer mortality (HR = 0.9; 95% CI, 0.86-0.95) and lower respiratory disease mortality (HR = 0.65; 95% CI, 0.59-0.72).

In addition, total mortality did not decrease any further above approximately two servings of fruit per day compared with 0.5 servings per day (HR = 0.88; 95% CI, 0.86-0.91) and three servings of vegetables per day compared with 1.5 servings per day (HR = 0.94; 95% CI, 0.92-0.97).

According to the authors, this amount likely offers the most benefit in terms of prevention of major chronic disease and is a relatively achievable intake for the general public. The investigators also found that not all fruits and vegetables offer the same degree of benefit, even though current dietary recommendations generally treat all types of fruits and vegetables, including starchy vegetables, fruit juices and potatoes, the same.

The association between fruit and vegetable intake and total mortality was consistent across various subgroups, including age, smoking, BMI, hypertension and hypercholesterolemia (P for all > .05).

Moreover, researchers found similar results following the dose-response meta-analysis that included 1,892,885 participants yielded similar results (RR for 5 servings per day vs. 2 servings per day = 0.87; 95% CI, 0.85-0.88; nonlinear P < .001).

The American Heart Association recommends filling at least half your plate with fruits and vegetables at each meal. The current research provides strong evidence for the lifelong benefits of eating fruits and vegetables and suggests a goal amount to consume daily for ideal health. Fruits and vegetables are naturally packaged sources of nutrients that can be included in most meals and snacks, and they are essential for keeping our hearts and bodies healthy.

1 Wong DD et. al. Fruit and vegetable intake and mortality: Results from 2 prospective cohort studies of US men and women and a meta-analysis of 26 cohort studies. Circulation: 2021. PMID: 33641343
We will all have a day in our lives when we are at complete peace with the person next to us. However our paths crossed there is that moment where you just know your souls were supposed to be together while on the earth. Maybe for just that moment, maybe longer. But when it comes to that last day on earth, before your last breath, you just hope to have that soul next to you or just get a glimpse of that soul before you leave this earth to find peace, no resistance and complete ease. A Still Point.

To meet another person and to be able to help them reach their optimal health is so powerful and simple to accomplish with cranial in the field of osteopathy. We, as physicians and healers, need to constantly find our balance and equilibrium as we continue to grow.

Patients come to us out of synch, for whatever reason, and we can place it in the 5 Osteopathic Pathophysiologic Models (cardiovascular, neuro, metabolic/nutrition, musculoskeletal, psych). These systems are overseen by the Autonomic Nervous System (ANS), comprised of the sympathetic and parasympathetic nervous systems. The ANS is always looking for a balance with the mind, body, and spirit. A key access point to these systems is through Cranial in the field of Osteopathy.

To access their system through Cranial in the field of Osteopathy, place your hands gently on their head in the vault hold (physician sitting at the cephalic position of the supine patient with your right hand on the right side of the patient’s head and your left hand on the patient’s left side. The index finger on the temporal region/great wing of the sphenoid, the middle finger on the zygomatic arch in front of the external auditory canal, ring finger behind the ear on the temporal bone and the pinkie on the occiput). Center yourself. Do not have intention. Listen to their system. Listen to what their body and spirit tell you what they need. Follow the restrictions. Examine if the restriction is from bone, ligament, tendon, falx, tentorium, organs or somewhere else and where that restriction may lie.

Create the greatest point of ease with the softest touch possible while meeting their resistance. Have no intentions of what you want out of the systems, but just allow the system to find its balance, its equilibrium, its Still Point. Just hold it until it lets you know it has released and has found its new point of balance—that system’s own Still Point. The Still Point where two souls cross to help one another.

**Hints From HERMANN**

Incorporating OMM Into Your Practice

Jodie Hermann, DO, FACOI

Jodie Hermann, DO, FACOI is Chair of the Osteopathic Manipulative Medicine Department and Assistant Professor at the University of New England College of Osteopathic Medicine.

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2021 Certifying Examination
Dates & Deadlines

AOBIM Initial Certification Exam
- Remote Online Proctoring
- September 20-24, 2021
- Application Period: April 20 - Sept. 5, 2021
- First Application Deadline: Aug. 6, 2021
- Final Application Deadline: Sept. 5, 2021

AOBIM Initial Subspecialty Certification Exam
- Remote Online Proctoring
- August 18–20, 2021
- Application Period: March 18 - Aug. 3, 2021
- First Application Deadline: July 5, 2021
- Final Application Deadline: Aug. 3, 2021

AOBIM Subspecialty OCC (Recertification) Exams
- Remote Online Proctoring
- August 18–20, 2021
- Application Period: March 18 - Aug. 3, 2021
- First Application Deadline: July 5, 2021
- Final Application Deadline: Aug. 3, 2021

Application materials are available on the AOBIM’s website. Contact the AOBIM at admin@aobim.org for additional information.

Education

Now Hiring: Primary Care Chair and Clinical Faculty
Visit osteopathic.chsu.edu/careers for more information about employment opportunities.
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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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