Agenda and Keynotes announced for #ACOI2021

Caring for Ourselves Before We Care for Others

What Does it Mean to Be Free?

ACOI Healthcare Heroes

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

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Connect with us:

Leadership
We help you realize your full potential

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

Education
We help you learn exactly what you need to know

Health & Wellness
We lead you to discover the spirit of wellness
Why Osteopathic Internal Medicine Matters

These past few years have been challenging for the Osteopathic profession, as single accreditation has put increasing pressure on our training programs to utilize additional resources to continue the training of our osteopathic residents. The additional burden of osteopathic recognition often becomes a casualty of hospital budgeting, and programs that do not have the bandwidth to manage the additional requirements of osteopathic recognition. In addition, the position of program director for osteopathic internists is challenged by the ABIM’s singular decision to not recognize program directors’ AOBIM certification to allow residents of these programs to sit the ABIM exam. These three factors threaten the future of the osteopathic approach to patient care.

So what does this mean for us and our future? An allopathic colleague and I were discussing the concerns and he asked me “So, what is the difference? Internal medicine is internal medicine.” I can completely understand his perspective, as the profession often fails to adequately articulate what we stand for and what differentiates osteopathic practice. But in our profession, we understand our philosophy and what sets our training apart from our allopathic colleagues, which are articulated in the tenets of osteopathic medicine.

Interestingly, the osteopathic principles are deeply woven into the newest CMS initiative, the Annual Wellness Exam. Within this exam, physicians are asked to address mental health, fall risks, preparedness for end-of-life decision making, and ensuring health screenings and immunizations are updated. As we document this as only a government agency can direct, we go through an osteopathic checklist in the process, addressing the mind, body, and spirit of each patient, referring to a physical therapist to let the body heal itself, and recognizing the relationship between structure and function. This new tool is how osteopathic physicians have been thinking about patients since 1892. The osteopathic principles go deeper than just the science and allow us to reach our patients in a way that improves their health.

Congratulations to our ACOI Family

Recently the AOA Board of Trustees met in Chicago, followed by the AOA House of Delegates where Joseph Giamo, DO, MACOI was sworn in as the 125th President of the American Osteopathic Association. In his remarks, Dr. Giamo recalled the mentorship his father provided to him and the way he looked up to his father’s dedication to his patients and their needs. He left a legacy of caring and healing and passed this on to his son, who now leads osteopathic physicians everywhere. The ACOI congratulates Joseph Giamo, DO, MACOI for his accomplishments and looks forward to working with the AOA in a closer working relationship with the new named AOA president. It is so important now that organizations like ours work together to strengthen our place in medicine.

Another member of the ACOI family was also recognized by the House of Delegates, as Robert Cain, DO, FACOI received the Presidential Citation for his Dedication and Advocacy to Osteopathic Medicine. I have been fortunate to work with Bob over the last 3 decades in training, as program directors and most recently on the ACOI Board of Directors. Many of you have heard him speak at our conferences on Principle-Centered Medicine™ and from those discussions, you quickly realized that Dr. Cain has a deep understanding of osteopathic medicine and what sets us apart from our allopathic colleagues. Dr. Cain currently serves as President of the American Association of Colleges of Osteopathic Medicine which collectively train 26% of US medical school graduates.

We are fortunate to have such strong leadership in the osteopathic profession working to continue our legacy, our principles, and to preserve osteopathic education. We have not only the opportunity but the responsibility to our profession to ensure our future in the delivery of healthcare to our nation and beyond. The ACOI will continue to strengthen these bonds with the AOA, AACOM, ACOFP and other specialty organizations to advocate for our members and promote osteopathic education and practice.

Michael A. Adornetto, DO, MBA, FACOI
President
president@acoi.org
Registration is open!

It’s time to register for the 2021 ACOI Annual Convention & Scientific Sessions. We will be together again with outstanding CME whether you join us in-person or virtually. What better place to reconvene than in family-friendly Orlando, Florida! The convention will be held Wednesday, Oct. 27 - Saturday, Oct. 30.

All new for 2021:

• Quality CME now in a condensed four-day format
• First-ever hybrid meeting allowing for virtual attendance
• Don’t miss getting rooms at the convention hotel! Book your rooms now for The Gaylord Palms Resort and Convention Center in Orlando, Florida. Rooms will fill up quickly, so don’t delay!

The Agenda is Here

The ACOI is consistently lauded for our quality education, so don’t miss out on our best Convention program yet. Just announced is our full agenda for this year’s Convention! You will find it is filled with a variety of robust CME sessions, and you won’t want to miss the lively Q&A sessions that follow!

As always, our Convention is packed with programming for each internal medicine subspecialty. We’ll also dive into important topics such as minority health, practice management, physician wellness, medical cannabis, opioid use, and COVID-19. Check out the full agenda here.

Michael T. Osterholm, PhD, MPH
Announced as Keynote Speaker

Epidemiologist and National COVID Expert Dr. Osterholm is frequently found doing interviews on NBC News, CNN, and a host of other news outlets. In 2017 Dr. Osterholm prophetically wrote Deadliest Enemy: Our War Against Killer Germs, not knowing that in just a few short years the SARS-CoV-2 virus would challenge all of us in healthcare in a way no one could have imagined. Hear his thoughts about where we go from here.

Check out the #ACOI2021 homepage to learn more about this year’s convention and get the latest updates.
Nominations for ACOI Leadership Positions Announced

The ACOI Nominating Committee has announced the slate of candidates for election at the Annual Meeting of Members scheduled for October 30 as part of the 2021 ACOI Annual Convention. The Committee has nominated Joanne Kaiser-Smith, DO, FACOI, for President-Elect and Robert T. Hasty, DO, FACOI for Secretary-Treasurer. The Nominating Committee also approved one candidate for election to the Board of Directors. Incumbents Robert A. Cain, DO, FACOI, Laura M. Rosch, DO, FACOI, and Amita P. Vasoya, DO, FACOI, were nominated to new terms. David L. Tolentino, DO, FACOI, was nominated to complete the term previously filled by Dr. Hasty. Under the College’s Bylaws, this year’s President-Elect, Robert L. DiGiovanni, DO, FACOI, will be inaugurated as President for the 2021-2022 year at the conclusion of the elections.

Robert L. DiGiovanni, DO, FACOI is a board-certified internist and rheumatologist practicing in Largo, FL. He completed his internal medicine training at Suncoast Hospital (now Largo Medical Center) and a fellowship in rheumatology at the University of Arizona Health Sciences Center in Tucson. He is the current president of Suncoast Internal Medicine Consultants and the program director of the rheumatology fellowship program at Largo Medical Center. Dr. DiGiovanni has been active in the ACOI Subspeciality Section of Rheumatology, serving as chairman and education coordinator of the section. He chaired the 2018 Annual Convention program and has provided numerous lectures for the College at the Board Review Course, Convention, and other meetings. Dr. DiGiovanni has been an Active member of the ACOI since 1987 and achieved the degree of Fellow in 1994. He was first elected to the Board of Directors in 2013.

Robert A. Cain, DO, FACOI is the President and CEO of the American Association of Colleges of Osteopathic Medicine. A graduate of Westminster College in New Wilmington, Pennsylvania, he went on to receive his medical degree at the Ohio University College of Osteopathic Medicine. He has served as a Clinical Professor of Pulmonary Medicine since 1997 and was awarded ACOI Teacher of the Year in 2004. Dr. Cain has previously served as Co-Chair of ACOI’s Council on Graduate Medical Education and currently is a member of the Osteopathic Integration Task Force. He has been a member of the ACOI since 1994 and was awarded the degree of fellow in 2001. He was first elected to the Board of Directors in 2014.

Robert T. Hasty, DO, FACOI is board-certified in internal medicine and geriatric medicine with a practice in Stratford, NJ. He is a Professor of Medicine and Associate Dean of Graduate Medical Education at Rowan University. Dr. Hasty is a graduate of the University of Miami, he went on to receive his medical degree at Nova Southeastern University College of Osteopathic Medicine in 2000. He subsequently trained at Mt. Sinai Medical Center where he completed his training in Internal Medicine while receiving the Resident of the Year award for three straight years. Dr. Hasty was the Founding Dean and Chief Academic Officer of the Idaho College of Osteopathic Medicine (ICOM), Idaho’s first medical school. He served several terms of ACOI’s Council on Graduate Medical Education, Phoenix Physician Task Force, and CME Committee. Dr. Hasty is the Program Chair for the 2021 Annual Convention. He was first elected to the Board of Directors in 2015.

Joanne Kaiser-Smith, DO, FACOI is board-certified in internal medicine and geriatric medicine with a practice in Stratford, NJ. She is a Professor of Medicine and Associate Dean of Graduate Medical Education at Rowan University. Dr. Kaiser-Smith is a graduate of UMDNJ-SOM (now Rowan University) and completed her residency training at Kennedy Memorial Hospitals-University Medical Center in Stratford. She has served several terms on the Council for Graduate Medical Education and was Chair of the Women’s Health Task Force. Dr. Kaiser-Smith was a recent finalist for the AOA Mentor of the Year Award. She has been an Active member of the ACOI since 1988 and was awarded the degree of Fellow in 1994. Dr. Kaiser-Smith was first elected to the Board of Directors in 2012.

Continued
Laura M. Rosch, DO, FACOI is a board-certified internist and the Dean of the Joplin Campus of the Kansas City University of Medicine and Biosciences in Joplin, Missouri. A graduate of the University of Illinois, she earned a Masters of Nutritional Science at the same institution, and went on to earn her medical degree at the Chicago College of Osteopathic Medicine. Dr. Rosch completed her residency in internal medicine and a fellowship in Endocrinology and Nuclear Medicine at CCOM as well. Dr. Rosch previously served on the Ethics Committee and is currently a member of the Osteopathic Integration Task Force, Development Committee, and the CME Committee. Dr. Rosch has been an Active member of the ACOI since 1997 and was awarded the degree of Fellow in 2001. She was first elected to the board in 2018.

David L. Tolentino, DO, FACOI is a board-certified internist and Dean for Clinical Affairs at Campbell University School of Osteopathic Medicine. A graduate of Case Western Reserve University in Cleveland, Ohio with a Bachelor of Arts in Chemistry, he received a Doctor of Osteopathy from Ohio University College of Osteopathic Medicine in 2002. Dr. Tolentino completed his Internal Medicine residency at St. John Medical Center in Westlake, Ohio where he served as Chief Resident 2004-2005. He is currently a member of ACOI’s Physician Wellness Committee and Government Affairs Committee. Dr. Tolentino has been an active member of the ACOI since 2005 and was awarded the degree of Fellow in 2008.

Amita P. Vasoya, DO, FACOI is a board-certified internist and pulmonary medicine physician practicing in Newark, DE. She currently serves as Clinical Assistant Professor of Medicine at Rowan University School of Osteopathic Medicine. A graduate of Rutgers University, she received her medical degree from the UMDNJ-SOM (now Rowan University) and completed her internal medicine residency and pulmonary/critical care medicine fellowship at Kennedy Health Systems. Dr. Vasoya is Vice-Chair of the Committee on Health Equity and Inclusion in Medicine. She has been an active member of the ACOI since 2001 and was awarded the degree of Fellow in 2005. Dr. Vasoya was first elected to the board in 2017.

The Nominating Committee this year is chaired by Joanne Kaiser-Smith, DO, FACOI. Also serving are Robert L. DiGiovanni, DO, FACOI and Watson Ducatel, DO, MPH, FACOI. Any Active member of the ACOI may nominate other qualified candidates by submitting the nomination to the Executive Director. Such nominations must be supported by the signatures of 30 active members of the College; they also must include a brief statement of qualifications and must be received no later than 30 days prior to the date of the election.

Further information is available from the Executive Director.
This July, most Americans celebrated the 4th with fireworks, family, and barbecues. The cultural ideals of the 4th of July incorporate freedom for all. However, division, discord, and dissent represent our modern civil life and polity. As citizens, we love the ideal of freedom. However, freedom is not free, and the previous holiday of Memorial Day reminds us of the cost of freedom. There is a need to pause and reflect on this ideal of freedom and equality for us and the medical community.

While the Emancipation Proclamation was signed by Lincoln in September 1862, freedom came on different dates in different places in the Civil War, closely tied to the advance of Union forces. Juneteenth, newly recognized as a federal holiday, commemorated US Army orders freeing slaves in Texas on June 19, 1865. But slavery persisted in some areas of the United States until ratification of the 13th Amendment in December of 1865, more than 3 years after Lincoln signed the Emancipation Proclamation. The arc of justice is bending, but slowly, and certainly not at the same rate for everyone.

While a great deal of progress has been made, the profession of medicine has unfulfilled ideals of equality and inclusion for diverse groups. Osteopathy has done a great deal to promote diversity, largely through the growth of osteopathic medical schools and diversity of students in training. However, diversity in leadership and academic positions is still lagging.

According to the AAMC, over the last decade the US physician workforce has increased from 30.6 percent female in 2008 to 35.8 percent female in its most recent data from 2018. In contrast, the osteopathic workforce increased from 9.7 percent female in 1985 to 41 percent female in 2018. However, as noted by the AAMC, specialties which remain greater than 90 percent male include orthopedic surgery, thoracic surgery, interventional cardiology, urology, and vascular and interventional radiology.

Lackluster changes in inclusion for Black physicians can be observed in both AAMC and AOA data. In its recent data, AAMC notes that only 6.3 percent of the physician workforce identified as African American/Black and only 5.5 percent of physicians identified as Hispanic, far lower than the percentage rates for each group in the most recent US Census. The osteopathic improvement in diversity, heralded for female physician labor force participation, cannot be trumpeted for ethnicity and diversity. While overall enrollment in osteopathic medical schools increased 26 percent from 2010 to 2015, the percentage growth among African Americans/Blacks did not parallel that rate of enrollment growth. Certainly, greater efforts are needed in diversity and inclusion.

One question worthy of contemplation—why not use this day, the 4th, to examine our health care system, the diverse changing population, and the need to agitate for progress and change in terms of diversity, equality, and inclusion, so the profession can avoid the dangers of complacency and disconnectedness. Osteopathy has an opportunity lead this change. Rhetorically, we might ask as the meaning of inclusion and diversity to the medical community; data suggests we already know the positive impact of inclusion and diversity for our patients and communities.

Perhaps in our contemplation of Independence Day, we might reflect on the collective reckoning of our profession with the true ideals of American freedom. Professions that remain idle are destined to the dust heap of history and irrelevance.

Ingenuity, resilience, and dogged determinism can change the world, however slowly, bending the arc of justice toward better care. The ACOI is working hard to promote a healthy population for all. The Fourth of July and Declaration of Independence can serve as a north star reminding the medical profession of the potential and promise of freedom and inclusion for all.
ACOI Healthcare Heroes: Dr. Kristine Bobish

Poor Vaccine Adoption and Lack of Respect for Science is Despairing for Michigan Cardiologist

by Gina Kilker

Kristine Bobish, DO, FACOI, has had enough of the COVID-19 pandemic. For this cardiologist, who treasures the connections she used to make with her patients before the pandemic—including hugs and handshakes—she feels robbed by the health crisis. Through sobs, she says, “It’s taken every connection away from me.”

While in many parts of the U.S. there is some light at the end of the pandemic tunnel, she’s not seeing as much of a glimmer in northern Michigan. She says the “awful year is not done yet.” She commutes between two cardiology offices, one in Sault Sainte Marie and the other in Gaylord, and in both cities she is dealing with a population that, overall, does not believe in the vaccines. The result is astronomically low vaccination rates. As of July 14, 2021, Otsego County, Michigan (Gaylord) with a population of 24,000, had only recorded 2,354 individuals vaccinated. Even worse, in Chippewa County Michigan (Sault Sainte Marie) only 2,532 people have been vaccinated out of a population of over 38,000.

But what really distresses her is the pandemic misinformation that has created an “us and them” attitude within her community. “This is all political—blue versus red.” She is also working alongside some colleagues and office staffers who have no intention of getting vaccinated.

As a result, she finds herself isolated from her family as she spends more time away from home. Additionally, she feels guilty for not being able to see her elderly parents much either. Her mom is 86 and her dad is turning 90. She feels like she is falling short. “I made a promise to my mom and my dad that I would take care of them.” It all adds up to insurmountable stress and obstacles that Dr. Bobish admits she is having a difficult time overcoming, which is affecting both her personal and professional life.

It is hard enough to deal with the many coworkers in her own office who aren’t vaccinated, but due to being immunocompromised, her husband had to wait to get the vaccine and as a result contracted COVID-19. Their children, ages 8 and 10, also contracted the virus, adding even more stress to this overtaxed traveling cardiologist. Her husband recovered and was eventually able to get the vaccine, and her children got better, but, as far as why others aren’t getting vaccinated, she says, “I don’t understand it. The fact is that this has become such a political nightmare and people are not following the science. Yes, the science is at warp speed, but that’s because we’re able to do that! But there are still people that just don’t believe in it, and they don’t believe in their doctors anymore,” she said. “It is just denial here. The fact that people are not getting vaccinated is denial.”

She contrasts those attitudes with the influenza pandemic of 1918 which leaves her even more perplexed. “Back in 1918, people stood in line and did anything they could do to help. And here it is now…anything but what you can do to help. People can’t even wear a mask correctly.”

As the daughter of a Korean War veteran, a great niece of a World War II Battle of the Bulge survivor, and the aunt to nephews who fought in Afghanistan, she sees the selfishness of individuals as an affront to those who fought and cared about the future of the country. “I come from a whole family of people fighting for the country and then there are other people that just don’t really care.”

Dr. Bobish with her husband and their two sons.

Continued
ACOI Healthcare Heroes: Dr. Kristine Bobish

(Continued)

Her cardiology practice has suffered its share of setbacks too. “There are people who likely aren’t vaccinated, and they are so afraid that they don’t want to come into the office. They think having a phone call appointment is fine. Unless I can put my stethoscope on them and get a blood pressure, it’s not the same. That stethoscope that I hang around my neck is pretty important to me and when I can’t use that, I can’t truly examine them as a cardiologist. I try to get people to understand that the temporary (telehealth) measures that were put in place (during the pandemic) weren’t meant to be forever.” She says that as a DO she counts on using all her senses in assessing a patient and that can’t happen when patients refuse to be seen or don’t get the necessary tests that they need to manage their conditions.

She’s also distressed at the disrespect for rules beyond mask wearing. “People are yelling at us because we don’t let everybody in the office. Yes, I’m vaccinated, but I’ve got a lot of other people that aren’t vaccinated so I’m doing the right thing and being careful.” Dr. Bobish’s restrictions are similar to many medical offices throughout the U.S. that continue to screen individuals at the door with temperature checks and mask requirements.

Dr. Bobish hasn’t had a vacation in a very long time. She almost did in 2020, but then “…our plane was grounded.” She was nearly on her way last spring to Naples, Florida to spend 10 days enjoying poolside relaxation when the pandemic abruptly halted her travel plans.

This year her vacation was caring for her son who had a tonsillectomy.

Surrounded by the philosophical divisions, unimaginable professional challenges, and her personal struggles, one must wonder what gets her through day to day. Spoken like a true mother, she says, “I can’t let my children see my quit. That’s not the message I can send them.”

Editor’s Note: Throughout this series of Healthcare Heroes stories published in this newsletter, our goal has been to reflect the realities and truths as seen through the eyes of our members. We’ve heard numerous stories of how our members are managing the stress of being at the epicenter of healthcare during an historic pandemic. We know there are likely many of you who can relate to the sincerity of this story as well as others we have featured. We invite you to share yours. Or, if sharing isn’t something you are comfortable with, we hope you can at least take solace in reading stories like Dr. Bobish’s and knowing you are not alone. We are an organization that has been built on listening and support. Contact Susan Stacy at susan@acoi.org to share your story or to let us know how we can help.
Today I write to you about something deeply personal and challenging.

As I began to write this piece, I thought about perspective and being taught everything in life has seasons. There are times when we rejoice and celebrate and other times when we experience great challenges both personally and professionally. I’m often thankful not to have a crystal ball to see what’s coming next. Most of us eventually learn the curves can be quite unexpected and difficult to navigate. As amazing as a journey in medicine is, unforeseen things happen that can shake us and change us forever.

Wednesday September 18, 2019 started as an incredibly bright, beautiful, sunny warm day. In this area, truthfully, autumn days don’t get much better. We were “pre-pandemic” which now seems so long ago. Never did I think that by the end of that beautiful day I would be so intimately touched by the tragic loss of a residency classmate of mine, a young vibrant physician colleague and friend, suddenly to suicide. Out of respect to him, his family, and to my colleagues involved, I will not share details other than to say his death happened in such a manner that it directly impacted many of my colleagues and not just me. What I am now able to say after some time has passed, is that his loss hit me hard. Harder than I realized or was even willing to admit at the time.

His death and our devastating loss came at a time when I was beginning to feel some recovery from a handful of significant personal challenges. My father died the previous year, and I had been caring for him in my home. I had just finished my masters degree while continuing to practice full-time medicine. I thought I finally had a breather from some major life stressors. Clearly, I was fooled and didn’t. Life marches on and stops for no one.

Ironically, my Master’s Capstone project was on physician engagement and wellbeing in the context of a known physician shortage in this country. This was a looming public health threat even before the pandemic. I had presented data from the project that suggested our institution was not immune to physician burnout but had levels of symptoms comparable to those nationally. Since my colleague’s death, I am often asked what I think the cause of this problem is and how it can be fixed.

What I can clearly say is this was an extremely complex and very real challenge for all of us in medicine before the pandemic and it’s even more urgent for us to address this now. Solving this problem, like the field of medicine, requires both an individualized response and a broader public health response. We live in a world of tremendous stresses, division, and inequity in healthcare. I can assure you those of us addressing these issues recognize the solution is not to find more resilient physicians.

We do have to find ways to protect ourselves and each other, but we also must partner on a much broader level to find solutions. It may sound cliché, however, it is so very true—we have to protect and care for ourselves first so we are able to give our best to others. A great metaphor for us, for in osteopathic medicine we practice and teach caring for the person as a whole. We need to be sure we care for ourselves as a whole.

Please take that extra moment to reach out to your colleagues. You never know how much someone may need it. And please, help me keep my colleague’s memory and spirit alive by not just talking about these issues, but thinking of and sharing ways with us we can make a difference in this challenge. Not only would we love to hear from you, but we need to hear from you.
**Washington in Brief**

The House and Senate are in session and continue to tend to regular business. The annual budget process continues to make progress. The main topic before the House and Senate right now is the effort to advance a large infrastructure package currently estimated to cost approximately $579 billion. A bipartisan group of 22 senators are working to broker a deal. Healthcare will play a supporting role in these negotiations as Congress looks for ways to pay for the legislation, including the possible continuation of Medicare reductions that are slated to occur beginning in 2022. Congress is expected to enter its August recess before returning to a full agenda in the fall. The ACOI will continue to closely monitor these and other issues for their potential impact on physicians and their patients.

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**CMS Announces Proposed Physician Payment Rule for 2022**

The Centers for Medicare and Medicaid Services (CMS) recently released the proposed physician payment rule for fiscal year 2022. The more than 1,700-page proposed rule includes updated telehealth policies, changes to the Quality Payment Program (QPP), and a 3.75 percent reduction in physician reimbursement due in-part to the expiration of increases provided through legislation in 2021 in response to the COVID-19 public health emergency. The ACOI is continuing to work with other physician organizations to review and provide comment where appropriate on the proposed rule.

Additional information will be provided as it becomes available. You can access CMS’ statement on the proposed rule [here](#).

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**Interim Final Rule on Surprise Medical Billing Released**

The Departments of Health and Human Services (HHS), Labor, and Treasury along with the Office of Personnel Management (OPM) recently released an interim final rule to address surprise medical billing. The interim final rule is in response to the enactment of the No Surprises Act contained in the Consolidated Appropriations Act of 2021. The regulations are intended to protect patients who receive care from out-of-network providers. The interim final rule is the first in what is expected to be a series of rules. The rule includes a ban on surprise billing for emergency services, which must be treated on an in-network basis without requirements for prior authorization; banning high out-of-network cost-sharing for emergency and non-emergency services, which cannot be higher than if such services were provided by an in-network doctor, and any coinsurance or deductible must be based on in-network provider rates; banning out of network charges for ancillary care at in-network facilities in all circumstances; and, prohibiting out of network charges without advanced notice. The interim final rule takes effect on January 1, 2022.

**Legislation to Expand Medicare Introduced**

Legislation was recently introduced to add dental, vision, and hearing coverage to Medicare. The legislation was introduced by the Ways and Means Health Subcommittee Chair along with 76 other members. Current law prohibits the coverage of these services under Medicare. Under the proposal, payments would be made under Medicare Part B. The future of the legislation remains uncertain as there are partisan divides on the expansion of the Medicare program. The ACOI will continue to closely monitor the progress of this and similar legislation.
Administration Announces $3 Billion for the Development of Antivirals

The Administration announced that it will invest more than $3 billion under the American Rescue Plan to develop antiviral treatments for COVID-19 and other viruses that could cause future pandemics. Included in the funding is more than $300 million for research, almost $1 billion for preclinical and clinical evaluation, and nearly $700 million for development and production. The plan also provides for up to $1.2 billion to discover and develop additional antiviral medicines for viruses with pandemic potential.

Washington Tidbits

One’s Place in History

Living in the Washington, DC area often means that our local news is the national news. Congressional reporting generally focuses on the leaders in the House and Senate, and perhaps a handful of others when they do something notable. This leads one to wonder, how many people have served in these two chambers?

If you take time to think about it, there are 435 members of the House and 100 members of the Senate, all sent to Washington to represent their constituents. While they will be return to their districts in mere weeks for the August recess, one has to wonder how many people during the history of our Republic have served in these entrusted roles? To date, 10,421 individuals have served in the House. The Senate has seen only 1,314 different Senators walk through its doors. Incredibly, only 680 members have served in both the House and Senate—all since March 4, 1789. When you think about it, very few people have had the honor to serve in Congress!
The recently released 2022 Physician Fee Schedule proposed rule request comments to obtain information from physicians and their offices about the administration of vaccinations for flu, pneumonia, and Hepatitis B. Included in the requests for comments is a review of different locations such as physician offices, mass immunization sites, mobile clinics, and pharmacies. Also under consideration are the vaccines for COVID-19.

Payment for the administration of the COVID-19 vaccine is also under consideration. Payment for this service was increased in March 2021 to $40.00 per shot. The administration reimbursement is consistent regardless of the COVID-19 vaccine administered. The proposed rule reviews a new add-on payment of $35.50, effective June 2, 2021, for administration of the COVID-19 vaccine in the beneficiary’s home.

Under the new policy, providers and suppliers who administer a COVID-19 vaccine in a beneficiary’s home under certain circumstances can bill Medicare for both the administration of the vaccine (using codes specifically assigned to the manufacturer’s vaccine and dose), and a HCPCS code for the special circumstance. The M0201 code descriptor “COVID-19 vaccine administration inside a patient’s home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient’s home” was listed for payment of $35.50. As a result, in certain circumstances, administration of the COVID-19 vaccination could be reimbursable for up to $75.50, with the usual geographic adjustments.

For more detailed information, including to which specific situations this additional payment will apply and what locations are considered appropriate as the “patient’s home,” go to the CMS website on COVID-19 Vaccine Shot Payment.
I’ll never stop being an osteopathic physician. I’ve trained with allopathic physicians and work with both osteopathic and allopathic physicians. I know we are all important and significant in the roles we have and the jobs/positions we carry. All contributing in some way, shape, and form. But, I will always be an osteopathic physician.

Dr. A.T. Still was trained as an allopathic physician, but there was just something in him that kept urging him to see things differently, to understand things differently and to apply his vision, knowledge, and skills in a different way in order to reach individuals who were not able to be reached by the medicine of the time. It’s not that it’s wrong, it’s not that it doesn’t have something to provide to help others. It’s just that maybe it’s not enough or not reaching the total person in front of you. Maybe it’s not meeting all of the people needing health and healing. You know: Mind, body and spirit.

The optimization of structure and function realizing restrictions in the system to increase fluid flow of the blood, lymph, and CNS as best as able. With the application of that knowledge, skill, and ability to the patient in front of us, we see it through a different lens. We are gathering data points with labs, imaging, our hands, our hearts, and our minds. It’s different. It’s Osteopathic.

My patient is supine in her bed and immunocompromised because of a liver transplant after end stage cirrhosis secondary to NASH. She now has an infected abscess on the left lateral region of her neck following the posterior portion of the SCM, now determined to be MRSA, which explains how the left side of her neck, face, and arm hurts and she has a headache. She tells me her story of her battle with cancer and having radiation to the left side of her neck. She has been unable to heal due to chronic cellulitis. She doesn’t feel good. I place my hands on the anterior superior thorax and listen to her upper 4 ribs, manubrium, superior sternum, the neck tissue with esophagus, trachea, carotids, jugular, and upper apex of lung parenchyma. With the other hand at C6-T4, I notice muscular hypertonicity, suboccipital hypertonicity, and dural tension in the cranium.

I find the restrictions and bring the tissue to the greatest point of ease. I help the fluid to flow, bring the antibiotics to the region, flushing out the lymph and bringing in the nutritents while getting rid of the waste products. As I use cranial, BLT, FPR and visceral, the patient feels the tissue shift with a release in tension, improved respiration, and a diminished headache. With a sigh of relief she relaxes and falls asleep. I’ll see her tomorrow.
Membership Renewal

Renew your Membership Today!

The new ACOI membership year began 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!

Please email Claudette Jones if you would like to discuss membership dues assistance.

In Memorium

Michael Mowdy, DO, FACOI

Dr. Michael Mowdy passed on November 6, 2020, surrounded by loved ones. He is survived by his wife Jeanne, daughter Kelli Mowdy and her husband Michael McNicholas, son Ryan Mowdy, and grandson Spencer Mowdy-McNicholas. Dr. Mowdy was in the inaugural class of the Oklahoma College of Osteopathic Medicine and Surgery in Tulsa, OK. He completed his internal medicine residency at Dallas Osteopathic Hospital and his cardiology fellowship at the University of Oklahoma Health Sciences Center. He established a successful private practice in Oklahoma City and was awarded the Outstanding and Distinguished Service Award by the Oklahoma Osteopathic Association in 2015. Dr. Mowdy was an active member of the ACOI from 1983 until his passing in 2020.

Jon Barber, DO

Dr. Jon Barber passed on June 27, 2021 after a long and courageous battle. He is survived by his wife Kathy, their son Gabriel, father Glen, sister Connie, brother Mark, and nieces and nephews. Dr. Barber was top 3 in his class at Michigan State University College of Medicine and went on to be a brilliant doctor who gave all to his patients. Dr. Barber was an active member of the ACOI from 2003 until his retirement in 2016 and remained a member emeritus until his passing in 2021.

Being a member of ACOI grants me opportunities...I can go and talk to anyone around here and they can be a guide and helping hand. I’d say to someone who is not a member to join since we have so many resources here. The biggest resources are the people.”

Rani Kattoula, DO
Resident, St. John Providence Health System
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!
Independent Internal Medicine Practice

Harry Pierce, DO, FACOI has an independent Internal Medicine practice within 15 minutes of downtown Seattle, Washington. He owns his building and is close to VM/CHI Saint Ann Hospital. If you have an interest in taking over his practice, he is willing to stay through 2022 to transition. Please contact him for more details at:

Harry Pierce, DO, FACOI
2909 10th Pl W
Seattle, WA 98119
harrypierce@me.com
206-890-0027

Hospital Level Care at Home

Our team at Sena Health is facilitating acute care in the home and collaborating with many physicians across the country. We are looking for like-minded individuals who are innovative, passionate, and team-focused to join us in making an impact advancing the aging-in-place philosophy and giving access to more convenient care.

Please reach out to us at: anthonywehbe@senahealth.com

2021 Certifying Examination Dates & Deadlines

AOBIM Initial Certification Exam
Remote Online Proctoring
September 20-24, 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
Final Application Deadline: Aug. 3, 2021

AOBIM Subspecialty OCC (Recertification) Exams
Remote Online Proctoring
August 18–20, 2021
Final Application Deadline: Aug. 3, 2021

Advanced Heart Failure & Transplant Cardiology Initial and OCC Exams
Remote Online Proctoring
August 2–6, 2021

Application materials are available on the AOBIM’s website. Contact the AOBIM at admin@aobim.org for additional information.
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!
American College of Osteopathic Internists

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