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

June 2021

LGBTQ+ Pride Month: Is Your Practice Inclusive?
ACOI Healthcare Heroes
Agenda Announced for #ACOI2021
Wellness Task Force: How to Care for Your Self

Body
Mind
Soul
inside:
ACOI info June 2021

ACOFP Intensive Osteopathic Update 10
Registration is open for this virtual meeting presented in partnership with the ACOFP. Read

Government Relations 11-12
• Washington in Brief
• Supreme Court
• Senate Approves Administrator of the Centers for Medicare and Medicaid Services
• ... and more! Read

Talking Science & Education 13-14
• Continuing Professional Development: What is it and why is it important?
• Diabetes Dialogues Read

Hints from Hermann 15
Incorporating OMM into your practice Read

Certification Information 16
2020 examination dates. Read

75th Anniversary Circle Members 17
Thank you for your support! Read

2020-2021 OFFICERS
Michael A. Adornetto, DO, MBA, FACOI
President
Michael.Adornetto@UHhospitals.org

Robert L. DiGiovanni, DO, FACOI
President-Elect
robert.digiovanni27@gmail.com

Joanne Kaiser-Smith, DO, FACOI
Secretary-Treasurer
kaiserjo@rowan.edu

Samuel K. Snyder, DO, FACOI
Immediate Past President
snydersam@att.net

Annette T. Carron, DO, FACOI
Past President
carronannette@gmail.com

Karen C. Caruth, MBA
Executive Director
karen@acoi.org

Timothy W. McNichol, JD
Deputy Executive Director
tmcnichol@acoi.org

Donald S. Nelinson, PhD
Chief Science & Education Officer
don@acoi.org

Susan B. Stacy, FACOI
Director of Administration and Meetings
susana@acoi.org

Keisha L. Oglesby
Director of Finance and Member Services
keisha@acoi.org

Caudette Jones
Membership Services Specialist
caudette@acoi.org

Katie Allen
Digital Media Manager
katie@acoi.org

Meg O’Rourke
CME Specialist
meg@acoi.org

Neena J. Kuruvilla
Administrative Assistant
neena@acoi.org

STAFF
Karen C. Caruth, MBA
Executive Director
karen@acoi.org

Timothy W. McNichol, JD
Deputy Executive Director
tmcnichol@acoi.org

Donald S. Nelinson, PhD
Chief Science & Education Officer
don@acoi.org

Susan B. Stacy, FACOI
Director of Administration and Meetings
susana@acoi.org

Keisha L. Oglesby
Director of Finance and Member Services
keisha@acoi.org

Caudette Jones
Membership Services Specialist
caudette@acoi.org

Katie Allen
Digital Media Manager
katie@acoi.org

Meg O’Rourke
CME Specialist
meg@acoi.org

Neena J. Kuruvilla
Administrative Assistant
neena@acoi.org

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
New Beginnings

Summer has officially begun! This summer feels brighter and more hopeful as we look forward to gathering with family and friends, enjoying fireworks, cookouts, and family vacations. We also celebrate the new members of the osteopathic internal medicine community, as students move on to the next phase of their careers. Most of us recall the excitement and fear of the unknown that we hoped we were prepared for: The First Day of Residency. July 1st is both exhilarating and extremely stressful as veteran residents begin to prepare their new colleagues for resident training.

Our residents also look to graduation as they move to practice or fellowship—a culmination of years of training and hard work. I remember the first day of practice vividly—finding my way in the workplace, working with patients without a preceptor, and forming new relationships with a new team, all with the call of improving patients’ lives. I was fortunate to join an osteopathic practice, and my partners were great mentors and provided exceptional guidance throughout my career. After 27 years in practice we remain colleagues and friends and we continue this fellowship as ACOI members.

We thank all those dedicated trainers for the work they continue by instructing our future physicians. The importance of the work you do that will influence a developing career cannot be stressed enough. We also wish all these transitioning internists—new residents, new fellows, and new practitioners—all the best as they prepare for their board exams and advance through their careers. We at the ACOI look forward to supporting you as mentors, friends, and colleagues in your professional home.

One great way to connect with your colleagues and friends at ACOI is through our Annual Convention and Scientific Sessions. The agenda is set and we are excited to provide a hybrid Convention experience October 27-30 in Orlando, Florida. We are offering an in-person convention as well as a virtual option for those not wanting to travel but looking for outstanding CME.

We have worked very hard to find the best place that offers easy travel, nearby activities, and ample space to gather safely together. Both in-person and virtual attendees will have access to all the online content through December 23, 2021. The ACOI 2021 Convention is a fabulous way to complete your CME at the end of a CME cycle.

As a reminder, we have moved the location from San Francisco to Orlando, Florida. Our live events will be held at The Gaylord Palms Meeting and Convention Center. This year we also have a more condensed format, beginning on Wednesday, October 27th and running through Saturday, October 30th, allowing young families to return for their neighborhood Halloween events. We hope you will find time to join us for this year’s Convention.

Enjoy your Summer, use plenty of sunscreen, and we hope to see you in October in Orlando!

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.

Dr. Jen Announced as Keynote Speaker

You’ve likely seen her interviewed on CNN or Fox News. She’s appeared on the Today Show, The Dr. Oz Show, Nightly News, and more. Now, Jen Caudle, DO will appear live in front of our audience this fall at the 2021 ACOI Annual Convention & Scientific Sessions.

To find out more about Dr. Jen’s appearance at #ACOI2021 and additional keynote speakers as they are announced, make sure you are subscribed to ACOI’s social media channels!
As June is national LGBTQ+ Pride Month, it is vital for us to remember and continue to educate physicians about the relationship we have with our LGBTQ+ patients. Individuals who identify as LGBTQ+ are a sizeable minority, making up approximately 5.6% of the US population. Many LGBTQ+ individuals have experienced extensive and lasting damage from the medical community and we must actively work to overcome and remedy these historical issues. Remember that at one time the DSM considered homosexuality a mental illness and this diagnosis led to people being jailed or medically experimented upon to find a cure.

Ask yourself if your medical education has adequately prepared you for taking care of LGBTQ+ patients. Also, ask yourself how your own perceptions of sexuality and gender may guide or influence your approach to treatment.

As physicians, we may not even know we are treating LGBTQ+ patients because we often do not ask our patients appropriate questions.

If you do ask questions relative to sexuality, how comfortable are you in receiving answers which may lead you to feeling uneasy or lost? Where should you go for help? How do you even evaluate your practice to determine if it is inclusive?

One way to start is looking at your intake forms. Do they have options for patient preferred pronouns? Patient pronouns can clue you in to important information relative to how a patient may identify. Are you familiar with the terms like “gender queer,” “nonbinary,” or “they/them”?

How about the media you have on your walls and in your waiting room such as posters and magazines?

Are they inclusive? Is your front office staff trained to consider these issues when a patient who is LGBTQ+ comes to your office?

Simple steps like having a rainbow sticker anywhere in your reception area or waiting room can help demonstrate to your patients that you have some understanding of and respect for the LGBTQ+ population. Another simple step is having a gender neutral restroom in your facility. Also, are your electronic medical records reflective of this population? One way to update your system is to allow you and your staff to denote sexual orientation, gender identities, and preferred pronouns for your patients. Do you have any LGBTQ+ colleagues who could assist you in making your practice more inclusive?

Continued
Why are all these changes helpful? It shows that you consider the variations of sexual orientations and gender identities. It can make for an office where everyone feels welcome. Because queerness impacts health and health-seeking behavior, and it is a human rights issue.

Here are some terms you may not be familiar with:

**Sexual orientation:** The complex interplay of emotional, romantic, or sexual attraction an individual may experience.

**Gender identity:** This is how an individual sees themself relative to sex assigned at birth and their innermost concept of how they perceive themself as male, female, a blend of both, or neither.

**Gender expression:** Individual expression of gender which may or may not conform to cultural norms.

**Transgender:** This is an umbrella term and includes individuals who may be on a spectrum which encompasses transgender, nonbinary (an umbrella term for individuals who identify as neither male nor female), and gender non-conforming folks (individuals whose behavior or appearance does not conform to prevailing cultural or social norms). When thinking of the word transgender, we often immediately think of an individual’s sex assigned at birth not conforming to the patient’s innermost concept of self. This term is the opposite of cisgender; where the sex of an individual assigned at birth conforms to their gender identity.

Your patients may not know the difference, so you may need to assist them by using more descriptive language and by asking them questions related to their gender identity.

Also, please keep in mind that the terms MTF (male-to-female) or FTM (female-to-male) are now obsolete in clinically describing a patient. A transgender patient should be referred to by either the terms “transgender woman” or “transgender man” which are often shortened as “trans woman” and “trans man.” For further information about these and other terms, please reference this [glossary](#).

One critical issue to always remember is that sexual orientation and gender identity are independent of each other. Understanding these terms helps guide health-related questions and appropriate health prevention. As osteopathic physicians, we are taught to see the entire person and treat them holistically. Knowing how to create a safe and inclusive space are critical pieces to this issue.

At 35 years old, Britton Jewell, DO, FACOI, recalls a time when he didn’t like the way he was feeling about his career. “About four or five years ago, I was going through some challenges, personally and professionally. I was working long hours, covering 24-hour shifts in the hospital, and feeling exhausted, overwhelmed, and unfulfilled. I came to recognize what I was experiencing as burnout.”

He’s not alone. In the ACOI 2021 Member Survey, members reported burnout as the #1 most crucial issue they face. Dr. Jewell knew he couldn’t simply ignore how he was feeling and continue for years on a path he found unfulfilling. He knew he needed to take action to change his course. Little did he know that doing so would lead him to helping other colleagues facing similar challenges.

Discovering that he was more interested in the business side of medicine and intrigued by the procedures of coding and quality issues associated with how processes worked behind the scenes, he partnered with a colleague in 2018 to create and publish a book called *The Field Guide to the Business of Medicine*. He also began pursuing a master’s degree in health administration. After he completed his degree, he moved into the outpatient realm and became Medical Director of Extensivist Programs at Desert Oasis Healthcare in Palm Springs, California.

It turned out that his transition from the clinical to the administrative realm would lead him to sharing with others the importance of acknowledging and addressing career dissatisfaction and burnout.

“When I started to be more confident and began confronting my feelings of burnout, I could explain to colleagues and friends how I was feeling. Through that sharing, I soon discovered there were more people who felt the way I did! I think there is some initial hesitation for physicians to admit that they’re not 100% satisfied with clinical medicine and that there are other avenues for physicians to take to still provide clinical care—perhaps in the population health realm or in policy, or as a medical director.”

**As the Pandemic Exacerbated Physician Burnout, an App was Born**

As he began networking on LinkedIn, he realized that other physicians were experiencing burnout too. When the pandemic hit, it brought the issue to the forefront as healthcare providers nationwide worked longer hours and suffered from the stress and demands of the COVID-19 health crisis. That’s when he developed a new app to offer physicians daily support and encouragement.

In August 2020 he launched the Meaningful Doc app, designed to focus on the positive aspects of practicing medicine.

In his due diligence, he noted that there were a lot of resources available for physicians about burnout, but his goal was to create something that would be proactive in outreach instead of something that required busy physicians to go out and find resources for themselves. Using push notifications, the Meaningful Doc app provides positive quotes and snippets of encouragement as well as positive news. “All you have to do is download the app and you’ll get some inspirational words sent to your phone. Hopefully, it will provide some inspiration and let my colleagues know that there’s someone else out there who is rooting for them.”

He admits that it is challenging for physicians to practice self-care. “You have to listen to the voice inside you! I always think in terms of goals—where do you see yourself in five years, what you would like to accomplish, and what it would take to get there. That was the decision I made when I when I decided to go back to school to get my master’s degree.”

**Continued**
“Regarding the burnout issue, it’s tough. I don’t think there’s a one-size-fits-all solution for everybody, but with COVID, it has brought more resources to the forefront. There are Facebook groups or LinkedIn groups for physicians. Also, don’t discount simply reaching out to a fellow colleague to talk things through. It’s hard sometimes for our family or other friends who are not in the medical field to fully understand what we might be experiencing, so reaching out to someone who has had a similar experience is helpful.”

Physicians Confronting Mental Health Care Stigma

Dr. Jewell is concerned about the stigma physicians still face when they admit to feeling overwhelmed, overworked, and stressed. Although there are more resources available than ever, he feels there is more work to be done to help physicians be open about their feelings without fear of judgement. He believes that advocacy for physician mental health is essential and creating the dialogue about burnout helps.

“Having the conversations and even having newsletter articles like this highlighting physicians’ stories brings people together. The only way to really overcome this stigma is to create a system where we can have that dialogue without the fear of repercussions. Ultimately it will require a change in policy where physicians don’t feel scared to have those conversations,” he said.

Some states ask questions about mental health on medical licensing applications, and Dr. Jewell believes removing these would help remove the stigma.

Dr. Jewell began his LinkedIn page and doing other grassroots marketing of the app when it was first launched so he could post quotes and reminders about app availability. He also joined LinkedIn and Facebook groups about burnout and follows influencers on the subject. Actively networking on LinkedIn helped him become connected with a group called Physicians Helping Physicians. He recently spoke to the group’s attendees during their virtual conference relaying his own burnout experience.

The app will be a year old in August and he’s proud that he’s achieved approximately 300 downloads and 500 followers on LinkedIn. Between the app and the conference, Dr. Jewell has received positive response to his efforts both through social media and directly from colleagues.

Dr. Jewell is planning to add more features to the app and to provide more resources for physicians. He wants to build a community around physician wellness and support and help physicians engage more with the platform.

“I feel honored to be able to share my story and my perspective. I never really thought that I would be that person or that doctor! I really appreciate the opportunity and the platform. It makes me feel good if other people can read my story and if it can help them.”

Get the Meaningful Doc App!
• Available free on the App Store and Google Play
• Check out Dr. Jewell’s LinkedIn Page
• Visit the website

MeaningfulDoc
Promoting Physician Well-Being

Community
The last year has been full of change, fear, grief, and stress. It has also been a year of great reflection and silver linings. As I tried to piece together all that was happening in the world, amidst trying to maintain a level of patient care I could be proud of and ensuring some semblance of connection to all those important in my life, I began to feel overwhelmed. Caring for patients in a changing health care system is a challenge we all face every day. At this time last year, adding the stress of the unknown and a loss of control during a pandemic was beyond overwhelming. It just so happened the health care system I work for launched a brand new EMR exactly one month before the pandemic became a reality in the US. Stress was no longer a word that seemed to effectively encompass the collective experience amongst myself and my colleagues. As an educator and a primary care provider, I quickly realized that the “self-care” I discussed with my patients and residents was severely lacking in my own life. I was giving all my care away, and there was nothing left for me. I found myself starting every day bracing myself—for the bad news, a new “requirement” for patient care, the worry and grief my patients would be sharing with me… it was endless. Something had to change.

At the same time, the plethora of self-care resources swirling around me was overwhelming. I had no idea where to start, but I knew I needed to schedule something, make a real commitment to myself, or it would all fall apart.

It all started with a book I had pre-ordered months before, based on a TED talk I had heard years ago. It posed the invitation for a simple one-degree shift. One small step that I could take today, that may just change everything. It started with inquiries like, “Who are you really?” and provided guidance along the waves of emotions and thoughts that followed. It led to a commitment to an online yoga teacher training and scheduled time for me to get to know Me through the summer of 2020. I allowed my Self to teach me who I really was. I learned to listen to those gut feelings, and to create space for others to explore what brings them joy, fear, sadness, and allow them to find their Self deep within. I was able to find joy in the little things, to make a choice to protect the things important to me, and to think creatively to ensure I was able to care for patients the way they deserve, despite all that was shifting in the world.

“Working hard for something we don’t care about is called stress; working hard for something we love is called passion.” —Simon Sinek

We all have firsthand knowledge that the life of a physician is stressful. We have all read that it can lead to burnout. The study of stress reveals to us that not all stress is bad. Is it the joy, the sense of control or choice, or the purpose that medicine gives us that drives the passion that we all have for this profession? Medicine is a profession that both gives and takes joy, sometimes in practically the same breath.

Interestingly, those same qualities that drive our passion in caring for others are also the qualities that make us resilient. It just depends on what lens you happen to be gazing through.

The life of a physician is spent “fixing” problems for others. A mind full of self-criticism asks: How can I fix myself? A mind full of self-compassion asks: How can I be curious about myself and what I am experiencing? What is your mind full of? My exploration has ultimately led to some radical self-compassion, which I am learning is the antidote to burnout. We never actually stop growing. Change is inevitable. Who am I now? Accepting who I really am, all those parts equally important, has allowed me to become the observer in my own life, and filled my heart with gratitude.

“When you replace judgement with curiosity, everything changes.” —Robyn Conley Downs

Maybe you just need an invitation. Let this be yours: Start with yourself. Become the observer. Be curious. Fill your heart with gratitude. Remember why you care, why you have made the choices you’ve made, with compassion and allowance. Revel in all that you are. Although we can’t control it all, you can choose the lens through which you perceive the world, and the choice to pursue what brings you joy is yours alone.
ACOFP/ACOI Partnered Meeting

Between hectic schedules, ever-changing regulations, new research and a global pandemic, it’s time to stop, breathe and hit the refresh button. Explore new perspectives on tried-and-true techniques, reboot your OMT skills and get a renewed sense of what’s going on in osteopathic medicine at the 2021 ACOFP Intensive Osteopathic Update, presented in partnership with the ACOI and taking place virtually July 23–25.

This year’s event features a jam-packed weekend of high-level programming. Get access to more than 30 hours of AOA Category 1-A CME with four tracks full of the best and latest in osteopathic medicine. Stay up-to-date on evidence-based medicine and renew your OMT skills—all from the comfort of your home or office.

Click here for more details and registration.

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.

ACOI National Meetings

2021 Annual Convention & Scientific Sessions
October 27-30
Gaylord Palms & Convention Center, Orlando, FL
Hybrid Live/Virtual Meeting - Register now!

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

2021 Virtual Spring Meetings
These virtual meetings have been archived and can still be accessed through December 23, 2021.
Register now!

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.
Washington in Brief

The House and Senate are in session and tending to regular business. The annual budget process continued when the House Appropriations Committee began consideration of funding legislation the week of June 21, 2021. The first votes are expected by the full House by the end of July prior to Congress’ August recess. It is expected that the House and Senate will fail to approve all required funding bills prior to September 30 and will have to rely on the use of continuing resolutions to keep the government funded and operational through September 30, 2021. The Senate majority has begun to discuss the use of the reconciliation process to advance a larger legislative package that would be insulated from a potential filibuster. Negotiations around a potential infrastructure package continue to take place with a bipartisan package recently presented to the President for consideration.

Supreme Court

The Supreme Court rejected the latest efforts to strike down the Affordable Care Act (ACA), which was enacted more than 10 years ago.

In a 7-2 decision announced on June 17, the US Supreme Court ruled in California vs. Texas that Texas and other Republican-led states did not have the legal right (standing) to bring a challenge to the constitutionality of the ACA based on the removal of the penalty for those who do not obtain minimum essential health coverage. The Court specifically found that the states and individual plaintiffs failed to show “a past or future injury fairly traceable to defendants’ conduct enforcing the specific statutory provision they attack as unconstitutional.” Justice Breyer was joined in the majority opinion by Justices Roberts, Thomas, Sotomayor, Kagan, Kavanaugh, and Barrett. Justices Alito and Gorsuch filed a dissenting opinion. The case was considered by the Supreme Court after a lower court held that the individual mandate under the ACA was unconstitutional following enactment of a separate law that eliminated the penalty for failing to comply with the mandate to purchase qualified health insurance coverage. The full opinion is available here.

Senate Approves Administrator of the Centers for Medicare and Medicaid Services

The Senate recently voted to confirm the nomination of Chiquita Brooks-LaSure to head the Centers for Medicare and Medicaid Services (CMS). Brooks-LaSure is not new to government service. Prior to her nomination and subsequent confirmation, she worked in the White House Budget office during the George W. Bush administration and in Congress and at CMS during the Obama administration. In addition to the Medicare and Medicaid programs, Brooks-LaSure will oversee the Children’s Health Insurance Program (CHIP), efforts to expand health insurance coverage to all Americans, and efforts to promote prescription drug price negotiations, among many other things.

HHS Allocates American Rescue Plan Funds to Support Mental Health and Addiction

The Department of Health and Human Services (HHS) recently announced that the Substance Abuse and Mental Health Services Administration (SAMHSA) will provide $3 billion from the American Rescue Plan to support mental health and substance abuse services. In addition to the distribution of the funds in response to the increase of overdoses and reported levels of anxiety during the pandemic, Secretary of HHS Xavier Becerra announced the creation of the Behavioral Health Coordinating Council (BHCC).

This council will facilitate collaboration and strategic planning across HHS. $1.5 billion of the funds will be distributed to states and territories through the Community Mental Health Services Block Grant (MHBG) and the Substance Abuse Treatment Block Grant (SATBG) Programs. According to his statement, “Behavioral health is a priority for the Department of Health and Human Services. The COVID-19 pandemic has made clear the need to invest resources in our nation’s mental health and address the inequities that still exist around behavioral health care. That’s why we are making this historic investment in mental health and substance use services.”
Some Providers May Have Additional Time to Spend COVID-19 Relief Funds

The Department of Health and Human Services (HHS) recently released revised reporting requirements for recipients of Provider Relief Fund (PRF) payments. The revisions include an expansion of the amount of time providers have to report information and extend key deadlines for expanding PRF payments for recipients who received payments after June 30, 2020. The revised reporting requirements supplant requirements released on January 15, 2021. Key updates include the following:

• The period of availability of funds is based on the date the payment is received (rather than requiring all payments be used by June 30, 2021, regardless of when they were received).

• Recipients are required to report for each Payment Received Period in which they received one or more payments exceeding, in the aggregate, $10,000 (rather than $10,000 cumulatively across all PRF payments).

• Recipients will have a 90-day period to complete reporting (rather than a 30-day reporting period).

• The reporting requirements are now applicable to recipients of the Skilled Nursing Facility and Nursing Home Infection Control Distribution in addition to General and other Targeted Distributions.

• The PRF Reporting Portal will open for providers to start submitting information on July 1, 2021.

Additional details are available here.

Charging for Vaccine May Violate False Claims Act

In a statement released by the Department of Justice (DOJ) and HHS Office of Inspector General, providers were recently warned that they cannot charge individuals who seek a COVID-19 vaccination. Doing so might run afoul of the False Claims Act and result in both criminal and civil penalties. As part of participation in the Centers for Disease Control and Prevention’s (CDC) COVID-19 Vaccination Program, providers are required to sign an agreement to receive and dispense vaccines regardless of the recipient’s ability to pay. While providers may seek appropriate reimbursement from a public or private program or plan that covers COVID-19 vaccine administration fees, they may not be sought from the vaccine recipient. According to the release, failure to comply with the terms of the Provider Agreement may result in the suspension or termination from the CDC COVID-19 Vaccination Program and potential criminal and civil penalties. Additional information is available here.

Washington Tidbits

Bipartisanship is Still Possible

Federal holidays are created by Congress and signed into law by the President. While many holidays have been advanced during the life of our republic, very few become law. In 1870 the first four congressionally designated federal holidays were established. They were New Year’s Day, Independence Day, Thanksgiving Day, and Christmas Day. In 1880, George Washington’s birthday was added as federal holiday. Additional holidays were added over time to include the following: Decoration Day (Memorial Day - 1888), Labor Day (1894), Armistice Day (Veterans Day - 1938), Inauguration Day (1957), Columbus Day (1968) and Martin Luther King Jr.’s Birthday (1983).

In an unusual display of bipartisanship, the newest federal holiday was recently created. Congress overwhelmingly approved, and the President signed into law, the Juneteenth National Independence Day Act. The federal holiday celebrates June 19, 1865 when Union troops traveled to Galveston Texas and announced that all slaves were officially free. Enactment of this legislation in nearly record time serves as a beacon of hope that Congress can still find common ground!
Greetings colleagues, and welcome to the June 2021 issue of Talking Science and Education. Amazing that we had snow two weeks ago and the forecast high temperature for today will be 90 degrees! Such is the labile New England weather.

In last month’s population health quiz, we asked by what percent did teen births decrease nationally between 2008 and 2018? We had no winners, but between 2008 and 2018, teen births declined 57% from 40.2 to 17.4 births per 1,000 females ages 15-19. Since 2017, teen births declined 7% nationally from 18.8 births per 1,000 females ages 15-19, or 14,506 fewer births. Rates declined 14% among Asian/Pacific Islander teens (4.4 to 3.8 per 1,000); 8% among American Indian/Alaska Native (31.8 to 29.2), Hispanic (29.0 to 26.7) and white teens (13.2 to 12.1); and 5% among Black teens (27.5 to 26.1). Over the same period, teen births declined by more than 3.0 births per 1,000 in Montana (21.0 to 17.2 per 1,000), Wyoming (24.5 to 20.8) and Mississippi (30.9 to 27.8).

The teen birth rate varies across states and widely by race and ethnicity. In 2018, teen births were highest among American Indian/Alaska Native teens, followed by Hispanic, Black and white teens. Asian/Pacific Islander teens had the lowest rate. The teen birth rate was highest in Arkansas (30.4 births per 100,000 females ages 15-19), Mississippi (27.8) and Louisiana (27.5). It was lowest in Massachusetts (7.2 births per 100,000 females ages 15-19), New Hampshire (8.0) and Connecticut (8.3).

Monthly Population Health Quiz
In this month’s population health quiz, we ask by what percent did the prevalence of frequent mental distress among adults increase between 2014 and 2019?*

A. 15%
B. 32%
C. 12%
D. 25%

*Frequent mental distress is defined as the percentage of adults who reported their mental health was not good 14 or more days in the past 30 days. Frequent mental distress is a measure based on self-reported poor mental health days. The measure spotlights the population experiencing persistent, and likely severe, mental health issues, which may have a significant impact on health-related quality of life and overall wellness. A healthy mental state is essential to overall positive health and well-being. In some cases, poor mental health may lead to suicide.

Become a Talking Science and Education winner but remember: no Googling!

Send your answer to don@acoi.org and win valuable prizes!

Talking Education
Continuing Professional Development: What is it and why is it important?

Continuing Professional Development (CPD) involves not only educational activities to enhance medical competence in medical knowledge and skills, but also in management, team building, professionalism, interpersonal communication, technology, teaching, and accountability.

It further grounds you in the principles and reasons that brought you to medicine.1

In this month’s Talking Education, I want to briefly address the definition(s) of CPD. In July’s column we will continue the discussion on CPD by exploring its relevance to the personal and professional life of physicians and other healthcare professionals.

CME generally refers to expanding physicians’ medical knowledge, skills, and attitudes. CPD incorporates and exceeds this concept by acknowledging a wide range of competencies needed to practice high quality medicine, including medical, managerial, ethical, social, and personal skills. Grounded on the well-developed tradition of lifelong learning in medical professions, CPD integrates every physician's ethical responsibility and increases job satisfaction.

A variety of definitions for CPD have been posited, however, each definition shares the broader perspective of CPD. Some of the common attributes are that CPD:

• Is self-driven and individually tailored according to needs assessment.
• Considers the doctor’s complex working environment as a “…multidisciplinary context of patient care.”2

Continuing Professional Development (CPD) involves not only educational activities to enhance medical competence in medical knowledge and skills, but also in management, team building, professionalism, interpersonal communication, technology, teaching, and accountability.

It further grounds you in the principles and reasons that brought you to medicine.1

In this month’s Talking Education, I want to briefly address the definition(s) of CPD. In July’s column we will continue the discussion on CPD by exploring its relevance to the personal and professional life of physicians and other healthcare professionals.

CME generally refers to expanding physicians’ medical knowledge, skills, and attitudes. CPD incorporates and exceeds this concept by acknowledging a wide range of competencies needed to practice high quality medicine, including medical, managerial, ethical, social, and personal skills. Grounded on the well-developed tradition of lifelong learning in medical professions, CPD integrates every physician’s ethical responsibility and increases job satisfaction.

A variety of definitions for CPD have been posited, however, each definition shares the broader perspective of CPD. Some of the common attributes are that CPD:

• Is self-driven and individually tailored according to needs assessment.
• Considers the doctor’s complex working environment as a “…multidisciplinary context of patient care.”2

Continuing Professional Development (CPD) involves not only educational activities to enhance medical competence in medical knowledge and skills, but also in management, team building, professionalism, interpersonal communication, technology, teaching, and accountability.

It further grounds you in the principles and reasons that brought you to medicine.1

In this month’s Talking Education, I want to briefly address the definition(s) of CPD. In July’s column we will continue the discussion on CPD by exploring its relevance to the personal and professional life of physicians and other healthcare professionals.
Talking SCIENCE and EDUCATION

Is an ongoing learning process building on initial education to ensure competence regarding current and future work responsibilities.

Goes beyond the traditional designation for doctor’s CME after residency training, a narrower concept, usually only focused on medical knowledge and skill.

Expands content from clinical to holistic topics such as interpersonal communication skills, ethics, practice management, and professionalism, and extends learning venues from the classical conference room to practice settings.

Embraces new educational domains set by professional societies: The Royal College of Physicians and Surgeons of Canada’s seven key benchmark competencies (CanMeds): Medical expert/clinical, collaborator/manager, health advocate, scholar, professional, decision maker, and communicator.

The American Board of Medical Specialties evaluation domains: Bedside manner, medical knowledge, interpersonal and communication skills, professionalism, system-based practical clinical work, learning, and development efforts.

The United Kingdom’s General Medical Council’s domains: Knowledge, skills and performance; safety and quality; communication, partnership and teamwork; and maintaining trust.

Is a “self-evaluation model reporting form” necessarily including an evaluation component.

Should produce behavioral change in medical practice so that healthcare improvement is achieved and measurable.

Involves legal aspects such as avoiding lawsuits and practicing under compulsory licensure/certification.

Promotes the physician’s accountability.

With this as our foundation, next month we will explore the relevance of CPD for you and your colleagues.


Talking Science: Diabetes Dialogues

The Link Between Oral Health and General Health in Patients with Diabetes

A research team from the University of Amsterdam developed an intervention to offer primary care-based oral health information and dental referrals for patients with diabetes.

The study authors sought to analyze whether implementing an oral care protocol for general practitioners can improve patient-centered outcomes for individuals with type 2 diabetes (T2D).

A clustered, randomized controlled trial examined 764 patients from 24 primary care practices who received either oral health support or standard primary care. The main outcome parameter was oral health-related quality of life (QoL) that was assessed with the 14-item Oral Health Impact Profile at baseline and again a year later. Other outcomes included self-reported oral health complaints and general health-related QoL.

The analysis showed that individuals who received a primary care-based oral health support intervention had a significant improvement in self-reported oral health-related QoL compared with the control group. Among 764 patients with T2DM, 71.1% completed the 1-year follow-up.

Further, more patients reported improved oral health-related QoL in the experimental group (35.2%) compared to the control group. The improvement of self-reported oral health complaints did not differ between groups.1,2

In the brilliance of summer, at the summer equinox, I find myself talking about death. This is a time of brilliance where everyone and everything is at their best when we are presenting ourselves to the world. I will be speaking of a soul passing. A personal loss.

This soul is quiet but strong. Present but silent. A warrior and strong defender who believes in ultimate peace, love, and harmony. Minimal words ever said. Communication with eyes, action and inaction. Such a strong statement made with no variance of opinion. Only a lessening of volume of statement if asked politely and with reason. No lessening if there was no agreement. Upon reflection I have to say even though the body succumbed its vitality, the spirit and soul shone brightly. It illuminated itself on its day of passing in such a quiet but ever strong presence with dignity of self-creating unity and harmony with leaving. He passed that day leaving a huge space in my heart. He stayed around long enough before he died so he could love us, just one more time before he left.

And here, I thought I was the one comforting and loving him. My mistake.

While he laid there, I placed my hands on him. I felt his cranial rhythm, his restrictions, the places of freedom of flow and the strength that lay under my hands. FPR and BLT allowed me to ease some erector spinae restrictions through the thoracic and lumbar region in a patient with a history of lumbar laminectomy. Diaphragm doming helped him breathe a little easier with deeper more calm breaths, easier to let go. And just a bit of visceral to help relieve the pressure that intermittently built up in his abdomen as he had a small bowel resection in his time, about halfway through his life.

It is always an honor to quietly, patiently, lovingly be able to help someone, especially one I have loved immensely through my life—to pass more easily with comfort, no tension, reaching their last physical still point that will inevitably come to us all. My mind and hands were trained by osteopaths. Now I train others. What a gift we have.

He passed in the brilliance of the summer equinox, mirroring the brilliance he encouraged people to see in themselves.

What a gift.

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.

jhermann@une.edu
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
First Application Deadline: July 5, 2021
Final Application Deadline: Aug. 3, 2021

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

Advanced Heart Failure & Transplant Cardiology Initial and OCC Exams
Remote Online Proctoring
August 2-6, 2021
First Application Deadline: June 18, 2021
Final Application Deadline: July 18, 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.

$1,000 - $2,499
Gary A. Agia, DO, FACOI
Barbara A. Atkinson, DO, FACOI
Mark D. Baldwin, DO, FACOI
Jay Beckwith, DO, MACOI
and Beth Beckwith
Robert H. Biggs, DO, FACOI
Gerald W. Blackburn, DO, MACOI
Francis X. Blais, DO, MACOI
Robert E. Bulow, DO, FACOI
Kimberly A. Burch, DO
Boyd R. Buser, DO
Terry Bushnell, DO, FACOI
Christian T. Cable, MD, MHPE, FACP
Kenneth E. Calabrese, DO, MACOI
Thomas A. Cavalleri, DO, MACOI
Humayun Chaudhry, DO, MS, MACOI
David Chesney, DO, FACOI
Barbara L. Ciccone, Donor Strategies
David V. Condoluci, DO, MACOI
Sharolyn Cook, DO, FACOI
Lawrence Coswill, DO, FACOI
Carmella D’Addezio, DO, FACOI
Margaret Davenport, DO, FACOI
David DePutron, DO, FACOI
Mark Alain Dery, DO, MPH, FACOI
Kenneth P. Dizon, DO
Kathleen J. Drinan, DO, FACOI
Bruce D. Dubin, DO, MACOI
Susan E. Duke, DO, FACOI
Amanda Vasoya, DO, FACOI
Winter Wilson, DO, FACOI
and Tina Wilson
Randal Worth, DO, FACOI

$2,500 - $4,999
Michael A. Adornetto, DO, MBA, FACOI and Laurel Adornetto
Steven B. Calkin, DO, FACOI
Janet E. Cheek, DO, FACOI
Pamela R. Gardner, DO, FACOI
Bonita J. Kramel-Porter, DO, FACOI
and Bill Porter, PhD
Sara Liter-Kuester, DO, FACOI
Daniel J. Peasley, DO, FACOI
and Marti Peasley
Keith A. Reich, DO, FACOI
Morvarid Rezaie, DO, FACOI
Scott Spradlin, DO, FACOI
Troy A. Tyner, DO, FACOI
and Ingrid M. Brown, DO, FACOI
John F. Uslick, DO, MACOI
Amrita Vasoya, DO, FACOI
Winter Wilson, DO, FACOI
and Tina Wilson
Randal Worth, DO, FACOI

$2,000 - $4,999
Kevin P. Hubbard, DO, MACOI and Roxanne Hubbard
C. Clark Milton, DO, FACOI
and Elaine D. Milton
Susan M. O’Neal, DO, FACOI
Michael I. Oppari, DO, MACOI
and Susan Oppari
Anthony N. Ottaviani, DO, MPH, MACOI and Cateri Ottaviani
Frederick A. Schaller, DO, MACOI
and Amy Schaller
James H. Wells, DO, PhD, FACOI
Larry A. Wickless, DO, MACOI
$5,000 - $7,499
Damon L. Baker, DO, FACOI
Lee Peter Bee, DO, FACOI
Annette T. Carron, DO, FACOI
and Everett Greenleaf
Brian J. Donadio, FACOI
and Ellen Donadio
Scott L. Girard, DO, FACOI
and Laura J. Girard
James C. Giudice, DO, MACOI
Karen J. Nichols, DO, MA, MACOI, CS
Eugene A. Oliveri, DO, MACOI
Samuel K. Snyder, DO, FACOI
and Pamela Snyder
Ruben Tenorio, DO, FACOI
Alan W. Wan, DO, FACOI

$75,000
Lawrence U. Haspel, DO, MACOI
$45,000
Martin C. Burke, DO, FACOI
$25,000 - $44,999
Rick A. Greco, DO, MACOI and Carol A. Greco, DO
Robert J. Stomel, DO, MACOI
$15,000 - $24,999
Rick A. Greco, DO, MACOI and
Martin C. Burke, DO, FACOI
$45,000
Lawrence U. Haspel, DO, MACOI
$75,000
Lawrence U. Haspel, DO, MACOI

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