Welcome Our New President, Dr. DiGiovanni!

ACOI Healthcare Heroes

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Connect with us:
I have been honored to serve as the ACOI President in our 80th year, a year that has seen unprecedented change for not only the ACOI but for the entire medical community. Having presided over a pandemic year in which we saw incredible stress and suffering of patients in our hospitals, and the pain that families have endured through isolation, separation, and loss, it will be a year we will never forget. Supporting our member physicians, trying to meet their needs has proven to be an extremely difficult task, but through it all we managed to find the meaning of perseverance.

Our work at the ACOI continued, and we looked to find our way to reach our members. We found an advocate in Karen Caruth, our new Executive Director, whose exceptional leadership has helped us manage the storm. We were able to pivot to a completely virtual Annual Convention in 2020, which had the highest attendance in our history; and then pivot again in 2021 to our first Hybrid Convention. Despite all the challenges of a global pandemic, our membership is strong and we managed to finish with a very strong fiscal year for ACOI.

The Single Accreditation still presents challenges for reaching DOs in training and stresses the need to meet our members in a more virtual format. Without the live introduction of “the ACOI as their Family” we will need to reach young career internists through innovative offerings with an emphasis on the online learning center and new educational offerings.

I am confident we have on a path which will allow the ACOI to meets the needs of our Osteopathic Family.

We all look forward to continuing this work with Rob DiGiovanni, DO, FACOI leading us as President through this next year. Rob is a strong voice and a strong advocate for Osteopathic Medicine and has a depth of knowledge of our future direction.

As I conclude my year, I am pleased to say that we are a much stronger organization than we were one year ago, and I am confident the ACOI is positioned to get stronger with each passing year. I would like to thank Karen and the entire ACOI staff for their continued efforts to move the organization forward, and for a tremendous Board of Directors for their support and guidance throughout this year. I am particularly grateful to the ACOI membership for allowing me to serve as your President and humbled by the trust you placed in me.

Thank You.

Michael A. Adornetto, DO, MBA, FACOI
Immediate Past President

Leadership
During ACOI’s 2021 Annual Convention and Scientific Sessions, Robert L. DiGiovanni, DO, FACOI, FACR, was installed as ACOI’s President for 2021-2022. Dr. DiGiovanni has been an active member of the ACOI for over 30 years and earned the distinction of Fellow in 1994. He will serve for a one-year term after serving several years as an Executive Board member.

Board certified in both internal medicine and rheumatology by the American Osteopathic Board of Medicine, Dr. DiGiovanni serves as Rheumatology Program Director for Largo Medical Center in Largo, Florida and is on staff at Suncoast Internal Medicine Consultants. Dr. DiGiovanni has practiced since 1987 after graduating from the Kirksville College of Osteopathic Medicine, Kirksville, MO in 1982 and completing his subsequent internal medicine residency at Sun Coast Hospital in Largo Florida in 1985, and his rheumatology fellowship at the University of Arizona Health Sciences Center in Tucson, Arizona in 1987. Dr. DiGiovanni is a national lecturer on rheumatoid arthritis, osteoarthritis, spondyloarthritis, and vasculitis, among other topics.

“For decades, Dr. DiGiovanni has demonstrated his commitment to the ACOI, to his peers, his field, and his community as a leading osteopathic internist and rheumatologist. He has been instrumental in shaping the ACOI to promote our values based in Principle-Centered Medicine™,” said ACOI Executive Director, Karen C. Caruth, MBA.

“With his experience, leadership, and guidance, we look forward to a year of growth and inspiration as physicians continue to navigate the rapidly-changing landscape of healthcare.”

“I have a long history with the ACOI and am extremely proud to lead the association in 2022. We are uniquely positioned to support our members going forward through these challenging times as not only an organization that builds leadership, but also one that embraces a sense of community that provides physicians with a place to call home in a way that truly embodies why they pursued internal medicine in the first place,” Dr. DiGiovanni said.

Welcome Robert L. DiGiovanni, DO, FACOI as ACOI’s 79th President
Around this Thanksgiving holiday, I’m very cognizant of all we have to be thankful for. Personally, I’m thankful to Immediate Past-President, Michael Adornetto, DO, FACOI and Past-President, Sam Snyder, DO, FACOI, for their leadership during the past two arduous years of the pandemic. I’m thankful for the stewardship of our new Executive Director, Karen Caruth, who stepped into the fray during unprecedented times. I’m thankful for the stalwart and experienced staff of the ACOI who were, as always, unflappable during this challenging period in our history as an organization and a profession. So much could have gone wrong in the era of single accreditation and historic health care crisis. Instead, the ACOI has emerged stronger, wiser, and really “ahead of the curve.”

You may be aware that our virtual Convention in 2020 was the most successful meeting in our history. Thank you, Dr. Kaiser-Smith, for your leadership and hitting it out of the park! But we missed the personal connection of the in-person experience we had always enjoyed in the past. Hence, we became one of the first professional organizations to offer a “hybrid conference” last month! The additional planning and cost put a great deal of strain on our Program Coordinator, Dr. Robert Hasty, our staff, and our resources. But we pulled it off! What did we learn from this experience? The answer is several things: First, “we may be small, but we are mighty.”

We find ourselves a very nimble group of osteopathic internists with talented members who are quick to lend their abilities to our common goals. We pivoted faster and in ways we could not have predicted. Second, with more than 100 student participants in the meeting, the future is bright. Feel secure that the next generation of osteopathic internists will be ready to take the reins when the time comes. Through exposure to the ACOI through programs like SOLID and the Visiting Professor program, students are becoming aware of the ACOI as their medical home.

When future generations of osteopathic internists look back on how the ACOI responded to these critical years, I think they’ll be proud. My personal goals over the next year include spending as much time as possible creating relationships with other professional organizations such as AOA, fellow osteopathic specialty colleges, and ACP. I plan to visit the ACOI offices in Rockville, MD and advocate for osteopathic internal medicine in DC. We want to create more educational resources for our students, residents, and members. Our goal will be to help our members achieve wellness and balance for themselves who in turn can help their patients do the same. Our goal will be to help develop future leaders in medicine and in their communities.

We missed a lot during the pandemic. We missed seeing many of our patients in person. We missed seeing each other and gathering in a professional capacity.

We all yearned to stay true to why we went into medicine in the first place. As the saying goes, “you don’t know what you have until you don’t have it anymore.” Moving forward, we’re aware that it’s a privilege to serve as osteopathic physicians and we’ll never take that for granted in the future. I hope you’ll always consider ACOI your home, family, and first resource. We want (need) your input. My promise to you is to work as hard as my predecessors have for our College and for you. I remain thankful for your trust.

Best,

Robert L. DiGiovanni, DO, FACOI
President
president@acoi.org
#ACOI2021: First Hybrid Convention is a Success

Whether you attended the ACOI Convention & Scientific Sessions using the virtual platform or were in Orlando in person, you were part of ACOI history! #ACOI2021 marks the first-ever hybrid Convention allowing members to participate both in person and on demand. Over 1,500 attended and we were fortunate to welcome a lineup of speakers from nationally known experts like COVID-19 Presidential Advisory Council member and best-selling author, Michael Osterholm, PhD, social media influencer and well-known TV personality Jen Caudle, DO, and many of our own internal medicine experts, including cardiologists, infectious disease specialists, endocrinologists, and more.

The good news is if you couldn’t attend, you haven’t missed your chance. The opportunity for you to earn credits is still open, but only for a limited time! You can register now to take full advantage of receiving your CME—approximately 60 hours of AOA Category 1A / AMA PRA Category 1 Credits™. Convention sessions will no longer be available after December 23, 2021, so plan ahead and register today to watch your sessions and get your CME before the cycle ends.

## DAY ONE

### Practice Management

Day One’s Practice Management Session brought together experts from a variety of disciplines.

- Donna Polk, MD, reviewed some new ways to help patients manage atherosclerotic cardiovascular disease risk in addition to reminding patients of modifiable risk factors they can control such as smoking cessation, blood pressure and cholesterol control, managing diabetes, maintaining a normal weight, and exercise.

- Jill M. Young, CPC, CEDC, CIMC, provided up-to-date information on coding changes that affect our members’ practices.

- Legal expert, Sheila M. Mints, Esq, who did a recent podcast for ACOI reviewing important contract considerations for physicians, provided her thoughts on what legal concerns to be aware of when it comes to telemedicine.

- Former ACOI President, John B. Bulger, DO, MACOI discussed the importance of teams, social factors, and patient-centered care.

### Cardiology

With heart disease uncovered as a new risk factor in Long COVID, our cardiology panel was led by Clinical Assistant Professor of Medicine at the University of Illinois at Chicago, Christopher J. Sciamanna, DO, FACOI. Dr. Sciamanna is a specialist in advanced heart failure, mechanical circulatory support, and transplant cardiology and pulmonary hypertension.

The Physician Burnout Panel discusses knowing when to check in on ourselves and on our colleagues.

### Physician Burnout Panel

Physician burnout panelists Julie K. Sterbank, DO, MPH, FACOI, Nicholas J. Caputo, DO, FACOI, David L. Tolentino, DO, FACOI, and Jeffery Krepps, PhD shared thoughts on real-world cases that helped them bring to light the importance of physician self-care. Revolving around the tough subjects of burnout, anxiety, workplace issues, substance abuse, depression and more, the session was something that any practicing physician today can relate to. We were fortunate to have such a caring team of physicians on this panel who understand the bombardment that many are under as the pressures continue to build – from the pandemic, through the classic stressors of EMR expectations to the ongoing turbulence that technology brings to our daily lives.
An Old Favorite – Tests I Wish You’d Never Ordered

Day One featured a crowd-favorite, back by popular demand, Tests I Wish You’d Never Ordered headed by Gerald W. Blackburn, DO, MACOI. Reviewing cases, the panel pondered a variety of scenarios that once again gave our attendees exposure to interesting real-life patient stories that they can reference in the future.

DAY TWO

Intriguing sunrise sessions were presented Day Two by Clark Milton, DO, FACOI who discussed The Great American Cannabis Experiment and Perry Dave, DO, FACOI, who provided updates in hospital medicine. ACOI President, Michael A. Adornetto, DO, MBA, FACOI and this year’s Program Chair, Robert T. Hasty, DO, FACOI, gave opening remarks live on stage in Orlando, welcoming both our in-person and virtual attendees as a warmup to our first keynote.

Gastroenterology & Rheumatology

One of America’s Top Doctors, Jennifer Caudle, DO presented The Pandemic and Beyond: Maintaining Physicians’ Vitality, Resilience, and Purpose. Energetic and vivacious, Dr. Jen admitted that it was her first speaking engagement since the COVID-19 lockdown and all agreed that she was the right person to deliver the important and relevant messages of physician self-care. Her talk hit a nerve for many in the audience who have been internalizing the stress and expectations of the pandemic. She explained how physicians can emerge better after this difficult time. Many physicians approached the floor microphone and asked Dr. Jen questions during the Q&A presentation highlighting how well she connected to the audience.

Keynote speaker Jen Caudle, DO.

Gastroenterology & Rheumatology

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Keynote speaker Jen Caudle, DO.

Gastroenterology & Rheumatology

Specialty discussions on Day Two included gastroenterology, rheumatology, and endocrinology. In his presentation, Cost Effective Evaluations and Treatment of IBS, Vishwas Vanar, MD, FACP reviewed ROME 4 diagnostic criteria for IBS.

An Epidemic Inside a Pandemic

The opioid epidemic is continuing to cost a record number of American lives. In 2020 alone, there were nearly 70,000 opioid overdoses alone—comprising a vast majority of the 93,331 drug overdose deaths in this country. During a special lunch session, former ACOI President, Annette T. Carron, DO, FACOI, discussed options for Pharmacotherapy for Opioid Use Disorders.

Annette Carron, DO, FACOI hopes to motivate physicians to be trained in prescribing treatment for this disorder.

Continued
DAY THREE

Our annual Fun Run kicked off Day Three on-site in Orlando. Congratulations to the winners!

2 Mile Men’s: Kevin Hubbard, DO, MACOI (1st); Jeffrey Blood, DO, FACOI (2nd); Robert Good, DO, MACOI (3rd)

2 Mile Women’s: Charlene LePane, DO, FACOI (1st); Janet Cheek, DO, FACOI (2nd); Brenda Good (3rd)

4 Mile Men’s: Scott Lester (1st); James Wagenaar, DO (2nd)

4 Mile Women’s: Mia Taormina, DO, FACOI (1st); Camille De Vera, DO (2nd); Lynn Wagenaar (3rd)

Sunrise Sessions continued the day with Robert T. Hasty, DO, FACOI and Gaurav Gupta, MD before diving into our Pulmonary, Critical Care and Sleep Medicine sessions.

David H. Lindner, DO MBA, FACOI discussed the epidemiology, proposed pathophysiology, initial diagnostics, and treatment approach to sarcoidosis. Lisa Whims-Squires, DO, FACOI reviewed the complicated mental health issues associated with sleep disorders and how sleep difficulties can further develop from the medications used to control symptoms of mental health disorders.

During the infectious diseases plenary session MarkAlain Dery, DO, FACOI and Mia A. Taormina, DO, FACOI discussed today’s most prominent public health threat, COVID-19, and the current challenges in treatment and prevention.

Dr. Dery outlined the lasting effects of COVID in the Approach to the COVID Long Hauler presentation and Dr. Taormina discussed what many consider the biggest challenge with COVID today: communications.

The night ended with the traditional Convocation of Fellows and Annual Awards. Immediate Past President, Samuel K. Snyder, DO, FACOI delivered the Memorial Address during the convocation entitled Fever, Fire and Focus. He congratulated this year’s class of 95 members who received their Fellows designation, and three members who received their Master Fellows designation. Congratulations to the Class of 2021!

Congratulations to the ACOI’s Internist of the Year: Damon L. Baker, DO, FACOI

Congratulation to our three new Master Fellows: Martin C. Burke, DO, MACOI Gilbert E. D’Alonzo, DO, MACOI Richard R. Thacker, DO, MACOI

Congratulations to our 95 new Fellows! See the full list here.

DAY FOUR

The ACOI is always lauded for our State Licensure CME sessions and helping attendees receive their required credits, and this year’s Convention delivered again with sessions that covered subjects such as controlled substances, human trafficking, domestic violence, and HIV/AIDS.

HIV/AIDS Update

Audiences received an HIV/AIDS update from MarkAlain Dery, DO, FACOI who discussed U=U and how an undetectable viral load means patients taking HIV medications are untransmissible. He discussed how individuals living with an undetectable viral load have the same life expectancy, quality, and enjoyment as people without HIV. He stressed the importance of HIV testing, diagnosing, treating, maintenance, and lifelong care to someday having an HIV-free world.
Leonard Hock, DO, MACOI, in his presentation, *Difficult Conversations and Resources* discussed techniques in Palliative Care Medicine to help physicians with discussions they have with patients and patients’ families surrounding quality decision making. Explaining a technique he calls “ask, ask, tell,” Dr. Hock outlined how the approach helps when there is resistance in the conversation since the human heart and mind long for optimism and hope when it comes to “doing everything” to save a life.

In the nephrology session Tarra I. Faulk, D.O., FASN, presented the three categories of glomerular filtration rate (GFR) estimating questions and the limitations of creatinine and creatinine-based equations for estimating GFR. She also discussed race-based algorithms and the consequences of using race to estimate kidney function and whether current eGFR equations put Black patients at a disadvantage.

The afternoon resident/student sessions were moderated by Robert G. Good, DO, MACOI. The afternoon also proved to be a great opportunity for residents and students to investigate their interests with a “speed-dating” session with subspecialists and some great advice on how to succeed in rotations.

The Convention ended with virtual sessions that spanned discussion on kidney disease, nuclear medicine, palliative care, nephrology, hematology, and oncology. Timothy J. Barreiro, DO, FACOI, discussed the important topic of getting more women and minority participants involved in clinical trials.

Get ready for #ACOI2022 – See you in Baltimore!
Congratulations Poster Contest Winners!

This year our Annual Research Abstract Poster Contest was held via our virtual platform. Thank you to all of the residents, fellows, and students who rose to the challenge and presented their research and case presentations! This year’s winners are:

**Resident/Fellow Original Research**

1st Place:
Utilization of a Bioethics Consultation Service During the COVID-19 Pandemic
Nicholas Salupo, DO

2nd Place:
Community Medical Leadership Workshop: An Introduction to Physician Leadership for Resident Physicians
Emmanuel “Dimitri” Tito, DO

3rd Place:
Hyperkalemia and Sodium Polystyrene Sulfate Use in a Regional Training Hospital
Jae Son, DO

**Student Original Research**

1st Place:
Biochemical Changes After Osteopathic Manipulative Treatment for Neuropathic Pain
Derek Tai, OMS-III

2nd Place:
STK11P Identification in Double Membrane Vesicle Composition of HcoV-OC43 Infected Cells by Subcellular Fractionation
Jessica Brumbaugh, OMS-II

3rd Place:
Clinical Outcomes of COVID-19 Patients of Different Ethnic Groups in Rural Populations
Kamaideep Sidhu, OMS-II and Elon Hailu, OMS-II

**Resident/Fellow Case Presentations**

1st Place:
Functional Neurologic Disorder: A “Side Effect” of the COVID-19 Vaccine the Healthcare Community Should Be Aware Of
Hira Tahir, DO

2nd Place:
Cardiogenic Shock Secondary to SARS-2-CoV Induced Viral Myocarditis
Carlos Rivera, MD

3rd Place:
A Case of Metastatic Undifferentiated Osteoclast-Like Giant Cell Pancreatic Carcinoma
Hassaan Siddiqui, DO

**Student Case Presentations**

1st Place:
Broken Heart Syndrome: A Case of Reverse Takotsubo Cardiomyopathy and Coronary Anomaly Induced by a Spinal Arteriovenous Malformation
Abu-Bakr Malik, OMS-II

2nd Place:
Prophylactic Anticoagulation Treatment in COVID-19 Patients Complicated with Retroperitoneal Hemorrhage
Kelsey Blundell, OMS-IV

3rd Place:
COVID-19 Reveals a Diagnosis of Erdheim-Chester Disease
Amanda Fahrenbruck, OMS-IV
Done is better than perfect. This is a phrase I have to continually tell myself. Even now as I write this, I have thought about what I want to say, I have waited (read: procrastinated) to start this for over a month. I want it to be “perfect.” I want it to impact someone’s life in a positive way, someone who really needs to hear my story. Now that I have taken the time to sit down and start writing, it feels difficult to start. The fear of failure; that it won’t be right…that it isn’t what the Wellness Task Force is looking for. I critique myself and procrastinate. I have entered The Procrastination Cycle of maladaptive perfectionism. Something that I didn’t know even existed a year ago, but something that has contributed to my own story of burnout. Maybe you can relate?

On this journey toward a career in medicine, our hard work and “perfectionism” is likely what got us here and having a good amount of adaptive perfectionism is vital to being a competent physician. However, for many of us this perfectionism has turned pathologic, maladaptive, and contributes to the substantial amount of burnout (aka moral injury). To watch a student go from excitement about the future, to needing to seek mental health providers just a few months into their training, ignited a passion inside of me to try to intervene before the feelings of exhaustion, cynicism, and reduced personal/professional efficacy took hold. As I have continued with this passion, I have discovered that wellness and resiliency aren’t the best terms for combating these symptoms.

The answer isn’t a more resilient medical student, resident, or physician. There is a systemic problem that isn’t fixed by making us more resilient, even if we do try to start a few months into medical school. We are likely already some of the most resilient people with more grit than most. But the problem isn’t easily fixed, so what can we do about it in the meantime? What can we do now when our friends and colleagues are burning out, suffering from mental health concerns they don’t feel safe sharing, or even considering taking their own lives?

I can only speak from my own perspective. I am primarily non-clinical now, in an administrative and teaching position with some allocation to clinical work that is of a more voluntary nature. I recognize that the pervasive nature of burnout runs deep and starts early. To reference the analogy that Dr. John Bulger recently used at the 2021 ACOI Annual Convention & Scientific Sessions of the “canary in the coal mine,” the answer isn’t a more resilient canary.
Insights From the Wellness Task Force

Józia (Jozi) McGowan, DO, FACOI, FNAOME
ACOI Wellness Task Force

We have to start normalizing that we are human and not superhuman. That we deserve to have a life too. Medicine is a noble profession, that at times, requires us to put others before ourselves, but we can’t lose ourselves in the process. There has to be balance. When we sacrifice too much, the cynical aspect of burnout runs rampant. How many have seen this in the medical culture? As osteopathic physicians we need to recognize this in ourselves and in our colleagues so that it can be addressed. Many of us will do things for others but not ourselves, so we should be there to encourage the breaks, encourage the self-care, encourage the boundary setting of those that we work with and recognize the signs.

The pandemic brought burnout to many people, and even more burnout to those in medicine. I know that I relapsed into burnout. I was essentially working three full time jobs, two of them unpaid. I was assisting in revamping our medical school’s curriculum to accommodate online learning, while also working as a teaching assistant for my third-grade son who was doing virtual school with undiagnosed ADHD, dyslexia, and dysgraphia, and I continued to be the “CEO of my household,” but any outsourcing of household duties had come to a halt. In addition to all of this, I was fearful for my own health since I am immunocompromised, and we didn’t know a lot about SARS-CoV-2 at the time. I was crispy with burnout. I felt it and those around me saw it. After hearing a podcast, I sought a burnout coach and burnout recovery program.

It was the best decision I have made for my self-care (plus I got CME credits for it). I was able to learn about myself (i.e., maladaptive perfectionism, Imposter Syndrome) and I gained the necessary tools to work through what I was discovering. Because of this group, I was also able to see that I was not alone, and I developed friendships and networks with people across the country who were going through burnout as well.

I began to incorporate more self-compassion and positive self-talk, to expect obstacles and plan in wiggle room, to be intentional and mindful and celebrate minor wins, and probably most importantly to create “white space” or free time in my calendar. Not filling it with any “have to’s” ... just the “want to’s.” I am still learning how be imperfect and be okay with that. I have found acceptance in who I am and where I am at on my journey. I am learning how to enjoy the journey, not just wait to enjoy the destination. It is something that takes daily work and intention, and I don’t have it all figured out, but I am proud of myself and am celebrating my win of recognizing where I was and seeking help to be in a better space today.

I am happy to be at a place where I can share this with others and to encourage you that if you are struggling, you are not alone. I am so proud to be part of an organization that takes this seriously and has a committee to help care for us when we have forgotten that caring for the whole person includes caring for ourselves.
Docs off the Clock features Dr. Hank Chaudhry

Welcome to the best podcast for helping today’s busy physician stay in the know

Humayun Chaudhry, DO, MACOI, President of the Federation State Medical Boards (FSMB), warns that complaints to state licensing boards are increasing. On the ACOI’s podcast series, Docs off the Clock, Dr. Chaudhry discusses the importance of relaying accurate information and the dangers of misinformation and disinformation to the public. He emphasizes the risk to physicians who could lose their license to practice if they are guilty of spreading falsehoods, especially as social media continues to be a dominant force in how information is shared.

Tune in and hear Dr. Chaudhry’s thoughts about the role of physicians in relaying accurate information about the COVID-19 vaccine to combat misinformation.

Don’t forget to check out our previous episodes, also available to listen to now:

**Physician Health and Wellness: Finding Balance in Today’s World**
Featuring: Julie Sterbank, DO, MPH

**COVID-19: Vaccine Administration in the Office**
Featuring: Jill Young, CPC, CEDC, CIMC

**Contract Considerations for Physicians**
Featuring: Sheila Mints, Esq.
ACOI Healthcare Heroes Facing COVID-19

Dr. Thomas Stoner extracts lessons from his military background during the COVID-19 pandemic

by Gina Kilker

Thomas R. Stoner, DO, FACOI is a board-certified internist with vast experience in multiple areas of practice in pulmonary, critical care, post-acute senior care nursing home medicine, and hospitalist medicine. Yet he points to his past experiences and training in the United States Air Force as to what has helped guide his own response and his team’s during the enduring COVID-19 pandemic.

“In the military, you’re taught to triage and handle dilemmas in patient care and moral and ethical dilemmas in the field real-time. But many of my colleagues have not had this training, nor the experience. This pandemic has taught us to think on our feet and out of the box,” Dr. Stoner said, as he reflected on the last 20 months as VP in his health system region.

While he expresses an uncertainty in how medicine will go forward as multiple waves of the COVID-19 pandemic continue to test physicians and health systems to their limits, he identifies multiple parallels to the lessons he learned during his 10 years serving in the military. Dr. Stoner is also optimistic that physicians will come through this crisis having learned valuable lessons to care for patients in a more streamlined and effective way.

He believes it has been his experience in the Air Force that has best prepared him for the “combat zone” that the pandemic has created. Additionally, he cites his early training with physicians who graduated from medical school in the 1960s —many of whom served in the Korean War or the Vietnam War—as helping to shape his perspective on the importance of preparedness for impending health care crises. “We must always remember that old is oftentimes new,” he says.

He recalls one of his mentors, Ernest Davis, DO, an infectious disease specialist, as one of the people who influenced him most during his residency. According to Dr. Stoner, Dr. Davis had long ago predicted a need to be alert for a stubborn and dangerous respiratory illness that could surface and pose a serious public health threat.

He credits Dr. Davis’s expertise for helping him be on the alert and mentally prepared for the possibility of a viral pandemic creating widespread havoc. “Consequently, I’ve always tried to train other people around me to have more of a preparedness mindset.” Thankfully, Dr. Stoner’s health system has been able to provide more than adequate personal protective equipment (PPE) and has allowed for a safe environment to practice in.

As many hospitals in the nation have experienced, Dr. Stoner too has seen health systems struggling with resources stretched beyond capacity. Fortunately, he has had a dependable team of physicians, nurse practitioners, and physician assistants at the ready.

“But as any physician knows, those individuals are just one part of keeping a hospital running efficiently and safely. Our healthcare teams are made up of leaders and staff from multiple areas, some of which include: nursing, respiratory therapists, technicians, medical assistants, food service and environment of care, operators, security, transport and ambulance staff.”

He is also optimistic that while nursing home residents were hit hard at the beginning of the pandemic, with so many now having received the vaccine, few today are experiencing serious enough illness that results in hospitalization. “About 85-90% or more of nursing home residents have been vaccinated against COVID-19, and our percentage of admissions is about 5% from nursing homes, where initially it was 50-70% of our admissions.” The vaccine has made a difference!
As far as the future is concerned, he said COVID-19 is more than likely here to stay, but with continued vaccination there is hope. For individuals who are unsure if they should get vaccinated, he is convinced that simply sharing the statistics is reassuring that the vaccines are working. “The vaccine has helped. Our internal data shows about 85-90% of our admissions are unvaccinated. And it is the unvaccinated who are becoming more ill with COVID. We are seeing that the vaccine works. Regardless of vaccine status, we treat all patients with the same care and compassion.”

So how can the U.S. be better prepared for the next health care catastrophe? Dr. Stoner shared his thoughts:

1. Keep your antenna up; anticipate what’s on the horizon: “You can’t be ready unless you have people that can predict the models. We must have those we can trust who are non-political, highly specialized in their field and able to give good, solid information and recommendations.”

2. Be well resourced: “It is imperative to be internally resourced. We saw shortages across the nation for masks, respirators, IV tubing, IV fluids, generic medicines—some that have elements that are manufactured in China, Israel, India or other countries, and when a global pandemic hits, that country where it’s manufactured takes that product for themselves first. So, we must ensure that we bring back some of the most important supply chain and manufacturing elements to the United States. It can be done! It costs a little bit more, but it’s worth the peace of mind when a pandemic strikes”.

3. Sufficient training and innovative approaches: “We need to have training in place for all of our health care teams so that when we see something on the horizon, we have enough resources and we’ve been trained from a medical standpoint that we can manage these patients. Yet, we also need out-of-the-box thinking—for example, how can we manage these folks and keep them in nursing homes or at home (treat-in-place)? How can we do things differently at nursing homes to treat patients where they are? How can we protect them and provide greater resources? And then how can we treat patients at home? We have been able to perform at-home treatment, and we’ve started to investigate how we can take higher levels of oxygen, intravenous fluids, care teams etc., to patients and keep them at home where many patients wish to stay. Many patients do better at home with the foods they like and family support they require. These factors could help to decongest and redistribute the strain on hospitals and health care systems.”

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Washington in Brief

The number of days left to advance legislation for the year continues to dwindle. Congress has many items on its plate, and a small window of time to get the work done. While Congress approved, and the President signed into law an infrastructure package estimated to cost over $1 trillion, Congress continues to work on the second part of the President’s “Build Back Better” plan. It is expected that the House will consider this legislation in the coming days followed by the Senate. Overshadowing these efforts are the looming spending needs that must be addressed in early December followed closely by the debt ceiling, which is expected to be reached by mid-December. As previously noted, once the calendar turns to 2022, it will be ever-more difficult to advance legislation as the mid-term elections approach. The small margins in the House and Senate will continue to dictate legislative activity. One item that remains of great interest is a looming reduction in Medicare physician reimbursement scheduled to take effect in January 2022. The remainder of the year is certain to be bumpy for Congress. The ACOI will continue to closely monitor issues of importance to physicians and the patients for whom they provide care.

ACOI Participates in Summit to Promote Primary Care

The ACOI recently participated in the Primary Care Collaborative’s (PCC) two-day invitation-only summit titled, “From Crisis to Opportunity: Primary Care for All Communities.” The working summit brought over 100 healthcare leaders together to consider payment and investment reforms designed to increase access to and promote primary care across the country. The goal of the summit is to formulate policy proposals that will reshape the payment and delivery of primary care to address inequalities in health care and improve the experience of care, improve the health of populations, and reduce the cost of care. The ACOI is an Executive member of the PCC to advance the interests of osteopathic internists and subspecialists to support better care, better health, lower costs, and greater joy for physicians and staff in the delivery of care. You can learn more about the PCC here.

ACOI Supports Guidelines to Simplify Electronic Funds Transfer (EFT) Standards for Physicians

The ACOI recently joined in comments to the Centers for Medicare and Medicaid Services (CMS) to clarify and enforce the right of physicians to receive electronic payments by way of the Automated Clearing House electronic funds transfer (EFT) standard without being forced to pay percentage-based fees for “value-added” services. Absent clear guidance and enforcement, physicians are experiencing financial losses and increased administrative burdens. In a letter sent to the CMS Administrator, Chiquita Brooks-LaSure, the ACOI and others requested the Biden Administration address this problem by issuing guidance that affirms physicians’ right to choose and receive basic EFT payments without paying for additional services, and to undertake the associated enforcement efforts. You may read the full comments here.

CMS Issues Emergency COVID-19 Vaccination Rule

The Centers for Medicare and Medicaid Services (CMS) issued an emergency regulation to require 17 million health care workers in hospitals and other facilities that participate in Medicare and Medicaid to be fully vaccinated for COVID-19 by January 4, 2022. All eligible staff must receive a first dose of the COVID-19 vaccine by December 5, 2021. While an initial rule covered nursing homes, the condition of participation requiring vaccination in the Medicare and Medicaid programs was expanded to include participating hospitals, dialysis facilities, ambulatory surgical facilities, home health agencies, and other settings. According to Administrator Chiquita Brooks-LaSure, “Today’s action addresses the risk of unvaccinated health care staff to patient safety and provides stability and uniformity across the nation’s health care system to strengthen the health of people and the providers who care for them.” The interim final rule may be viewed in its entirety here.

House Approves Legislation to Protect Medical Supply Chains

The House recently approved legislation to provide the Department of Health and Human Services (HHS) additional authority to procure, maintain, and distribute essential medical supplies. The legislation aims to strengthen the Strategic National Stockpile and was introduced in response to shortfalls identified by the nation’s COVID-19 response.
Under the bill, HHS would be able to transfer supplies from the stockpile under specific conditions and would require that supply reserves are maintained, among other things. The bill now goes to the Senate where it was referred to the Committee on Health, Education, Labor and Pensions (HELP) where it awaits further action.

**CMS Announces Delay in Payer-to-Payer Data Exchange Enforcement**

The Centers for Medicare and Medicaid Services (CMS) announced that it will delay enforcement of the payer-to-payer data exchange requirements of the Interoperability and Patient Access rule until further rulemaking is conducted. The rule finalized during the previous Administration was crafted to facilitate providers and payors efforts to share patient health data. Concerns were raised with how payors would both receive and transmit the data. It was unclear when the additional rulemaking will occur, and as a result, the length of the enforcement delay is uncertain.

**$36.3 Million Awarded for Vaccine Research**

The National Institutes of Health (NIH) recently announced that it has awarded $36.3 million for research to develop vaccines for potential pandemic-causing coronaviruses. The funding was made available through the NIH’s Institute of Allergy and Infectious Diseases (NIAID). The new funding augments the $1.2 billion already invested in coronavirus vaccine research since the beginning of the COVID-19 pandemic. According to NIAID Director Anthony S. Fauci, MD, “These new awards are designed to look ahead and prepare for the next generation of coronaviruses with pandemic potential.”

**Nearly $1 Billion Provided to Modernize Community Health Centers**

It was recently announced that nearly $1 billion in American Rescue Plan funding will be provided to federally funded health centers to support health center construction and renovation projects. The funds will be provided through the Health Resources and Services Administration (HRSA), and will help nearly 1,300 health centers across the country improve primary health care infrastructure in medically underserved communities. The funds will be used to construct new facilities, expand existing ones, and implement telehealth technology, among other things related to needs created by COVID-19.

**Washington Tidbits**

**Stamping Out the Virus**

Over the last few months, a great deal of discourse has taken place around the ability of the federal government to issue vaccine mandates. Interestingly, this is not the first time this conversation has taken place, and it likely will not be the last. With British and American forces waging war, one leader feared that a viral threat would turn the tides of war should it go unaddressed. In a letter the venerated general said, “Necessity not only authorizes but seems to require the measure, for should the disorder infect the Army...we should have more to dread from it, than from the sword of the enemy.” The year was 1777 and General George Washington responded to these concerns by requiring inoculation of soldiers against the contagion he feared would take his army down—the first US Government efforts to inoculate a large part of the population was underway. The war against smallpox not only changed the way government involvement was viewed with regard to public health, but may also have kept the Continental Army in the fight!
With each new year comes new codes. Often changes and edits to the guidelines follow what can be found in the front of the code book. Coding for COVID-19 is no different. As we learn more about the aftereffects of a COVID-19 infection and the various stages of recovery, the 2022 ICD-10-CM Guidelines now provide specific directions to code for this. In Chapter 1, under the chapter specific guidelines, you can find specific instructions on diagnosis coding for post-COVID-19 visits. For follow-up visits after a patient with a COVID-19 infection has recovered and has no residual symptoms or conditions, but is being seen for a follow-up evaluation and COVID-19 test results are negative, assign the following two codes:

- Z09 - Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
- Z86.16 - Personal history of COVID-19

For patients that have sequela of COVID-19 or associated symptoms or conditions that develop following a previous COVID-19 infection, two or more codes will also be assigned with the following instructions:

- Assign a code(s) for the specific symptom(s) or condition(s) related to the previous COVID-19 infection
- Also assign code U09.9 - Post COVID-19 condition, unspecified

The instruction to assign U09.9, which is an unspecified code, seems counterintuitive to me because you are assigning a code or codes for the ongoing symptoms. Still, those are the instructions recently added to the guidelines for 2022.

Finally, instructions were added for a case where the patient has a condition(s) associated with a previous COVID-19 infection and develops a new active (current) COVID-19 infection. Instructions are to use the following:

- Code U09.9 - Post COVID-19 condition, unspecified;
- Code U07.1 – COVID-19 infection;
- Code for the specific condition(s) associated with the previous COVID-19 infection; and,
- Code for manifestation(s) of the new active (current) COVID-19 infection.

*The sequence of the above codes is dependent on the reason for the visit in addition to existing COVID-19 guidelines.

The guidelines do not mention coding for the personal history of COVID-19 in this scenario, but I believe it would be appropriate to do so. The new entry of guidelines for these three coding scenarios should assist you with post-COVID-19 patient treatment.
In Memoriam

We have received word of the passing of Joann Bennett, DO, FACOI of Naperville, Illinois. Dr. Bennett was a member of the ACOI from 1987 until her passing on September 20, 2020 and was a pulmonary speaker at our Conventions. She attended the Kansas City University College of Osteopathic Medicine and completed both her internal medicine residency and pulmonary diseases fellowship at Franciscan Health St. James Hospital. Dr. Bennett is survived by her husband, daughter, step-daughter, siblings, and many loving nieces and nephews.

2022 Certifying Examination Dates & Deadlines

**AOBIM Initial Certification Exam - Early Entry**
Remote Online Proctoring
March 1-3, 2022
First Application Deadline: Feb. 1, 2022
Final Application Deadline: Feb. 12, 2022

**AOBIM Initial Certification Exam**
Remote Online Proctoring
September 2022
First Application Deadline: Aug. 1, 2022
Final Application Deadline: Aug. 24, 2022

Read more about the Early Entry Pathway on our website [here](#).

Additional Information Coming Soon!

Application materials are available on the AOBIM's [website](#). Contact the AOBIM at [admin@aoim.org](mailto:admin@aoim.org) for additional information.
ACOI National Meetings

2021 Annual Convention & Scientific Sessions
Virtual Meeting Available until December 23 - 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

Dates for our 2022 Spring Meetings Will Be Announced Soon!

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.

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The ACOI Board of Director wishes to thank all ACOI members for their annual support for the College. The generous support from 75th Anniversary Circle members is of the utmost importance as we seek to maintain an osteopathic approach to internal medicine for future generations of patients.
MISSION
The mission of ACOI is to promote high quality, distinctive osteopathic care of the adult.

VISION
ACOI seeks to be the organization that osteopathic internists think of first for education, information, representation and service to the profession.

VALUES
To accomplish its vision and mission, ACOI will base its decisions and actions on the following core values:

LEADERSHIP for the advancement of osteopathic medicine
EXCELLENCE in programs and services
INTEGRITY in decision-making and actions
PROFESSIONALISM in all interactions
SERVICE to meet member needs