#ACOI2021 is Right Around the Corner!

ACOI Healthcare Heroes

Remembering David Susser, DO, MACOI

Stay True to Why You Pursued Medicine

ACOI Launches New Podcast

Docs off the Clock

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We create and welcome you to a home where you belong

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We help you learn exactly what you need to know

Health & Wellness
We lead you to discover the spirit of wellness
A Letter From Our President

Michael A. Adornetto, DO, MBA, FACOI

The ACOI has been very thoughtful in our approach to our fall Convention and has considered a live, in addition to virtual, Convention this year against the backdrop of COVID-19. We have seen some ebb and flow in the virus numbers and although cases continue, there is reassurance that vaccines help to limit the risks of COVID and its complications. With this in mind, we are excited to meet in October at the Gaylord Palms Meeting and Convention Center in Orlando, Florida.

This Hybrid Convention will offer both a live, in-person convention, and a virtual component for those not able to travel. Due to the tumultuous year we all have experienced, ACOI has condensed its conference format, meeting Wednesday-Saturday, October 27-30. We realize many physicians are still working patients into their schedules and we hope the shortened format and virtual option will help accommodate these needs. We are looking forward to seeing as many of you as possible with your friends and families to reconnect.

As many of you know, the ACOI has a long history of in-person gatherings that have created an important connection between our members. Our decision to move forward was done with the health and safety of our members in mind, and those attending should know we are doing all we can to make this convention as safe as possible.

Social distancing within the lecture hall has been assured by our hotel partners, and we will ask all to wear masks while indoors. Vaccination remains the best way to prevent COVID, and we should all expect a level of protection with our members participating in this program.

ACOI has been very intentional about the in-person Convention, and some may ask why not just consider an all-virtual convention. In looking back to last year’s experience, we learned one key takeaway was how valuable our time in-person together is—both for an organization and for individuals. We chose to be cautious and yet realized it is time to resume our relationships in a time of incredible stress on our members. It is time to continue to live in a world of COVID and the challenges it presents; yet move forward and face the same risks we see every day in our workplace and in our own communities.

We realize that not every member will be able to get away and, some may consider it not the optimal time to travel. We remain committed to providing virtual content to accommodate everyone, and the virtual Convention option will be held simultaneously for those who are unable to attend. I hope to see all of you in Orlando and look forward to connecting with you once again.

Michael A. Adornetto, DO, MBA, FACOI
President
president@acoi.org
In September, the ACOI launched a new podcast series, Docs Off the Clock, featuring our members and other experts on a variety of topics relevant for physicians today. Designed for busy doctors who may only have a few minutes to listen in the car, on a jog, or even on a lunch break between patients, each podcast episode is designed to enrich members with information especially for them.

Spend a few minutes with Docs Off the Clock and get some quick tips from our guests who share their thoughts on subjects like practice management, physician wellness, specialty medicine geared toward internists, updates on the COVID-19 pandemic, and more. It will soon become your favorite podcast focused on helping you stay up to date!

Check out the following podcasts available for download now:

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

From early in their career, even starting in med school, physicians think they must be superhuman and while caring for others, often neglect their own self-care. But the reality of the stress of balancing family/personal life with professional demands too often take their toll. Julie Sterbank, DO, MPH, knows that all too well. She shares how losing a colleague to suicide helped her see the importance of staying attuned to her own feelings of stress and burnout as well as her peers’. As a member of the ACOI Wellness Committee, she continues to work to highlight the importance of physician wellbeing and the need to talk about tough issues. During the podcast, she discusses how to help yourself and others take the steps necessary to avoid the breaking point. Exercise some self-care and tune in.

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

What is the next step to vaccine administration now that mass inoculation events are a thing of the past? What do you need to know to safely and efficiently be part of the inoculation effort?

Jill Young, education and compliance expert for physicians and their staffs, and Principal of Young Medical Consulting, LLC, in East Lansing, MI, discusses the issues that may arise out of efforts to promote increased administration of the COVID-19 vaccine in the office setting. Tune in and listen to Jill discussing reimbursement, coding, vaccine supervision requirements, and vaccine quality control issues that all physician’s offices need to consider.

**Contract Considerations for Physicians**
with Sheila Mints, Esq.

What should new physicians entering into an employment agreement be aware of? Are you changing your current practice arrangement? Sheila Mints, Esq., healthcare transactional expert, discusses that in addition to compensation, there are other vital components of employment and practice agreements that docs should be on the lookout for. Tune in and hear Ms. Mints’ thoughts about the expectations and legal considerations that can affect you and your practice of, including restrictive covenants and workplace culture.

Subscribe today!
ACOI Healthcare Heroes: Dr. Kalil Masri

His Survival Story
by Gina Kilker

Despite only recently returning home after being hospitalized for nearly a year, still receiving dialysis treatments, and unsure when he will be able to practice again, Dr. Kalil Masri is passionate about telling his COVID-19 survival story with the hope that he can spread the word on the importance of getting vaccinated.

At the end of July 2020, Kalil Masri, DO, FACOI, FHFS, FACC, FCCP experienced symptoms of shortness of breath and fatigue, requiring him to stay home from work for what he thought would be just a few days. Just days later, instead of returning to work as he had imagined he would, he was rushed away by EMS from his Dearborn, Michigan home. That day began an over a year long, life-altering battle with COVID-19 that would launch him into an unimaginable fight against a novel virus and the exceedingly complex diagnoses resulting from it.

As the Director of Advanced Heart Failure Program at McLaren Bay Region Hospital in Bay City, Michigan and an active instructor to medical residents at the health center, he was used to being on the go—his presence and his voice a familiar fixture at the hospital with the staff and his students. That voice would be silenced as he was intubated and remained on a ventilator for 208 days during a 231-day multiple-hospital stay.

Dr. Masri’s story is one of remarkable persistence and will—from the unrelenting doctors and nurses that attended to him, to the unwavering love and support of his family who never gave up on him to his brother and close friend who advocated for his every breath.

Catching and Re-Catching COVID-19: A Tale of Two Very Different Experiences

Dr. Masri was no stranger to COVID-19. He was surrounded by the increasingly alarming public health crisis, managing and treating a deluge of patients, and having, in fact, fallen victim to the virus months earlier in April 2020. At that time, Dr. Masri experienced mild-to-moderate symptoms, returning to work after ten days. The next time around, however, wouldn’t be as smooth sailing.

“People can’t believe I’m alive,” he says thinking back to those initial months in the hospital, first at Garden City Hospital, then his transfer to Beaumont Hospital in Royal Oak, Michigan and subsequently to the Cleveland Clinic.

On August 15, Dr. Masri was transferred to Beaumont Hospital and immediately intubated. “I was intubated for 208 days,” the disbelief is still evident in his recovering voice.

His COVID-damaged lungs developed acute respiratory distress syndrome (ARDS), making him vulnerable to dangerous, life-threatening complications.

On August 15, Dr. Masri was transferred to Beaumont Hospital and immediately intubated. “I was intubated for 208 days,” the disbelief is still evident in his recovering voice.

He pauses momentarily to cough amidst an apology for his raspy voice. When asked whether he was OK to continue, he responds passionately, “YES! If my story can help even one person get vaccinated, this discomfort will have been worth it.”

Continued
While Dr. Masri doesn’t remember his stay at Beaumont Hospital, his family will never forget those harrowing weeks. They were called three separate times for DNR (do not resuscitate)—on the third call, the attending physician urged his family to choose a funeral home and gather the family together.

Dr. Masri was in disseminated intravascular coagulation (DIC), suffering from septic shock, had no platelets, and was on four different pressor medications to sustain his blood pressure. He was in a constant cycle of crashing and temporary recuperation, the dizzying pattern primarily brought upon by COVID’s respiratory complications.

He was fighting COVID pneumonia ARDS, diagnosed simultaneously with bronchiolitis obliterans organizing pneumonia (BOOP).

“‘You messed up all the statistics on mortality...’” Dr. Masri recalls the nurses’ words to him with a chuckle. Indeed, his stay at Beaumont Hospital was brimming with countless near-death experiences. Amidst his ongoing battles with COVID-related respiratory illnesses, he was also experiencing severe GI tract bleeds, requiring no less than ten blood transfusions.

One of his enduring complications from his extended hospital stays was sacral ulcers, for which he required continuous treatment. After a year and a half, the ulcers are finally closing, allowing Dr. Masri to physically sit for the first time since getting sick.

Cleveland Clinic hosted the brunt of Dr. Masri’s recovery. Days after his transfer, he was placed on ECMO, relying on its life-saving support for over two months. Upon finally testing negative for COVID, he was able to see Sonia again for the first time since he was taken away by EMS in July. He still wouldn’t see his kids in-person until Christmas.

Though he was no longer testing positive for the virus, his body was dealing with its ubiquitous aftershocks. In his first month at Cleveland Clinic, Dr. Masri suffered renal failure and was placed on dialysis—on which he remains today.

His doctors also detected a bleed in his brain, working exhaustively to keep him neurologically stable. It wouldn’t be until June 2021 that an MRI would reveal Dr. Masri had survived an ischemic stroke during this time.
AChI Healthcare Heroes: Dr. Kalil Masri (Continued)

When asked what part of his body wasn’t impacted by COVID, he huffs a slight laugh, “My liver was fine!”

In September and October 2020, Dr. Masri’s lungs were in increasingly critical condition, and Sonia was hard at work behind the scenes making sure he was given every possible opportunity to survive. His deteriorated condition rendered him unable to be a candidate for a dual lung transplant.

Sonia made dogged calls to former colleagues and connections of Dr. Masri—one of whom was fortuitously the former head of transplants—and finally the Cleveland Clinic team approved him for the life-saving procedure.

On November 9, 2020, Dr. Masri became the first COVID patient to receive a dual lung transplant at the Cleveland Clinic. The astounding success of the procedure has given renewed hope to doctors that other COVID patients could survive. “I provided the literature proving it was possible.” His survival and recovery have delighted the staff. So much so that his doctors are urging him to come back to the hospital this November to celebrate his “lung-iversary.” The PR team at the Cleveland Clinic is even planning to feature him in an upcoming article.

Life in a New Normal and an Abiding Appeal to the Unvaccinated

After the transplant, Dr. Masri’s next few months consisted of communication through gestures and hand-written notes and drawings.

He remembers this as a time of frustration, being unable to accurately convey even the simplest of messages to his doctors and loved ones. He remembers having constant anxiety and subsequently trying, and failing, to request Xanax. “The nurses couldn’t read my handwriting!”

He started inpatient rehab in March 2021, consisting of physical therapy three-to-four hours per day. During this time, his four children Raya (26), Mohamad (25), Hussain (19), and Adam (11) would sneak up to the hospital window to see him, “I don’t know if that was allowed, but they never got caught!” he exclaims. “Seeing my children rallying with me at the window was definitely the most exciting part of my physical therapy.”

Finally, the day that no one could hardly believe would actually arrive, did in fact dawn. At the end of April 2021, Dr. Masri was discharged. Ninety pounds lighter, on dialysis, and on continued treatment for his ulcers, he was out of the hospital. He had survived. “I didn’t think I could be in the hospital for a year and survive, but now I’m walking by myself and driving. I don’t look back.”

Recently able to be fully vaccinated himself, Dr. Masri sends passionate pleas to unvaccinated people and healthcare workers everywhere. “It’s not all about you; it’s about the people you’re exposing.” At this point, he believes, remaining unvaccinated is no longer simple ignorance, but sheer negligence. His lingering appeal: “Please get vaccinated.”

Now his doctors are hopeful he’ll soon be able to stop dialysis completely. His ulcers have healed and he no longer requires physical therapy. But that’s not all. “I just became a grandfather!” On August 18, 2021, the newest member of his family came into the world, providing yet another reason for Dr. Masri to be thankful. “I never thought I’d get to see my grandbaby—I didn’t think I’d be coming home.”

Kalil, named after his heroic grandfather, is able to meet Dr. Masri despite all odds. It will be a long while before the infant will understand the miracle of his grandpa’s life. He undoubtedly will first understand that Dr. Masri is a deeply loved healer, husband, father, and grandfather, who is not done making his impact on this world.

“I just hope that people don’t take this disease for granted. I wish people would put politics aside and get vaccinated. I was a practicing physician when I attracted this virus and now a year and a half later without income and trying to sustain this life tragedy. Simply get vaccinated! Don’t wait until something happens! This virus doesn’t exclude anyone!”

Recently able to be fully vaccinated himself, Dr. Masri sends passionate pleas to unvaccinated people and healthcare workers everywhere. “It’s not all about you; it’s about the people you’re exposing.” At this point, he believes, remaining unvaccinated is no longer simple ignorance, but sheer negligence. His lingering appeal: “Please get vaccinated.”
#ACOI2021 is Right Around the Corner

Your Convention. Your Choice: Virtual or Live in Orlando.

Recently the ACOI Board of Directors made the decision to proceed with a hybrid live and virtual Convention experience for October 2021. We believe that an in-person Convention provides for the best opportunity to engage with others and learn, but there are still ways to connect and earn CME even if you can’t be there in person.

By continuing with our hybrid format, you can engage with others in-person or through virtual social interaction.

You can participate in give-and-take brainstorming sessions with colleagues online in a virtual conference room, or at our beloved opening reception sipping a cocktail with a colleague you haven’t seen in a few years. No matter how you participate, you will have access to high quality research and learning opportunities.

Life may not return to normal for quite some time, but we are committed to providing you with what you have come to expect from the ACOI—an impactful and meaningful Convention! This year it is being held as much for our mental health as for our educational needs.

All attendees (in-person and virtual) will have access to the full content of the Convention online. Events in Orlando will be livestreamed and recorded, and additional sessions will be available on-demand. The ACOI Convention will offer approximately 60 hours of AOA Category 1A / AMA PRA Category 1 Credits™, available online through December 23, 2021.

However you choose to attend, we look forward to reconnecting!

Save on registration! Members and non-members alike save $50.00 by registering by September 30 for this year’s ACOI Annual Convention & Scientific Sessions. Discounts apply to both in-person and virtual attendees. Register today!

Protecting the health and safety of our physician attendees is paramount.

- Facial mask wearing is required for all indoor activities at the Annual Meeting
- ACOI encourages all attendees to be fully vaccinated against COVID-19
- All ACOI staff at convention will be fully vaccinated against COVID-19
- Meeting spaces will accommodate physical distancing
- All hotel staff will wear facial masks
- Hotel is committed to extra sanitizing measures, especially in high-touch areas

By continuing with our hybrid format, you can engage with others in-person or through virtual social interaction.
In Memoriam

We have received word of the passing of David Susser, DO, MACOI. Dr. Susser was a distinguished member of the ACOI from 1964 until his passing on September 20, 2021. He served as President of the ACOI from 1980-1981 and in 2012 was awarded the Presidential Citation. Dr. Susser received just about every award that the ACOI has, from Master Fellowship to the Distinguished Service Award.

In the late 1970s and early 1980s opportunities for quality osteopathic internal medicine training were very limited. One of the few training programs widely talked about for providing superb and competitive medical training was within the Botsford-Ziegler Hospital System, led by Dr. Susser. One only has to attend our annual meeting to see the contributions and camaraderie of the numerous graduates of this program and its subspecialties. Had it not been for Dr. Susser, it is difficult to picture how different this might all look now.

Dr. Susser was also beloved husband of 58 years of Danielle Susser and cherished father of Steven, Eric, and Nicole. He is also survived by many loving grandchildren, nieces, and nephews.

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Washington in Brief

As Congress begins its fall push, a few legislative issues remain at the forefront of the congressional agenda. First and foremost, Congress must act to provide funding for the federal government beyond September 30. While it is highly probable that Congress will consider and approve a continuing resolution, the timing and scope of the continuing resolution is less clear. In addition, Congress must address the debt limit that will be reached later this fall. Absent Congress’ action on the debt limit, the federal government will become unable to service its debt. Infrastructure funding remains a priority for the Administration, but appears to be facing additional hurdles daily. Physician reimbursement under the Medicare program remains a priority for the ACOI and will need to be addressed prior to reductions scheduled to take effect on January 1, 2022. With so much on Congress’ plate, it is clear that the path to advance legislation becomes narrower with each passing day. The ACOI will monitor these and other issues closely.

ACOI Joins in Support for Increased Medicare Graduate Medical Education Funding

The ACOI recently joined in a letter to House and Senate leadership that called on Congress to include policies to increase Medicare support of Graduate Medical Education (GME) in budget reconciliation legislation. It is estimated that there will be a shortage of up to 124,000 physicians in the United States by 2034. While Congress invested in the physician workforce through the creation of 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act of 2021, it was the first increase of its kind in nearly 25 years. Bi-partisan legislation supported by the ACOI and other physician organizations would provide 14,000 new Medicare-supported GME training slots and should be approved by Congress. You can read the full letter here.

$25.5 Billion in COVID Relief Released Under the American Rescue Plan

The Administration announced the release of $25.5 billion in new funding provided under the American Rescue Plan Act to help health care providers affected by the COVID-19 pandemic. Included in the released funds is $8.5 billion for rural providers who care for Medicaid and Medicare patients. In addition, $17 billion will provided in phase 4 distributions of the Provider Relief Fund (PRF) and will help physicians with documented revenue losses and expenses between July 1, 2020 and March 31, 2021 as a result of COVID-19. To minimize the administrative burden imposed, providers can submit one application for both types of additional funding starting September 29. Additional information is available here.

Provider Relief Reporting Grace Period Announced

The Department of Health and Human Services (HHS) recently announced a 60-day grace period for the initial Provider Relief Fund (PRF) reporting deadline of September 30. The delay gives providers more time to understand the reporting requirements. The grace period was provided in response to concerns raised about the initial deadline as physicians respond to a fourth surge in COVID-19 cases and natural disasters around the country. The grace period only pertains to the Reporting Period 1 report submission deadline. It does not change the period of availability for use of PRF payments. You can learn more by visiting the Health Resources and Services Administration (HRSA) Provider Relief Fund webpage here.

Medicare Trust Fund Remains Solvent Through 2026

According to a recently released Medicare Trustees Report, Medicare’s hospital insurance trust fund will be able to pay full benefits until 2026. The estimate of solvency remains unchanged from the previous two years. While costs increased in response to the COVID-19 pandemic, including testing and treatment, other spending such as for elective procedures, more than offset the additional costs. The report did state, “It should be noted that there is an unusually large degree of uncertainty with these COVID-related impacts and the future projections could change significantly as more information becomes available.”

Continued
For the fourth year in a row, the Trustees included a Medicare funding warning which requires the President to submit proposed legislation within 15 days of submitting the fiscal year 2023 budget and requires Congress to consider the legislation. You can review the full report [here](#).

**Administration Releases Plan to Reduce Prescription Drug Costs**

The Administration recently released a plan to lower the costs of prescription drugs. Central to the plan, is a provision to allow the federal government to negotiate drug prices in Medicare and pass the savings on to the private sector. The plan also includes testing reimbursement rates for medications based on their clinical value and providing federal research funding into new treatments. According to a statement by the Secretary of Health and Human Services, “The Biden-Harris Administration remains committed to making health care more affordable for all American families, and this plan outlines one key way we will do that.” The plan centers around price negotiations and limits to price increases, promotion of competition within the industry, and public and private support of research. You can learn more and read the full proposal [here](#).

While it remains unclear how or if Congress will address the cost of prescription medications, the ACOI will continue to monitor this matter closely.

**Washington Tidbits**

**Keeping the Peace**

In mid-August, the British Prime Minister and President of the United States met in secret off the coast of Newfoundland. A joint declaration consisting of a mere 383 words was drafted and signed “to make known certain common principles in the national policies of their respective countries on which they base their hopes for a better future of the world.” The document, the Atlantic Charter, signed by President Franklin Roosevelt and Winston Churchill in 1941 would set the groundwork for the creation of the United Nations (UN). Formally founded in 1945 by 51 countries, the UN today is comprised of 193 member states.
I recently gave a lecture on the new ICD-10 codes for 2022. A question was asked about how to classify patients with different levels of severity of an illness. The question was the result of a discussion about the new delineation of codes for cough in 2022. The new sub-sections reveal codes for acute cough, sub-acute cough, chronic cough, cough syncope, other specified cough, and cough, unspecified.

Specifically, the question was asked about how to know when to use each of the new codes for cough. I explained, that as always, the selection of codes is based on the documentation provided in the records. The guidelines of ICD-10 in Section 1.14 state, “Code assignment is based on the documentation by the patient’s provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient’s diagnosis).” In Section IV.F.3 new guidance added for 2022 states, “Code to the highest level of specificity when supported by the medical record documentation.”

The American Medical Association’s (AMA) CPT’s Evaluation and Management Guidelines for Office and Other Outpatient Services Guidelines Changes that took effect on January 1, 2021 succinctly state, “MDM (Medical Decision Making) includes establishing diagnoses.” The sources of guidance collectively show the process.

Physicians establish a diagnosis or define signs and symptoms in their MDM process, they document that diagnosis in the record at the highest level of specificity they can, and it is then coded to that level of distinction.

Defining the condition of the patient and the condition’s specificity is a clinical process, it is not a coding process. A physician needs to decide what their personal definitions are for the levels of cough (in this example) as a clinician. The job of the coder is to code what is documented and not to tell the physician what to document so it can be coded!

There is peer guidance for physicians to follow in various articles that were cited in the application for the new cough codes submitted by the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) Clinical Practice Committee, jointly. The bibliography showed published articles from 1998 – 2019. One article from CHEST published in January of 2018 included the following recommended suggestions for adults who complain of cough:

- Acute cough be defined as being < 3 weeks in duration
- Subacute cough be defined as being between 3 and 8 weeks in duration
- Chronic cough be defined as being > 8 weeks in duration

Another source (Chang, et. al., 2017) indicated that for children, chronic cough begins at 8 weeks. There was no specific reference to duration for sub-acute in this younger population.

I am not a clinician. I cannot decide if these guidelines from CHEST are appropriate. That is not my role in this process. It is your role as the physician. It is based on your clinical experience, your clinical evaluation, and your clinical definitions. The level of specificity in coding is dependent on your level of specificity in your documentation, which is based on your clinical evaluation of the patient and on your medical decision making.

As I have always said, document to show your sick patients as sick as they are. Do this in the words of your notes and in the specificity of your diagnostic coding. It helps show medical necessity, it justifies more frequent visits and additional testing, and it allows you to show a patient’s improvement in their condition (even if they are still sick). It is the correct way to document and, thereby leads to correct specificity in coding.
Just coming on to work for the week, I walk into the room of one of my new patients. She is the 18th patient I have seen this morning. I am learning about all of them. This one strikes me in particular.

She is lying in bed, somnolent but arousable. She is morbidly obese, able to respond in 1-2 short sentences when verbally and physically stimulated. Once the stimulation stops, she goes back to her “comfortable place” and sleeps. I recheck the information I have on her: right calcaneal osteomyelitis…Really?? That is not the picture I imagined prior to walking into her room.

She has been in the hospital for about 7 days prior to my arrival as her physician. A review of her medical issues includes chronic and acute conditions. Her cranial rhythmic impulse (CRI) is low and has decreased amplitude, there are restrictions throughout her body, most specifically in her thoracic region inferior to superior, right to left. Notes state that admission is for new osteomyelitis which is why she has had surgical debridement and a wound VAC placed on her peripheral vascular diabetic diseased leg. Appropriate antibiotics are being given as she has negative blood cultures and history of MRSA in the same foot area about 3 months ago. She is non-compliant with her CPAP for years, A1C is 14 (taken 4 days ago), LVEF 50%, cor pulmonale, severe pulmonary hypertension (88 mmHg).

A repeat echo during this stay shows the same, now with LV diastolic dysfunction. ABG is showing elevated bicarb. With her CKD stage 4, not wanting hemodialysis after multiple discussions with her nephrologist, she has been oliguric for 3 days with her fluid overload of + 10L for entire length of stay. We are giving her 4x her normal dose of diuretics, resulting in new electrolyte abnormalities with 750 cc urine output for 24 hours. No history of liver disease, but her ammonia levels are elevated to the 70s due to hepatic congestion. Nurses are making sure that I know every time she gets her pain meds, her SBP is in the 80s with a definite mental status change. They tell me she wants more to drink and is requesting “some food with flavor in it.” She is full code.

Something is wrong with this picture. The patient begins to resurface after pain medication adjustments and starting lactulose. Her CRI has expanded a tad and has a bit of a stronger flow to it. The next thing we do is discuss her overall medical condition and picture, as she reconfirms that she does not want dialysis. I tell her she now has multiorgan failure due to her chronic medical conditions which are limiting options for disease related treatment.

We discuss which organs are involved including her heart, liver, kidneys, lungs, and vascular. After the discussion she changes her code status to DNR/DNI.

We discuss what hospice means, what comfort measures means, and what end of life care is. I expressed to her in her current state of health, she may pass in 6 months. I tell her about changes in goals of care and how it may benefit her. I help her explore what her values are, how she can continue to own her power and strength while going through these stages of her life. We bring her husband and son in to discuss her new desire to be hospice and receive palliative antibiotics for her foot, along with other medication changes towards palliation and comfort. They are in complete agreement. She expresses that she really wants to be at home for this portion of her life. The care manager and the palliative care physician help her to understand that may not be possible but will work with the family to find the best placement for her. She really wants to see her dog.

That is where I leave her as her osteopathic physician in the hospital. I returned to work today, 5 days later, to see that she has been true to her word. She, her family, and the palliative care team are working to set her up at home if able. I reflect on her making that decision and what I realized is I felt a shift in her that day when we were sitting around discussing redirecting her goals of care with her husband, her son, the nurse, and care manager in the room. She breathed more easily, her spirit was more at peace, and there was a look of love on her face towards her husband and son. Priceless.
Notice of Amendment to ACOI Bylaws

The Board of Directors of the American College of Osteopathic Internists, Inc. (ACOI) has proposed amendments to the ACOI’s bylaws. The proposed amendments will be considered during the Annual Meeting of Members scheduled for Saturday, October 30, 2021 at the Gaylord Palms Resort and Convention Center, 6000 W. Osceola Parkway, Kissimmee, Florida and live-streamed.

The proposed amendments update “Candidate” member terms and requirements, update the application process for the Degree of Fellow, and include minor editorial updates. The proposed amendments to the Bylaws are underlined, italicized, and appear in bold below:

ARTICLE II: MEMBERSHIP

Section 1. Class of Members. The College shall have seven (7) classes of members. The designation of such classes shall be as follows:

• Active Members
• Candidate (Resident) Resident and Fellow Members
• Emeritus Members
• Retired Members
• Associate Members
• Honorary Members
• Student Members

Section 3. Candidate (Resident) Resident and Fellow Members. Candidate (Resident) Resident and Fellow Members shall be in formal training programs in internal medicine or a subspecialty approved by the American College of Osteopathic Internists, Inc. and the Accreditation Council for Graduate Medical Education (ACGME), or having completed such training, be in the process of qualifying for Active Membership status. Candidate (Resident) Resident and Fellow members shall have the requisites listed under paragraphs (a), (b), and (c) of Section 2 for Active members. Candidate (Resident) members shall automatically be presented for Active membership status upon completion of their residency or fellowship programs. Candidate (Resident) Resident and Fellow members may attend all business meetings of the College. Candidate (Resident) Resident and Fellow members shall not have the right to vote or hold office.

ARTICLE III: FELLOWS, MASTER FELLOWS AND HONORARY FELLOWS

Section 1. Requirements for the Degree of Fellow.

... To be considered, a candidate must be nominated by a fellow of the ACOI, Inc. (primary endorser) and endorsed by a second physician colleague (secondary endorser), who may or may not be a fellow of the ACOI. The primary proposed endorser must submit a substantive letter addressing the character, ethics, professionalism and professional achievements of the candidate, including contributions in clinical, teaching or research areas.
ARTICLE IV: MEETING OF MEMBERS

Section 1. Annual Meeting. There shall be an annual meeting of the College for educational purposes and the transaction of business, which shall be held in conjunction with the annual convention of the College. At the annual meeting, there shall be an election of officers and members of the Board of Directors and the transaction of other business. Written notice of the time and place of the annual meetings of the College shall be sent to each member at least thirty (30) days in advance of the time of such meetings and notice of such meetings shall be published in an official publication of the American College of Osteopathic Internists, Inc.

ARTICLE V: BOARD OF DIRECTORS

Section 3. Regular Meetings. A regular annual meeting of the Board of Directors shall be held in conjunction with and at the same place as the annual meeting of the members.

ARTICLE VI: OFFICER AND ADMINISTRATIVE PERSONELL

Section 2. Election and Term of Office. The officers of the College shall be elected annually by the Active members at the regular annual meeting of members. In order to become eligible to be elected President-Elect or Secretary-Treasurer, the nominee must be currently a member of the Board of Directors. The Secretary-Treasurer shall be eligible for election to the office of President-Elect. Neither the President nor the President-Elect can be elected to succeed him or herself. New offices may be created and filled at the annual meeting. The President-Elect shall automatically become the President and the President shall automatically become the Immediate Past President at the completion of their respective terms.

ARTICLE X: PARLIMENTARY PROCEDURE

Roberts Rules of Order — Newly Revised, shall govern the College in its conduct of business in all circumstances to which they are applicable and are not inconsistent with the Constitution and Bylaws.

ARTICLE XI: AMENDMENTS

These Bylaws may be altered, amended or repealed by a two-thirds vote of the members present at any annual or special meeting of members, provided that the amendment shall have first been presented in written or printed form, and that a copy of said proposed amendment shall have been mailed to all members at least thirty (30) days before being submitted for vote. The current ACOI Bylaws are available here.

Notice of Amendment to ACOI Bylaws (Continued)
ACOI Online Learning Center

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

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

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

$75,000
Lawrence U. Haspel, DO, MACOI and Monica DiGiovanni and Susan Clearfield and Gina Eversole-Cain

$45,000
Martin C. Burke, DO, FACOI and Alvin Banks

$25,000 - $44,999
Rick A. Greco, DO, MACOI and Carol A. Greco, DO and Scott Siegal, DO, FACOI and Joseph Namey, Jr., DO, MACOI and Marti Peasley and Susan Opipari and Elaine D. Milton and Roxanne Hubbard

$15,000 - $24,999
Robert J. Stomel, DO, MACOI

$10,000 - $14,999
Judith A. Lightfoot, DO, FACOI

$5,000 - $7,499
Larry A. Wickless, DO, MACOI and Tina Wilson

$2,500 - $4,999
Michael A. Adornetto, DO, MBA, FACOI and Laurel Adornetto

$1,000 - $2,499

Thank You!
Jeffrey A. Ranalli, DO and Trina A. Poretta, DO
Laura Rosch, DO, FACOI for her mentor
George Caleel, DO, MACOI and George M. Farion, Esq.
Suzanne Shenk, DO, FACOI and Scott Siegal, DO, FACOI and John B. Bulger, DO, MBA, FACOI and Rob Kesselman, DO and Andrea T. Cotte, MA, MACOI and Marta Peasley and Susan Opipari and Elaine D. Milton and Roxanne Hubbard

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Community
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