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

January 2022

Docs off the Clock: What’s in Store for ACOI’s Future?

ACOI Member Updates: Welcome New Members!

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Connect with us:

Leadership
We help you realize your full potential

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

Education
We help you learn exactly what you need to know

Health & Wellness
We lead you to discover the spirit of wellness
Greetings to everyone! I hope you all had a wonderful holiday season! I’d like to begin my letter by thanking our members for the overwhelming response to our email asking for committee member volunteers. We’re truly excited to see all the interest by members to become involved in the future of our College. Rest assured that we’ll be in touch with you as soon as possible with your committee appointments if selected. Since my last letter, I’ve had the opportunity to sit in on two Student Osteopathic Leadership in Internal Medicine and Dialogue (SOLID) sessions, meet with the Executive Committee, sit in on our Health Equity and Inclusion Committee meeting, attend a planning meeting for the 2022 Convention in Baltimore, and of course meet regularly with our Executive Director, Karen Caruth.

The SOLID sessions are held the third Thursday of each month. This month, we reached out to osteopathic medical campus student leaders in internal medicine. The topics this month were: Volunteeringism by Judith A. Lightfoot, DO, MACOI, a Past-President of the ACOI, as well as a session with Robert A. Cain, DO, FACOI, who is President and CEO of ACOM and a member of the ACOI Board of Directors. Last month’s SOLID addressed the hot topic of passing the boards (COMLEX and USMLE). The students love these sessions and attendance continues to grow. Thanks to the SOLID creators and coordinators: Robert G. Good, DO, MACOI; Joshua Layher, DO; and Valentina Lassalle, DO.

Our Health Equity and Inclusion Committee looked back on its accomplishments over the past year and looked forward to incorporating Principle-Centered Medicine™ into all of ACOI’s activities. I’d like to thank the chair of this committee, Watson Ducatel, DO, MPH, FACOI, for doing such a great job stewarding the committee.

Our Spring meetings are all set for May 10-14, 2022. The meetings will be virtual and include the Internal Medicine Board Review Course, Hospital Medicine Update, and Subspecialty Focused Meeting. Be sure to look them up and put them on your calendar.

Planning for our Annual Convention in Baltimore this Fall (October 19-23) is already underway. Baltimore was a wonderful venue for our annual meeting in 2014 and has often been requested again by members. A planning committee met this month under the guidance of Chair Susan M. Enright, DO, FACOI. The meeting will be a hybrid format again, however, we hope to have many value-add hands-on experiences for in-person attendees!

I can’t wait until you see the program that Dr. Enright and the ACOI staff are planning. The bar just keeps getting raised for our Annual Convention!

Talk to you all again in February to keep you abreast of ACOI activities.

Robert L. DiGiovanni, DO, FACOI
President
president@acoi.org
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 aobim@osteopathic.org for additional information.

ACOI National Meetings

Click here to register for ACOI’s 2022 Virtual Spring Meetings!

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

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.
Focusing on Leadership, Wellness, Education, and Community: What’s in Store for ACOI’s Future?

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

Check out the latest episode of ACOI’s podcast series, Docs off the Clock, featuring Robert L. DiGiovanni, DO, FACOI.

A Look Ahead with ACOI President Robert L. DiGiovanni, DO, FACOI

On the ACOI’s podcast series, Docs off the Clock, the most recent episode features Robert L. DiGiovanni, DO, FACOI looking back on how, despite the challenges the pandemic brought, the ACOI effectively provided continuing medical education. He also discusses what he sees for the future of the organization in 2022.

The past year has been a challenge unlike any other for osteopathic internists, subspecialists, residents, fellows, and students. The ACOI responded by supporting its members through the creation of increased virtual learning opportunities, hosting our first-ever hybrid annual meeting, and advocating on behalf of its members as the only organization that provides a home and unique community for all osteopathic internists and subspecialists. In this podcast, ACOI President Robert L. DiGiovanni, DO, FACOI discusses the successes of the past year and the bright future ahead for the ACOI.

Tune in for these podcast highlights:

• Mentoring is one of the biggest strengths of the ACOI and has been for the past 80 years. Dr. DiGiovanni discusses how the organization will continue to meet the special needs of medical students and residents with special programming that provides practical help and support through the close-knit membership network.

• Throughout the 80-year history of the organization, Dr. DiGiovanni notes that the future goals for the ACOI are similar to what they have always been — to be a home for osteopathic internists, as well as internists in general, by offering the feeling of belonging and community that they can’t get anywhere else.

• He believes the organization’s continued commitment to promoting both physical and mental wellness for its members is an important way the ACOI demonstrates that self-care is the first step to caring for one’s family and patients.

Tune in to Docs off the Clock to hear more about how the ACOI is navigating the future and find out how the ACOI keeps members engaged and excited about what’s next for the organization.

Also, don’t forget to check out our previous episodes, available wherever you get podcasts!

What is Docs off the Clock?

Discover the ACOI’s podcast series where our members and other experts share their knowledge on a variety of topics relevant for physicians today. Made 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, CME attainment, and more. It will soon become your favorite podcast!
Why I Got the COVID-19 Vaccine

In October, ACOI members from coast to coast gathered in Orlando, Florida to be Together Again, reunited for the 2021 ACOI Annual Convention and Scientific Sessions after the 2020 Convention was held virtually due to the pandemic. These nine physicians took time to discuss with us why it was important for each of them to get vaccinated for COVID-19. Since then, the Omicron variant has entered the pandemic scene and while breakthrough infections can happen, vaccines are still the best way to be protected. As MarkAlain Dery, DO, FACOI, recently commented: “Remember the vaccine prevents the severity of the disease, not the disease itself. The analogy I always use is that the vaccine is like a seatbelt. A seatbelt does not prevent a car accident, but it will limit the extent of injuries. The COVID vaccine or any vaccine is the same.”

Here’s what ACOI members said during #ACOI2021 about their personal decision to get vaccinated:

“I think vaccination is important for all us. I think it is important from the point of view of public health; it’s our best chance of getting out of this pandemic. I’ve been vaccinated with two shots, and I’ve had a booster—I think it is extremely important! People ask me ‘Do you still wear a mask?’ and I say ‘Yes, in certain circumstances where a mask is warranted. I wear a mask!’ I got vaccinated. I liken it to getting in my car.

I have air bags in my car, but I still put on my seat belt and if the car manufacturer would offer a force field, I’d put that around my car too!”

— Robert L. DiGiovanni, DO, FACOI, ACOI President, Rheumatologist, Largo, FL

“When the vaccine became available, the team of immunologists at The Ohio State University were among the first to line up for the vaccines. I’ve gotten my booster now; I’ve gotten three immunizations and I do that for two reasons. One is to protect myself, but two, to protect my patients and my family. I don’t want to be a vector for COVID-19 if I see a patient who has COVID. So I think it is important that health care providers, particularly frontline healthcare providers, get vaccinated so that they don’t take the disease somewhere else within the community.”

— Bryan L. Martin, DO, FACOI, Allergist/Immunologist, Columbus, OH

“Honestly the most important reason I got the vaccine initially was to protect my mother and father. They live close to me and are a very important part of my life. They are both in their 70s and the first thing I wanted to do was to protect myself so I could protect them.

The vaccination was very important to me personally also because I can’t afford to get sick, because I have an obligation to take care of patients, so I did get the first and the second, and when I had an opportunity, I got that third vaccine. That booster dose hit me hard, but it was worth it because I feel very comfortable taking care of patients knowing I’m also protecting my family and friends around me.”

— Charlene A. LePane, DO, FACOI, Gastroenterologist, Celebration, FL

“The COVID-19 vaccination was very important to me. It was important for my patients so I could continue to provide care to them. It was important so I could continue to fulfill my role as an associate dean and provide education to the students. It was also most important for my family—for my wife and my two young children at home. I have a 3½-year-old daughter and an 8-month-old son who can’t get the vaccine right now because their age doesn’t meet qualifications. So, it is very important for me to be able to take care of myself. That’s the reason why the vaccination is important to me, and it should be important to all physicians.”

— David L. Tolentino, DO, FACOI, Internist, Dunn, NC

Continued
“The data are very strong that it is protective. It may not protect you from getting sick, but it has a very high likelihood of protecting you from getting hospitalized, keeping you off a ventilator, and for survival. The COVID vaccine may not be the only answer to the end of this pandemic, but it has to be a major part of the end of this pandemic if we are ever going to see it. It is highly effective, it is very safe, and it allows you to come as close as you can to a return to normalcy. Events can remind you that you better be vaccinated because you don’t know where that exposure is going to come from. It is much more reassuring to be around everyone that’s vaccinated as in some countries you can’t go anywhere without proof of vaccination. In the state of Michigan, wherever you go there are no requirements. In many parts of Michigan, no one wears a mask, and you just don’t know in what situation you are going to be exposed to someone who may be incubating or asymptomatic with infection but they’re still contagious. The only thing that is protecting me and others who are vaccinated is that vaccine.”

— Gerald W. Blackburn, DO, MACOI, Infectious Diseases Specialist, Farmington Hills, MI

“Why did I get vaccinated? Because I am a front line doctor, and I have been working with COVID patients every day since the beginning of this pandemic. In my hospital system I was part of making the first diagnosis of the first patient in our county and from that point onward, I had to live a life as a single mom constantly in fear of spreading this potentially to my daughter or to my parents if they came over to visit, and I wanted to be able to continue to work, be on the front lines, not be taken away from my work and not be taken away from my family. So, when the opportunity came up to get vaccinated, I was very lucky to get it the very first day it came out and I couldn’t have been happier! I truly thought at that moment that was going to be the beginning of the end and that was December of 2020. When we moved to April of 2021, when the vast majority of all adults became eligible to be vaccinated, I truly thought that everyone would be able to enjoy that feeling that I had in December—that I was taking control and doing my part to help to reach the end of this pandemic.

Unfortunately, we are not in that place; more people need to be able to do this. It’s not about me! It’s about everyone else that I care about, that I care for, and that I love, and that’s why I will continue to vaccinate myself and vaccinate my child. I have no concerns about safety and efficicacy. It is a fantastic vaccine.”

— Mia A. Taormina, DO, FACOI, Infectious Diseases Specialist, Lombard, IL

“Being vaccinated was the most important thing to me. One of the highest moments of my life! I did it live on television. The first time I did it, I dressed as Elvis Presley.

When Elvis went on to the Ed Sullivan Show, as he was walking through the studio the March of Dimes people were there, and they had a brilliant idea of seeing if they could vaccinate Elvis Presley live on TV for the polio vaccination. At that time there was something like a .5% vaccine uptake amongst young people. Elvis Presley rolled up his sleeve, got vaccinated live on television, and within a year it went up to about 80%. That was an important lesson for media watchers like me. I emulated a lot of that stuff with my HIV work in New Orleans by trying to get notable musicians, sports figures, political figures, and local celebrities in New Orleans to show how easy it is to get tested for HIV. And if you can show how easy it is to get tested for HIV, people will follow suit. So, when I got vaccinated for Coronavirus, I got dressed up like Elvis and wanted to emulate that moment when Elvis was vaccinated live on TV.

It is incredibly important to get vaccinated and the way I think about it is if I am going to be promoting vaccinations, which I have been and I’ve spent the last year promoting vaccinations in a big way, I have to be vaccinated first. I also have an autoimmune disorder and I want to protect myself because I am immunosuppressed, so I know the vaccine is the best way to protect me from Coronavirus.

Also, I’m a COVID doctor so that means I work in the COVID units, and I am at the highest risk of getting COVID. There’s no question that the vaccine is the best way to protect yourself from getting COVID. “

— MarkAlain Dery, DO, FACOI, Infectious Diseases Specialist, New Orleans, LA

Continued
“When I had the opportunity to obtain the vaccine, I took the early opportunity. I am a firm advocate of the vaccine. I think I’ve heard all the excuses. You can’t get the virus from the vaccine—there is no virus in any form of the vaccine. It doesn’t render you sterile. It is not nano robots infused by the government to take over your mind. It is not a government plot. It is simply a tool to reduce your chances of getting the virus and reduce your chances of getting the serious sequelae in the virus. There is a statistic that 96%-98% of all physicians have gotten the vaccination and you can’t convince 96-98% of physicians that the sky is blue, so I think that is a testament to their acceptance of the risk/benefit ratio and the reason why we advocate the vaccine. In personal conversations with patients, I think it is important to indicate to them that I’ve been on the front lines for almost two years now and I didn’t want to get the disease. I don’t want to bring the disease home to my family; therefore, anyway I can get to fight it, I choose that pathway.”

— Thomas A. Haffey, DO, FACOI, Cardiologist, Thornton, Colorado

“I’m the chairman of the board of the Florida Medical Directors Association. Those are long-term care physicians—directors of nurses in post-acute, geriatric nurse practitioners, medical directors, attending physicians, clinical pharmacists, and we saw right away a need, not only for the residents of long-term care to be vaccinated, but also the staff, the nurses, the physicians, the pharmacists, food service, janitorial services—we didn’t get enough of us vaccinated soon enough. So my association took the lead in Florida working with the State Department of Health, the agency of health care administration, to do a vaccine confidence program. We’ve done videos and seminars and webinars and traveled personally to help enlighten folks—not to command anyone to be vaccinated, but through logic and good decision making to compel people to have safety in their health and their families and vaccination is the way.”

— Leonard R. Hock, DO, MACOI, Palliative Care Specialist, West Palm Beach, Florida
Washington in Brief

As the new year begins in Washington, it is more of the same. With the flip of the calendar comes the rapidly approaching mid-term elections. As a result, it becomes even more difficult for legislators to compromise to find common ground and subsequently harder to advance meaningful legislation. However, there are still things that Congress must address in the near future, which includes providing funds to keep the government open beyond February 18, 2022. In addition to funding the regular operations of the government, it is possible Congress will consider additional emergency funding to provide disaster relief in response to COVID-19 and other national disasters. Finally, while the House approved the $1.75 trillion Build Back Better legislation, it has stalled in the Senate in its current form. It remains to be seen if efforts will be made to move parts of the legislation, such as efforts to address prescription drug costs, in smaller legislative packages. The ACOI will continue to closely monitor issues of importance to physicians and the patients for whom they provide care.

Supreme Court Issues Split Decision on Vaccine Mandates

The Supreme Court recently held oral arguments to consider two separate suits that addressed COVID-19 vaccine mandates. At questions was whether the Occupational Safety and Health Administration (OSHA), and the Centers for Medicare and Medicaid Services (CMS), has the authority to promulgate rules to require COVID-19 vaccinations. In the OSHA case, the Court found that the agency exceeded its authority when it issued its vaccine-or-test emergency temporary standard (ETS) that applied to employers with 100 or more employees. The Court found that the rule was too broad and did not fit within the agency’s authority to regulate “occupational safety.” The Court found that allowance of the rule, “would significantly expand OSHA’s regulatory authority without clear congressional authorization.” It does appear that the Court left open the possibility that OSHA could provide a narrower rule that would survive judicial review.

The Court did, however, uphold CMS’s interim final rule (IFR) that require COVID-19 vaccinations for health care workers in hospitals and other facilities, as well as other settings that participate in the Medicare and Medicaid programs. In finding that CMS did not exceed its authority, the Court found that Congress authorized the Department of Health and Human Services (HHS) to impose conditions on the receipt of Medicare and Medicaid funds to protect the health and safety of beneficiaries. According to the Court, “Ensuring that providers take steps to avoid transmitting a dangerous virus to their patients is consistent with the fundamental principle of the medical profession: first, do no harm. It would be the ‘very opposite of efficient and effective administration for a facility that is supposed to make people well to make them sick with COVID–19.’” The Court’s action on these rules was closely watched, and it is unlikely that additional cases will not arise around continued efforts to suppress the spread of COVID-19 and other contagions. The ACOI will continue to closely monitor actions by the Supreme Court that impact the practice of medicine and patient care.

Public Health Emergency Extended

Secretary of Health and Human Services (HHS) Xavier Becerra recently extended the COVID-19 public health emergency (PHE) declaration. Originally set to expire on January 16, 2022, Secretary Becerra, on January 14, extended the declaration for 90 days.

Continued
As a result of the extension of the PHE, COVID-19 waivers, such as those that impact telehealth services, will remain in place for at least an additional 90 days. First put in place in January 2020, the PHE has been extended eight times since the beginning of the pandemic. HHS has indicated that it will provide advanced notice prior to the end of the COVID-19 PHE. Additional information on this and other PHEs is available here.

MedPAC Recommends a Freeze in Physician Payment

The Medicare Payment Advisory Commission (MedPAC) recently voted unanimously to recommend a freeze in physician payment under the Medicare physician fee schedule in 2023. The recommendation to Congress is consistent with existing law. While the recommendation was unanimous, concern was raised by commissioners about the impact of freezing reimbursement at a time of inflation, and unprecedented pressures on practices and physicians during a pandemic. Among other recommendations, MedPAC also voted to recommend clinicians be required to use a claims modifier to identify audio-only telehealth services, and hospices and home health agencies to report telehealth claims data, among other things.

Absent the recommendations by MedPAC, which were met with strong disagreement by the physician community, efforts continue to ensure physicians are adequately paid for the services they provide.

CMS Announces Funding for Residency Training

The Centers for Medicare and Medicaid Services (CMS) announced $1.8 billion in funding over 10 years to support 1,000 new Medicare-funded medical residency training positions. Priority will be given to training programs in Health Professional Shortage Areas. The funding, which will begin in 2023, was part of the Consolidated Appropriations Act of 2021, and is the largest expansion in Medicare-funded residency slots in more than 25 years. According to a statement by CMS Administrator Chiquita Brooks-LaSure, “CMS recognizes the importance of encouraging more health professionals to work in rural and underserved areas, and the need to train and retain physicians to improve access to health care in these communities.” Additional information is available here.

Washington Tidbits

The Use of Mass Media

As the cold winds of January moved amongst the buildings in Washington, DC, Americans tuned in to hear the live press conference hosted by the President. It was not only the first one of the year, it was the first in American History. President Woodrow Wilson held the first presidential news conference on March 15, 1913. President Dwight Eisenhower held the first televised news conference on January 19, 1955. However, it was not until President John F. Kennedy on January 25, 1961, did a US President talk directly to the American people live without delay or editing when he held a news conference from the State Department. For the first time, a President conducted a live press conference, fundamentally changing the communication between the President and the American people.

President Kennedy calls on a reporter during the first live televised press conference.
Have you had visits with patients or caregivers where the primary purpose for the visit was counseling services for COVID-19 vaccines? A new code for 2022, Z71.85, may be appropriate to use when the patient does not have any signs or symptoms and the visit is consultative to address questions about COVID-19 vaccines.

The American Academy of Pediatrics (AAP) requested the addition of a code to reflect patient encounters where the patient specifically presents for vaccine counseling. To support the need for the code, the request noted that parents want to “spend time with the provider asking questions about vaccine safety.” In support for the code, AAP conclude, “vaccines, which have proven to be a safe and very effective preventive measure, are under constant fire through social media outlets with little to no scientific backing. Parents will read this information and decide not to vaccinate their children or want to discuss this with their child’s provider. It has proven to be a public health issue when misinformation leads to many pediatric patients going unimmunized or under immunized.”

This new code recognizes an important need in the delivery of high-quality patient care—vaccine counseling. The rationale provided in support of the new code is not limited to pediatric vaccines and patients. It also applies to adults and COVID-19 vaccines. While there are a variety of codes for counseling services, there were no ICD-10-CM codes specific to counseling services related to immunizations. This new code solves this problem for both children and adult immunizations.

The new ICD-10-CM Guidelines specifically provide, “Code Z71.85, Encounter for immunization safety counseling, is to be used for counseling of the patient or caregiver regarding the safety of a vaccine. This code should not be used for the provision of general information regarding risks and potential side effects during routine encounters for the administration of vaccines.” This code could be part of a group of diagnostic codes assigned to a patient encounter, but without any attributable Medical Decision Making (MDM) elements for this counseling, time would need to be used to determine the level of service. As always, documentation is key. It is highly recommended that you document what was done at the encounter, as well as the time elements associated with it.

You may give the COVID vaccine at the same encounter after the counseling using the appropriate Z23 diagnosis code for the immunization. As a final reminder: This code is NOT for routine counseling.
Member Spotlight: ACOI Members on the ACGME Board of Directors

Congratulations to Thomas A. Cavalieri, DO, MACOI and Susan M. Enright, DO, FACOI, who were each recently selected to join the ACGME Board of Directors! They join ACOI members Karen J. Nichols, DO, MACOI (Chair), Natasha Bray, DO, FACOI, Robert Juhasz, DO, FACOI, and Mousumi Som, DO, FACOI in their service on the Board.

Welcome New Members!

The ACOI Board of Directors and staff welcome the following members whose membership applications or changes in membership status have been approved by the Credentials Committee and Board of Directors.

Bryan Anderson, DO
Loren Ballestas, DO
Wendy Barrett, DO
Megan Benedict, DO
Sonela Blaceri, DO
Allison Brooks, DO
Ilona Brown, DO
Jessica Chang, DO
Stephanie Clauss, DO
Jamie Collard, DO
Nancy Davison, DO
Krishnaraj Deshpande, DO
Samantha Erb, DO
Spiros Ferderigos, DO
John Frith, DO
Jimmy Giang, DO
Gina Gibson, DO
Steven Halm, DO
Kristin Hollander, DO
Thanh-An Huynh, DO
Leah Jones, DO
Muhammad Kang, DO
Matthew Knisley, DO
Jeffrey Kopstein, DO
Dena Krishnan, DO
Emir Kurtovic, DO
Carly LaCroix, DO
Sandeep Lakhan, DO
Valentina Lassalle, DO
Nicolas Mehis, DO
Jayme Mickelson, DO
Obinna Mmagu, DO
Mohammed Munim, DO
Robert Omogrosso, DO
Vartan Papazian, DO
Lauren Poling, DO
Yong Pratt, DO
Anastacia Rodriguez, DO
Kwame Sarkodie, DO
Kristie Schmidt, DO
Xenia Schneider, DO
Pratik Shah, DO
Megan Shirley, DO
Rebecca Sinai, DO
Austin Smith, DO
Hye-Rim Smith, DO
Jae Son, DO
Eric Spicuzza, DO
Its 05:00. I sit by the light of the residual full moon writing this to you. I returned home from working in the ICU yesterday at 20:00. I’m hoping I will arrive home sooner today.

It’s not COVID-19 that is keeping the house full and over census in our hospital, which is running out of staff due to multiple factors. People are just more severely sick more often.

For instance, I left work last night after a charming 75 year old women, who I admitted the day before for septic shock and NSTEMI, now after attempted Swan Ganz placement, coded. Her kind husband who I met that afternoon was rushing in to see her. She died.

My other 58 year old male patient, his ex-wife at his side, was admitted the day before for facial wound stank and sepsis shock and NSTEMI, now after attempted Swan Ganz placement, coded. Her kind husband who I met that afternoon was rushing in to see her. She died.

If he gets off pressors, facial infection cleaned, and has response to IV antibiotics, the patient, his ex-wife and I have a plan for him to go home with prophylactic antibiotics and hospice. He felt very much in power.

I also was blessed with being witness to deep unconditional love. A patient’s husband came in every day under hospital COVID precaution restricted hours of 11-4. She was 84 and had a CVA with left sided hemiparesis with resultant dysphagia and dysarthria, presented to the hospital with fever, and was found to have aspiration pneumonia. She could respond appropriately to questions but only 1-2 words and fatigue ensued. Her left side had contractures as did her head and neck. The subtle approach of BLT, FPR, and cranial worked just fine for her to loosen and soften some of her tissues which assisted intermittently with her comfort. A goals of care discussion ensued with her husband. He expressed how they live in a second floor apartment. He could not shoulder the cost of another ambulance ride to the hospital for her, so he asked that I please make sure to fix all her medical issues before she returns home. He was going to take care of her at home with the help of PT, OT, and home health.

He was present every day during all visiting hours, feeding her, talking with her, patient with her, and cleaning her when needed. He tucked her into bed before he left every night. He was going to take her home, love her, and care for her as soon as she was ready. In his mind there was no other outcome. She knew he was there in the room as she would soften around him, take more food, hold his hand and be content. Her body was unable to conquer its overall condition. When her body gave out, her caring loving French husband was there by her side helping her soul transition from this world to the next as he noted to her “when its my time, I’ll be there with you to hold your hand.”

I am awed by the blessing of being in the position to be witness to people’s path and journey. To help in some way. To play a part in some way in these souls’ journeys. To delight in the expression of who we really are. The ability to hold your personal power and strength during times and conditions we can’t imagine. The ultimate relationship of love. There was nothing that was going to change their relationship. I am so thankful to just play a part.

Jodie Hermann, DO, FACOI
ACOI Osteopathic Manipulative Medicine Committee

Health & Wellness
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.

Kevin P. Hubbard, DO, MACOI and Roxanne Hubbard
C. Clark Milton, DO, MACOI and Elaine D. Milton
Susan M. O’Neal, DO, MACOI
Michael I. Oppari, DO, MACOI and Susan Oppari
Anthony N. Ottaviani, DO, MPH, MACOI and Catherine 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
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VALUES
To accomplish its vision and mission, ACOI will base its decisions and actions on the following core values:

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