#ACOI2020

A virtual event

OCTOBER 21-24

Highlights from

September 2020

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

A Year Like No Other: Rising to the Challenge

ACOI Heroes: Facing COVID-19

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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

~ A. T. Still, DO, founder of osteopathy and osteopathic medicine
A Year Like No Other…Except For Every Other Year

No question, 2020 is a year for the books. Crisis after crisis, new realities erupting almost daily, constant questions about what to do next in unprecedented situations. Controversies, disputations, confrontations. And yet, we get up every day, we work (wherever we work from these days). We depend on water when we turn on the faucet, on power when we flip on a switch. There is food on the shelves of our stores, there are EMTs and fire fighters ready for their call. Dealing with crises doesn’t diminish our needs for everyday governance or everyday maintenance of everyday needs.

Samuel K. Snyder, DO, FACOI

Of course, it is tautological to say that our students are our future. But it is true, and we have to embrace this truth to grow.

This is true at ACOI as it is everywhere else. I have written in this column about some of the challenges facing ACOI this year. Some are new and unique, such as some unintended consequences of Single GME, or dealing with the challenges of the pandemic. Others are carried over, the kind of challenges that have faced osteopathic medicine for a long time. Some of these are serious, and actually threaten the future and the integrity of our profession.

Yet while all this has been going on, the staff of ACOI has kept the doors open—at least figuratively and functionally, if not always literally. The people who serve us as members in this organization have kept up their work, and they have my deep gratitude. They have kept up communications with members. They have transitioned to the leadership of a new executive director for the first time in more than three decades. They have developed new channels of communication and developed our outreach on social networks, so our communication with members can be more vigorous than ever. They have kept up our communications with students and colleges of osteopathic medicine, and our relationships with other organizations such as AOA and AACOM. They have continued our organization’s legislative outreach. They have kept up with publication of our newsletter. They have continued and advanced the work of creating the upcoming convention, including receiving record grant support. And this year’s convention will offer more education, more hours of CME than any prior convention. This is the work they do every year, even if differently this year.

So yes, this has been a year like no other, but like every other year, the staff of ACOI has done the everyday work to preserve and grow our organization, and given us the tools to meet the challenges of this year and years to come.
Thanks to our staff: Karen, Susan, Don, Tim, Kara (and congratulations on your wedding!), Keisha, Claudette, Katie, Megan and Neena. Thank you for keeping up with the day to day work of keeping ACOI a strong and vibrant organization. You are the ones that make it happen for all of us!

Sam Snyder, DO, FACOI
President

ACOI Board Member C. Clark Milton, DO, FACOI Invites You to #ACOI2020!

Dr. Milton would like to personally invite you to the 2020 Virtual Convention and Scientific Sessions! Listen to him cover some of the highlights of this year’s meeting in this video.
A Sneak Peek at this Year’s Virtual Convention

Programming Spotlights

A special thanks this year to Joanne Kaiser-Smith, DO, FACOI, CGME, 2020 Program Chair, for a great lineup of amazing CME sessions. No matter what your specialty or focus, we have CME for you. Below are just a handful of the sessions that we will be featuring during this year’s virtual 2020 ACOI Annual Convention and Scientific Sessions. Over 60 1A credits are available! Don’t miss any of them. Take a look at some of the sessions featured below and if you aren’t registered it is not too late! Register to attend today!

WEDNESDAY, OCTOBER 21

Telehealth: Providing Optimal Patient Care in the Time of Virtual Patient Visits
Anthony J. Wehbe, DO, FACOI
8:00am - 8:40am

The Patient Experience and the Benefit of Increased Efficiency for the Physician
Jill M. Young, CPC, CEDC, CIMC
9:20am - 10:00am

THURSDAY, OCTOBER 22

Pain Management & Opioids: Balancing Risks and Benefits
Annette T. Carron, DO, FACOI
8:00am - 9:50am

Telehealth’s exponential growth in 2020 is expected to vigorously continue. Be sure to tune in to these two sessions that will cover how to code during COVID-19 telehealth visits, best practices in connecting with patients effectively to provide quality telehealth care, and more.

More Than “Fatty Liver”: A Primer on Nonalcoholic Liver Disease
Sara Ancello, DO
3:15pm - 4:00pm

Tune in for this primer on nonalcoholic liver disease. This presentation will be composed of four sections, including Epidemiology and progression of NAFLD; diagnosis and assessing the risk of fibrosis; lifestyle management and risk factor optimization; and pharmacologic therapies for NASH, including a summary of in-development agents.

Tests I Wish You’d Never Ordered
Gerald W. Blackburn, DO, MACOI, Moderator; Damon L. Baker, DO, FACOI; Patrick C. Cullinan, DO, FACOI; Rick A. Greco, DO, MACOI; Jack L. Snitzer, DO, FACOI; Mary R Suchyta, DO, FACOI
4:00pm - 5:45pm

Back by popular demand! This session has been a hit at past Conventions and once you see this presentation you will see why! Is excessive testing just an expensive fishing expedition — looking for conditions that don’t warrant such investigations? Join Gerald W. Blackburn, DO, MACOI, who will be moderating the informative panel discussion.

Continued
THURSDAY, OCTOBER 22 (Continued)

Keynote: Staying Human in Medicine: From the House of God to Man's 4th Best Hospital
Samuel Shem, MD
10:00am - 11:30pm

Bestselling author Samuel Shem will kick off the Convention with an uplifting welcome exclusively for ACOI members. Make sure you grab a copy of his latest book from Amazon or your favorite local bookseller before the convention!

Optimizing the Physiology of GLP-1 for the Treatment of T2DM and Cardiometabolic Disease
Robert J. Chilton, DO, MACOI
11:30am - 12:30pm

Globally, it is estimated that more than 60% of deaths from cardiovascular (CV) disease, chronic kidney disease, and diabetes are attributable to 4 preventable cardiometabolic risk factors. Find out the latest and join your colleagues at the this eye-opening CME session.

Mindful Eating
Laura M. Rosch, DO, FACOI
12:15pm - 1:00pm

Stress eating is more common than ever as individuals reach for the refrigerator as a coping mechanism during this pandemic year. Paying attention to the moment-to-moment experience of eating can help us improve our diet. Hear Laura M. Rosch, DO, FACOI discuss the latest on Mindful Eating during her session.

Improving Diabetic Health of Populations
Jack L. Snitzer, DO, FACOI
1:00pm - 1:45pm

Managing diabetes requires a strategy that considers the countless challenges that are often obstacles for struggling patients. Dr. Snitzer discusses the latest strategies and provides his thinking on how to help patients with a care management program that can drastically improve outcomes.

New Diabetes Medicine: Protecting the Heart or Hyperbole?
Craig W. Spellman, DO, FACOI
2:30pm - 3:15pm

As new diabetes medicines surface, are there some that can boast a positive side effect that they also treat heart disease? Craig W. Spellman, DO, FACOI discusses that topic in his session: “New Diabetes Medicine: Protecting the Heart or Hyperbole?”

Controversies in the Control of the Spread of COVID-19
MarkAlain Dery, DO, FACOI; Mia A. Taormina, DO, FACOI; Gerald W. Blackburn, DO, MACOI
3:45pm - 4:45pm

While controversy in disease management is nothing new, COVID-19 has sparked more than its share. Join this amazing lineup of infectious disease specialists for a panel discussion.
A virtual event
OCTOBER 21-24

2020 Annual Convention and Scientific Sessions

A Sneak Peek at this Year’s Virtual Convention

THURSDAY, OCTOBER 22 (Continued)

Alumni Receptions:
Des Moines University; Lincoln Memorial University; Midwestern University/CCOM/AZCOM; MSUCOM
5:30pm - 7:30pm

RowanSOM
6:00pm - 7:00pm

True to tradition, once again members will have the opportunity to enjoy gathering and connecting with colleagues and fellow alumni at various receptions during our Convention. Join in the fun and check in with your friends with your own cocktails or glass of wine in the comfort of your home or office.

FRIDAY, OCTOBER 23

Keynote: The Art of Storytelling
Matthew Luhn
10:00am - 11:00am

Storytelling is the #1 skill necessary to connect, motivate, and lead people in today’s world. Stories compel us to engage in experiences, learn lessons, and define our values and ourselves within our organization. Matthew Luhn, a 20-year Pixar story veteran, brings his experience creating and developing 10 blockbuster films at Pixar, and provides practical strategies that teach and inspire people and teams to connect more effectively with their audience on an emotional level. Matthew will the power of storytelling to help you bridge the gap between physician and patient, driving your story toward one unforgettable message.

Beyond Endurance: Transforming the Struggle to Become a Better Physician in Uncertain Times
Karen J. Nichols, DO, MA, MACOI
11:00am - 11:45am

The Inquisitive Physician: Experiences, Medicine & Principles
Watson Ducatel, DO, MPH, FACOI
11:45am - 12:30pm

Osteopathic Medicine’s Well-Worn Path to Relevance and Meaning
Robert A. Cain, DO, FACOI
1:00pm - 1:45pm

Your goal is not only to help keep pace with change, but also to discover what’s profound in medicine. You strive to infuse Principle-Centered Medicine™ into every aspect of patient care, and we support your love of learning with the same passion as you. Don’t miss these leaders as they remind us of the important Principles that define our profession.

Filtering Out the Potential Role of SGLT2 Inhibitors for the Management of CKD
William Elliott, MD, PHD
2:00pm - 3:00pm

We heard you! In a survey including 982 participant evaluations and surveys collected at the 2019 Annual Scientific Sessions, members said they wanted an educational session on chronic kidney disease. And we are delivering! We’ll discuss the latest clinical trials of SGLT2 inhibitors in CKD populations Tune in for the most up-to-date information on chronic kidney disease during this CME session.

Continued
A Sneak Peek at this Year’s Virtual Convention

FRIDAY, OCTOBER 23 (Continued)

Convocation of Fellows
4:45pm - 6:15pm

Mark your calendar to witness one of ACOI’s time-honored traditions, the Convocation of Fellows. Watch and cheer on your esteemed colleagues who have earned their ACOI Fellow designation. As we do every year, we will recognize those who are earning this prestigious status and celebrate their achievements!

SATURDAY, OCTOBER 24

Medical Educators Faculty Development – Special Sessions
9:00 am – 4:15 pm

For medical educators, this year’s Convention features special session topics such as training residents to recognize implicit bias, unlocking the power of interprofessional education, and a review of education apps and faculty development resources are a few of the subjects you won’t want to miss!

Resident/Student Sessions
Robert G. Good, DO, MACOI, Moderator
12:30pm – 4:30 pm

Are you a student or a Resident with more questions than answers? Don’t worry you are not alone! A special panel of ACOI members will be at the ready to answer your questions, give advice and provide encouragement!

Isolation: The COVID-19 Experience
Judith Lightfoot, DO, FACOI & Troy Randle, DO, FACOI
12:45pm - 1:45pm

Want to hear first-hand about the isolation that so many COVID patients have felt and are struggling with today? Hear from Judith Lightfoot, DO, FACOI, and Troy Randle, DO, who will share their lifechanging experiences that hit home for both. They facilitate Isolation: The COVID-19 Experience panel discussion. You won’t forget this session long after it is over.
Spread the News About the VIRTUAL ACOI 2020 Convention! #ACOI2020

Share your excitement about the upcoming ACOI 2020 Virtual Convention and Scientific Sessions! Help us spread the news. Let your colleagues and your entire social media network know you are participating. Use your voice to help us amplify this extraordinary virtual opportunity for quality osteopathic education, collaboration, and networking.

We want to hear from you!

Use the hashtag #ACOI2020 on Twitter, LinkedIn, or Facebook and share with your entire network about the ACOI 2020 Virtual Convention and Scientific Sessions!

• Let everyone know you’re attending!
• Talk about what you’re looking forward to!
• Ask us questions @acoi_org on Twitter!
• If you are presenting, promote your session to your network!
ACOI Online Learning Center

The COVID-19 pandemic has impacted almost every aspect of your daily life. Your desire to obtain needed continuing medical education and staying abreast of the latest updates in internal medicine does not have to be one of them. We have added new content and improved navigation tools to help you quickly find the educational materials you want and need. You can access a multitude of lectures that span the many areas of internal medicine and earn CME credit when and where it is most convenient for you. 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 is your one-stop-shop for osteopathic online education.

Online Learning Center Spotlight: Board Review Course

Looking to brush up on areas of interest in internal medicine while earning some continuing medical education credits? The ACOI Online Learning Center offers a diverse selection of educational content to meet your needs. In an effort to better serve you, the ACOI Online Learning Center includes curated packages of content. For instance, the 2019 Board Review Course is available and includes over 60 separate lectures that address key areas of interest to internists and subspecialists. The package is more than a Board Review Course, it is a general review for primary care physicians.

ACOI National Meetings

2020 Annual Convention & Scientific Sessions
October 21-24
A Virtual Event

2021 Annual Convention & Scientific Sessions
September 29-October 3
Marriott Marquis Hotel, San Francisco, CA

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.
ACOI Heroes: Facing COVID-19

From Suit and Tie to Scrubs and Masks: How Dr. Anthony Wehbe transitioned from deskside to bedside during the COVID-19 Pandemic

by Gina Kilker

For most of his career, Anthony Wehbe, DO, MBA, FACOI, was accustomed to going to work in a suit and tie. As a hospitalist at Jefferson Health New Jersey, he served as Senior Vice President Physician Executive. In his position, he developed innovative care models that assisted with quality outcomes initiatives, population health programs, and new business development for the physician group and health system. He also worked on quality enhancement to reduce readmission rates and growth initiatives. Working with his team of administrators and physician leaders, he provided operational, clinical, and financial executive leadership for the entire Jefferson Health New Jersey Care network.

When he left to pursue other career interests in April, he had no time to sit back and take a much-deserved break. Leaving his business suits on hangers in his closet, Dr. Wehbe unexpectedly found himself suiting up in full personal protective equipment (PPE) to be at the bedsides of patients during this historic pandemic.

His new mission started when several of his colleagues at a skilled nursing facility in New Jersey retired early. ACOI member, Joseph Conti, DO, FACOI, reached out to Dr. Wehbe as the medical director and asked if he would be willing to step in and help. Once staffed by five part-time physicians, the center which housed both sub-acute rehab patients and nursing home residents, had dwindled down to just two advance practice providers. As the worst of the COVID-19 wave was hitting New Jersey, the facility was in dire need of physicians. Although Dr. Wehbe had never worked in a post-acute setting in a skilled nursing facility, he felt that everything happens for a reason and that he needed to help.

“It was really eye-opening for me. There are not a lot of resources in these nursing homes. People try their best to care for the elderly. Then the pandemic hit. I felt like I had to be in there. I took an oath to serve others and care for others. It didn’t feel right to stay at home,” Dr. Wehbe said.

Patients were regularly being transferred to the facility from hospitals that were becoming increasingly overcrowded in other parts of the state. He found himself caring for up to 10-20 new COVID patients each day. Patients who had been intubated and on life support were moved to the rehab center for the next steps in their care. For many, that meant getting weaned off the breathing and feeding tubes. Many others, unfortunatelt, did not recover.

“I will never forget. I had a patient in her early 60’s who was already sick and then got COVID. Her grandchildren and son couldn’t visit,” Dr. Wehbe recalled. “Her son was afraid. He kept asking ‘… am I doing the right thing, should I bring my mom home? I have little kids living with me.’ This was in the beginning of the pandemic and I couldn’t say yes and have her go home and pass the virus on to other family members. It was heartbreaking – patients were dying alone.”

Dr. Wehbe knew that his new line of work meant that he himself could be potentially exposed, yet that fear was replaced by the overwhelming feeling of gratitude he received from not only the nursing staff, but also the patients. Unable to have their friends and family visit, they enjoyed both having him care for them physically and also the company he provided when he visited with them daily. In an effort to help them “visit” with their loved ones, he and the staff went above and beyond in their regular duties, going from room to room with an iPad in hand, helping connect patients with their families through Facetime and Zoom.

Continued
The shortage of physicians at the facility, the uncertainty of the virus, and the stress on patients separated from their loved ones all wore on the staff who struggled to keep up. They not only had to care for the new patients, but also for the nursing home residents who normally lived there, some of whom were housed in the dementia unit.

It was a surreal situation for Dr. Wehbe. He went from the C-suite of a major health system to hands-on patient care in just one month. While he expected the job would be demanding, what he didn’t anticipate was how much it would touch his heart.

“To see a 55-year old male who only had a history of high blood pressure have to go on a feeding tube and a breathing tube, then watch him make progress and get better, it was very rewarding,” Dr. Wehbe recalled. “I will never forget he always had eight family members come to his window every day since they couldn’t come in to the building. We had him in a room on the first floor and they would stand outside for hours or write things on paper and show him through the window or be on the phone talking to him. It was very touching to see that.”

A father of three, Dr. Wehbe went home each night cognizant of how cautious he needed to be around his young children. In his new role, he was now facing the same occupational hazards as his wife, ACOI member, Zeina Ghayad, DO, FACOI, who specializes in infectious diseases and was also in the thick of the COVID challenge this spring. Their new routine was something their children, ages 2, 5, and 7, got used to. They knew they couldn’t touch mommy and daddy until they had both discarded their scrubs in the “COVID box” and showered. The caution was soon mixed with worry for his wife when Dr. Wehbe found out that she was pregnant with their fourth child. Now the worry spread from potentially bringing COVID home and infecting his young family to potentially infecting their future child.

“My wife was at the front lines from day one. She is my hero,” Dr. Wehbe said. “She is much braver and stronger than I am no questions asked. When she found out in March, at the same time the pandemic hit, that she was pregnant, I lost a lot of sleep knowing she was still going in to work and seeing COVID patients.”

For Dr. Wehbe, the unexpected opportunity to be front and center amid the pandemic opened his eyes.

“Now that I see this immense need, I want to make others aware. I’m hoping a lot of ACOI members and young residents consider a post-acute setting as an opportunity to help patients in need of internal medicine physicians. Skilled nursing facilities also afford physicians flexible work schedules for work-life integration since there isn’t the rush and acuity of the hospital setting nor the scheduled visits of the ambulatory office. There is a tremendous opportunity for this to be a career for someone to do this work full time. It is so important. For me, this experience is something I will never forget for the rest of my career.”

Community
Membership Renewal

Renew your Membership Today!

The new ACOI membership year begins on July 1 and renewal information has been sent to all members. Don’t want to worry about remembering annually to renew? This year, the ACOI has offered an automatic renewal option. Check another thing off your to-do list by opting in to automatic renewals!

For 2020, ACOI has added an option to extend dues payments if you or your practice have faced financial hardships. Please email Claudette Jones if you would like to discuss membership dues assistance.

Blast from the Past

Thank you Arthur Bouier, DO, MACOI of Southfield, MI for sending in this 40-year-old photo from his residency at Adena Health System! Do you recognize yourself in this picture?

We would love to see your throwback photos! If you have some to share, please email them to us at katie@acoi.org.
In Memorium

Word has been received of the death of John (Jack) William Long, DO, 96, of Manistee, MI on August 24, 2020. Dr. Long was a member of the ACOI for 57 years.

Dr. Long served in the Royal Canadian Air Force from 1943-1946 and completed his undergraduate degree at McMaster University in Hamilton. He graduated from the Chicago College of Osteopathic Medicine (Midwestern University) in 1951 and completed his Internal Medicine residency at Chicago Osteopathic Hospital in 1956.

Dr. Long and his growing family moved to Manistee, Michigan where he opened his private practice in 1956. After a long career in private practice, Dr. Long retired in 2004. He is survived by four daughters, seven grandchildren, and two great-grandchildren.

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.

Babajide Adio, DO
Ken Baxa, DO
James Bartley, DO
Dennis Buck, DO
Annise Chung, DO
Nadire Dzhalturova, DO
William Evans Jr., DO
Daniel Gomez, DO
Leslie Gomez, DO
Jonathan Hall, DO
Chris Hauger, DO
Alexandria Jilg, DO
Ceon Kang, DO
Farrukh Khokhar, DO, MBBS, MPH, MSc
Andrew Koch, DO
Darrell Kumar, DO
Brittany Lesher, DO
Kenneth Mueller III, DO
Sean Nonnemaker, DO
Justin Noroyan, DO
Michael Nuyles, DO
Luis Perez, DO
Nicholas Poponea, DO
Derrick Porter, DO
Stephanie Ruddy, DO
David Russell, DO
Allison Salib, DO
Michael Sass Jr., DO
Monica Shah, DO
Michael Sheflo, DO
Matthew Snowdon, DO
Kelly Sun, DO
Greetings colleagues, and welcome to the September issue of Talking Science and Education. I hope you and your families are staying healthy and that you are practicing necessary self-care. As always, we thank you for the exemplary care you are providing to our country. Autumn is moving into Vermont and changing the foliage daily; peak will probably be the 1st week in October. Yet another transition of nature which we hope will bring positive changes beyond the physical changes in nature.

In last month’s population health quiz, we asked in which state is the prevalence of smoking highest? Dr. Peter Ankrom from Tennessee and Dr. Nicole Longo, two of our regular readers both responded with the correct answer: West Virginia.

According to the Centers for Disease Control and Prevention (CDC), smoking is the leading cause of preventable death in the nation. More than 480,000 people die annually from smoking-related causes, including more than 41,000 deaths from secondhand smoke. Additionally, over 16 million Americans live with a disease caused by smoking, and smokers, and on average, live 10 years less than non-smokers.

Disparities in smoking are present across states and by gender, age, race/ethnicity, education and income groups. Smoking tends to be lowest among women, adults ages 65 and older, Asian adults, college graduates ages 25 and older, and adults ages 25 and older with incomes of $75,000 or more. Populations with the highest smoking prevalence over time include men, American Indian/Alaska Native adults, adults ages 25 and older with less than a high school education, and adults ages 25 and older with incomes less than $25,000. With each increase in education level or income, smoking prevalence is significantly lower. As mentioned earlier, smoking among adults is 2.8 times higher in West Virginia (25.2% - highest in the US) than Utah (9.0% - lowest in the US).

Talking Education

I would be remiss if I didn’t take this opportunity to invite you all to ACOI’s Annual Convention and Scientific Sessions to be held virtually October 21-24, 2020. With up to 60 hours of CME being offered for AMA PRA and AOA credits, there will be content relevant to all internists. The digital platform will allow for maximum access and flexibility to sessions, and multiple opportunities for interaction with faculty and other attendees. For students and residents, there will be a dedicated session and reception for you on Saturday October 24th. On the 24th we will also hold a very timely session for medical education faculty. This year’s program is guaranteed to be a rewarding educational experience and opportunity to connect with colleagues.

Talking Science: Diabetes Dialogues

A Recent Study Finds Metformin Treatment Improves PTSD Symptoms

Metformin use may help in improving post-traumatic stress disorder (PTSD) symptoms among veterans, suggests a recent study in the ADA journal Diabetes. There is a high prevalence of PTSD among US veterans for which there is no availability of effective psychotropic medications. About 25% of the veterans are diabetes patients for which metformin is the first-line treatment. Metformin is known to improve

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Become a Talking Science and Education winner but remember: no Googling!!! Send your answer to don@acoi.org and win valuable prizes! Please note, winners’ prizes may be a bit delayed in delivery as the ACOI staff, like much of America, is currently working from home.
neurodegeneration outcomes, however there is no evidence on the association between metformin use and PTSD-related symptom relief.

This study by Shuian Liu from New Orleans, LA, and colleagues aimed to examine the association between metformin and a clinically meaningful reduction in PTSD symptoms (≥20 points reduction PTSD checklist for DSM-5 (PCL-5) score) among veterans with PTSD using data from Veterans Health Administration. The participants were divided into two groups -- metformin cohort and control cohort. The metformin cohort was defined as first metformin use after a recorded PTSD diagnosis with a PCL-5 score ≥33 (i.e., clinical cut-score). The control cohort (never used metformin) was selected by propensity score 1:1 matching on the likelihood of initiating metformin. The association between metformin exposure and improvement in PCL-5 scores was assessed using multivariable Cox proportional regression. The study included a total of 7950 veterans with confirmed PTSD. The study participants were comparable on baseline demographics and medical conditions between metformin and control PSM-matched cohorts with a median follow-up 1.2 years in both cohorts.

Key findings of the study include:

- The baseline PCL-5 score was 56.2±11.6 and 56.5±11.7 in metformin and control cohort, respectively.
- The metformin-treated cohort was more likely to have a clinically meaningful reduction in PTSD symptoms (adjusted hazard ratio (aHR): 1.31), compared the control cohort.

- Furthermore, patients on metformin ≥2 years were 22% more likely to reduce PTSD symptoms (aHR: 1.22), compared with metformin exposure <2 years.

Based on the findings the authors concluded that Metformin exposure may be beneficial to PTSD symptoms among veterans1.

ACOI Joins in Virtual Advocacy Day

ACOI President-Elect Michael A. Adornetto, DO, FACOI and Christopher T. Beal, DO, FACOI, Chair of the Clinical Practice and Professional Development Committee, participated in a virtual advocacy day on September 10. The ACOI co-hosted the event with the AOA and 30 other osteopathic affiliates. During the day, participants met with congressmen and staff to discuss issues of importance to osteopathic physicians and their patients. In their meetings, participants addressed the need to end surprise medical billing, approve legislation to change prior-authorization requirements by Medicare Advantage plans, and a need to provide mental health resources for health care professionals. In total, participants from 29 states engaged in more than 120 meetings. The ACOI’s participation in this important event is an example of our ongoing efforts to advocate on behalf of osteopathic internists and the patients for whom you provide care.

Senate Fails to Advance COVID-19 Relief Package

Senate leadership recently fell short of the 60 votes needed (52-47) to advance a COVID-19 stimulus relief package. The stripped-down legislation would have extended federal pandemic unemployment insurance compensation until December 27 at one-half of the previous amount ($600 reduced to $300), and included funding for vaccines, testing and small businesses. The package, which was released a few days prior to the vote, also included liability protections from COVID-related lawsuits for businesses, schools, and other organizations. It did not address funding for state and local governments, a key sticking point between Republican and Democratic negotiators. Estimates placed the cost of the legislation at approximately $500 billion. The House approved a $3 trillion package in May. While negotiations are ongoing, it appears increasingly unlikely that a compromise will be reached prior to the November elections.

CMS Unveils Updated Care Comparisons

The Centers for Medicare and Medicaid Services (CMS) recently released an updated Care Compare website that provides a single user-friendly interface. The updated resource combines eight existing health care compare tools. According to CMS, Care Compare provides a single user-friendly interface that patients and caregivers can use to

Continued

Leadership

ACOI continues to support physician-led health care teams as an important component of Principle-Centered Medicine™.

Washington in Brief

The Republican and Democratic National Conventions are behind us, summer has come to an end, and the race for the White House is hitting the home stretch with fewer than 50 days to go before the elections. In addition to the Presidential race, there are a number of important House and Senate races that will impact the direction of our nation for the foreseeable future. As a result of the political headwinds that are circulating in Washington, it is most likely that only essential legislation will advance prior to the elections. This includes a stop-gap funding package to keep the federal government funded through the next few months. Efforts are also ongoing to advance a COVID-19 package, but a path forward prior to November remains unclear. The ACOI will continue to monitor issues of importance to you and your patients.

Government RELATIONS

Timothy McNichol, JD

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make informed decisions about healthcare based on cost, quality of care, volume of services, and other data. Care Compare can be accessed by visiting here.

**Oral Arguments Expanded for Supreme Court ACA Case**

The Supreme Court is set to hear oral arguments in a case that could determine the fate of the Affordable Care Act (ACA), and fundamentally alter the face of the healthcare delivery system on November 10. In general, most oral arguments last for one hour, equally divided between the two sides. The Supreme Court recently announced it will extend oral arguments in the case of California v. Texas by 10 minutes for each side. Additional information will be provided following conclusion of the oral arguments and following the Court’s decision.

**CMS Alerts Physicians to Issue Impacting Electronic Clinical Quality Measure Scoring**

The Centers for Medicare & Medicaid Services (CMS) recently alerted physicians to an issue that impacts electronic clinical quality measure (eCQM) scoring during the 2020 performance year. eCQMs are used in several programs, including the Quality Payment Program and MIPS. The issue relates to the timing values for three quality measures. This issue has the potential to impact measure scoring when certain time values are not present in the input data. The erroneous calculation may result in an increase or decrease of cases that fall in the measure population. The impacted measures are:

- CMS128v8 Anti-depressant Medication Management
- CMS146v8 Appropriate Testing for Children with Pharyngitis
- CMS56v8 Functional Status Assessment for Total Hip Replacement

CMS has published updated measure packages to correct the issues for all three impacted eCQMs. The updates are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center. Physician practices that are reporting on the measure(s) should contact their electronic health record (EHR) vendors to see if EHR system updates are warranted. Additional details and measure-specific information can be reviewed in the ONC eCQM Known Issues Tracker.

**Washington Tidbits**

“We the people...”

In the spring of 1787 with a young nation on the brink of collapse, delegates from 12 of the original 13 states met at the Pennsylvania State House in Philadelphia to convene the Constitutional Convention (Rhode Island refused to send delegates). The goal of the Convention was to create a stronger, more centralized national government. Following four months of negotiations, 41 of the original 55 delegates met on September 17, 1787 to sign the proposed Constitution. Of those present, three refused to sign the document. The young nation was created by an even younger delegation — the average age of the delegates was only 42!
A Longitudinal Care Plan (LCP) is not necessarily synonymous with the concept of complexity of care. It is a care that involves information about a patient gathered and used over a long period of time.

A patient’s LCP is about them. It is a care plan constructed over time through multiple conversations between the patient and their physician. It reflects the patient’s health and wellness goals and reflects what has been collectively decided about his or her care with regards to specific disease prevention and management goals.

In my opinion, this is a wonderful concept with an opportunity to improve patient care. The visit complexity code proposed for 2021 is an opportunity to improve the development and implementation of LCPs. Previously, there were two codes proposed for the complexity code, one for primary care and one for specialty care. The specialty codes were deleted last year in the 2020 Physician Fee Schedule (PFS) final rule. The 2021 proposed PFS rule includes an updated descriptor of the GPC1X code. It reads “visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious, or complex condition.”

Early in my career I was told the primary care physician was the captain of the ship and responsible for the management of a patient’s care. Unfortunately, in today’s healthcare system, care management has become more complex and fragmented. Too often I see doctors and patients who are frustrated by a lack of communication, and unclear direction related to patient care.

Let us look at the example of a patient who is discharged from the hospital or an emergency room. They are sent home with instructions to follow-up with their primary care physician or specialist. The next thing you know, the patient is in your office and you are playing catch up. The LCP is about paying physicians for the additional time it takes to take charge and be the captain. This additional care is captured in this “complexity code.”

The 2021 PFS proposed rule attempts to address this by including a new code for visit complexity based, in part, on the LCP. The proposed rule states, “We continue to believe that the time, intensity, and PE involved in furnishing services to patients on an ongoing basis that result in a comprehensive, longitudinal, and continuous relationship with the patient and involves delivery of team-based care that is accessible, coordinated with other practitioners and providers, and integrated with the broader health care landscape, are not adequately described by the revised office/outpatient E/M visit code set.” CMS states they realized the traditional office visit did not account for the extra time it takes to be the captain of the ship, so the proposed code was identified and put forth.

The visit complexity code is not intended to be used as many providers think. The newly expanded descriptor and additional information on Longitudinal Care Plans associated with it provides a clearer picture of its proper use. This code is NOT to be billed on every patient that is considered complex. This code is intended to be used to account for the
extra time, intensity, and practice expenses incurred as a result of providing certain defined care services to your patients. It is to build and maintain a relationship with your patient that is comprehensive, longitudinal, and continuous, coordinating as a team, the patient’s providers in concert with the patient’s health care goals. In doing so, the provider is eligible for an additional payment under the visit complexity code for their time, effort, and expense.

Recognizing the confusion that still exists, the Centers for Medicare and Medicaid (CMS) is requesting public comment, for “more specific information regarding what aspects of the definition of HCPCS add-on code GPC1X are unclear, how we might address those concerns, and how we might refine our utilization assumptions for the code.” Comments are being accepted through October 5, 2020.
The ACOI Board of Directors wishes to thank all ACOI members for their annual support for the College. The generous support from 75th Anniversary Circle members is of the utmost importance as we seek to maintain an osteopathic approach to internal medicine for future generations of patients.

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Thank You!
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