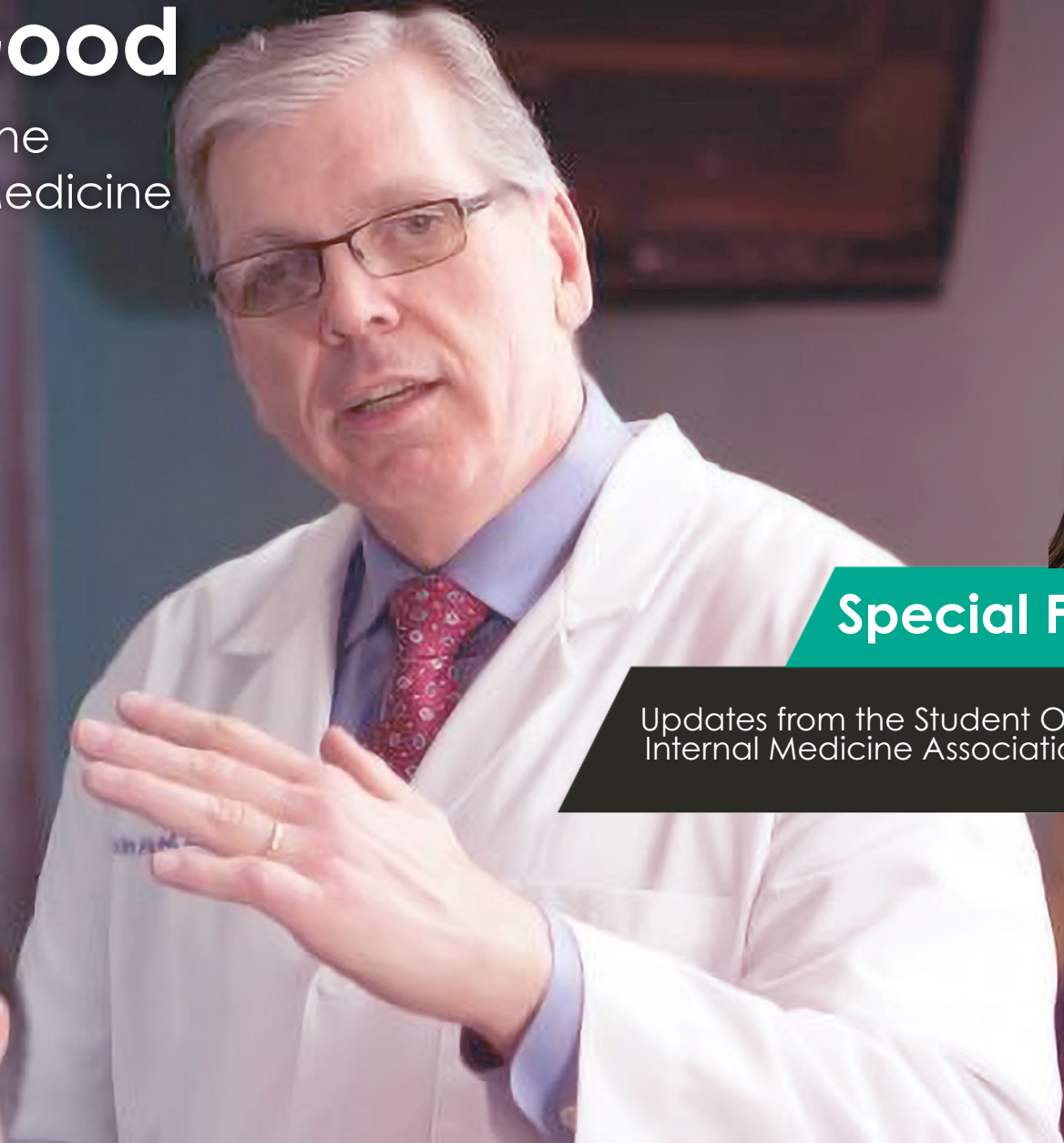


#DOsDoingGood

ACOI's Historian is Living the Legacy of Osteopathic Medicine



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2022-2023



The Other Side of EMR

I recently had the opportunity to travel to Napa, California, for a combined business pleasure event.

I had been looking forward to this adventure as my husband was joining me and it is not often that he accompanies me on business travel. The pleasure aspect of touring California wine country was the key.

The trip started off great—a wonderful resort hotel, fine dining, excellent wine from the Napa Valley appellation shared with good friends. We even splurged on first class airfare for our cross-country travel from New Jersey, which in retrospect was a wise decision.

The enjoyable walk from the hotel to dinner was a pleasurable stroll until I tripped over an obstacle on the sidewalk and found myself flying in the air until I landed on my left hip. Embarrassed, I quickly stood up and tried to walk. With the degree of pain I was experiencing so quickly as I tried to walk, I knew what had happened.

So instead of heading to dinner, I traveled by Uber (I didn't even think about calling an ambulance) to the Emergency Department of Providence Queen of the Valley Medical Center a few miles away, a hospital I knew nothing about and over 2500 miles from my medical community.

Looking down at my feet while lying on the stretcher waiting for the ER doctor, my knowledge of orthopedics was adequate enough to diagnose my femoral neck fracture with my shortened, externally rotated left leg without an X-ray, which did confirm the diagnosis.

I became a bit of a “celebrity” as I was admitted to the hospital and my story became known—the physician from New Jersey who fell on the way to dinner and fractured her hip. The hospital staff could not have been nicer as I landed in Room 1102 on the med/surg floor.

And now my control over my health was an illusion. Where is the closest hospital? Is the surgeon on call? What is the hospital rating? Is this a teaching hospital? (My bias since my entire career has had teaching hospital involvement.) Is it in my insurance network?

We have all learned how to navigate the health systems where we either receive our medical care, provide care, or possibly both for ourselves and our family. We have requested or have been asked ourselves to take on a patient, squeeze someone in a full schedule, or other ways to help a patient, friend, or colleague navigate the health care system which at times can be quite overwhelming. We know our colleagues and hospitals, we choose whenever possible who our patients see in consult for diagnoses, procedures, or surgery—and who they don't.

So, I was quite relieved once I settled in to research the hospital, the orthopedic surgeon, and the mission and values of the hospital and the Providence Health System. I was able to exhale and resigned myself to playing the part of patient and not physician which I am sure all of you already realized was not easy.

The Queen of the Valley Medical Center was voted one of America's 250 Best Hospitals by Healthgrades. According to their website, it has served the greater Napa Valley as the region's largest most comprehensive health care facility, attracting high caliber health care professionals backed by state-of-the-art facilities and leading-edge technology. The orthopedic surgeon, well revered by colleagues and patients alike, sat down at my bedside to explain my injury and the upcoming surgery, and perhaps most importantly the nursing staff providing my care were compassionate and caring and quick on the call bell.

The story does go on to have a happy ending. The surgery was a success, the nursing staff was top-notch and compassionate, and the food was actually edible!

Realizing I was going to be discharged to the hotel before I could fly home, I did stay an extra day in the hospital for pain control, physical therapy, and monitoring.

Continued





The Other Side of EMR

(Continued)

I did not relish the idea of the flight home four days post op of a total hip replacement but at least my first-class seats allowed me to make it through the 12 hours door-to-door it took to get home.

As I continue to recover from this traumatic event, several realizations come to mind.

I have renewed faith and trust in the health care system but might need to leave my East Coast big city location to find it. The only snags in my care happened when I got back to NJ, and had to deal with insurance.

Communities across the country have top-notch hospitals, physicians, and other health care personnel we know nothing about and fortunately I stumbled across a gem.

I need to let my mind and body heal as I am now the care receiver and not the caretaker. These roles are a blur as I try to jump back into my full-time responsibilities and realize I cannot be the old me at this time. I must accept that fact and perhaps come to the realization my plate is too full.

It is OK to let others help me as they are only reciprocating for things I have done for them or are paying it forward.

Thanks to my ACOI friends who helped me immensely during this time. With the unending love and support of my husband Kevin, I will be ready for my next adventure before I know it.

Joanne Kaiser-Smith, DO, FACOI
president@acoi.org

ACOI

Online Learning Center



Your Home for Osteopathic Internal Medicine Education

New Educational Opportunities

More opportunities for CME are now live on the ACOI Online Learning Center.



Earn 0.75 AOA Category 1B Credits **for free** by completing **COVID Outpatient Therapies**.

Need Quick CME? Check out options from the 2022 Virtual Spring Meetings.

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Subspecialty Focused Meeting - ON DEMAND

18.25 AOA Category 1A Credits

Find all of these activities listed on the homepage of the Online Learning Center.

Visit Now



ACOI Education to Fulfill DEA Requirements

To meet the conditions of the Medication Access and Training Expansion (MATE) Act, the Drug Enforcement Administration (DEA) has [issued new requirements](#).

As of June 27, 2023, all DEA registered practitioners must complete a one-time eight-hour training requirement on the treatment and management of patients with opioid or other substance use disorders.

Practitioners will check a box on their online registration form to affirm that they have completed the new training completion. No further documentation is needed.

ACOI Can Help

You will be able to fulfill all eight hours of DEA training through ACOI. Additional details on this offering will be provided soon.

As an added bonus, all ACOI 2023 Annual Convention & Scientific Sessions attendees will receive complimentary access to over eight hours of education that will fulfill this requirement. Registration for ACOI 2023 will open next month.



Nominations are open for ACOI fellowship and annual awards. Please consider nominating a qualified member. **The deadline for all nominations is Wednesday, May 31, 2023.**

FACOI

Eligibility for the [honorary degree of Fellow \(FACOI\)](#) is available to physicians who are certified in internal medicine by AOBIM or ABIM. In addition, they are an ACOI active member for at least two years. Should you wish to nominate someone, please contact them directly and encourage them to apply. The Fellows application process is done completely online. Your sponsorship and endorsement would be requested via email after your nominee has applied. [View the list of eligible members](#).

MACOI

The [Gillum Society of Master Fellows \(MACOI\)](#) honors Active members who have demonstrated outstanding past and present contributions to the College or to osteopathic internal medicine. Nominations should take the form of a letter detailing the individual's accomplishments and activities deserving consideration. Please email your nominations to [Susan Stacy](#).

Annual Awards

Each year, ACOI recognizes three members with the [Teacher of the Year, Researcher of the Year, and Internist of the Year](#) awards. To nominate a member, please [review the criteria](#) and write a letter detailing the individual's accomplishments and activities deserving consideration. Please address the letter to John F. Uslick, DO, MACOI, Chair, Honors and Awards Committee and send it to [Susan Stacy](#).

We look forward to recognizing the new fellows and award recipients in person at the Annual Convention. ACOI 2023 will be held on October 11-14, 2023, at the Tampa Marriott Water Street Hotel in Tampa, Florida. Award recipients will receive a \$1,000 cash stipend.



#DOsDoingGood: Dr. Kevin P. Hubbard

ACOI's Historian is Living the Legacy of Osteopathic Medicine

by Gina Kilker



When Kevin P. Hubbard, DO, MACOI, recalls his family's long history in the osteopathic medicine profession starting with the family practice his grandfather started in the 1940s, it paints a picture of an old-fashioned small-town doctor who did it all.

According to Dr. Hubbard, his grandfather was a DO who treated entire multi-generational families, from infants to the elderly, in his office centrally located on the town square in historic Independence, Missouri. "My grandfather was an osteopathic family physician, and my grandmother was a registered nurse and the office manager. It was just the two of them. They ran a typical old-school general practice back in those days. He did home deliveries and made house calls; she ran the ship and did the office nurse work. It was the quintessential mom-and-pop family practice."

Caring for patients rubbed off and Dr. Hubbard's dad, Ronald W. Hubbard, DO, FACOS, became the second generation to enter osteopathic medicine, specializing in osteopathic general surgery. Following in the footsteps of both his father and grandfather, Dr. Hubbard believes he was meant to pursue a career in osteopathy. While both he and his brother "grew up in the profession," he said he was the one who got the "osteopathic gene." His brother pursued a career outside of medicine.

Dr. Hubbard recalls his own modest start in medicine, helping dad in the office. "I started as the janitor for my dad. I scrubbed toilets and cleaned everything off the floor that you can imagine would be on the floor in a physician's office! At the hospital, I worked as an orderly making beds, and making sure patients were comfortable, and that their food was hot. Nothing is beneath me. There's no ego here!"

While janitorial tasks marked the beginnings of a profession that began over 40 years ago, the memories of starting as a student are fresh in his mind. "I remember the letter of acceptance I received from Dr. Leonard Mennen, who was the dean of the University of Health Sciences - College of Osteopathic Medicine in Kansas City. I can still see the words in my head - "On behalf of the administration, I'd like to congratulate you for being accepted into the class of 1986."

Dr. Hubbard still marvels at the idea of being accepted into such a noble profession. "What makes osteopathic medicine so special is that we have all been accepted into it! It is still hard for me sometimes to talk about it without dissolving into tears because it has given me everything I have. It has put clothes on my back and a roof over my head. It has allowed me to feed my family and serve my community. It didn't owe me anything. But it has graciously given me everything that I have."

Geographically, Dr. Hubbard's career has come full circle. After medical school, he left Missouri to start his rotating internship at the Oklahoma Osteopathic Hospital, today known as the Oklahoma State University Health Science Center (OSU-HCS).

After the internship concluded he returned to Kansas City to do his residency in internal medicine at University Hospital, but at the end of his first year was given the troubling news that the hospital would be shuttered due to financial woes. Given just six weeks' notice, he was told he would lose residency. However, he was able to transfer into a residency program in Saint Louis at Normandy Osteopathic Hospital. He then went on to do further postgraduate training at MD Anderson in Houston. After several years at the world-renowned Texas cancer center, he had the opportunity to go back to Kansas City. While staying at MD Anderson was tempting, his family's legacy was ultimately calling him back to his roots.

"It was a wonderful opportunity to be able to give something back to the profession that has given me so much over the years. It's all been a labor of love. I just am so grateful that I still practice in the same community where my grandfather and father practiced all those years ago - so, from 1941 to 2023, we're finishing up 82 years of continuous practice in Greater Kansas City."

Going back to the Kansas City Area he worked for 20 years in hematology-oncology. Caring for patients alongside his allopathic colleagues, it was their interest in palliative care that motivated him to seek certification in hospice and palliative medicine in the mid-1990s. He became a hospice medical director at Crossroads Hospice, which has become a model for many palliative care centers throughout the country.

Continued





#DOsDoingGood: Dr. Kevin P. Hubbard

(Continued)

At Crossroads, he helped start a *Gift of the Day Program* that ultimately became one of his proudest career accomplishments. Today, it is one of the hospice's signature programs that starts with the question – “If you had one perfect day, what would it look like?” – and grants hospice patients a dream experience of their choice.

As dreams go, Dr. Hubbard is still amazed that he is living his. “I’m living a childhood dream each day. And there’s still that little five-year-old kid deep inside of me that wonders if I’m ever going to be able to do this. Yet, I’ve had this great honor and privilege to do it all these years. I just can’t imagine doing anything else! If I had to do it all over again, you could absolutely bet I’d be an osteopathic internist.”

Today he runs the St. Luke’s Palliative Oncology Clinic. He says he gets to use his oncology and palliative medicine skills to talk to people about the kind of care they want. He enjoys the “osteopathic approach” that the clinic takes in helping patients manage their symptoms and provide holistic care that meets patients’ goals.

After over four decades in the profession, he has given back plenty. As an ACOI member for over 30 years, his interest and involvement grew starting from when he joined as a resident. It was seeing ACOI leaders that he admired like Dr. “Web” Stoever and Dr. Gary Slick that bolstered his enthusiasm for wanting to be involved in the organization. Throughout the years Dr. Hubbard’s involvement increased exponentially as he became a pivotal part of the ACOI.

Dr. Hubbard rose through the ranks to become ACOI’s President in 2007-2008, and today he is still involved in the CME Committee, and the Development Committee, and he is also the co-chair for the [2023 Internal Medicine Board Review Course](#) as part of the [ACOI Spring Meetings](#) being held in May. In 2013, he was awarded ACOI’s Internist of the Year Award. But his biggest contribution to date may be his involvement in a monumental undertaking that documents the history of the ACOI. Author of *A History of Osteopathic Internal Medicine – Celebrating the ACOI’s First 75 Years*, Dr. Hubbard juggled an 80-hour work week for 12 years while dedicating evenings and weekends to working on the comprehensive project. [Read about Dr. Hubbard’s involvement in the ACOI history book.](#)

Looking back on his own history, he’s left a storied imprint on both his profession and on the ACOI. While his grandfather started the family legacy of practicing osteopathic medicine, and his father continued it, Dr. Hubbard knows a sense of personal satisfaction that is his very own. “Maybe at the end of all of this, it’s a realization of not what you’ve accomplished, it’s an understanding of who you were in the lives of the people you tried to help and who you are in the lives of your family. I still believe, even after all these years, that my best work has yet to be done.”

ACOI 2023 Internal Medicine Board Review Course

Kevin P. Hubbard, DO, MACOI, is the co-chair for the [ACOI 2023 Internal Medicine Board Review Course](#) launching May 9-13 and available through August 15. He believes that the course, which the ACOI has been offering for decades, is important to consider for any physician needing CME, not just those studying for their Board exams.

“I think it’s always good to refresh and update your information sources consistently. I think particularly for general internists, there may be some territories they cover every day. They may see heart failure every day. They might see chronic kidney disease every day. But they may not see some of these unusual dermatologic problems every day. And they may not see somebody who has an unusual rheumatologic problem every day. So, this is something that refreshes their minds, gets them thinking about things again, and reminds them about how to diagnose them and how to treat them. Those are things that I think can be very helpful. Every once in a while, it’s just nice to be able to get back to the basics and tune yourself up a little bit.”

To review the agenda and register for the 2023 Internal Medicine Board Review Course or for any of the other 2023 Virtual Spring Meetings, visit [our website](#).



ACOI Asks Congressional Leaders for Full MEI Update

ACOI sent a [letter](#) to congressional leaders asking that they advance legislation this year to provide physicians an annual inflation-based payment update based on the full Medicare Economic Index (MEI) beginning in 2024. In the letter, ACOI highlighted years of Medicare physician underpayment that has led to physician practice consolidation and, consequently, higher health care costs. ACOI also acknowledged in the letter that a much-needed fundamental restructuring of the Medicare physician payment system will take time, and that legislating an annual inflation-based update provides an immediate opportunity for Congress to support long-term sustainability of physician practices and to ensure continued Medicare beneficiary access to care.

House Bill Links Payment Update to MEI

Representatives Raul Ruiz, MD (D-CA), Larry Bucshon, MD (R-IN), Ami Bera, MD (D-CA), and Mariannette Miller-Meeks, MD (R-IA) introduced [legislation](#) that adds a permanent, inflationary update based on the Medicare Economic Index (MEI) to the Medicare Physician Fee Schedule.

The introduction of the legislation builds on a recommendation from the Medicare Payment Advisory Commission (MedPAC) to tie a physician payment update to the MEI. However, despite the significant growth of physician practice costs, MedPAC [recommends](#) that Congress updates physician payments next year at just half of MEI, which would be 1.45 percent based on current projections.

Upon introduction of the legislation, the bill sponsors issued a [press release](#) saying the “Strengthening Medicare for Patients and Providers Act,” (H.R. 2474) would “address payment uncertainty affecting Medicare-participating physicians and avoid a possible physician shortage for Medicare beneficiaries.”

ACOI expressed support for the legislation in a [letter](#) led by the American Medical Association to the bill sponsors. In a [tweet](#) posted on April 6, ACOI applauded the introduction of the bill and called on Congress to pass H.R. 2474.

Safe Step Act Introduced in the House

Bipartisan legislation to improve step therapy, or “fail first,” protocols used by insurance companies has been reintroduced in the House by Reps. Brad Wenstrup (R-OH) and Raul Ruiz (D-CA), along with Representatives Mariannette Miller-Meeks (R-IA), Lucy McBath (D-GA), Lori Chavez-DeRemer (R-OR), and Earl Blumenauer (D-OR). Introduction of the [Safe Step Act](#) in the House (H.R. 2630) follows introduction of identical legislation in the Senate ([S. 652](#)) earlier this spring.

Upon introduction, [Rep. Wenstrup](#) said the bill would provide patients with “common sense protections.” The legislation is [endorsed](#) by ACOI.

Administration Issues Guidance on ACA Preventive Benefits

On March 30, the judge for the U.S. District Court for the Northern District of Texas ruled that the U.S. Preventive Services Task Force (USPSTF) recommendations are unconstitutional because the task force members are not appointed by the President and confirmed by the Senate. The ruling blocks Section 2713 of the Affordable Care Act (ACA) that requires coverage without cost-sharing of preventive services, to which, the USPSTF assigns a rating of “A” or “B.”

The Departments of Labor, Health and Human Services (HHS), and the Treasury, along with the Office of Personnel Management, released on April 13 [federal guidance](#) on coverage of preventive services following the court ruling.

The court decision applies to items and services required to be covered by plans and issuers without cost sharing with an ‘A’ or ‘B’ recommendation made by the USPSTF on or after March 23, 2010.

The Department of Justice has filed an appeal and a motion for a stay. ACOI continues to monitor this matter closely and will provide updates as they become available.

Continued





CMS Finalizes Prior Auth Rules for Medicare Advantage

On April 5, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that puts in place better guardrails to stop Medicare Advantage (MA) plans from denying enrollees basic benefits. CMS' proposals are in response to a 2022 report from the Office of the Inspector General that found MA plans were denying care that met Medicare coverage rules.

Coverage Criteria for Basic Benefits

Under the final rule, which will take effect January 1, 2024, MA plans must comply with national coverage determinations (NCDs), local coverage determinations (LCDs), and general coverage and benefit conditions included in traditional Medicare laws. This includes criteria for determining whether an item or service is a benefit available under traditional Medicare.

When coverage criteria are not fully established in Medicare statute, regulation, NCD, or LCD, MA organizations may create publicly accessible internal coverage criteria that are based on current evidence in widely used treatment guidelines or clinical literature. According to CMS, Coverage criteria are not fully established when additional, unspecified criteria are needed to interpret or supplement general provisions in order to determine medical necessity consistently. When additional, unspecified criteria are needed, the MA organization must demonstrate it provides clinical benefits that are highly likely to outweigh any clinical harms, including from delayed or decreased access to items or services. In the final rule, CMS provides an example of this type of scenario.

Continuity of Care

In its comments to CMS, ACOI emphasized that prior authorizations (PAs) should be valid for the active course of treatment, so physicians do not have to repeatedly obtain PA when re-ordering drugs or biologics for patients in active treatment for chronic conditions. In the final rule, CMS said it is requiring that an approval of a PA request “for a course of treatment be valid for as long as medically necessary to avoid disruptions in care, in accordance with applicable coverage criteria, the patient’s medical history, and the treating provider’s recommendation.” In the cases of a Part B drug “being used indefinitely is medically necessary and consistent with the relevant coverage criteria, the patient’s medical history and provider’s recommendation,” CMS seemed to apply a lesser standard, saying it would “encourage” MA plans to “work with the provider to assess continued efficacy and medical necessity as is reasonable.”

Formulary Changes

CMS had proposed changes to requirements Part D plans must meet when making formulary changes, including beneficiary notice requirements for immediate formulary substitutions. CMS did not finalize its proposals related to formulary changes and said it would address them at a later time.

Washington Tidbit

21 Miles from 1600 Pennsylvania Avenue

One of the pleasures of living in and visiting the Washington, DC area is the fact that history can often be found in some of the most unexpected places. A small nondescript colonial home that one gives little thought to may just have been the “Capital for a Day.”

In August of 1814, the British forces attacked Washington, DC, and set fire to many structures including the White House. When the British forces reached the White House, they discovered that President James Madison had fled. After spending two days in northern Virginia, President Madison and members of his cabinet fled to Brookeville, Maryland, located just north of the city. They took refuge in the home of the postmaster. In addition to the President and his cabinet, the Senate’s papers were also brought to Brookeville for safekeeping. This very small suburb of Washington served as the center of the government and provided safe refuge for a day in the history of our Nation.





CODING CORNER

New Hospital Inpatient or Observation Care Codes

Jill M. Young, CPC, CEDC, CIMC



There were major revisions to the Current Procedural Terminology (CPT) observation code series for 2023 of which you should be aware. Some of the more important changes require communication and tracking of new details between physicians and billing staff.

Although there may be differences in the physical location of a patient that is in observation status versus hospital status, the Evaluation and Management (E&M) care codes used in billing for physician and other qualified healthcare professionals' services are the same. Codes 99221-99223 are for both an initial inpatient and observation care visit. A physician or other qualified healthcare professional can only use a code from this series once per hospital stay. This is reiterated in the CPT guidelines, which state that when reporting hospital inpatient or observation care services, a stay that includes a transition from observation to inpatient is a single stay. Therefore, a physician or other qualified healthcare professional can only bill one initial inpatient or observation care code per stay regardless of whether they are admitted to observation first and then transitioned to a hospital admission later. There is only one "initial" care code for a patient for a physician per hospitalization.

Special CPT rules apply around the care if provided by a non-admitting physician or other qualified healthcare professional.

The scenario is provided in the guidelines where physician A sees a patient in consultation "in anticipation of or related to" an admission by physician B. If physician A then sees the patient again that same day after the patient is admitted, they must use a subsequent E&M care code (99231-99233) and not the initial care code (99221-99223). There are two additional caveats in this scenario for your consideration. Although CPT refers to the service by physician A as a consultation, it appears that any E&M service provided in association with a patient's admission would trigger this restriction. The other interesting detail about this CPT guideline is that the visit by physician A that triggers the restriction can occur on the date of admission or the date prior.

A physician or other qualified healthcare professional who sees a patient "in anticipation of or related to" an admission on the day of or the day before a patient is admitted will need to use the proper subsequent hospital inpatient or observation care E&M codes (99231-99233) for the second visit. You do not get to report a code from the initial inpatient or observation care code series.

Lastly, when a physician assistant or an advanced practice nurse works with a physician, they are considered as working in the exact same specialty and subspecialty as the physician.

Any visit by them in these scenarios counts the same as if they were performed by another physician of the same specialty in the same group.

Although these scenarios are not necessarily everyday occurrences, they do occur and will result in rejections if not properly billed. Although there are some known issues with payers recognizing the codes for Inpatient Hospital or Observation Care (99221-99223, 99231-99233) when the patient is considered in observation status, it is the correct way to bill. Make sure your billing processes allow for recognition of this detail, and others mentioned above to ensure proper payment of your services.

Wellness Corner

ACOI members identify dealing with stressors as the most critical issue facing them today. Each month we'll share an idea a member shared with us on how they work to promote their own wellness.

"In the discussion about work/life balance the emphasis seems to be on the work. I honestly feel that the home piece of this needs to be unloaded because our society has made the home life way too packed with commitments and time sinks."

**Have a suggestion of your own?
Email us at katie@acoi.org.**



ACOI Member News



New ICOM Dean

Congratulations to ACOI member Kevin Wilson, DO, FACOI, on being appointed the new Dean and Chief Academic Officer of the Idaho College of Osteopathic Medicine (ICOM). We look forward to working with osteopathic leaders like him to help strengthen the nation's future physician workforce.



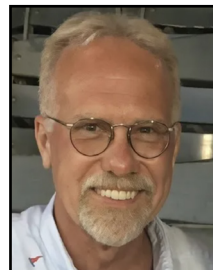
Dr. McDonald Accepts a New Position

John McDonald, DO, FACOI, has been appointed System Designated Institutional Official (DIO) at the CHRISTUS Health Office of Research & Academics within the Clinical Excellence Division. Congratulations to Dr. McDonald on this new leadership position!



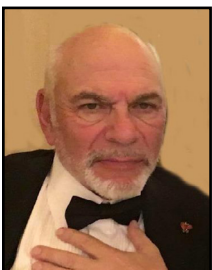
Dr. Berg Acknowledged for Contributions to the field of Pulmonology

Gary L. Berg, DO, FACOI, has been acknowledged by The Inner Circle as a Most Trusted Healthcare Professional for his contributions in the field of pulmonology. Dr. Berg practices at Ascension Macomb-Oakland Hospital Madison Heights Campus, providing individualized attention to each patient to make sure they are educated on their conditions.



In Memoriam

Henry T. Davis, DO, FACOI, passed away peacefully in the presence of loved ones on March 27, 2023. After working as a Pharmaceutical Detail Representative for several years he decided to pursue a career in medicine. He began his career as an internist in Houston, MO as a physician and Medical Director in 1994. In 1998, he returned to his hometown of Boonville, IN, and began working as a hospitalist. Dr. Davis was a life-long learner and touched the lives of many people.



In Memoriam

Jack O. Gratch, DO, FACOI, ACOI member since 1979, passed away on March 29, 2023. Dr. Gratch gained an interest in medicine early in life from being raised in a home above his father's pharmacy. He practiced nephrology for over 50 years and taught at Texas College of Osteopathic Medicine. Colleagues, patients, and students will remember his exceptional care, brilliant mind, and unyielding demeanor.

Associate Dean Position Available

ACOI member Shawn Cannon, DO, FACOI, is seeking an Associate Dean of Pre-Clinical Medical Education at D'Youville University in Buffalo, NY. See the full position description and [apply here](#).

Continued





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Please contact:
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Share Your News With Us!

If you've recently received an award or accepted a new position, let us know so we can give you a shout out! Send an email to katie@acoi.org with your news, or news about your fellow members.

ACOI Member News

(Continued)

ACOI Day of Service

Last week, staff gave back to the community by volunteering at Nourish Now, an organization dedicated to addressing food insecurity and reducing food waste.

This successful team-building event was also a fantastic learning experience, and we look forward to pursuing other opportunities to help make a difference.



Book of the Month



Each month ACOI will highlight published works from our members and other suggested books. This month we're featuring Dr. Bayer's poetry collection!

Deborah Bayer, DO, FACOI, has released a chapbook of poems titled *Rope Made of Bandages* (Finishing Line Press, 2023).

The poems describe her experience as an Infectious Disease specialist, as a patient, and as a transitioner to retirement. More information is available on the [publisher's website](#). Congratulations, Dr. Bayer!



SOIMA Updates

Student Osteopathic Internal Medicine Association

Message from the SOIMA President



Hello student members! My name is Joanna Paula Manansala, and I am President of the national Student Osteopathic Internal Medicine Association (SOIMA). I am a second year DO/MPH student from A.T. Still University - School of

Osteopathic Medicine in Arizona (ATSU-SOMA) and I am extremely honored to pioneer this position. A little background about me—I was born in the Philippines and I migrated to Los Angeles when I was 13. My own and my family's experience navigating health care while being uninsured drove me to medicine as well as public health. Prior to medical school, I was a scribe for a hematology-oncology bone marrow transplant clinic. While this gave me a narrow experience of medicine, it made me appreciate the holistic care that my doctor, an internal medicine trained specialist, gave to each of his patients. This draws me to internal medicine. Internal medicine can provide vast opportunities to care for patients regardless of if you choose to be a subspecialist or not. I want to be trained in a wide array of topics to fully understand my patients' needs and provide comprehensive care.

While our reasons for wanting to pursue internal medicine may be different, my goal is to form a collective understanding of the multitude of ways we can provide care and the many possibilities open to us as internists in the near future. I look forward to working with you all this year!

Best,
Joanna Manansala

Updates from SOIMA:

Mentorship Program

If you are interested in finding a professional mentor, ACOI has a mentorship program which can help you find a mentor that suits your professional needs! To get started, fill out [this application](#) and send it to [Kara Kerns](#).

ACOI 2023—An Invitation

We want to invite you to the ACOI 2023 Annual Convention & Scientific Sessions! Scheduled for **October 11-14** at the Tampa Marriott Water Street Hotel in Tampa, Florida, the conference will be filled with opportunities to learn, network, and professionally grow as a future internal medicine physician. Conference registration (both virtual and in-person) is **FREE for all students and residents**, and ACOI is offering a maximum reimbursement of \$1,000 per osteopathic internal medicine club to help offset travel expenses!

Student Poster Contest

The ACOI is hosting a poster contest for students interested in internal medicine and its subspecialties. See [page 15](#) for more information.

First SOIMA National Town Hall Recap

On April 12, SOIMA held its first national town hall meeting with students from across the country. Student representatives from VCOM-VA, VCOM-LA, PCOM-Georgia, ATSU, and PNWU came together to discuss the future of SOIMA and the abundant resources ACOI has to offer students.

Some highlights include:

- **Election update:** The upcoming SOIMA elections will take place in August 2023. More information will follow!
- **Visiting Professor Program:** We have many wonderful professors who have volunteered to mentor and lecture students on different paths in internal medicine. If you are interested in hosting a Visiting Professor at your school, please email [Kara Kerns](#).
- We highly recommend our **Student Osteopathic Leadership in Internal Medicine and Dialogue (SOLID)** program lecture series. You can access information on upcoming programs and view past sessions [here](#). If you would like to suggest future SOLID topics, please [email us](#).

Stay tuned for the next SOIMA town hall!

SOIMA Leadership Form/Achievement Highlight

Calling all SOIMA club leaders! Please fill out this [Google Form](#), so we can connect you to the most up-to-date information and resources for your club members.

In addition, if your club wants to highlight a recent initiative/achievement in the upcoming monthly newsletters, please [share it with us](#). To be featured in an upcoming newsletter, please include a short description (3-5 sentences) describing the achievement and at least one photo. We look forward to hearing from you!



Upcoming ACOI Events

ACOI 2023 Virtual Spring Meetings

Bundling Option Provides Ultimate Flexibility for a Customized Meeting Experience

2023 Internal Medicine Board Review Course

May 9-13, 2023 | Virtual Meeting

Approx. 42 hours of CME credit available.

The Internal Medicine Board Review course provides exam takers and internists who want a broad refresh, an array of topics that touch on all areas of internal medicine from cardiology to gastroenterology, to immunology, and more.

2023 Clinical Challenges in Hospital Medicine

May 10-13, 2023 | Virtual Meeting

Approx. 23 hours of CME credit available.

MOC points also available.

The Clinical Challenges in Hospital Medicine is ideal for hospital-based internists and subspecialists looking for the latest in hospital-based care.

2023 Subspecialty Focused Meeting

May 11-13, 2023 | Virtual Meeting

Approx. 18 hours of CME credit available.

MOC points also available.

The Subspecialty Focused Meeting helps internists and subspecialists dive deeper in all areas of internal medicine specialties.

All of ACOI's 2023 Virtual Spring Meetings are available to you at your office or home. The virtual platform and bundling option allow you to plan your ideal experience. Plus, join in on Q&As after each session to connect with the speaker and fellow members!

Learn More, Save More

Register for one meeting at the original price, get the second meeting 50% off.

To take advantage of this offer, register for one meeting and list the second meeting in the comment section.

Email claudette@acoi.org for assistance.

Which Meeting is Right for You?

ACOI 2023 Virtual Spring Meetings


Internal Medicine Board Review Course




Clinical Challenges in Hospital Medicine



Subspecialty Focused Review



Who Will Benefit




Internists and subspecialists

Hospital-based internists and subspecialists

Internists and subspecialists

What You'll Learn



An internal medicine refresh

The latest in hospital-based care

A knowledge update in cardiology, pulmonology, critical care, infectious diseases, and gastroenterology.

CME Available



~42 hrs of CME

~23 hrs of CME
MOC points also available

~18 hrs of CME
MOC points also available

REGISTER NOW



Upcoming ACOI Events

(Continued)

Registration Opens in May!

ACOI 2023 October 11-14 Tampa • Hybrid

2023 Annual Convention & Scientific Sessions

October 11-14

Tampa Marriott Waterside Hotel, Tampa, FL | Hybrid

[Add to Outlook](#) | [Add to Apple Calendar](#) | [Add to Google Calendar](#)

2024 Annual Convention & Scientific Sessions

October 30-November 3

Kierland Resort, Scottsdale, AZ

[Add to Outlook](#) | [Add to Apple Calendar](#) | [Add to Google Calendar](#)

2025 Annual Convention & Scientific Sessions

October 8-12

JW Marriott Marco Island Resort, Marco Island, FL

[Add to Outlook](#) | [Add to Apple Calendar](#) | [Add to Google Calendar](#)

Please note: It is an ACOI membership requirement that Active Members attend an ACOI-sponsored continuing education program at least once every three years.

2023 Certifying Examination

Dates & Deadlines

AOBIM Initial Certification Exam

Remote Online Proctoring

September 20-22, 2023

First Application Deadline: July 20, 2023

Final Application Deadline: August 20, 2023

Application materials are available on the AOBIM's [website](#). Contact the AOBIM at admin@aobim.org for additional information.



Share Your Work at #ACOI2023

Submissions are now open for ACOI's Annual Poster Contests and Presentations. Submit before **July 31** to qualify!

Annual Poster Contest

Residents and students can submit abstracts in the categories of original research or case presentations. Cash prizes will be awarded to the top winners in each category, and convention registration is free for residents and students.

[Resident Application](#)

[Student Application](#)

Faculty Poster Presentations

Faculty are welcome to share their knowledge with the ACOI community in a number of categories. Poster presentations will qualify for scholarly activity. [Learn more.](#)

[Faculty Application](#)

The ACOI wishes to thank all Members for their annual support for the College. Their generous support is of the utmost importance as we seek to maintain an osteopathic approach to internal medicine for future generations of patients.

\$75,000+

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Mission

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[Visit our website](#) to learn more.

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