#DOsDoingGood

Dr. Brysen Keith's non-traditional path to medicine

Special Features:

Helping Black Patients Gain Trust; Reflections During Black History Month

ACOInfo
American College of Osteopathic Internists

February
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inside:
ACOInfo February 2023

Did You Promise Your Heart on February 14?

My February newsletter has arrived after February 14, Valentine's Day, a holiday that can be enjoyed by celebrating love and friendship. Did you know that February 14 is also a day to celebrate other events? In no particular order, I chose to celebrate these things near and dear to me:

- League of Women Voters Day
- Chocolate Day
- National Women's Heart Day
- National Ferris Wheel Day... and most importantly
- National Donor Day

National Donor Day, recognized since 1998, is an observance dedicated to spreading awareness and sharing information about the full spectrum of donations, including organ, eyes, tissue, as well as bone marrow, platelets, and blood.

As I write this newsletter there are >100,000 individuals on the national transplant list waiting for organs with 58,000 individuals on the active list. Approximately 20 people die every day while waiting for a transplant and a new name is added every 10 minutes.

As scientific discovery has allowed us to make so many advances in health care, our patients with chronic medical conditions are living longer with their diseases. At some point in the patients' care, all the devices, procedures, and medications we use are just not enough to sustain life.

We then look to humanity to provide hope, courage, and support in the form of an organ donation. We have made great strides in the ability to increase the number of transplanted organs, but it is an ongoing challenge that needs to be faced every day.

Statistics from 2022 are quite encouraging. Over 42,800 transplants were recorded for that year, with over 25,000 of them being kidneys. A record number of liver, heart, and lung transplants were completed that year too.

To date, since the early days of transplantations in 1954, over one million total have occurred with 75% of them in the last 15 years. Why is this important? What is our role as osteopathic physicians in the realm of transplant medicine? How can our emphasis on mind, body, and spirit guide us to support this growing need of society?

First and foremost, have you addressed this issue for yourself? Do you have a donor card, registered with a donor organization, or checked "Yes" on your motor vehicle driver's license? If not, you should do so now, if it is in keeping with your beliefs. Is your family aware of your wishes? Have you included this in your living will?

Have you counselled your patients regarding organ donation? As part of your annual wellness visits or during any end-of-life counselling, organ donation can be included in the conversation. Adults over 65 years of age may not be aware they are a candidate for organ and tissue donation, therefore contributing to the health and wellbeing of so many recipients. Every organ donor has the potential to share eight lives and enhance over 75 more.

What else can we do?

Familiarize yourself with the Organ Procurement Organizations (OPOs) that provide service to your medical community.

OPOs such as the Gift of Life and The Sharing Network are there every step of the way to support patients, families, and medical professionals from the start of the journey through years to follow. They are a reliable source of information and services and has been actively involved in the entire education of our residents and students in our training program. It is also vital to educate our doctors in training about the organ donation process, so it remains in the forefront of their minds when they deal with patients facing end of life issue either naturally or tragically.

Advances in transplant medicine have increased the number of organs available for those in need. Last year, more than 6,000 people became living organ donors through direct donation, non-direct donation, or paired donation where living donors and recipients swap to make a compatible match (e.g., kidney and liver).

The advances in treatment for chronic infection have opened the doors to donation from patients with HIV positivity. The HIV Organ Policy Equity (HOPE) Act developed guidelines to allow patients with HIV disease to not only receive but also donate organs. HIV positive status no longer keeps patients off the wait list. Hepatitis B and C are also no longer a barrier to organ transplantation. Donated organs from individuals who have a history of Hepatitis B/C can be safely transplanted since the use of antiviral drugs can protect or treat infection in the recipient.

Continued

Did You Promise Your Heart on February 14? *(Continued)*

Today, the US System for organ donation and recovery is among the best in the world. More patients than ever in need of organ transplants have received their gift of life in part due to scientific advances and increased awareness.

Although there is substantial support for organ donation by the physician community, active communication with our patients happens infrequently due to lack of time, education, and/or experience.

It should be a goal of national medical organizations to establish efforts to help physicians, both primary care and specialists, to feel confident in their ability to guide their patients through their discussions.

We as physicians need to do our part to allow this success to endure. Although National Donor Day has passed, we can look forward to National Donate Life Month which is celebrated every April. Look for opportunities to participate in activities encouraging organ donor registration as well as blood and bone marrow donation drives. Encourage your patients, friends, and family to do so as well.

Be part of the ongoing need to raise awareness regarding this life saving gift. Promise your Heart this time in April! I hope ACOI will take on this challenge.

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

Black History Month Special Feature:

Helping Black Patients Gain Trust

At first glance when you look at the photo that Arthur Bouier, DO, MACOI, posted on Facebook with Mrs. Woodard, his 101-year-old patient, you may just see two happy faces. Upon further inspection, it is obvious that one is a physician and the other likely a patient. Delving even further, it becomes evident that the photo is evidence of what good care looks like.

Many times, for patients of color, finding a physician they trust starts with finding a physician who understands them and their heritage. Having practiced in his community of Southfield, Michigan, for over 40 years, Dr. Bouier has become a fixture in his community and beyond. As the first Black man to be Board Certified in osteopathic internal medicine in the nation, Dr. Bouier is rare. He is a Black physician in a country where Black men make up only 2.6% of all physicians. But it is that distinction that fills a need for many patients of color who want to find providers they believe truly see them and hear them. "Many of my Black patients know and appreciate that I understand the Black experience," he says.

As a result, he has a long list of patients of color who have not only trusted him with their own health, but their children's health, and their grandparents' health too. "When I went into practice, there were very few Black doctors in the neighborhood, and there were no specialized Black physicians in the osteopathic hospital. So, at that time, I took everybody! It didn't matter if you were a kid, a grandparent, or what! Bring the whole family to see Dr. Bouier. And they did! They came! The whole family! So, I had three generations before I knew it. And now I have four generations in my practice. If I don't watch it, I'm going to be on the fifth generation pretty soon," he laughs.

For a patient like Mrs. Woodard, seeing a Black physician who understands her not only helps her feel comfortable, but evidence points to something much bigger. A UCLA study finds that the proportion of physicians who are Black in the U.S. has increased by only 4 percentage points over the past 120 years, and that the share of doctors who are Black men remains unchanged since 1940. Yet, it has been proven that Black patients who see Black doctors report higher satisfaction with their healthcare experience, have better outcomes, and experience lower mortality.

At 101 years old, Mrs. Woodard may be living proof of that, but she isn't the oldest patient Dr. Bouier has ever had. "My oldest patient was 110; she was a really sharp lady!" According to Dr. Bouier, "They can relate to me and say things to me that they probably could not say to other cultures. Too many times Black patients are stigmatized. But when they come into my office they say, 'Oh, he looks like me! Oh, he's a regular guy! Oh, he dresses like that!' You see, I got dreadlocks, so, you know, I'm pretty cool like that!"

According to Dr. Bouier, the problem of not having enough Black physicians is deep-rooted. "I think the only people who can really solve this are physicians that want to get involved in the community to mentor our young Black men. I do some mentoring through the church speaking to athletes. But, overall, we must become more visible in the community and be willing to sacrifice the time to do that.

In my own office I take the time to talk to young people. I always encourage all my young people to further themselves. I've gotten three physicians out of my practice – maybe more! They were kids that I watched grow up and who I got to talk with and today they are doctors!"

Arthur Bouier, DO, MACOI, with his 101-year-old patient, Mrs. Woodard.

Reflections During Black History Month

by Watson Ducatel, DO, MPH, FACOI

As I enjoyed the cool breeze interrupting the Florida heat, I began to think about this year's impending annual ritual of reflection specifically executed by me and perhaps millions of others during the month of February. With my attention fully turned towards my thoughts I asked myself what subjects would lie at the center of this February's reflections and what new knowledge I would seek as a result. Answers burst into my mind the way hot hard kernels of corn transform into popcorn and in a mist of a barrage of thoughts, numbers began to stick out in my mind--1619, 1770, 1776, 1791, 1804, 1830s, 1863, 1865, 1868. The numbers would not stop. Like water overflowing the Niagara Falls they continued....1892, 1920s, 1940s, 1960, 1984, 2014, and then back to 2023.

Immediately I begin to think to myself what's the connection? And as I continued to sit there, enjoying the breeze, the connections become clearer. 1619 was the year in which America's most atrocious institution "Human Chattel Enslavement" was established. The next year 1770 is the earliest year of existence for one of my grandparents in America. Following 1770 is 1776 the year of the American Declaration of Independence and 1791 the start of the Haitian war to end the enslavement of people which would lead to the former enslaved Africans in Haiti to declare their independence and freedom. 140 years later, my father would be born in Haiti, the first country in the western hemisphere to grant freedom to all its people.

My 4th-great-grandmother is believed to have been born by the 1830s in America.

By 1863, many Americans were engaged in murdering each other with intentions to either preserve the American institution of Human Chattel Enslavement or destroying it. But more resounding in my mind from that year 1863 was the enactment of one of America's most prized proclamations, the Emancipation Proclamation. A few months ago, I had read again its words with my wife and daughter as we explored one of the most prized museums in Washington, DC, the National Museum of African American History and Culture. The words of that document seem to have an unquenchable power over me. In the presence of its words, my ability to move forward with a dry face weakens and suddenly I am aware of my heart beating. I cannot help myself as I imagine often the emotions, the physical arousal those words conjured in the bodies of my great grandparents' grandparents.

By 1865, my family had been established in America for at least around 100 years and the evil 1619 institution of Human Chattel Enslavement would finally be completely abolished by the United States government with the ratification of the 13th amendment. In 1865, AT Still's service as Union solider would end as well allowing him to set course on a journey that would change the course of United States history. Three years later in 1868 the ratification of the 14th amendment was fully completed. It defined for the first time in American History who is a citizen allowing my great, great grandparents to be recognized as citizens instead of 3/5ths of a person.

In 1892, A.T. Still would open the first medical school of the Osteopathic profession, the American School of Osteopathy in Kirksville, Missouri. One of my great-great-grandfathers is said to have been around two years old in 1892. By the time he had children of his own in the 1920s, the osteopathic profession had graduated its first brown skinned American osteopathic physician, Dr. Meta L. Christy from Philadelphia College of Infirmary and Osteopathy in 1921. This accomplishment paved the way for other African Americans who choose the osteopathic profession to break glass ceilings, such as William G. Anderson, DO, Barbara Ross-Lee, DO, Arthur I. Bouier, DO, MACOI, and Judith A. Lightfoot, DO, MACOI.

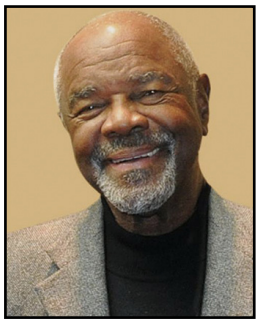
By the 1940s my grandparents would be born and our College as we know it today would be created out of the dust of its predecessor the American Society of Osteopathic Internists In 1941. The College would begin its journey as the academic and social home for osteopathic internists. Its early members would include the founders of osteopathic internal medicine and their first trainees. One early member and internal medicine trainee, Morton Terry, DO, MACOI, considered one of the first osteopathic physicians trained and board certified as an osteopathic Internist would serve our College and profession for decades. He would also indirectly change my life forever after falling in love with Florida during his wedding honeymoon. Dr. Terry decided to move to Florida, a move that would lead to him building an osteopathic empire.

Continued

Reflections During Black History Month

(Continued)

Judith A. Lightfoot, DO, MACOI



William G. Anderson, DO

Meta L. Christy, DO

Barbara Ross-Lee, DO

Arthur I. Bouier, DO, MACOI

In 1951, Dr. Terry founded the first osteopathic medical institution in South Florida called the Magnolia Hospital and Clinic in Opa-locka, Miami, Florida, with a purpose of building up the osteopathic community and serving the brown skinned Americans whose care options were limited due to discrimination, racism, and prejudice. The hospitals and clinics were segregated. Brown skinned Americans were excluded from the waiting rooms, surgical suites, and clinics. He and other DOs could also relate to the feeling of exclusion, prejudice, and discrimination as DOs were not granted equitable practice rights at hospitals in the area. I have no doubt the feeling of exclusion from the greater medical communities' experience Dr. Terry and DOs in general inspired the creation of more DO hospitals/clinics/ medical schools/training programs and the swelling of the profession. Although at a lower level, at the same time, the osteopathic profession was seeing growing numbers of brown skin Americans enter among its ranks.

By 1960, my mother would become the part of the last generation of Americans to experience the deeply segregated south and oppression laws restricting the civil freedoms of some Americans. She was born in a small town in Alabama which had also served as home to her great, great grandparents over 150 years prior. I remember her stories about life in segregated Alabama during the 1960s. Terror is the most fitting single word that comes to my mind when I think about her recounting her experiences. She and some of my other family would ultimately flee Alabama due to the constant threat of violence and oppression. They decided to come to Florida where they believed they would have more opportunity to be relieved of the terror they experienced back home in Alabama. By 1984, I came along and by that time Dr. Terry and others had founded Southeastern College of Osteopathic Medicine which would later become Nova Southeastern College of Osteopathic Medicine and my alma mater.

These facts, and so many more are the origins of my current circumstance. Reflecting upon them at this moment during this month of February continues to bring the past, present, and future together. This is the essence of this month's occasion, Black History Month, a tradition forged from the efforts of historian Carter G. Woodson, the American Society for the Study of African American Life & History, and others.

Like many in the early osteopathic profession, Dr. Woodson himself was also sickened by the sting of exclusion. He was denied participation in the American Historical Association because of his skin color despite earning his PhD in history from Harvard in 1912. Today we celebrate and we honor the wonderful tradition he has left for all of us. By continuing his tradition of remembering our past we continue to destroy the feeling of exclusion and create a path for all of us onto the universal highway of humanism. I ask of you with my article's final words to join us. Happy Black History Month.

Join Your Colleagues at the ACOI 2023 Virtual Spring Meetings May 9-13

Registration is open for the ACOI 2023 Virtual Spring Meetings, three choices of quality osteopathic internal medicine education. A simple-to-use virtual platform ensures a seamless experience which will be available on-demand through August 15.

Approximately 42 AOA Category 1A / *AMA PRA Category 1 Credits™*.

Maintain best-practice knowledge and skills in all areas of practice of internal medicine and subspecialty topics.

Who Should Attend?

- Residents studying to take the AOBIM and/or ABIM Internal Medicine Board Exam to gain certification in internal medicine.
- General internists, subspecialists, and other health professionals for certification and recertification purposes.
- Established physicians who enjoy a reinvigorating learning experience that touches on areas of medicine they may not see on a daily basis in their practices.

What Others are Saying:

*"Very complete. **Excellent review!**"*

*"ACOI Conferences are **top notch!** I continue to use for CME."*

*"It covered a **broad amount of material** [and] hit the most important parts for practice and exam!"*

Take a sneak peek at the agenda.

Register Now

Approximately 23 AOA Category 1A / *AMA PRA Category 1 Credits™*. MOC points are also available for those who are ABIM board certified.

Optimize your patient care with up-to-date education for physicians in hospital-based practice.

Who Should Attend?

- Hospital-based internists (generalists and subspecialists)
- Other hospital-based health care professionals

What Others are Saying:

*"Great conference. Almost every session had a **direct impact on my practice!**"*

*"This was a **fantastic program**. Many lectures were very useful topics that I was interested in learning more about."*

*"I thought **the range of topics was very good**. I especially appreciated hearing about less common topics which are becoming more important in daily practice!"*

Take a sneak peek at the agenda.

Register Now

Approximately 18 AOA Category 1A / *AMA PRA Category 1 Credits™*. MOC points are also available for those who are ABIM board certified.

Advance your knowledge of the most updated clinical practice standards of care in cardiology, pulmonology, critical care, infectious diseases, gastroenterology, and endocrinology.

Who Should Attend?

- Cardiologists, pulmonologists, infectious disease specialists, gastroenterologists, critical care physicians, and endocrinologists.
- Any internists who want to hear clinical updates in key specialties that help them integrate best practice standards of patient care within their practices.

What Others are Saying:

*"The speakers were **ALL EXCELLENT**. Ability to do this virtual was the only way I could attend and I am so glad I did. Quality of information was excellent and interesting even in areas that do not involve my practice."*

*"Excellent lectures, innovative and **timely topics**, I liked the case presentations the best."*

Take a sneak peek at the agenda.

Register Now

#DOsDoingGood Featuring Dr. Brysen Keith:

A non-traditional path to medicine for a non-traditional resident

by Gina Kilker

If variety is the spice of life, then the road Brysen Keith, DO, has taken to residency at the University of Miami, Miller School of Medicine has been anything but lackluster. A former athletic scholarship student, civil engineer, and Medical Reservist with the US Navy, he is now a second-year resident physician at the 1,500-bed Jackson Memorial Health System in Florida and firmly believes that a variety of experiences in life are key to thriving.

"I am definitely one of those people who wants to try everything, so I find myself doing a lot of different things," Dr. Keith reflects. As a result, his undergrad work netted him dual degrees – one in civil environmental engineering and another in biology. While it was math that appealed to him in engineering, it was the field of biology that really captured his interest and drove him to combine the two and pursue his master's in biomedical engineering.

Working concurrently as a clinical engineer at the University of Colorado Medical Campus while earning his master's degree, his job allowed him to work closely with surgeons and physicians to solve their complex challenges in the operating room. While he relished the work, he realized it was the patient interaction that he had during the process that he enjoyed the most. It was a career-shifting revelation.

"I quickly figured out that I enjoyed working with patients and the doctors more than I enjoyed actually designing the things I was building," he said. "Part of the reason I left engineering was that I loved problem solving, but I hated sitting by myself at a computer doing work. I am very much a social human being."

Being a DO Just Made Sense

Getting accepted at both allopathic and osteopathic medical schools, he ultimately attended A.T. Still University School of Osteopathic Medicine in Phoenix, Arizona (ATSU-SOMA). His decision to go the DO path, he believes, was rooted in his training as an engineer. "One of the tenets of osteopathy is the relationship between structure and function, which as a civil engineer appeals to me. The philosophy behind osteopathic medicine just made more sense to me. Finding and fixing the actual problems versus just treating symptoms, and the hands-on manual therapy approach, was something that I wanted to learn."

The other thing that made sense to him was ATSU's option of taking a less traditional path toward earning his medical degree. The "1 + 3" model offered at the school places students in the clinical setting much earlier than in many other medical schools that utilize a "2+2" model. During the first year the didactic coursework is supplemented with standardized patient interactions, simulations, medical skills, and osteopathic manipulative medicine. During year two rotations begin.

ATSU-SOMA works with community health center partner sites around the country where students engage in patient care with the centers' physicians while at the same time continuing their academic education through in-classroom experiences and distance education technologies. Dr. Keith completed his remaining three years training in Hawaii at Waianae Comprehensive Health Center, an ATSU community partner on the west coast of Oahu.

Today he is in his second year as a physician in training at Jackson Memorial Health System, one of the largest safety net hospitals in the country. Scattered in various metropolitan areas throughout the nation, safety net hospitals are a system of partially federally funded hospitals that treat any and all patients regardless of their ability to pay.

Continued

#DOsDoingGood Featuring Dr. Brysen Keith

(Continued)

Early Advocacy Continues to Influence Dr. Keith

With a passion in advocating for equity, and as someone who doesn't like doing things as they have always been done, for Dr. Keith, Jackson Memorial has proven to be the right fit. As a veteran, he's not only happy about the strong Veterans Affairs Program the health system boasts, but he is thrilled about being at a larger academic center with a strong support structure, along with the ability to work with the community's diverse population.

"The program is very intentional about recruiting diverse applicants because the majority of patients they serve are Central Caribbean and South American migrants, a terribly underserved population," he said.

Dr. Keith's interest in various issues, from mental health to his work for social justice and helping the underserved, began while he was an undergraduate, but it was when he was in medical school that he took on some major challenges as the Student Government Association President. Joining with other student leaders at other osteopathic medical colleges throughout the country, he became involved with the Council of Osteopathic Student Government Presidents to address a variety of issues that affect students. When he was elected to be the National Clinical Education Representative for the Council of Osteopathic Student Government Presidents, he was the go-to person for anything that involved clinical undergraduate education.

"One of our main things that we focused on was doing mental health awareness and mental health initiatives specifically. It was in that role that I became the leader in a national effort to voice student concerns about traveling to take the licensing exam in person during a national pandemic. Having a bunch of almost-doctors possibly spreading COVID was probably not the best look!"

Prior to starting his residency, he was selected for the Special Commission on Osteopathic Medical Licensure Assessment as part of the NBOME, a group formed to review the current COMLEX-USA exam.

He says he is interested in pushing "the boundaries for innovation in medical assessment as far as it can stretch." In that role his goal is to keep student voices at the forefront in exploring innovative ways to evaluate and verify fundamental osteopathic clinical skills and other competencies. While he continues his work with the NBOME, he is intrigued by approaches that challenge the status quo and inject fresh thinking into the way things have always been done.

As a gay man, he commented that LGBTQ individuals and people of color are more marginalized in traditional fields like medicine. While he says he personally hasn't had to overcome those potential obstacles, he has seen friends who have.

"I think we need to do a better job systemically of raising our voices since medicine is a very traditional field with a lot of stigmas attached.

I think the idea of 'this is how we've always done it,' or 'it was bad when I went through it, so that's just the way things are going to be for you,' and this idea that we must endure the same trials and obstacles in order to be a good doctor, absolutely does not have to be!"

Thinking back on the challenges his predecessors were concerned about as they were training, he sees different ones today. "The fight today is not for recognition of equivalence as a DO, but for the idea of distinctiveness. Consequently, being part of organizations specific to the causes for DOs, like the ACOI, is important and offers only upsides to being involved," he says.

Check out the rest of our interview with Dr. Keith at the blog here.

Government RELATIONS

Timothy W. McNichol, JD, and Camille Bonta

FTC Proposes Ban on Non-Compete Agreements

The Federal Trade Commission (FTC) has proposed to prohibit an employer from entering, or attempting to enter into, a non-compete clause with a worker. This categorical ban, if finalized, would include physician practices and other health care entities, although it appears the rule would not apply to not-for-profit hospitals because the FTC Act, and consequently the proposed rule, is not applicable to any entity that is not "organized to carry on business for its own profit or that of its members."

The FTC contends non-compete clauses have negatively affected competition in labor markets and has resulted in increased consumer prices and concentration in the health care sector.

According to the FTC, all 50 states restrict non-compete agreements between employers and workers to some degree, although their scope and enforceability vary greatly. The FTC proposal to ban non-competes would supersede state laws.

In the rule, the FTC describes possible alternatives to a categorical ban on non-compete agreements, including adoption of a rebuttable presumption of unlawfulness or creating different rules for different categories of workers, such as categories based on occupation or earnings.

Under a rebuttable presumption approach, the prohibition of non-compete agreements would serve as the default rule to protect against adverse effects of their use on competition, unless an employer could justify the necessity of a non-compete.

Following release of the proposal, ACOI continues to review the proposed rule and statements made by other healthcare organizations. The American Medical Association (AMA) recently released a statement that opposes unreasonable noncompete clauses and noted that many states have enacted health care-specific non-compete statutes that take into account the uniqueness of individual health care markets and that this "balanced approach" must be considered against a federal ban on all non-compete agreements.

FTC Accepting Public Comment on Non-compete Rule Trough March 20

The FTC is accepting public comment on its proposed rule to ban non-compete agreements between employers and workers. A non-compete clause is defined under the proposed rule as a contractual term that prevents a worker from seeking or accepting employment with a person or operating a business after the conclusion of the worker's employment with the employer.

Under the FTC proposal, employers would be required to rescind existing non-compete agreements.

ACOI members wanting to comment on the FTC's proposal must do so on or before March 20. Comments can be submitted online. Click the blue "comment" button and follow the comment prompts.

ACOI Asks CMS for Better Utilization Review Guardrails

ACOI has commented to the Centers of Medicare and Medicaid Services (CMS) on a proposed rule that would put better guardrails in place 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.

In the rule, CMS proposes to prohibit MA organizations from denying coverage of an item or service based on internal criteria that are not found in traditional Medicare coverage policies and would require review of a request for an item or services be conducted by a physician or other appropriate health care professional before an adverse decision. ACOI applauded these proposals and others intended to protect beneficiary access to care and reduce provider administrative burden. While supportive of the overall proposals, ACOI raised concerns over CMS' proposals permitting Part D plans greater latitude with immediate formulary substitutions.

Continued

Government RELATIONS *(Continued)*

"The burden of PA [prior authorization] has only worsened as beneficiary enrollment in MA plans has steadily climbed, reaching nearly half of the Medicare eligible population in 2022. Regulatory actions are urgently needed to ease the burden of PA on physician practices and to ensure that America's seniors have timely access to care," wrote Dr. Joanne Kaiser-Smith in ACOI's letter to CMS.

ACOI also joined nearly 120 national and state medical societies on a letter led by the American Medical Association in support of CMS' proposals. The letter also called on the Agency to reduce the burden of prior authorization in all health insurance markets.

Public Health Emergency Coming to an End

The Biden-Harris Administration has announced its intent to end the national emergency and public health emergency (PHE) declarations related to the COVID-19 pandemic on May 11, 2023, in preparation for the end of the PHE. At the end of 2022, Congress passed legislation that included an extension of the major telehealth waivers put in place at the start of the pandemic. Health care providers eligible to bill for Medicare can bill for telehealth services regardless of where the patient or provider is located through December 31, 2024. Learn more here.

Washington Tidbit

At the Center of it all...

Washington is full of hidden treasures and little-known facts that are interwoven into the history of the nation and the city. Perhaps one of the most interesting is the empty crypt that can be found on the first floor of the Capitol, the center of which is marked by a star on the floor and is tied to the design of the city.

When Washington, DC, was chosen to become the nation's capital Pierre Charles L'Enfant was selected as the city planner. A friend of George Washington, he envisioned a city of wide avenues and large public areas. The city was designed to radiate out from the center of the Capitol. As such, the star on the floor in the crypt is the center of the city and what was intended to be George Washington's final resting place as an honor for his role in the formation of the nation. Washington's wishes, however, were different from those who wished to honor him. According to his will, drafted by his own hand, Washington asked to be buried at Mount Vernon saying, "And it is my express desire that my corpse may be interred in a private manner, without parade, or funeral oration." As a result, he was laid to rest at his beloved Mount Vernon leaving empty the crypt located at the center of the Capitol and the center of the city.

CODING CORNER

Technical Corrections Included in 2023 PFS Final Rule

Jill M. Young, CPC, CEDC, CIMC

The Medicare Physician Fee Schedule (PFS) Final Rule for 2023 includes a "technical correction" on critical care codes that has created significant discussion about office billing of these select codes. Specifically, a change in work flow may be needed for the time-based codes of 99291 and 99292.

The Centers for Medicare and Medicaid Services (CMS) made an error in the 2022 PFS Final Rule when it referenced the time threshold for billing the add on critical care code 99292. CMS issued the technical correction for the 2023 rule stating that an error was made. The correction surprised many who have always followed the Current Procedure Terminology (CPT) definition of time for critical care services.

According to the CPT 2023 book, the threshold for billing 99292 is 75 minutes. In the 2023 Final Rule, CMS states that it is not until after 104 minutes that a 99292 code is appropriate to bill. The comments submitted in response to the 2023 Final Rule suggested that this was a change in policy. CMS disagreed, stating that the code reads "each additional 30 minutes" as the time increment. Their position is that they have always looked for providers to bill 99292 after 104 minutes. From CMS' perspective there was no change in the time requirement.

Due to the technical correction, you need to determine if your current coding practices reflect these two different time thresholds for the critical care add-on codes. If not, change is needed. A careful review of your workflow will help you determine exactly what change is needed to switch to methods that selecting appropriate codes that account for the differing time thresholds in billing for these services.

If physicians select the codes, a change needs to happen to ensure compliant coding. Rather than a physician stopping to check a patient's insurance before assigning critical care codes, staff should do it because their time is less costly than that of a physician in completing the task. The staff's review of the documentation of time for the critical care service and assignment of the correct code(s) based on their insurance policy will promote compliant billing of your critical care 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.

"I liked how one lecturer said "It's OK to say no and to make time for ourselves. [I] picture [an] empty cup with the words 'it is not selfish to refill your own cup so you can pour into others. It's not just a luxury, it is essential.'"

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

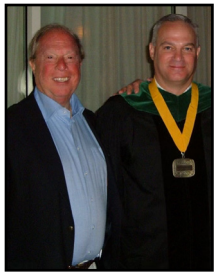
ACOI Member News

Dr. Ducatel Appointed to the Florida Board of Osteopathic Medicine

On January 31st Florida Governor Ron DeSantis announced the appointment of Watson Ducatel, DO, MPH, FACOI, to the Florida Board of Osteopathic Medicine. Thank you for your outstanding leadership, Dr. Ducatel!

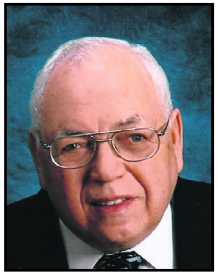
ACOI Member to Lead New Virtua Health College of Medicine and Life Sciences

Thomas A. Cavalieri, DO, MACOI, dean of the Rowan-Virtua School of Osteopathic Medicine, has been selected to serve as the inaugural senior vice provost of the recently formed Virtua Health College of Medicine and Life Sciences and chief academic officer of Virtua Health. Congratulations Dr. Cavalieri!



In Memoriam

The ACOI has been informed of the passing of Philip M. Blitz, DO, MACOI. In 1981 Dr. Blitz was a founding physician of St. John Westshore Hospital. His dedication and service to the community led to his induction to the Society of Saint Luke's in 2002. Dr. Blitz was inducted into the ACOI Gillum Society of Master Fellows at the ACOI 2022 Annual Convention & Scientific Sessions. He will be remembered as a great mentor, colleague, and friend. Dr. Blitz (left) is pictured here with ACOI Past President Michael Adornetto, DO, FACOI.



In Memoriam

Joseph V. Koehler, DO, MACOI, passed away peacefully in Blue Bell, Pennsylvania. Dr. Koehler was a Past President of the ACOI and was a member since 1967. He practiced internal medicine and gastroenterology to residents of the greater Norristown, Pennsylvania area for nearly 50 years. Dr. Koehler was a fan of Frank Sinatra and would regale anyone who would listen to him singing the Sinatra songbook. He is survived by his sister, his four children, four grandchildren, and a number of beloved relatives and friends.

Donate to ACOI

Commitment above and beyond ACOI dues ensures that we can support the next generation of internal medicine and subspecialist physicians and position the College for the future. ACOI acknowledges two recent contributions who donated in honor of deceased members. Peter Manolukas, DO, FACOI, donated in memory of Pedro Espat, DO, FACOI, and Amy Aronsky, DO, FACOI, donated in memory of David Hitzeman, DO, MACOI. Thank you for your contributions. If you are interested in donating, you may contribute online.

Donate Now

Nominations are Open.

Learn more about becoming an ACOI Fellow here.

Upcoming ACOI Events

Register Now!

ACOi 2023 Virtual Spring Meetings

2023 Internal Medicine Board Review Course
May 9-13, 2023 | Virtual
Register Now!
Add to Outlook | Add to Apple Calendar | Add to Google Calendar

2023 Clinical Challenges in Hospital Medicine
May 10-13, 2023 | Virtual
Register Now!
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2023 Subspecialty Focused Meeting
May 11-13, 2023 | Virtual
Register Now!
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ACOi 2023 October 11-15 Tampa, FL

2023 Annual Convention & Scientific Sessions
October 11-15
Tampa Marriott Waterside Hotel, Tampa, FL
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2024 Annual Convention & Scientific Sessions
October 30-November 3
Kierland Resort, Scottsdale, AZ
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2025 Annual Convention & Scientific Sessions
October 8-12
JW Marriott Marco Island Resort, Marco Island, FL
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2023 Certifying Examination

Dates & Deadlines

AOBIM Initial Certification Exam - Early Entry
Remote Online Proctoring
March 1-3, 2023

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.

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 our website at acoi.org.

Donor Club

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.

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Mission

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