

ACOI 2023 Keynotes

AI in Medicine, Better Health Through Fitness,
and A Story of Hope from One of Our Own

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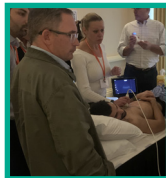
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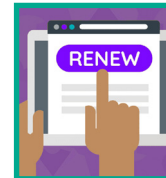
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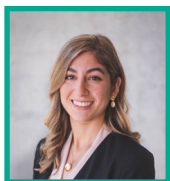
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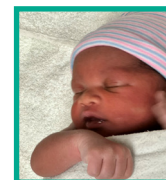
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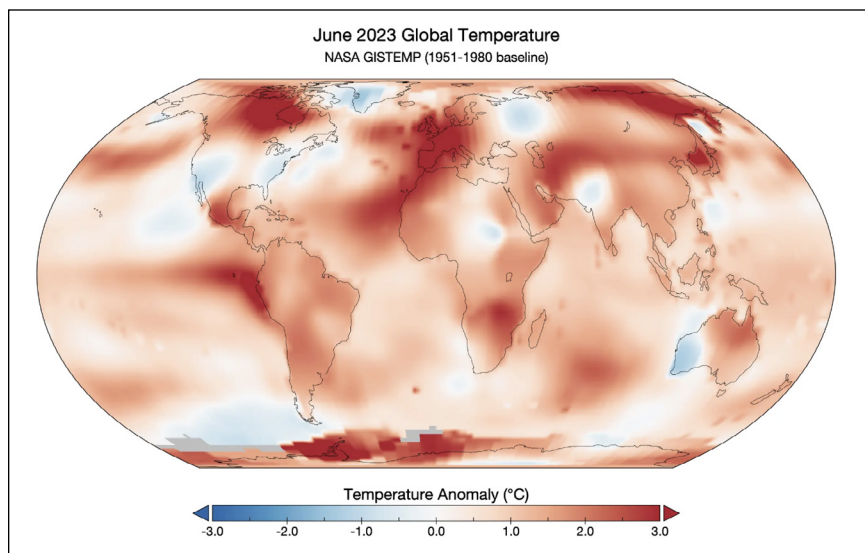


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Thank you for your support! [Read](#)



A Letter From Our President



Global map of GISTEMP June surface temperature anomaly relative to the 1951-1980 June baseline. Credit: NASA's Goddard Institute for Space Studies

Welcome to the hottest summer on record. The month of June was the hottest month on record and the first two weeks of July were the Earth's hottest ever in human history.

Nearly 5,000 heat and rainfall records have been broken in the US and more than 10,000 records have been set globally in recent weeks. There is no end in sight with water temperatures rising as they absorb excess heat. In some spots in the Gulf of Mexico the water temperature hovered around 90 degrees Fahrenheit.

So, during this heat wave we should all take precautions to prevent heat related illnesses. Heat was a contributing in over 1,500 deaths in the US with the numbers increasing every year. With this in mind, I am going to look forward to the fall when the temperatures will hopefully be cooler.

Speaking of fall, have you registered for the [ACOI 2023 Annual Convention & Scientific Sessions](#) in Tampa, Florida, October 11-14, 2023?

We are planning a full program with the theme "Health, Wellness, or Medicine." Damon L. Baker, DO FACOI, this year's Program Chair, shares the following message:

"With specially chosen keynote speakers and sessions that promote wellness, the focus is on how good health and optimal wellness can help our patients avoid serious illness that puts them at the mercy of medicine."

Evidence-based presentations are structured to augment physician expertise with current guidelines, materials, and recommendations as well as up-to-date advances in medical treatment.

Special programs, including [Point-of-Care Ultrasound \(POCUS\)](#), Advanced Cardiac Life Support (ACLS) Recertification Course, and OMM/OMT/OPP workshops will be available.

So if you have not already registered, please consider joining your colleagues from across the country as we descend upon Tampa. The Welcome Reception will be held on Wednesday evening, October 11, at the Florida Aquarium in Tampa after the opening day activities.

It's a great time to get back to live conferences and feel the energy and enthusiasm of the speakers and attendees.

Early Bird registration ends on Monday, July 31. Our [online DEA package](#), which fulfills the DEA one-time training requirement on the treatment and management of patients with opioid or other substance use disorders, is included with every registration (on-site and virtual) as a bonus.

Hope to see you in Tampa!

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



ACOI Education Fulfills DEA Requirements

DEA Online Package — **AVAILABLE NOW**

Follow **ACOI's** blog for details on the DEA online package.

Session	Faculty	Credit(s)
Pain Management Principles and Proper Disposal of Medications	Annette T. Carron, DO, FACOI	1
Nonpharmacologic Therapies	Leonard R. Hock, DO, MACOI	1
New DEA Requirements and Addiction for the Hospitalist	Leonard R. Hock, DO, MACOI	0.75
Pain Management in the Older Patient: What's Necessary and What is Harmful	Jean Storm, DO	1
Palliative Care Management	Annette T. Carron, DO, FACOI	0.75
Pain Management for Addicted, Medically Assisted, or Relapsing Patients	Annette T. Carron, DO, FACOI	0.75
Prescribing Controlled Substances	Joshua D. Lenchus, DO	2
Opioids and Addiction for the Hospitalist	Holly L. Geyer, MD	1
	TOTAL	8.25 Credits



The online package is available for \$79 for members and \$99 for non-members.

FREE Access Included with Your Registration

As a bonus, the online package is included with every [ACOI 2023](#) registration. All ACOI 2023 attendees (in person and virtual) will receive a code to view the DEA online package for free. You can access the package on the [ACOI Online Learning Center](#) at any time and complete it on your schedule.



DOs Doing Good: How Family History, Ballet, & Travel Influenced Dr. Melanie De Shadarevian's Career Path

by Gina Kilker



At one time Melanie De Shadarevian, DO, MS, considered becoming a professional ballerina. As a child and young adult, she spent 13 years devoted to the art. At 16 she was accepted into the Boston Ballet School Summer Intensive and traveled from her home in

the Bay Area in California to dance up to eight hours a day as part of her training. Throughout her pre-professional career, she witnessed multiple injuries, at one point experiencing her own—a broken ankle. After researching how to enhance her healing, she discovered Osteopathic Manipulative Therapy (OMT) and was amazed at how, together with physical therapy, OMT helped her begin dancing again. Little did she know at the time that her experience would be one of many in her life that she would internally catalog and that would eventually lead her to pursuing a career in osteopathic internal medicine.

As a medical student, years later, together with David Shoup, DO, Professor, Department of OPP/ OMM at A.T. Still University (ATSU) in Gilbert, Arizona, she co-authored an article that was published about pain management for performing artists. The piece, [“Performance Arts Medicine: Musculoskeletal Dance Injuries and Pain Management Techniques.”](#) focused specifically on the dancer, “whose work requires a unique blend of artistry and athleticism, and who is at risk for significant musculoskeletal (MSK) injuries given the field’s high physical demands.”

Dancing is just one part of Dr. De Shadarevian’s story that has influenced her path. Born of determined Armenian-Lebanese immigrants looking for a better life, she grasped early the meaning of hard work and perseverance. It was the blend of an inherent work ethic, her travels to various countries throughout the world, and her ability to draw inspiration from those closest to her as well as the world around her, that eventually directed her path as a DO with a special heart to help underserved communities. Today she is a third-year resident at Scripps Mercy, a level one trauma center in downtown San Diego.

“I’ve been blessed and very privileged in my life. My parents grew up with very little. They always instilled in my brother and me to be grateful for the things that you have, and to work hard to achieve your goals to provide the best life for yourself and your family.”

Dr. De Shadarevian’s parents have plenty of experience navigating difficult times in search of a happy and productive life. Her father was born in Syria and left his homeland for Lebanon searching for a better life. A practicing physician in Lebanon, he ultimately escaped the country when civil war broke out and immigrated to the US. With minimal English language skills, he expanded his medical education, eventually training at Columbia University in New York City, to ultimately become a practicing urologist.

At the age of 19, Dr. De Shadarevian’s mother left Lebanon with her parents and siblings. Her grandfather (her mother’s dad) was an MD and stressed to his five children the importance of education.

As a result, one became a physician, and while her mother began to pursue medicine, she eventually became a vice president of a financial institution and earned her MBA. She works in commercial real estate today.

“Their stories are inspirational. They endured many struggles to provide for us and a lot of that really translates into why I want to work with populations that tend to not be resourced or provided for,” she said.

Understanding the Struggles and Hardships of Others

For Dr. De Shadarevian, it has been an advantage to descend from multicultural roots. Having taken trips to her parents’ homeland of Lebanon, and throughout the world, she believes travel has been another influencing factor in her pursuit of a career where compassion and making a difference takes center stage. As an undergrad at the University of California San Diego, she went to Costa Rica to study environmental biology. It was while she was there that she realized that there was a huge need for quality public healthcare and preventative medicine.

While becoming an MD runs in her family, with her dad, her grandfather, and her uncle choosing the allopathic path, she forged her own path instead and chose osteopathic internal medicine. “The idea of preventative medicine ties into more of the DO philosophy in the sense of caring for the person in their entirety and the quest to address preventative health.

Continued





#DOsDoingGood: Dr. De Shadarevian

(Continued)

Also, our training is so heavily focused on prevention and trying to address not only illness, but also the social, behavioral, and environmental factors of each patient. So that was what drew me to being a DO.”

Growing up in a multi-lingual household, she speaks Spanish, French, and Arabic. Already in her young career, that ability has been a gift in helping her form special connections with a variety of patients. At ATSU, Dr. De Shadarevian spent three of her four years in medical school working at El Rio Community Health Center, a public health clinic in Tucson where many of the patients, including South American and Mexican immigrants, didn’t speak English. This summer she did an “away rotation” in gastroenterology at State University of New York (SUNY) Downstate in Brooklyn providing her with the opportunity to work with an even more diverse population. Going to SUNY helped her accomplish a goal of working with additional underserved communities.

“Many of the patients were from the Caribbean. There’s a large Haitian community in Brooklyn, as well as Jamaicans, Puerto Ricans, Dominicans, and Cubans. So, it is a different population than who I’ve worked with in the past. I was excited to work with many different communities all coming into this hospital. I think being exposed to different cultures makes you a better person as well as a better physician overall.”

From Tucson, to New York, she has found ideal environments to develop her bedside manner and use her language skills. With the Brooklyn rotation complete, she not only expanded her ability to practice in a variety of cultural melting pots, but she discovered a fondness for gastroenterology.

“In gastroenterology there truly is a need for the whole person approach. I began to realize it when I delved into doing rotations in gastroenterology and getting exposed to not only the hospital side of gastroenterology, but also the clinical side. Now more than ever, there is more understanding of the mind-gut interaction. We’re learning more and more as the field evolves. So many conditions in gastroenterology have a direct correlation with prior trauma. We see patients for example, with PTSD who have higher levels of inflammatory bowel disease. So, I think there’s going to be a real need for us, and hopefully me as a potential future gastroenterologist, to really tap into that as well, and in addition to the procedural aspect of gastroenterology.”

We also spoke to Dr. De Shadarevian about her advice to residents to find time for advocacy. **[Read the full interview on our blog.](#)**





Countdown to Tampa

Damon L. Baker, DO, FACOI, Annual Convention Chair

ACOI 2023

October 11-14
Tampa • Hybrid



When you join us at [ACOI 2023](#), you'll witness unique speakers that will no doubt expand your mind and challenge your perspectives. In honor of this year's theme—*Health, Wellness, or Medicine?*—the ACOI is proud to present a broad spectrum of keynote speakers and topics that will have you thinking about health, gratitude, and the future of medicine.

Early Bird Discounts End Soon!

Register by July 31 to Save \$50

Better Health Through Fitness

ACOI Welcomes Ultimate Motivation Coach,
Tony Horton



On Thursday, October 12, you'll hear from fitness guru and best-selling author, Tony Horton, as he presents ***11 Laws that Will Change Your Life***. Individuals all over the world have been inspired by Tony through his popular workout videos, and now

this world-class motivational speaker is going to be live in person at ACOI 2023.

His unique style motivates individuals to combine fitness, nutrition, mindfulness, and supplementation for a holistic approach to health and wellness. He is the creator of home exercise regimens, including The Power of 4, The Beachbody 22-minute Hard Corps program, P90X Extreme Home Fitness, and many more. This will be an unforgettable keynote you won't want to miss!

The Role of Artificial Intelligence in Medicine

ACOI Presents "AI in Medicine: What the Future Holds"

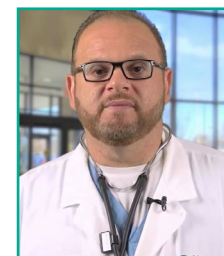


As AI quickly becomes an integral part of modern healthcare, it is contributing to new ways of diagnosing, treating, and even preventing disease. On the other side of the coin are serious technical and ethical challenges.

We are bringing together two different viewpoints with our dual keynote speakers, Deanah Jibril, DO, MS, MBA, and Humera (Mena) Kahn, MD, who will lead the featured presentation, ***AI in Medicine: What the Future Holds***

A Story of Hope from One of our Own

ACOI Welcomes ACOI Fellow and COVID-19 Survivor, Kalil Masri, DO, FACOI



I am certain that no one who hears Dr. Kalil Masri share his death-defying personal journey detailing his 2020 battle against COVID-19 at ACOI 2023 will leave the room unaffected. His riveting account will certainly be one of the most courageous

survival stories you'll ever hear.

During his talk, ***COVID-19: From Physician to Patient to ECMO***, you will hear firsthand how his fight unleashed in him and his family a tenacious will to survive that eventually brought him to the Cleveland Clinic where he became the first COVID patient to receive a dual lung transplant.

Read more about our keynote speakers on our blog.



Medicare Proposed Rule Reveals Physician Fee Cuts

On July 13, the Centers for Medicare & Medicaid Services (CMS) released the Medicare Physician Fee Schedule (PFS) proposed rule which sets payment policies and quality program participation parameters for 2024. Under the proposal, the conversion factor — the basic starting point for calculating Medicare payments — will drop roughly 3 percent.

The proposed conversion factor takes into account the statutorily set update to the conversion factor for CY2024 of 0 percent and the 1.25 percent positive payment adjustment made by Congress. The positive adjustment, however, is not enough to offset a cut triggered by requirements of budget neutrality. When factoring in other policy considerations, the overall impact of the proposed rule on internal medicine is an average 1 percent increase.

The fresh round of anticipated payment cuts underscores the need for Congress to advance legislation to create financial stability for physicians by reforming the payment system, including by legislating an inflationary update that adequately reflects the cost of providing care.

This spring, ACOI sent a [letter](#) to congressional lawmakers asking for support of legislation that would provide physicians an annual inflation-based payment update based on the Medicare Economic Index, which CMS projects to be 4.5 percent in 2024. When adjusted for inflation in practice costs, Medicare physician payment has effectively declined 26 percent from 2001 to 2023—an unsustainable trajectory that threatens beneficiary access to care.

Other highlights from the proposed rule include:

- **A proposal to further delay implementation of the split/shared billing changes, allowing history, exam, medical decision making or time to determine who bills the visit.** In the CY 2022 PFS final rule, CMS finalized a policy for evaluation and management (E/M) visits furnished in a facility setting, to allow payment to a physician for a split/shared visit, where a physician and non-physician practitioner provide the service together (not necessarily concurrently) and the billing physician personally performs a substantive portion of the visit. CMS previously finalized the definition of substantive portion to mean more than half of the total time but is again delaying implementation of this through at least 2024. This allows clinicians who furnish split/shared visits to have a choice of history, physical exam, or medical decision making, or more than half of the total practitioner time spent to define the substantive portion.
- **The three-year statutory moratorium on Medicare payment under the PFS for HCPCS code G2211 [Office/Outpatient Evaluation and Management Visit Complexity Add-on Code] will end on December 31, 2023, and will be separately payable effective January 1, 2024.**

Payment for the code causes redistributive effects within the fee schedule and is responsible for the across-the-board cut to the conversion factor due to budget neutrality requirements. Fortunately, CMS has revised its utilization assumptions for the add-on code from 90 percent to 34 percent in 2024 and 54 percent once the code is fully adopted. A reduction in the utilization assumptions tempered the cut to the conversion factor. It is expected primary care specialties will have a higher utilization of the add-on code than other specialties.

- The *Consolidated Appropriations Act of 2023* further extended the previously extended COVID public health emergency-related telehealth policies through December 31, 2024. **The proposed rule implements these telehealth-related provisions.** For example, telehealth originating sites for any service on the Medicare Telehealth Services List includes any site in the United States where the beneficiary is located at the time of the telehealth service, including an individual's home.
- CMS is proposing to establish the performance threshold for the Merit-based Incentive Payment System (MIPS) at 82 for the CY 2024 performance, an increase of 7 points from the CY 2023 performance period. Eligible clinicians who do not participate in MIPS or do not meet the performance threshold will receive up to a 9 percent payment penalty.

ACOI will develop comments in response to these and other proposals in the rule. Please refer to the following documents for more information:

- [CMS CY2024 Medicare Physician Fee Schedule Proposed Rule Fact Sheet](#)
- [CMS CY2024 Medicare Physician Fee Schedule Proposed Rule](#)

Continued





Take Action to Support the Safe Step Act Through ACOI's New Advocacy Tool

Throughout the summer, ACOI members are encouraged to continue making their voices heard in support of the [Safe Step Act \(S. 652 / H.R. 2650\)](#) using ACOI's new [grassroots advocacy tool](#) that allow email messages in support of the legislation to be sent easily and quickly to your members of Congress.

The Safe Step Act requires that group health plans must grant an exception to “fail first” protocols in certain situations, including if a request for an exception clearly demonstrates the:

- Patient already tried and failed on the required drug;
- Required drug will cause harm to the patient;
- Required drug will prevent a patient from working or fulfilling daily activities; or
- Patient is stable on his/her current medication.

The bill also requires that a request for an exception to step therapy be answered by the insurance company within three days, and in less than 24 hours for urgent situations.

The bill currently has the support of [75 members in the House of Representatives](#) and [33 in the Senate](#). In May, the Senate Health, Education, Labor and Pensions Committee cleared the legislation as part of a broader bill regulating the practices of pharmacy benefit management (PBM) companies, creating a path for full Senate passage. Keeping the Safe Step Act included in a PBM package will require strong grassroots advocacy outreach to Senate offices.

In the House of Representatives, ACOI and other organizations are urging the Committee on Education and the Workforce, which has jurisdiction over the legislation, to formally consider the bill. In June, ACOI [was on Capitol Hill](#) meeting with offices of lawmakers who sit on the Committee. During a markup of PBM legislation by the Education and Workforce Committee, the Safe Step Act was offered as an amendment by Rep. Chavez-DeRemer (R-OR) and supported by Lucy McBath (D-GA) but withdrawn after generating a commitment from Committee Chair Virginia Fox (R-NC) to work on the legislation so it strikes the right balance between providing patient protections while not leading to higher health insurance premiums.

House Subcommittee Cuts Funding to Medical Research and Health Programs

The U.S. House of Representatives Labor-Health and Human Services-Education Appropriations Subcommittee has advanced its Fiscal Year (FY) 2024 spending bill, which would cut funding for the National Institutes of Health (NIH) by a total of \$2.8 billion. Earlier this year, [ACOI joined nearly 400 organizations and institutions](#) in support of a FY 2024 funding recommendation of at least \$50.924 billion for the NIH, a \$3.465 billion increase over the comparable FY 2023 program level.

The bill also slashes funding for the Centers for Disease Control by \$1.6 billion and eliminates funding for tobacco prevention and control, firearm injury and mortality prevention and other valuable public health programs. The Republican-led bill would also eliminate the Agency for Healthcare Research and Quality. With the subcommittee's vote, the bill now advances to the

full House Appropriations Committee for consideration. While the level of spending cuts advanced by House Republicans is alarming, Senate funding levels will likely be higher and spending differences will need to be reconciled prior to final passage and enactment.

Washington Tidbit

Facing the Wrong Way

Standing atop the Capitol dome is the Statue of Freedom. The bronze statue is 19 feet 6 inches tall and weighs approximately 15,000 pounds. If you visit Washington, you will notice she is facing east with her back turned to the National Mall and the Washington Monument. The layout of the city and the National Mall suggests the Statue of Freedom should face west. Why then, does the statue face east in what appears to be the wrong direction?

There actually is a simple explanation. The Capitol's East Front was planned, and to this day, still serves as its main entrance. The Statue of Freedom was positioned to welcome those who arrive to visit the hallowed halls of Congress—visitors who enter the Capitol from the east.





CODING CORNER

Highlights of the Medicare Physician Fee Schedule Proposed Rule for 2024

Jill M. Young, CPC, CEDC, CIMC



On July 13, 2023, the Centers for Medicare & Medicaid Services (CMS) issued the Calendar Year 2024 Medicare Physician Fee Schedule (PFS) proposed rule. Some additional highlights of the proposed rule are discussed below. The proposed PFS conversion factor is \$32.75, which is a decrease of 3.34 percent from the 2023 conversion factor of \$33.89.

Caregiver Training Services

CMS proposes to make payment in specific situations when caregivers are trained and involved in the care of patients with certain diseases and illnesses when carrying out a specific treatment plan. When these services are carried out under an individualized treatment plan or therapy plan of care, the rule proposes payment be made to a physician or a non-physician practitioner (nurse practitioners, clinical nurse specialists, certified nurse-midwives, physician assistants, and clinical psychologists) or therapist (physical therapist, occupational therapist, or speech language pathologist). One hurdle for this proposed payment is that the patient would probably not be present for the billable service. CMS generally does not allow payment for services in this circumstance. CMS seems to have worked through that problem in its recommendation for payment. There are currently two CPT codes and two new CPT codes for these services.

These codes allow the treating practitioner to report the “training furnished to a caregiver, in tandem with the diagnostic and treatment services furnished directly to the patient, in strategies and specific activities to assist the patient to carry out the treatment plan.” The proposal further states CMS believes these services “may be reasonable and necessary when they are integral to a patient’s overall treatment and furnished after the treatment plan (or therapy plan of care) is established.”

Complex Patient Care Services

The PFS Final rule for 2021 created a separate payment code G2211 to better recognize the resource costs associated with evaluation and management (E/M) visits for primary care and longitudinal care of complex patients. Congress suspended payment for this code until at least January 1, 2024.

This code would generally be applicable for outpatient office visits as an additional payment in recognition of the inherent costs’ clinicians incur when longitudinally treating a patient’s single, serious, or complex chronic condition. In the proposed rule, CMS made alterations in the details for the use of this code for 2024. The descriptor for the G2211 add on code for Office and Other Outpatient Evaluation and Management visits from the 2021 PFS Final rule is:

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 condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established).

Split/Shared Visits

Split/shared E/M visits have been defined by CMS as a visit where the “substantive portion” is more than half the total time. Implementation of this definition has been delayed for the past three years. The 2024 PFS proposes an additional delay, “through at least December 31, 2024.” The current definition of “substantive portion” permits use of either one of the three key components (history, exam, or medical decision making [MDM]) or more than half of the total time spent to determine who bills the visit.

Direct Supervision

The 2024 PFS proposed rule recommends continuing the definition of direct supervision to allow the presence and immediate availability of the supervising practitioner through real-time audio and video interactive telecommunications through December 31, 2024. CMS is seeking comments on whether they should consider extending this definition beyond December 31, 2024.

Continued





CODING CORNER (Continued)



Specifically, they are interested in input from interested parties on potential patient safety or quality concerns when direct supervision occurs virtually.

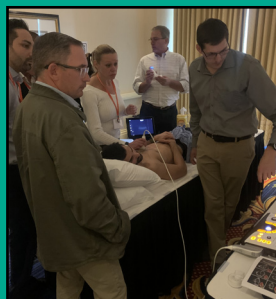
Teaching Physician Supervision

Direct supervision for teaching physicians required their presence for the critical key portions of service. During the Public Health Emergency (PHE) this was additionally defined to allow the presence and immediate availability of the supervising practitioner through real-time audio and video interactive telecommunications. It allowed for this “technology presence” during the critical key portion of the service. The PFS Proposed rule extends this definition through December 31, 2024. Comments are being solicited on whether to permit direct supervision through virtual presence beyond December 31, 2024. CMS is specifically requesting comment on potential patient safety or quality concerns when direct supervision occurs virtually.

Modifier Use for Single Dose/Single Use Packaged Drugs

Lastly, offices that use single dose or single use packaged drugs need to be sure they are utilizing the appropriate modifiers as directed by the 2023 PFS final rule. The JW modifier is used to report discarded amounts of drugs, while the JZ modifier is used to report such drugs with no discarded amounts. The 2024 proposed rule includes additional policies to implement the earlier provisions established by the 2023 PFS final rule. These include, but are not limited to the following: timelines for the initial and subsequent discarded drug refund reports to manufacturers; the method of calculating refunds for discarded amounts from lagged claims data; the method of calculating refunds when there are multiple manufacturers for a refundable drug; and, among other things, increased applicable percentages for certain drugs with unique circumstances, and an application process by which manufacturers may request an increased applicable percentage for a drug with unique circumstances.

Hands-On Training and Certification



ACOI is offering two-hour **Point-of-Care Ultrasound (POCUS)** trainings at **ACOI 2023**, October 11-14, in Tampa.

All sessions will be 100% hands-on, practical learning, and live scanning using cart-based and/or hand-held ultrasound devices. You'll appreciate the small class size with a guaranteed low student/educator ratio (maximum 4-to-1).

For only \$250 per session, you'll receive pre-work, onsite training, and a voucher for the **Point-of-Care Ultrasound Fundamentals**

Certificate—a \$600 value! You can add the session(s) to your [conference registration or register for POCUS only.](#)

[Learn More](#)

Select from 6 POCUS Training Options:

Basic – 2 classes available!

Gain confidence in performing ultrasound needle-guided procedures. This station is suitable for foreign body identification, IV starts, Art lines, needle abscess drainage and more.

Pearls – 2 classes available!

Elevate your clinical practice by augmenting your physical exam with ultrasound technology by learning the PEARL exam: Parasternal, Epigastric, Anterior Lung (and/or Apical). Learn several different POCUS exams on heart, lungs, and abdomen which can be useful to complement physical examinations in offices and inpatient settings.

Musculoskeletal (MSK)

Gain hands-on skills that allow for examination of tendons, bones, and articular surfaces. Build the confidence to interrogate MSK injuries with these dynamic scans and diagnose tears, fluid collections, dislocations and much more.

Cardiology

Gain knowledge in lifesaving cardiac exams and learn to identify common cardiac pathologies, with a focus on pericardial effusions, LV FX, regurgitant valves. This station includes imaging windows, anatomy identification, and entry level assessments.



Nominations for ACOI Leadership Positions Announced

The ACOI Nominating Committee has announced the slate of candidates for election at the Annual Meeting of Members scheduled for October 14 as part of the [ACOI 2023 Annual Convention & Scientific Sessions](#). The Committee has nominated Susan M. Enright, DO, FACO, for President-Elect and Damon L. Baker, DO, FACO, for Secretary-Treasurer. The Nominating Committee also approved Joanne K. Baker, DO, FACO, and Pamela S. N. Goldman, DO, FACO, for election to the Board of Directors. Incumbents Watson Ducatel, DO, MPH, FACO, and Charlene A. LePane, DO, FACO, were nominated for another three-year term. Under the College's Bylaws, this year's President-Elect, Robert T. Hasty, DO, FACO, will be inaugurated as President for the 2023-2024 year at the conclusion of the elections.

Meet the nominated candidates:



Robert T. Hasty, DO, FACO, is board certified in internal medicine and is the Founding Dean & Chief Academic Officer for the proposed Orlando College of Osteopathic Medicine (OCOM). He served several terms on the ACOI Council on Graduate

Medical Education, Phoenix Physician Task Force, and CME Committee. Dr. Hasty has been a member of the ACOI since 2004 and was first elected to the Board of Directors in 2015.



Susan M. Enright, DO, FACO, is board certified in internal medicine. Dr. Enright is the Assistant Dean for Clerkship Education at Michigan State University College of Osteopathic Medicine. She is Chair of the ACOI Council on Graduate Medical

Education, which she has served on since 2006, and has served on the CME committee since 2015.. Dr. Enright has been a member of the ACOI since 1998 and was first elected to the Board of Directors in 2016.



Damon L. Baker, DO, FACO, is board certified in internal medicine and is Professor and Chair of the Department of Internal Medicine at Oklahoma State University. He is the Program Chair for the ACOI 2023 Annual Convention & Scientific Sessions and has

previously served on the Council on Graduate Medical Education as well as several other committees. Dr. Baker has been a member of the ACOI since 1997 and was first elected to the Board of Directors in 2016.



Joanne K. Baker, DO, FACO, is board certified in internal medicine and is ACGME Internal Medicine Residency Program Director, Director of Osteopathic Medical Education, Director of Osteopathic Education, and Professor of Internal Medicine at

WMU Homer Stryker, MD School of Medicine.

She is also a Clinical Professor in the Department of Osteopathic Medical Specialties at MSU College of Osteopathic Medicine. Dr. Baker serves on the ACOI Physician Wellness Committee and previously served on the Task Force on Hospitalist Medicine. She has been a member of the ACOI since 1995 and became a Fellow in 1999.



Pamela S.N. Goldman, DO, FACO, is board certified in internal medicine and is Clinical Assistant Professor at Philadelphia College of Osteopathic Medicine, Course Director and Adjunct Professor at LECOM School of Health Services

Administration, and Senior Medical Director for Capital Market, Southeast Territory at Aetna. She has served on the ACOI Practice Management Committee since 2013. Dr. Goldman became a member of the ACOI in 2009 and became a Fellow in 2014.



Watson Ducatel, DO, MPH, FACO, is board certified in internal medicine and is in private practice in Brandon, Florida. He is Chair of the ACOI Committee on Health Equity and Inclusion in Medicine, which he has served on since 2015. Dr. Ducatel joined the

ACOI in 2014 and became a Fellow in 2016.

Continued





Charlene A. LePane, DO, FACOI, is board certified in internal medicine and gastroenterology. She is Chief Medical Information Officer at AdventHealth Central Florida Division South, AHMG Gastroenterology in Orlando,

Florida. Dr. LePane has served on many ACOI committees, including the Research Committee, Ethics Committee, and Task Force on Women's Health. She joined the ACOI in 2009 and became a Fellow in 2011.

The Nominating Committee this year is chaired by Susan M. Enright, DO, FACOI. Also serving are Robert T. Hasty, DO, FACOI, and David L. Tolentino, DO, FACOI. Any active member of the ACOI may nominate other qualified candidates by submitting the nomination to the Executive Director. Such nominations must be supported by the signatures of 30 active members of the College; they also must include a brief statement of qualifications and must be received no later than 30 days prior to the date of the election. Further information is available from the [Executive Director](#).



Committee on Climate and Health

Mary Schaefer Badger, DO, FACOI, FAWM

Chair, Committee on Climate and Health

Since my last column, several physicians have asked where they could learn more about climate change and the impact on health to become better educated. In addition, they inquired about the availability of tools to assist in curriculum planning and development.

The [Global Consortium on Climate and Health Education \(GCCHE\)](#) is a good place to start. Born from a meeting at the 2015 COP-21 conference in Paris, and established in 2017, the GCCHE now has over 300 health professional member institutions from 56 countries. Their vision is that all health professionals throughout the world will be trained to prevent, mitigate, and respond to the health impacts of climate change. To advance progress towards equipping this generation of health professionals, with medical knowledge, the [core concepts](#) were created to serve as a guide for educational and curricular program development. These concepts were updated for 2023 and are designed to be flexible to incorporate emerging science, yet stable enough to allow for thoughtful curricular planning. As climate and health science progresses, these competencies are designed to keep pace with science and best practices.

Be sure to check out the [GCCHE knowledge bank](#). Here you will find links to educational content, resources, and information on a wide variety of climate and health topics for members and health professions schools and programs to enhance their development of locally tailored climate and health educational opportunities.

The [Courses](#) and [Resources](#) pages include a set of climate and health key competencies for health profession students, links to syllabi and program plans, slides, open online courses and articles, and videos indexed by climate change impact area, all within the larger climate and health teaching framework of key competencies. Additionally, you may want to explore their podcast titled [Climate Clinic](#).

The ACOI Committee on Climate and Health is currently exploring the development of future educational resources that may be of interest to ACOI members. If you are interested in helping to develop these resources, [or interested in serving on the Committee](#), please contact Tim McNichol, Deputy Executive Director, by email at tmcnichol@acoi.org or by phone at (301) 231-8877. Thank you for your continued interest in climate and health.

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 force myself to take a walk (weather permitting), use stairs, and avoid excesses. The pandemic has created isolation, however, participation in virtual meetings (whether live or on demand) stimulates interest and keeps my mind active."

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



Get Involved—Join an ACOI Committee

Make a difference and represent the community by joining an ACOI committee. Committees advance advocacy efforts, build education products, write pieces for online publications, and more.

Active and resident members of the ACOI who are interested in serving on an ACOI committee are invited to fill out the [nomination form](#). Committees are generally selected in December of each year, and applications will stay on file when submitted at any time.

[Learn more about each of our committees.](#)

If you have any questions, please contact Susan Stacy at susan@acoi.org.



Renew Your Dues Now

The ACOI dues for the membership year of July 1, 2023, to June 30, 2024, are now available to pay. You can [renew online](#) or by mail using the invoice that was recently mailed to you.

Thank You for Renewing

ACOI provides leadership, networking, and education to help our members be successful and stay true to why they pursued medicine. We recently mailed out a [brochure](#) which highlights what we've done over the last year. We would love to hear your feedback on this mailing!

We Value YOU!

ACOI is the premier community for osteopathic internal medicine and subspecialist physicians because of members like **you**. Your support directly builds innovating educational programs that make a difference in osteopathic medicine. Thank you for all you do. We look forward to serving you this year.

If you have any questions about membership, please contact Neena at neena@acoi.org.





ACOI Member News



Congratulations to Watson Ducatel, DO, MPH, FACOI, and wife, Martha, on the arrival of their son! Welcome, Watson Maxwell Ducatel.



Meet future ACOI member, Emma Jo Mack! Emma is the daughter of Logan and Maria (Greco) Mack, granddaughter of ACOI Past President Rick A. Greco, DO, MACOI, and Carol Greco, DO.



ACOI President Joanne Kaiser-Smith, DO, FACOI, and President-Elect Robert T. Hasty, DO, FACOI, were proud to host a breakfast for ACOI members attending the AOA House of Delegates this month. More than 30 members such as John M. Kauffman, Jr. DO, FACOI, and Natasha Bray, DO, FACOI, met with AOA leadership and staff to discuss issues of importance to osteopathic internists.

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.



Upcoming ACOI Events

ACOI 2023

October 11-14
Tampa • Hybrid



2023 Certifying Examination Dates & Deadlines

AOBIM Initial Certification Exam

Remote Online Proctoring

September 20-22, 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.

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](#)

REGISTER NOW

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](#)

Available Through August 15

Registration for our 2023 Spring Meetings will remain open until August 15th.

Register today for any of these virtual events!

2023 Internal Medicine Board Review

Virtual Course

[REGISTER NOW](#)

2023 Clinical Challenges in Hospital Medicine

Virtual Course

[REGISTER NOW](#)

2023 Subspecialty Focused Meeting

Virtual Course

[REGISTER NOW](#)

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

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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\$50,000+

Martin C. Burke, DO, FACOI

\$25,000 - \$44,999

Rick A. Greco, DO, MACOI and Carol A. Greco, DO

Robert J. Stomel, DO, MACOI

\$15,000 - \$24,999

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David F. Hitzeman, DO, MACOI and Rita Hitzeman

Judith A. Lightfoot, DO, FACOI and Alvin Banks

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Thank You!



Vision

Osteopathic internists are practicing Principle-Centered Medicine™ and thriving in their personal and professional lives.

Mission

As the premier community for osteopathic internists, ACOI provides leadership, networking, and education to help our members be successful and stay true to why they pursued medicine.

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

2022-2023

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Executive Director
karen@acoi.org

Timothy W. McNichol, JD
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tmcnichol@acoi.org

Susan B. Stacy, FACOI
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Meetings, and Administration
susan@acoi.org

Keisha Oglesby
Director of Finance
keisha@acoi.org

Erin Ross, MS
Director of Marketing and
Communications
erin@acoi.org

Kristan J. Davis
Director, Education & Professional
Development
kristan@acoi.org

Kara Kerns
Post-Doctoral Training Specialist
kara@acoi.org

Claudette Jones
Meeting Program Manager
claudette@acoi.org

Katie Allen
Digital Media Manager
katie@acoi.org

Meg O'Rourke
CME Specialist
meg@acoi.org

Sarah Bainter
Instructional Designer
sarah@acoi.org

Neena Kuruvilla
Member Services Specialist
neena@acoi.org