ACOI information

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From President Sutton

December, The Season of Hope

For those of my faith, it is the season of Hope. Hope of Noel, the birth of a King for all mankind and for Peace on Earth. Webster defines Hope as follows: To cherish a desire with anticipation and to expect with confidence.

Andrew Taylor Still founded our profession with a school 124 years ago to educate on his Hope for a new standard of care. He started out like many physicians in his era of practice, but conventional medicine was not working for him. This was personal for Dr. Still, because he lost his own children when modern medicine could not save them from infectious disease. He knew there had to be something better out in the universe. This was the philosophy out of which he developed

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In This Issue...

March 22-26 in Las Vegas

2017 Board Review Course Registration Open

Registration is open for the 2017 ACOI Internal Medicine Board Review Course, which will take place March 22-26 at the JW Marriott Las Vegas Resort and Spa. The course is a comprehensive review of general medicine and each of the subspecialties. It is an excellent way for practicing physicians to update their medical knowledge, as well as an essential part of the preparation process for the certifying and recertifying examinations in internal medicine.

Special emphasis is placed on recent advances in various subspecialty areas and on clinical skills management as they pertain to clinical practice and the examinations. Attendance at the review course meets the requirement that osteopathic internal medicine residents must attend one ACOI education program during the course of their training.

The JW Marriott Las Vegas Resort & Spa is located at 221 N. Rampart Blvd, Las Vegas, NV. A special room rate of $179/per night, plus $14.99 resort fee (includes: Internet; local/domestic long distance; fitness center access; two water bottles daily; two comp drink tickets in the Ramparts Casino and a glass of wine in the Carmel Room) has been arranged for this meeting. Reservations must be made by February 28, 2017 in order to receive this special ACOI discounted rate. Reservations may be made by calling 877-622-3140, or online at ***https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=15590407***. Additional information about the program and registration materials are available at ***www.acoi.org***, or by calling 1-800-327-5183. To qualify for the $50 early registration discount, registrations must be received by February 28.

Resources Available for ACGME Osteopathic Recognition

As part of the College's ongoing effort to assist all internal medicine residency programs complete the transition to ACGME accreditation and achieve Osteopathic Recognition, ACOI is pleased to announce the development of an Osteopathic Recognition (OR) Tool Box.

The toolbox includes numerous resources that will help programs through the process. The resources in the tool box may be accessed by going to ***www.acoi.org/education/gme/general-information/OR_Toolbox.html***

American College of Osteopathic Internists

In Service to All Members; All Members in Service

MISSION

The mission of the ACOI is to promote high quality, distinctive osteopathic care of the adult.

VISION

The ACOI seeks to be the organization that osteopathic internists think of first for education, information, representation and service to the profession.

VALUES

To accomplish its vision and mission, the ACOI will base its decisions and actions on the following core values:
LEADERSHIP for the advancement of osteopathic medicine
EXCELLENCE in programs and services
INTEGRITY in decision-making and actions
PROFESSIONALISM in all interactions
SERVICE to meet member needs

11400 Rockville Pike
Suite 801 • Rockville MD 20852
301 231-8877 • 800 327-5183 • Fax 301 231-6099
acoi@acoi.org • www.acoi.org

Letter from the President

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Osteopathic Medicine. He had Hope that he could practice medicine without medication, because the available medication in the 19th century was unhelpful and sometimes deadly. When he developed our style of medical practice, he worked with an expectation of confidence, anticipating his skills would help others. At first, not accepted in medical society, he persevered, and osteopathic medicine prospered.

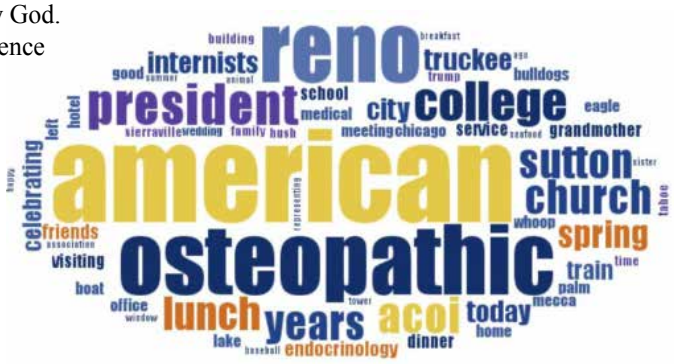
We have Hope in osteopathic internal medicine that we can continue to carry the the banner of our founding father's tenets. We have been trained in our historical, now traditional care, with hands-on medicine: the touch of a clinician that our patients desire. As an osteopathic internist, I start at the beginning when I see a new patient. I want to know why they have presented. Sometimes they are unclear on how to report their stories. Each patient wants to tell his or her health story, but is not sure how much or how little to report. I was trained to be methodical as an osteopathic internist, trying to get to the bottom of the problem set. I seek out medical and surgical history in detail. My physical examination is what I consider cursory in areas that are outside of my specialty field. It is focused in my expertise with a detailed thyroid exam. I do not consider my physical exam otherwise to be in-depth, but I have patients sometimes say that was the most thorough physical exam they have had. They sometimes volunteer that the previous doctor did not touch them. This stems from the report of the patient that doctors do not always listen, sometimes do not examine them, or even try to get the bottom of the problem.

We are in a hurry, but we must not a appear that way to the patient. We should educate, and carefully follow the osteopathic principal of finding health. In some ways, the patient is broken and sometimes does not have hope. It is our duty to use rational therapy to look at the whole person and to try to put things back together for the best of health.

The ACOI is here to help. We want to provide the best educational programs to support your CME needs, as well as support you in clinical practice. We want to stand behind you. The ACOI is your home base, and ou are not alone in osteopathic internal medicine. We are a family unit. We want to help with you through the AOA's certification and recertification processes. We want to help with osteopathic continuous certification. Help is also available for training programs to meet ACGME and osteopathic recognition standards. We have Hope that we can be the best in healthcare of the whole person. We are here to represent and advocate for you.

Thank you for allowing me to serve you this year. It is my Hope that you have a Merry Christmas, Happy Hanukkah and that you are blessed by God. Anticipate with confidence what your osteopathic internal medicine skills can bring to your individual medical practice.

Have Hope.



Dr. Sutton's most used words this year on Facebook

government RELATIONS

Timothy McNichol, JD

21st Century Cures Act Signed into Law

Following overwhelming bi-partisan support in the House and Senate, President Obama signed into law the "21st Century Cures Act." The law was crafted to speed-up the development and availability of new drugs, devices and treatments. Included in the law is an additional $4.8 billion over 10 years in funding for the National Institutes of Health to advance the Precision Medicine Initiative, Vice-President Biden's "Cancer Moonshot" and brain research, among other things. The recently-enacted law also provides funding to expand Medicaid coverage of mental health services and provides more than $1 billion in funding to address the opioid epidemic. Enactment of the multifaceted law was the culmination of extensive negotiations. In the end, the final version of the law was created by merging a 19-bill medical innovation package approved in the Senate and the House-approved "21st Century Cures Act." Excluded from the final package was a provision that would have exempted physicians and others from reporting transfers of value from drug and device manufacturers for educational purposes. The ACOI will continue to monitor implementation of this comprehensive law.

President-elect Trump Announces Nominees to Head HHS and CMS

President-elect Trump recently announced his nominations to head the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS). Representative Tom Price, MD (R-GA) was announced as the nominee as Secretary of HHS. An outspoken critic of the Affordable Care Act (ACA), Dr. Price practiced as a surgeon before entering the House, where he currently serves as Chair of the Budget Committee. He is expected to lead the incoming administration's efforts to repeal and replace the ACA. Seema Verma, the chief executive officer and founder of a health policy consulting firm, was tapped to serve as CMS Administrator. Both nominations now go before the Senate where they are expected to be confirmed.

HHS Ordered to Clear Medicare Appeals Backlog by 2021

The US District Court for the District of Columbia recently issued an order directing HHS to clear the Medicare appeals backlog by 2021. The order comes in response to an action brought two years earlier by the American Hospital Association seeking to compel HHS to meet statutory guidelines for review of denied Medicare claims. Under the order, HHS is required to file quarterly status reports. As of the time of the order, there were approximately 650,000 provider claim appeals pending. The ACOI will continue to monitor this situation closely as HHS already has indicated that it will have problems complying with the order.

Healthcare Spending Increased in 2015

According to a new report released by CMS, healthcare spending in 2015 increased by 5.8 percent to $3.2 trillion. This represents a total spending of $9,990 per person and is 17.8 percent of the Gross Domestic Product. Spending on physician and clinical services increased to 20 percent of total healthcare spending totaling $634.9 billion. The same report found that the growth rate of Medicare spending slowed to 4.5 percent, down from 4.8 percent. Total Medicare spending in 2015 reached $646.2 billion. The report, and other data showing the growth of healthcare spending, is certain to continue to be revisited by Congress as it looks to repeal and replace the ACA.

Washington Tidbits
The Cabinet

Article II, Section 2 of the Constitution provides that the President, "may require the opinion, in writing, of the principal officer in each of the executive departments, upon any subject relating to the duties of their respective offices…." The first cabinet of President George Washington consisted of just four individuals who headed the Departments of State, Treasury and War, and the Attorney General. The first cabinet nominee was sent to the Senate for "advice and consent" on September 11, 1789. The nominee, Alexander Hamilton, was subsequently confirmed within minutes as Secretary of the Treasury. Today the cabinet includes the Vice President, the Secretaries of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Labor, State, Transportation, Treasury, Veterans Affairs and the Attorney General. It might be safe to assume that the assembly of President-Elect Trump's complete cabinet may face a few more challenges than that of the streamlined Washington administration!

coding CORNER

Jill M. Young, CPC, CEDC, CIMC

The ACOI Coding Corner is a column written by Jill M. Young, CPC, CEDC, CIMC. Ms. Young is the Principal of Young Medical Consulting, LLC. She has over 30 years of experience in all areas of medical practice, including coding and billing. Additional information on these and other topics are available at www.acoi.org and by contacting Ms. Young at YoungMedConsult@aol.com.

The information provided here applies to Medicare coding. Be sure to check with local insurance carriers to determine if private insurers follow Medicare's lead in all coding matters.

New Year's Wish for 2017 - Time for a Coder?

As I look ahead to 2017 and consider the overall theme for my work in 2016 as a consultant, the International Classification of Diseases and Related Health Problems, 10th Edition (ICD-10) is at the top of my list. The transition to ICD-10 was hyped as an enormous change in coding. In fact, ICD-10 is remarkably similar to its predecessor, ICD-9. It is simply ICD-9 on steroids with many more codes to choose from. It was not that ICD-10 is a new coding system, but rather an enhancement of the existing system. The transition uncovered a substantial lack of understanding of the ICD-9 system. The ICD-9 system is the foundation for understanding ICD-10. Without a thorough understanding and solid base for the coding process, many found themselves failing to understand ICD-10 and ultimately overwhelmed by the transition process.

The guidelines for ICD-10 state that coding is a, "joint effort between the physician and the coder." The joint effort is critically compromised if the physician selects a code with no help or input from their coder. To this end, my New Year's wish is for physicians to be able to stop coding, which takes a considerable amount of time and effort. Too often physicians spend an inordinate amount of time searching for codes, getting frustrated and then ultimately settling for an unspecified code. I have too often seen that the most specific and appropriate diagnostic code is not used.

ICD-10 codes have compliance concerns of which physicians are not generally aware. When an office files claims based on codes selected solely by physicians, the audits performed by my peers and I often find errors that could prove problematic for the physician. Audits are performed looking at the selection and inclusion of these diagnostic codes. This central piece of charting is generally done by physician-coders who have had little or no training in coding. This is a recipe for problems.

Turn back the job of coding to the coders. Calculate the amount of time you are spending trying to find diagnosis codes with software and on-line searches. Multiply this by your average income per-hour and do the math. You will find that there may be a strong economic argument to hire a full-time coder. Your coding will greatly improve. You can be more confident knowing you are up-to-date on new codes and other changes that ultimately impact your bottom line. Most important, you the physician will find more time in your day to focus on the things you want to focus on -- the patient.

There Is Still Time to Let Your IRA Help Us, Plus Other Ideas to Save Taxes!

If you have an Individual Retirement Account (IRA) and are at least 70½ you can help ACOI and yourself at the same time. Legislation that is now permanent allows you to direct up to $100,000 of your required minimum distribution to be paid directly to ACOI.

By doing this, you will not have to report as personal income and pay taxes on whatever you direct to ACOI. Instead, you can have any amount you choose – up to $100,000 – paid to ACOI by making a Qualified Charitable Distribution.

You do not receive a tax deduction for this distribution, but you also do not receive it as income, and therefore do not pay income taxes on it. In addition, the amount you have paid to ACOI will count toward the required minimum distribution that by law you must receive from your IRA. For many who want to help ACOI, this is a win-win scenario, but planning is important. You should let us know right away if you want to help in this way because you need to notify your IRA administrator in advance and before you take your distribution.

In addition to providing help from your IRA now, email ***katie@acoi.org*** to receive a copy of Your IRA Legacy, our popular easy-to-understand, non-technical brochure that will tell you about other tax-wise considerations for using your IRA.

If you are not yet receiving a required distribution, or don't have an IRA, there are other ways you can help. Consider making a gift of appreciated stock, and deduct from your federal income taxes the full market value of the stock and pay NO capital gains tax. Or consider a gift of a life insurance policy you no longer need. Perhaps you have a vacation home you don't use much now and could consider keeping the right to use it for your lifetime, but let ACOI have it when you are gone.

There are other suggestions we can propose to reduce your income or estate taxes while helping ACOI. If you would like to know more, email ***tmcnichol@acoi.org*** for a copy of Your 2016 Personal Planning Guide with ideas and strategies for estate planning, gifts from your estate, income tax planning, investments and retirement, social security and charitable gift planning.

talking science & education

Donald S. Nelinson, PhD

First, I want to wish all of our members a very happy holiday season and a healthy new year. As we move into 2017, I count the privilege of being a part of the ACOI family as one of my greatest gifts and blessings.

How healthy is America?

Each year, the United Health Foundation issues its America's Health Rankings Annual Report. The report, which ranks states based on 34 measures of behaviors, community and environment, policy, and clinical care and outcomes, was released on December 15, 2016. Starting with this month, I will be testing your knowledge of our country's health by asking questions derived from the study. The answers and explanations will be included in next month's issue of Talking Science and Education, so don't peak! And I urge you not to Google the answers – takes away the challenge and the fun! AND if you send me your answers at ***don@acoi.org***, the first person to send the correct answer will receive a valuable prize!

This month's question is:

Which state takes the title as the healthiest state in 2016?

A. Connecticut B. California C. Hawaii D. Vermont

Diabetes Dialogues

We are all very aware that diabetes occurs comorbidly with many other medical conditions, such as hypertension, dyslipidemia and central nervous system disorders.[1] The "multifactorial pharmacotherapy" necessitated by these conditions leads to a higher risk of adverse drug effects and interactions.[1] Specific issues of concern are cytochrome P-450 (CYP) enzyme interactions, altered absorption properties, and transporter activities. Added to the complex picture of potential drug interaction risk are nutritional factors, herbal supplements, and other parameters such as the patient's age and gender.[1]

A recent literature review by May and Schindler[2] examines the pharmacokinetic and pharmacodynamic properties of antidiabetic drugs and their clinically relevant interactions.

The authors define a drug interaction as "either an increase or decrease of a medical diagnostic or therapeutic effect of a specific drug caused by another substance, which may be another drug, plant, or a dietary supplement." They divide interactions into two categories: pharmacokinetic and pharmacodynamic.

Pharmacokinetic Interactions

Pharmacokinetic interactions "influence absorption, distribution, metabolism, or excretion of a drug (ADME rule) and thus lead to increased or reduced plasma levels of a drug," with each drug affecting the metabolic pathway of the other concomitantly taken drug1. This leads to either increased or decreased plasma levels of one or both, compared with the plasma levels if each drug were taken separately.[2]

The mechanism of pharmacokinetic interaction often involves inhibition, induction, or degradation of liver enzymes[3], typically based on oxidative metabolism by the CYP enzyme system or an interaction with the drug transported P-glycoprotein. Other mechanisms involve altered plasma binding; displacement from plasma protein binding; and abnormalities in absorption and excretion, which can also lead to pharmacokinetic drug interactions. For example, altered gastric pH or formation of insoluble complexes within the gastrointestinal tract caused by certain foods or nutritional supplements can result in altered absorption rates. In patients with diabetes, this can reduce and delay metformin absorption when drug intake coincides with food ingestion. This process causes significant differences in the plasma concentration of several drugs.[1].

Herbal supplements "represent a complex problem when taken concomitantly with a pharmacological treatment" because they are usually available over the counter, are unregulated, and can contain a multitude of bioactive substances.[1] For this reason, antidiabetic drugs metabolized by hepatic enzymes should be carefully monitored in patients taking these supplements1. Common herb-drug interactions can be found in Table 1.

Polypharmacy is common in patients with diabetes4 and tends to increase in patients over age 65, who may be taking as many as five or more different prescribed drugs5. Adverse effects may include cognitive impairment and falls due to dizziness, weight change, and heart disease. These effects increase as the number of drugs increases. Moreover, liver and renal capacity decreases with age, with resulting impairments in the ability to metabolize and eliminate drugs. For this reason, a highly individualized approach to drug therapy is required in this population.[1]

Pharmacodynamic Interactions

Pharmacodynamic interactions alter pharmacologic efficacy of a drug, although drug plasma levels remain unaltered.[2] This has an impact on either the pharmacologic efficacy or on the magnitude of side effects. The interaction results from the binding of two concomitantly taken drugs on the same receptor, or when receptor-binding affinity is altered. This interaction can be synergistic, additive, or antagonistic, or may also increase adverse effects.[1]

A pharmacodynamic interaction may be desirable—for example, the additive effect of blood glucose lowering by the combination of two more antidiabetic agents.[6] However, this combination may also lead to risk for hypoglycemia.[1] From a clinical point of view, the most relevant undesirable interactions lead to weight gain, fluid retention, and hypoglycemia, which are most frequent with sulfonylureas (SUs), thiazolidinediones (TZDs), and insulin.[7] In addition, non-diabetic drugs (e.g., beta blockers, thiazides, and corticosteroids) may interact adversely with antidiabetic drugs. Drug-drug interactions are particularly common when new drugs are initiated, or the dosage of a drug is adjusted, so close monitoring is necessary.[1] Some specific drug-drug interactions are listed in Table 2. Common drugs that affect antidiabetic agents are listed in Table 3.

Conclusion

The authors summarize their findings by stating that metformin has a very low interaction potential, but caution is advised when drugs that impair renal function are used concomitantly. With the exception of saxagliptin, DPP-4 inhibitors show low interaction potential, but drugs affecting the drug transporter P-glycoprotein "should be used with caution." Incretin mimetics

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Science & Education

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and SGLT-2 inhibitors "comprise a very low interaction potential and are therefore recommended as an ideal combination partner, from the clinical-pharmacologic point of view."[1]

For me the take-away message is, it is essential for clinicians to be aware of drug-drug interactions and make appropriate adjustments, individualizing a regimen based on a variety of intersecting patient factors.

References

1. May M, Schindler C. Clinically and pharmacologically relevant interactions of antidiabetic drugs. *Ther Adv Endocrinol Metab*. 2016 Apr;7(2):69-83.
2. Rang H, Dale M. *Rang and Dale's Pharmacology*, 7th ed. Edinburgh: Elsevier Churchill Livingstone, 2012.
3. Dresser GK, Spence JD, Bailey DG. Pharmacokinetic-pharmacodynamic consequences and clinical relevance of cytochrome P450 3A4 inhibition. *Clin Pharmacokinet*. 2000 Jan;38(1):41-57.
4. Kirkman MS, Briscoe VJ, Clark N, et al. Diabetes in older adults: a consensus report. *J Am Geriatr Soc*. 2012 Dec; 60(12):2342-56.
5. Qato DM, Alexander GC, Conti RM, et al. Use of prescription and over-the-counter medications and dietary supplements among older adults in the United States. *JAMA*. 2008 Dec 24;300(24):2867-78.
6. American Diabetes Association. Standards of medical care in diabetes—2013. *Diabetes Care*. 2013;36(Suppl 1):S11-S66.
7. Freeman JS, Gross B. Potential drug interactions associated with treatments for type 2 diabetes and its comorbidities: a clinical pharmacology review. Expert Rev *Clin Pharmacol*. 2012 Jan;5(1):31-42.

Table 1
Herb-Drug Interactions
with Commonly Prescribed Antidiabetic Drugs*

Herb	Mechanism	Antidiabetic Drug Affected
Aloe vera	Inhibits CY3A4 and CYP2D6 Insulin-sensitizing effects	Increased efficacy: pioglitazone repaglinide
Andrographis paniculata	Inhibits CYP3A4 and CYP2C9 activities Enhanced glucose transport	Probable increased efficacy: glibenclamide, glimepiride, nateglinide, rosiglitazone, pioglitazone, repaglinide
Ginseng	Induces CYP3A-4Stimulates insulin secretion	Probable decreased efficacy: glibenclamide; pioglitazone; meglitinides; sitagliptin; saxagliptin
Karela (Momordica charantia)	Inhibits CYP2C9 Stimulates insulin secretion	Probable increased efficacy: glibenclamide, glimepiride, nateglinide, rosiglitazone
St John's Wort	Induces CYP3A4, 1A21 2D6, 2E1 Inductor of p-glycoprotein	Decreased efficacy: sulfonylurea; thiazolidinediones; meglitinides Probable decreased efficacy: sitagliptin, saxagliptin
Glucosamine-containing herbs	Increased insulin resistance	May diminish antidiabetic drug efficacy
Isolflavone-containing herbs	Inhibits CYP2C9 and CYP3A4	Probable increased efficacy: glibenclamide, glimepiride, nateglinide, rosiglitazone; pioglitazone, repaglinide
Levocarnitine-containing herbs	Increased glucose oxidation	Additive effects with antidiabetic drugs

Table 3
Common Drugs Affecting the Efficacy of Antidiabetic Medications in General

Thiazide diuretics	Antimicrobials
Beta blockers	Glucocorticoids

May M, Schindler C. *Ther Adv Endocrinol Metab*. 2016 Apr;7(2):69-83.

Table 2
Selected Drug-Drug Interactions
with Antidiabetic Medications

Antidiabetic Drug/ Drug Class	Medication with Risk of Interaction	
Sulfonylurea	Fluconazole Miconazole Fibrates H2-antagonists Phenylbutazone Sulfonamide Chloramphenicol Clarithromycin Verapamil Salicylic acid Heparin	ACE inhibitors Ethanol Magnesium salts DPP-4 inhibitors GLP1 analogues Rifampicin Cholestyramine Colesevelam Nonselective beta blockers Bosentan Phenobarbital
Metformin	Iodinated contrast agents Cimetidine Procainamide Trimethoprim Digoxin Amiloride Quinine	Quinidine Ranitidine Vancomycin Cephalexin Pyrimethamine Anticholinergics Vitamin B12 (supplementation may be helpful)
Thiazolidinediones	Ketoconazole Gemfibrozil Rifampicin Fluvoxamine Trimethoprim	Insulin NSAIDs Sulfonylurea Nitrates
DPP-4 inhibitors	Ketoconazole Diltiazem Atazanavir Ritonavir	Clarithromycin Rifampicin ACE inhibitors
GLP-1-analogs	No clinically relevant drug-drug interactions Sulfonylurea drug dose should be halved, due to risk of hypoglycemia	
SGLT-2-inhibitors	No clinically relevant interactions (but increase dose of canagliflozin when co-administered with UGT inducers (ie, rifampicin, phenytoin, ritonavir)	

May M, Schindler C. *Ther Adv Endocrinol Metab*. 2016 Apr;7(2):69-83.

2017 ACOI COMMITTEE APPOINTMENTS

The ACOI Board of Directors recently approved the committee roster for the coming year. More than 200 members volunteered to fill approximately 25 vacancies on one or more of the committees. President John. R. Sutton, DO and the Board express gratitude to all who volunteered. Members who were not selected will be considered for openings that occur next year.

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PROFESSIONAL OPPORTUNITIES

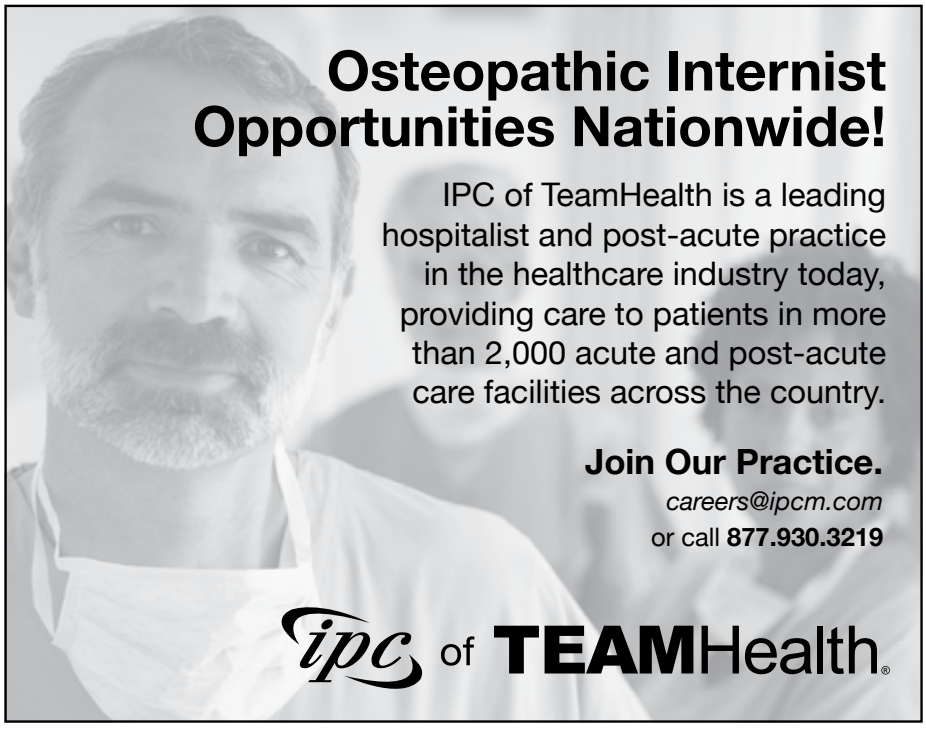
Full-Time Internal Medicine-Primary Care Physician for a Large Public Health and Hospital System in Silicon Valley

Santa Clara Valley Medical Center (SCVMC), a large public teaching hospital, affiliated with Stanford University School of Medicine, in San Jose CA, is seeking a full-time BC/BE internal medicine-primary care physician to join our large Department of Medicine and one of our thriving primary care practices at our Valley Health Center- Moorpark or Valley Health Center-Downtown.

SCVMC is the main hospital for the Santa Clara Valley Health and Hospital System, which in turn is the second largest County-owned health system in California, including a large primary care network with nine primary care health centers, wide-ranging specialty care services, a large behavioral health department, and a health plan. SCVMC hosts a large Internal Medicine Residency Training Program, TJC-accredited Primary Stroke Center, CARF-accredited Rehabilitation Center, ABA-verified Burn Center, and ACS-verified Level 1 Trauma Center. SCVMC is located in the heart of Silicon Valley, 50 miles south of San Francisco and 30 miles north of the Monterey Bay, offering one of the most diverse selections of cultural, recreational, and lifestyle opportunities in the nation.

VHC-Moorpark is on our central campus and is a popular training site for our Internal Medicine residents. Minutes away, VHC-Downtown is a new state of the art facility in downtown San Jose near San Jose State University, which opened in June 2016.

We offer competitive compensation, generous comprehensive benefit package (including 53 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population and the community. SCVMC is an Equal Opportunity employer. Please submit your letter of intent and CV to Roya Rousta at roya.rousta@hhs.sccgov.org.



ASSISTANT PROFESSOR/INTERNAL MEDICINE, AZ - The Arizona College of Osteopathic Medicine (AZCOM) is seeking an academic/clinical Assistant Professor. This person will spend 0.4 FTE in the Internal Medicine Department teaching small groups, lecturing, assisting with standardized patient testing of students, grading, and participating in clinical clerkship rotation recruitment and rotation site visits and didactic education.

This position, at a rank of Clinical Assistant Professor, requires a DO degree and osteopathic or ABMS board certification in Internal Medicine and must be clinically active. Contact William Peppo, DO, Chair, Department of Medicine at ***wpeppo@midwestern.edu***.

Midwestern University is an Equal Opportunity/Affirmative Action employer that does not discriminate against an employee or applicant based upon race, color, religion, gender, national origin, disability, or veterans status, in accord with 41 C.F.R. 60-1.4(a), 250.5(a), 300.5(a) and 741.5(a). We maintain a drug-free workplace and perform pre-employment substance abuse testing.

PRIMARY CARE PHYSICIAN, SILICON VALLEY, CA - Santa Clara Valley Medical Center, a public teaching hospital, affiliated with the Stanford University School of Medicine, located in the heart of Silicon Valley, CA is seeking a BC/BE Internal Medicine-primary care physician to join our dynamic, growing, nurturing Department. Submit a letter of intent and CV to ***roya.rousta@hhs.sccgov.org.*** EOE Employer.

Franciscan HEALTH

Contact the Physician & Provider Services Team for more information about our current opportunities:

(844) FPN-DOCS /(844) 376-3627
Email us at *Practice@franciscanalliance.org*
Visit us online at *FranciscanDocs.org*

Why ACOI Needs Our Support

(This is one in a series of interviews with ACOI members who are strongly committed to the College and why they believe it has made a difference in their lives. This series is presented by Barbara L. Ciconte, CFRE, Development Counsel to ACOI.)

Meet **Jack Uslick, DO, MACOI,** now retired, whose 32 year career included serving as Chief of Staff, Chair of the Department of Internal Medicine, and Director of Medical Education at Doctors Hospital of Stark County, OH, as well as Regional Dean at Ohio University College of Osteopathic Medicine. Dr. Uslick served as ACOI President in 1999-2000 and has remained an Active member, chairing ACOI's Honors and Awards Committee. Each year he leads the Fellows Convocation at the annual convention.

Ms. Ciconte: Tell me why you have dedicated your time and talents to ACOI.

Dr. Uslick: Being actively involved in ACOI has been a wonderful experience for me. I am in awe of the many brilliant, hard-working people I have met over the years. I wanted to do what I could for ACOI to maintain its high stature in the medical profession so that I and other osteopathic internists could benefit from membership.

Ms. Ciconte: How do you see the transition to the single GME accreditation system affecting the osteopathic internal medicine profession and ACOI?

Dr. Uslick: Everyone realized, with ACOI being quicker than others under the AOA umbrella, that this change could result in a loss of identity for DOs. Some of the issues ACOI raised initially have been mitigated. However, we are concerned that after receiving an excellent medical education, osteopathic medical school graduates will forget their osteopathic identity after being exposed to MD trainers.

Ms. Ciconte: Do you think the plan that the ACOI has developed addresses these challenges?

Dr. Uslick: I feel very strongly that it will. The Visiting Professor program is good and growing due to the increasing number of osteopathic medical schools. We need to keep students and residents identified with being a DO and connected to the ACOI. As a high-quality organization, the ACOI needs to help them maintain their osteopathic grounding.

Ms. Ciconte: The ACOI needs significant funds to implement its plan. For that reason, the College is launching a special 75th Anniversary Campaign to raise the necessary funds. What do you think ACOI should do and say to encourage members to make a special contribution to this campaign?

Dr. Uslick: I have been out of practice for 15 years so don't know what my fellow ACOI members are experiencing practicing medicine today. What I would say is this – "The College has not been coming to us for contributions every year, but now is at a critical stage and needs our financial support. The contributions will be used wisely to help us address the challenges facing osteopathic internal medicine."

I believe this to be true so that's why I have made a generous contribution and ask others to do likewise when they are approached.

Ms. Ciconte: How can ACOI continue to serve its members in the future?

Dr. Uslick: I know the ACOI Board already recognizes the need to increase the College's visibility and educational programs. ACOI annual conventions remain successful thanks to the members of ACOI's small staff. I am in awe of what they can accomplish. I have attended every ACOI convention since 1989 and am pleased with the increasing attendance.

To emphasize the high quality of ACOI's educational programs, it would be good for ACOI to share data related to outcomes for those individuals who take an ACOI educational program like the Hospital Medicine Course or the Board passage rates after taking the Board Review Course.

Ms. Ciconte: Dr. Uslick, ACOI thanks you for what you helped the College accomplish in the past and for your continuing efforts to help it grow and prosper.

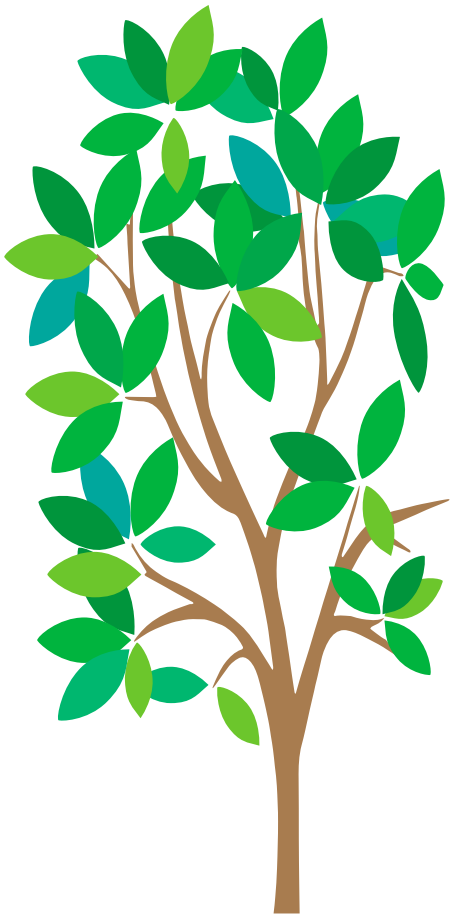
Have You Moved?

Keep us updated. If you have recently made any changes in your address, phone number or email, please notify theACOI.

www.acoi.org

Join the 75th Anniversary Circle

It is imperative that the ACOI move forward to address the critical questions that define whether there will be a distinctive osteopathic practice of internal medicine in the future. Contributions from ACOI's 75th Anniversary Circle Donors, who make a gift or pledge of $1000 or more over two years, support these important efforts. They will be recognized on the 75th Anniversary Circle Tree to be permanently located in the ACOI office at the close of the anniversary celebration. Forty-eight of the 100 leaves available for engraving are already taken, so please make your gift or pledge now to ensure your leaf is displayed. Go to www.acoi.org to download a pledge form and return to Brian Donadio, ACOI, 11400 Rockville Pike, Suite 801, Rockville, MD 20852 or mailto:***BJD@acoi.org***



Have A Happy New Year But Don't Let the Clock Run Out!

If you own stock, it has very likely increased in value since you purchased it. If you sell it, the IRS will assess a 20% tax on the gain, which means you will lose more than twenty percent of its value. If you can afford to give away some shares in your stock portfolio, you can receive credit for the full fair market value of the stock, help ACOI, and avoid paying any tax on the gain. You can deduct the value of the stock, regardless of what you paid for it.

Many tax and legal advisors suggest that gifts be made in this tax year when we know what credits can be received, rather than waiting until next year when deductions may change. However, you need to act before the end of the year to be eligible to receive credit against this year's earnings.

Many people plan their charitable giving to receive the maximum benefit allowed by law, while also reducing their tax burden. Giving appreciated stock provides a powerful planning tool. You (or your broker) can give shares safely by electronic transfer by asking us to provide you or your broker with easy-to-follow instructions. That is usually the best way to make a gift of stock, but if you have paper stock certificates, you can still make a gift of them. For physical stock certificates, we recommend that you mail the unsigned stock certificate to us and then separately mail a completed and signed stock transfer form. It is often printed on the back of your certificate. Please let us know if you plan to make such a gift by emailing bjd@acoi.org, or by calling Brian Donadio at 301-231-8877. We can help you accomplish your generous wishes.

For gifts of stock, timing is important if you would like to claim credit for this tax year. For you to receive credit for your gift this year, we need to receive your gift before the end of the year and time is running out.

There are other suggestions we can propose to help ACOI and reduce your income or estate taxes. If you would like to know more, send an email to katie@acoi.org and we will send you a copy of Your 2016 Personal Planning Guide with ideas and strategies for estate planning, gifts from your estate, income tax planning, investments and retirement, social security and charitable gift planning. If you already know that you would like to have an ACOI planned giving consultant call you, contact Barbara Ciconte, ACOI's Development Counsel at ***barbara@acoi.org***, and let us know how and when to contact you.

Women Physicians Group Suggests Career Resources

Each year at the ACOI Annual Convention, an interest group of women physicians meets to discuss areas of mutual concern. The group discussed how women can be empowered to take charge of their careers at the 2016 meeting.

During the discussion, two books were identified as potential resources in this effort. The are: "Nice Girls Still Don't Get the Corner Office: Unconscious Mistakes Women Make to Sabotage Their Careers," by Lois Frankel; and "See Me as a Person," by Mary Koloroutis and Michael Trout. The women physicians interest group is led by ACOI Board of Directors Member Joanne Kaiser-Smith, DO.

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2017 Internal Medicine Board Review Course
  March 22-26 JW Marriott, Las Vegas, NV
- 2017 Clinical Challenges in Inpatient Care
  March 23-26 JW Marriott, Las Vegas, NV
- 2017 Congress on Medical Education for Resident Trainers
  May 4-6 Sheraton San Diego Resort & Marina, San Diego, CA
- 2017 Annual Convention & Scientific Sessions
  Oct 11-15 Gaylord National Resort and Convention Center, Washington, DC
- 2018 Annual Convention & Scientific Sessions
  Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2019 Annual Convention & Scientific Sessions
  Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Annual Convention & Scientific Sessions
  Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL

Please note: It is an ACOI membership requirement that Active Members attend the Annual Convention or an ACOI-sponsored continuing education program at least once every three years.
Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at www.acoi.org.

2017 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination
Computerized Examination 200 Sites Nationwide
September 14, 2017 - *Application Deadline: February 1, 2017*

Internal Medicine Recertifying Examination
Computerized Examination 200 Sites Nationwide
September 15, 2017 - *Application Deadline: April 1, 2017*

Subspecialty Certifying Examinations
Computerized Examination 200 Sites Nationwide
August 29, 2017 - *Application Deadline: April 1, 2017*
• Cardiology • Clinical Cardiac Electrophysiology • Endocrinology • Gastroenterology
• Geriatric Medicine • Hematology • Hospice and Palliative Medicine • Infectious Disease
• Oncology • Pulmonary Diseases • Rheumatology • Sleep Medicine

Subspecialty Recertifying Examinations
Computerized Examination 200 Sites Nationwide
August 29, 2017 - *Application Deadline: April 1, 2017*
• Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology
• Gastroenterology • Geriatric Medicine • Hemaology • Hospice and Palliative Medicine
• Infectious Disease • Interventional Cardiology • Nephrology • Oncology
• Pulmonary Diseases • Rheumatology • Sleep Medicine

Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at admin@aobim.org; 312 202-8274.

*Contact the AOBIM at admin@aobim.org for deadlines and dates for the **Hospice and Palliative Care**, **Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine** examinations.*

In Memoriam

Word has been received of the following deaths of ACOI members:

James F. Weber, DO, FACOI, age 54, on April 21, 2016. Dr. Weber was a board-certified general internist in Potosi, MO. A 1990 graduate of the Kirksville College of Osteopathic Medicine, he completed his residency training at Des Peres (MO) Hospital. He was an Active member of the ACOI from 1997 through the time of his death. He received the degree of Fellow in 2008.

Christopher J. Mazure DO, FACOI, age 79, on October 23, 2016. A board-certified general internist, Dr. Mazure of Bloomfield Hills, MI, was a 1960 graduate of the Chicago College of Osteopathic Medicine. He was one of the founding physicians of the former Bi-County Hospital in Warren, MI. Dr. Mazure was an Active ACOI member from 1966 through 2011, when he retired and became an Emeritus member. He achieved the degree of ACOI Fellow in 1996.