

*From President Bulger*

## President's Travels Illustrate Collaborative Nature of Osteopathic Internal Medicine



It has been a busy May! I have had the good fortune to share time with many dedicated health professionals over the course of the month. As I reflect on my

learnings, it provides a microcosm of why I practice osteopathic internal medicine. I think that you might also find that these are examples of what motivates all of us.

During a discussion with the Association of Community Health Plans, a colleague and I were able to share some of the vision of ProvenExperience™. While the refunds have stolen the headlines, the real star of this inventive new program is the

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October 27-31 in Palm Desert, CA

## 2016 Convention Will Celebrate ACOI's 75th Anniversary



The 2016 ACOI Convention and Scientific Sessions will take place October 27-31 at the JW Marriott Report and Spa in Palm Desert, CA. In addition to a first-rate education experience, the Convention will mark the 75th Anniversary of the ACOI's founding in 1941.

ACOI President-elect John R. Sutton, DO, will chair the Convention. He and the CME Commit-

tee have selected a theme of "Pseudoscience or Science in Internal Medicine." As in recent past years, the first day of the Convention will feature in-depth symposiums on vascular medicine and cardiology, with an emphasis on identifying treatments and tests that are proven beneficial vs those that are not. The popular "Tests I Wish You'd Never Ordered" session will complete the first-day agenda. The Welcome Reception that evening will be a full-blown celebration of the 75th Anniversary.

Other events during the five-day meeting will include a review of the College's history by Kevin P. Hubbard, DO, who has authored a new book entitled, "A History of Osteopathic Internal Medicine: Celebrating the ACOI's First 75 Years," which will be published this summer.

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## Board of Directors Nominations Sought

Active members of the ACOI who are interested in serving on the Board of Directors are invited to contact the College's office and request a nominating packet. The members of the ACOI will elect three individuals to three-year terms on the Board at the Annual Meeting of Members, October 31 in Palm Desert, CA.

As part of an ongoing self-assessment process, the Board has developed a position description for Board members, and a list of competencies that should be possessed by the Board as a whole. Potential candidates must complete an application form that allows them to describe how their experience and expertise match up with the desired competencies.

In order to be considered by the Nominating Committee, the completed nomination packet must be returned to the ACOI office no later than June 17, 2016. The slate of candidates will be announced in the July issue of the newsletter.



## 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*

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## Letter from the President

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focus on the patient. The innovation makes it clear to every member of the team that patients come first. Later in the same week, I was able to speak with a group of educators (including ACOI member Dale Bratzler, DO) aimed at fostering inter-professional education. The Interprofessional Education Collaborative includes the American Association of Colleges of Osteopathic Medicine. Teamwork is a key part of providing quality care in today's environment; there is too much to know and do for physicians to act alone.

To end that week, I was honored to share some time with a kindred organization, the American College of Physicians. Giving the Update in Hospital Medicine to a group of internists focused on providing quality care highlighted the link between our organizations. Highpoints of the content can be found here. There is a focus on pneumonia, end of life care, and some things that we thought were standard of care that new evidence suggests may not be.

The following week, the focus changed to preventive medicine as I spoke at a CDC-sponsored meeting on adult immunization. At times we forget that our goal is to "find health" - prevention - rather than "find disease." Immunizations are one cornerstone of prevention.

I ended the month participating with collaborators from across the country in a Choosing Wisely® Summit, and I was struck by the connections in my travels. As osteopathic internists, we are focused on how we can provide the highest quality care for the patients and populations we serve. This includes evidence-based care that is provided in a caring and compassionate manner. We focus on health and foster teamwork. Through sharing, we foster life-long learning that enriches our profession and enriches us. It is why we are osteopathic internists.

## Have You Moved?

**Keep us updated.**

**If you have recently made any changes in your address, phone number or email, please notify the ACOI.**

***www.acoi.org***



# government RELATIONS

Timothy McNichol, JD

## Supreme Court Sends ACA Challenges Back to Lower Courts

Without expressing any “view on the merits the case,” the Supreme Court sent cases challenging the contraceptive coverage requirement of the Affordable Care Act (ACA) back to the lower courts for additional consideration. The Court signaled to the federal appeals courts that the parties may be able to achieve a compromise that would make the Court’s involvement unnecessary. Religious nonprofit organizations contend that the requirement to submit notice to their insurers or the government of their objection to provide contraceptive coverage in essence triggers the very coverage they object to in violation of their sincerely held beliefs protected by the Religious Freedom Restoration Act (RFRA). The Court heard oral arguments in March encompassing seven separate cases. It is likely the Court took this action to avoid a 4-4 split that would result in different rules depending on the jurisdiction in which the parties are located.

## Zika Funding Measures Approved in the House and Senate

The House and Senate approved separate measures to provide emergency funding for Zika virus response and preparation. The Senate measure includes \$1.1 billion in funding, almost double the amount provided for in the House package. In a statement of Administrative Policy, the Administration announced its opposition to the House bill, calling it “woefully inadequate.” House and Senate negotiations are ongoing. With the summer months approaching, it is likely some form of compromise will be reached.

## Final Rule Implements Nondiscrimination Provisions of the ACA

A final rule was published by the Department of Health and Human Services Office for Civil Rights implementing a provision of the ACA which prohibits discrimination based on race, color, national origin, sex, age or disability in certain health programs or activities. The nondiscrimination protections are extended to individuals participating in: any health program or activity which receives funding from HHS; any health program or activity that HHS itself administers; and Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces. You can learn more about the final rule and nondiscrimination provisions of the ACA by visiting <http://www.hhs.gov/civil-rights/for-individuals/section-1557>.

## New Medicare Physician Payment Data Made Available

The Centers for Medicare and Medicaid Services (CMS) posted updated data on Medicare payment for Part B services and procedures provided to beneficiaries by physicians and other healthcare providers. This is the third release of the Physician and Other Supplier Utilization Payment Public Use data set. The data includes payments and submitted charges by over 986,000 distinct health care providers. According to CMS, the data represents \$91 billion in Medicare payouts. You can access additional information on this program at [www.cms.gov](http://www.cms.gov).

## Alternative to ACA Legislation Introduced

In a lead-up to the political season, Republicans in the House and Senate announced legislation to serve as an alternative to the ACA. Under the proposal, every individual would be eligible for a tax benefit of up to \$2,500 and an additional \$1,500 tax benefit per dependent minor. While it is unlikely that this legislation will be considered and sent to the President for signature, it is a benchmark for additional discussion as the 2016 election season heats up.

## Uninsured Rate Drops in 2015

According to a recently released report by the Centers for Disease Control (CDC), 7.4 million fewer people were uninsured in 2015 than in 2014. The uninsured number fell to 28.6 million, or 9.1 percent. This is down from 36 million, or 11.5 percent in 2014.

The report also found that adults 25-34 years of age were more than twice as likely to lack insurance coverage as those who are 45-64 years of age. You can view the report in its entirety by visiting [www.CDC.gov](http://www.CDC.gov).

## FTC Releases Web-Based Tool to Assist with Mobile Health App Development

The Federal Trade Commission (FTC) released an interactive web-based tool to assist developers of health care-related apps obtain guidance on the applicability of certain federal laws. While the tool is not intended to constitute legal advice about all compliance obligations, it will give a developer a snapshot of a few important laws and regulations from three federal agencies. Specifically, the tool walks the user through a series of high-level question to consider the applicability of the Health Insurance Portability and Accountability Act, the Federal Food, Drug, and Cosmetic Act, the FTC Act, and the FTC’s Health Breach Notification rule. You can access the tool at <https://www.ftc.gov/tips-advice/business-center/guidance/mobile-health-apps-interactive-tool>.

## Washington Tidbits Political Symbolism

As the race for the White House continues to march toward the Republican and Democratic nominating conventions, which will take place later this summer in Cleveland, Ohio and Philadelphia, Pennsylvania, the symbolism of the elephant and donkey are as strong as ever. Where exactly did the symbols come from?

The symbol of the donkey dates back to 1828 when opponents of Andrew Jackson called him a jackass. Jackson, amused by the label, began using an image of a donkey in his campaign posters and went on to defeat incumbent John Quincy Adams, thus becoming the first Democratic president. The Republican Party was formed in 1854 with its first candidate, Abraham Lincoln, ascending to the White House in 1861. An image of an elephant was used in a political cartoon during the Civil War when “seeing the elephant”

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## 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](http://www.acoi.org) and by contacting Ms. Young at [YoungMedConsult@aol.com](mailto: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.*

### Prepare for the End of “Close Enough” Coding

I have been asked several times in the past couple of weeks what will happen on October 1 with ICD-10 coding. Prior to the implementation of ICD-10 coding in 2015, the Centers for Medicare and Medicaid Services (CMS) issued a two-page document indicating that for the first 12 months of ICD-10 implementation, claims billed under the Part B physician fee schedule through either the automated medical review or complex medical review processes would be evaluated based on whether the physician/practitioner used a valid code from the correct family of codes. This process was to be adopted by the Medicare Administrative Contractors, the Recovery Audit Contractors, the Zone Program Integrity Contractors and the Supplemental Medical Review Contractors. As a result, there has been some leeway in the selection of diagnosis codes.

CMS stated, “for all quality reporting completed for the Program Year 2015 Medicare clinical data review contractors will not subject physicians to... penalty during primary source verification or auditing related to the additional specificity of the ICD-10 diagnosis code, as long as the eligible professional (EP) used a code from the correct family of codes. Furthermore, an EP will not be subject to a penalty if CMS experiences difficulty calculating the quality scores for Physician Quality Reporting System (PQRS), Value-Based Modifier (VBM) or Meaningful Use due to the transition to ICD-10 codes.” The only exception noted was if there was a specific CMS policy listing a specific payable diagnosis.

As discussed in prior columns, “close enough” meant “good enough.” As long as you identified that the patient had a muscle strain, which arm did not need to be part of the code selected. If your code showed that a patient had abdominal pain, it did not matter where the pain was located. If you coded that a patient had asthma, coding for unspecified asthma was sufficient. This general coding will be changing and preparation is essential.

Many of the electronic health record (EHR) software uses General Equivalence Mapping (GEMS) or other cross-walking programs to aid you in the transition to ICD-10. CMS indicated that the GEMS are a tool for converting ICD-9 data to ICD-10. Confidence in the use of GEMS is evidenced by CMS stating that GEMS are, “a comprehensive translation dictionary that can be used to accurately and effectively translate any ICD-9 data, including data for tracking quality, calculating reimbursement and convert-

ing to ICD-10 codes for use with payment systems.” However, caution must be used when cross-walking. Software is limited if the provider knows more about a patient's illness and does not use the information. The data is lost if the ICD-9 code previously selected was non-specific when using cross-walking software. Perfect software would include the choices in the “family” of codes to show the provider what he or she might not have realized could be reflected in the code selection. For example, in ICD-9 codes for asthma, there is intrinsic, extrinsic, chronic obstructive and unspecified asthma. Converting intrinsic or extrinsic asthma from ICD-9 to ICD-10, may result in a code for Mild Intermittent Asthma. But there are five different “severity levels” of asthma in ICD-10-CM. In checking with pulmonologists, they indicate that patients with intrinsic or extrinsic asthma, may have a more severe form of asthma, such as severe persistent and not the mild intermittent. Using the cross-walking software, you are lulled into a false sense of security that you have an “equivalent” code. Some software I have used will crosswalk intrinsic asthma to the unspecified asthma code in ICD-10, which creates additional problems. The other two diagnoses I used above as examples also code to either unspecified codes, or ones with a specificity that may not be what you intended.

So what to do? First, have a list of your most frequently utilized ICD-10 diagnosis codes created for your review. Look at it and compare it with your ICD-9 list from before the transition. You should be able to spot the incon-

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Welcome to a hot May edition of Talking Science and Education. There is a lot happening this week regarding drug approvals and warnings, especially as relates to diabetes.

## Diabetes Dialogues

This week, the FDA approved a fixed-dose combination product combining the sodium glucose cotransporter 2 (SGLT2) inhibitor canagliflozin with metformin hydrochloride for the first-line treatment of adults with type 2 diabetes.

Known as Invokamet (Janssen), this product can now be prescribed in those with type 2 diabetes who are not already being treated with canagliflozin or metformin and may benefit from dual therapy, according to the company.

Invokamet — the first product to combine an SGLT2 inhibitor with metformin in the United States — was previously approved by the FDA in August, 2014 as an adjunct to diet and exercise to improve blood glucose control in adults with type 2 diabetes not adequately controlled by either canagliflozin or metformin, or who were already being treated with both medications separately.

The new indication for Invokamet aligns with recent type 2 diabetes treatment guidelines, which recommend dual therapy for patients with higher HbA1c levels (ADA, AACE).

Specifically, guidelines recommend dual therapy for patients who have an initial HbA1c level of 7.5% or higher, and for those who have an initial level below 7.5% and do not achieve an HbA1c treatment goal after about three months on single therapy, often metformin.

In addition, dual or triple therapy is recommended as first-line therapy in asymptomatic patients with an initial HbA1c level above 9%, Janssen notes in its statement.

Invokamet is not indicated for use in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis.

This comes on the heels of the FDA issuing a new safety alert that canagliflozin and the fixed-dose combination (Invokana, Invokamet, Janssen) have been associated with an approximately twofold risk for leg and foot amputations compared with placebo in an ongoing clinical trial.

The FDA has not yet determined whether the SGLT2 inhibitor actually increases the risk for amputations and is investigating further. In the meantime, healthcare professionals are advised to follow the recommendations in the canagliflozin drug label and monitor patients for signs and symptoms of foot problems.

The FDA move follows a 4.5-year interim analysis by the independent monitoring committee for the Canagliflozin Cardiovascular Assessment Study (CANVAS). The panel found that the rate of amputations — mostly of the toes — per every 1000 patients was equivalent to seven for 100 mg/day and five for 300 mg/day of canagliflozin compared with three per 1000 patients taking placebo.

However, the same amputation risk has not been seen in nine months of follow-up in a second, similar canagliflozin trial, CANVAS-R. Based on an overall data assessment, the monitoring committee has recommended that CANVAS continue.

This issue was flagged in April by the European Medicines Agency (EMA), which has begun a review based on the same data. The EMA's Pharmacovigilance Risk Assessment Committee requested more information from the company to assess whether canagliflozin causes an increase in lower-limb amputations and whether any changes are needed in the way the drug is used in the European Union.

The CANVAS trial is scheduled to complete in 2017.

Certainly physicians are wise to monitor their patients on these drugs carefully.

## Heart Failure

In other news, two new treatment updates in the management of heart failure seem to advance a move to greater individualized care of these patients.

The American College of Cardiology (ACC), the American Heart Association (AHA), and the Heart Failure Society of America have updated their heart failure guidelines to include an angiotensin receptor-neprilysin inhibitor (ARNI) (sacubitril/valsartan [Entresto]), and a sinoatrial node modulator (ivabradine [Corlanor]) to the list of treatment options.

Previously recommended drug options for these patients include angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), aldosterone antagonists, beta blockers, the combination of isosorbide dinitrate

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## Talking Science

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and hydralazine and diuretics. The new recommendation for patients with chronic symptomatic heart failure with reduced ejection fraction consists of an ACE inhibitor or ARB or ARNI, along with a beta blocker and an adolsterone antagonist.

The treatment additions reflect a move to greater individualized care. While a fully updated guideline is in development, these updates to the 2013 ACCF/AHA Guideline for the Management of Heart Failure are being released early to coincide with the release of a new European Society of Cardiology Guideline, in an effort to minimize any confusion.

Last week, Novartis announced 40 active and planned clinical studies to generate further data on Entresto, currently indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in patients with chronic HFrEF. Depending on results, it is likely that the trial results will be used in further new indication drug applications.

The trials will enroll patients from over 50 countries and participation is designed for over five years. The trials will fall under an umbrella of trials Novartis is calling 'FortiHFy' (Fortifying Heart Failure clinical evidence and patient quality of life). Some of the trials include, PARAGON-HF2, PARADISE-MI1, TRANSITION-HF3 and PIONEER-HF4.

That's all for this month. If you have other questions or topics for Talking Science and Education, let me know at [Don@ACOI.org](mailto:Don@ACOI.org).



## New Members Welcomed

The ACOI Board of Directors and staff welcome the following members whose membership applications or changes in membership status have been approved by the Credentials Committee and Board of Directors.

### Active Membership

Alex W. Armour, DO  
Kyle M. Bennett, DO  
Joseph T. Candelore, DO  
Julia A. Cherkasova, DO  
Braden F. DeLoach, DO  
Charles O. Duncan, DO  
Valena N. Fiscus, DO  
Ashley L. Gabbard, DO  
Brandon D. Greene, DO  
Sherry Penland Ismatov, DO  
Charles H. Korman, DO  
Victoria L. Leigh, DO  
Jose J. Lozano, DO  
Erlin J. Marte, DO  
Wilbur N. Montana, DO  
Rajan Narula, DO  
Chelsea A. Nickolson, DO

April L. Nofzinger, DO  
Richard R. Rattin, DO  
Jason B. Reese, DO  
Rachel Hughes Schwartz, DO  
Kelly S. Sprawls, DO  
Anthony Tran, DO  
Harpreet K. Tsui, DO  
Cynthia M. Vakhariya, DO  
Tyler D. Warner, DO  
Lily W. Wong, DO

### Associate Membership:

Faheem Ahmad, MD  
Eugenio Angueira, MD  
Camelia Chirculescu, MD  
John T. Dedousis, MD  
Khaled M. Ismail, MD  
Herbert Patrick, MD

## Government Relations

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was an expression used by soldiers in reference to having seen combat. It was not until the 1870s that political cartoonist Thomas Nast used both the donkey and the elephant to symbolize the Democratic and Republican parties. Other cartoonists followed suit shortly thereafter cementing the images of the two parties. Not only is Thomas Nast credited with establishing these party symbols and bringing them into the mainstream, the German-born artist is also credited with creating the image of the modern-day Santa Clause.



## Coding Corner

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sistencies mentioned above. Next, have your staff generate a list of your top 100 utilized codes. From this list, look at those that say unspecified and take just a moment to ask yourself if you knew more than was reflected by the code used. If so, look at an ICD-10 book so you can see the choices. While this analysis may take a bit of time, we have no guidance from CMS as to what they will be doing differently. Will they allow only "unspecified" codes for three consecutive encounters with a patient? Will they deny unspecified codes all together? We simply do not know at this point in time, yet we must still try to prepare.

The language of the one-year moratorium states that it applies to "either automated medical review or complex medical review" processes. That seems to indicate that your claims will be paid no matter what the diagnosis specificity, but it matters later when reviews/audits are done and the need for specificity is enforced. As such, you may not know that there is a problem until a review is done. So be proactive and be specific!



## The Charitable Gift Annuity – A Way to Help Yourself Now and ACOI Later

Would you like to have income for life, receive a generous immediate tax deduction, and also help ACOI? You can by establishing a special gift arrangement with ACOI that will pay you and one other person (usually a spouse) income for life and then go on to help ACOI programs.

The arrangement can be tailored to your individual needs and begin paying income immediately after setting it up depending on your age, or you can schedule payments to begin later as retirement approaches or as a child or grandchild approaches college age. By delaying payment, the amount of lifetime income you receive will be higher. Payments can be sent to you monthly, quarterly, semi-annually or annually.

Members who are concerned about low interest rates on bank CDs or poorly performing securities find that the special arrangement known as a Charitable Gift Annuity can be very attractive.

Our staff and gift consultants can provide you with confidential information about this special arrangement or other ways you can help yourself, your family, and ACOI. For more information, call Tim McNichol, Deputy Executive Director, at 301-231-8877 or email him at [Tmcnichol@acoi.org](mailto:Tmcnichol@acoi.org)

## Certificate Program in Healthcare Leadership And Management Registration Now Open

With the health care delivery system transitioning toward team-based care models, such as the patient-centered medical home, the ACOI has recognized the need for the development of a new skill set to meet the challenges of a team-based health care delivery environment. Physicians are confronted by a number of new challenges each day. Those who are nimble enough to adapt to these changes will be most successful in providing high-quality, cost-efficient care. In response, the ACOI has teamed with the Naveen Jindal School of Management, University of Texas at Dallas and the American College of Osteopathic Family Physicians to offer a ground-breaking program that culminates in the attainment of a Certificate in Health Care Leadership & Management.

Registration is now open for the eight-month long Health Care Leadership and Management Program (HCLMP). Sessions begin in July, 2016, and are built on an asynchronous learning model. Participants will access online modules utilizing the most advanced distance learning tools available. This allows participation when it is most convenient for a busy practicing physician. The learning experience is expanded through ongoing peer-to-peer interaction utilizing a threaded online discussion format that encourages the open exchange of ideas among learners with diverse experiences. The Program culminates with an in-person capstone session offered in March, 2017. Fifty AOA CME credits are anticipated.

This program is tailored to prepare today's busy practicing physician to become tomorrow's healthcare team leader. The participants in the HCLMP will explore the following areas:

- Personal Competencies
  - Emotional Intelligence I and II
  - Effective Communication
- Leading and Managing in an Interdependent World
  - Leaders, Managers and Followers
  - Change Management
  - Negotiation and Conflict Management
- Providing Value-Based Care for Individuals and Groups
  - Practice Improvement for Physicians and Groups
  - Clinical Informatics for the Physician's Office
  - Population Health Management
  - Team-based Care Across the Continuum
  - Creating Value for Patients and Payers
- Applying Lessons Learned to Practice Settings
  - Capstone: Integration and Consolidation of Lessons Learned

To register or learn more about the program, visit [www.acoi.org](http://www.acoi.org). Additional information is available by contacting Tim McNichol at 1-800-327-5183 or at [tmcnichol@acoi.org](mailto:tmcnichol@acoi.org).

# ACOI Provides Avenue for Teaching, Giving Back

*(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 **Keith A. Reich, DO, FACOI, FACR, RhMSUS**. Dr. Reich, certified in Internal Medicine, Rheumatology and Musculoskeletal Ultrasound is the program director for the Rheumatology fellowship at St. James Hospital in Olympia Fields, IL. An active ACOI member, he has served on a number of committees and has been the College's Rheumatology Education Chair for its annual convention for many years. A former member of the AOBIM, Dr. Reich is a regular speaker for the ACOI and participates in the ACOI's annual Trainer's Congress and Visiting Professor Program.

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

**Dr. Reich:** Brian Donadio and Susan Stacy have set high standards for being approachable and responsive, creating a sense of family among the ACOI members that I appreciate. Recently, I did a Visiting Professor session at the Alabama College of Osteopathic Medicine, which I enjoyed very much. Having come from a family of teachers who wanted me to be a physician, teaching is in my genes. For that reason, over the years I find myself seeking opportunities to speak and teach students, residents, fellows, and ACOI members. As a member of the Board of Directors of the AOBIM, we worked hard to develop board examinations that would strengthen the osteopathic internal medicine profession.

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

**Dr. Reich:** Most importantly, the College should continue to provide high quality CME programs. I direct the rheumatology fellowship program at St. James Hospital and we look to select the best candidates for the program while maintaining our osteopathic recognition. This is especially important as we combine our programs with the ACGME. We emphasize to our trainees that osteopathic internal medicine is not just manipulation, which may be an integral segment of treatment, but rather a focus on the needs of the whole patient.

**Ms. Ciconte:** In addition to sharing your time and talents with ACOI, you have made financial contributions to ACOI over and above your dues. Tell me what motivates you to give.

**Dr. Reich:** I support the Generational Advancement Fund (GAF) because it reflects what is important to me – educating the next generation of osteopathic internists. Gifts to the GAF support textbook vouchers for students that attend the annual convention, provide funding to have more ACOI members participate in the Visiting Professor Program, and benefit students and residents. The Visiting Professor Program provides opportunities to promote the importance of the ACOI to potential new members.

**Ms. Ciconte:** What can ACOI do to encourage other ACOI members to give?

**Dr. Reich:** I believe it is important for the College to show where the contributions are directed. For example, how the GAF benefits medical students and exposes them to the ACOI. Although small, the College has had a large reach in training and education.

I feel being an ACOI member has been good for my career and am proud to be an FACOI.

**Ms. Ciconte:** Dr. Reich, ACOI thanks you for the many contributions you have made and continue to make to help the College educate and train both the current and next generation of osteopathic internists.

**Testimonial from SOIMA President:** *“Dr. Reich was one of the best guest speakers we heard this year. His lecture detailed the pathway for students interested in internal medicine and/or one of its many subspecialties. We found his words extremely helpful knowing that it came from the best source to pursue a career in osteopathic internal medicine, the ACOI.”* - John Berquist, SOIMA President, Alabama College of Osteopathic Medicine.

## Financial Planning Materials Available

In our continuing effort to provide information to ACOI members on how they can help themselves, their families, and ACOI while saving income and estate taxes, the College now has several new pamphlets available:

- Your 2016 Personal Planning Guide
- 2016 Federal Tax Pocket Guide – to share with your advisers and planners
- Charitable Gift Planning Guidelines

Email Melissa Stacy at [Melissa@acoi.org](mailto:Melissa@acoi.org) to request the new pamphlets or any of the following titles:

- Gifts of Securities
- Your Will to Help
- The Gift Annuity
- Ideas for Retirement
- A Special Beneficiary
- Art of Gift Planning
- When the Time Comes
- Your IRA Legacy
- Remarkable Unitrusts
- Bequeath Your Values
- Planning for Women



# PROFESSIONAL OPPORTUNITIES

## FACULTY MEMBER/DEPARTMENT OF PRIMARY CARE -Texas.

The University of the Incarnate Word School of Osteopathic Medicine plans to matriculate its first class of osteopathic medical students in July 2017. Located in beautiful San Antonio, UIWSOM will educate aspiring physicians to be justice-minded, global citizens using a community-based, distributed model of education, which fosters inclusion, discovery and innovation. The UIWSOM invites applications for an Internal Medicine faculty member.

Position: UIW SOM is seeking a full-time Internal Medicine faculty member for the Department of Primary Care. This faculty member will have tripartite responsibility: teaching, clinical work and service. It is also strongly preferred that some research or other scholarly activity be undertaken. Faculty members assume the shared responsibility of developing, recommending, and executing all approved policies of instruction. UIWSOM is looking for an internist with a passion for teaching at all levels, including pre-clinical, clinical, and post-graduate trainees and who is comfortable with new and innovative teaching methods. The faculty member will operate within the UIWSOM framework of lifelong learning through collaborative scholarship, innovative educational excellence and learner-centered curricula. For a complete position description and on-line application, please see the following link: <https://jobs.uiw.edu/postings/6634> or contact Thomas Mohr, DO, FACOI at [tjmohr@uiwtx.edu](mailto:tjmohr@uiwtx.edu).

**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. Please submit a letter of intent and CV to [roya.rousta@hhs.sccgov.org](mailto:roya.rousta@hhs.sccgov.org). Equal Opportunity Employer.

# Our Legacy Society: Why I'm a Member



*Karen J. Nichols, DO, MA, MACOI  
Professor of Internal Medicine and  
Dean, Chicago College of  
Osteopathic Medicine*

From my office window at the Midwestern University, Chicago College of Osteopathic Medicine, I watch the future of our profession unfold every day as our students walk across campus – and I am grateful. Grateful for their energy, for their commitment, for their dedication to the osteopathic principles of patient care, and for their passion for service above self.

As Spring returns and life is bursting all around us, I am profoundly grateful that our approach to internal medicine will live on in those we train and be available to those they will serve.

I am also grateful that one day a percentage of what my husband and I will be leaving to charity when we're gone will help ACOI to pay for

programs that will be important to a new generation and the future of osteopathic internal medicine.

ACOI support was there for me as my practice grew and is there for me now as my teaching and work as a Dean unfolds. To keep programs that support the education and training of osteopathic internists, medical students and residents strong, and to provide for future programs that will shape ACOI for new members, bequest provisions or other estate plan gifts will insure that financial support will be there for our future. I'm glad that when we were drafting our estate plan Jim and I included a provision for ACOI, and hope that every member will consider joining us in doing so.

Please add your name to this ACOI Legacy Society roster by leaving a bequest to ACOI or by making other provisions for ACOI in your estate plans.

## ACOI Legacy Society Members

Jack & Jocelyn Bragg

John & Michele Bulger

Matthew & Marbree Hardee

David & Rita Hitzeman

Bob & Donna Juhasz

Jim & Karen Nichols

Gene & Elena Oliveri

Rick & Amy Schaller

For information about how to include ACOI in your will or estate plan, visit [www.acoi.org](http://www.acoi.org) or contact Tim McNichol, Deputy Executive Director, at [tmcnichol@acoi.org](mailto:tmcnichol@acoi.org) or 301-231-8877.

# CME CALENDAR

## **Future ACOI Education Meeting Dates & Locations**

### **NATIONAL MEETINGS**

- 2016 Annual Convention & Scientific Sessions  
Oct 27-31 JW Marriott Desert Springs Resort and Spa, Palm Desert, 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](http://www.acoi.org).*

## **2016 Certifying Examination Dates & Deadlines**

### **Internal Medicine Certifying Examination**

Computerized Examination 200 Sites Nationwide  
September 15, 2016 - *Application Deadline: Expired*  
*Late Registration Deadline: Expired*

### **Subspecialty & Certification of Added Qualifications:**

Aug. 20, 2016 • Lombard, IL - *Application Deadline: Expired*  
*Late Registration Deadline: Expired*

Cardiology • Interventional Cardiology • Critical Care Medicine • Electrophysiology • Endocrinology • Gastroenterology  
Geriatric Medicine • Hematology • Infectious Disease • Nephrology • Oncology • Pulmonary Diseases • Rheumatology • Sleep Medicine

### **Internal Medicine Recertifying Examination**

Computerized Examination 200 Sites Nationwide  
September 16, 2016 - *Application Deadline: Expired*  
*Late Registration Deadline: Expired*

### **Focused Hospital Medicine Recertification**

Aug. 20, 2016 • Lombard, IL - *Application Deadline: Expired*  
*Late Registration Deadline: Expired.*

### **Subspecialty and Added Qualifications Recertifying Examinations:**

Aug. 20, 2016 • Lombard, IL  
Cardiology • Interventional Cardiology • Critical Care Medicine • Electrophysiology • Endocrinology • Gastroenterology  
Geriatric Medicine • Hematology • Infectious Disease • Nephrology • Oncology • Pulmonary Diseases • Rheumatology • Sleep Medicine  
*Application Deadline: Expired*  
*Late Registration Deadline: Expired*

*Further information and application materials are available at [www.aobim.org](http://www.aobim.org) or by writing to: Gary L. Slick, DO, MACOI, Executive Director, American Osteopathic Board of Internal Medicine, 1111 W. 17th Street, Tulsa, OK 74107, email: [admin@aobim.org](mailto:admin@aobim.org). Contact the AOBIM at [admin@aobim.org](mailto:admin@aobim.org) for deadlines and dates for the *Hospice and Palliative Care, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine* examinations.*

## **Annual Convention**

*continued from page 1*



*Mark Alain-Dery, DO*



*Jeanne M. Davidson, DO*



*Patrick C. Cullinan, DO*

Other presentations on the meeting theme include “Vaccines—Pseudoscience of the Doubters,” by Mark Alain-Dery, DO; “Responding to Requests for Potentially Inappropriate Treatment in the ICU,” by Patrick C. Cullinan, DO; and “Vitamin D—Help or Hype: Is There Evidence for Value of Vitamin D in Clinical Medicine?” by Jean M. Davidson, DO.

Additional information and registration materials for the 2016 Convention will be available in July. Attendees should note

that this year’s meeting will take place over a Thursday-Monday pattern, rather than the usual Wednesday-Sunday schedule.

## **In Memoriam**

Word has been received of the death of **William S. Frank, DO**, of York, PA. Dr. Frank died on July 9, 2015 at the age of 65. An Active ACOI member for 36 years, Dr. Frank was certified in internal medicine by the AOBIM and participated in the ACOI mentor program.