

## From President Sutton The Osteopathic Tradition of Sharing Knowledge



I recently listened to a radio station sermon in my car, while driving in Carson City, Nevada. In teachings related to my personal faith, the preacher said we should look at the mind of a young person as a blank slate. He said if we of faith do not fill that blank slate, someone



else will fill it. I am grateful for the people pictured here, my parents, who placed the teachings of my faith front and center. It is a "Firm Foundation" in my life.

This allowed me to advance my education through high school and college. I was able to fulfill a dream of many years to go to medical school. There, my mind was

*continued on page 2*

## ZDoggMD, Vance Johnson, J.D. Polk, DO To Keynote 2017 Convention Program

The 2017 ACOI Convention and Scientific Sessions, which will take place October 11-15 in the Washington, DC, suburb of National Harbor, MD, will feature three exceptional keynote speakers who should appeal to all segments of the membership. The 2017 Convention will be held in conjunction with the American College of Osteopathic Surgeons, with whom a number of collaborative sessions have been scheduled.



Internist, writer and performer of comedic rap parodies--**ZDoggMD**, will open the convention on Thursday morning, Oct. 12. Zubin Damania, MD is the founder of Turntable Health, a direct primary care clinic in Las Vegas. Before moving to Las Vegas, Dr. Damania was a practicing hospitalist at Stanford University for 10 years. He has been writing and performing comedic raps as ZDoggMD, an internet celebrity known for his music videos, parodies, and

comedy sketches about medical issues, as well as systemic issues with health-care.

Disheartened by the traditional fee-for-service model on which the American medical system is based, Dr. Damania began writing, performing and filming musical parodies about the frustrations of work as a doctor, posting them on YouTube to immediate success. He developed a persona called ZDoggMD fashioned as a gangsta rapper who is upset about popular misconceptions of healthcare in the US.



The second keynote on Friday, Oct. 13, will feature **Vance Johnson**, a former wide receiver for the Denver Broncos who appeared in three Super Bowls. Following his 10-year pro football career, Mr. Johnson began to struggle with alcoholism, which ultimately led to a 26-day alcohol-induced coma that almost took his life. He attributes his successful recovery to osteopathic medicine. Since completing treatment for addiction and domestic abuse, he has turned his focus to helping others

*continued on page 11*

## 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 15 in National Harbor, MD. 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 16, 2017. The slate of candidates will be announced in the July issue of the newsletter.

## In This Issue...

Government Relations.....	3
Coding Corner.....	4
Talking Science & Education.....	5
Professional Opportunities.....	6-7
The Importance of Having a Will.....	9
Interview with 75th Anniversary Chair.....	10
75th Anniversary Circle.....	11
CME Calendar.....	11



## 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

*continued from page 1*

a medical blank slate, and I was entering the medical field in the era of evidence-based medicine. Kirksville College of Osteopathic Medicine gave me a firm foundation in the basics. The volume of information was immense. I was comfortable in the classroom, but I was fearful of getting out into the hospital to apply all of that medical knowledge.

I was accepted into internship at Garden City Osteopathic Hospital. That hospital exudes the truth and heart of osteopathic family. It was overwhelming, and I crumbled early on as an intern. The medical education department under Norville Schock, PhD, and medical administration, under Calvin Kay, DO, supported me as I came up to speed. They and the other doctors at Garden City helped to fill my blank slate with academic details in the literature. I remember not feeling like a doctor for up to six months, but then I turned a corner. I was not fully aware of the immense detail in my educational process at that time. I did not know in what direction to go with my career. I was in a general rotating internship.

I then saw the light and opportunity in Osteopathic Internal Medicine. I became a medicine resident. Now, that was a challenge. I remember from back in medical school thinking, I do not really know anything. Everyone else is so much smarter as I would have thought as a medicine resident.

My attending and fellow residents worked on that earlier blank slate in my medical mind to address the details. I am thankful to my osteopathic internal medicine family for helping me make it through to my fellowship in endocrinology. I often to this day say, God bless the general internist. I could not do what Dr. Doig or Dr. Eliuk did at Garden City as general internists. I just was not smart enough to be a general internist.

As a meticulous physician, I knew that I needed to get to the bottom of the problem of any given patient. Osteopathic internal medicine was the place for me. But, I needed to narrow down the data by seeking training in subspecialty medicine.

As I started my osteopathic endocrine fellowship at Bi-County Osteopathic Hospital, I knew something about endocrine care, but not in depth. Dr. Arthur Levine made me jump into the deep end. Sink or swim. High patient volume was one of the keys. Case after case and another case presentation was profoundly important. A part of that blank slate was filled by the warm osteopathic care demonstrated by Dr. Nancy Andrews. Dr. Eric Langer helped me to learn about the details of endocrinology and nuclear medicine. Dr. Leach helped me, as well, on the west side of Detroit.

Because of the expertise of my trainers from Garden City, Botsford and Bi-County, my mental slate was full of knowledge as I went into practice in 1994. Most was the good stuff in IM and endocrine science, with an understanding of how to defend against pseudoscience. All taught, for the most part, by members of the American College of Osteopathic Internists. God bless my osteopathic internal medicine trainers.

We at the ACOI are here to support osteopathic internal medicine residents and attendings. We want to help in basic training and in the full practice of osteopathic internal medicine as attendings. This includes CME and OCC.

*continued on page 8*



# government RELATIONS

Timothy McNichol, JD

## House Approves Legislation to Repeal and Replace the ACA

Following a failed attempt, the House narrowly approved legislation along party lines to repeal and replace the Affordable Care Act (ACA). Approval of the legislation was secured only after a last-minute deal was reached by House leadership with moderate and conservative Republicans. Specifically, the base bill was amended to include language to allow states the opportunity to request a waiver from essential health benefit requirements of the ACA (minimum-coverage requirements). In addition, language was added to the bill that will allow states to request a waiver that could adversely impact coverage of pre-existing conditions.

At the time of this writing, the legislation has not been sent to the Senate for consideration. House leadership announced it is holding the legislation pending receipt of a cost analysis from the non-partisan Congressional Budget Office (CBO). The analysis will estimate the cost of the legislation and its potential impact on the number of uninsured Americans. The analysis is also needed to ensure the legislation complies with the budgetary requirements of the Senate rules under which the Senate plans to proceed. Approval of legislation by the House to repeal and replace the ACA is just the first of many steps in what is certain to be a long and contentious process.

## Omnibus Spending Package Signed into Law

The President recently signed into law legislation funding the government through the end of the current fiscal year 2017, which ends September 30. Included in the \$1 trillion package is \$73.5 billion in funding for the Department of Health and Human Services (HHS). The National Institutes of Health (NIH) received a \$2 billion increase over the previous year to enhance funding for the National Cancer Institute and the Precision Medicine Initiative, among other things. The Trump Administration previously proposed a preliminary eight percent reduction in funding for HHS in fiscal year 2018 (a reduction of \$5.8 billion in spending to NIH alone). The fiscal year 2017 package provides increased funding to the Centers for Disease Control (CDC) and sets aside \$150 million for programs to prevent and treat opioid abuse. CMS received an additional \$77 million for operational expenses. Enactment of this legislation ensures the government will remain operating through September 30. Discussions for the fiscal year 2018 budget and appropriations process are just getting underway. They are certain to be contentious.

## Medicare Beneficiaries Experience Significant Out-of-Pocket Expenses

According to a new report released by the Commonwealth Fund, more than a quarter of Medicare beneficiaries spend a large portion of their income on premiums and other out-of-pocket healthcare expenses. Specifically, the more than 56 million Americans covered by Medicare spend at least 20 percent of their annual income on premiums and other out-of-pocket expenses. While the long-term stability of the Medicare program continues to be a topic of discussion for congressional leaders, the potential impact of these discussions on public policy could further impact access to affordable care. On average,

each Medicare beneficiary spends approximately \$3,024 per year on out-of-pocket healthcare expenses.

## Large Number of Physicians Exempt from First Year Reporting Under MIPS

It has been announced that a large number of physicians and other Medicare providers will be exempt from the first-year reporting requirements of the Merit-Based Incentive Payment System (MIPS). According to CMS, an estimated 800,000 doctors and other health-care providers do not have to report quality measures under the new reporting program created by the Medicare Access and Chip Reauthorization Act of 2015 (MACRA). Absent reporting, physicians and other providers will not be subjected to either reductions or increases in Medicare reimbursement of up to four percent in 2019. Exempted providers are still able to participate in the reporting program if they choose to do so. For additional information and to check on your status, please visit [www.qpp.cms.gov](http://www.qpp.cms.gov).

## Bipartisan Efforts Advance Chronic Care Legislation

The Senate Finance Committee unanimously approved legislation to strengthen and improve health outcomes for Medicare beneficiaries living with multiple chronic conditions. It is estimated that more than 90 percent of Medicare payments goes toward the treatment of beneficiaries with two or more chronic conditions. While the legislation has not been scheduled for consideration by the full Senate, it is possible parts of the bill will be included in separate legislation considered in the House and Senate. The ACOI will continue to monitor this legislation closely.

*continued on page 4*



## *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.*

### **Show Your Work to Assure Proper Payment**

I was with a new client recently who wanted training on documentation of Evaluation & Management services (E&M). He had been audited by a major insurance carrier and several of the visits reviewed were down-coded after their analysis. There was no real explanation given to him. The carrier's only feedback was to reference the carrier manual reject code that indicated "documentation does not meet standards for code billed."

Upon further review, it was clear that his documentation was deficient. However, it was also clear that the patients were ill and presented complex cases warranting the higher reimbursement. The cases were not over-coded, they were under-documented!

For an auditor, seeing documentation that a patient is ill, moderately ill or severely ill shows the "work" of the physician in the medical decision-making (MDM) process. I believe inclusion of a few words can make all the difference to an auditor in validating that the documentation supports the level of service billed.

Many times I see documentation of a condition and wonder if the condition is new or not. An earache that has been present for only two days seems to represent a new problem. If the documentation states that the patient's shortness of breath has been increasing, I am not sure if the condition is a new or ongoing issue for a patient with COPD or heart failure. In your final listing of a diagnosis for the patient, be sure to indicate if the condition is new or not. Remember, often when looking at your own charts many things are obvious to you that are not obvious to an auditor who does not have the clinical expertise you do. Clear documentation can be very helpful.

Another tip for reflecting the true status of a patient's condition is to state whether the condition is an exacerbation or a flare-up. If a diagnosis is listed without qualification, the default is for the condition to be considered stable. A diagnosis of asthma for a patient coming in for a checkup is appropriate. However, your documentation for a patient coming in sick with an exacerbation of their asthma should include "exacerbation" of asthma in the chart with additional notations for the asthma codes (i.e. mild intermittent, severe persistent). Complete documentation will give you the most specific diagnosis code.

If we look at the MDM, the Table of Risk has a listing of "mild exacerbation" and "severe exacerbation" for the moderate and high level, respectively. If the remainder of the documentation and the medical necessity supports it, inclusion of "severe" would potentially lead to the highest level office visit (new or established patient), or highest level hospital visit (initial or subsequent care days). Without "severe," documentation of "asthma" alone does not show the severity of the patient's condition and that same visit could be down-coded several levels by an auditor. Without complete documentation, the severely ill patient looks like a healthy patient coming in for a routine follow-up visit.

Be sure to show the extent of your patient's illness by including the appropriate descriptors in your documentation. It may not change the diagnosis code, but it might affect the level of the E&M code.

### **Government Relations** *continued from page 3*

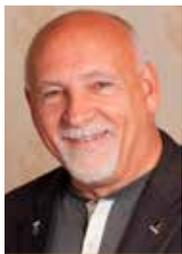
#### **HHS Issues Updated Ransomware Guidance**

HHS announced updates to its ransomware guidance. The updated guidance was provided on the heels of the recent Wannacry cyberattack. The attack hit more than 150 countries disrupting multiple industries, including hospitals and other healthcare providers.

According to a government report, it is estimated that more than 4,000 ransomware attacks occur each day. Should you fall victim to a ransomware attack, HHS advises that you immediately contact your local Federal Bureau of Investigation Field Office Cyber Task Force. For more information, visit [www.hhs.gov](http://www.hhs.gov).

#### **Washington Tidbits The "Lawgivers"**

Article 1, Section 1 of the Constitution provides, "All legislative powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives." At the core of congressional activity is the creation of law. This fundamental function of Congress is represented by 23 marble relief portraits surrounding the top of the House chamber in the US Capitol building. The "lawgivers" depicted include Lycurgus, Hammurabi, Innocent III, Thomas Jefferson, George Mason, and others. The individuals were selected for their work in the creation of the principles that serve as the foundation for American law. Each relief portrait faces to either the right or the left, depending on its location, in order to ensure that 22 of the sculptures face toward the 23rd and final sculpture located at the center – Moses.



# talking science & education

*Donald S. Nelinson, PhD*

Welcome to the May edition of Talking Science and Education. Last month's trivia on the state of health in the US unfortunately yielded no correct responses. Our question last month asked in which state did the prevalence of obesity increase most significantly in 2016. The correct answer Kansas, came as a surprise to many of our readers...and me! In the past year, obesity there increased 9% from 31.3% to 34.2% of adults. Now members, come on and try! Continuing with our trivia series on the state of health in the US, this week's question is:

Smoking prevalence decreased at the fastest rate in which state?

- Wyoming
- Oklahoma
- Tennessee
- Illinois

Please email your response to me at [don@acoi.org](mailto:don@acoi.org). Remember: we do give VALUABLE prizes, and if you're thinking of going to Google for the answer.....DON'T!!

## Talking Education

As an organization committed to providing educational opportunities in different venues and formats, we hope many of you had the opportunity to participate in the live webinar entitled "Is Your Office HIPAA and Patient-Friendly?" on Tuesday, May 23. Sponsored by ACOI and the healthcare division at Capehart Scatchard, participants could question the expert faculty in real time. Future webinars are in the planning stage so suggestions from our membership are welcome.

Another direction we are looking toward in our educational program at ACOI is in the development of micro-learning experiences for our membership. Micro-learning is an educational methodology that delivers content to learners in small, very specific bursts. In this model, you the learner are in control of what and when you learn. Typically, there is one learning objective per educational asset. Video and/or audio are often leveraged for access in a wide range of environments (office, car, etc.). These assets will be of the highest quality and will range in length from 5-10 minutes. Sound interesting? Podcasts and archived mini webinars are two examples of micro learning activities. As we develop activities in this area I'd welcome hearing about similar undertakings, CME or otherwise that you have found useful.

## Diabetes Dialogues

The FDA Approves a Mobile App for Insulin Management in Type 2 Diabetes

A mobile app has been approved by the Food and Drug Administration (FDA) to help people with type 2 diabetes (T2DM) manage their basal insulin.

The iSage Rx app, developed by a company called Amalgam Rx, has been given the green light by the FDA. It allows users to record their daily fasting sugar levels and the amount of insulin they use. From a physician's point of view, it is helpful because they can access a web portal and adjust a patient's target blood sugar levels and their treatment.

In addition to basal dosing support, the iSage app contains behavioral, clinical and educational support designed to help patients overcome the obstacles associated with the self-administration of insulin therapy.

There is a wealth of data showing that between 51% and 65% of people who start using insulin make mistakes with their doses, which affects their glucose targets, with insulin initiation regarded as one of the hardest challenges in managing T2DM.

This is particularly true in primary care where insulin initiation is often delayed up to six years. And, when patients do start insulin, they tend to stay on sub-optimal doses for too long.

Tools like the iSage app have the potential to support patient self-management and help patients overcome many of the barriers to starting and optimizing insulin management, such as myth-based fears and social stigma associated with using insulin, low health literacy and numeracy levels, and other real and perceived barriers.

Amalgam Rx is currently recruiting participants to take part in a study which is hoped will prove how the app can benefit people in real world settings.

When considering the potential of this type of technology, by integrating blood glucose monitors and continuous glucose sensors into a holistic management system where they are connected with dose capture devices, there is an opportunity to create highly personalized and precise treatment algorithms.

Note: Neither the author nor ACOI have any financial interest in this device or its manufacturer.

As always, questions, comments and suggestions for future columns are welcome. Please connect with me at [don@acoi.org](mailto:don@acoi.org).

# PROFESSIONAL OPPORTUNITIES

**CARDIOLOGISTS - New York.** Northwell Health's Cardiology Service Line is seeking a Fellowship-trained Non-Invasive Cardiologist

(MD/DO) to join our Cardiology team serving Seaford, Long Island. Northwell Health's Cardiology Service Line has seen tremendous growth over the past five years within Long Island, New York City and Westchester; with the goal of providing comprehensive, integrated health care and wellness services.

As we expand our cardiovascular health services across the Health System, the Health System is seeking dynamic BC/BE non-invasive cardiologists to join select practices in Long Island. We offer a competitive salary and benefits package. In addition, an academic appointment with the Hofstra Northwell School of Medicine is commensurate with credentials and experience.

The ideal candidate will be Board Certified/Eligible in Cardiology and Echocardiography. Nuclear Cardiology certification is desirable. To make the transition as smooth as possible, you will have partners who have a wealth of experience in all the specialty areas of cardiology. Moreover, you will have access to the expertise of largest health system in the New York Metropolitan area. Northwell Health is dedicated to advancing heart care through providing access to exclusive clinical trials, developing groundbreaking treatments and leading the way in novel research that redefines care. By participating in research and exclusive clinical trials, our physicians are able to provide patients with medical treatments of the future, today. For further information please contact the Office of Physician Recruitment at [OPR@northwell.edu](mailto:OPR@northwell.edu).

**CARDIOLOGY FELLOWSHIP POSITION AVAILABLE JULY 2017 - Texas.** One PGY IV Cardiology Fellowship position is available beginning July 1, 2017 at Bay Area Medical Center in Corpus Christi, Texas. The ideal candidate must have completed an AOA-approved Internal Medicine residency and meet requirements for board-eligibility before June 30, 2017.

Our Graduate Medical Education Programs include:

- Pulmonary and Critical Care Fellowship
- Cardiology Fellowship
- Internal Medicine Residency
- Family Medicine Residency
- Dermatology Residency
- Pharmacy Residency

Our team is dedicated to delivering top patient care and advancing medical knowledge. With over 60 resident physicians currently practicing in our programs, we are continuing to grow.

Each fellow will have the opportunity to give numerous case presentations and participate in monthly journal clubs. Our programs are designed to equip each of our graduates with the tools they need flourish and succeed in their field. If you have questions about our program or the application process, please contact the fellowship coordinator, Cheyenne Silva at 361-761-3230 or email [Cheyenne.oneill@hcahealthcare.com](mailto:Cheyenne.oneill@hcahealthcare.com).

## Corpus Christi Medical Center

Bay Area is one of six hospitals that make up Corpus Christi Medical Center, an HCA affiliate bringing the best in medical care to South Texas. Each of our residents and fellows are provided the opportunity to work at our Doctors Regional campus as well as Bay Area. Corpus Christi Medical Center has been a growing part of South Texas since 1962, what began as a 26-bed facility in the early 60s has grown into a 631-bed system offering a full range of health care services. For more information, please visit [www.ccmedicalcenter.com](http://www.ccmedicalcenter.com).

## Corpus Christi on the Gulf Coast

Corpus Christi is a growing city of over 320,000 residents. With everything from Fiesta del Flor to the Jaz Festival, to Buccaneer Days, Corpus Christi is rich in culture and diversity. Come downtown and visit the Texas State Aquarium, the Art Museum, or the

historical U.S.S. Lexington then relax and eat dinner at a restaurant overlooking the Marina. Padre Island is a mere 20 minutes away, its beautiful beaches offer everything from surfing to horse-back riding to volleyball, and yes, you can drive on them. Our warm South Texas weather makes it an ideal location year-round. For information about the city of Corpus Christi, please visit [www.visitcorpuschristitx.org](http://www.visitcorpuschristitx.org).

## FACULTY POSITION/INTERNAL MEDICINE - Pacific Northwest

Skagit Regional Health Graduate Medical Education Program, Mount Vernon, Washington. Take the Next Step in Your Career. Experience the Pacific Northwest Lifestyle at its Best! Rapidly expanding Internal Medicine Residency Program requires additional Faculty in Skagit Regional Clinic's Residency Clinic

- Full time position: .4 FTE dedicated to teaching IM Residents, .6 FTE for Faculty out-patient IM practice.
- Academic partnership with Pacific Northwest University

*continued on page 7*

## ROCKY VISTA UNIVERSITY IS HIRING FULL-TIME FACULTY!

- Internist (Geriatrics Interest)

RVUCOM is opening a new location in Ivins, UT (outside of St. George)! We are seeking full-time faculty, with a special interest in internists:

- 70% Teaching, 30% Clinical
- Outpatient or inpatient geriatrics
- Terminal degree (DO)
- Must be licensed in Utah
- Previous academic and teaching experience

RVUCOM boasts among the top board scores and pass rates in the nation. It has been named a "Top Innovator in Medicine."

Apply at [www.rvu.edu/careers](http://www.rvu.edu/careers).



## Professional Opportunities

*continued from page 6*

- Program established 2012; currently 18 Residents (6/6/6) with excellent subspecialty support
- AOA Accreditation through June 2020
- OPTI West member
- EMR
- Relocation assistance
- Outstanding work life balance with collegial Faculty, Staff and Administration
- Unparalleled outdoor recreational opportunities located between Seattle & Vancouver, BC

Skagit Valley Hospital is a healthcare leader in Northwest Washington providing advanced, quality and comprehensive services to the residents of our communities. Skagit Valley Hospital features private rooms throughout from the Level III Trauma Emergency Department to the Family Birth Center the hospital offers a full range of surgical services, advanced diagnostics, including CT, MRI and PET, as well as a spacious center for Sleep Studies. Skagit Valley Hospital is home to the areas' only cardiac catheterization labs and offers advanced heart and vascular care. Send CV & Cover Letter to [emartin@srclinics.org](mailto:emartin@srclinics.org).

### **PULMONARY AND CRITICAL CARE FELLOWSHIP POSITIONS AVAILABLE**

**JULY 2017 - Texas.** One PGY IV Pulmonary and Critical Care Medicine Fellowship position is available beginning July 1, 2017 at Bay Area Medical Center in Corpus Christi, Texas. The ideal candidate must have completed an AOA-approved Internal Medicine residency and meet requirements for board-eligibility before June 30, 2017.

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### **Full-Time Internal Medicine- Primary Care Physician for a Large Public Health and Hospi- tial 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 Roustta at [roya.rousta@hhs.sccgov.org](mailto:roya.rousta@hhs.sccgov.org).

## Letter from the President

*continued from page 2*

We want to support those in solo practice and group practice. We want to support physicians in the ACGME process and osteopathic recognition in IM programs. We know the depth of training and education by our historically osteopathic IM programs.

We have board certification in our program directors through the American Osteopathic Board of Internal Medicine. We know that AOBIM certification has worked for us to confirm depth of knowledge in internal medicine. These skills translate the highest standard of care for our patients. We are working to turn around the unreasonable indication by the ABIM that AOBIM certified program directors will have to become ABIM certified to attest to a resident's qualifications to take the ABIM exam. Although the ACGME is a separate organization from the ABIM, the ACGME has agreed that AOBIM certification is valid, separate from the ABIM, for program director status.

We have ACOI members working within the ACGME, but we do not have members representing us at the ABIM. We do have ABIM-certified physicians with the ACGME who are our allies. The ACOI is working to make this right. We are here to do what we can to support our members and our historically osteopathic IM teaching programs.

*continued on next column*



## Internist in the Trenches

**Deborah Jo LeVan, DO, MACOI**, is the May, 2017 “internist in the trenches.” She is one of many stalwart osteopathic internists filling the minds of our young osteopathic physicians with excellence in patient care.

Dr. LeVan is married to Ross Parker and has two children, Sarah and Alex. She obtained a BA in Psychology and a Masters of Public Health in Pittsburgh, PA. Her Doctor of Osteopathic Medicine degree is from the Michigan State

University College of Osteopathic Medicine. She completed her internship and residency at the iconic Detroit Osteopathic Hospital and Bi-County Osteopathic Hospital (Horizon Health).

Dr. LeVan has been in service for decades in the bastion of osteopathic internal medicine that is Detroit. She served at Detroit Osteopathic Hospital (DOH) as the associate director of the chemical dependency unit, Internal Medicine Department chairperson, and on the board of Horizon Health. After DOH closed, she transitioned to osteopathic IM training at Detroit Riverview Hospital. She served there as associate medical director and then director of medical education. She also serve there as program director for osteopathic internal medicine residency program.

Dr. LeVan has served from 2007 to the present as the residency program director for internal medicine at St. John Providence Health System—Osteopathic Division. She has appointments as professor and clinical instructor for multiple colleges of osteopathic medicine, including Pikeville, Michigan State, Kirksville, Touro NY and Western University in Pomona, California.

She has earned many awards as Clinical Instructor of the Year in Internal Medicine. She was awarded the 2017 Michael Opirari Distinguished Service Award through the Michigan State University College of

Osteopathic medicine. she also received Outstanding Achievement in Quality Improvement Research award from that institution in 2016.

Dr. LeVan reports that through the ACOI she knows “... scores of bright young internists whom I have taught and learned from over the years.

With a lot of help I started IM residencies in two hospitals that had never had teaching programs and had few DOs on the medical staff. I am very proud of the current crop of 39 at St John Macomb Oakland, particularly since they scored first out of the 119 ACOI programs who participated in the In Service Exam. Now that we move on to the new world of ACGME, it is my fervent goal to preserve our Osteopathic heritage.”

Please, join me in celebrating Jo LeVan, DO, an osteopathic internal medicine icon, and God bless the general internist.

Peace,

John Sutton, DO, FACOI, President ACOI

## Have You Moved?

**Keep us updated. If you have recently made any changes in your address, phone number or email, please notify the ACOI at [www.acoi.org](http://www.acoi.org).**

# The Importance of Having a Will

A will is one of the most important documents you will ever sign because it:

- Lets you **direct who will receive the property** you have accumulated;
- Can **contain a trust to provide financial security** and money management for family who need special assistance;
- Permits you to **name the persons who will handle your estate** or serve as guardians of children;
- Enables you to **assist friends or causes, such as ACOI** or other organizations that you care about;
- Can **allow you to minimize death taxes** and other costs that may eat into the value of your estate;
- **Expresses your personal values** or allows you to remember a special person in your life, aid a friend in financial need, or distribute artwork or heirlooms to special people.



A basic will is not difficult to create, and not expensive. Your attorney can draft it for you or can recommend attorneys in your area who specialize in estate planning and drafting wills. If you **already have a will or other estate plan that will help ACOI** when you are gone, let us know about it. The amount you plan to leave will remain confidential and you will be recognized as a member of the ACOI Legacy Society. You will be adding your name to the honor roll of current members that includes:

**Dr. Jack and Jocelyn Bragg**  
**Dr. John and Dr. Michelle Bulger**  
**Dr. Mathew and Marbree Hardee**  
**Dr. David and Rita Hitzeman**  
**Dr. Robert and Donna Juhasz**  
**Dr. Karen and Jim Nichols**  
**Dr. Eugene and Elena Oliveri**  
**Dr. Frederick and Amy Schaller**

In addition to a will, and a “living will” or other healthcare directives you may already have in place, many people are now leaving an informal letter or recording of their values in a video, audio recording. Called an Ethical Will, it can be an expression of hope or inspiration for those who are left behind. It can also be an expression of faith and beliefs, or lessons learned that you want to share, or personal messages of things unsaid during life. The *Bequeath Your Values* brochure that will be sent to you if you click below has information about ethical wills and what you may want to consider including in one. Additional information is available at: <http://celebrationsoflife.net/ethicalwills/>

If you want to know more click here to receive two helpful planning documents: *Your Will To Help and Bequeath Your Values*. If you would like to talk with an ACOI gift planning expert, call Brian Donadio at 301-231-8877 or [bjd@acoi.org](mailto:bjd@acoi.org) and he will connect you.

## Volunteers Sought for Physician Wellness Task Force

ACOI President John R. Sutton, DO and the Board of Directors will soon appoint a task force to address issues surrounding physician wellness. The Task Force will be chaired by Annette Carron, DO and will include representatives from the membership-at-large, including residents and students.

The Task Force will examine how ACOI can address the pervasive issues that have led to physician burnout and the impact of burnout on the personal lives of physicians and the health systems in which they practice.

Those interested in being considered for appointment to the Task Force should contact Executive Director Brian J. Donadio at [bjd@acoi.org](mailto:bjd@acoi.org).

## AOA Board Approves Changes To OCC Requirements

The AOA Board of Trustees approved changes to the requirements for Osteopathic Continuous Certification (OCC) at its Midyear meeting early in March. The changes are intended to make the process more user friendly and are in response to concerns raised by the ACOI and others.

Among the changes made were an expansion of the options that would qualify for the practice performance improvement requirement, which is Component 4 of OCC. This component requires physicians to submit data about their own practice performance as measured against national standards. The options were expanded to include other quality improvement activities that physicians may be participating in through a hospital, specialty society, or other entity.

The AOA Board also approved a change in the OCC Continuing Medical Education requirements, increasing to 60 the number of specialty CME credits diplomates must complete in each three-year cycle. The Board of Trustees also encouraged the certifying boards to accept allopathic CME credits toward this requirement. (The AOBIM already accepts allopathic credit). This change is made in conjunction with an elimination of the AOA membership requirement that all members complete at least 120 CME credits per cycle.

A third resolution approved by the Board instructs the certifying boards to develop periodic, ongoing cognitive assessments that could be used in place of the secure examination now required at the end of each 10-year recertification period.

Finally, the Trustees approved a resolution that could lead to elimination of the requirement for AOA membership as a condition of certification. A resolution to that effect was approved with the caveat that it would be implemented “... at a time and date determined by the management team in consultation with and approval by the Board of Trustees.”

Copies of the Board actions as approved may be viewed at the following link: <http://www.osteopathic.org/inside-aoa/events/midyear-meeting/Pages/resolutions.aspx>.

## An Interview With the 75th Anniversary Campaign Chair - Lawrence U. Haspel, DO, MACOI, FACC



Meet **Larry Haspel, DO, MACOI, FACC**, a past president of the ACOI and a recognized leader in establishing the practice of osteopathic cardiology. The first DO to be accepted into an allopathic cardiology fellowship, Dr. Haspel went on to run for many years the largest cardiology training program in the osteopathic profession at Midwestern U/CCOM. He founded Midwest Physicians Group, a 150 physician multi-specialty practice and served additionally as the founder and president of CardioSpecialists Group, Ltd. The business model for a cardiology practice he created continues to be followed today. Dr. Haspel's service to the profession also included serving as Executive Vice President at Midwestern University and CEO of their hospital system. His knowledge and

expertise were recognized by his appointment by President George H. W. Bush to the federal Council on Graduate Medical Education (COGME), which is charged with developing and monitoring a national health workplace plan, among other responsibilities. Dr. Haspel represented the osteopathic profession as a member of the Council for 11 years, and as its vice chair for several of those years. Since his retirement in 2009 to Sarasota, FL, Dr. Haspel served as President of the Board of Directors for Aviva Senior Living and now for the Asolo Repertory Theater.

**Ms. Ciconte:** Why did you agree to chair ACOI's 75th Anniversary Campaign?

**Dr. Haspel:** First, I believe it's all about people. Brian Donadio's career at ACOI paralleled mine. People give to people, especially those people they like. Brian has led ACOI in a warm and caring manner, much like a family. His leadership set the tone for my relationship with him and ACOI that is the reason why I served as president and as an active committee member over the years. The strong sense of family and wanting to come together is felt by all who attend ACOI educational programs and the annual convention. I was glad to assist him in the past and ACOI now at this critical time.

Second, I believe very strongly in the cause – to preserve the osteopathic internal medicine model. Although the new single GME accreditation process gives DOs greater recognition and acceptance, it does not mean that we, as osteopathic internists, do not need a guardian like the College to preserve and protect the values and skills we acquired through our similar training. **We should not disappear. That's why it's so important for the ACOI to help residency programs maintain their osteopathic recognition and continue to provide protection and advocacy for them.** Our patient-centered care must be maintained and sustained for the public.

We know that the policy and procedure for osteopathic internal medicine recertification is more user-friendly than the allopathic approach. ACOI is known for its excellent CME programs and has plans to expand its accreditation so it can provide CME credits for all DO and MD physicians. The role we will play in CME is a major added value.

**Ms. Ciconte:** In your opinion, why should ACOI members support the College and its plan for the future?

**Dr. Haspel:** *Quite honestly, if not us, who will?* Again, I feel it's about family. We all had an opportunity to train and practice as osteopathic internists and meet our personal aspirations. I hear from ACOI members how grateful they are for the training they received over the years from the role the College played. We need the College to continue to be able to serve our needs as osteopathic internists. Giving back is an osteopathic tradition. Going forward it is a tradition that the College needs all of us to

follow now.

**Ms. Ciconte:** In order to achieve the \$750,000 goal by December 31, 2017, you and the 75th Anniversary Campaign Committee are seeking major gifts of five-figure gifts or more. This is a first-time fundraising effort for the College. What would you say to prospective donors?

**Dr. Haspel:** I realize that this is ACOI's most ambitious fundraising campaign. Over the years, ACOI members made financial contributions when they renewed their dues, registered for an educational program or the convention, or by donating their speaker honorariums. But the challenge we face now requires all of us to consider larger gifts than ever before **and we are!**

I am pleased to report that to date we have raised 46% of our goal, \$345,000 from 59 donors. Commitments include outright gifts, three-year pledges, and gifts of stock. These donors are recognized in a special Campaign Honor Roll of Donors in this issue. We hope all ACOI members will make a gift to the campaign at whatever level they can, but the priority for the 75th Anniversary Campaign Committee over the next few months is to secure a large number of new donors to help us reach our overall goal of \$750,000.

In all my years of doing fundraising for a number of institutions and organizations over the years, I know that those who have greater resources and care about an organization do give more.

Here's what I would say to a prospective major donor:

"I'm glad you believe in ACOI and its plan for the future. A gift now will have the greatest impact on osteopathic internal medicine. It will recognize you and your success and help to insure the future of our profession. ACOI has not reached out to us for significant support in the past, so I hope you will choose to be as generous as possible. Will you join me in making a three-year commitment now? Please be generous!!"

**Ms. Ciconte:** Dr. Haspel, ACOI is indeed grateful to you for your generosity and leadership for the 75th Anniversary Campaign.

## Convention

*continued from page 1*

in the same situation.

With several years of sobriety under his belt, Mr. Johnson now works at Behavioral Health of the Palm Beaches, where he recently became a Certified Recovery Coach and a member of “The Pro Recovery Team.” In addition to helping others who struggle with addiction, he is an advocate for domestic abuse victims and openly speaks on the topic in hope of bringing a greater public awareness to this disturbing epidemic.



The final keynote will take place on Saturday, Oct. 14, and will feature **J.D. Polk, DO, MS, FACOEP**, the Chief Health and Medical Officer of NASA, the National Aeronautics and Space Administration.

Dr. Polk was the Assistant Secretary (Acting) for Health Affairs and Chief Medical Officer of the U.S. Department of Homeland Security (DHS), assuming this post after serving as the Principal Deputy Assistant Secretary for Health Affairs and Deputy Chief Medical Officer. Before coming to DHS, Dr. Polk was the Chief of Space Medicine for NASA’s Johnson Space Center in Houston, Texas. He began serving in his present position in November, 2016, and will speak on the topic of leadership.

Dr. Polk is well published in the fields of emergency medicine, disaster medicine, space medicine, and medical management. He has received numerous awards and commendations, including citations from the FBI, White House Medical Unit, Association of Air Medical Services, U.S. Air Force, and has received the NASA Center Director’s Commendation, the NASA Exceptional Service Medal, the National Security and International Affairs Medal and the NASA Exceptional Achievement Medal.

Registration materials and additional information about the program will be available in late June.

## 75th Anniversary Campaign Honor Roll of Donors

**(Outright Gifts and Multi-Year Commitments as of May 22, 2017)**

If you would like to support the 75th Anniversary Campaign and be recognized on this special Honor Roll of Donors, please email [Barbara@aco.org](mailto:Barbara@aco.org) or [click here](#) to download the campaign pledge card.

Donors who contribute \$1,000 or more will be recognized in ACOI print/electronic materials, on the ACOI website, with an autographed copy of the 75th Anniversary History Book, and be honored on the 75th Anniversary Circle Tree or Donor Wall of Honor in the ACOI office, depending on level of commitment. Campaign donors will receive special invitations and be honored at key events during the 2017 ACOI Convention in the Washington, DC area.

### **\$45,000+**

Martin C. Burke, DO, FACOI  
Lawrence U. Haspel, DO, MACOI

### **\$25,000 - \$44,999**

Robert J. Stomel, DO, MACOI

### **\$15,000 - \$24,999**

John B. Bulger, DO, FACOI  
Robert G. Good, DO, FACOI  
David F. Hitzman, DO, MACOI  
Judith A. Lightfoot, DO, FACOI

### **\$10,000 - \$14,999**

Jack D. Bragg, DO, MACOI  
Michael B. Clearfield, DO, FACOI  
Robert L. DiGiovanni, DO, FACOI  
Rick A. Greco, DO, FACOI and  
Carol A. Greco, DO  
Kevin P. Hubbard, DO, MACOI  
Anthony N. Ottaviani, DO, MPH, MACOI  
Frederick A. Schaller, DO, MACOI  
Larry A. Wickless, DO, FACOI

### **\$7,500 - \$9,999**

Robert A. Cain, DO, FACOI

### **\$5,000 - \$7,499**

Damon L. Baker, DO, FACOI  
Brian J. Donadio, FACOI  
Scott L. Girard, DO, FACOI  
James C. Giudice, DO, MACOI  
Karen J. Nichols, DO, MA, MACOI  
Eugene A. Oliveri, DO, MACOI  
Susan M. O’Neal, DO, FACOI

### **\$2,500 - \$4,999**

Annette T. Carron, DO, FACOI  
Janet E. Cheek, DO, FACOI  
Pamela R. Gardner, DO, FACOI  
Keith A. Reich, DO, FACOI  
Morvarid Rezaie, DO, FACOI  
Samuel K. Snyder, DO, FACOI  
John F. Uslick, DO, MACOI

### **\$1,000 - \$2,499**

Michael A. Adornetto, DO, MBA, FACOI  
Mark D. Baldwin, DO, FACOI  
Lee Peter Bee, DO, FACOI  
Kenneth E. Calabrese, DO, MACOI  
Kenneth P. Dizon, DO, FACOI  
Kathleen J. Drinan, DO, FACOI  
Bruce D. Dubin, DO, MACOI  
Susan M. Enright, DO, FACOI  
Mitchell D. Forman, DO, FACOI  
Eric D. Good, DO, FACOI  
Robert T. Hasty, DO, FACOI  
C. Michael Johnston, DO, MACOI  
Joanne Kaiser-Smith, DO, FACOI  
Teresa M. Kilgore, DO, FACOI  
Nathan J. Landesman, DO, FACOI  
Timothy W. McNichol, JD  
Jo Ann Mitchell, DO, FACOI  
Rizwan K. Moinuddin, DO  
Donald S. Nelinson, PhD  
Herbert I. Pasternak, DO, FACOI  
Christine M. Samsa, DO, FACOI and  
Nathan P. Samsa, DO, FACOI  
Roy J. Sartori, DO, FACOI  
Scott L. Spradlin, DO, FACOI  
Christina A. Stasiuk, DO  
W. W. Stoeber, DO, MACOI  
William D. Strampel, DO, FACOI  
David Susser, DO, MACOI  
John R. Sutton, DO, FACOI  
Richard R. Thacker, DO, FACOI

# CME CALENDAR

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

### **NATIONAL MEETINGS**

- 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
- 2021 Annual Convention & Scientific Sessions  
Sept 29-Oct 3 Marriott Marquis Hotel, San Francisco, CA

*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).*

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## **2017 Certifying Examination Dates & Deadlines**

### **Internal Medicine Certifying Examination**

Computerized Examination 200 Sites Nationwide  
September 14, 2017 - *Application Deadline: Expired*  
*Late Application Deadline: Expired*

### **Internal Medicine Recertifying Examination**

Computerized Examination 200 Sites Nationwide  
September 15, 2017 - *Application Deadline: Expired*  
*Late Application Deadline: Expired*

### **Subspecialty Certifying Examinations**

Computerized Examination 200 Sites Nationwide  
August 29, 2017 - *Application Deadline: Expired*  
*Late Application Deadline: Expired*  
• 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: Expired*  
*Late Application Deadline: Expired*  
• Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology  
• Gastroenterology • Geriatric Medicine • Hematology • 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](mailto:admin@aobim.org); 312 202-8274.*

*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.*

## **Federation Lists OMT as Treatment for Pain Management**

Osteopathic manipulative treatment (OMT) is now listed as a non-pharma treatment alternative for pain management in the Federation of State Medical Boards (FSMB)'s updated "Guidelines for the Chronic Use of Opioid Analgesics."

The AOA and other osteopathic partners aided in getting OMT added to the guidelines that serve as a resource for state licensing boards and clinicians.

"As our nation's opioid epidemic worsens, it is critical that state medical and osteopathic boards – and the physicians and physician assistants they license and regulate – have updated guidance on the responsible management of chronic pain," said FSMB President and CEO, Humayun Chaudhry, DO, MS, MACOI, MACP. "It is also critically important for clinicians to assess whether opioid analgesics, when prescribed by them, are not being abused, misused or diverted." Dr. Chaudhry is a member and past president of the ACOI.

To learn more about FSMB policy guidelines, visit the FSMB's policy page.

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## **2017 Member Survey Complete**

The ACOI is very appreciative of the nearly 1000 members who took the time to complete the biannual membership survey last month. The results of the survey are used by the Board of Directors to evaluate the effectiveness of ACOI's programs and benefits, as well as to identify new offerings desired by the membership. Highlights of the survey responses will be included in a future issue of the newsletter.

As a thank you for participating in the survey, three members have been selected at random by the survey company, ResearchUSA, to receive a \$100 American Express gift card. The 2017 awardees are: Amanda Morris, DO, of Benton Harbor, MI; Gracie Turner, DO, of Stewart, FL, and Brian Stiltner, DO, of Abingdon, VA.