



# ACOI 2023 Teacher of the Year:

Joanne K. Baker, DO, FACOI, Education Pioneer



**The Pursuit of Happiness in Medicine 3**  
by Robert T. Hasty, DO, FACOI.  
[Read](#)



**Coding Corner 10**  
Medicare Physician Fee Schedule Final Rule for 2024 Highlights. [Read](#)



**ACOInfo 2023 Teacher of the Year 4-5**  
Joanne K. Baker, DO, FACOI, reflects on her career as an education pioneer. [Read](#)



**Member News 11**  
Congratulating our members who have taken new positions, made accomplishments, and won awards. [Read](#)



**World AIDS Day 2023 6-7**  
by Erik D. Wert, DO, FACOI, ACOInfo Committee on Health Equity and Inclusion in Medicine. [Read](#)



**Important Dates and Deadlines 12**  
Upcoming ACOInfo events; AOBIM certification deadlines. [Read](#)



**My Greatest Teacher(s) 8**  
Amanda Staples Opperman, DO, FACOI, ACOInfo Physician Wellbeing Committee. [Read](#)



**Online Learning Center Updates 12**  
Free Pain Management Series; DEA Requirements Package. [Read](#)



**Government Relations 9-10**  
With Time Running Out, Physicians Seek Payment Cut Relief and more. [Read](#)



**Donor Club 13**  
Thank you for your support! [Read](#)



# The Pursuit of Happiness in Medicine

Like many of our members, I too have lost a physician colleague and friend to suicide. Unfortunately, physicians have the highest rates of suicide amongst any profession. Each year, about 300-400 physicians commit suicide, equivalent to the output of about two to three medical schools. As a profession, we are all acutely aware of the challenges of physician burnout. If AT Still, DO, MD, were alive today, I would imagine that he might remind us, “to find health should be the object of the doctor.” He might even go as far as to tell us to focus on finding gratitude, joy, and happiness in our individual lives as an extension to this logic.

Happiness is often cited as one of the things that people want the most out of life. Thomas Jefferson prominently included the phrase, “pursuit of happiness” in the Declaration of Independence of the United States of America. Despite the perceived importance of being happy, I don’t remember happiness ever being discussed in medical school, residency, or ever in the physician’s lounge at the hospital. However, I do believe that it is achievable for us all. I also appreciate the wisdom of Thomas Jefferson in describing the “pursuit of” happiness, implying that happiness is not thing that just comes, but we have to go after it.

A few years ago, I had the pleasure of attending a hospital conference where Neil Pasricha was a keynote speaker and gave an inspiring talk. Neil told the story of personal struggles he had gone through with his first wife.

After creating a blog about 1,000 awesome things in the world, he was thrust into being a happiness guru as a result of his work. He had described taking a deep dive into the evidence of being happy and offered up some evidence-based activities that have been associated with happiness: 30-minutes of outdoor exercise daily, daily positive journaling, engaging in random acts of kindness, mindful meditation, immersion into high-challenge/high-skilled tasks, and reading 20-pages of fiction/day. His book, called *The Happiness Equation: Want Nothing + Do Anything = Have Everything* goes into further details.

Inspired by what I learned from Neil Pasricha, I focused on the first three things: daily exercise outdoors, daily positive journaling (mostly through discussing/listening to the best parts of the day with family), and random acts of kindness. I have, for the most part, been successful in doing each of these activities daily for the last few years and I have experienced the happiest years of my life and I am convinced that these have helped me transform into a happier me. While there are always rainy days in life, it has helped me go in between the rain drops and follow my, “pursuit of happiness.” I wish the same for you. Happy Holidays!

**Robert T. Hasty, DO, FACOI, FACP**  
[president@acoi.org](mailto:president@acoi.org)

## Hear More from Dr. Hasty!

Dr. Hasty was featured on the December 5th episode of OCOM’s D.O. or Do Not Podcast. [Check it out on Spotify or Apple Podcasts](#) to learn more about OCOM, Dr. Hasty’s previous experiences, and advice for living a happy life.





## Joanne K. Baker, DO, FACOI, ACOI 2023 Teacher of the Year, Reflects on her Career as an Education Pioneer

by Gina Kilker



In 2003, when Joanne Baker, DO, FACOI, joined the Michigan State University Kalamazoo Center for Medical Studies (MSU/KCMS), she was eager to play a bigger role in working with students and residents. She had previously worked as a Hospitalist at Borgess Medical Center in Kalamazoo working with residents as they rotated through their service. But she missed being more active in teaching and mentoring.

She not only yearned to be a leader of a residency program, but with her unbridled enthusiasm, Dr. Baker began contemplating how she could start the organization's first osteopathic internship program. What resulted was much bigger and would eventually come to define her life's work.

Dr. Baker went on to pioneer dually accredited internship and internal medicine residency programs at MSU/KCMS. She later discovered that the programs were an answer to the University's five-year search for just the right person to lead the effort.

At that time, only a few programs in the country had the distinction of offering both an osteopathic internal medicine residency and an ACGME internal medicine residency, and none were in Michigan. "We wanted to give our residents a distinct career advantage by ensuring that they could pursue as many opportunities as possible with the ability to apply to both AOA and ACGME fellowships," she recalls.

Her love for teaching began when she was a resident and was paired with a student to mentor. That feeling never left her. "I can't imagine not being surrounded by students and residents and getting to work with them. It is the meaning of medicine for me."

Today she is still the Director of Osteopathic Medical Education and Internal Medicine Residency Program Director at what is now Western Michigan University Homer Stryker M.D. School of Medicine (formerly MSU/KCMS). She says the excitement of working with residents never wears thin. Her joy is motivated by the fascination and wonder her residents experience as they learn and make discoveries. "When you see a young student and their eyes are wide with excitement when they get to hear something they've never heard before, it centers you."

In her roles as Clinical Professor at the Department of Osteopathic Medical Specialties at MSU College of Osteopathic Medicine and Professor of Internal Medicine at the WMU Homer Stryker M.D. School of Medicine, her residents are clearly motivated by her.

One of her residents, who nominated her for the ACOI 2023 Teacher of the Year Award, praised her ability to inspire and detailed how her teaching style has strengthened his confidence in his clinical skills and passion for patient care.

He wrote, "...she has equipped learners with essential tools for navigating dilemmas that arise when managing issues of patient access, physician-patient relationship, interactions with other health professionals and many other complex situations. This initiative inspired me to develop the first Emerging Physician Leadership Series to provide osteopathic residents and fellows with the tools needed to advance their careers and to influence change in their organizations."

When she found out she had won the award, she said she was reduced to tears. Recognized and celebrated recently at ACOI 2023 which was recently held in Tampa, Dr. Baker admits that she is not one who seeks recognition or is comfortable with the attention.



**Dr. Baker with Dimitri Tito, DO, who nominated her for the award.**

Continued



# Joanne K. Baker, DO, FACOI, ACOI 2023 Teacher of the Year (Continued)

“It really took me back when I when I found out I was getting this; it was so humbling,” she says. “My entire career has been about teaching, and I’ve been involved with students and residents since I was a resident. That’s when I fell in love with teaching. I don’t do it for awards or accolades. So, it caught me off guard to even think that one of my residents would even think to nominate me because it’s just part of what I do every day and I get such joy out of it”.

She believes that teaching is a natural part of every physician’s job. “I remind my students that as physicians we are all teachers and that they’re going to be teaching for their entire career as they guide their patients and patients’ families through diagnoses and treatments. It is core to being a physician and is part of everything that we do. Whether they choose to teach in an academic setting, become a hospitalist, or launch a career in private practice, they will always be making an impact as a teacher.”

Dr. Baker continually shares with students the importance of being part of an organization like the ACOI. “This generation doesn’t always get the idea of belonging, but I tell my residents that it is important to find their niche and to find an organization that they can be a part of. It’s important to stay connected to your profession and to have an organization that lifts you up, gives you leadership opportunities, and provides you with a chance to spread your wings. I can’t stress it enough that the ACOI is one of those organizations that has had a huge impact on my career and where I am now.”



**Dr. Baker at WMed research day with Tobey Thomas, DO, Tracey Mersfelder, PharmD, and Dr. Mersfelder’s student, Michaela Maticевич.**



## World AIDS Day 2023

Erik D. Wert, DO, FACOI,

ACOI Committee on Health Equity and Inclusion in Medicine

December 1st marks World AIDS Day, a day we take time to remember those who are living with HIV and those who have passed away from AIDS. When a new disease of unknown origin or manner of transmission began showing up in the gay male population in the early 1980s, real panic in the public and medical community ensued. Some may remember when it was referred to as Gay Related Immunodeficiency (GRID). I take this time to remember that one of our own, Joel Weisman, DO, was practicing in California and one of the first physicians who observed AIDS symptoms and progression in his gay male patients. He then collaborated with others to give an early picture of the HIV/AIDS epidemic.

Gay stigma and fear of contagion led to ideas of quarantines and further condemnation of the gay lifestyle. That AIDS was a bloodborne pathogen was hypothesized in 1982 when the first cases were reported.<sup>1</sup> In 1983, the CDC ruled out transmission by casual contact, food, water, air, or environmental surfaces,<sup>2</sup> although many remained fearful.

Activism in the form of care by friends, volunteers, loved ones, and others with HIV formed the core support when people were abandoned by family members and medical providers refused to treat people diagnosed with HIV.

Ryan White, a young hemophiliac was diagnosed with AIDS in 1984 and became a central person showing HIV/AIDS can affect anyone.<sup>3</sup>

Even though he was not a risk to others at school, parents and teachers aggressively petitioned the school board to prevent him from attending. Around this time, the AIDS quilt was made to remember the names of those who had died of the disease. It was displayed in 1987 in Washinton, DC.<sup>4</sup>

The disease needed to be elevated to the emergency it quickly became; and though slow to respond, the US Congress introduced a bill to start the research process in 1983.<sup>5</sup> It was not until 1985 with the passing of Rock Hudson, that the President of the United States finally publicly comment on the AIDS epidemic. Mr. Hudson left funding to set up the American Foundation for AIDS Research (amfAR).<sup>6</sup> In March 1987, AZT was the first drug announced to treat HIV.<sup>7</sup> The FDA also issued guidance to allow expanded access to promising new drugs even if they had not been fully approved or licensed.

People still feared how HIV was transmitted. In 1990, Ryan White died, and his death spurred Congress to enact the Ryan White Comprehensive AIDS Resource Emergency (CARES) Act.<sup>8</sup> Outside of the United States, Princess Diana worked to dispel fears about HIV, showing compassion and trying to assist. In 1991, she was famously photographed shaking hands with HIV patients without gloves.<sup>9</sup> In 1993, AIDS became the leading cause of death for all Americans aged 25-44.<sup>10</sup>

There have always been racial disparities with HIV. It has impacted the Black and Hispanic communities hardest. By 1998, AIDS-related mortality was 10 times higher in the Black population, and 3 times higher in the Hispanic population compared to that of White counterparts.<sup>11</sup> The world of HIV care was changed when Highly Active Antiretroviral Therapy became available and the first National Testing Day occurred, on June 27, 1995.<sup>12</sup> HIV does not discriminate, and I ask everyone reading this article to consider whether they know their own HIV status.

At one point, the medication programs were extremely complicated. Now the multiple medications have been formulated in a single tablet regimen. These regimens can be triple medications, with some needing to be boosted with COBI. We currently have two drug regimens and just recently released an injectable treatment protocol. It is even possible that in the future implants will be used, but this is still in the study phase.

The effectiveness of these medications continues to improve. The prevalence of individuals able to live with HIV continues to increase due to these extremely effective medications. Today there are 1.2 million individuals living with HIV and 35,000 new cases occur annually.<sup>13</sup> Even with these new infections, this number is now stabilizing. Many of these new cases are linked to individuals who did not know their HIV status. Currently, 13% of individuals living with HIV do not know their HIV status.<sup>14</sup>

*Continued*





# World AIDS Day 2023

(Continued)

## Dr. Wert's Recommendations

**HIV testing should be standard practice when taking care of patients. I recommend opt-out instead of the opt-in model. We should explain to the patients that this is now the standard as recommended by the CDC, and no different than our screening for Hepatitis C.**

HIV is now a controllable disease. The development and advocacy for Pre-Exposure Prophylaxis for those at high risk of HIV, has been a major advancement. Initially, only an oral option was available, but now there is an injectable option (PARTNER<sup>15</sup>, Opposites attract<sup>16</sup>, and HPTN 052<sup>17</sup>) have shown that once viral suppression has occurred after six months of being undetectable, an individual can no longer transmit HIV. Undetectable is defined as having a viral load <200 copies. This resulted in the term U=U or undetectable equals untransmittable. The medications have moved HIV to the status of another chronic medical condition. Individuals with HIV who are on therapy now develop long-term chronic medical illnesses. These illnesses can sometimes occur earlier due to the unique nature of HIV or even the medications.

Looking back on the last thirty years of the HIV epidemic, we need to take pause and look at its effects on so many individuals. I remember seeing the Surgeon General on television as a child talking about HIV, and the fear it instilled in me. It also, however, galvanized my desire to become a doctor. HIV has impacted my family, friends, and patients. I ask on this World AIDS Day that you remember those you know who passed away from HIV/AIDS and remember them fondly by celebrating their memory.

## Citations

<sup>1</sup> <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline/#year-1981>

<sup>2</sup> <https://npin.cdc.gov/pages/hiv-and-aids-timeline>

<sup>3</sup> <https://ryanwhite.hrsa.gov/about/ryan-white#:~:text=Ryan%20White%20was%20diagnosed%20with,on%20AIDS%20at%20the%20time>

<sup>4</sup> <https://www.aidsmemorial.org/quilt-history>

<sup>5</sup> <https://www.oar.nih.gov/about/history#:~:text=In%20May%201983%2C%20Congress%20passed,NIH's%20early%20HIV%2FAIDS%20research>

<sup>6</sup> <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline/#year-1985>

<sup>7</sup> [https://americanhistory.si.edu/explore/stories/brief-history-azt#:~:text=AZT%2C%20also%20called%20Zidovudine%20\(ZVD,blood%20\(the%20viral%20load\),&text=AZT%20was%20approved%20by%20the%20FDA%20on%20March%2019%2C%201987%20](https://americanhistory.si.edu/explore/stories/brief-history-azt#:~:text=AZT%2C%20also%20called%20Zidovudine%20(ZVD,blood%20(the%20viral%20load),&text=AZT%20was%20approved%20by%20the%20FDA%20on%20March%2019%2C%201987%20)

<sup>8</sup> <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline/#year-1990>

<sup>9</sup> <https://rarehistoricalphotos.com/princess-diana-aids-1991/>

<sup>10</sup> <https://pubmed.ncbi.nlm.nih.gov/8622619/#:~:text=In%201993%2C%20HIV%20infection%20became,1994%2C%20which%20continue%20to%20increase>

<sup>11</sup> <https://npin.cdc.gov/pages/hiv-and-aids-timeline#:~:text=1998,of%20US%20AIDS%2Drelated%20deaths>

<sup>12</sup> <https://www.hiv.gov/events/awareness-days/hiv-testing-day/>

<sup>13</sup> <https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/state-of-the-hiv-epidemic-factsheet.html#:~:text=CDC%20estimates%20that%2C%20as%20of,2015%20to%2034%2C800%20in%202019>

<sup>14</sup> <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics/>

<sup>15</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6584382/>

<sup>16</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4168197/>

<sup>17</sup> <https://www.hptn.org/research/studies/hptn052>



## My Greatest Teacher(s)

Amanda Staples Opperman, DO, FACOI,  
ACOI Physician Wellbeing Committee

Upon graduation from medical school, my proud uncle jokingly gave me a gift card taped to a handmade “punch card” with numbers around it. It reflected that I had graduated 21st grade after completing high school, a bachelor’s degree, another bachelor’s degree, and now a doctorate, well beyond any other member of my family before me. That fall, I entered a Traditional Osteopathic Internship, and accepted a pre-match offer into an Internal Medicine Residency for the following year. Once this training was complete, I served as Chief Medical Resident before embarking on my journey as a primary care physician. Those first six months in a hospital-based group practice were the most isolated I had experienced in a long time. The excitement of working with my own patients was diminished by the loss of resident colleagues just a desk or a page away. When the invitation to join my residency program as Associate Program Director came, there was a sense of relief. A return to the camaraderie that exists in medical training as we are all in an intense state of survival, learning nonstop, and notoriously turning our focus to the care of everyone but ourselves. I loved being a teacher, sharing information I learned in real time with my peers. Little did I know, my greatest teacher was yet to be known.

Fast forward, seven years of “life,” including two kids, a new house, and I find myself at the end of my third pregnancy, in labor with a baby girl starting to declare her independence. Over the course of the previous seven years, I’d fostered countless conversations in my role as teacher of medicine, navigating difficult patient encounters, conflict with care teams and peers, exploring personality and human psychology, introducing concepts like mindfulness and narrative medicine to nurture the self and process all that it is to be a human, physician, teacher, sibling, child, parent. Within the space of my mind on that warm summer day in July of 2022, a holiday, a word was present. Savor. Another contraction, another deep full breath, lavender scent in the air, my two boys playing in the background. Savor.

Every moment of our life is a “new” moment. We are not the same, even if the circumstance seems the same. We are constantly growing, and evolving as we assimilate every experience into our way of being in the world. This invitation to savor opened a mind space to me that I did not realize was there all along. Amidst the chaos, the hustle, there was always this space inviting me to just Be. Be present in the moment, observe what is around me, blur out the background, and notice what I feel. Savor.

This invitation has stayed with me over the last 15 months, and I find myself a mature teacher and faculty member, but also a mature member of my family. Empowered to grow every day, learning something new. Seeing the world through the eyes of my children, through their triumphs and struggles, has allowed me to see the space between moments. To savor a fleeting thought. To savor a feeling. It has allowed me to observe the magic in seeing or doing something for the very first time, whether it is celebrating the first steps, a fish face, a new body part. It honed my ability to listen, feel a sense of knowing in the unknowing, and practice expecting an individual to be exactly who they are instead of who I might want them to be. It has invited open-ended conversations and more questions than answers.

As I reflect on the last year and my experiences as a mom of three and a filler of numerous professional and personal roles, I find my greatest teacher has been my daughter. After all the preparation, all the clinical training, all the work I have done, I finally can walk into a patient’s room and know that I am enough. She has given me the space to simply be human. I am present in the moment. I am offering help and support. I am listening. I am partnering with my patients to help them get to where they need to be. Confident that the answers I do not yet have, we will find them together.





# Government RELATIONS

Timothy W. McNichol, JD, and Camille Bonta



## With Time Running Out, Physicians Seek Payment Cut Relief

Congress is nearing the end of the legislative work period of 2023, and without congressional intervention, physicians will receive a 3.37 percent cut to Medicare payments beginning January 1, 2024.

While there is no clear path forward for stopping the cut, the Senate Finance Committee and House Energy and Commerce Committee have advanced legislation that provides partial relief to physicians. In addition, bipartisan legislation has been newly introduced in the House that would eliminate the cut entirely.

With time running out, now is a critical period for physicians to reach out to their members of Congress and ask them to stop the cut — all of it! ACOI members are asked to take action now through the [ACOI Action Center](#).

## House Committee Advances Budget Neutrality Bill

On December 6, the House Energy and Commerce Committee advanced [H.R. 6545](#), the Physician Fee Schedule Update and Improvements Act.

The legislation would reduce the severity of the physician payment cut to 2 percent in 2024 and would make needed changes to physician fee schedule budget neutrality requirements. Budget neutrality is the primary contributor to a 3.37 percent cut to the physician payment conversion factor next year as a result of implementation of office/outpatient evaluation and management visit complexity add-on code G2211.

ACOI went [on record](#) in November in support of [H.R. 6371](#), the *Provider Reimbursement Stability Act of 2023*, which would allow the Centers for Medicare and Medicaid Service to make budget neutrality corrections for over- and under-estimates in utilization and would raise the threshold that triggers budget neutrality requirements from \$20 million to \$53 million and allow for increases to that threshold based on the Medicare Economic Index.

## House Lawmakers Examine Physician Payment System

In other physician payment news, the House Energy and Commerce Committee held in October the first [hearing](#) in four years on Medicare physician payment during which lawmakers raised concerns about the absence of an inflationary update to the physician payment system and the limitations of a budget neutral system. Speaking at the hearing, Representative Larry Bucshon, MD (R-IN) stated it is critical Medicare operate in a way that supports providers and ensures seniors have access to care. Representative Anna Eshoo (D-CA) noted the Merit-Based Incentive Payment System is adding administrative burden and doing little to improve quality of care.

She added that Medicare Advantage is burdening physicians with prior authorization.

## CMS Finalizes Medicare Physician Payment Cut

The [CY 2024 Medicare Physician Fee Schedule \(PFS\) final rule](#) was released on November 3 and finalizes a 2024 conversion factor — the starting point for calculating physician payments — of \$32.74, a decrease of \$1.15 (or 3.37%) from the CY2023 conversion factor of \$33.89. Roughly 90 percent of the cut is attributed to fee schedule budget neutrality requirements triggered by the impending January 1, 2024, implementation of G2211, an office/outpatient evaluation and management visit complexity add-on code.

This cut coincides with growth in practice costs, as CMS projects the increase in the Medicare Economic Index for 2024 will be 4.6 percent. At the same time, the inflationary update for physician payments is statutorily set at zero through 2025.

[Read more](#) about other final rule policies that were the subject of [ACOI comments](#).

## CMS Information on Billing for G2211 in Final Rule

Effective Jan. 1, 2024, physicians can bill for HCPCS code G2211. This add-on code is intended to better recognize the resource costs associated with evaluation and management visits for primary care and longitudinal care.

*Continued*





Generally, it will be applicable for outpatient and office visits (O/O) as an additional payment, recognizing the inherent costs involved when clinicians are the continuing focal point for all needed services, or are part of ongoing care related to a patient's single, serious condition or a complex condition. CMS intends to release additional guidance on billing for G2211. [Read more](#) about reporting G2211 from the [final rule](#).

### ACOI Member Appointed to Presidential Council

ACOI Member Jennie H. Kwon, DO, MSCI, FSHEA, FIDSA, has been appointed to a four-year term as a voting member to the [Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria](#). ACOI was honored to help support Dr. Kwon's nomination to PACCARB. [Read more](#).

### White House Issues AI Executive Order

President Biden has issued an [Executive Order](#) (EO) on artificial intelligence (AI). The EO directs actions for AI safety and security, privacy, equity and civil rights, and consumer and worker protections, including advancing the responsible use of AI in health care and in the development of pharmaceuticals. The EO also directs the Department of Health and Human Services to establish a safety program to receive reports of—and act to remedy—harms or unsafe health care practices involving AI.

## CODING CORNER

### Medicare Physician Fee Schedule Final Rule for 2024 Highlights

Jill M. Young, CPC, CEDC, CIMC

The Medicare Physician Fee Schedule (PFS) Final Rule was released on November 3, 2023. Included in the final rule are significant policy changes for 2024 of which offices and physicians should be aware.

#### Split or Shared Visits

One of the biggest surprises was CMS' change in direction for split or shared visit billing. We have been in the midst of a two-year delay in implementation of their definition of what the "substantive portion" was in a split or shared visit. During this delay, CMS was not only allowing the fully implemented definition of whichever provider spends more than half the total time of the visit to be the billing provider, but the provider who performed all the history, exam or Medical Decision Making (MDM) would meet their definition of "substantive portion" and could bill for the service. A continuation of this delay to full implementation was included in the PFS proposed rule for 2024 and was expected for the final rule. After reviewing comments, CMS decided to revise the definition of "substantive portion" of a split or shared visit to reflect the revisions included in the 2024 AMA/CPT E&M guidelines.

**Continue reading on our blog, where Ms. Young also discusses Social Determinants of Health Services and visit complexity add-on code.**

## Washington Tidbit

### A Bipartisan History-Setting Vote?

Prior to December 1, 2023, only five members of the House of Representatives have been expelled from the chamber. In 1861, three members were expelled for fighting with the Confederacy in the Civil War. In 1980, a member was expelled following a bribery conviction. The House again voted to expel one of its own in 2002 following a conviction for bribery, racketeering, tax crimes, and other offenses. In what has become a very rare showing of bipartisan support, albeit certainly not unanimous, the House voted 311 to 14, with two members voting present, to remove George Santos of New York following a 23-count indictment and scathing House Ethics report. Requiring a two-thirds majority, the threshold was surpassed by just 27 votes. Will future expulsions follow?



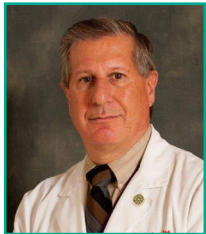


# ACOI Member News

## New Positions and Accomplishments



Congratulations to Richard R. Thacker, DO, MACOI, on his recent appointment at the Alabama College of Osteopathic Medicine. As the associate dean, Dr. Thacker will oversee the clinical curriculum, including collaboration with clerkship directors, course directors, and the Curriculum Committee.



ACOI congratulates Dominic Glorioso, DO, FACOI, on receiving his PhD in Healthcare Bioethics from Duquesne University. We look forward to hearing about the next stage of his career!



Congratulations to Dhaval Patel, DO, FACOI, on his new position as Co-Program Director of Apogee Hospitalist Group at South Georgia Medical Center! We're happy to see more of our members serving in leadership positions and wish

Dr. Patel all the best.



ACOI salutes Federation of State Medical Boards (FSMB) President and CEO, Humayun "Hank" Chaudhry, DO, MACP, FRCP, MACOI, who was recently recognized as one of Modern Healthcare's "100 Most Influential

People in Healthcare 2023." Dr. Chaudhry's strong leadership and commitment to outstanding service is an inspiration to all those in the osteopathic medical community who deliver quality, whole-person care to patients, including the underserved, in communities nationwide.



Amy Engelhardt-Kalbfleisch, DO, FACOI, was appointed to Michigan's Certificate of Need (CON) Commission by Governor Gretchen Whitmer. She represents physicians licensed under part 175 to engage in

the practice of osteopathic medicine and surgery. Congratulations, Dr. Engelhardt-Kalbfleisch!



ACOI Congratulates Cindy Hou, DO, MBA, FACOI, on receiving the 2023 Faegre Drinker Healthcare Hero Award at the 21st Annual Jefferson Gala in Philadelphia. The Award recognizes a healthcare professional, caregiver, or worker

whose skillful performance and deep compassion exemplify Jefferson's commitment to always putting people first. Check out [Jefferson's video](#) to hear some of Dr. Hou's peers describe her accomplishments and why she is so deserving of the award.

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# Upcoming ACOI Events

## 2024 Internal Medicine Comprehensive Update

April 8-12

Virtual

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## 2024 Clinical Challenges in Hospital Medicine

April 9-12

Virtual

[Add to Outlook](#) | [Add to Apple Calendar](#) | [Add to Google Calendar](#)

## 2024 Annual Convention & Scientific Sessions

October 30-November 3

Kierland Resort, Scottsdale, AZ

[Add to Outlook](#) | [Add to Apple Calendar](#) | [Add to Google Calendar](#)

## 2025 Annual Convention & Scientific Sessions

October 8-12

JW Marriott Marco Island Resort, Marco Island, FL

[Add to Outlook](#) | [Add to Apple Calendar](#) | [Add to Google Calendar](#)

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

# AOBIM Certification Deadlines

## 2024 Early Entry Pathway

March 6-8

**Registration Deadline:** February 9

## 2024 Initial Certification Exam

September 18-20

**Registration Deadline:** July 20 (avoid late fees)

**Final Deadline:** August 20

Additional information about AOBIM Certification can be found [on their website](#) or by contacting the [AOBIM](#).



Online Learning Center



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## Free Pain Management Series

ACOI has partnered with the ACOFP to develop an interactive eight-course series, De-stress Pain Management: Rethinking Opioid and Non-Opioid Therapies. It's completely free and after completion you'll even receive a certificate!

Register for the free series and start with the first three courses available now: The Etiopathogenesis and Basics of Pain, Assessment and Measurement of Pain in Patients, and Treatment Planning. Explore new courses through March 2024.

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To meet the conditions of the Medication Access and Training Expansion (MATE) Act, the Drug Enforcement Administration (DEA) has [issued new requirements](#). ACOI can help! Fulfill all eight hours of DEA training through the [ACOI Online Learning Center](#).

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