

From President Sutton

Hypercorrect is a Variant of Wrong



Most osteopathic internists are Type A perfectionists. We have been guided there by our historical goals. I remember the hope of becoming a doctor since the

sixth grade. At Opelika Junior High School, I made one B in seventh grade, and I was vigilant not to get another B through my graduation from Opelika High School. I was equally aggressive through college, fearful I might not get into medical school if my GPA was not high enough. I was trying to be correct, or even hypercorrect, as one endocrinologist reported in a recent short article on *Medscape.com*. The article spoke of the days of the perfect set of labs. Remember, in residency, the ultimate goal of all the labs lining up. We sought to get all the labs into the normal range. I remember that sometimes, even if all the labs were in the normal range or perfect, it did not mean the patient was doing so well.

When I was an Intern at Garden City Osteopathic Hospital in suburban Detroit, managed care was just coming into being. The local managed care program in Detroit was Health Alliance

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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.

Nominate a Resident for the Outstanding Resident of the Year Award



*Last year's winner,
Abby Sapp, DO*

Do you know a resident who has shown promise in his or her career and significant achievements in medicine, education and leadership?

The Outstanding Internal Medicine Resident of the Year Award honors exemplary osteopathic residents who embody a combination of clinical promise, leadership, dedication and commitment to patient-centered care. A nominee should be an "outside of the box" thinker who has an exceptional commitment to patients and the osteopathic profession.

The award recipient, who is selected by the ACOI and American Osteopathic Foundation (AOF), will receive a \$5,000 monetary gift and be recognized at the 2017 ACOI Annual Convention and Scientific Sessions, October 11-15 in Washington, DC, and at Honors 2017, the AOF's annual fundraising event in Philadelphia, PA on October 6.

The deadline for nominations is May 16. Recognize an outstanding resident by nominating them today!

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.



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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Plan (HAP). Managed care was not good news. Diagnostic Related Groups (DRGs) were also not good news. There was now a stated limited amount of resources in medicine. I was trying to learn what labs to order to address each hospitalization. What imaging was necessary to get the patient through in the least possible length of stay? I felt compelled to order some type of testing every day, but I was also informed by a trainer that I did not have to order a test every day. I was trained to not order panels of tests, but rather to order only the tests that were needed to come to the correct diagnostic conclusion. I also learned that I should have a specific reason or symptoms for any tests I ordered.

This followed me into my endocrine fellowship and specialty practice. Just a TSH or Free T4 and TSH? Do I need a Free T3? Which thyroid panel should I order? How often do I order the Hemoglobin A1c? In fact, I just lectured at a recent ACOI meeting on thyroid tests I wish other doctors would not order.

I was trained as an osteopathic internist to be aggressive in my search for the diagnosis and treatment of any given patient. We do not just scratch the surface, we dig deep into the story. We know as DOs that the body is a unit, and structure and function work together in helping the patient. My skill as a specialist is in how to get all these factors to work together at the least cost with the best outcome. I try to teach other doctors how to do the same, in part because there are not enough endocrinologists to do all the work of my specialty.

How does hypercorrect fit into the osteopathic internist world? The Medscape.com endocrinologist I reported on earlier in this column titled his article, "Hypercorrect is a Variant of Wrong." In trying to line up all the data, we can overshoot. Diabetes literature is replete with hypercorrection to get to the goal. As I was in my endocrine training and in my early career in the 1990s, the first studies to report that intensive diabetes control means fewer complications led to the "lower the glucose the better theory." At times, we sought to get the A1c into the normal non-diabetic range. When I moved to Nevada at the beginning of my 10th year in practice in 2003, I had come to believe that most patients in the hospital deserved an insulin drip. At that time, the literature, particularly in cardiovascular thoracic surgery, was supportive of that in outcome data. Just a few years later, the hammer came down on those concepts with studies such as ACCORD, which were looking for better cardiovascular outcomes in diabetic patients. ACCORD and similar studies demonstrated that intensive control of diabetes could result in increased morbidity and mortality in that population. Over the last several years, I have seen a slowdown in aggressive diabetes control. I was trained to not be afraid of hypoglycemia, but the standard of care now says to be afraid of hypoglycemia. Some of the earliest data in the 1990s clearly showed that aggressive care resulted in fewer diabetes complications. Endocrinologists know that the goal for Hemoglobin A1c is potentially less than 6.5 % if, in any individual case, it is safely possible to do so.

Better technology and scientific advancement have changed endocrine care for the good and the bad over the 20 plus years of my career. In the world of internal medicine and hypercorrection, I receive a number of related consults. I am asked by patients and referring physicians the significance of variable thyroid function lab tests. Sometimes, in an effort to find the diagnosis, too many labs are ordered by the referring provider. Sometimes the best tests are not ordered. Lab diagnosis is a huge part of endocrine care. As endocrinologists, we love to micromanage the data provided. In part, the goal is hypercorrection. The goal should likely be that of the theme of our annual ACOI Convention in the fall of 2017: Goldilocks Medicine. In this plan of care, the goal involves not too much and not too little to get to the best pathway of care.

Osteopathic internists will need to seek a new definition of perfection. Sometimes, minimal intervention is all that is necessary. When I was in medical school in Kirksville, I heard the famous phrase First Do No Harm. Sometimes, observation and a tincture of time is all that is needed to clear up a symptom or resolve a diagnosis. I remember hearing one of our pro-

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government RELATIONS

Timothy McNichol, JD

Efforts to Repeal and Replace ACA Continue

As of the time of this writing, House Republicans continue to work to identify legislation to repeal and replace the Affordable Care Act (ACA). As previously reported, legislation was approved by committees of jurisdiction and advanced to the full House for consideration. The House was expected to vote on the legislation, but it was pulled from the floor immediately before the vote was set to begin. It had become clear to leadership that there were not enough votes to pass the legislation. Moderate and conservative Republicans in the House thus far have failed to reach a compromise acceptable to both factions of the party. Absent Democratic support, Republicans will need to find common ground within their caucus. It is important to note that while the House activities to repeal and replace the ACA have garnered all the attention, action must also be taken in the Senate where similar divisions exist prior to legislation being sent to the President's desk. A number of complicated and divisive hurdles remain to be cleared by Congress. The ACOI will continue to monitor this issue closely.

CDC Kicks Off Opioid Awareness Campaign

The Centers for Disease Control and Prevention (CDC) announced a new ad campaign to raise awareness about the dangers of the opioid overdose epidemic. The ad campaign is designed to get doctors and patients thinking and talking about the problem and better understanding the risks associated with opioids. In addition, the campaign aims to help patients and physicians begin an open dialogue to more effectively manage pain and reduce the risk of developing an opioid use disorder. According to the CDC, opioids (including prescription opioids and heroin) were involved in more than 33,000 deaths in 2015. The number of overdose deaths involving opioids has quadrupled since 1999. The announcement of this campaign comes on the heels of the White House announcing the release of \$485 million for all 50 states and all territories to combat the opioid crisis. You can learn more about efforts to address the opioid epidemic by visiting www.HHS.gov or www.CDC.gov.

Program Providing Private Healthcare Services to Veterans Extended

President Trump recently signed into law legislation extending the Veterans Choice Program. The program was created in 2014 following findings of extensive backlogs at Veterans Affairs (VA) facilities across the country. Under the program, eligible veterans are able to obtain medical care from private healthcare providers in an effort to expedite access to needed care. In addition, the enacted law now allows the VA to share medical information with non-VA entities that provide veterans with authorized hospital care and services. As of April 1, there are over 8.5 million appointments scheduled in the VA system. Care within the VA is provided at 150 hospitals and nearly 1,000 outpatient clinics. It is likely that providing high quality care when and where it is needed to America's veterans will remain a congressional priority.

President Trump Releases Proposed Budget for Fiscal Year 2018

President Trump recently released his proposed budget for Fiscal Year 2018. The non-binding proposal would decrease the Department of Health and Human Services (HHS) budget by 17.9 percent. In addition, funding for the National Institutes of Health (NIH) would be reduced from \$31.7 billion to \$25.9 billion, impacting a broad spectrum of health research. The proposal would also consolidate the Agency for Healthcare Research and Quality (AHRQ) within the NIH. The budget proposal does include an increase of \$500 million to advance efforts to improve substance abuse treatment activities. The blueprint released by the Administration is a roadmap to highlight the funding and policy priorities of the President. Congress must enact legislation to fund the gov-

ernment and can accept as many or as few of the recommendations set forth by the President as it sees fit. The release of the proposed budget is just the first step in what is certain to be a long and contentious appropriations process for Fiscal Year 2018.

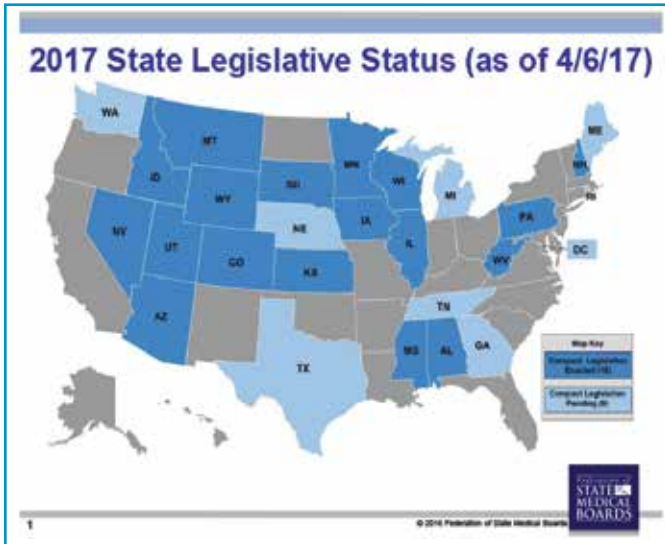
CMS Posts New Self-Referral Disclosure Forms

The Centers for Medicare and Medicaid Services (CMS) recently released a new set of forms that providers and suppliers must use to disclose an actual or potential violation of the Stark Law under the Self-Referral Disclosure Protocol (SRDP). The new forms must be used beginning June 1, 2017. In order to be complete, submissions will require filing an SRDP disclosure form, physician information forms, a financial analysis worksheet, and certification of the truthfulness of the disclosed information. The establishment of a Medicare self-referral disclosure protocol was mandated by the ACA. According to CMS, as of the end of February, 882 disclosures were filed. Of the filed disclosures, 244 were settled and 143 remain open and under review. The remaining 99 claims were either withdrawn or closed without administrative resolution. Additional information is available at www.CMS.gov.

Washington Tidbits The US Supreme Court: Swearing in Twice

The Honorable Neil M. Gorsuch was sworn in as the 101st associate justice of the Supreme Court on April 10. Justice Gorsuch filled the seat of Justice Antonin Scalia who died in February 2016. Before taking his seat on the bench, Justice Gorsuch had to take two separate oaths required of all Supreme Court justices. Article VI of the Constitution requires that all federal officials must take an oath in support of the Constitution. This oath was administered in a private ceremony by Chief Justice John G. Roberts. Later in the day in a public ceremony, Justice Gorsuch took the Judicial Oath, which became required following enactment of the Judiciary Act of 1789. The Judicial Oath was administered by Justice Anthony M. Kennedy. Early in his career, prior to serving as a federal judge, Justice Gorsuch clerked for Justice Kennedy.

Commission Begins Processing Applications for Expedited Licensure



The Interstate Medical Licensure Compact Commission officially began accepting applications this month from qualified physicians who wish to obtain multiple licenses from participating states. The Commission's website, IMLCC.org, provides information about who is eligible to apply for expedited licensure as well as a step-by-step explanation of the application process.

Currently, 18 states have adopted the Compact and eight additional states and the District of Columbia have introduced legislation in support of a pathway for license portability.

Federation of State Medical Boards' (FSMB) President and CEO, Humayun Chaudhry, DO, MACOI, MACP, released the following statement congratulating the Commission for officially launching the Interstate Medical Licensure Compact:

"Today marks an important milestone in the history of medicine and medical regulation in the United States. The launch of the Compact will empower physicians to deliver high-quality care across state lines to reach more patients in rural and underserved communities. This is a major win for patient safety and an achievement that will lessen the burden being felt nationwide as a result of our country's physician shortage. I congratulate the Commission and all of our partners who worked tirelessly over the last five years to make this day a reality."



ABIM Announces Policies Related to Single GME Accreditation System

The American Board of Internal Medicine (ABIM) has issued a clarification of its policy regarding who may attest to the competency and completion of training for residents who wish to sit for the ABIM certifying examinations. It also announced new policies that expand the eligibility criteria for initial ABIM certification. Both announcements are a result of the transition to a single accreditation system for graduate medical education (SAS).

The ABIM has determined that after 2020, when the SAS transition is complete, the program director who attests to a resident's competency must be certified by the ABIM. Until that time, AOBIM-certified program directors will be permitted to attest to resident competency. The ABIM policy is notwithstanding the fact that the ACGME Review Committee for Internal Medicine, which accredits the training programs, fully accepts AOBIM certification as a credential for program directors and key faculty.

Additionally, the ABIM announced it has created a special consideration pathway for certification eligibility for AOBIM-certified program directors.

Additional information about the ABIM announcement may be obtained by contacting the ABIM Department of Academic Affairs at AcademicAffairs@abim.org.

Letter from the President *continued from page 2*

fessors say that many patients will get better with or without our intervention as osteopathic physicians. In the older population of patients, aggressive diabetes care is now discouraged, allowing for higher hemoglobin A1c as the standard. This is pertinent in patients with multiple potentially conflicting diagnoses, as well as in end-of-life care. We do not have to act on every lab value. Another imaging study may not be necessary.

Imaging is a large part of my day-to-day endocrine practice, but I teach other doctors in training and in practice that imaging is usually reserved as the final conclusion of the diagnosis. Endocrinologists try to make a biochemical diagnosis first based on symptoms and subsequent labs, as well as history and physical. Imaging is typically last, not first, in the evaluation and treatment plan. That is because endocrine-related neoplasia are common, but are commonly benign and do not result in a critical symptom. Actually, intervention might lead to surgery with complications when a given neoplasm would not have created any long-lasting issue for the patient. In fact, one thyroid neoplasm previously reported as cancer is now considered benign as of 2016. This is now known as: noninvasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP). We are already less aggressive with some thyroid cancers. Some patients need surgery only, with no radioactive iodine. At the highest levels of thyroid cancer care, it is suggested that we may be able to observe certain thyroid cancers without thyroidectomy with no adverse consequence to the patient.

As osteopathic internists, we should support our patients with the highest level of care and investigation necessary to get the job done. At the same time, we must be careful with medical resources. The American College of Osteopathic Internists is here to promote high quality, distinctive osteopathic care of the adult.

John Sutton, DO, FACOI
President



talking science & education

Donald S. Nelinson, PhD

Ahhhh...spring has sprung. And none too soon for me. Welcome to the April 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 which state showed the largest decline in overall health in 2016. The correct answer was, perhaps surprisingly, Maine. Maine had the largest decline, moving from 15th in 2015 to 22nd in 2016. Some of the challenges facing the state include a high prevalence of smoking, high incidence of pertussis, and high infant mortality rate.

Now members, come on and try! Continuing with our trivia series on the state of health in the US, this week's question is

In the past year, the prevalence of obesity increased most significantly in which state?

- Kansas
- Texas
- Tennessee
- New York

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

On the education front this month, the annual ACOI Residency Trainers' Congress will take place in San Diego May 4-6. We urge program directors to take this opportunity to get important updates on approaches to meet and maintain ACGME accreditation, as well as support on attaining Osteopathic Recognition. In addition, ACOI was represented at the annual conference of the Accreditation Council for Continuing Medical Education this month as we gear up to secure ACCME accreditation.

Diabetes Dialogues

Starting metformin reduces risks for CV events, death in type 2 diabetes

The risks for cardiovascular events and death are decreased six months after metformin initiation among adults with type 2 diabetes who experience a large initial HbA1c reduction and reach HbA1c less than 6.5%, according to findings from researchers in Denmark.

Reimar Wernich Thomsen, MD, PhD, clinical associate professor in the department of clinical epidemiology at Aarhus University Hospital in Denmark, and colleagues evaluated data from patient registries in Northern Denmark on all adults (mean age, 62.5 years; 55% men) with Type 2 Diabetes Mellitus (T2DM) who initiated metformin (n = 24,752) between 2000 and 2012 to determine the effect of metformin on HbA1c level and effect of HbA1c reduction on subsequent risk for CV events or death.

Participants were classified by HbA1c level reached (< 6.5% or higher) six months after metformin initiation. Rates of acute myocardial infarction, stroke or death, controlling for baseline HbA1c and other confound-

ing factors, were examined by Cox regression. Follow-up was a median 2.6 years.

Overall, researchers identified 439 incident MIs, 594 strokes and 1,845 deaths. Participants who reached HbA1c levels of less than 6.5% had the lowest risk for CV events or death at 180 days after metformin initiation compared with participants with HbA1c at least 8%, who had the highest risk.

Compared with HbA1c less than 6.5%, the risk for the composite endpoint increased with rising levels of early achieved HbA1c. The greatest outcome risk reductions were associated with large HbA1c reductions among participants with a high baseline HbA1c (i.e., > 9%).

Among patients with type 2 diabetes who initiate their first metformin treatment, achievement of good early glycemic control and large HbA1c reduction predicts decreased risk of CV outcomes and death. Poor early glycemic response provides an important prediction tool for identification of patient subgroups with type 2 diabetes who have increased risk for CV complications and death. Studies that can clarify whether this association is caused by better early glucose-lowering therapy (e.g., more intensive therapy or better patient adherence), or by a different pathological trajectory/milder variant of type 2 diabetes in those patients who are rapid glycemic responders, are still needed. The controversies sparked by the ACCORD and ADVANCE studies are addressed but not resolved by this study.

The complete publication can be found at Svensson E, et al. Diabetes Care. 2017;doi:10.2337/dc16-2271.

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.

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.

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.

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 horseback 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.

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
- 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 and Vancouver, B.C.

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 cmartin@srelinics.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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Professional Opportunities

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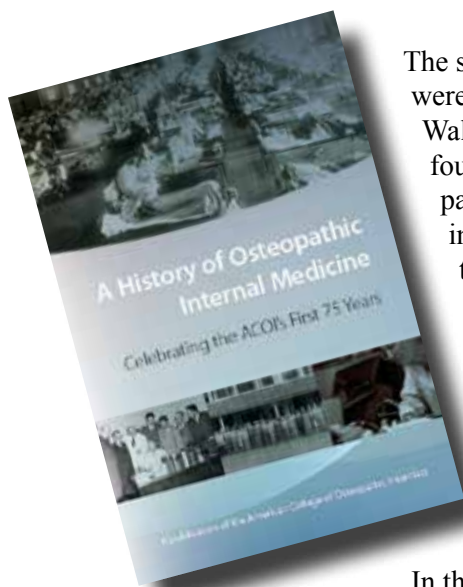
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For information about the city of Corpus Christi, please visit www.visitcorpuschristitx.org.



Celebrating the ACOI's First 75 Years



The seeds for what would become the ACOI were planted in July 1923 at the legendary Waldorf Astoria in New York City with the founding of the American Society of Osteopathic Internists (ASOI). Shortly after its inception, the ASOI experienced difficulties in maintaining its membership. In response to this challenge and in an effort to preserve the osteopathic internal medicine organization, the ASOI allowed for the formation of divisional societies. In 1941 the California division of the ASOI reorganized to form the modern-day American College of Osteopathic Internists (ACOI).

In the 75 ensuing years there has been a great deal of change in the science and practice of medicine as well as the osteopathic profession. The ACOI continues to successfully adapt to these changes and remains firm in its commitment to meet the ever-changing needs of the osteopathic internist.

In an effort to preserve the history of the ACOI and to look to the future, Kevin P. Hubbard, DO, MACOI, wrote a book titled, "A History of Osteopathic Internal Medicine: Celebrating the ACOI's First 75 Years." You can obtain your own copy of this recently released book by visiting www.acoi.org/about-acoi/HistoryBook.html, or by calling the ACOI at 1-800-327-5183.

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

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

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

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

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

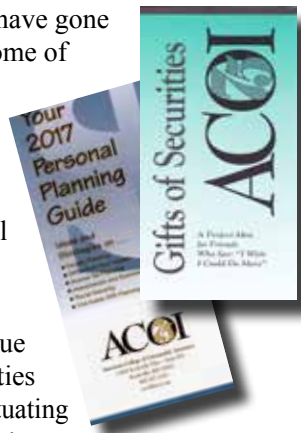
Some Donations Result in Double Tax Break

Many people help ACOI with gifts of cash, but many members also have stock or other assets, such as real estate, that have gone up in value. If that's true for you, by making a gift of some of what you have, you will receive a DOUBLE tax value.

Why? Because you can deduct the full fair market value of your stock or other appreciated assets – if owned for more than one year – AND YOU WILL SAVE AGAIN because you will avoid paying all capital gains taxes on the “paper profit.”

It's a win-win and can be accomplished by you or your broker contacting ACOI to arrange the transfer. The value of your tax deduction is fixed by the value of the securities on the day your gift is made. For securities that are fluctuating in value, timing can be important. Let us know what you plan, or ask your broker to call us so ACOI gift planners can help you take maximum advantage of your giving.

The chart below shows the tax savings from gifts of securities in various amounts where the stock has doubled in value, assuming the current 15% capital gains tax rate.



TAX SAVINGS FROM GIFT PROPERTY THAT DOUBLED IN VALUE									
Tax Bracket	28%		33%		35%		39.90%		
Current Value of Stock	\$1,000	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000	\$1,000	\$5,000	
Income Tax Savings	\$280	\$1,400	\$330	\$1,650	\$350	\$1,750	\$396	\$1,980	
Capital Gains Tax Avoided	75	375	94*	470*	94*	470*	119**	595**	
Total Tax Savings	355	1,775	424	2,120	444	2,220	515	2,575	
*Includes 3.8% tax on net investment on adjusted gross income above \$200,000 (single filers) or \$250,000 (joint returns).									
**Includes 3.8% tax on net investment income plus capital gains taxed at 20% for taxpayers in 39.9% bracket.									

A gift of mutual fund shares will benefit you in the same way. If you have stock that has gone down in value, rather than giving it to ACOI, you should sell it and contribute the proceeds. By doing that you will receive a gift deduction AND be able to report a capital loss which you can deduct. It's a way to get the best benefit from a stock that did not do as well as you had hoped it would.

If you want to know more, please email katie@acoi.org to receive two helpful planning documents: Gifts of Securities, and Your 2017 Personal Planning Guide. The Planning Guide has ideas and strategies about

- Estate Planning
- Gifts from Your Estate
- Income Tax Planning
- Investments and Retirement
- Social Security
- Charitable Gift Planning

If you already know that you would like to have the ACOI planned giving consultant call you, please email Brian Donadio at bjd@acoi.org or call 301-231-8877 to let us know how and when to contact you.

MEMBER MILESTONES

Thomas J. Stees, DO, FACOI of **Tulsa, OK**, received the Staab Legacy Award for his dedicated service to osteopathic internal medicine at the 2017 Richard C. Staab, DO Memorial Symposium sponsored by the Osteopathic Founders Foundation at Oklahoma State University Center for Health Sciences in Tulsa. Dr. Stees is an Emeritus member of the College who practiced internal medicine for many years in Tulsa. He was the 1996 recipient of ACOI's Internist of the Year Award.

Justin Sciancalepore DO, MBS, has been appointed by New Jersey Governor Chris Christie to the Advisory Graduate Medical Education Council of New Jersey. Dr. Sciancalepore is the Chief Internal Medicine Resident at the Rowan University School of Osteopathic Medicine. He was nominated to the Council by Dean Thomas A. Cavalieri, DO, MACOI.



Kansas City University of Medicine and Biosciences (KCU) announces the appointment of **Darrin D'Agostino, DO, MPH, MBA, FACOI**

to the position of executive dean of the College of Osteopathic Medicine and vice president for Health Affairs. Dr. D'Agostino previously served as the associate dean of Community Health and Innovation, and professor of medicine at University of North Texas Health Science Center in Fort Worth. He was also chairman of the Department of Medicine there.

Dr. D'Agostino earned his DO degree from New York Institute of Technology- College of Osteopathic Medicine, a Master of Business Administration from the University of Texas, Dallas, a Master of Public Health from the University of Connecticut, and a Bachelor of Science in Psychology from Union College. He has been an ACOI Active member since 2007, earning the degree of Fellow in 2011.

Contributions Support ACOI's Visiting Professor Programs

Thanks to ACOI members who make a gift to the College's Generational Advancement Fund, we are able to support and grow our visits to medical school campuses across the country. Our thanks to our Visiting Professors for taking the time to speak and train medical students about osteopathic internal medicine. The students appreciate ACOI helping to arrange these sessions. WesternU's Student Osteopathic Internal Medicine Association Co-President, Candice Wang, writes, "We learned so much from Dr. Hasty and really enjoyed his presentation." Here are a few recent Visiting Professor sessions held:



TOP PHOTO:

ACOI President John R. Sutton, DO, FACOI at TouroNV-COM with Justin Do, OMS-II, Club President Kenneth Snyder, OMS-II; advisor Paul Kalekas, DO, and Aruba Ahmed, OMS-II.

MIDDLE PHOTO:

ACOI Past President Robert G. Good, DO, FACOI at Marian University College of Osteopathic Medicine with the outgoing and incoming student leaders.

Front Row - Hinduja Nallamala (OMS1), Zoe Johnson (OMS1), Dr. Good, Katie Adlam (OMS2), Taylor Hatch (OMS1), Wendy Forrest (OMS1); Back Row - Kenan Alibegovic (OMS1), Greg Rothchild (OMS1), Adam Davis (OMS2), Blake Christy (OMS2), Austin Atherton (OMS2), Nathan Buckley (OMS2), Tim McCall (OMS2), Garrett Muhlstadt (OMS1)

BOTTOM PHOTO:

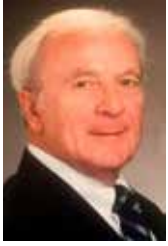
Caption: WesternU's SOIMA Board with Dr. Hasty: First row (left to right): Briana Segovia, Candice Wang, Amy Tran, Yasir Salih; Back row (left to right): Kunal Thaker, Gene Yoo, Yi Lei, Amir Patel

Have You Moved?

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

www.acoi.org

In Memoriam



Word has been received of the death of **Dana P. Arneman, DO, MACOI**, of Hilton Head Island, SC, on October 8,

2016. Dr. Arneman was a 1954 graduate of the Massachusetts College of Osteopathy, and completed his internal medicine training in Kansas City. He was certified in medicine by the AOBIM in 1961 and was an ACOI member for 55 years. He was enrolled into the Gillum Society of Master Fellows in 1994. Dr. Arneman was 86 years old at the time of his death.



Sandra K. Willsie, DO, FACOI, of Overland Park, KS, passed away on March 26, 2017. She was 64. A 1983

graduate of the Kansas City College of Osteopathic Medicine, Dr. Willsie was certified by both the AOBIM and the ABIM in internal medicine, pulmonary diseases and critical care medicine. She was an Active ACOI member since 2000 and received the degree of Fellow in 2004. Among her many academic activities, Dr. Willsie served as Provost, Dean and Medicine Department Chair at Kansas City University of Medicine and Biosciences. She earned a Master's degree in bioethics and health policy from Loyola University of Chicago. She also served as a Governor of the American College of Chest Physicians.

75th Anniversary Circle Continues to Grow

ACOI's 75th Anniversary Circle now numbers 57 members. Members, who agree to contribute \$1000 or more over two years, will be recognized with a leaf on the ACOI 75th Anniversary Circle Tree to be located permanently in the ACOI office at the close of the anniversary celebration. Support from the members will help the ACOI move forward to address the critical questions that define whether there will be a distinctive osteopathic practice of internal medicine in the future.

Only 43 of the 100 leaves remain available for engraving, so please make your gift or pledge now to ensure your leaf is displayed. Visit <http://www.acoi.org/75th-Anniversary-Pledge-Form.html> to download a pledge form.

Our thanks for the 75th Anniversary Circle members. (As of April 15, 2017)

Michael A. Adornetto, DO, MBA, FACOI

Damon Baker, DO, FACOI

Mark D. Baldwin, DO, FACOI

Lee Peter Bee, DO, FACOI

Jack D. Bragg, DO, MACOI and Jocelyn Bragg

John B. Bulger, DO, MBA, FACOI and Michelle Neff Bulger, DO

Martin C. Burke, DO, FACOI

Robert A. Cain, DO, FACOI and Gina Eversole-Cain

Annette T. Carron, DO, FACOI

Janet E. Cheek, DO, FACOI

Michael B. Clearfield, DO, FACOI

Robert L. DiGiovanni, DO, FACOI and Monica DiGiovanni

Kenneth Dizon, DO

Brian J. Donadio, FACOI and Ellen Donadio

Kathleen J. Drinan, DO, FACOI

Bruce D. Dubin, DO, MACOI

Susan Enright, DO, FACOI

Mitchell D. Forman, DO, FACOI

Pamela R. Gardner, DO, FACOI

Scott L. Girard, DO, FACOI and Laura J. Girard

James C. Giudice, DO, MACOI

Eric D. Good, DO, FACOI

Robert G. Good, DO, FACOI

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

Lawrence U. Haspel, DO, MACOI

Robert T. Hasty, DO, FACOI

David Hitzeman, DO, MACOI

Kevin P. Hubbard, DO, MACOI and Roxanne Hubbard

G. Michael Johnston, DO, MACOI

Joanne Kaiser-Smith, DO, FACOI and Kevin Smith

Teresa Kilgore, DO, FACOI

Judith A. Lightfoot, DO, FACOI and Alvin Banks

Timothy W. McNichol, JD

Jo Ann Mitchell, DO, FACOI

Rizwan Moinuddin, DO

Donald S. Nelinson, PhD

Karen J. Nichols, DO, MA, MACOI

Eugene A. Oliveri, DO, MACOI

Susan M. O'Neal, DO, FACOI

Anthony N. Ottaviani, DO, MPH, MACOI

Keith A. Reich, DO, FACOI

Morvarid Rezaie, DO, FACOI

Christine M. Samsa, DO, FACOI and Nathan P. Samsa, DO, FACOI

Roy Sartori, DO, FACOI and Christine Sartori

Frederick Schaller, DO, MACOI and Amy Schaller

Samuel K. Snyder, DO, FACOI

Christina Stasiuk, DO and George Farian, Esq.

W.W. Stoeber, DO, MACOI

Robert J. Stomel, DO, MACOI

William D. Strampel, DO, FACOI

David Susser, DO, MACOI

John R. Sutton, DO, FACOI

Richard R. Thacker, DO, FACOI

John Uslick, DO, MACOI

Larry A. Wickless, DO, MACOI

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2017 Congress on Medical Education for Resident Trainers
May 4-6 Sheraton San Diego Resort & Marina, San Diego, CA
- 2017 Annual Convention & Scientific Sessions
Oct 11-15 Gaylord National Resort and Convention Center, Washington, DC
- 2018 Annual Convention & Scientific Sessions
Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2019 Annual Convention & Scientific Sessions
Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Annual Convention & Scientific Sessions
Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL
- 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.

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: May 1, 2017

Subspecialty Certifying Examinations

Computerized Examination 200 Sites Nationwide
August 29, 2017 - *Application Deadline: Expired*
Late Application Deadline: May 1, 2017

• Cardiology • Clinical Cardiac Electrophysiology • Endocrinology • Gastroenterology
• Geriatric Medicine • Hematology • Hospice and Palliative Medicine • Infectious Disease
• Oncology • Pulmonary Diseases • Rheumatology • Sleep Medicine

Subspecialty Recertifying Examinations

Computerized Examination 200 Sites Nationwide
August 29, 2017 - *Application Deadline: Expired*
Late Application Deadline: May 1, 2017

• 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; 312 202-8274.

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

Resources Available for ACGME Osteopathic Recognition

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

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

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 Members:

Matthew Biery, DO
Daniel Brody, DO
Matthew Comstock, DO
Claudio Fernandez, DO
Maria Francis, DO
Amanda Henry, DO
Brandon Hooks, DO
Cassie Jones, DO
Angela Kalil, DO
Stanley Marlowe, DO
Anthony Martin, DO
Thomas Miller, DO
Mayoora Muthu, DO
Amber Richardson, DO
Cameron Smith, DO
Anna Sullivan Overby, DO
Anda Tuncay Scorza, DO
Leah A. Weber, DO

Associate Membership:

John Rich, MD