

From President Bulger

Resolve to Strive for Perfection



December brings many opportunities for change. The days start getting longer; holidays give us a chance to celebrate with family and friends; and a New Year offers

an opportunity for renewal.

Data compiled on physician practice performance by the Federal government and many payers uses the calendar year as an evaluation period. As such, December offers an opportunity to evaluate performance and target opportunities for improvement in the coming year. While many make New Year's resolutions to stop a bad habit, lose weight, or begin exercise, physicians should evaluate the care they provide and resolve to improve where possible in the coming year.

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March 30- April 3 in Orlando

2016 Board Review Course Registration Open

Registration is open for the 2016 ACOI Internal Medicine Board Review Course, which will take place March 30-April 3 at the Renaissance Resort at Sea World in Orlando, FL. The course is a comprehensive review of general medicine and each of the subspecialties. It is an excellent way for practicing physicians to update their medical knowledge, as well as an essential part of the preparation process for the certifying and recertifying examinations in internal medicine.

Special emphasis is placed on recent advances in various subspecialty areas and on clinical skills management as they pertain to clinical practice and the examinations. Attendance at the review course meets the requirement that osteopathic internal medicine residents must attend one ACOI education program during the course of their training. It also meets the AOBIM requirement for completion of a review course within 24 months of sitting for the recertification (OCC) examination.

Guest rooms are available at the Renaissance Resort for a discounted room rate of \$199/night, plus applicable taxes. There is an optional resort fee of \$20, which includes internet, transportation to Sea World, Universal Studios and Disney, free breakfast for kids under 12, two bottles of water daily and local calls. Additional information and registration materials appear inside this newsletter and are available on www.acoi.org, or by calling 1-800-327-5183. To qualify for the \$50 early registration discount, registrations must be received by March 9, 2016.

ACOI Web-Based Modules Provide IM CME Credit

AOA Three-Year CME Cycle Closes December 31

All AOA and ACOI member physicians are reminded that the AOA's three-year CME cycle comes to a close at the end of this calendar year. During each cycle, members are required to complete 120 CME credits, 30 of which must be in category 1A. In addition, certified physicians must complete a minimum of 50 credits in internal medicine or a subspecialty.

For those who have been unable to meet the requirements, the ACOI's medical knowledge self-assessment modules can provide up to 75 AOA internal medicine specialty CME credits. The modules test your acumen in a case-centric format on the 30 most common acute, chronic and other presentations seen by practicing internists. They use the latest in brain science and game theory to help you acquire information quickly, remember it long-term and accurately recall it in the clinical setting. There are 15 modules available and each provides five internal medicine, hospitalist and/or subspecialty credits. Modules may be purchased individually or in packages. They are designed to be completed in one sitting, but can be paused at any point for later completion. The modules also meet one of the AOBIM's requirements for participation in Osteopathic Continuous Certification.

You may access the modules via the OCC Education Center for Internal Medicine at www.acoi.org. A complete description of the AOA CME requirements also is available through the website.



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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The calendar year is an artificial slice of time. The people and populations that we serve rely on us at all times to provide them with the highest quality care. They also rely on us to continually evaluate the care we deliver and seek opportunities to improve. They don't expect us to be perfect, but they expect, and deserve that we strive for perfection. A core competency of osteopathic internists is seeking continuous quality improvement.

I encourage you, during this this traditional time of annual declarations, to reflect on the care you provide. We all have room for improvement. We should all resolve to continually strive for perfection for the patients and populations that we serve.

My family and I wish each of you and your families a joyous holiday season and healthy and fulfilling New Year!



Member Milestones



Robert G. Good, DO

Robert G. Good, DO, FACOI, has accepted a new position as Medical Director of Clinical Integration Operations for the Carle Health System in Mattoon, IL. In this new role, Dr. Good will focus on developing strategies for the operational implementation of population health initiatives within the Carle Health System. Dr. Good is a board-certified internist who recently completed service on the ACOI Board of Directors. He was president of the College in 2012-13. Dr. Good will spend 90% of his time on this new role, while 10% of his time will be dedicated to continuing his clinical practice, with a focus on internal medicine consultations and performing endoscopies at the Mattoon/Charleston location. Dr. Good will also devote time to his role as co-chair of the Curriculum Committee for the

Carle Illinois College of Medicine.

Richard A. Pascucci, DO, FACOI has been announced as the 2016 recipient of the OJ Snyder Memorial Medal by the Philadelphia College of Osteopathic Medicine. The award is presented in memory of the co-founder of Philadelphia College of Osteopathic Medicine and is the College's highest award to recognize leadership and service to the osteopathic profession and to the College. Dr. Pascucci is Professor of Rheumatology in the Department of Internal Medicine at PCOM. He also served three terms on the American Osteopathic Board of Internal Medicine.



government RELATIONS

Timothy McNichol, JD

President Signs Appropriations and Tax Legislation into Law

The House and Senate approved a bipartisan \$1.1 trillion appropriations package that funds the federal government through September 30, 2016. The package, signed into law by the President, was amended prior to approval to include a number of tax provisions. Included in the package is \$162.1 billion for the Department of Health and Human Services. This represents an increase of \$5.4 billion over fiscal year 2015. Funding for the Centers for Medicare and Medicaid Services (CMS) remained at \$3.67 billion. There is an additional \$2 billion included for the National Institutes of Health, as well as an additional \$300 million for the Centers for Disease Control included in the funding package. A number of policy riders, such as an effort to defund Planned Parenthood, were omitted prior to approval by the House and Senate. The funding package also: cuts funding for the Independent Payment Advisory Board (IPAB) created under the Affordable Care Act (ACA); renews health care benefits for September 11 first responders; provides \$20 million for the National Diabetes Prevention Program; and provides \$70 million in funding for opioid prescription drug overdose prevention, among other things.

Healthcare Spending Grows in 2014

According to a report released by CMS, health spending grew by 5.3 percent in 2014. The study attributes the growth in spending to expanded coverage made available through the ACA. The report also found that consumer out-of-pocket spending grew by 1.3 percent over the same period. This is down from 2.4 percent the previous year. Overall, the report found that healthcare spending grew by 1.2 percentage points faster than the economy, increasing healthcare spending as part of the gross domestic product (GDP) from 17.3 percent to 17.5 percent. The report notes that the growth in spending as it relates to a percentage of GDP is slower than the average growth seen during the decade prior to implementation of the ACA.

CMS Posts New Data to Physician Compare Website

CMS announced an expansion of data available on the Physician Compare website. The data now includes individual healthcare professional performance scores on preventive care, cardiovascular care and patient safety measures. Newly-added 2014 clinical care measures cover more than 40,000 healthcare professionals who reported under the Physician Quality Reporting System (PQRS). According to CMS, there are now a total of 14 group-level PQRS measures and six individual eligible professional (EP)-level PQRS measures available on the Physician Compare website. Additional information is available at www.cms.gov.

More Hospitals See Reductions under Quality Program

According to CMS, 758 hospitals will see a one percent reduction in Medicare reimbursement under the Hospital-Acquired Condition (HAC) Reduction Program for discharges occurring between October 1, 2015 and September 30, 2016. The number is up slightly from the 724 hospitals that experienced the reduction for fiscal year 2015. CMS has estimated that the reduction will result in a \$364 million savings. The penalties are applied to the lowest performing quartile of the 3,308 hospitals subject to the HAC Reduction Program. Additional information is available at www.cms.gov.

Strategic Plan Released by the NIH

For the first time since the early 1990s, the National Institutes of Health (NIH) released a strategic plan created to ensure the agency remains well-positioned to capitalize on new opportunities for scientific exploration and address new challenges for human health.

In a statement released by the NIH, Director

Francis S. Collins, MD, PhD said, “Scientific and technological breakthroughs that have arisen from NIH-supported research account for many of the gains that the United States has seen in health and longevity.” He goes on to say, “But much remains to be done.” The strategic plan will help guide the NIH as it pursues its mission to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life and reduce illness and disability. The strategic plan focuses on the following four objectives:

- Advance opportunities in biomedical research
- Foster innovation by setting NIH priorities
- Enhance scientific stewardship by recruiting and retaining an outstanding biomedical research workforce
- Excel as a federal science agency

You can view the strategic plan in its entirety at www.nih.gov.

Washington Tidbits:

Do You Really Want the Job?

With the first votes in the 2016 race for the White House set to be cast in the next few weeks, new data suggest that losing may not be the worst outcome for a candidate’s life expectancy. A study was recently released looking at the life expectancy of presidents and prime ministers from 17 countries. The data that was reviewed included nearly 300 leaders and spans almost three centuries. After adjusting for the age of the victorious candidate at the time of the election and comparing him or her to an average person of the same age and gender, the study found that the winner on average lived 2.7 fewer years and had a 23 percent greater risk of premature death than the runner-up. In the US, presidents live about 5.7 years less than the runners-up. The study raises the question of whether winning the race to the White House is really a victory!



coding CORNER

Jill M. Young, CPC, CEDC, CIMC

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

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

Preparing for Changes to Coding in 2016

Effective January 1, there are a number of changes to evaluation and management (E&M) codes as well as procedural codes that could impact your reimbursement in 2016. Following are a few highlights for your consideration:

- New add-on code for optical microscopy
- Clarification of what constitutes an incomplete colonoscopy and what modifier to use for reduced service
- New code for Clinical Staff Prolonged Care services
- New code for removal of impacted cerumen with washing/lavage
- Endobronchial ultrasound (EBUS) is combined into bronchoscopy codes for transbronchial biopsies and needle aspirations
- Clarification of documentation requirements for procedures done with image guidance or supervision
- A number of new codes for 2016 are the result of combining codes that are commonly billed together resulting in a lower reimbursement because of efficiencies attained through the combination of the new codes
- Reimbursement for the counseling and discussion of advanced care directives
- Medicare continues to promote the change to evidence-based care through "appropriate use criteria"
- The Value-Based Modifier adjustments will begin in 2016 for physicians in groups with 10 or more Eligible Professionals (EPs) based on 2014 performance reporting
- Coding for GI services last year was done using "G" codes created by Medicare. In 2016, you use the codes that were issued in 2015.
- Medicare will cover Cologuard testing (a stool DNA test) under certain guidelines
- The new place-of-service 19 code for "off campus-outpatient hospital" care and its appropriate selection based on the 250-yard rule from a hospital main campus was explained in detail. Use of this code affects supervision requirements for non-physician practitioners.

In addition to the changes listed above impacting your practice, as well as many others, ICD-10 implementation is now well underway. While I have not heard of any major problems to date, I encourage you to examine your revenue flow to ensure that you are not caught off guard by any surprises. If you or someone in your office is not monitoring this, you should consider doing so immediately.

In Memoriam



Word has been received of the death of **Joseph T. Rogers, DO, MACOI**, of Grosse Isle, MI. Dr. Rogers died on December 11 at the age of 95. He was predeceased by his wife of 70 years, Sheila McGown Rogers, DO, MACOI, who died earlier this year. A graduate of the Kirksville College of Osteopathic Medicine, Dr. Rogers was a member of the American College of Osteopathic Internists for more than 60 years. He served as president in 1961-62 and was inducted into the Gillam Society of Master Fellows in 1994. Dr. Rogers established the first cardiology fellowship training program in the osteopathic profession and developed the open heart surgery program at the Detroit Osteopathic Hospital in the mid-1960s. In his later years, he practiced cardiology centered on environmental medicine, before he retired at age 91. Dr. Rogers is survived by his children, Joseph C. Rogers, DO, FACOI (Rosemary), Felix J. Rogers, DO, MACOI (Caroline), Sheila Rogers DeMare (Frank), and Lisa Rogers, DO, FACOI.



First and most importantly, I want to wish all of our members a very happy holiday and a healthy new year.

In last month's Talking Science and Education I challenged you all with a brain teaser. To refresh your memory, I asked: "Given a statistical association between X and Y, most people make the assumption that X caused Y. However, there are at least five other scenarios to explain the same situation. Can you name one? Two? More?" Here, now, are three of the other scenarios.

1. Reverse Causality

Given the association between X and Y, it is actually equally likely that Y caused X as it is that X caused Y. In most cases, it is obvious which variable is the cause and which the effect is. If a study showed a statistical association between smoking and coronary heart disease (CHD), it would be clear that smoking causes CHD and not that CHD makes people smoke. Because smoking preceded CHD, reverse causality in this case is impossible. But the situation is not always that clear-cut. Consider a study published in the NEJM that showed an association between diabetes and pancreatic cancer. The casual reader might conclude that diabetes causes pancreatic cancer. However, further analysis showed that much of the diabetes was of recent onset. The pancreatic cancer preceded the diabetes, and the cancer subsequently destroyed the insulin-producing islet cells of the pancreas. Therefore, this was not a case of diabetes causing pancreatic cancer but of pancreatic cancer causing the diabetes.

Mistaking what came first in the order of causation is a form of protopathic bias. There are numerous examples in the literature. For example, an assumed association between breast feeding and stunted growth actually reflected the fact that sicker infants were preferentially breastfed for longer periods. Thus, stunted growth led to more breastfeeding, not the other way around. Similarly, an apparent association between oral estrogens and endometrial cancer was not quite what it seemed. Oral estrogens may be prescribed for uterine bleeding, and the bleeding may be caused by an undiagnosed cancer. Therefore, when the cancer is ultimately diagnosed down the road, it will seem as if the estrogens came before the cancer, when in fact it was the cancer (and the bleeding) that led to the prescription of estrogens. Clearly, it is sometimes difficult to disentangle which factor is the cause and which is the effect.

2. The Play of Chance and the DICE Miracle

Whenever a study finds an association between two variables, X and Y, there is always the possibility that the association was simply the result of random chance.

Most people assess whether a finding is due to chance by checking if the P value is less than .05. There are many reasons why this the wrong way to approach the problem, and an excellent review by Steven Goodman (Goodman S. *Semin Hematol*, 2008) about the popular misconceptions surrounding the P value is a must-read for any consumer of medical literature.

To illustrate the point, consider the ISIS-2 trial, which showed reduced mortality in patients given aspirin after myocardial infarction. However, subgroup analyses identified some patients who did not benefit: those born under the astrological signs of Gemini and Libra; patients born under other zodiac signs derived a clear benefit with a P value < .00001. Unless we are prepared to re-examine the validity of astrology, we would have to admit that this was a spurious finding due solely to chance. Similarly, Counsell et al. (*BMJ*, 1994) performed an elegant experiment using three different-colored dice to simulate the outcomes of theoretical clinical trials and subsequent meta-analysis. Students were asked

to roll pairs of dice, with a six counting as patient death and any other number correlating to survival. The students were told that one die may be more "effective" or less effective (i.e., generate more sixes or study deaths). Sure enough, no effect was seen for red dice, but a subgroup of white and green dice showed a 39% risk reduction ($P = .02$). Some students even reported that their dice were "loaded." This finding was very surprising because Counsell had played a trick on his students and used only ordinary dice. Any difference seen for white and green dice was a completely random result.

The Frequency of False Positives

It is fairly disquieting to think that chance can play such a large role in the results of our analyses. Subgroup analyses, as shown above, are particularly prone to spurious associations. Most researchers set their significance level or rate of type I error at 5%. However, if you perform two analyses, then the chance of at least one of these tests being "wrong" is 9.75%. Perform five tests, and the probability becomes 22.62%; and with 10 tests, there is a 40.13% of at least one spurious association even if none of them is actually true. Because most papers present many different subgroups and composite endpoints, the chance of at least one spurious association is very high. Often, the one spurious association is published, and the other negative tests never see the light of day.

There is a way to guard against such spurious findings: replication. Unfortunately, the current structure of academic medicine does not favor the replication of published results, and several studies have shown that many published trials do not stand up to independent verification and likely are false positives. John Ioannidis published in 2005 a review of 45 highlighted studies in major medical journals. He found that 24% were never replicated, 16% were contradicted by subsequent research, and another 16% were shown to have smaller effect sizes than originally reported. Fewer than half (44%) were truly replicated.

The frequency of these false-positive studies in the published literature can be estimated to some degree. Consider a situation in which 10% of all hypotheses

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A Message of Thanks from ACOI Development Committee Chair



Martin C. Burke, DO

As Chair of the ACOI Development Committee, I wish to thank our ACOI members for their financial support for the College. Since the start of our fiscal year on July 1, 2015, the ACOI has received gifts and pledges totaling \$115,865 to support the Generational Advancement Fund, Capital Replacement Fund, and the new 75th Anniversary Initiative. This is a significant increase over the same time period last year. Members support the ACOI by making a gift online, when renewing their dues, when registering for an ACOI educational meeting, and by donating their speaker honoraria.

Your support enables the ACOI to:

- Assist all of our programs achieve ACGME accreditation and encourage and assist them to maintain their osteopathic focus
- Expand the Visiting Professor Program to expose every osteopathic student to successful DO-Internist role models
- Increase the amount of support available for students to attend the annual convention and scientific sessions so they can experience our premier meeting firsthand
- Provide a one-on-one relationship between student and practicing physician through our mentor program
- Utilize the latest technologies to benefit members for their continuing medical education

We are pleased with the initial interest in the 75th Anniversary Circle, which we launched at the Annual Convention in Tampa. There, 14 new donors made a gift or pledge of \$1000 or more over the next two years. Of the 100 leaves available for engraving on the permanent display in the ACOI office, we are off to a good start with 29 leaves now reserved by ACOI member donors. ACOI received gifts and pledges totaling more than \$30,000, a record for gifts received at an annual convention.

We know this is a critical time for the ACOI, but believe that together we will be successful in continuing a distinctive osteopathic practice of internal medicine in the future!

Happy Holidays to you and your families.

Sincerely,

Martin C. Burke, DO, FACOI

ACOI 75

ACOI's 75th Anniversary Circle

Donors who make a gift or pledge of \$1000 or more over two years to support the new initiative will be recognized on the ACOI 75th Anniversary Circle Tree to be permanently located in the ACOI office at the close of the anniversary celebration. Twenty-nine of the 100 leaves available for engraving are already taken by attendees at the ACOI Annual Convention in Tampa, 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.

Have You Moved?

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

www.acoi.org

Tax and Estate Planning

In the continuing effort to provide information to ACOI members on how you can help yourselves, your families and ACOI while saving income and estate taxes, the College has various gift planning pamphlets available. Email Brian Donadio at bjd@acoi.org to request any of the following titles:

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

A Good Question: Does the IRS have any tips for making charitable gifts at the end of the year?

The Answer: Contributions are deductible in the year they are made. Thus, donations charged to a credit card before the end of 2015 count for 2015. This is true even if the credit card bill isn't paid until 2016. Also, checks count for 2015 as long as they are mailed in 2015.



A Gift of Stock Can Help ACOI and You

With the stock market continuing to do well, ACOI members might consider supporting the College with a gift of appreciated publicly-traded stocks. A gift of stocks or bonds held more than a year that has grown in value, not only qualifies for a charitable-contribution deduction (based on the fair market value), but also avoids capital gains tax on the appreciated portion of the gift. For detailed information on how to make such a gift, contact Brian Donadio toll-free at 800-327-5183 or via email to bjd@acoi.org.

Talking Science & Education

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are actually true. Now consider that most studies have a type 1 error rate (the probability of claiming an association when none exists, i.e., a false positive) of 5%, and a type 2 error rate (the probability of claiming there is no association when one actually exists, i.e., a false negative) of 20%. These are the standard error rates presumed by most clinical trials. This allows us to create the following table:

By plugging in the numbers above:

This would imply that of the 125 studies with a positive finding, only 80/125, or 64%, are true. Therefore, one-third of statistically significant findings are false positives purely by random chance. That assumes, of course, that there is no bias in the studies, which we will deal with presently.

3. *Bias: Coffee, Cellphones, and Chocolate*

Bias occurs when there is no real association between X and Y, but one is manufactured because of the way we designed and executed our study. Delgado-Rodriguez and Llorca identified 74 types of bias in their glossary of the most common biases, which can be broadly categorized into two main types: selection bias and information bias.

One classic example of selection bias occurred in 1981 with a NEJM study showing an association between coffee consumption and pancreatic cancer. The selection bias occurred when the controls were recruited for the study. The control group had a high incidence of peptic ulcer disease, and so as not to worsen their symptoms, they drank little coffee. Thus, the association between coffee and cancer was artificially created because the control group was fundamentally different from the general population in terms of their coffee consumption. When the study was repeated with proper controls, no effect was seen.

Information bias, as opposed to selection bias, occurs when there is a systematic error in how the data are collected or measured. Misclassification bias occurs when the measurement of an exposure or outcome is imperfect; for example, smokers who identify themselves as nonsmokers to investigators or individuals who systematically underreport their weight or over-report their height. A special situation known as recall bias occurs when subjects with a disease are more likely to remember the exposure under investigation than controls. In the INTERPHONE study, which was designed to investigate the association between cell phones and brain tumors, a spot-check of mobile phone records for cases and controls showed that random recall errors were large for both groups with an overestimation among cases for more distant time periods. Such differential recall could induce an association between cell phones and brain tumors even if none actually exists.

An interesting type of information bias is the ecological fallacy. The ecological fallacy is the mistaken belief that population-level exposures can be used to draw conclusions about individual patient risks. A recent example of the ecological fallacy was a tongue-in-cheek study by Messerli (NEJM, 2012) showing that countries with high chocolate consumption won more Nobel prizes. The problem with country-level data is that countries don't eat chocolate, and countries don't win Nobel prizes. People eat chocolate and people win Nobel prizes. This study, while amusing to read, did not establish the fundamental point that the individuals who won the Nobel prizes were the ones actually eating the chocolate.

Another common ecological fallacy is the association between height and mortality. There are a number of reviews suggesting that shorter stature is associated with a longer life span. However, most of these studies looked at country-level data. Danes are taller than Italians and also have more coronary heart disease. However, if you look at twins or individuals within the same country, you see the opposite association -- namely, it is the shorter individuals who have more heart disease. Again, the fault lies in looking at countries rather than individuals.

To be continued next month.

2016 ACOI COMMITTEE APPOINTMENTS

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

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Mary Suchyta, DO
David Miller, DO
William Bambach, DO
Joseph Gambale, DO
Ian Qureshi, DO, Resident Representative
Brett Henderson, Student Representative

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PROFESSIONAL OPPORTUNITIES

PHYSICIAN CAREER OPPORTUNITIES - California. Dignity Health offers career opportunities in some of the fastest growing communities in America. We are one of the largest healthcare systems in the nation and the largest hospital system in California. We invite you to explore our outstanding provider opportunities in California. You can control your professional future while giving yourself and family a superb quality of life. Enjoy endless access to outdoor activities, sports teams, golf or big city culture. Please forward CV to Amanda West, Physician Recruitment at providers@dignityhealth.org 888-599-7787, website www.dignityhealth.org/physician-careers.

Infectious Disease Fellowship Position -New Jersey. Rowan University-School of Osteopathic Medicine is approved for a fellowship position in Infectious Diseases beginning July 1, 2016. The fellowship is accredited by the American College of Osteopathic Internists. The program is affiliated with Kennedy University Hospital, which is accredited by The Joint Commission and the American Osteopathic Association. The program trains physicians for clinical medicine, encompassing general infectious diseases, HIV/AIDS, travel medicine, hospital epidemiology, and infection control.

Eligible applicants must have graduated from an AOA accredited medical school and have completed an internal medicine residency program. To request an application for the position, please send your curriculum vitae to Program Director Todd Levin, DO (tlevin@gsida.org) or call 856-566-3190.

Gastroenterologist -Michigan. Mercy Health Physician Partners – West Michigan Gastroenterology is seeking a Gastroenterologist to join our well established and very busy practice. We have a very strong and collaborative team who supports each other and have the highest level of patient centered care. We also benefit from a large

GENERAL INTERNAL MEDICINE PHYSICIAN

St. Francis Hospital - The Heart Center

St. Francis Hospital, affiliated with Catholic Health Services of Long Island, was once again rated the #1 hospital on Long Island by U.S. News & World Report, and for the third year in a row, in the top 15 in the entire nation at #13 for cardiology and heart surgery. St. Francis is the only hospital on Long Island to be nationally ranked in any of the 16 data-driven adult specialties and this is the ninth consecutive year that St. Francis has been listed among the Best Hospitals in America.

The physician in this role will lead in the primary care of patients, predominantly in the office setting, and is responsible for carrying out the policies of the Department of Medicine. Collaborates with various departments and services at the hospital to promote a culture of patient safety, improve patient throughput, and participate in performance improvement. Requires some travel to local nursing homes and hospitals.

To qualify, applicants must be a NYS licensed MD/DO, and board-certified/eligible in internal medicine and/or family medicine.

For immediate consideration, please email your CV to Gail Still at Gail.Still@chsli.org.

We offer a competitive salary, dynamic work atmosphere, and a generous benefits package.



**St. Francis Hospital,
The Heart Center®**
Catholic Health Services
At the heart of health

A Member of the Catholic Health Services of Long Island

An Equal Opportunity Employer M/F/D/V

<https://jobs.chsli.org/stfrancis>

primary care and specialty referral base. The candidate must be BC/BE in Gastroenterology and be comfortable with ERCP.

Muskegon is located along the shoreline of beautiful Lake Michigan and has 27 inland lakes, 400 miles of rivers and miles of woods and dunes. It offers a taste for every season and is just a short drive, flight, bus, or ferry ride from cities like Detroit, Milwaukee, and Chicago. Forbes magazine recently ranked Muskegon as #12 nationwide for culture and leisure venues among cities its size and Muskegon is ranked as #13 in the nation as best metropolitan places for physicians. Muskegon is also the highest-ranking city in Michigan for job growth.

Mercy Health is a regional healthcare system serving both Muskegon and Grand Rapids, and is part of Trinity Health, the second largest Catholic healthcare system in the U.S.

To learn more about the practice please visit:

<http://mercyhealthphysicianpartners.com/muskegon/physicians/Gastroenterology>

Please contact our Physician Recruiter: Camille VanDyk at phone number:

616.685.6814 or email: vandykca@mercyhealth.com

2016 ACOI INTERNAL MEDICINE REVIEW COURSE REGISTRATION FORM

Renaissance Resort at SeaWorld, Orlando, FL • March 30-April 3, 2016
Registration available online at www.acoi.org/education/cme/board-review-course.html

Full Name			
AOA Number			
Mailing Address			
City		State	Zip
Work Phone	()	Fax Number	()
Home Phone	()	Cell	()
Email Address			
Preferred Name on Badge			
Emergency Contact		Telephone	()
Fees	<input type="checkbox"/> ACOI Member (Registering ON/BEFORE 3/9/2016...\$850)	<input type="checkbox"/> ACOI Member (Registering AFTER 3/9/2016...\$900)	
	<input type="checkbox"/> Non-Member (Registering ON/BEFORE 3/9/2016...\$1025)	<input type="checkbox"/> Non-Member (Registering AFTER 3/9/2016...\$1075)	
	<input type="checkbox"/> Resident/Fellow (Registering ON/BEFORE 3/9/2016...\$750)	<input type="checkbox"/> Resident/Fellow (Registering AFTER 3/9/2016...\$800)	
	<input type="checkbox"/> Printed Syllabus \$80 (Electronic copy provided with registration)	<input type="checkbox"/> *ACOI Generational Advancement Fund \$ _____	<input type="checkbox"/> TOTAL \$ _____
Payment Method	<input type="checkbox"/> Check to ACOI	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Name on Card			
<input type="checkbox"/> Check here if billing address is same as mailing address listed above. If not, please provide below			
Billing Street			
Billing City		State	Zip
Credit Card Number		Security Code	
Credit Card Exp. Date			
Signature			

Send this form & payment to: ACOI, 11400 Rockville Pike, #801, Rockville, MD 20852 or Fax to 301 231-6099, or register at www.acoi.org.

NOTE: All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of \$50 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by March 9, 2016. No refunds will be made after that date, but registration fees (less \$50 cancellation fee) may be applied to a future ACOI meeting registration.

*The **ACOI Generational Advancement Fund** was created to foster the growth and assure the future of osteopathic internal medicine. The Fund directs its efforts toward assisting students, residents and fellows as they begin their careers as osteopathic internists. For more information, visit https://www.acoi.org/mms/legacy_fund.cgi.

PLEASE NOTE: Check here if you plan to stay at the Renaissance Resort. Separate hotel registration is required. This does not register or guarantee a room at the hotel.

SPECIAL NEEDS: In accordance with the Americans with Disabilities Act, every effort has been made to make this conference and activities accessible to people of all capabilities. Please list specific special assistance needed or any dietary restrictions, or contact Susan Stacy at susan@acoi.org or by phone, 301 231-8877.

List special requirements here: _____

2016 ACOI Clinical Challenges in Inpatient Care REGISTRATION FORM

Renaissance Resort at SeaWorld, Orlando, FL • March 31-April 3, 2016
Registration available online at www.acoi.org/education/cme/clinical-challenges-in-inpatient-medicine.html

Full Name				
AOA Number				
Mailing Address				
City		State	Zip	
Work Phone	()	Fax Number	()	
Home Phone	()	Cell	()	
Email Address				
Preferred Name on Badge				
Emergency Contact		Telephone	()	
Fees	Registration on/before 3/9/16		Registration after 3/9/16	
	<input type="checkbox"/> ACOI Member.....	\$625	<input type="checkbox"/> ACOI Member.....	\$675
	<input type="checkbox"/> Non Member.....	\$750	<input type="checkbox"/> Non Member.....	\$800
	<input type="checkbox"/> Non Physician Provider.....	\$625	<input type="checkbox"/> Non Physician Provider.....	\$675
	<input type="checkbox"/> Residents/Fellows.....	\$525	<input type="checkbox"/> Residents/Fellows.....	\$575
	<input type="checkbox"/> *ACOI Generational Advancement Fund \$_____		TOTAL \$ _____	
Payment Method	<input type="checkbox"/> Check to ACOI <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
Name on Card				
<input type="checkbox"/> Check here if billing address is same as mailing address listed above. If not, please provide below				
Billing Street				
Billing City		State	Zip	
Credit Card Number		Security Code		
Credit Card Exp. Date				
Signature				

Send this form & payment to: ACOI, 11400 Rockville Pike, #801, Rockville, MD 20852 or Fax to 301 231-6099, or register at www.acoi.org.

NOTE: All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of \$50 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by March 9, 2016. No refunds will be made after that date, but registration fees (less \$50 cancellation fee) may be applied to a future ACOI meeting registration.

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List special requirements here: _____

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2016 Internal Medicine Board Review Course
March 30-April 3 Renaissance Resort at SeaWorld, Orlando, FL
- 2016 Clinical Challenges in Inpatient Care
March 31-April 3 Renaissance Resort at SeaWorld, Orlando, FL
- 2016 Residency Trainers Congress/Chief Resident/Emerging Leaders Training Program
May 5-7 Westin Savannah Harbor Golf Resort & Spa, Savannah, GA
- 2016 Annual Convention & Scientific Sessions
Oct 27-31 JW Marriott Desert Springs Resort and Spa, Palm Desert, CA
- 2017 Annual Convention & Scientific Sessions
Oct 15-19 Gaylord National Resort and Convention Center, Washington, DC
- 2018 Annual Convention & Scientific Sessions
Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2019 Annual Convention & Scientific Sessions
Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Annual Convention & Scientific Sessions
Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL

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

Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at www.acoi.org.

2016 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination

Computerized Examination 200 Sites Nationwide

September 15, 2016 - *Application Deadline: February 1, 2016*

Late Registration Deadline: April 1, 2016

Subspecialty & Certification of Added Qualifications:

Aug. 20, 2016 • Lombard, IL - *Application Deadline: April 1, 2016*

Late Registration Deadline: May 1, 2016

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

Internal Medicine Recertifying Examination

Computerized Examination 200 Sites Nationwide

September 15, 2016 - *Application Deadline: April 1, 2016*

Late Registration Deadline: May 1, 2016

Focused Hospital Medicine Recertification

Aug. 20, 2016 • Lombard, IL - *Application Deadline: April 1, 2016*

Late Registration Deadline: May 1, 2016.

Subspecialty and Added Qualifications Recertifying Examinations:

Aug. 20, 2016 • Lombard, IL

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

Application Deadline: April 1, 2016

Late Registration Deadline: May 1, 2016

Further information and application materials are available at www.aobim.org or by writing to: Gary L. Slick, DO, MACOI, Executive Director, American Osteopathic Board of Internal Medicine, 1111 W. 17th Street, Tulsa, OK 74107, email: admin@aobim.org.

*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.*

Research in Brief



Jill Patton, DO, of Park Ridge, IL, was a co-author of “Attitudes of Physicians in Training Regarding Reporting of Patient Safety Events,” which appeared in the November, 2015 issue of *The Journal of Clinical Outcomes* (JCOM 11/2015; 22 (11): 508-511). Dr. Patton is the program director of the osteopathic internal medicine residency program at Advocate Lutheran Hospital in Park Ridge. She also represents the ACOI and osteopathic profession on the ACGME Review Committee for Internal Medicine.

New Members Welcomed

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

Active Membership

Umema S. Burney-Wood, DO

Ellen Chelnitsky, DO

Kyle C. Edwards, DO

Adrienne J. Koch, DO

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Farzad Pourarian, DO

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