

From President Bulger

Waste Not, Want Not



A recent Rasmussen (www.rasmussen-reports.com) report showed that only nine percent of likely voters feel that Congress is doing a good or excellent

job. This was the worst rating since January. In the same poll, 33% of voters felt their own representative was worthy of re-election, the highest number in two years.

Physicians share similarly divergent views when asked about waste in healthcare. While only about a third feel that it is physicians' responsibility to reduce costs, over three quarters felt that they were aware of the costs of the treatment that they recommended and adhered to guidelines discouraging treatment with marginal benefit. (<http://jama.jamanetwork.com/article.aspx?articleid=1719740>)

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March 31- April 3

2016 Inpatient Clinical Challenges Program Announced

Registration is open for the ACOI's popular CME program for hospitalists and others: Clinical Challenges in Inpatient Care, which will take place March 31- April 3 at the Renaissance Resort at Sea World in Orlando, FL. The program will provide up to 25 AOA 1A CME credits in internal medicine. In addition, the program meets the American Osteopathic Board of Internal Medicine's (AOBIM) requirement for a board review course for those who plan to sit for the new focused hospital medicine recertification credential.

The ACOI Continuing Medical Education Committee, led by Chairman Frederick A. Schaller, DO, MACOI, has designed an agenda that will appeal to physicians who treat patients in the hospital. Among the areas to be covered are: Optimizing Transition of Care; Medical Mobil Resources to Augment Hospitalist Practice; ER-Hospitalist Relationship: Cooperative or Combative?; Acute Management of Atrial Fib; Preoperative Cardiac Risk Stratification; Acute Nephrotic Syndrome; Negotiating Payer Contracts; Care Team Assignments and more.

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. Further information regarding the Clinical Challenges program, including meeting and hotel registration materials, are included in this newsletter and are available at 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.

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2016 Convention News

Due to an unavoidable scheduling conflict, the dates and location of the 2016 ACOI Annual Convention and Scientific Sessions have changed. The 2016 meeting will take place Thursday, October 27 - Monday October 31 at the JW Marriott Desert Springs Resort and Spa in Palm Desert, CA. Please mark your calendars. The ACOI regrets any inconvenience this change may cause.

Happy Thanksgiving!

The ACOI Board of Directors and staff wish you very happy Thanksgiving holiday. Please note that the ACOI office will close at 2 PM Eastern time on Wednesday, Nov. 25 and remain closed through the holiday weekend.



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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There is waste in healthcare. Most commentators place the impact near one third of total healthcare spending. Waste adds cost. While there are many contributors to this waste, our professional duty as physicians is to address that which we directly impact. One opportunity is the use of tests and treatments which have little or no benefit to the people and populations we serve. There are several excellent resources that exist that highlight the problem and offer potential solutions for physicians.

Our colleague Gerald Blackburn, DO, MACOI, a practicing infectious disease specialist, started a lecture series many years ago entitled, “Tests I Wish I Had Never Ordered.” The goal is to highlight tests and treatments that offer little to no value to the patient and that many times lead to increased cost, diagnostic delays, and in the worst cases, harm. I have had the privilege to work with Dr. Blackburn several times in this endeavor. He highlights the Hippocratic admonition of “First, do no harm.”

Similarly, the American Board of Internal Medicine Foundation launched the Choosing Wisely® Campaign (www.choosingwisely.org) four years ago. Medical organizations are asked, at the grassroots level, to list tests and treatments that they feel are overused. To date over 70 organizations have contributed lists specific to their expertise. The goal is to encourage conversations between patients and physicians about the care that is being rendered. Choosing Wisely® includes an innovative partnership with Consumer Reports to translate the recommendations into patient-friendly language.

Other forays in this area include the American College of Physicians’ High Value Cost Conscious Care (www.hvc.acponline.org) initiative, Costs of Care (www.costsofcare.org), and the Lown Institute (www.lowninstitute.org). Each aims to combat waste, but more importantly highlight the partnership between patients and physicians to seek the right care. Care that is not too much, not too little, but just right. Some have called this Goldilocks medicine.

As osteopathic internists our first responsibility is to the people and populations that we serve. While we cannot tackle healthcare costs on our own, we need to lead the process. Leadership starts with asking what each of us can do personally to decrease waste and increase value in healthcare.

Last Chance to Volunteer for ACOI Committee

Volunteers are needed for a variety of ACOI committees, councils and task forces. Appointments will be made by incoming President John B. Bulger, DO, MBA and the Board of Directors by the end of the year. More information on the committees and the appointment process can be found on the ACOI website, www.acoi.org.



government RELATIONS

Timothy McNichol, JD

2016 Medicare Physician Fee Schedule Final Rule Released

The Centers for Medicare and Medicaid Services (CMS) released a final rule providing for physician reimbursement under the Medicare program for calendar year 2016. This is the first Medicare physician reimbursement rule since the repeal of the Sustainable Growth Rate (SGR) formula. The final rule includes the addition of new codes for payment of advance care planning services provided to Medicare beneficiaries. The consultations are voluntary. New codes were also created under the rule to provide reimbursement for telehealth services for patients with kidney failure and to allow Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to collect chronic care management payments.

In addition, the rule includes updates to the physician self-referral (Stark) regulations to create two new exceptions. First, the rule establishes a new exception to permit payment by hospitals, FQHCs, and RHCs to physicians for the purpose of compensating non-physician practitioners under certain conditions. Second, a new exception also permits time-share arrangements for the use of office space, equipment, personnel, items, supplies and other services. In addition to these and other provisions, the rule makes modifications to the Physician Quality Reporting System (PQRS), addresses the Physician Compare Program, and makes changes to the Medicare Electronic Health Record (EHR) Incentive program. Finally, the rule addresses misvalued codes such as the code set for lower gastrointestinal endoscopy. Additional information on the changes made under the final rule are available at www.cms.gov.

\$2.2 billion Awarded under Ryan White HIV/AIDS Program

The Department of Health and Human Services (HHS) announced \$2.2 billion in funds were awarded under the Ryan White HIV/AIDS Program in fiscal year 2015. The funds were provided to cities, states and local community-based organizations. According to HHS, “More than half a million people living with and affected by HIV in the United States continue to have access to critical HIV healthcare, support services, and essential medications,” as a result of funding provided under this program. The funding has been instrumental in improving clinical and public health outcomes by preserving health, extending life expectancy and reducing HIV transmissions. It is estimated that the program provides services to nearly 536,000 people each year. You can learn more about the Ryan White HIV/AIDS Program at <http://hab.hrsa.gov/abouthab/aboutprogram.html>.

RACs Identified Billions in Improper Payments

According to CMS, Recovery Audit Contractors (RACs) identified over one million claims for improper payments in fiscal year 2014. The claims identified represent a total of \$2.57 billion in improper payments. Of these payments, \$2.39 billion were overpayments and \$173.1 million were underpayments. According to CMS, “After taking into consideration all costs of the program, including contingency fees, administrative costs, and amounts overturned on appeal, the Medicare Fee-for-Services Recovery Audit Program returned over \$1.6 billion to the Medicare trust funds.”

Congress and the Administration Strike Budget Deal

Congressional leaders and the Administration agreed on a budget package that prevented a shutdown of the Federal government. Absent the bipartisan agreement that raised the federal debt ceiling through March 2017, the government was faced with defaulting on its debt obligations and a shuttering of its operations. The measure is estimated to cost \$80 billion. One unfortunate provision of the agreement is a continuation of the reduction by two percent of Medicare payments under sequestration guidelines. Signed into law by the

President, the act repeals the provision of the Affordable Care Act requiring employers with more than 200 employees to automatically enroll new full-time workers into an employee’s health plan. Congress must still act to approve appropriations legislation before the end of the year.

Two-Midnight Rule Finalized

CMS recently released a final rule adopting changes to the controversial “Two-Midnight” rule. Under the finalized rule, inpatient admissions are payable under Medicare Part A if the admitting physician believes the patient will require a hospital stay that will span two midnights and the medical record supports that expectation. The greater flexibility made available under the final rule permits a case-by-case analysis to determine if a shorter stay should be paid under Medicare Part A. According to the rule, “The physician’s decision should be based on such complex medical factors as patient history and comorbidities, the severity of signs and symptoms, current medical needs and the risk of an adverse event.” The new rule goes into effect on January 1, 2016. You can learn more about the final rule by visiting <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-30-4.html>.

ACOI and Others Express Concern with Stage 3 of the Meaningful Use Program

The ACOI and others recently wrote to leadership of the House and Senate regarding the Administration’s decision to move forward with implementation of Stage 3 of the Meaningful Use Program. The groups recently asked Congress to refocus the program to prevent the continuation of requirements that are overly difficult to achieve. As an example of the challenges faced by physicians under the program, only 12 percent of participants were able successfully to participate in Stage 2 of the program. It is ACOI’s hope that Congress will act to prevent the Meaningful Use Program from becoming further complicated almost ensuring failure. The program is an incentive program created in 2009 to promote greater efficiency and improve

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coding CORNER

Jill M. Young, CPC, CEDC, CIMC

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

ICD-10, Thoughts On a Smooth Transition

The computers of America made the transition to the International Classification of Disease, Revision 10 (ICD-10) without any major incidents on October 1. Much like all the hype of Y2K, the transition to ICD-10 occurred with no real problems reported. After a month of implementation, I offer the following observations:

- Physicians are still clinging to old habits. Using crosswalks to do the work for them, or selecting codes that are “close enough” shows a continued lack of specificity in coding and documentation.
- Many physicians are in denial. Citing the 12-month safe harbor agreement announced by CMS, physicians continue unwisely to use unspecified codes.
- The safe harbor allows for “flexibility” in code selection with the use of any code from a “family of codes,” but includes important limitations:
 - o The safe harbor is for 12 months ending October 1, 2016.
 - o The use of unspecified codes defeats the purpose of ICD-10, specificity, when “better” information is documented or known.
 - o The safe harbor applies only to Medicare claims. No other major carrier has adopted this temporary rule.
 - o The safe harbor does not apply when there is a specific payable diagnoses listed.
 - o CMS’s guidance indicates it “only applies to Medicare fee-for-service claims from physician or other practitioner claims.”

Do not be misled into continuing to select unspecified codes believing they are payable for all carriers in all situations. This is not the case. “Close enough” in medical diagnostic coding will not serve you well where greater specificity is available and it will be required in less than a year.

Member Milestones



C. Clark Milton, DO, FACOI, has been elected to a two-year term as President of the West Virginia

Osteopathic Medical Association. Dr. Milton is a general internist who is Director of Corporate Health and Director of Osteopathic Medical Education at Wheeling (WV) Hospital. He was inaugurated at the WVOMA’s annual meeting in early November.

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:	Mien H. Nguyen, DO
Umair Athar, DO	Isaac J. Paff, DO
Kathryn G. Brzozowski, DO	Binalben G. Patel, DO
Dennis A. Buck, DO	Amish Prasad, DO
Sarah A. Digby, DO	Katherine B. Radvansky, DO
Gerald A. English, DO	John D. Rose, DO
Matthew J. Fallstick, DO	Kaye K. Rozecki, DO
Brian W. Fields, DO	Justin T. Seroy, DO
William K. Flately, DO	Mona Sodhi, DO
Jason R. Foreman, DO	Craig D. Spergel, DO
Joshua S. Garber, DO	Ashley K. Throckmorton, DO
Alan G. Ghaly, DO	Alissa L. Tomaiolo Lamoureux, DO
Catherine Gursky, DO	Jeffrey E. Van Hook, DO
Salman Mandhai, DO	Patrick B. Vickers, DO
Seger S. Morris, DO	Jeremy R. Warner, DO
Monzur Morshed, DO	Dina Wilson, DO
Dhara S. Naik, DO	



talking science & education

Donald S. Nelinson, PhD

Welcome to Talking Science and Education (TSE). TSE is a new addition to the ACOI information monthly newsletter and that makes sense – because I’m the new guy at ACOI. OK, not really. After having the privilege of serving the College as a consultant for more than 11 years, I have recently joined the staff as the Chief Science and Education Officer. In this capacity I will be supporting our CME committee, updating and expanding our OCC modules, and developing new educational programming and modalities to assure that ACOI-sponsored education remains the gold standard across osteopathic and allopathic communities. I also will be working to support the inclusion of osteopathic recognition in our internal medicine residency programs under the new single accreditation system. I hope to spearhead potential research efforts related to osteopathic effectiveness and differentiation. No small task, but one that I am honored to be given the opportunity to tackle.

What we’d like to accomplish with Talking Science and Education is to create a dialogue – an interactive experience where we can bring you the latest information on innovations in pharmacologic therapies, diagnostics and devices. We will report on changes in educational policies and regulations, as well as controversies ranging from transparency in medical research to what color tie goes best with my Hawaiian shirts. However, we would like this to be an interactive experience because, as we all know, interactivity is more engaging and gets the blood flowing. So I ask you all to feel free to send in topics or questions you would like us to tackle. We will happily acknowledge your contributions in our articles, unless you ask us not to.

Last month I had the opportunity to share some of my thoughts about the purity and veracity of peer-reviewed medical literature with a group of brave souls who attended my sunrise session at the annual convention. During the session, I asked the participants a series of questions. The correct respondents were rewarded with not-so-valuable prizes. With that introduction, I invite you to consider the following--- respond to the question and you too can win a not-so-valuable prize:

In 1897, eight-year-old Virginia O’Hanlon wrote to the New York Sun to ask, “Is there a Santa Claus?” Virginia’s father, Dr. Phillip O’Hanlon, suggested she do this because “If you see it in the Sun, it’s so.” Today many physicians and other health professionals may share the same faith in the printed word and assume that if it is written in the New England Journal of Medicine, or JAMA, or The Lancet, then it is so.

Putting the existence of Santa Claus aside, John Ioannidis and others have argued that much of the medical literature is prone to bias and is, in fact, wrong. So here’s the brain teaser: 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? Please send your answers, or other topics you’d like to see covered in Talking Science and Education to me at don@acoi.org. I look forward to hearing from you.

UnitedHealthcare Shares Data with Physicians in Performance Reports

UnitedHealthcare (UHC) will be rolling out an expansion of its Premium Designation program called, Performance Reports. Whereas the Premium Designation program provides information to those physicians who out-perform the bulk of their peers, this new iteration of the program will share data with primary care physicians from the same specialty and geographic location, who are underperforming in the areas of quality and efficiency. The purpose of sharing this information is to compel these physicians to look at how they are practicing and determine whether the variances in their data occur for explainable reasons. If there are good reasons that variances occur, and no changes in their practice habits can be made, they will be removed from the program’s database. If not, they may ultimately receive a call from their Market Medical Director. Here are answers to other questions about the program:

Who: 8,463 primary care physicians, 731 (9 percent) are DOs

When: The first mailing was sent out to physicians on November 17

Where: Physicians in the Central, NE and SE regions

What: Physicians whose performance varies by greater than 10 percent of their peers on quality and efficiency measures for at least two years



Sandy Macnab, FAHP, CFRE

How Can You Help ACOI Today?

The information in this article is provided by Alexander Macnab, FAHP, CFRE President of Alexander Macnab & Co, Chicago. Mr. Macnab is an expert on estate planning and planned giving and consults with the ACOI Development Committee on these matters.)

The most popular way generous people help the American College of Osteopathic Internists is with an outright gift of

cash or stock. Some, however, find that they can help in other ways including:

A Bequest. Provide support when you are gone by including ACOI in your estate plans. By naming the College in your will, you can give general support, or name a specific program or service you want to help. Most people provide a percentage of what's left after they have made provisions for their family. A fixed dollar amount can be mentioned as well, but some find that a percentage is easier and does not need to be reviewed as time goes by. Ask us for specific bequest clause language that you or your attorney can use.

A Charitable Gift Annuity. By establishing this special gift arrangement, often called the gift that gives back, donors receive a generous tax deduction and get money back for themselves, or for themselves and one other (usually a spouse), at an attractive interest rate for their entire life. Ask for a confidential personalized illustration of how this can work for you, particularly now with low-paying CDs and low interest rates.

Retirement plan proceeds. By naming ACOI the recipient of retirement plan proceeds many can avoid negative estate tax consequences while helping others and providing heirs with other less-taxed assets. Ask us to see if this can reduce your estate tax liability.

Charitable Trusts. By establishing one of several different types of trusts with either fixed or variable payments, savvy ACOI donors dramatically reduce their estate taxes, avoid probate, shelter funds for themselves and

their family and receive a generous tax deduction. Ask us how and for a confidential personalized financial illustration that will be tailored to your unique situation or needs.

Real Estate, Homes or Vacation Property. By donating a house or property you no longer need, you will receive a generous tax deduction based on its full market value. By keeping the right to live in your home for life, or until you no longer need it, you can stay in it and receive a generous tax deduction. Ask us to show you how this can work for you.

Life Insurance. Many people have insurance policies they no longer need. By making ACOI the owner and beneficiary, you will receive an immediate tax deduction and the joy of knowing that what once gave you and your family peace of mind will now help others. Ask us how this can work for you.

Our staff and gift consultants are ready to provide confidential information on ways you can help yourself and your family, while making gifts that will go on to help others. For more information, call ACOI Executive Director Brian Donadio at 301-231-8877, or email him at bjd@acoi.org.

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

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	<small>Registration on/before 3/9/16</small>		<small>Registration after 3/9/16</small>	
	<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.

*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 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.

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List special requirements here: _____

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.

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.

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 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

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.*

Government Relations

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patient outcomes through the use of electronic health records. Stage 3 is the final stage of the program. You can view this and other correspondence at www.ACOI.org.

FDA Announces Enforcement Action against Tobacco Retailers

The Food and Drug Administration (FDA) announced the filing of the first-ever complaints to initiate no-tobacco-sell orders (NTSOs) against retailers who have repeatedly violated restrictions on the sale and distribution of tobacco products. In order for the FDA to take such action, the law requires retailers to have had five or more repeat violations during compliance inspections within 36 months. According to the FDA, more than 2,600 youth under the age of 18 smoke their first cigarette each day. Nearly 600 of them will become daily smokers. It is estimated that 4.6 million middle and high school students used a tobacco product in 2014. The FDA is working to combat youth tobacco use through its compliance and enforcement efforts. According to a release by the FDA, as of October 1, 2015 the FDA has conducted more than 508,000 inspections of tobacco product retail establishments, issued more than 35,700 warning letters to retailers for violating the law and initiated more than 5,200 civil money penalty cases.

Washington Tidbits:

HELP WANTED...Speaker of the House...Position Filled

The House elected Paul D. Ryan (R-WI) Speaker of the House on October 29. His election as the 124th Speaker comes amid great division within his party and the chamber. This is evidenced by the fact that the final vote handing him the gavel was 236 – 184 with an additional 12 votes cast for three other members of the House and Colin Powell. The 45-year old Ryan is now challenged with advancing his party's agenda and finding a way to bridge the divisions within while navigating the turbulent congressional waters of an election year. Only time will tell whether Speaker Ryan will be able to avoid the submerged obstacles that sank the previous Speaker.