

*From President Carron*

## What Fills Your Cup?



“How can you move onto the next chapter when you keep re-reading the last?”

*-unknown author*

My brother shared an amazing story with me a while back that really changed my thoughts on life. He

explained that we all have two cups inside of us. One is an empty cup that we fill by receiving from others. The other cup is full, which we empty by giving to others. The most balanced life is one in which each cup is half full with a balance of give and take. When we take too much, such as when we work too much and neglect our family’s needs, our balance is off. When we give too much, such as constantly volunteering or caring for others with no time for ourselves, our balance is off.

When our balance is off, we’re at higher risk for illness.

I had a scare with breast cancer a few months ago--- thankfully it was very early and I am grateful, but it really made me pause. The oncologist talked about healthy living, including minimizing stress. I re-evaluated all my relationships and decided I wanted to focus on spending my time with those I have a give-and-take relationship with. We all know people who talk only about themselves, or who insist on always paying the

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**October 30 - November 3 in Phoenix, AZ**

## Record Attendance Likely for 2019 Convention

Members planning to attend the 2019 ACOI Convention and Scientific Sessions are encouraged to register early to avoid being shut out of the hotel room block. The early registration numbers for the meeting are the higher by far than any previous convention. The Convention will take place Oct. 30-November 1 at the J.W. Marriott Desert Ridge Resort and Spa in Phoenix, AZ. The convention theme is “Lost in Translation: Applying Research to Clinical Practice.”

The program will feature practical presentations in every medicine subspecialty area, along with special sessions for hospitalists, medical educators and students. One of the two keynote speakers is Jim Morris, the former Major League Baseball player who was the inspiration for the hit movie, *The Rookie*. Eleven years after retiring from baseball, he unexpectedly learned a life-changing lesson from his high school team. While giving a pep talk about the importance of dreams and hard work, the team challenged him about giving up his own goals. Morris made his last place team the following bet: if they won the district championship, he would try out for a major league team. His team won. Not much later, he found himself at a big league tryout, throwing 12 consecutive pitches at a then unheard-of rate of 98 miles per hour. After just three months in the minors, Morris was a major league player for the Tampa Bay Devil Rays. Jim Morris’ journey is a testimony to the power of dreams and their ability to inspire and transform human life.

The second keynote will unveil for members the concept of Principle-Centered Medicine. A culmination of the last five years of strategic planning by the ACOI, Principle-Centered Medicine is a guiding set of beliefs and actions that ACOI believes drew its members to the practice of medicine and continues to drive that practice today. Robert A. Cain, DO, a leading advocate for the concept, will share the story of how Principle-Centered Medicine’s is connected with the original tenets of osteopathic medicine.



## Certification News

### **AOBIM Adds Advanced Heart Failure/Transplant Certification**

The AOA/AOBIM has announced a new certification opportunity in Advanced Heart Failure and Transplant Cardiology. This AOBIM certification will recognize the distinct and critical knowledge, skills, abilities, and judgements that practicing physicians require in the Advanced Heart Failure and Transplant Cardiology specialty. Applicants must be AOBIM board-certified specialists in Cardiology. Eligible applicants must have completed three

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## 2019 Convention Registration Open

Registration and program included in this issue,  
or visit [www.acoi.org](http://www.acoi.org) for complete information about the  
2019 ACOI Annual Convention and Scientific Sessions  
**October 30 - November 3, 2019 in Phoenix, AZ**



## 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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bill. We also all know people who always say no to help, even when they're clearly struggling.

My mom was one of those people who constantly did for others and never let anyone help her. I always admired her for that until I reached a point in my life when I was able financially to help her, yet she continued to struggle and refuse my help. I see it to this day when I go to dinner with my sisters and the fight over the bill often can get to the point of yelling. My mom's cup for giving was always empty and her cup for receiving was also empty. She rarely allowed others to help fill their receiving cup by letting them do for her. She could only give and actually made it seem wrong to take.

When someone does something nice for you, can you just say thank you? Or do you say, "You shouldn't have done that," "That was too much," etc. Think about how good you feel when you do something nice for someone and they are simply grateful. That is your receiving cup being filled. We all give so much to our patients as physicians; we know what it feels like to be on the side of being thanked. Do you allow those you love to have the same feeling from you?

We all also have had those patients who take a great deal of time and yet still complain. They quickly empty our giving cup. We need friends and family around us who we can turn to for honest, balanced love and a little "cup refilling" on both sides.

Physician well-being is a popular topic in most areas of healthcare today. In my opinion, physician well-being is not just yoga or meditation. It's being in control of your time and those you spend that time with. It's maintaining a balance of give and take. I have limited relationships recently with some friends and even family members who don't fill my cup or let me fill theirs. I have changed my diet, re-evaluated my work situation and planned a trip with my best friend to my favorite place— Key West, FL. I am taking control of my life and focusing on my well-being.

Think about what you can do today to remember why you went into medicine and fill your cup:

*Take that extra 15 minutes with the patient who just wants to talk.*

*Say no to the next committee you are asked to serve on.*

*Call your mother.*

*Learn the name of the person who cleans your office.*

*Be on time for dinner. Actually, leave 10 minutes early and buy some flowers.*

*Give your name to a recruiter in the place you actually want to practice.*

*Plan a trip.*

*Register for the ACOI convention.*

For me, ACOI has always been a give and take. I get to give lots of my talents and get to "take" and fill my cup with incredible relationships, like the generous members helping with service and policy development. In ACOI, I have a physician-oriented place to come home to. I feel welcomed and accepted and remember why I went into medicine when I'm at an ACOI meeting.

With CME requirements and so much information to stay on top of as physicians, we at ACOI want to be the place you come to fill your cups. Really take time to think about what fills and empties your cups. Spend your time and resources with those people, employers and organizations that keep you balanced. Let us know at ACOI if we are not filling your cups. We have lots of opportunities for you to give your time, talent and money. We are moving on to the next chapter and working on a plan for Osteopathic Internal Medicine for the next 75 years and want you to be a part!

It's always been within you.

*"Fill the cup of happiness for others and there will be enough overflowing to fill yours to the brim." Rose Pastor Stokes*

Cheers!

*Annette Carron, DO, FACOI*

*President*



# government RELATIONS

Timothy McNichol, JD

## **CMS Releases Proposed Physician Payment Rule for 2020**

The Centers for Medicare and Medicaid Services (CMS) recently released the calendar year 2020 Physician Fee Schedule and Quality Payment Program proposed rule. The rule includes proposals to update payment policies, payment rates, and quality provisions for services provided under the Medicare program.

The proposed rule includes a conversion factor increase from \$36.04 to \$36.09 to account for practice expense adjustments. Also included in the proposed rule are several changes to evaluation and management (E/M) coding. The rule proposes reducing to four the number of levels for office or outpatient E/M visits for new patients and revises code definitions. In addition, the proposal includes an increase in E/M payments for office and outpatient visits and adds a new add-on CPT code for prolonged service time. The proposed changes revise the times and medical decision-making process for all codes and would require the performance of history and exam only as medically appropriate. Clinicians will be able to choose the E/M visit level based on either medical decision-making or time.

In addition to the E/M changes, broad modification to documentation policy is proposed so physicians and others could simply review and certify (sign and date) medical records, rather than redocument notes already placed in the medical record by other physicians, residents, nurses, students or other members of the medical team. The proposed rule includes payment changes for care management services for patients with single, high-risk chronic conditions. Also included in the proposal is a relaxation of physician supervision requirements for physician assistants. The Quality Payment Program (QPP) would be amended to include two paths for participation. Under the proposed rule, reimbursement would be increased for Transitional Care Management (TCM) and treatment for opioid use disorder would be expanded, among many other things. The ACOI is continuing to review the proposed rule in its entirety. Additional information will be provided in the upcoming months.

## **Surprise Medical Billing Legislation Advances in the House**

The House Energy and Commerce Committee recently favorably reported legislation to address unexpected medical bills that occur when a patient unknowingly receives medical treatment from an out-of-network provider, often at an in-network facility. While efforts to address surprise medical billing has bipartisan support, the issue of reimbursement for out-of-network providers remains a sticking point in the ongoing negotiations. The two possible approaches under consideration include either establishment of an arbitration process, or the use of a market-based calculation. As previously reported, the ACOI joined with more than 100 physician organizations in sending a joint letter to the leadership of the Energy and Commerce Committee expressing support for the creation of an independent dispute resolution process that is fair to both physicians and their patients. The Senate approved legislation in June addressing this matter. Additional action is needed prior to any legislation being sent to the President's desk for enactment. The ACOI will follow this matter closely as negotiations remain ongoing.

## **Administration Takes Steps to Allow for Prescription Drug Importation**

The Trump Administration recently announced two potential pathways to allow

for the importation of prescription drugs from foreign countries. The first pathway would allow states, wholesalers, and pharmacist to propose pilot projects to import certain drugs from Canada that are versions of Food and Drug Administration (FDA)-approved drugs. This pathway would be implemented through the regular regulatory process. The second pathway would require the FDA to recommend to a drug manufacturer the importation of certain FDA-approved drugs that are similar to drugs sold in foreign countries. Drug makers would be required to show the foreign version of a drug is the same as the US version. While the rising cost of prescription drugs remains a topic of concern on both sides of the aisle, future legislative and regulatory action remains uncertain. The ACOI will continue to monitor this situation closely, as it potentially impacts physicians and their patients.

## **House Approves Measure to Repeal ACA Tax Provision**

The House recently approved legislation to repeal the 40 percent excise tax placed on high-cost employment-based health insurance plans. The "Cadillac" tax, as it is known, was created under the Affordable Care Act (ACA) as a means to raise revenue and decrease healthcare costs. Implementation of the tax was previously delayed and is not scheduled to take effect until 2020. The House-approved legislation would permanently repeal the tax. The Congressional Budget Office estimates repealing the tax would cost almost \$200 billion over 10 years. While the legislation was approved by an overwhelming bipartisan majority, its future in the Senate remains uncertain.

## **CMS Announces Coverage of CAR T-Cell Therapy**

CMS announced nationwide coverage of Chimeric Antigen Receptor (CAR) T-cell therapy. The therapy uses a patient's own of immune

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# coding CORNER

Jill M. Young, CPC, CEDC, CIMC

Jill Young, CPC, CEDC, CIMC, is the principal of Young Medical Consulting, LLC, a company founded to meet the education and compliance needs of physicians and their staff. Jill has over 30 years of medical experience working in all areas of the medical practice. You can reach Jill by emailing her at [youngmedconsult@gmail.com](mailto:youngmedconsult@gmail.com).

## 9214 - Over-used or Under-documented?

In my last article I examined office visits coded as 99213 visits and was critical of the use of pre-populated templates and over-documentation of information. I conduct audits on a regular basis and notice similar pitfalls with office visits coded as 99214 visits. The amount of time you spend reviewing and editing each line of a template for accuracy, based on the patient's complaints and findings, results in an inordinate amount of wasted time. I recommend you know what MUST be in the record and document that, thus making it unique and pertinent to that patient on that date of service -- something medical records are supposed to be.

Proper coding for all Evaluation and Management (E/M) services requires a history, an exam and medical decision making (MDM). For established patients you need to show only two of the three elements in your documentation. Remember, you must also show the medical necessity of the service provided. To assist in this, I prefer to use MDM as one of the two required elements because it is related to, and helps show, medical necessity when properly documented.

Following is part of the HGSAdministrators', a CMS contracted carrier, audit sheet which provides more detailed information on how the elements are defined. The documentation of an established patient requires two of the three elements.

### 1995 Evaluation & Management Guidelines – (E/M)

-History at a detailed level (established patient needs only two out of three of the areas listed below)

Detailed History of Present Illness (HPI) - Four HPI elements (Where is the problem? How bad is it? How long have you had it? When does it occur, or what makes it better or worse?)

Extended Review of Systems (ROS) - Two ROS

Past Family Social History (PFSH) - One element (Medications or allergies)

-Exam at a detailed level

Some carriers consider "detailed" to include two – four systems

- One affected body area or organ system (in detail, i.e., more than one thing)
- One other related system

Some carriers consider "detailed" to include five to seven systems

- To satisfy either carrier use this model: RRR (heart), CTA (lungs), PERRLA (eyes), no post-nasal drainage (ENT), and one other (related to the chief complaint)

-Medical Decision Making (MDM) at a moderate level (One from each column)

### Number of Diagnoses and Treatment Options

One new problem with or w/o work-up

One existing problem uncontrolled & one stable problem or co-morbidity

Two stable chronic problems & one co-morbidity

### Table of Risk/Review Data

Prescription management

Order or Reading of Labs + X-ray + EKG or PFT

One or more chronic illnesses with mild exacerbation

As an example of how minimal documentation for a 99214 visit can be (with apologies for writing a note as a non-clinician), I have written the following notes which should be acceptable documentation in these simplified examples:

### EXAMPLE 1:

*Mary returns today for a recheck of her diabetes, hypertension and COPD. Here sugars have been elevated to a high of 200 on occasion. Otherwise, she has not had any problems with her HTN. She takes her BP at Meijer's each week and it has been in the acceptable range I gave her previously. She has had increased SOB with yellow sputum noticed since cleaning her basement 2 weeks ago.*

*Vitals normal except for her temp of 101. Exam today reveals her heart with RRR and lungs have diminished breath sounds and slight wheeze. PERRLA, no post nasal drainage, skin turgor normal. HgA1c was elevated at 8, PFT's ordered last visit show obstructive mechanics with no change from previous.*

*Mary states she will go back to using the ADA diet, which she has not been following. She will monitor her sugars twice daily and keep a log. She is encouraged to drink more water trying to intake 64oz per day. She will continue on her medications (see medication sheet) and call the office in 2 weeks with her logs. Chest x-ray was ordered today for her fever. I will add doxycycline to her medications. She will call the office in 2 days for results of her for Chest x-ray. Recheck in 2 months.*

*DX: COPD mild exacerbation, Diabetes inadequately controlled, Hypertension*

### EXAMPLE 2:

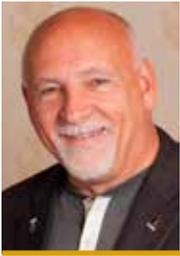
*Fred returns today for follow up of his high cholesterol and asthma. He states the past 3 weeks that he has been using his rescue inhaler more than normal because of SOB. He has been walking in the neighborhood for 30 minutes daily and feels there may be something triggering his SOB there. He has lost 5 pounds since last visit. No other complaints. Otherwise he sleeping better and his feet feel better with the new orthotics in his shoes. See medication sheet for current meds, NKA.*

*EXAM: His exam was normal. Lungs CTA with no wheeze today*

*A&P: He will continue on the medication regimen as previously prescribed by me (Lipitor and Albuterol). I have advised him to use his albuterol BEFORE his walk to see if that helps. He will continue to follow his low-fat diet regimen. Next visit in 2 months with PFT (asthma) and labs (hyperlipidemia).*

*DX: Asthma uncontrolled, Hyperlipidemia*

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# talking science & education

Donald S. Nelinson, PhD

Greetings colleagues and welcome to the August issue of Talking Science and Education. Well, for those of you who share my new-found passion for golf, I wanted to share my having broken 100 on my last two rounds. For the more advanced players I'm sure you are chuckling, but I feel pretty darn good!

Last month we asked by what percent primary care physicians are increasing per 100,000 population. Between 2017 and 2018 the percent of primary care physicians per 100,000 population has increased by 5%, from 149.7 per 100,000 in 2017 to 156.7 in 2018.

Despite the increase on a national level, geographic variation continues to persist when it comes to the rate of primary care physicians. Significant disparities are found in the geographic distribution of primary care providers, as the number of primary care physicians per 100,000 people is three times greater in Rhode Island, the healthiest state for this measure, compared to Idaho, the state with the lowest concentration.

Child poverty is a key indicator of socioeconomic status and overall health for a population. This month we acknowledge that child poverty is on the decrease and ask by what percent has child poverty reduced between 2017 and 2018?

- A. 2%
- B. 9%
- C. 6%
- D. 16%

Become a Talking Science and Education winner, but remember: no Googling!!!

Send your answer to [don@acoi.org](mailto:don@acoi.org) and win valuable prizes!

## Talking Education

### Technology and Medical Education: See One, Do One, Teach One No More?

Medical education is rapidly changing, influenced by many factors, including the changing health care environment, the changing role of the physician, altered societal expectations, rapidly changing medical science, and the diversity of pedagogical techniques. Changes in societal expectations put patient safety in the forefront and raise ethical issues around learning interactions and procedures performed on live patients, with the long-standing teaching method of "see one, do one, teach one" no longer acceptable. The educational goals of using technology in medical education include facilitating basic knowledge acquisition, improving decision making, enhancement of perceptual variation, improving skill coordination, practicing for rare or critical events, learning team training, and improving psychomotor skills. Different technologies can address these goals.

Technologies such as podcasts and videos, with or without flipped classrooms, mobile devices with apps, video games, simulations (part-time trainers, integrated simulators, virtual reality), and wearable devices (google glass), are some of the techniques available to address the changing educational environment. Medical educators are challenged to determine how the use of technologies can provide the infrastructure and basis for addressing many of the challenges in providing medical education for the future.

## Diabetes Dialogues

### ADA Incorporates liraglutide Approval, CGM Targets in Revised Standards

The American Diabetes Association added guidance on continuous glucose monitoring and the use of GLP-1 receptor agonists and SGLT2 inhibitors in the latest update

to its Standards of Medical Care in Diabetes, according to a press release. "As ongoing research and data lead to improved treatment recommendations for people with diabetes, the ADA's Living Standards of Care continue to be revised accordingly, and new updates, such as the time-in-range goals, allow clinicians and researchers in the field to stay abreast of the most accurate guidelines," William T. Cefalu, MD, chief scientific, medical and mission officer for the ADA, said in the release. "As technology surrounding continuous glucose monitoring evolves, CGM has the opportunity to positively impact the future of diabetes care and research, and establishing standard, official time-in-range recommendations is necessary for the clinical care, regulatory oversight and research efforts related to CGM."<sup>1</sup>

The update now includes liraglutide (Victoza, Novo Nordisk) as a recommended medication for children aged at least 10 years. Following its recent FDA approval, the medication joins metformin and insulin as the only approved pharmaceutical treatments for pediatric diabetes and, according to the ADA, ends a nearly two-decade drought without a new medication for children with diabetes.

The ADA also added liraglutide to its suggested medications aimed at limiting risks for major adverse cardiovascular events among adults. The association sourced data from the DECLARE-TIMI 58, DELCARE-TIMI 53 and REWIND trials to inform the endorsement of the GLP-1 receptor agonists liraglutide, dulaglutide and semaglutide and the SGLT2 inhibitors empagliflozin and canagliflozin as treatment options to protect adults with type 2 diabetes from major cardiovascular events.

Lastly, the association added a table that outlines recommended metrics for CGM, which it noted can be a useful tool when used in combination with self-monitoring of blood glucose. The revised standards now include a table that defines time-in-range as the percentage of time spent with blood glucose levels between 70 mg/dL and

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## Coding Corner

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Looking at the example notes provided in my last article examining 99213 office visits ([https://www.acoi.org/sites/default/files/uploads/June19\\_0.pdf](https://www.acoi.org/sites/default/files/uploads/June19_0.pdf)) you can see the transition in the note and the additional information added to reflect increased work and the resulting higher E/M code.

I am not indicating that you cannot document more than my simplistic notes show, but rather that if you are comfortable documenting less, save yourself time where possible. Know the elements for the code you are billing and be sure to include them. Writing patient progress notes is for your benefit, the benefit of other physicians in the care of the patient and for billing purposes. It is inescapable.

If you see a stable patient and will be billing a 99213, why import a 12-point ROS and complete exam when the basics will do? It will take you longer to review those two sections for accuracy based on the patient's current visit then free-texting the patient's visit in a narrative. Be efficient when possible.

By the same token, when billing a 99214 visit, make sure you include details showing both the medical necessity of the visit and the complexity of care provided. Use your documentation to show the multitude and severity of your patient's illnesses. Include descriptors such as "worsening," "not improving" and "severe," where appropriate. Remember the default status of a diagnosis is stable.

If you are billing a 99214 visit and your documentation does not meet these standards for content and does not show medical necessity, the visit is either under documented or the visit is over coded. Do not overuse 99214 for patients and put yourself at risk for an audit. Show those sick patients as sick from the beginning of your note to the end with descriptive words. CPT states, "Generally the nature of the presenting problem for this code is of moderate severity." It is those simple words of severity that will help you.

As an auditor, I can sometimes read between the lines and discern how sick a patient was at the time of their visit even if the documentation is lacking. Not all auditors do this. Many are black and white looking to count bullet points and match words from the audit tool. Make sure your documentation reflects how sick your patient is from the very beginning of the note. While the use of descriptive language may not change the diagnosis code, it may support the medical necessity and level of medical decision making used in your code selection.



Left to right: David Moon (LUCOM OMS-II, the new president of SOIMA), Hanna Carrasco (LUCOM OMS-III, former SOIMA secretary), Dr. Carl Hoegerl (chair of medicine at LUCOM, SOIMA advisor), ACOI President Annette T. Carron, DO, Alli Dews, and David Baik (LUCOM OMS-II, current SOIMA treasurer) during Dr. Carron's recent Visiting Professor presentation.

## Talking Science

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180 mg/dL, as well as an optimal glycemic variability target of no more than 36%. The ADA also advised physicians to utilize an Ambulatory Glucose Profile to help the patient and the provider interpret the data and use it to guide treatment decisions.

The new time-in-range goals and ambulatory glucose profile that are part of the ADA's Living Standards updates were developed by a panel consisting of individuals with diabetes, physicians and researchers from around the world who are experts in CGM technologies and diabetes research and care. These guidelines provide the tools for improved consistency for clinicians, researchers, and individuals with diabetes to utilize.

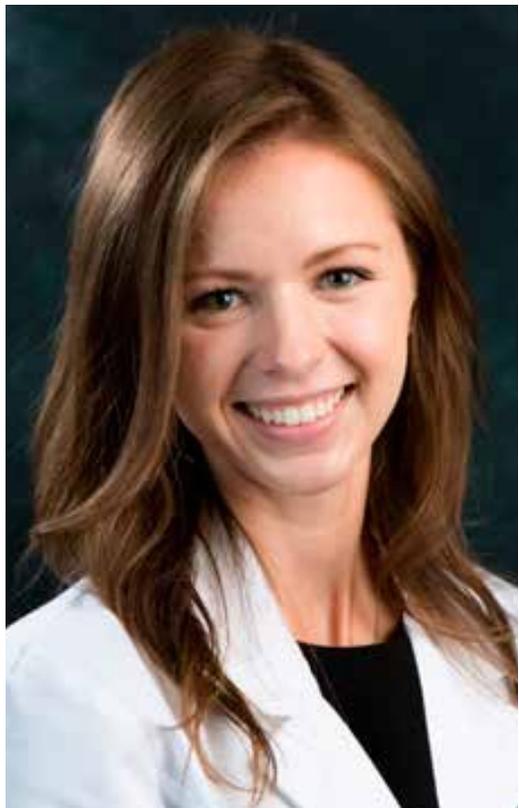
<sup>1</sup>ADA, Standards of Medical Care in Diabetes. January 01 2019; volume 42 issue Supplement 1.



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# Financial Support by ACOI is Making A Difference for Student Leaders



*(This is one in a series of interviews with medical students who are strongly committed to the College and why they believe it has made a difference in their lives. This series is presented by Barbara L. Ciconte, Development Counsel to ACOI.)*

**Meet Alli Dews**, a 3rd year medical student at Liberty University College of Osteopathic Medicine (LUCOM) in Lynchburg, Virginia. A native of Montana, Alli graduated from the University of North Carolina at Charlotte with a B.S. in Biology in 2016. Osteopathic medicine's holistic approach to treating the whole patient, not only their symptoms, fits well with her and her parents' beliefs. Alli chose LUCOM, which was established in 2014, because of its Christian principles. She served as

President of LUCOM's Student Osteopathic Internal Medicine Association (SOIMA) during the 2018-2019 year.

**Ms. Ciconte:** I know your Student Internal Medicine Club had a Visiting Professor session this past year. Tell me about it.

**Ms. Dews:** Yes, we were very fortunate to have ACOI's President, Annette Carron, DO, FACOI come to LUCOM. Susan Stacy, who attended the session, and the ACOI staff were fantastic in helping us schedule and conduct the session. Approximately 40 students heard Dr. Carron talk about Internal Medicine and the different areas of practice it covers. She also stressed the importance of maintaining our osteopathic identity throughout our careers. Everyone in attendance loved hearing her advice on residency programs, paying back our student loans and the benefits of ACOI membership for students. Our club adviser, Dr. Carl Hoegerl, a neurologist, agreed that Dr. Carron's Visiting Professor Program was excellent. We were proud to host Dr. Carron, and SOIMA's new student leaders are looking forward to utilizing ACOI's Visiting Professor Program again this year!

**Ms. Ciconte:** What are some of the challenges facing medical students today?

**Ms. Dews:** Medical students are feeling overwhelmed. We need to learn and memorize a huge amount of material while learning the technical and personal sides of medicine. Professors want to see us in class, while students say they can learn more by watching the lectures on their own schedules. Managing our time effectively is critical, but sometimes it seems that earning better grades conflicts with professionalism.

Additionally, although I've only just started my year 3 rotations, I worry

that four weeks may not be long enough for me to truly explore each area of medicine. I am currently completing an Internal Medicine rotation at the Sentara Obici hospital in Suffolk, VA (and loving it!).

**Ms. Ciconte:** How can ACOI help?

**Ms. Dews:** I would like to see more communications from ACOI to students. Perhaps a special email communication from time to time that helps students better understand the benefits of being an ACOI member.

**Ms. Ciconte:** Your Visiting Professor session and grants to student leaders to attend the Annual Convention are thanks to gifts to the College, especially to the ACOI's Generational Advancement Fund. What would you say to encourage more ACOI members to contribute to the Fund?

**Ms. Dews:** First, I want to say thank you to those ACOI members who provide financial support that benefits students. The Visiting Professor Program is an awesome program that makes such a difference for students because these sessions give us a glimpse of our futures. For that reason, I encourage members to continue contributing to the Generational Advancement Fund.

In closing, I wish to thank the ACOI for all it is doing for students. The Visiting Professor Program and the ability to attend the College's Annual Convention are extremely valuable experiences for us, and we appreciate ACOI's investment into us as future osteopathic physicians.

**Ms. Ciconte:** Alli, many thanks for making the time to be interviewed. Best wishes for continued success in pursuing your DO. Hope to see you at the 2019 ACOI Annual Convention in Phoenix October 30 – November 3.

# 75th Anniversary Campaign Honor Roll of Donors

(Outright Gifts and Multi-Year Commitments of \$1,000 or more as of August 15, 2019)

The ACOI Board of Directors wishes to thank all ACOI members for their annual support for the College. The generous support of our 75th Anniversary Campaign donors is of the utmost importance as we seek to maintain an osteopathic approach to internal medicine for future generations of patients.

## \$75,000

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Bennet Radford, DO, FACOI  
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and Trina A. Poretta, DO  
Laura Rosch, DO, FACOI for her mentor  
George Caleel, DO, MACOI  
Christine M. Samsa, DO, FACOI  
and Nathan P. Samsa, DO, FACOI  
Roy J. Sartori, DO, FACOI  
and Christine Sartori  
Thomas Schneider, DO, FACOI  
Martin W. Schwarze, DO, MACOI  
Suzanne Shenk, DO, FACOI  
and Scott Siegal, DO, FACOI  
Laura Smith, DO, FACOI  
Duane Sossong, DO  
David G. Stainbrook, Jr., DO, FACOI  
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and George M. Farion, Esq.  
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Richard R. Thacker, DO, FACOI  
Kenneth Trinidad, DO  
Gordon P. Tussing, Jr., DO  
Wilfred VanderRoest, DO, FACOI  
Amita Vasoya, DO, FACOI  
William H. Voss, DO, MACOI  
Ronald L. Walsh, DO, MACOI  
Thomas Waltz, DO, FACOI  
R. Colin Wetz, DO, FACOI  
Mark L. Woodard, DO, FACOI  
William Zipperer, Jr., DO, FACOI

## Join the New Sustainers Club Today

The ACOI's Sustainers Club is growing! The College is pleased to welcome and recognize the following members of our new Sustainers Club:

Lee Peter Bee, DO, FACOI  
Robert A. Cain, DO, FACOI  
Janet Cheek, DO, FACOI  
David J. Mohlman, DO, FACOI  
Jeffrey Packer, DO, FACOI  
Laura Rosch, DO, FACOI  
Christine and Nathan Samsa,  
DOs, FACOIs  
Samuel Snyder, DO, FACOI

BECOME A MEMBER OF  
THE NEW ACOI  
SUSTAINERS CLUB

Help the College Better Plan  
for Its Future!

Sustainer Club Members  
contribute on a monthly basis.  
Benefits of being a Sustainer  
Club member include:

- Invitations to donor events at ACOI meetings
- Update communications from ACOI leaders twice a year
- Special recognition as Sustainers Club members in ACOI publications and the website

Sign Up Today by clicking  
<https://www.acoi.org/make-a-gift-to-acoi/your-support-makes-difference-acoi>  
and check the monthly gift box  
to make a credit card  
contribution.

*Remember, your gift is  
tax-deductible to the full extent  
allowed by law.*

# Add Your Name to Leave a Legacy

Members of the ACOI Legacy Society have done their part to ensure the future of the College. A special thank you to our Charter Members!

If you are not a member, please look at the names listed and consider adding yours to those who have made a provision in their estate plans, typically with a bequest provision, that will provide support in the future.

It will bring you peace of mind knowing that you have done your part to ensure that those who will enter the profession in the future will have access to the same education, support, and mentoring that you have received. Think of it as paying your dues forward with a bequest of \$10,000 or more, leaving a legacy and mentoring those you will never know but who will provide future generations with the kind of patient-centered care that you have built a career providing.

New members will be recognized at the 2019 ACOI Convention in Phoenix. Be among those who will receive a certificate and a unique crystal memento that shows that you have proudly made an investment in the future of the profession.

If you would like to have the ACOI planned giving consultant talk with you about creative ways you can join the Legacy Society now and receive a lifetime income, please contact Brian Donadio via email at [bjd@acoi.org](mailto:bjd@acoi.org) or call 301-231-8877 to let us know how and when to contact you.

## Legacy Society Charter Members

Dr. Jack and Jocelyn Bragg

Dr. John and  
Dr. Michelle Bulger

Dr. Mathew and  
Marbree Hardee

Dr. David and  
Rita Hitzeman

Dr. Robert and  
Donna Juhasz

Dr. Karen and  
Jim Nichols

Dr. Eugene and Elena Oliveri

Dr. Frederick and  
Amy Schaller

## Ready to Take the Bull (MARKET!) By the Horns to Help You and ACOI?



The bear (decline) securities markets of August 2019 have shown their teeth – so this may be a wise time for you to make a gift of appreciated stock.

If you have owned stocks, mutual funds, or other securities for more than one year which have appreciated in value – YOU WILL HAVE THE OPPORTUNITY FOR DOUBLE SAVINGS AND TAX BENEFITS – while making a gift to ACOI.

The double savings happens because you can deduct the full fair market value of your donated stocks, not just their cost, and you do not have to pay capital gains tax that would be owed if you instead sold those securities and donated the proceeds.

The combined savings of both regular income tax and capital gains tax can make gifts of securities especially attractive.

We now know that March 9, 2009 was the Dow's rock bottom close of the "Great 2008 Recession" when it hit a market low of 6,469.

One year later, the Dow Jones Industrial Average was up more than 60 percent from its fear-of-another-Great Depression-low. March 2009 to July 2019 represents the largest bull run (gain) in the history of the stock market.

If you have stocks that have decreased in value to the point where the stock is worth less than its cost, instead of giving it to ACOI, it is usually advisable to sell that stock and make a charitable gift of the cash proceeds. This also provides you with the opportunity to receive TWO tax deductions - a charitable gift deduction and a tax deduction for the capital loss.

So, don't despair with a bear market, analysts generally say that a pullback is expected and healthy. Instead, first and foremost when considering your financial and charitable giving plans, contact your advisors for the appropriate advice for your situation. Then do let us know what you plan, or how we may assist you. Call Brian Donadio at 301-231-8877, or send an email to [bjd@acoi.org](mailto:bjd@acoi.org) to learn how to make a gift of stock to the College.

Take advantage of today's market to help you and ACOI!

To receive our helpful planning booklets: "2019 Federal Tax Pocket Guide" and "Your Guide to Effective Giving in 2019," please email [katie@acoi.org](mailto:katie@acoi.org)

These guides have ideas and strategies about:

• Giving Securities • Maximizing Tax Savings • Giving through a Will • Gifts to Provide Income • Charitable Gift Planning • Gifts of Life Insurance

## Certification News

*continued from page 1*

years of an ACGME- or AOA-recognized fellowship program in Cardiology, followed by a one-year ACGME- or AOA-recognized fellowship program in Advanced Heart Failure and Transplant Cardiology. For the first three years/three examinations (2019, 2020, and 2021), cardiologists certified by AOBIM who have not completed formal training in advanced heart failure and transplant cardiology will be eligible to apply for the Certification Examination in Advanced Heart Failure and Transplant Cardiology via the practice pathway. Please visit the AOBIM website for more information regarding the practice pathway criteria.

*Exam application deadlines:*

First Deadline: Friday, September 13, 2019

Final Deadline: Sunday, October 13, 2019

Exam administration dates (at Pearson Vue testing centers):

November 13-15, 2019

For more information regarding this exam and to apply, visit the AOBIM – Advanced Heart Failure and Transplant Cardiology web page. Please contact the AOBIM at [aobim@osteopathic.org](mailto:aobim@osteopathic.org) or (312) 202-8274 for any further questions or comments regarding this exam or certification.

### AOA Reopens Pathway to Addiction Medicine Certification

The AOA House of Delegates approved a resolution in July that will permit osteopathic physicians who completed an approved fellowship in addiction medicine to take a primary certification examination in addiction medicine, and also creates a practice pathway for qualified DOs to take the examination. The resolution specifies that any DO with an active primary certification in any specialty will be eligible to seek certification through this pathway. Once open, the practice pathway will be in effect for three years. Details on when the examination will be offered are still being determined.

## Renew Your Membership and Receive a \$50 Education Credit!

The new ACOI membership year began on July 1 and renewal information has been sent to all members. This year, every new or renewing member of the College will receive a \$50 credit good toward the purchase of a CME activity of your choice at the ACOI Online Learning Center. This one-time credit can be used any time through June 30 of 2020.

## 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.*

Aishah Aslam, DO  
Joshua Bloomberg, DO  
Abigail D. Doyle, DO  
Meredith L. Gibbons, DO  
Syed A. Jaffri, DO  
Sumona Kabir, DO  
Daniel Lee, DO  
Bethany M. Lehman, DO  
Matthew S. Merrill, DO  
Navin Muliylil, DO  
Michael Narula, DO

Nhan N. Pham, DO  
Sutira Scheef, DO  
Richard A. Shellenberger, DO  
Aman Seth, DO  
Jane A. Shaw, DO  
Eric A. Socrates, DO  
Austin T. Tidwell, DO  
Steven Tsang, DO  
Jonathan S. Warnelo, DO  
James K. Taulbee, DO  
Samira Zamani, DO

## Government Relations

*continued from page 3*

system to fight cancer. Prior to this announcement, Medicare covered CAR T-cell therapy on a case-by-case basis determined by local Medicare Administrative Contractors (MACs). The final National Coverage Determination (NCD) omitted a requirement for “coverage with evidence development” and as a result, patient outcomes will be monitored as part of the FDA’s post-approval safety studies. According to a statement by CMS Administrator Seema Verma, “Today’s coverage decision provides consistent and predictable patient access nationwide.”

### Washington Tidbits

#### The Foundation for Social Benefits

The nation was plunged into the darkest days of the Great Depression and the President was working to identify needed programs to move the nation forward and provide future stability for all Americans. As a result, in January 1935, President Franklin D. Roosevelt sent a message to Congress asking for “social security” legislation. In what would be considered an incredibly quick turn-around in today’s politically charged environment, Congress sent to President Roosevelt, and he signed into law on August 15, 1935, the Social Security Act. In 1940 there were only 222,488 Social Security beneficiaries.

Thirty-years later on July 30, 1965, President Lyndon B. Johnson signed into law legislation that amended the Social Security Act to include the Medicare program. Within three years of enacting Medicare, there were more than 20 million beneficiaries. Today, there are more than 59,859,402 Medicare and 62,906,222 Social Security beneficiaries. As a result of the exponential growth of these programs, effective stewardship will be of the utmost importance!

**American College of Osteopathic Internists Annual Convention and Scientific Sessions**  
**October 30 - November 3, 2019**

**JW Marriott Desert Ridge, Phoenix, AZ**

**"Lost in Translation: Applying Research to Clinical Practice" • Michael A. Adornetto, DO, MBA, FACC, Program Chair**

**Wednesday, October 30, 2019**

**9:00 AM – 12:00 Noon** Practice Management Symposium  
**9:00 AM – 10:00 AM** Jump Start Your HIPAA Compliance  
*Sheila M. Aints, Esq.*  
**10:00 AM – 10:45 AM** Mastering the Prior Authorization Process: Assuring the Best Care for Your Patients  
*Jill M. Young, CPC, CEDC, CMC*  
**10:45 AM – 11:00 AM** BREAK  
**11:00 AM – 11:45 AM** Targeted Probe and Educate Review Process: Claims I Wish You'd Never Submitted  
*Ellie M. Noel, DO, FACC*  
**11:45 AM – 12:00 AM** Q&A with Panel  
**11:00 AM – 12 Noon** New Member and First-Time Attendee Orientation  
 Q&A with ACCO Board of Directors  
*Annette T. Carron, DO, FACC, President, Moderator*  
**12:00 Noon – 1:00 PM** Possible Luncheon  
*Speaker TBD*  
**1:00 PM – 3:30 PM** PLENARY SESSION - Cardiology  
*Martin C. Burke, DO, FACC, Moderator*  
**1:00 PM – 1:40 PM** Late Breaking Trial Updates: Best in Show  
*Martin C. Burke, DO, FACC*  
**1:40 PM – 2:30 PM** Hypertension Debate: ACC/AHA Guidelines vs ADA Consensus (2017)  
*Robert J. Chilton, DO, FACC*  
*Louis C. Hassel, IV, DO, FACC*  
**2:30 PM – 2:45 PM** BREAK  
**2:45 PM – 3:20 PM** Case-Based Medicine: Stroke Prevention in Atrial Fibrillation Systemic Coagulation vs LAAB  
*Martin C. Burke, DO, FACC*  
*Robert J. Chilton, DO, FACC*  
*L. Eloy Liera, DO, FACC*  
**3:20 PM – 4:00 PM** CV Event Prevention: Altering Protein Synthesis  
*Speaker TBD*  
**4:00 PM – 5:30 PM** Tests I Wish You'd Never Ordered  
*Gerald W. Blackburn, DO, MACC, Moderator*  
*Martin C. Burke, DO, FACC*  
*Kevin P. Hubbard, DO, MACC*  
*Robert S. Rose, DO*  
*David A. Tessler, DO, FACC*  
**6:00 PM – 7:30 PM** Welcome Reception

**Thursday, October 31, 2019**

**7:00 AM - 8:00 AM** SUNRISE SESSIONS  
 1) Anticoagulation in the Hospital Setting: Navigating the Not-So-Obvious Cases  
*Speaker TBD*  
 2) Sexual Boundary Violations  
*Speaker TBD*  
 3) Cannabis Confusion?  
*C. Clark Milton, DO, FACC*  
 4) The Art and Science of Quality CME Presentations: Creating Impact and Driving Outcomes  
*Dorothy S. Melinson, PhD*  
*Adam Perakis, MD*

**8:00 AM – 8:15 AM** PLENARY SESSIONS  
 WELCOME/OPENING REMARKS  
*Annette T. Carron, DO, FACC, President*  
*Ronald Burns, DO, President American Osteopathic Association*  
*Michael A. Adornetto, DO, MBA, FACC, Program Chair*  
**8:15 AM - 9:30 AM** PLENARY SESSION – KEYNOTE  
 Dream Makers  
*Jim (The Flookie) Morris, Jr.*  
**9:30 AM – 10:00 AM** EXHIBIT BREAK  
**10:00 AM – 12:00 Noon** PLENARY SESSION - Gastroenterology  
*Jack D. Bragg, DO, MACC, Moderator*  
**10:00 AM – 10:40 AM** Hepatology: NASH Treatment Options  
*Giacco Hasselaud, MD*  
**10:40 AM – 11:20 AM** Colon Cancer Screening: Latest Recommendations (Home-Based Testing vs Endoscopy)  
*John Dizon, DO, FACC*  
**11:20 AM – 11:55 AM** Innovations in Endoscopic Interventions  
*Giacco Hasselaud, MD*  
**11:55 AM – 12:00 Noon** Q&A with Panel  
**12:00 Noon – 1:00 PM** LUNCHEON SYMPOSIUM  
 Medical Management of Opioid Use Disorder  
*Annette T. Carron, DO, FACC*  
**1:00 PM – 3:00 PM** PLENARY SESSION (cont'd) - Rheumatology  
*Keith A. Reich, DO, FACC, Moderator*  
**1:00 PM – 1:40 PM** Rheumatoid Arthritis: Diagnostic Work-Up and Treatments  
*Jennifer G. Brodsky, DO*  
**1:40 PM – 2:20 PM** Biologics in Disease Modification  
*Julie Jones, DO*  
**2:20 PM – 3:00 PM** Gout and Osteoarthritis: What Works and What Doesn't  
*Ahmed Salah, DO*  
**3:00 PM – 3:30 PM** BREAK  
**3:30 PM – 5:30 PM** PLENARY SESSIONS - Endocrine  
*John R. Stefan, DO, FACC, Moderator*  
**3:30 PM – 4:15 PM** The CGCC Systemic and Residual Cardiovascular Risk  
*Michael B. Clearfield, DO, MACC*  
**4:15 PM – 4:45 PM** Expanding Indications for Anti-Hypertensive Medications  
*Toni M. Murphy, DO, FACC*  
**4:45 PM – 5:20 PM** Thyroid Image Screening and Interpretation: Endocrinologist vs Radiologist  
*John R. Stefan, DO, FACC*  
**5:20 PM – 5:30 PM** Q&A with Panel  
**4:15 PM – 5:00 PM** BREAKOUTS  
 Resident Research Presentations (concurrent session)  
*Carol L. Duffy, DO, FACC, Moderator*  
**5:00 PM - 6:00 PM** Women Physicians Discussion Group  
*Susan M. Enright, DO, FACC*  
*Amita Vasoya, DO, FACC*  
*Laura Rosch, DO, FACC*  
*Valentina L. Stevenovich, DO*  
 Co-Moderators  
**5:30 PM – 7:30 PM** Alumni Receptions

**Friday, November 1, 2019**

7:00 AM - 8:00 AM **SUNRISE SESSIONS**  
 1) 2018 AHA Stroke Guidelines –  
*Christopher Dietrich, DO*  
 2) Hospital Medicine Session –  
 Electrolyte Replacement and  
 Management: Finding the Balance  
*Mark D. Baldwin, DO, FACOI*  
 3) Estate Planning  
*Barbara L. Tesner, CFRE*  
 4) Investment Strategies  
*Anderson International*

8:00 AM – 9:00 AM **PLENARY SESSION - KEYNOTE**  
 Principle-Centered Medicine  
*Robert A. Cain, DO, FACOI*

9:00 AM – 12:00 Noon **PLENARY SESSION –  
 Pulmonary/Critical Care/  
 Sleep Medicine**  
*Daniel L. Maxwell, DO, FACOI*  
*Amita Vasoya, DO, FACOI*  
 Co-Moderators

9:00 AM – 9:40 AM Evaluation of Insomnia  
*Carol E. Ash, DO, FACOI*

9:40 AM – 10:20 AM Hypersomnic Disorders  
*Timothy J. Barreiro, DO, FACOI*

10:20 AM – 10:45 AM **EXHIBIT BREAK**

10:45 AM – 11:20 AM Community Acquired Pneumonia  
*Daniel L. Maxwell, DO, FACOI*

11:20 AM – 11:55 AM Treatment Options for Patients  
 with Chronic Obstructive Lung  
 Disease Phenotype  
*Amita Vasoya, DO, FACOI*

11:55 AM – 12 Noon Q&A with Panel

**Medical Educators Faculty  
 Development – Concurrent Session**  
*Susan M. Enright, DO, FACOI,*  
*CEE Chairperson*  
*Jaclyn Cox, DO*  
*Brendan Kelley, DO, FACOI;*  
 Co-Moderators

9:00 AM - 9:05 AM Welcome and Opening Remarks  
*Jaclyn Cox, DO*  
*Brendan S. Kelly, DO, FACOI*

9:05 AM - 9:45 AM Scholarly Activity  
*Dominick Zampino, MD*

9:45 AM - 10:20 AM QI across UME/GME  
*Jennifer Baldwin, MD (invited)*

10:20 AM - 10:30 AM **BREAK**

10:30 AM - 11:00 AM Building a Clinician Educator Track  
 and/or Healthcare Disparities  
 Track  
*Robert Nardino, MD*

11:00 AM - 12:00 noon Building an OMT Curriculum Across  
 Three Years  
*Susan M. Ratay, DO, MEd*

12:00 Noon - 1:00 PM **LUNCHEON SYMPOSIUM**  
 Topic TBD  
 Speaker TBD

**CONCURRENT SESSION  
 OPP/OMM/OMT**  
 Exploring the Role of OPP in Daily  
 Patient Care: Common Inpatient  
 and Outpatient Presentations  
*Robert A. Cain, DO, FACOI*  
*Annette T. Carron, DO, FACOI*  
 Co-Moderators with ACOI's  
 Osteopathic Integration Task Force

1:00 PM - 2:45 PM

1:00 PM – 1:50 PM

1:50 PM – 2:40 PM

2:40 PM – 2:45 PM

2:45 PM – 3:00 PM

3:00 PM – 3:45 PM

3:45 PM – 4:30 PM

4:30 PM – 5:15 PM

5:15 PM – 5:30 PM

6:00 PM - 7:30 PM

**Saturday, November 2, 2019**

7:00 AM - 8:00 AM

7:00 AM - 8:00 AM

**PLENARY SESSIONS (con't) –  
 Allergy/Immunology**  
*Julie Sterbank, DO, FACOI,*  
 Moderator  
 Allergic Contact Dermatitis  
*Jonathan Horbal, DO, FACOI*  
 Update on Peanut Desensitization  
*Julie Sterbank, DO*  
 Q&A with Panel  
**BREAK**  
**PLENARY SESSION –  
 Infectious Diseases**  
*Mia A. Taormina, DO, FACOI,*  
 Moderator  
 Use of Chronic Antibiotics: What the  
 Evidence Tells Us and  
 What it Doesn't  
*Mia Taormina, DO, FACOI*  
 Overtreatment of Outpatient  
 Infections  
*MarkAlan Dery, DO, FACOI*  
 Infectious Disease Then and Now:  
 The Evolution of ID Strategies  
*Gerald W. Blackburn, DO, MACOI*  
 Q&A with Panel  
**Convocation of Fellows  
 and Reception**

**Subspecialty Section  
 Business Meetings**  
 Allergy  
*Julie Sterbank, DO, FACOI*  
 Cardiology  
*Martin C. Burke, DO, FACOI*  
 Hybrid Surgical and Catheter Ablation  
 for Persistent A-Fib  
*L. Bing Liem, DO, FACOI*  
 Endocrine  
*John R. Sutton, DO, FACOI*  
 Gastroenterology  
*Jack D. Bragg, DO, MACOI*  
 Geriatric Medicine  
*Annette T. Carron, DO, FACOI*  
 Hematology/Oncology  
*Kevin P. Hubbard, DO, MACOI*  
 Infectious Disease  
*MarkAlain Dery, DO, FACOI*  
 Nephrology  
*Jeffery Packer, DO, FACOI*  
 Nuclear Medicine  
*James C. Clouse, DO, FACOI*  
 Palliative Medicine  
*Leonard Hock, DO, FACOI*  
 Pulmonary/CCM/Sleep Medicine  
*Daniel L. Maxwell, DO, FACOI*  
*Amita Vasoya, DO, FACOI*  
 Rheumatology  
*Keith A. Reich, DO, FACOI*

**SUNRISE SESSIONS**  
 1) OMM Procedures at the  
 Bedside in the Hospital  
*Antonios J. Tsompanidis, DO*  
 2) Washington Update  
*Timothy W. McNichol, JD*

8:00 AM – 8:45 AM **PLENARY SESSION - Nuclear Medicine**  
*James C. Clouse, DO, MACOI, Moderator*  
 Treatment of Neuroendocrine Tumors with LU 177 Dotatate  
*Mark Tulchinsky, MD*

8:45 AM – 9:45 AM **PLENARY SESSION – Minority Health**  
*Watson Ducatel, DO, FACOI, Moderator*  
 Approach to Mental Health Issues in Minority Populations  
*James O. Abanish, MD*

9:45 AM- 10:00 AM **BREAK**

10:00 AM – 11:30 AM **PLENARY SESSION – Geriatric Medicine**  
*Annette T. Carron, DO, FACOI, Moderator*  
 Dementia DX and TX  
*Jonathan E. Beaulac, DO*

10:00 AM - 10:45 AM **PLENARY SESSION – Palliative Care Medicine**  
*Leonard R. Hock, DO, Moderator*  
 Managing Inpatient and Outpatient Depression in the Elderly Patient  
*Jonathan E. Beaulac, DO*

10:45 AM – 11:30 AM **PLENARY SESSION – Palliative Care Medicine**  
 Physician Assisted Suicide – Point/Counterpoint  
*Karen J. Nichols, DO, MACOI*  
*Leonard R. Hock, DO, MACOI*

11:30 AM – 12:15 PM **Q&A with Panel**

11:30 AM – 12:10 PM **CONCURRENT SESSION State Licensure Requirements**  
*Annette T. Carron, DO, FACOI, Moderator*  
 Rules and Regulations  
*Speaker TBD*

12:10 PM – 12:15 PM **CONCURRENT SESSION State Licensure Requirements**  
 Domestic Violence  
*Speaker TBD*

7:00 AM – 12:15 PM **CONCURRENT SESSION State Licensure Requirements**  
 SOAR to Health and Wellness  
*Rachel Robitz, MD*

7:00 AM – 8:00 AM **BREAK**

8:00 AM – 9:00 AM **BREAK**

9:00 AM – 10:00 AM **BREAK**

10:00 AM – 10:15 AM **BREAK**

10:15 AM – 12:15 PM **BREAK**  
 Ethics  
*Mitchell D. Forman, DO, FACOI & W. Donald Havens, MD, JD*

12:15 PM – 1:00 PM **Lunch Break**

1:00 PM – 5:00 PM **CONCURRENT SESSION (and Reception)**  
 State Licensure Requirements  
*C. Clark Milton, DO, FACOI, Moderator*  
 Prevention of Medical Errors  
*Robert T. Hasty, DO, FACOI*  
 AIDS/HIV  
*MarkAlain Dery, DO, FACOI*  
 Prescribing Controlled Substances Update  
*Joshua Lenchus, DO*

12:00 PM – 12:30 PM **CONCURRENT SESSION (and Reception)**  
 Welcome  
*Robert G. Good, DO, MACOI*  
*Valentina L. Stevanovich, DO*  
 Co-Moderators

12:45 PM – 1:30 PM **Cultural Sensitivities- When the Physician Is Harassed**  
*Robert G. Good, DO, MACOI, Moderator*  
*Judith A. Lightfoot, DO, FACOI*  
*MarkAlain Dery, DO, FACOI*  
*Mia A. Taormino, DO, FACOI*

1:30 PM – 2:30 PM **When Your Patient Is Addicted: The Hospital Frequent Flier**  
*Omar Manejwala, MD*

2:30 PM – 2:50 PM **BREAK**

2:50 PM – 3:30 PM **Medical Relationships- Dual Physician Households**  
*Valentina L. Stevanovich, DO, Moderator*  
*Carol A. Greco, DO*  
*Rick A. Greco, DO, FACOI*  
*Oman Manejwala, MD*

3:30 PM – 4:00 PM **Debt, Jobs, The Future**  
*Robert G. Good, DO, MACOI*

12:15 PM - 1:15 PM **LUNCHEON SYMPOSIUM**  
 Topic TBD  
 Speaker TBD

1:15 PM – 3:00 PM **PLENARY SESSION (con't) Nephrology**  
*Jeffrey Packer, DO, FACOI, Moderator*

1:15 PM – 1:50 PM **Latest Research into the Treatment of Renal Disease**  
*Peter Kotanko, MD*

1:50 PM – 2:20 PM **Research into Best Practices – New Ideas**  
*David Kisor, BS, PharmD*

2:20 PM – 2:50 PM **Bias: How Preconceived Notions Affect Delivery of Care**  
*Jonathan Suarez, MD*

2:50 PM – 3:00 PM **Q&A with Panel**

3:00 PM - 3:15 PM **BREAK**

3:15 PM - 5:15 PM **PLENARY SESSION – Hematology/Oncology**  
*Kevin P. Hubbard, DO, MACOI, Moderator*  
 Are We Really Addressing Hypercoagulability  
*Christopher G. Jordan, DO, FACOI*

3:15 PM – 4:15 PM **Prostate Cancer Screening: What Do You Think, Doc?**  
*Katie Murray, DO*

4:15 PM – 5:15 PM **Q&A with Panel**

5:15 PM – 5:30 PM **Q&A with Panel**

**Sunday, November 3, 2019**

7:00 AM – 9:00 AM **REMS SESSION**  
 Pain Management & Opioids: Balancing Risks and Benefits  
*John Manfredonia, DO*

9:00 AM – 9:15 AM **Memorial Address**  
*Martin C. Burke, DO, FACOI*

9:15 AM - 10:00 AM **Annual Meeting of Members**

10:00 AM **Convention Concludes**

\*Schedule subject to change



## REGISTRATION INFORMATION

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### EDUCATION SESSION FEES

Fees for the 2019 education sessions are based on ACOI membership status and length of time in practice. Active members (training completed prior to 6/30/14) pay \$795; Young Internists (training completed 7/01/14 or later) pay \$645; Emeritus and Retired members pay \$645; Residents and Fellows pay \$295 (\$195 for Research Contest entrants). Non-member Physicians pay \$995; Non-Physician Health Care Professionals may register for the ACOI member rate of \$795. There is no charge for students. Spouse/guest registration is \$125. **These fees include a \$50 early registration discount, which applies until October 9, 2019. Registrations received after that date do not qualify for the discount.**

### WHAT DOES REGISTRATION INCLUDE?

Physician registration for the Convention includes entry to all education sessions, the Exhibit Hall, daily continental breakfast and luncheon symposia and one ticket to the Opening Reception. Luncheon seating is limited. Spouse/Guest registration includes entry to the education sessions, daily continental breakfast in the Exhibit Hall, and all social events, including one ticket to the Opening Reception. (Due to limited seating, guests may not attend the luncheon symposia.)

### HOTEL INFORMATION

The JW Marriott Desert Ridge is the headquarters hotel for the 2019 ACOI Annual Convention and Scientific Sessions. All educational and social events will take place there. ACOI has arranged a discounted room rate of \$259 per night (single/double). Additional local taxes apply. Early reservations are suggested as the hotel is likely to sell out and does not have to honor ACOI's discounted rates after **October 9, 2019**. Reservation information is available by calling 1-800-835-6206; or visit <https://book.passkey.com/go/ACOI2019>.

### PAYMENT INFORMATION

You may register online, by mail or fax for the 2019 ACOI Annual Convention and Scientific Sessions. Secure online registration is available through the ACOI website. Visit [www.acoi.org](http://www.acoi.org) and click on the convention registration link on the home page. You may also use the registration form in the Convention Packet to register by mail or fax. Payment may be by check payable to ACOI or charged on VISA or Mastercard. Complete the required information on the white Registration Form and return it to the ACOI at the address listed on the form.

### CANCELLATION POLICY

Please note that refund requests must be made in writing to ACOI prior to **October 9, 2019**. **No refunds will be made after October 9, 2019, but unused registration fees may be applied toward a future ACOI education activity.** A processing fee of \$100 will be charged for cancellations received at any time.

### ACOI GENERATIONAL ADVANCEMENT PROGRAM

Donations are requested to assist the ACOI in providing a medical textbook to each resident and student registered for the Convention. Textbook prices average \$125. In addition, the ACOI provides grants to representatives of the internal medicine clubs on the campuses of osteopathic medical schools to defray the cost of attending the Convention. All contributions are acknowledged in the printed program if received prior to the publication deadline. Suggested donation is \$125, but contributions in any amount are welcome. Your donation may qualify as a tax deductible charitable contribution. ACOI is a 501(c)(3) organization and no goods or services are provided in return for the contribution. A separate receipt will be provided for your records.



## ACOI CONVENTION REGISTRATION FORM

Please complete **all** areas on **both sides** of registration form. Payment must accompany all registrations. **PLEASE PRINT CLEARLY!**

Name \_\_\_\_\_ AOA Number \_\_\_\_\_

### REGISTRATION FEES

<b>REGISTRATION CATEGORY (please check appropriate box(es))</b>	ON/BEFORE OCT 9	AFTER OCT 9
<input type="checkbox"/> ACOI Member (Training completed PRIOR to 6/30/2014).....	\$795.....	\$845
<input type="checkbox"/> ACOI Young Internist Member (Training completed AFTER 7/01/2014) .....	\$645.....	\$695
<input type="checkbox"/> ACOI Retired/Emeritus Member .....	\$645.....	\$695
<input type="checkbox"/> Non-Member Physician.....	\$995.....	\$1045
<input type="checkbox"/> Resident/Fellow (List Training Institution).....	\$295.....	\$345
<input type="checkbox"/> Resident/Fellow Displaying a Poster (List Training Institution).....	\$195.....	\$245
<input type="checkbox"/> Student (List Osteopathic College attended) .....	N/C.....	N/C
<input type="checkbox"/> Non-Physician Health Care Professional (RN, PhD, RD, etc.).....	\$795.....	\$845
<input type="checkbox"/> State Licensure Requirements - Saturday, Nov. 2 7:00 am - 5:00 pm This fee applies ONLY if you do not register for full Convention .....	\$295.....	\$345
<input type="checkbox"/> Spouse/Guest Registration .....	\$125.....	\$175

Spouse/Guest registration includes entry to the education sessions, daily continental breakfast, and all social events, including one ticket to the Opening Reception.

#### ON-SITE ACTIVITIES (please check appropriate box(es))

- Wednesday, Oct. 30 - Noon - 1:00 pm Luncheon..... N/C
- Wednesday, Oct. 30 - 6:00 pm Welcome Reception..... N/C
- Thursday, Oct. 31 - 12:15 pm - 1:15 pm Luncheon..... N/C
- Thursday, Oct. 31 - 5:30-7:30 pm Alumni Receptions (Please check the appropriate box below)..... N/C
  - A.T. Still University of Health Sciences  BEAUMONT/BOTSFORD  DMUCOM  Midwestern Univ/CCOM/AZCOM  KCUMB  LMU-DCOM  MSUCOM  ROWAN  OU-HCOM
- Friday, Nov. 1 - 6:45 am Fun Run..... N/C
- Friday, Nov. 1 - Noon - 1:00 pm Luncheon:..... N/C
- Friday, Nov. 1 - 1:00 - 5:00 pm OPP/OMM/OMT Session (Open to the first 25 attendees)..... N/C
- Saturday, Nov. 2 - 12:15 - 1:15 pm Luncheon:..... N/C

#### OFF-SITE ACTIVITIES

- Thursday, Oct. 31 8-11 am Horseback Riding ..... \$145
- Thursday, Oct. 31 1-4 pm Aquarium Tour ..... \$110
- Friday, Nov. 1 5:30-10 am Hot Air Ballooning ..... \$325
- Friday, Nov. 1 1-3:30 pm Music To My Ears ..... \$100
- Saturday, Nov. 2 9 am - 12 pm Art & Architecture Tour..... \$115
- Saturday, Nov. 2 1-4 pm Scottsdale Shopping ..... \$ 60
- Saturday, Nov 2 1-6 pm - ACOI Golf Outing, ..... \$125

You will also need to complete the separate registration form included in this packet. Club and shoe rentals are separate and paid directly to the Wildfire Golf Course.

- PLEASE NOTE: Check here if you plan to stay at the JW Marriott Desert Ridge. (Separate hotel registration is required. This does not register or guarantee a room at the hotel. Online registration for the hotel is available by visiting <https://book.passkey.com/go/ACOI2019>)
- 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](mailto:susan@acoi.org), 301 231-8877.

**OVER...** More registration information on reverse side. Both sides must be completed for form to be processed. You may also register online at [www.acoi.org](http://www.acoi.org)

# ACOI CONVENTION REGISTRATION FORM

<b>Full Name</b>			
<b>Preferred Name on Badge</b>		<b>AOA Number</b>	
<b>Mailing Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Work Ph.</b> (      )		<b>Cell Phone</b> (      )	
<b>Home Ph.</b> (      )		<b>E-Mail Address</b>	
<b>Medical Specialty/Subspecialty</b>			
<b>Preferred Name of Spouse/Guest on Badge</b>			
<b>Emergency Contact</b>			
<b>Relation</b>		<b>Telephone</b> (      )	

**NOTE: TO COMPLETE THE FORM BELOW, ENTER ALL REGISTRATION FEES FROM OPPOSITE SIDE. SEE REGISTRATION INFORMATION SHEET FOR COMPLETE EXPLANATION OF PROGRAMS AND FEES.**

## REGISTRATION PAYMENT

REGISTRATION.....\$ \_\_\_\_\_  
 SPOUSE REGISTRATION.....\$ \_\_\_\_\_  
 SATURDAY GOLF OUTING .....\$ \_\_\_\_\_

**\*GAF (Generational Advancement Fund):** ACOI provides each resident and student in attendance with a medical textbook. The College also provides grants to medical students via their campus internal medicine clubs. Suggested Donation:  
\$1000   \$500   \$250   \$200   \$150   \$125   \$100   \$50   Other.....\$ \_\_\_\_\_

*\*Your donation to GAF may qualify as a tax deductible charitable contribution.*

*ACOI is a 501(c)(3) organization and no goods or services are provided in return for the contribution. A separate receipt will be provided for your records.*

**TOTAL FEES ENCLOSED.....\$ \_\_\_\_\_**

Online registration for the JW Marriott Desert Ridge is available by visiting <https://book.passkey.com/go/ACOI2019>

<b>Payment Method</b>	<input type="checkbox"/> Check to ACOI <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMX	<b>Credit Card Security #</b>	
<b>Credit Card Number</b>		<b>Credit Card Exp. Date</b>	
<b>Name on Card</b>		<b>Signature</b>	
<input type="checkbox"/> CHECK HERE IF BILLING ADDRESS IS SAME AS MAILING ADDRESS LISTED ABOVE. IF NOT, PLEASE PROVIDE BELOW			
<b>Billing Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>

REGISTER ONLINE AT [WWW.ACOI.ORG](http://WWW.ACOI.ORG) or mail to: ACOI Office, 11400 Rockville Pike, #801, Rockville, MD 20852. Phone 301 231-8877, Fax 301 231-6099

**NOTE:** All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of \$100 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by October 9, 2019. No refunds will be made after that date, but registration fees may be applied to a future ACOI education activity.



**OVER**...More registration information on reverse side. Both sides must be completed for form to be processed. You may also register online at [www.acoi.org](http://www.acoi.org)

# CME CALENDAR

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

### **NATIONAL MEETINGS**

- 2019 Annual Convention & Scientific Sessions  
Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Internal Medicine Board Review Course - April 29-May 3
- 2020 Clinical Challenges for Hospitalists - April 30-May 3
- 2020 Exploring New Science in Cardiovascular Medicine - May 1-3
- 2020 Congress on Medical Education for Residency Trainers - May 1-2  
Renaissance Orlando at Sea World Resort, Orlando, FL
- 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
- 2022 Annual Convention and Scientific Sessions  
Oct 19-23 Baltimore Marriott Waterfront Hotel, Baltimore, MD
- 2023 Annual Convention and Scientific Sessions  
Oct 11-15 Tampa Marriott Waterside Hotel, Tampa, FL
- 2024 Annual Convention and Scientific Sessions  
Oct 9-13 Kierland Resort, Phoenix, AZ

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

*Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at [www.acoi.org](http://www.acoi.org).*

## **2019 Certifying Examination Dates & Deadlines**

### **Internal Medicine Certifying Examination**

Computerized Examination 300 Sites Nationwide  
September 3-5, 2019 - *Application Deadline: Expired- Late Deadline: Expired*

### **Internal Medicine Recertifying Examination**

Computerized Examination 300 Sites Nationwide  
September 3-5, 2019 - *Application Deadline: Expired- Late Deadline: Expired*

### **Internal Medicine Recertifying with a Focus in Hospital-Based Medicine Examination**

Computerized Examination 300 Sites Nationwide  
September 3-5, 2019 - *Application Deadline: Expired- Late Deadline: Expired*

### **Subspecialty Certifying Examinations**

Computerized Examination 300 Sites Nationwide  
August 22-24, 2019 - *Application Deadline: Expired- Late Deadline: Expired*

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

### **Subspecialty Recertifying Examinations**

Computerized Examination 300 Sites Nationwide  
August 22-24, 2019 - *Application Deadline: Expired- Late Deadline: Expired*

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

### **Advanced Heart Failure and Transplant Cardiology Certifying Examination**

Computerized Examination 300 Sites Nationwide  
November 13-15, 2019 - *Application Deadline: Sept 13, 2019 - Late Deadline: Oct 13, 2019*

*Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at [admin@aobim.org](mailto:admin@aobim.org); 312 202-8274.*

*Contact the AOBIM at [admin@aobim.org](mailto:admin@aobim.org) for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.*

## **In Memoriam**

Word has been received of the death of **William A. Nickey, DO, MACOI**, 79, on June 5, 2019. A 1966 graduate of the Philadelphia College of Osteopathic Medicine, Dr. Nickey completed his internal medicine residency at Metropolitan Hospital in Philadelphia. He was the first osteopathic physician to complete an allopathic nephrology fellowship, doing so at Hahnemann University Hospital in 1971. Dr. Nickey was AOBIM-certified in internal medicine and nephrology. He authored numerous publications and participated in the Joint National Committee Report of Detection, Evaluation and Treatment of Hypertension. He also served on the PCOM faculty for many years as a professor of Internal Medicine and co-chair of the Division of Nephrology. Dr. Nickey was an Active member of the ACOI throughout his career. He received the degree of ACOI Fellow in 1981 and was inducted into the Gillam Society of Master Fellows in 2004.