

From President Carron Changing Times



New ACOI President, new schools, new legislature and new future for the Osteopathic profession. I am proud and humbled to be the 2018-2019

ACOI President. As only the fifth woman president in ACOI's 76 year history, I am especially proud to follow such great Osteopathic leaders as Karen Nichols, Teresa Matzura, Joanna Pease and Judy Lightfoot. I thank them for their mentorship and as ACOI continues to define our changing future we will need input from both our past and future leaders/members.

Year 2020 will bring the end of Osteopathic postgraduate training programs and ACOI's role as monitor of the standards for this training. While many programs have sought Osteopathic recognition, we need more. ACOI's Council on Education and Evaluation will continue to focus on encouraging and helping programs obtain this recognition. As a Kirksville grad, I often think back

continued on page 2

Annette T. Carron, DO, FACOI Inaugurated as 2018-2019 President



Annette T. Carron, DO



Michael A. Adornetto, DO



Samuel K. Snyder, DO

Annette T. Carron, DO, FACOI was inaugurated as the 2018-19 President of the ACOI at the Annual Meeting of Members on Sunday, October 21, in Orlando, FL. The Member Meeting was the concluding event of the 2018 Annual Convention and Scientific Sessions. A geriatrician and palliative care specialist in the Detroit area, Dr. Carron has been an Active member of the College since 1995 and was first elected to the Board of Directors in 2008.

During the business meeting, ACOI members elected a slate of officers proposed by the Nominating Committee. **Samuel K. Snyder, DO, FACOI**, a nephrologist in Fort Lauderdale, FL, was elected President-elect. **Michael A. Adornetto, DO, MBA, FACOI**, a general internist in private practice in the Cleveland area, was elected to the office of Secretary-Treasurer. In addition, **Robert A. Cain, DO, FACOI**, **Laura M. Rosch, DO, FACOI**, and **Amita Vasoya, DO, FACOI** were elected to three-year terms on the Board of Directors.

The business meeting included reports from the outgoing President, Martin C. Burke, DO, FACOI, Executive Director Brian J. Donadio, FACOI, and the Finance Committee. Mr. Donadio reported that membership in the College continues to grow and osteopathic internal medicine residency programs are experiencing great success in achieving accreditation by the Accreditation Council for Graduate Medical Education. Immediate Past President John R. Sutton, DO, chair of the Finance Committee,

continued on page 6

In This Issue...

Government Relations.....	3
New Members Welcomed	4
Coding Corner	4
Talking Science & Education.....	5
In Memoriam.....	6
Interview With Dr. Mohlman.....	8
Committee Volunteers	10
Member Milestones.....	11
Convention Photographs	15-16
CME Calendar.....	17

ACOI Online Learning Center Coming Soon!

For more than 75 years the ACOI has provided high-quality education for internists. In order to better meet your educational needs in the hustle and bustle of modern-day medicine, we have been working hard to develop the ACOI Online Learning Center. Need a few more CME credits to meet your certification requirements as the 2015-18 CME cycle comes to a close? The ACOI Online Learning Center can help with that. This one-stop shop for continuing education will allow you access to educational videos, lectures and more, 24 hours a day, seven days a week. The Learning Center will provide the opportunity to earn online continuing medical education credit when and where it is most convenient to you. Be on the lookout for additional information that will be announced soon.



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

continued from page 1

to walking past the original Osteopathic schoolhouse where AT Still started this great profession. While we all learned OMT, many of us do not practice it. However, we all practice OPP every day and with every patient.

My left shoulder has been hurting terribly for about two months, but only intermittently. I often contemplated the differential in my head and thought about an x-ray, MRI, etc. I then paused for a moment and actually thought what would AT Still do if I went to him for evaluation? I realized that I carry a bag over my shoulder with two computers in it back and forth from the car to the many places I go each day. I transferred to a roller bag and my shoulder doesn't hurt anymore. That is OPP--- looking at the whole patient-lifestyle, structure and function.

Part of ACOI's way forward in these changing times is to clearly define OMM, OMT and OPP; to be sure we are incorporating OPP into all we do every day; and to help our members acknowledge how they, too, are doing it everyday. I thank our Board member Bob Cain for his leadership on this mission. **WE NEED TO MAKE SURE OUR STUDENTS DO NOT LOSE THIS SKILL!** Osteopathic recognition and continued membership in ACOI are some of our best tools to make sure this doesn't happen.

The changing opioid prescribing landscape, more and more states legalizing medical marijuana, as well as the ever-evolving quality measures we are asked to meet are just some of the topics we need to stay on top of as practicing internists. ACOI has made education for all clinicians a top priority for our future. Continuing to improve our CME is one of the biggest priorities for my presidency and the CME Committee is working diligently on this. We want relevant topics, concise lectures and quality speakers. We will also soon have an aggressive online learning center where you can access CME from anywhere! My thanks to Tim McNichol, ACOI Deputy Executive Director, for his leadership on this.

Our annual convention in Orlando in October was a huge success. We had near record attendance, motivating plenary speakers and some very informative sessions. Thanks to ACOI Board member Rob DiGiovanni, who did a great job as convention chair. We welcome ideas for topics and speakers which are relevant and informative so let ACOI staff know if you have any suggestions! Follow the ACOI website or on Facebook to learn of our upcoming CME events.

One of my favorite quotes is, "Be a voice not an echo," by Albert Einstein. We need your voice in ACOI. Thanks to all who contributed to our 75th Anniversary Campaign, which will help us move forward in these changing times, but the need for continued contributions still exists. Donating helps ACOI represent your voice. We also need volunteers for our committees, which is a great way to have your voice heard. Let me or ACOI staff know if you are interested in being involved.

I promise to work hard and represent the ACOI voice to the best of my abilities.

Happy Thanksgiving and Go Lions!

*Annette T. Carron, DO, FACOI
President*



government RELATIONS

Timothy McNichol, JD

CMS Releases Physician Fee Schedule Final Rule

The Centers for Medicare and Medicaid Services (CMS) released the 2019 Physician Fee Schedule (PFS) and Quality Payment Program (QPP) final rule on November 1. The final rule applies for services furnished on or after January 1, 2019. The 2019 PFS conversion factor is \$36.0391 (a .11 percent update from 2018 following adjustments required by previously enacted legislation). Importantly, the final rule delayed proposed changes in Evaluation and Management (E/M) coding until 2021 that attracted the ire of the physician community. The final rule does include provisions to reduce red tape for providers by providing some flexibility in required medical record documentation. The rule reduces add-on payment amounts from six percent to three percent for certain new drugs provided under Medicare Part B. Finally, Medicare-covered telehealth services are expanded with the addition of HCPCS codes G0513 and G0514.

E/M changes will be implemented over several years. The 2019 E/M changes include the following: elimination of the requirement to document the medical necessity of home visit instead of an in office visit; physicians will be able to focus documentation on what has changed for established patients since the last visit or pertinent items that have not changed with evidence that the previous information was reviewed and updated where necessary; and removes potentially duplicative requirements for notations in medical records for information previously included by other members of the healthcare delivery team, among many other things. The final rule also addresses changes to the Medicare Shared Savings Programs for Accountable Care Organizations. A complete review of the final rule is ongoing. Additional information also follows in this month's Coping with Coding section of the newsletter. You may want to review CMS' fact sheet, which can be accessed at <https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year>.

Extortion Scam Targeting DEA Registrants

The Drug Enforcement Administration (DEA) is aware that registrants are receiving telephone calls and emails by criminals identifying themselves as DEA employees or other law enforcement personnel. The criminals have masked their telephone numbers on caller ID by showing the DEA registration support 800 number. Please be aware that a DEA employee would not contact a registrant and demand money or threaten to suspend a registrant's DEA registration.

If you are contacted by a person purporting to work for the DEA and seeking money or threatening to suspend your DEA registration, submit the information through "Extortion Scam Online Reporting" posted on the DEA Diversion Control Division's website located at www.DEADiversion.usdoj.gov.

HHS Ordered to Clear Medicare Appeals Backlog

The US District Court for the District of Columbia recently ruled that the Department of Health and Human Services (HHS) must clear its Medicare appeals backlog by 2022. The decision comes following Congress appropriating \$182.3 million in March to address the appeals backlog. The court ruled that the additional funding provided by Congress, "has made compliance possible within four years," by increasing the adjudication capacity of the Office of Medicare Hearings and Appeals. The following timeline was adopted by the court: a 19 percent reduction by the end of fiscal year 2019; a 49 percent reduction by the end of fiscal year 2020; a 75 percent reduction by the end of 2021; and complete elimination of the backlog by the end of fiscal year 2022.

New Payment Model for Medicare Part B Drugs Proposed

The Administration recently proposed more closely aligning what Medicare Part B pays for physician-administered drugs with international drug prices. Specifically, the Administration announced in an advance notice of proposed rulemaking a new "International Pricing Index" (IPI) payment model to reduce the subsidization of foreign drug costs by the American consumer. It is anticipated that the proposed rule will be released as early as spring 2019 with a five-year demonstration model beginning in 2020. Participation in certain geographic areas could be made mandatory. It is being argued by the Administration that moving to an IPI for payment of Medicare Part B physician-administered drugs would save both the government and Medicare beneficiaries by lowering the cost of drugs. It is projected that the proposal could save the government \$17.2 billion over five years. The ACOI will continue to monitor this issue closely.

Opioid Legislation Signed into Law

The President recently signed into law legislation to address the ongoing opioid epidemic. The law is intended to do the following: speed the approval of new non-addictive medical products to treat pain or addiction; improve the detection and seizure of illegal drugs; strengthen the training of first responders to use naloxone; provide funding to establish or operate comprehensive opioid recovery centers; and allow physicians who meet certain training requirements to provide medication-assisted treatment, among many other things. In conjunction with enactment of the legislation, the HHS Office for Civil Rights announced an education campaign to improve access to evidence-based opioid use disorder treatment and recovery services by highlighting federal laws that apply to those in recovery from opioid addiction.

Administration Proposes Changes to DTC Advertising

The Administration recently announced a proposed rule to require pharmaceutical manufacturers to include a drug's

continued on page 11



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.

2019 Medicare Physician Fee Schedule Final Rule Released...E&M Coding

The Medicare Physician Fee Schedule (PFS) final rule was released earlier this month. The final rule includes changes from the proposed rule that are worth noting. Following is a detailed discussion of the Evaluation and Management (E/M) code section of the final rule:

E/M Documentation – Applying ONLY to code sets for Outpatient Office 99201-99215 (unless otherwise specifically listed).

Based on feedback CMS received, the history and exam portions of the E/M guidelines are significantly outdated with respect to current clinical practice. As of January 1, 2019, practitioners will not need to re-enter into the medical record information on the patient's chief complaint and history that has already been entered by ancillary staff or the beneficiary. The practitioner may simply indicate in the medical record that he or she reviewed and verified this information. Additionally, if relevant information is already contained in the medical record, providers may choose to focus their documentation on what has changed since the last visit or on pertinent items that have not changed. They need not re-record the defined list of required elements if there is evidence that the provider reviewed the previous information and updated it as needed. CMS will still allow for use of 1995 or 1997 Evaluation and Management Services Guidelines.

The next significant changes in documentation standards start in 2021. At that time, four systems of documentation will be allowed. The first two will be the E/M Guidelines from 1995 and 1997. When using these, minimum supporting documentation standards for office services will be at a level 2 for codes 99212-99215 except when using time to determine the code level. Medical necessity will, as always, need to support the service provided and billed for.

The next allowed system will be code selection and documentation based on "time" with a new definition of "time." Rather than the current standard where if more than 50 percent of the time spent face-to-face with the office patient is spent counseling and coordinating care, total time personally spent by the provider face-to-face with the patient will be used to document the E/M service and for code level selection. This

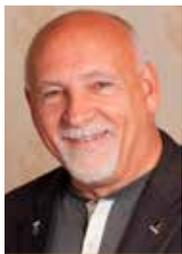
will be regardless of the amount of counseling and coordination time furnished with the visit. Typical time for the code must be met and medical necessity documented.

The last system in 2021 documentation for E/M outpatient/office service may be as simple as showing Medical Decision Making and medical necessity. To reduce the burden on physician documentation, level 2 through 4 visits will have minimum standards applied, those associated with a level 2 CPT visit. This change in policy, CMS states, "does not remove need to otherwise document details of the visit for clinical and other purposes."

You may have heard about a single payment rate for new (levels 2 through 4) and established outpatient visits (levels 2 through 4) being implemented. This was not included in the final rule for 2019 following concerns raised by the ACOI and others. CMS stated that with minimal payment variation based on the level of service billed, there would be "minimal need to engage with burdensome and outdated documentation guidelines." This will begin in 2021 along with new add-on codes to describe additional resources inherent in visits for primary care and certain specialties. An "extended visit" add-on-code for use with level 2 through 4 is set to be effective in 2021 to account for extended time the practitioner needs to spend with the patient.

Two new codes for 2019 do reflect changes to services using communication technology (HCPCS codes G2012 and G2010). Both patients and

continued on page 6



talking science & education

Donald S. Nelinson, PhD

Greetings colleagues and welcome to the November, 2018 issue of Talking Science and Education. In last month's population health quiz we asked which two states experienced the largest rank improvements in overall health status since last year's list of healthiest states. Jeff Smith, a 4th year student at Rowan SOM wins the prize for last month's quiz for being the first correct respondent. Jeff knew that Florida and Utah experienced the largest rank improvements since last year, rising four places in the rankings to No. 32 and No. 4 in the country, respectively. Florida's improvements include positive changes in its rankings for the percentage of children in poverty and frequent mental distress since 2016. Utah also improved its rankings for several measures in the same time period, including air pollution and immunizations among children. Congratulations Jeff, your gifts are on their way!

For this month, we ask which state listed below experienced the largest rank decline in 2017 since 2016 on the list of healthiest states?

- A. Indiana
- B. West Virginia
- C. North Dakota
- D. Arizona

Remember: no Googling!!! Send your answer to don@acoi.org.

Talking Education

At this year's annual convention, I had the privilege of meeting with several of our members during a sunrise session I facilitated. The topic, "Evidence-Based Education: We've Talked the Talk, Now Let's Walk the Walk," focused on the importance of active learning in the design and execution of CME activities. One of the key empirically-validated elements is longitudinal learning: extending and reinforcing the learning from the live activity over time. In that spirit, I wanted to use this month's column to highlight some key points from the session.

Active learning is a planned series of actions or events that invite CME participants to process, apply, interact and share experiences as part of their educational development. The interactive components support the goals and educational objectives of the CME activity.

- Active learning means developing and implementing planned activities to engage the participants as partners in the learning process.
- When active learning strategies are used, the participants are reading, talking, writing, describing, touching, interacting, listening and reflecting on the information and the materials presented.
- Built-in time for reflection enhances learning retention.

Implications of active learning for CME course delivery:

- Select active learning strategies that support the educational goals and objectives of the activity.
- Select strategies that will be the most comfortable to implement.

- Remember that most active learning strategies take longer to implement than initially projected. Allow adequate time for successful delivery.

ACOI's CME Committee is committed to elevating the quality and processes associated with our CME program, we welcome any feedback, positive or constructive, to meet these commitments.

Diabetes Dialogues

This month I want to report on two very important studies recently published in Diabetes Care.

Acute and Persistent Prothrombotic Effects Observed With Antecedent Hypoglycemia in T2D

Hypoglycemia was associated with early and late prothrombotic changes in the fibrin network in individuals with type 2 diabetes, and there was a persistent effect of hypoglycemia on clot density and impaired fibrinolysis that lasted for at least 7 days, according to study findings published in Diabetes Care¹.

As we know, cardiovascular disease (CVD) is the leading cause of death in individuals with type 2 diabetes, and hypoglycemia has been linked with persistent increases in CV mortality. Studies examining the longer-term effects of hypoglycemia on thrombotic and inflammatory markers, however, are limited. In this study, the acute and downstream effects of hypoglycemia on markers of thrombosis risk and inflammation were evaluated in 12 individuals with type 2 diabetes who had no history of CVD and 11 control participants.

All individuals participated in paired hyperinsulinemic-euglycemic (glucose 6 mmol/L for two 60-minute periods) and hypoglycemic (glucose 2.5 mmol/L for two

continued on page 7

Coping with Coding

continued from page 4

practitioners have increased expectations in the quantity and quality of information that can be conveyed with this medium, which includes audio/video applications to the increased use of patient health portals. If this type of “virtual check-in” services are furnished prior to an office visit, they are considered bundled into payment for the resulting E/M visit. If the check-in does NOT lead to an office visit, there is no payment to bundle this work with. If this type of service can preclude an office visit, it is both time saving for the provider and cost saving for Medicare.

HCPCS code G2012 was created for a brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E&M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; The service is limited to established patients and there are no frequency limits at this time. Finalized with this code is the allowance for real time audio only telephone interactions in addition to synchronous two-way audio interactions that are enhanced with video or other kinds of data transmissions. Cost sharing does apply.

HCPCS code G2010 was created for remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. This code is also only for established patients. Other details indicate the follow up with the patient can take place via call, audio/video communication, secure texting, email or patient portal communication. Consent from the beneficiary in the medical record can be verbal or written, including electronic confirmation. As with G2012, it is a service to determine if a face-to-face visit is needed. Cost sharing does apply.

Inter-professional internet consultations codes were also added to describe assessment and management services conducted through telephone, internet or electronic health record consultations furnished when a patient’s treating physician or other qualified health care professional requests the opinion and/or treatment advice of a consulting physician or other qualified health care professional with specific specialty expertise to assist with the diagnosis and/or management of the patient’s problem without the need for the patient’s face-to-face contact with the consulting physician. These codes are CPT Codes 99451, 99452, 99446, 99447, 99448, and 99449. At present, a specialist’s input is sought via a separate appointment for the patient, although there are times when a conversation between the physicians would be sufficient. Consent from the beneficiary in the medical record can be verbal or written, including electronic confirmation. Cost sharing does apply.

Dr. Carron Inaugurated

continued from page 1

reported that the fiscal year ending June 30, 2018, the ACOI experienced a profit of \$77,957, and that total net assets of the College grew to \$4.08 million.

The Convention featured a theme of “Osteopathic Internal Medicine: the Next 75 Years.” Sessions were very well attended, with over 700 physicians typically present for the three keynote sessions. Total physician registration for the meeting was approximately 1,500. Photographs and other convention information appear elsewhere in this newsletter.



In Memoriam

Word has been received of the following deaths in the ACOI family:

William J. Nagy, DO, MACOI, on September 28, 2018 of Bonita Springs, FL. Dr. Nagy, 86, was a board-certified general internist who practiced for many years in Columbus, OH. A graduate of the Chicago College of Osteopathic Medicine, Dr. Nagy joined the ACOI in 1965. He achieved the degree of Fellow in 1980 and was inducted into the Gillum Society of Master Fellows in 1995. Dr. Nagy served on the ACOI Board of Directors in the late 1980s and early 1990s.

Joseph M. Pitone, DO, FACOI on October 11, 2018 of Chadds Ford, PA. Dr. Pitone, 71, was board certified in internal medicine and nephrology. He was the Medical Director of the Kennedy Health System (now Jefferson Health) Dialysis Program from its inception more than 25 years ago. He also founded and led the Nephrology Fellowship program at Kennedy in conjunction with Rowan School of Osteopathic Medicine. He became an Active ACOI member in 1981 and achieved the degree of Fellow in 1990. He lectured many times for the College on nephrology topics at conventions and the Board Review Course.

Have You Moved?

Keep us updated.

If you have recently made any changes in your address, phone number or email, please notify the ACOI at acoi@acoi.org

Talking Science & Education

continued from page 5

60-minute periods) clamp studies held between 4 and 8 weeks apart to mitigate carryover effects. Characteristics linked with CVD in diabetes, including fibrin clot properties, platelet reactivity, and inflammatory markers were measured at baseline, at the end of the 60-minute clamps, after recovery from morning clamps, and on day 1 and day 7 after the euglycemic and hypoglycemic clamps, respectively.

In both groups, euglycemic hyperinsulinemia reduced platelet reactivity and fibrin clot density and improved fibrinolytic efficiency. Platelet reactivity and aggregation increased during acute hypoglycemia in both cohorts and resolved at recovery. In the cohort with diabetes, clot lysis times and clot maximum absorbance increased up to day 7 ($P = .001$ and $.002$ vs euglycemia, respectively), but in the control group, clots showed limited changes. Fiber network density decreased at day 7 after euglycemia in the group with diabetes, but after hypoglycemia there was an increase in fiber network density at day 1 and 7 (both $P = .01$ for glycemic arm).

The investigators appear to have identified potential mechanisms whereby hypoglycemia could increase the risk of [cardiovascular] events during and after an episode and so oppose the benefits of intensive glycemic control.

Measuring Time in Range during CGM May Be Useful Outcome Metric for Clinical Trials

Derived from continuous glucose monitoring (CGM), the metric time in range (TIR), defined as 70 to 180 mg/dL (3.9 to 10 mmol/L), was found to be strongly related to microvascular complication risks in people with diabetes and could be a valuable outcome measure in clinical trials, according to study results published in *Diabetes Care*².

Although use of CGM has become more prevalent, the United States Food and Drug Administration (FDA) has not begun accepting metrics pertaining to CGM as validated outcomes for new product efficacy claims, instead relying on hemoglobin A1c (HbA1c) as the gold standard. In this study, researchers

pooled data from 1440 participants from the Diabetes Control and Complications Trial (DCCT) data set. Glycemic data was measured at a central laboratory, with 7-point glucose concentration blood samples collected every 3 months.

CGM was not available at the time of the original study, but participants self-collected data 7 times a day (before meals, 90 minutes after meals, and at bedtime). The researchers used this data to assess the association between TIR with retinopathy progression and urinary microalbuminuria using proportional hazard models.

Mean TIR of the participants with diabetes was $41 \pm 16\%$ ($52 \pm 10\%$ in the intensive treatment group vs $31 \pm 12\%$ in the conventional treatment group [$P < .001$]). The hazard rate for the development of retinopathy progression grew by 64% (95% CI, 51-78) and the rate for microalbuminuria increased by 40% (95% CI, 25-56) for each decrease of 10 percentage points in TIR ($P < .001$). Findings were similar for mean glucose and hyperglycemia measurements computed from the 7-point testing.

Researchers concluded that “TIR is strongly associated with the risk of microvascular complications and should be an acceptable end point for clinical trials.”

¹Chow E, Iqbal A, Walkinshaw E, et al. Prolonged prothrombotic effects of antecedent hypoglycemia in individuals with type 2 diabetes [published online October 16, 2018]. *Diabetes Care*. doi:10.2337/dc18-0050

²Beck RW, Bergenstal RM, Riddleworth TD, et al. Validation of time in range as an outcome measure for diabetes clinical trials [published online October 23, 2018]. *Diabetes Care*. doi:10.2337/dc18-1444

GENERAL MEDICINE FACULTY

Nova Southeastern University (NSU), the largest private, nonprofit institution of higher education in Florida, continues to experience remarkable growth in programs and research. To support this exciting and dynamic environment, NSU's Dr. Kiran C. Patel College of Osteopathic Medicine is seeking board certified/board eligible General Medicine Faculty.

Positions are 50% academic and 50% clinical, and include patient care as well as bedside and classroom teaching of students and residents. Opportunities for research exist. Requires a terminal degree and a minimum of 4 to six years of experience.

To view the complete position description and to apply, visit www.nsujobs.com and reference position #994452. NSU offers competitive compensation and outstanding benefits. www.nova.edu

Nova Southeastern University is an Equal Opportunity Employer.



Meet David J. Mohlman, DO, FACOI



Meet **David J. Mohlman, DO, FACOI, FACP**, currently Assistant Professor of Internal Medicine and Director of Medical Education of Rocky Vista University/Sky Ridge Medical Center Osteopathic Graduate Medical Education Programs. A graduate of MSU-COM, Dr. Mohlman did his residency at MSU-COM in Lansing, Michigan. He has been a primary care physician, hospitalist, Medical Director of Bariatric Center of Excellence for Weight Loss, and long-time private practice internal medicine physician before moving into medical education at Rocky Vista University Col-

lege of Osteopathic Medicine. In addition to his educational and administrative roles, Dr. Mohlman continues to work as a primary care internist and hospitalist. Dr. Mohlman is a member of ACOI's CME Committee.

Ms. Ciconte: What led you to become an osteopathic internist?

Dr. Mohlman: My wife's grandfather, Dr. Frank Renier, a 1940 graduate of the Des Moines College of Osteopathy, introduced me to the field of osteopathic medicine. Michigan State University was close to where I lived in Michigan so I decided to attend their osteopathic medical school. While there I was introduced to many specialties and felt that internal medicine presented the broadest opportunities and best intellectual challenges for my medical career. I treasure my life as an osteopathic internist and a generalist.

Ms. Ciconte: You have been a long-time ACOI champion. How has the College impacted you and your career?

Dr. Mohlman: The ACOI has always brought value to me – whether I was a student, resident, young practitioner, in private practice, or program director. The College provided support, education, and leadership that helped me to flourish as an internist and educator. In addition, I have known Susan Stacy on the ACOI staff for more than 20 years. Her dedication, devotion and leadership of the College has been the main reason I have remained with the College for so long and my rationale for becoming more involved with the College leadership.

Ms. Ciconte: As Director of Medical Education of Rocky Vista University/Sky Ridge Medical Center Osteopathic Graduate Medical Education Programs, how are you showing your residents the importance of the ACOI as the transition to single accreditation goes into effect in 2020?

Dr. Mohlman: I explain to my residents that of all the organizations I have belonged to over the years, the ACOI has brought the most value to me through their educational programs, networking and leadership for osteopathic internists. The shift from GME to CME is critical for our future. It is

so important to be together with other osteopathic internists. Attending the ACOI Annual Convention and other educational conferences provides me opportunities to see my mentors, medical school classmates, residents with whom I trained and former residents I trained. That's why I have always encouraged residents and recent graduates from our program to attend the ACOI Annual Convention. It is a great opportunity to reconnect and recharge ourselves before we return to our communities to provide osteopathic patient care.

Currently, those who are new graduates, ask me where they should put their limited resources for organization membership. Again, I tell them that there is greater value in joining the ACOI as the College will be their resource for CME in the future. No matter whether they take the osteopathic or allopathic boards, the College will be able to help them meet all their CME needs once it receives the ACCME accreditation.

Ms. Ciconte: In addition to serving as an ACOI champion, you make annual financial contributions to ACOI over and above your dues to the College's Generational Advancement Fund through convention registrations and dues renewal. The Generational Advancement Fund provides medical books to residents and students, sponsors Visiting Professor Programs at osteopathic medical schools, and offers grants to student internal medicine club leaders to attend ACOI's annual convention.

Ms. Ciconte: Why do you choose to give to the Generational Advancement Fund?

Dr. Mohlman: I believe it is very important to start promoting

continued on page 10

75th Anniversary Campaign Honor Roll of Donors

(Outright Gifts and Multi-Year Commitments of \$1,000 or more as of August 1, 2018)

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

Lawrence U. Haspel, DO, MACOI

\$45,000

Martin C. Burke, DO, FACOI

\$25,000 - \$44,999

Rick A. Greco, DO, FACOI and
Carol A. Greco, DO
Robert J. Stomel, DO, MACOI

\$15,000 - \$24,999

John B. Bulger, DO, MBA, FACOI
and Michele Neff Bulger, DO
Robert G. Good, DO, FACOI and Brenda Good
David F. Hitzeman, DO, MACOI
Judith A. Lightfoot, DO, FACOI
and Alvin Banks

\$10,000 - \$14,999

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and Jocelyn Bragg
Michael B. Clearfield, DO, MACOI
and Susan Clearfield
Robert L. DiGiovanni, DO, FACOI
and Monica DiGiovanni
Kevin P. Hubbard, DO, MACOI
and Roxanne Hubbard
Susan M. O'Neal, DO, FACOI
Michael I. Opiari, DO, MACOI
and Susan Opiari
Anthony N. Ottaviani, DO, MPH, MACOI
and Catherine Ottaviani
Frederick A. Schaller, DO, MACOI
and Amy Schaller
James H. Wells, DO, PhD, FACOI
Larry A. Wickless, DO, MACOI

\$7,500 - \$9,999

Robert A. Cain, DO, FACOI
and Gina Eversole-Cain
C. Clark Milton, DO, FACOI and Elaine D. Milton

\$5,000 - \$7,499

Damon L. Baker, DO, FACOI
Lee Peter Bee, DO, FACOI
Brian J. Donadio, FACOI and Ellen Donadio
Scott L. Girard, DO, FACOI and Laura J. Girard
James C. Giudice, DO, MACOI
Karen J. Nichols, DO, MA, MACOI, CS
Eugene A. Oliveri, DO, MACOI
Ruben Tenorio, DO, FACOI

\$2,500 - \$4,999

Michael A. Adornetto, DO, MBA, FACOI
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\$1,000 - \$2,499

Gary A. Agia, DO, FACOI
Barbara Atkinson, DO, FACOI
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Bennet Radford, DO, FACOI
Jeffrey A. Ranalli, DO
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
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Christina A. Stasiuk, DO and
George M. Farion, Esq
W. W. Stoever, DO, MACOI
Brad Suprenant, DO, FACOI
David Susser, DO, MACOI
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Ronald L. Walsh, DO, MACOI
R. Colin Wetz, DO, FACOI
Mark L. Woodard, DO, FACOI
William Zipperer, Jr., DO, FACOI

University of Texas-Austin Seeks Survey Participants

The Health Innovation Lab at the University of Texas at Austin's Dell Medical School is recruiting clinicians with prescribing privileges to participate in a brief research survey to increase our understanding of clinical decision-making processes regarding opioid prescriptions.

The IRB-approved survey will take less than 30 minutes. Participation is voluntary and no compensation will be provided. All data will be collected confidentially through REDCap, and all information will be coded with a unique identification number so that it cannot be associated with you. The information gathered will be used only for scientific purposes.

You are eligible to participate if you are a clinician with prescribing privileges who works primarily in one of the following fields: primary care, general hospital care (e.g., IM/hospitalist), or surgery (any surgical specialty). You must be currently employed in the United States, over the age of 18, and fluent in English.

Please click on the link below and after completing the informed consent you will be taken to the survey.

Visit <http://j.mp/2CzVGmUo> participate.

Please contact us with any questions at 512-495-5483 or projectopp@atx.utexas.edu

Dr. Mohlman

continued from page 8

internal medicine to medical students early in their education. The students really don't understand the personal and professional benefits that an internal medicine focus offers including the unique doctor-patient relationship, intellectual challenges and problem solving skills, and the variety of careers available. Being an osteopathic internist gave me the opportunity to do so much in my field – as a primary care physician and hospitalist, having my own private practice, being a bariatric specialist and now as a medical educator and administrator. I have had the opportunity through Rocky Vista University College of Osteopathic Medicine to share my experiences as an osteopathic internist with many medical students and assist them in career decisions. Without the support of the ACOI and the osteopathic internal medicine profession, we could not have started the osteopathic internal medicine residency program here in Denver, Colorado. Our program has grown from 10 residents in 2013 to 36 residents.

Ms. Ciconte: Given the challenges facing osteopathic internal medicine, what does ACOI need to do to continue to serve its members in the future?

Dr. Mohlman: The College needs to continue to offer excellent CME opportunities and become the primary source of CME for all internists. We need to continue to grow our Annual Convention and the joint educational meetings each spring as this is where we can sit down with colleagues, share our experiences, and network with others who share our goals and values as a profession. I fear that with the growth of technology in CME we are losing the human element in our educational programs. In my opinion, the ACOI is a beacon of light for the osteopathic profession and for creating and maintaining a tight knit family atmosphere for the osteopathic internal medicine profession. The ACOI CME Committee, on which I serve, is working to achieve our CME and organizational goals for now and in the future.

Ms. Ciconte: Any closing comment or thought?

Dr. Mohlman: I believe medical students and residents are our future. In order to continue to provide the best care to patients, the ACOI needs to continue to get students interested in internal medicine through the Visiting Professor Programs and the educational conventions so that they can meet ACOI members who can be helpful to them as they pursue their medical careers. We need to continue to show and emphasize to all internal medicine residents the value of the ACOI and that no matter what their board certification they can come back to the ACOI for their CME training.

It was inspiring and exciting to hear ACOI President Marty Burke present the vision for the ACOI and the message of “Principle-Centered Medicine” at the Annual Convention. The “Principle-Centered Medicine” message is perfect for us at this time. It brings us all back to why we entered the medical profession and helps us focus on what is important in our medical careers. I want to applaud and thank the ACOI leadership for their integrity, honesty, and transparency in leading the College. I am proud to be an ACOI member!

Ms. Ciconte: Dr. Mohlman, ACOI is indeed grateful to you for your passion for osteopathic internal medicine and for your role in educating a new generation of physicians. We thank you for your commitment and service to the College.

Volunteer For an ACOI Committee

Volunteers are needed for a variety of ACOI committees, councils and task forces. Appointments will be made by 2018-19 President Annette T. Carron, DO, and the Board of Directors by the end of the year. Those interested in serving should send an email to Executive Director Brian J. Donadio (bjd@acoi.org) listing the position(s) of interest and a brief statement of qualifications. More information on the committees and the appointment process can be found on the ACOI website, www.acoi.org.



New Monthly Sustainers Club Unveiled at Convention

The ACOI announced a new monthly donor program at the 2018 Annual Convention. Members of the ACOI Sustainers Club contribute monthly via credit card, arrange a monthly debit from their bank account or send a check. To join, see the form on page 14 of this newsletter. Complete the form, scan and email to Katie Allen at Katie@acoi.org or call her at 301-231-8877. Remember that gifts to the ACOI are tax-deductible to the full extent allowed by law. The College is grateful to the new members of the Sustainers Club who help the ACOI better plan for its future.

Government Relations

continued from page 3

list price in direct-to-consumer television advertisements. Under the proposed rule, the wholesale acquisition cost of prescription drugs and biological products covered by Medicare or Medicaid would have to be disclosed if their list price is more than \$35 for a month's supply or the usual course of therapy. The proposed regulations are part of the Administration's ongoing effort to reduce the cost of prescription drugs. According to HHS Secretary Alex Azar, "this historic proposal is an important way to create new incentives for drug companies to start lowering their list prices, rather than raising them." Comments are also being sought to determine if the proposal should be expanded to include other types of advertising.

Washington Tidbits

Message Sent...World Changed

When one thinks of Congress, he or she often thinks of its role in the drafting and consideration of legislation. Thoughts do not generally turn to Congress' role in the adoption and advancement of world-changing technologies. However, Congress did exactly that with communication technology.

In 1842 Congress appropriated \$30,000 to test the feasibility of creating a telegraph system. Then on May 24, 1844, on lines laid from the US Capitol to Baltimore, Maryland, electronic signals were sent to create a series of dots and dashes that were transcribed into a message. The message that was sent from Samuel Morse to his assistant Albert Vail said simply, "What hath God wrought." World-wide communications would never be the same!

Member Milestones



Dr. Nichols Elected to Leadership Position on ACGME Board of Directors

ACOI and AOA Past President **Karen J. Nichols, DO, MS, MACOI**, is the new vice chair of the Accreditation Council for Graduate Medical Education's (ACGME) Board of Directors. As vice chair, Dr. Nichols, is the first osteopathic physician to serve in a leadership position on the ACGME Board. The ACGME Board elected Dr. Nichols when it met last month.



Dr. Clearfield Receives AOA Distinguished Service Certificate

Past ACOI President **Michael B. Clearfield, DO, MACOI**, was the recipient of the AOA's 2018 Distinguished Service Certificate during a ceremony that took place in October. This award—the AOA's highest honor—recognizes leaders who have made outstanding contributions toward advancing the osteopathic medical profession in science, philanthropy, education or other fields of public service.

Dr. Clearfield, dean of the Touro University College of Osteopathic Medicine in Vallejo, California, is nationally known as a leader in research on cholesterol management and prevention of cardiovascular disease. He was the co-primary investigator for the Air Force/Texas Coronary Atherosclerosis Prevention Study, which found that using cholesterol-lowering statins in men and women with average cholesterol levels could prevent angina, heart attack and death. He has been honored many times as a research scholar and mentor, and has attributed his achievements in heart disease prevention research to the osteopathic approach.

Dr. Clearfield has held leadership roles in many organizations promoting osteopathic education and research, including the ACOI, for which he served on the Board of Directors and as President in 2009-10.



Dr. Bee Selected for Fellowship

ACOI member **Lee Peter Bee, DO, FACOI**, has been selected to participate in the Opioid Use Disorder Treatment Fellowship Program for Practicing Providers at Rush Medical Center in Chicago. This training opportunity is funded by the Illinois Substance Use Prevention and Recovery (SUPR) Agency and the intent is to increase access to medications for addiction treatment (MAT) in Illinois, with a special focus on primary care providers in communities with limited access to MAT. Dr. Bee is a general internist practicing in Sesser, IL.

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or call Darrin Grella at 844-863-6797 careers@usacs.com



Give Stock to ACOI and Save Twice

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

Why? Because you can deduct the full fair market value of your stock or other appreciated assets – if owned for more than one year – AND YOU WILL SAVE AGAIN because you will avoid paying all capital gains AND the new net investment tax on what you contribute.

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

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

TAX SAVINGS FROM GIFT STOCK THAT HAS DOUBLED IN VALUE				
Tax Bracket	24%	32%	35%	37%
Current Value of Stock	\$1,000 \$5,000	\$1,000 \$5,000	\$1,000 \$5,000	\$1,000 \$5,000
Income Tax Savings	\$240 \$1,200	\$320 \$1,600	\$350 \$1,750	\$370 \$1,850
Capital Gains Tax Avoided	75 375	94* 470*	94 470*	119** 595**
Total Tax Savings	315 1,575	414 2,070	444 2,220	489 2,445

*Includes 3.8% net investment tax on adjusted gross income above \$200,000 for single filers or \$250,000 for joint returns.

**Includes 3.8% tax on net investment income plus capital gains taxed at 20% for taxpayers in the 37% bracket.

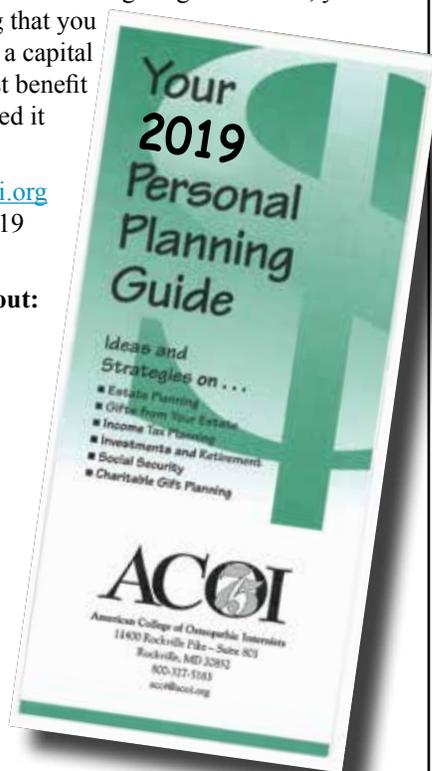
But if you have stock that has gone down in value, rather than giving it to ACOI, you should sell it and contribute the proceeds. By doing that you will receive a gift deduction AND be able to report a capital loss which you can deduct. It's a way to get the best benefit from a stock that did not do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

If you want to know more, please email katie@acoi.org to receive the helpful planning document: Your 2019 Personal Planning Guide.

The Planning Guide has ideas and strategies about:

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

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



Fun Run Winners

Congratulations to the following winners and all who participated in the Joe & Sheila Rogers Memorial Fit For Life Run/Walk during the annual convention in Orlando.

4 Mile Women

- 1 Jennifer Cyr
- 2 Mary Jo Voelpel
- 3 Katherine Hodges

4 Mile Men

- 1 Dustin Tompkins
- 2 Dean Reali
- 3 Ned Warner

2 Mile Women

- 1 Maddie Lad
- 2 Colleen Mohlman
- 3 Cassi Jones

2 Mile Men

- 1 Andrew Jones
- 2 Larry Voelpel
- 3 David Dang



Jennife Cry
4 Mile



Dustin Tompkins
4 Mile



Maddie Lad
2 Mile



**Help the College Better Plan for Its Future by
Becoming a Member of the ACOI Sustainers Club**

**Sustainer Club Members are monthly donors who give by credit card,
arrange a monthly debit from their bank account or send a check.**

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I wish to become a Sustainers Club member with a monthly gift of: ___ \$100 ___ \$75 ___ \$50 ___ \$25 ___ Other

Please select one of the following options regarding your pledge:

1. Please charge my credit card on the following schedule:

Amount to Charge \$ _____ a month for the next 12 months.

Card Number _____ MC VISA AMX

Expiration Date _____ Security Code _____

Billing Address, if different from above: _____

City: _____ State: _____ Zip: _____

Name as it appears on card _____

Signature _____ Date _____

2. I wish to send a check of \$ _____ to ACOI each month for the next 12 months.

Please send me a reminder by ___ Mail ___ Email ___ Both

3. ___ I plan to set up a monthly contribution through my bank.

4. Please contact me to discuss how I wish to make my gift at _____

**You can also make a credit card contribution at *www.acoi.org*. Please return by email to *katie@acoi.org*,
fax (301 231-6099) or by mail to 11400 Rockville Pike, Suite 801, Rockville, MD 20852.**

Your gift is tax-deductible to the full extent allowed by law.

Thank you for joining ACOI's Sustainers Club!

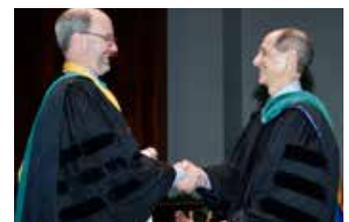
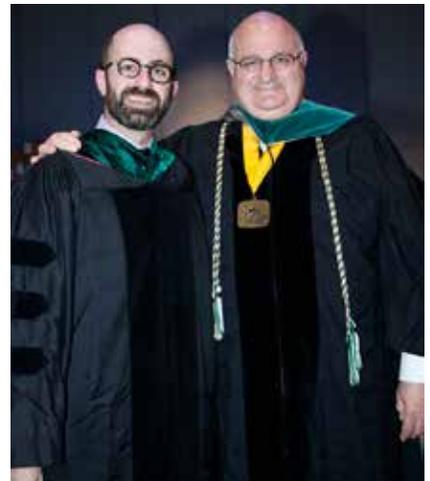
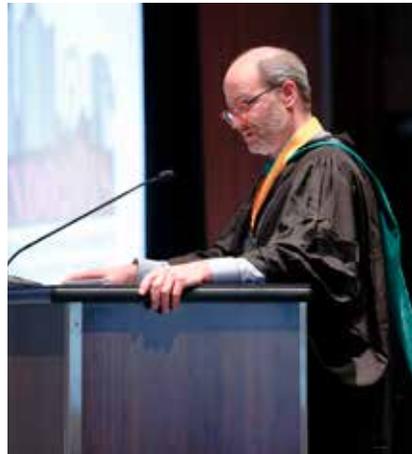
ACOI 2018 ANNUAL CONVENTION

Additional pictures available by visiting
https://www.dropbox.com/sh/w2izqmmkild5v/AACRjQm5hYWzFoFwe0v8C_LVa/1.%20Wednesday?dl=0&subfolder_nav_tracking=1



ACOI 2018 ANNUAL CONVENTION

Additional pictures available by visiting
https://www.dropbox.com/sh/w2izqmmksild5v/AACf47yxXMVWdIS4zOFzCGqra/2.%20Friday?dl=0&subfolder_nav_tracking=1



CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2019 Internal Medicine Board Review Course - May 8-12
- 2019 Clinical Challenges for Hospitalists - May 9-12
- 2019 Exploring New Science in Cardiovascular Medicine - May 10-12
- 2019 Congress on Medical Education for Residency Trainers - May 10-11
Baltimore Marriott Waterfront Hotel, Baltimore, MD
- 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

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.

Tentative 2019 Certifying Examination Dates & Deadlines

REGISTRATION OPENS DECEMBER 15, 2018

Internal Medicine Certifying Examination

Computerized Examination 300 Sites Nationwide

September 3-5, 2019 - Application Deadline: June 1 - Late Deadline: July 1

Internal Medicine Recertifying Examination

Computerized Examination 300 Sites Nationwide

September 3-5, 2019 - Application Deadline: June 1 - Late Deadline: July 1

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

Computerized Examination 300 Sites Nationwide

September 3-5, 2019 - Application Deadline: June 1 - Late Deadline: July 1

Subspecialty Certifying Examinations

Computerized Examination 300 Sites Nationwide

August 22-24, 2019 - Application Deadline: June 1 - Late Deadline: July 1

- 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

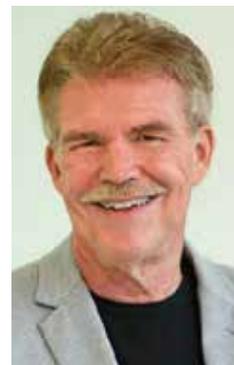
August 22-24, 2019 - Application Deadline: June 1 - Late Deadline: July 1

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

Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at admin@aobim.org; 312 202-8274.

Contact the AOBIM at admin@aobim.org for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.

Dr. Milton Appointed To Board Seat



C. Clark Milton, DO, FACOI, a general internist in Wheeling, W.V., has been appointed to a one-year term on the ACOI Board of Directors. He fills a position

available due to the resignation of **Scott L. Girard, DO, FACOI**. Dr. Milton is a graduate of the West Virginia School of Osteopathic Medicine. He completed his residency training at the West Virginia University School of Medicine, where he was chief resident. Certified by the American Board of Internal Medicine, Dr. Milton is the Designated Institutional Official and Director of Medical Education at Wheeling Hospital. He also serves as Director of Corporate Health there. He has served on the ACOI Continuing Medical Education Committee for the past three years.

Under the College's bylaws, the President and Board of Directors may fill a vacated Board seat until the next scheduled election.

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:

Shawkat Ahmed, DO	Sony Aaron Modayil, DO
Martin K. Belsky, DO	Joshua A. Morris, DO
Lisa Chai, DO	Ricardo J. Navarro, DO
Naiema A. Benson, DO	Matthew B. Seto, DO
Brian M. Corbally, DO	Neha Sharma, DO
Adam Earhart, DO	Charanjeet Singh, DO
Kimberly A. Feltner, DO	Kevin R. Smith, DO
Jennifer Lynn Fretwell, DO	Katherine A. Steele, DO
Nancy Goodwin, DO	Patrick Su, DO
Nosheen Jawaid, DO	Yu Sung, DO
Ader Joseph, DO	Margaret M. Tajak, DO
Baqir Abbas Lakhani, DO	Ellen Wang, DO
Benjamin Liu, DO	Gina Wu, DO
	Melissa Zegar, DO