

From President Carron Listen!



“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

- Leo Buscaglia

I’ve spent much of the past year talking about self-care and wellness for physicians. It’s so important that we take care of ourselves so that we can be a better doctor, mother, father, friend. Very much like the flight attendant who tells us to put the oxygen mask on ourselves before we try to assist some else, doctors have to take care of ourselves if we’re to be in any shape to care for others.

I’m excited about the future of our organization and our personal and professional growth. You’ll hear more this October in Phoenix at the [Annual Convention](#) about staying true to why you pursued medicine. This is important to remember because by keeping the commitment to our truth, we organically become better doctors and naturally take better care of ourselves—stress flies in the face of a grounded sense of self.

When we follow our truth, we always know the next right thing to do. The Seven Principles of Principle-Centered Medicine

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October 9 Deadline

2019 Convention Registration Discount Expires Soon

Members planning to attend the 2019 ACOI Convention and Scientific Sessions can save \$50 by registering before October 9. The Convention will take place October 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 targeted audiences. 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*. 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.

The Convention will open with a practice management session on Wednesday, October 30. A subspecialty level cardiology session will take place that afternoon, followed by the popular ACOI series, *Tests I Wish You’d Never Ordered*.

During the Convention week, there will be special sessions for hospitalists, medical educators, residents, fellows and students, and a women physician discussion group. There will also be a full day of sessions on various state licensure requirements. The meeting will conclude on Sunday, Nov. 3 with final education sessions and the Annual Meeting of Members.

Pre-registration for the meeting is at an all-time high. Join your colleagues for a week of learning, networking and fun in the beautiful Arizona desert!

Bylaws Amendments Proposed

The Board of Directors of the American College of Osteopathic Internists has proposed amendments to the ACOI’s Bylaws. The proposed amendments expand the applicability of codes of ethics and professionalism to ACOI members and clarify the application of codes of ethics and professionalism to Fellows, Master Fellows and Honorary Fellows.

The proposed amendments will be considered during the Annual Meeting of Members scheduled for Sunday, November 3, 2019 at the JW Marriott Desert Ridge Resort and Spa, 5350 East Marriott Drive, Phoenix, Arizona.

The proposed amendments to the Bylaws appear on Page 7 of this newsletter.

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2019 Convention Registration Open

Registration and program included in this issue,
or visit 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*

2018-2019 OFFICERS

- Annette T. Carron, DO, FACOI.....President
ACarron1@hfhhs.org
- Samuel K. Snyder, DO, FACOI.....President-Elect
snyderdo@nova.edu
- Michael A. Adornetto, DO, MBA, FACOI.....Secretary-Treasurer
Michael.Adornetto@UHhospitals.org
- Martin C. Burke, DO, FACOI.....Immediate Past President
mburke@corvitahealth.org
- John R. Sutton, DO, FACOI.....Past-President
suttonendo@msn.com

2018-2019 BOARD of DIRECTORS

- Damon L. Baker, DO, FACOI..... damonbaker@okstate.edu
- Robert A. Cain, DO, FACOI.....rcain@aacom.org
- Robert L. DiGiovanni, DO, FACOI....robdsimc@tampabay.rr.com
- Susan M. Enright, DO, FACOI.....susan.enright@hc.msu.edu
- Robert T. Hasty, DO, FACOI.....rhasty@me.com
- Joanne Kaiser-Smith, DO, FACOI.....kaiserjo@rowan.edu
- C. Clark Milton, DO, FACOI . . . cmilton@wheelinghospital.org
- Laura Rosch, DO, FACOI.....LRosch@kcumb.edu
- Amita Vasoya, DO, FACOI.....vasoya.909@gmail.com
- Valentina Stevanovich Lassalle, DO, Resident Rep
.....vlassalle@gmail.com

STAFF

- Brian J. Donadio, FACOI.....Executive Director
bjd@acoi.org
- Timothy W. McNichol, JD.....Deputy Executive Director
tmnichol@acoi.org
- Donald S. Nelinson, PhD.....Chief Science & Education Officer
don@acoi.org
- Susan B. Stacy, FACOI.....Finance/Administration Director
susan@acoi.org
- Keisha L. Oglesby.....Senior Member Services Specialist
keisha@acoi.org
- Kara Kerns.....Post-Doctoral Training Specialist
kara@acoi.org
- Claudette Jones.....Membership Services Specialist
claudette@acoi.org
- Katie E. Allen.....Member Services Specialist - OCC/CME Development
katie@acoi.org
- Meg O'Rourke CME Specialist
meg@acoi.org
- Neena J. Kuruvilla.....Administrative Assistant
neena@acoi.org
- Ellen J. Donadio.....Website/Graphic Design
ellen@acoi.org

11400 Rockville Pike

Suite 801 • Rockville MD 20852

301 231-8877 • 800 327-5183 • Fax 301 231-6099

acoi@acoi.org • www.acoi.org

Letter from the President

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that I wrote about in my [July letter](#) are natural characteristics we all share when we listen to the still, small voice within. And at the core of these principles is number three: practice deep listening. Without deep listening, none of the other principles—or any virtue for that matter—is possible.

What Did You Say?

Listening is to communication what a beating heart is to life: without it, there is no communication. Focused, deep listening greatly impacts our effectiveness as a doctor and the quality of all our personal and professional relationships.

Research suggests that most people really retain only half of what they hear—at most! That leaves a lot of room for improvement. We hope that patients at least hear the most important 50 percent of what we say. As listeners, we must examine what we are hearing, too. Do we hear just the symptoms? Or do we also hear the underlying stress and fear? Do we hear just the medication list and eating habits of patients, or do we also listen to the pain that drives unhealthy behaviors?

When it comes to loved ones, do we hear their cry for help? Or do we hear just the favor they need—again? Do we listen to their need for attention, or do we hear they want even more time and resources from us? Can we even hear our own soul when it pleads for change? Do we listen to our bodies telling us it's time to slow down or eat more salad?

By improving our listening skills, we get so many benefits. We increase our ability to:

- Persuade
- Influence
- Understand
- Avoid conflict
- Focus on health and well-being
- Create meaningful and pervasive relationships
- Address complexity
- Find and maintain balance
- Create good
- Love

Physician Listen to Thyself

Deep listening requires a high degree of self-awareness. An honest inventory of our communication styles will reveal where we excel and where we may need improvement. Just as it takes a conscious effort to really listen to the entire message that someone's communicating to us, so it takes no small measure of introspection and honesty to evaluate our own listening abilities.

It's not always easy to avoid distractions or invading thoughts as we listen to another person. It's hard not to think of a rebuttal as the speaker goes on and on. Sometimes, it takes every ounce of energy we have to suspend judgement, not take statements personally and not let our own personal beliefs interfere with what we hear.

I look forward to exploring the many ways we can become better listeners as we expound and explore the seven principles of Principle-Centered Medicine together. I can't wait to see you all in Phoenix at the Annual Convention & Scientific Sessions. ACOI prides itself on listening to the needs and goals of its members. Let's take this even further to the limits of our capabilities. Let's see what happens when we really mean it when we say:

"I hear you!"

Annette, T. Carron, DO, FACOI,

President



government RELATIONS

Timothy McNichol, JD

ACOI Members Participate in Osteopathic Advocacy Day

Members of the ACOI recently participated in a legislative fly-in hosted by the American Osteopathic Association. ACOI members David Hitzeman, DO and Seger Morris, DO, joined more than 40 physician leaders representing 10 osteopathic specialty societies in Washington, DC to lobby Congress on areas of shared interest. More than 90 meetings took place with members of Congress and their staffs to discuss public policy issues of importance to physicians and their patients. Issues included: pending prior authorization legislation; the need to eliminate surprise medical billing practices that adversely impact patients; and the need to secure future funding for the Teaching Health Center Graduate Medical Education (THCGME) Program. The ACOI will continue to partner with the AOA and other physician organizations to advance policy issues of importance to you and your patients.

Prescription Drug Pricing Remains an Issue Before Congress

House Speaker Nancy Pelosi recently released legislation to reduce the cost of prescription drugs. The legislation would allow the government to negotiate drug prices with manufacturers. Those drug manufacturers unwilling to negotiate would face potential monetary penalties. Specifically, the legislation would allow the government to negotiate prices on up to 250 brand-name drugs that are most expensive to the Medicare program. Under the proposal, the Secretary of Health and Human Services (HHS) would negotiate to establish a “maximum fair price.” The maximum fair price would be no more than 1.2 times the average international index price for six developed countries. Failure to negotiate by the manufacturers could result in a penalty equal to 65 percent of annual gross sales in the prior year for the selected drugs. The proposal comes on the heels of action in the Senate to control prescription drug costs. With the reconvening of Congress comes the increased likelihood that Congress will find a way to act on legislation to address the cost of prescription drugs. Following release of Speaker Pelosi’s legislation, President Trump tweeted, “I like Sen. Grassley’s drug pricing bill very much and it’s great to see Speaker Pelosi’s bill today. Let’s get it done in a bipartisan way!”

Number of Uninsured Increases

According to a report recently released by the US Census Bureau, the number of people without health insurance increased from 7.9 percent to 8.5 percent in 2018 over the previous year’s numbers. This is the first time that the number of Americans without health insurance coverage increased since enactment of the Affordable Care Act. The number of uninsured in the US grew from 25.6 million to 27.5 million in the last year. The report points to a decrease in Medicaid coverage as one of the main drivers for the increase in the number of uninsured. Private health insurance remains the main provider of coverage with 67.3 percent of the population privately insured. You can learn more about the report and its findings by visiting www.census.gov.

Administration Begins Efforts to Curb E-Cigarette Use

The Trump Administration announced the Food and Drug Administration (FDA) has been directed to take steps to remove non-tobacco-flavored e-cigarette products from the market. This action comes as a preliminary report from the National Youth Tobacco Survey shows continued growth in e-cigarette use by youths. In a statement released by HHS Secretary Alex Azar, “The Trump Administration is making it clear that we intend to clear the market of flavored e-cigarettes to reverse the deeply concerning epidemic of youth e-cigarette use that is impacting children, families, schools and communities.” It is expected that the FDA will announce a compliance policy to prioritize FDA enforcement of the Free Market Tobacco Application requirement. As a resource to clinicians,

public health officials and the public, the Centers for Disease Control and Prevention (CDC) also released an official health advisory titled “Severe Pulmonary Disease Associated with Using E-Cigarettes Products” (CDCHAN-00421). You can learn more by visiting www.cdc.gov.

HHS Appeals Court Decision on Drug Pricing

As previously reported, the US District Court for the District of Columbia vacated a final rule requiring pharmaceutical manufacturers to include a drug’s list price in direct-to-consumer television advertisements. The Department of Health and Human Services (HHS) recently announced its intent to appeal the District Court’s decision. Suit was filed by drug manufacturers arguing that the final rule exceeded HHS’ authority and violated the First Amendment. The rule was issued as part of the Administration’s ongoing efforts to reduce the cost of prescription drugs. The ACOI will continue to monitor this and other efforts to reduce the cost and increase the availability of prescription medications.

Washington Tidbits Controlling Access

When visiting Washington, DC, one can tour the Capitol and explore the House of Representatives. You might even want to get a gallery pass and watch some of the proceedings! In the past, access to the House chamber was controlled by one office, the Office of the Doorkeeper. The Office of the Doorkeeper was the official name established through the approval of a resolution in 1789. Only 34 people have held the position of Doorkeeper. The Doorkeeper operated uninterrupted as the gatekeeper to the House for more than 200 years until the 104th Congress (1995 – 1997). At that time, control of access to the House was given to the Clerk of the House, the Sergeant at Arms and Chief Administrative Officer. It now takes multiple offices to serve as the “doorkeeper” to the House.



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.

Prior Authorization

The concept of prior authorization originated around the expressed theory of ensuring patients received the most effective and appropriate treatment. However, many physicians will tell you that the practice of obtaining prior authorization does little to promote this goal and in practice serves as a barrier to timely and appropriate treatment. In fact, it appears that insurers are trying to keep costs down. This results in driving your costs up, consuming your valuable time, and negatively impacting patient care.

You prescribe medications and direct care using your expertise in consultation with the patient. When the patient's health insurer flags your care plan you may be informed that prior authorization is needed and that the treatment is not authorized. Sometimes you will be given an explanation and sometimes you may not. I have seen it go both ways, leaving the patient in limbo and in need of care.

I am certain you have seen the notice from an insurer denying care and telling you that a peer-to-peer call is required, taking more time you do not have. You will be placed on hold for what seems like an eternity, only to speak with someone who may not even be practicing in your specialty. All too often I hear physicians complain about the adverse effect this process has on their patients. A survey from the American Medical Association released earlier this year found that 28 percent of physicians believe prior authorization requirements cause adverse events for patients.

While working with physicians in an effort to get a handle on this process, I was struck with the irony that the physician you are talking with in your peer-to-peer phone call is not a peer. The person you need most to understand why you chose the particular medication or treatment plan, can be a physician of a different specialty. Remember this the next time you are on a peer-to-peer call and are denied your request. Ask the physician on the phone what their specialty is and whether they actively see patients. You may want to even consider asking them what specialized training in the area of care they have. If the physician you are speaking with is not a true peer, you may want to explain to them that your course of treatment is mainstream and the proper standard of care. If that does not achieve the desired results, you may want to ask to speak with a supervisor of the type of care you wish to provide. Do not rule out the possibility of requesting to speak with the insurer's

medical director. Consider asking how the determination to deny the care is in patient's best interest. You may not obtain the authorization, but at least you have raised the question to them and advocated on behalf of your patient. Ask for an explanation from the medical director in writing so that you can place it in the patients file and share it with them to show that you did all you could.

Prior authorization is the bane of many physicians' existence. I will explore this topic in greater detail in October at the ACOI Annual Convention in Phoenix, AZ. The lecture will address techniques you can employ to help navigate the prior authorization process to improve patient care. I hope to see you there!

Resources Available for ACGME Osteopathic Recognition

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

The toolbox includes numerous resources that will help programs through the process. The resources in the tool box may be accessed by [here](#).



talking science & education

Donald S. Nelinson, PhD

Greetings, colleagues, and welcome to the September issue of Talking Science and Education. The leaves are changing, the air is crisp and clear, and the bears are beginning their pre-hibernation feeding frenzy. Vermont in autumn is incredible.

Last month we asked by what percent was child poverty reduced between 2017 and 2018?

Children in poverty decreased six percent since 2017 from 19.5 percent. Exposure to chronic stress — including unreliable access to food, health care and stable housing — may impair childhood development and affect health into adulthood.

The decrease in children in poverty was not equal across states. Children in poverty is 2.7 times higher in Louisiana, the least healthy state for this measure at 28.0 percent, versus 10.3 percent of children in New Hampshire, the healthiest state for this measure. Since 2013, children in poverty decreased most in Mississippi and Maine, dropping 7.8 percentage points each. Colorado and Oregon declined 6.5 percentage points. Arizona and Georgia dropped 6.2 percentage points and Arkansas by 6.0 percentage points. During the same time, children in poverty increased most in West Virginia (+1.3 percentage points), Delaware (+1.1 percentage points) and Alaska (+1.0 percentage points).

Unfortunately, we had no correct respondents! I invite you all to test your population health knowledge with this month's question.

In the 2018 survey, cancer death rates showed mixed results. Since 1990, cancer deaths have decreased by 5%; however, cancer death rates have increased in how many states?

- A. 5
- B. 9
- C. 18
- D. 12

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

Send your answer to don@acoi.org and win valuable prizes!

Talking Education

Interactivity in CME: Not So Hard, but So Important

Continuing Medical Education (CME) is considered a lifelong process for doctors as part of their commitment to provide optimal care for patients. Despite a long history of creating CME activities, outcomes are far from ideal. A qualitative study published a few years ago in the Journal of Advances in Medical Education & Professionalism sought to clarify the barriers impacting effectiveness of CME activities in Iran based on the experiences of general practitioners¹. Putting aside potential cultural and systems differences, the researchers' findings support much of what we know – but don't necessarily act upon – in the design and implementation of CME.

The investigators recruited 16 general practitioners to participate in in-depth interviews and field observations concerning experiences with CME. The study was performed using a qualitative content analysis method.

The participants' experiences revealed a number of barriers, particularly insufficient interaction with the instructors; additional problems included the teachers' use of an undifferentiated approach; unreal and abstract CME; and ignorance of the diverse reasons to participate in CME.

Based on the study results, there appear to be multiple barriers to effective implementation of CME in Iran and, I believe, universally. The key barriers include insufficient interaction

between the trainees and providers, which must be considered by all medical educators and program designers. Such interactions would facilitate improved program design, invite more specific tailoring of the education to the participants, allow for more effective educational methods and set the stage for outcome evaluation from the learners actually applying their new knowledge in practice. These findings are consistent with other outcomes on the efficacy of CME, but provide an important reminder that “the same old same old” is simply inadequate.

Diabetes Dialogues

Is Diabetes Becoming Mainly a Third World Problem?

Global rates of incident diabetes seem to be on the decline in some populations, although experts question whether the evidence could be considered “definitive.”

Based on a systematic review of 47 studies, 36% of age- and ethnicity-defined populations in nations around the world saw drops in incident total diabetes or type 2 diabetes rates from 2006 to 2014, according to Dianna Magliano, PhD, of Baker Heart and Diabetes Institute in Melbourne, Australia, and colleagues².

Populations with declines in diabetes incidence after 2005 included the U.S., Israel, Switzerland, Hong Kong, Sweden, and South Korea. During the same 2006-2014 time period, incident diabetes held steady for 30% of global populations, including Canada, Italy, Scotland, Norway, non-Hispanic white people in the U.S., and the U.K. A third of populations saw an increase in diabetes, including Portugal, Denmark, and Germany, Magliano's group reported.

However, most of this data is almost exclusively reflective of high-income countries. Also, “stricter and more accurate diagnostic criteria” will inevitably reflect an even greater decline in incident diabetes³.

While we all hope for signs that diabetes is in retreat, in my opinion, this systematic review does not provide definitive evidence that true incidence is finally falling. Conditions are very different in low- and middle-income countries, less than five percent of the populations studied, where type 2 diabetes develops at lower body weights and the impact of marketing West-

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Talking Science

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ern food on diabetes incidence has not yet peaked.

The review drew upon population-based cohort studies, administrative and health insurance databases, and other diabetes registries to accumulate data on 121 specific adult populations. Not all populations had available trend data for all the time points assessed by Magliano's group, particularly low-income countries. While some studies included in the review reported trends on both type 1 and type 2 diabetes, the researchers pointed out that the findings apply predominantly to type 2 diabetes.

Although the lack of data for non-Europid populations leaves global trends in incidence unclear, these findings suggest that trends in the diabetes epidemic in some high-income countries have turned in a more encouraging direction compared with previous decades.

They noted that from the years 1990 to 2005, 66% of global populations saw an increase in incident diabetes rates -- accounting for the biggest spike of diabetes rates -- juxtaposed by only two percent of populations noting a decline. During these years, 32% of populations saw a stable rate of incident diabetes.

Regarding the spike in diabetes incidence from 1990 to 2005, the researchers explained that the diagnostic threshold (ADA) for fasting plasma glucose dropped from 140 mg/dL to 126 mg/dL (7.8 to 7.0 mmol/L) in 1997, potentially contributing to an increase in incident diabetes cases at this time.

Additionally, around 2009 and 2010, HbA1c was introduced as a new diagnostic standard for diabetes. Evidence from some studies suggests that the HbA1c diagnostic threshold detects fewer people with diabetes than do the thresholds for fasting plasma blood glucose, potentially leading to a lowering of incidence estimates. However, across multiple studies, prevalence estimates based on fasting plasma glucose only versus HbA1c definitions are similar.

From 1960 through 1989, 36% of populations saw an increase, while most populations held stable with new diabetes diagnoses during this time (55%); and only nine percent of populations saw a drop in diabetes rates during these years.

Some of the reasons for the current fall in diabetes incidence may be attributed to heightened prevention efforts, increased awareness, and reduced sugar intake, according to the authors.

Another potential explanation for declining or stable diabetes incidence after the mid-2000s is a reduction in the pool of undiagnosed diabetes through the intensification of diagnostic and screening activities and changing diagnostic criteria during the previous decade.

¹Faghihi SA, et.al. Improving continuing medical education by enhancing interactivity: lessons from Iran. *J Adv Med Educ Prof.* April 2016; Vol 4 No 2: 54-63.

²Magliano D, et al Trends in incidence of total or type 2 diabetes: systematic review. *BMJ.* 2019; DOI: 10.1136/bmj.l5003.

³Lean M, et al Trends in type 2 diabetes. Editorial. *BMJ.* 2019; DOI: 10.1136/bmj.l5407.

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NOTICE OF AMENDMENT TO ACOI BYLAWS

The Board of Directors of the American College of Osteopathic Internists, Inc. (ACOI) has proposed amendments to the ACOI's bylaws. The proposed amendments will be considered during the Annual Meeting of Members scheduled for Sunday, November 3, 2019 at the JW Marriott Desert Ridge Resort and Spa, 5350 East Marriott Drive, Phoenix, Arizona.

The proposed amendments expand the applicability of codes of ethics and professionalism to ACOI members and clarify the application of **codes of ethics and professionalism to Fellows, Master Fellows and Honorary Fellows**. **The proposed amendments to the Bylaws are underlined, italicized and appear in bold below:**

ARTICLE II: MEMBERSHIP

Section 2. Active Members. Active membership in the College shall be available to physicians who possess the United States degree of Doctor of Osteopathic Medicine (DO), or Doctor of Medicine (MD) (or a recognized international equivalent), and who:

1. Possess a valid license to practice in the state in which they practice;
2. Are of good moral character and conform with the Code of Ethics of the American Osteopathic Association **and other applicable codes of ethics and professionalism as determined by the Board of Directors;**

ARTICLE III: FELLOWS, MASTER FELLOWS AND HONORARY FELLOWS

Section 1. Requirements for the Degree of Fellow. The Board of Directors may award the title of "Fellow" to one who meets the following requirements:

1. Certification by the American Osteopathic Board of Internal Medicine or the American Board of Internal Medicine;
2. Active ACOI, Inc., membership in good standing for the two-year period preceding nomination;
3. Possession of active medical license in good standing;
4. Demonstration of continuing professional accomplishments and scholarship;
5. Documentation of continuing professional activities, which may include teaching, membership and service to regional and national professional organizations, hospital committee work, research, participation as both teacher and student in continuing medical education activities, significant achievement in the practice of osteopathic medicine and service to the public and community.

To be considered, a candidate must be nominated by a fellow of the ACOI, Inc. and endorsed by a second physician colleague, who may or may not be a fellow of the ACOI. The primary proposer must submit a substantive letter addressing the character, ethics, **professionalism** and professional achievements of the candidate, including contributions in clinical, teaching or research areas. The letter must make specific reference to the above-listed criteria and describe those attributes and activities which make the candidate deserving of this honor. The secondary endorser must attest to these attributes and activities by signature on the nomination form.

Section 3. Honorary Fellows. The Board of Directors may by unanimous vote award the title of Honorary Fellow to individuals manifesting exceptional concern, skill or ability in areas related to health, education, and public welfare. **The Board of Directors may by unanimous vote rescind the title of Honorary Fellow for cause.**

Explanatory Statement—For many years, ACOI members have been expected to comply with the Code of Ethics of the American Osteopathic Association. A review of that document by the Board of Directors found that it does not address many of the ethical questions arising today. The Board proposes this amendment to the Bylaws to allow for consideration of other applicable codes of ethics in cases where the AOA Code of Ethics is silent.

The current ACOI Bylaws are available at <https://www.acoi.org/about-acoi/bylaws>.

As a physician-owned group, we protect each other.



As a hospitalist, the possibility of medical malpractice suits can weigh heavy on your mind. When you join US Acute Care Solutions, the scales are tipped in your favor. Every full-time HM and EM physician becomes an owner in our group, giving us the power to reduce risk and protect our own. In fact, **our continuing education and risk management programs cut lawsuits to less than half the national average.** If a case is ever brought against you, we'll have your back with our legendary Litigation Stress Support Team and the best medical malpractice insurance. It's one more reason to weigh the importance of physician ownership. It matters.

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Interview: Samuel K. Snyder, DO, FACOI, ACOI President-Elect



Meet Samuel K. Snyder, DO, FACOI, an Associate Professor and Chair of the Department of Medicine at Nova Southeastern University-Kiran C. Patel College of Osteopathic Medicine in Fort Lauderdale, FL. He formerly served as the program director of the internal medicine residency at Mount Sinai Medical Center there. Sam is board-certified in internal medicine and nephrology. He has been an Active ACOI member since 1986 and received the degree of Fellow in 1995. Sam was first elected to the ACOI Board of Directors in 2009 and has represented the ACOI and AOA since 2015 on the ACGME Internal Medicine Residency Review Committee. A member of the ACOI's Executive Committee and Research Committee, he has lectured numerous times on nephrology topics for the

College. Sam served as the Program Chair for the 2015 Annual Convention in Tampa. He will assume the ACOI Presidency at the close of the 2019 Annual Convention in Phoenix.

Ms. Ciconte: Why did you become an ACOI member? How have you benefited from your membership over the years?

Dr. Snyder: I joined the ACOI many years ago after I completed my residency for the collegiality, educational opportunities, and the ability to meet colleagues in osteopathic internal medicine in order to build ongoing relationships. The continuing medical education courses that the College offered were of great interest even before my career led me down the path as a medical school educator. Over the years, I expanded my network of colleagues and grew professionally through ACOI's educational offerings.

Ms. Ciconte: Tell me why you have dedicated your time and talents to ACOI.

Dr. Snyder: Osteopathic medicine has given me a lot. I come from a family of DOs as my Dad was a DO. When I was nominated to join the ACOI Board of Directors, I thought it would be a great opportunity for me to turn my involvement into leadership and service.

Ms. Ciconte: In addition to sharing your time and talents with ACOI, you have made financial contributions to ACOI over and above your dues, including a generous contribution to the 75th Anniversary Campaign. Why did you choose to make a gift? What do you think ACOI should do and say to encourage members to support the College financially?

Dr. Snyder: The ACOI and osteopathic internal medicine have never been more successful, while at the same time experiencing more challenges to our survival. I supported the 75th Anniversary Campaign because I believed, as an ACOI leader, I needed to serve and give.

My message to the ACOI membership to encourage them to support the College financially is this: "We've been working very hard to clarify and articulate ACOI's mission and goals to meet the needs of our members – education, influence, and the voice of osteopathic internal medicine physicians. We can't do it alone. It is a team approach that requires financial support from our members."

Ms. Ciconte: The single accreditation system goes into full effect in 2020 when you will be ACOI's President. The ACOI Board has worked diligently and strategically these past few years to address the impact of this critical change. How do you feel about the work

the ACOI Board has done?

Dr. Snyder: Our Board has been very foresighted and clear as to ways to address what our members need. ACOI may be the "little guy," but we have used our voice over the years to make a difference for osteopathic internists. The single accreditation process should not be feared or avoided. We need to work hard to distinguish ourselves, while the College acts as a conduit for meaningful communications with our allopathic colleagues. I believe this change provides a better means for the osteopathic internal medicine to thrive in the future.

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. Snyder: First, I feel the College needs to continue to raise funds to supplement our regular revenue streams. We need to enhance our communications with members. Our members need to know that they will get the same quality of educational programming and services going forward. ACOI's new look and brand will be revealed at the convention in Phoenix next month. Another area to focus on is to try to make the AOA certification process as open and welcoming as possible.

Ms. Ciconte: Any closing comment or thought?

Dr. Snyder: As I am soon to assume the duties of ACOI 2019-2020 President, I am pleased to have such a great ACOI Board and staff to work with. The College will begin to implement its new concept, entitled Principle-Centered Medicine, a powerful approach to redefining Osteopathic Medicine for the 21st Century which our members will learn a lot more about at the upcoming convention. We will also be facing some transitions in membership for our allopathic colleagues and in the College's leadership.

Ms. Ciconte: Dr. Snyder, ACOI is indeed grateful to you for your long time commitment, leadership, and generosity.

75th Anniversary Campaign Honor Roll of Donors

(Outright Gifts and Multi-Year Commitments of \$1,000 or more as of September 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.

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Laura Rosch, DO, FACOI for her mentor
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Ronald L. Walsh, DO, MACOI
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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, FACOs
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 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

Using Life Insurance as a Charitable Gift



Photo by camilo jimenez on Unsplash

When the original purpose for a life insurance policy may no longer apply—such as educating children now grown, or providing financial security for a spouse now deceased—your policy can become a powerful and simple way to support our work. There are three ways to give life insurance to ACOI:

Name us a beneficiary of the policy. This gift is as simple as updating your beneficiary designation form with the policy holder. You can designate ACOI as the primary beneficiary for a percentage or specific amount. You can also make us the contingent beneficiary so that we will receive the balance of your policy only if your primary beneficiary doesn't survive you.

Make an outright gift of an existing policy. You can name ACOI as owner and beneficiary of an existing policy that you no longer need. You qualify for a federal income tax charitable deduction when you itemize on your taxes. If you continue to pay premiums on the policy, each payment is tax deductible as a charitable gift when you itemize.

Make an outright gift of a new policy. You can take out a new policy and irrevocably name ACOI as the owner and the beneficiary of the insurance contract. This method may be particularly attractive for the younger donor. Whether you make one single premium payment for the policy or pay annual premiums, each payment is tax deductible as a charitable gift when you itemize.

Three ways to learn more about using Life Insurance as a Charitable Gift:

1. Stop by the Development table at our 2019 Convention in Phoenix.
2. Attend the ACOI Legacy Society reception on Friday, November 1 from 2-3 PM (If you plan to attend the reception, kindly RSVP to Susan Stacy susan@acoi.org).
3. Call Brian Donadio at 301-231-8877, or send an email to bjd@acoi.org.

Please remember - always, seek the advice of your financial or legal advisor to determine the best gift for your individual circumstances.

To receive our helpful planning booklets: “2019 Federal Tax Pocket Guide” and “Your Guide to Effective Giving in 2019”, please email 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

During the Annual Convention in Phoenix

“A Fresh Perspective on Estate Planning”

SUNRISE SESSION 7 AM - Friday, Nov 1, 2019



Photo by Raul Petri on Unsplash

Estate Planning is not typically a priority on most individuals' to do lists. And the title of our ACOI Convention session – Estate Planning – is not very exciting. That said, you are invited to take a moment to consider this thought:

“You want to take care of people, but also the causes in life you care about.”

In this sunrise session, Barbara L. Tesner, CFRE, will provide you with the opportunity to view charitable gift planning through a new lens. It's not just about calculating how much to give.

The session will begin with a brief exercise to engage you to think about estate planning in a new way. After the exercise, the Art of Gift Planning will be discussed, including an overview of charitable gift planning options and vehicles:

- What should I give? • How should I give? • When should I give?

In general, the Session Objectives are:

- 1) Learn the elements of effective gift planning
- 2) Understand ways to “Gain through Giving”
- 3) Be inspired with a fresh perspective on estate planning

Please join us for this session if you want to take care of people, but also the causes in life you care about --

SUNRISE SESSION 7-8 AM Friday, November 1, 2019.



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.

Alia Alaweneh, DO
Fadi Arodaki, DO
Heather Carroll, DO
Bandish Chudasama, DO
Robin Davis, DO
Dominic De Angelo, DO
Nicholas Frazier, DO
William Gray, DO
Fabian Lemp, DO

Adil Manzoor, DO
Nicholas Paik, DO
Leo Parsons, II, DO
Angela Saunders, DO
Jenna Shenk, DO
Maria Shiptoski, DO
Leslie Tamura, DO
Lucas Watts, DO

Nominations for ACOI Leadership Positions Announced

The ACOI Nominating Committee has announced the slate of candidates for election at the Annual Meeting of Members scheduled for Sunday, November 3 in Phoenix, AZ. The Committee has nominated, Michael A. Adornetto, DO, MBA, for President-elect and Robert L. DiGiovanni, DO, for Secretary-Treasurer. The Nominating Committee also approved four candidates for election to the Board of Directors. Incumbents Susan M. Enright, DO, Robert T. Hasty, DO, and C. Clark Milton, DO, were nominated to new terms. Watson Ducatel, DO, MPH, was nominated to complete the one year remaining in the term previously filled by Dr. DiGiovanni. Under the College's Bylaws, this year's President-elect, Samuel K. Snyder, DO, will be inaugurated as President for the 2019-2020 year at the conclusion of the elections.

The Nominating Committee this year is chaired by Rick A. Greco, DO. Also serving are Damon Baker, DO, and Amita Vasoya, DO. Any Active member of the ACOI may nominate other qualified candidates by submitting the nomination to the Executive Director. Such nominations must be supported by the signatures of 30 Active members of the College; they also must include a brief statement of qualifications and must be received no later than 30 days prior to the date of the election. Further information is available from the Executive Director.

**October 30 - November 3, 2019
JW Marriott Desert Ridge, Phoenix, AZ**

“Lost in Translation: Applying Research to Clinical Practice” • Michael A. Adornetto, DO, MBA, FACOI, Program Chair

Wednesday, October 30, 2019

8:00 AM – 12:00 Noon Practice Management Symposium
8:00 AM – 10:00 AM Jump Start Your HIPPA Compliance
Sheila M. Mints, Esq.

10:00 AM – 10:45 AM Mastering the Prior Authorization
Process: Assuring the Best Care for
Your Patients
Jill M. Young, CPC, CEDC, CIMC

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
Ella M. Noel, DO, FACOI

11:45 AM – 12:00 AM Q&A with Panel
12:00 AM – 12:00 Noon New Member and First-Time Attendee
Orientation
Q&A with ACOI Board of Directors
*Annette T. Carron, DO, FACOI,
President, Moderator*

1:00 PM – 3:30 PM **PLENARY SESSION - Cardiology**
Martin C. Burke, DO, FACOI, Moderator

1:00 PM – 1:40 PM Late Breaking Trial Updates:
Best in Show
Martin C. Burke, DO, FACOI

1:40 PM – 2:30 PM Hypertension Debate: ACC/AHA
Guidelines vs ADA Consensus (2017)
*Robert J. Chilton, DO, FACOI
Louis C. Haenel, IV, DO, FACOI*

2:30 PM – 2:45 PM **BREAK**
2:45 PM – 3:20 PM A Case-Based Approach to Stroke
Prevention in Atrial Fibrillation:
Systemic Anti-Coagulation vs LAO
*Martin C. Burke, DO, FACOI;
Robert J. Chilton, DO, FACOI,
L. Bing Liem, DO, FACOI*

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, MACOI,
Moderator
Martin C. Burke, DO, FACOI
Kevin P. Hubbard, DO, MACOI
Roberta S. Rose, DO
David A. Tessler, DO, FACOI*

5:30 PM – 7:30 PM **Welcome Reception**

Thursday, October 31, 2019

8:00 AM - 8:00 AM **SUNRISE SESSIONS**
1) Anticoagulation in the Hospital
Setting: Navigating the Not-
So-Obvious Cases
Thomas A. Haffey, DO, FACOI
2) Investment Strategies
Anderson International
3) Cannabis Confusion?
C. Clark Milton, DO, FACOI
4) The Art and Science of Quality
CME Presentations: Creating Impact
and Driving Outcomes
*Donald S. Nelinson, PhD
Adam Perahia, MD*

8:00 AM – 8:15 AM

8:15 AM - 9:30 AM

9:30 AM – 10:00 AM
10:00 AM – 12:00 Noon

10:00 AM – 10:40 AM

10:40AM – 11:20 AM

11:20 AM – 11:55 AM

11:55 AM - 12:00 Noon
12:00 Noon - 1:00 PM

1:00 PM – 3:00 PM

1:00 PM – 1:40 PM

1:40 PM – 2:20 PM

2:20 PM – 3:00 PM

3:00 PM – 3:30 PM

3:30 PM - 5:30 PM

3:30 PM – 4:15 PM

4:15 PM – 4:45 PM

4:45 PM – 5:20 PM

5:20 PM – 5:30 PM

4:15 PM – 5:00 PM

5:00 PM - 6:00 PM

PLENARY SESSIONS

WELCOME/OPENING REMARKS

*Annette T. Carron, DO, FACOI, President
Ronald Burns, DO, President
American Osteopathic Association
Michael A. Adornetto, DO, MBA, FACOI
Program Chair*

PLENARY SESSION – KEYNOTE

Dream Makers
Jim (The Rookie) Morris, Jr.

EXHIBIT BREAK

PLENARY SESSION -

Gastroenterology
Jack D. Bragg, DO, MACOI, Moderator
Hepatology: NASH Treatment Options
Ghassan Hammoud, MD
Colon Cancer Screening: Latest
Recommendations
(Home-Based Testing vs Colonoscopy)
John Dumot, DO

Innovations in Endoscopic Interventions
Ghassan Hammoud, MD

Q&A with Panel

LUNCHEON SYMPOSIUM

A New Age in T2DM Treatment:
Focus on Basal Insulin / GLP-1RA
Combination Therapy
Louis C. Haenel, IV, DO, FACOI

PLENARY SESSION (con't) -

Rheumatology
Keith A. Reich, DO, FACOI, Moderator

Rheumatoid Arthritis: Diagnostic

Work-Up and Treatments

Jennifer G. Brackney, DO

Biologics in Disease Modification

Julie Jones, DO

Gout and Osteoarthritis:

What Works and What Doesn't

Ahmed Salah, DO

BREAK

PLENARY SESSIONS - Endocrine

John R. Sutton, DO, FACOI, Moderator

The COCCI Syndemic and Residual

Cardiovascular Risk

Michael B. Clearfield, DO, MACOI

Expanding Indications for Anti-

Hyperglycemic Medications

Toni M. Murphy, DO, FACOI

Thyroid Image Screening and

Interpretation: Endocrinologist

vs Radiologist

John R. Sutton, DO, FACOI

Q&A with Panel

BREAKOUTS

Resident Research Presentations

(concurrent session)

Carol I. Duffy, DO, FACOI, Moderator

Women Physicians Discussion

Group

Susan M. Enright, DO, FACOI;

Amita Vasoya, DO, FACOI;

Laura Rosch, DO, FACOI

Valentina L. Stevenovich, DO

Co-Moderators

Friday, November 1, 2019

7:00 AM - 8:00 AM

SUNRISE SESSIONS

- 1) 2018 AHA Stroke Guidelines –
Christopher Dietrich, DO
- 2) Sexual Boundary Violations
Michelle R. Mendez, DO
- 3) Hospital Medicine Session –
Electrolyte Replacement and
Management: Finding the Balance
Mark D. Baldwin, DO, FACOI
- 4) Estate Planning
Barbara L. Tesner, CFRE

8:00 AM – 9:00 AM

PLENARY SESSION - KEYNOTEPrinciple-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
Vaping: The Good, The Bad and
The Ugly

9:00 AM – 9:35 AM

Mary R. Suchyta, DO, FACOI

9:35 AM – 10:15 AM

Vaping: An Update from the CDC
Speaker TBD

10:15 AM - 10:20 AM

Q&A with Panel

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

11:55 AM – 12PM

Amita Vasoya, DO, FACOI
Q&A with Panel

9:00 AM - 12:00 PM

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

9:00 AM - 9:05 AM

Welcome and Opening Remarks
Jaclyn Cox, DO

9:05 AM - 9:45 AM

Brendan S. Kelly, DO, FACOI
Scholarly Activity

9:45 AM - 10:20 AM

Dominick Zampino, MD
QI across UME/GME

10:20 AM - 10:30 AM

BREAK

10:30 AM - 11:00 AM

Specialized Tracks: Areas of
Distinction within Residency
Training

11:00 AM - 12:00 PM

Robert Nardino, MD
Building an OMT Curriculum Across
Three Years
Susan M. Ratay, DO, MEd

12:00 PM - 1:00 PM

LUNCHEON SYMPOSIUMDifferentiating Among SGLT2
Inhibitors: Considering CV
Outcomes and Safety Profiles
Robert J. Chilton, DO, FACOI

1:00 PM – 5:00 PM

**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
Jodie L. Hermann, DO
Co-Moderators with ACOI's
Osteopathic Integration Task Force**PLENARY SESSIONS (con't) –****Allergy/Immunology***Julie Sterbank, DO, FACOI,*
Moderator

1:00 PM - 2:45 PM

1:00 PM – 1:50 PM

Allergic Contact Dermatitis
Jonathan Horbal, DO, FACOI

1:50 PM – 2:40 PM

Update on Peanut Desensitization
Julie Sterbank, DO

2:40 PM – 2:45 PM

2:45 PM – 3:00 PM

Q&A with Panel

BREAK**PLENARY SESSION –****Palliative Care Medicine***Leonard R. Hock, DO, Moderator*
Physician Assisted Suicide –
Point/Counterpoint

3:00 PM – 3:45 PM

Karen J. Nichols, DO, MACOI
*Leonard R. Hock, DO, MACOI***PLENARY SESSION –****Geriatric Medicine***Annette T. Carron, DO, FACOI,*
Moderator

3:45 PM – 4:30 PM

Dementia DX and TX

Jonathan E. Beaulac, DO

4:30 PM - 5:15 PM

Managing Inpatient and Outpatient
Depression in the Elderly Patient*Jonathan E. Beaulac, DO*

5:15 PM – 5:30 PM

6:00 PM - 7:30 PM

Q&A with Panel

**Convocation of Fellows
and Reception****Saturday, November 2, 2019**

7:00 AM - 8:00 AM

**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

7:00 AM - 8:00 AM

8:00 AM – 8:45 AM	PLENARY SESSION - Nuclear Medicine <i>James C. Clouse, DO, MACOI, Moderator</i>	12:45 PM – 1:30 PM	Cultural Sensitivities- When the Physician Is Harassed <i>Robert G. Good, DO, MACOI, Moderator</i> <i>Judith A. Lightfoot, DO, FACOI</i> <i>MarkAlain Dery, DO, FACOI</i> <i>Mia A. Taormino, DO, FACOI</i>
8:00 AM – 8:45 AM	Treatment of Neuroendocrine Tumors with LU 177 Dotatate <i>Mark Tulchinsky, MD</i>	1:30 PM – 2:30 PM	When Your Patient Is Addicted: The Hospital Frequent Flier <i>Omar Manejwala, MD</i>
8:45 AM – 9:30 AM	PLENARY SESSION Infectious Diseases Infectious Disease Then and Now: The Evolution of ID Strategies <i>Gerald W. Blackburn, DO, MACOI</i>	2:30 PM – 2:50 PM 2:50 PM – 3:30 PM	BREAK Medical Relationships- Dual Physician Households <i>Valentina L. Stevanovich, DO</i> <i>Joshua Layher, DO</i> Co-Moderators <i>Carol A. Greco, DO</i> <i>Rick A. Greco, DO, FACOI</i> <i>Omar Manejwala, MD</i>
9:30 AM – 10:15 AM	Use of Chronic Antibiotics: What the Evidence Tells Us and What it Doesn't <i>Mia Taormina, DO, FACOI</i>	3:30 PM – 4:00 PM	Debt, Jobs, The Future <i>Robert G. Good, DO, MACOI</i>
10:15 AM – 10:30 AM 10:30 AM – 11:10 AM	EXHIBIT BREAK Overtreatment of Outpatient Infections <i>MarkAlan Dery, DO, FACOI</i>		
11:10 AM – 11:15 AM	Q&A with Panel		
11:15 AM – 12:10 PM	PLENARY SESSION – Minority Health <i>Watson Ducatel, DO, FACOI</i> Moderator Approaches to Mental Health Issues in Minority Populations <i>James O. Abanishie, MD</i>	12:15 PM - 1:15 PM	LUNCHEON SYMPOSIUM Medical Management of Opioid Use Disorder <i>Annette T. Carron, DO, FACOI</i>
12:10 PM – 12:15 PM 9:45 AM- 10:00 AM	Q&A with Panel BREAK	1:15 PM – 3:00 PM	PLENARY SESSION (con't) Nephrology <i>Jeffrey Packer, DO, FACOI</i> Moderator Latest Research into the Treatment of Renal Disease <i>Peter Kotanko, MD</i>
7:00 AM – 5:00 PM	CONCURRENT SESSION State Licensure Requirements <i>Annette T. Carron, DO, FACOI, Moderator</i>	1:15 PM – 1:50 PM	Research into Best Practices – New Ideas <i>David Kisor, BS, PharmD</i>
7:00 AM – 8:00 AM	Rules and Regulations <i>Speaker TBD</i>	1:50 PM – 2:20 PM	Bias: How Preconceived Notions Affect Delivery of Care <i>Jonathan Suarez, MD</i>
8:00 AM – 9:00 AM	Domestic Violence <i>Michelle R. Mendez, DO</i>	2:20 PM – 2:50 PM	Q&A with Panel BREAK
9:00 AM – 10:00 AM	SOAR to Health and Wellness <i>Rachel Robitz, MD</i>	2:50 PM – 3:00 PM 3:00 PM - 3:15 PM 3:15 PM - 5:15 PM	PLENARY SESSION – Hematology/Oncology <i>Kevin P. Hubbard, DO, MACOI, Moderator</i>
10:00 AM – 10:15 AM 10:15 AM – 12:15 PM	BREAK Ethics <i>Mitchell D. Forman, DO, FACOI & W. Donald Havins, MD, JD</i>	3:15 PM – 4:15 PM	Are We Really Addressing Hypercoagulability <i>Christopher G. Jordan, DO, FACOI</i>
12:15 PM – 1:00 PM 1:00 PM – 5:00 PM	Lunch Break State Licensure Requirements <i>C. Clark Milton, DO, FACOI, Moderator</i>	4:15 PM – 5:15 PM	Prostate Cancer Screening: What Do You Think, Doc? <i>Katie Murray, DO</i>
1:00 PM – 2:00 PM	Prevention of Medical Errors <i>Robert T. Hasty, DO, FACOI</i>	5:15 PM – 5:30 PM	Q&A with Panel
2:00 AM – 3:00 PM	AIDS/HIV <i>MarkAlain Dery, DO, FACOI</i>		
3:00 AM – 5:00 PM	Prescribing Controlled Substances Update <i>Joshua Lenchus, DO</i>		
		Sunday, November 3, 2019	
12:00 PM – 4:00 PM	CONCURRENT SESSION Resident & Student Session (and Reception) <i>Robert G. Good, DO, FACOI, Moderator</i>	7:00 AM – 9:00 AM	REMS SESSION Pain Management & Opioids: Balancing Risks and Benefits <i>John Manfredonia, DO</i>
12:00 PM – 12:30 PM 12:30 PM – 12:45 PM	Lunch Reception Welcome <i>Robert G. Good, DO, MACOI</i> <i>Valentina L. Stevanovich, DO</i> <i>Joshua Layher, DO</i> Co-Moderators	9:00 AM – 9:15 AM	Memorial Address <i>Martin C. Burke, DO, FACOI</i>
		9:15 AM - 10:00 AM 10:00 AM	Annual Meeting of Members Convention Concludes
			*Schedule subject to change



REGISTRATION INFORMATION

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 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

REGISTRATION CATEGORY (please check appropriate box(es))	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, 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

ACOI CONVENTION REGISTRATION FORM

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

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>

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

REGISTER ONLINE AT 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

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.

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; 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.

In Memoriam

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

Carl F. Kupferer, DO, FACOI, 76, Albuquerque, NM, on August 15, 2019. A 1970 Graduate of the Kansas City College of Osteopathic Medicine, Dr. Kupferer practiced internal medicine and pulmonology in St. Louis, MO and Albuquerque. He retired from practice in 2016. Dr. Kupferer was an Active member of the ACOI throughout his career and achieved the degree of Fellow in 1999. He became an Emeritus member upon his retirement.



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continuing medical
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fingertips
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.....to get started!