ACOI Information
A PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS
VOL. 23 NO. 10 APRIL 14

From President Greco

March CME Offerings Set Records

I am pleased to report that the continuing medical education offerings of the ACOI set attendance records in March. We owe a sincere debt of gratitude for the efforts of icons like Gail Burchett, DO, MACOI and Kevin Hubbard, DO, FACOI, who have led the Internal Medicine Board Review Course for the past 23 years. They have called on the best and the brightest lecturers of the ACOI to provide this conference year after year. The more-than 400 attendees included a healthy mix of new graduate first-time certification candidates and veteran recertification participants. All of them can take comfort in the knowledge that attendees completing this course have performed better on the certifying exams than other candidates, according to AOBIM data.

Simultaneously, the College offered another of its annual programs, "Challenges in Inpatient Care." Despite this meeting coinciding with the annual meeting of the Society of Hospital Medicine, record attendance was experienced again this year. As an added bonus, those who participated in both of our meetings had a chance to enjoy the warmth and Southern hospitality of Savannah, GA.

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Certification Recognition, Residency Position Availability Major Issues

ACOI Board Responds to GME Unification

The ACOI Board of Directors has issued an official response to the announcement made in February that the AOA intends to merge its graduate medical education accreditation system into a single system under the Accreditation Council for Graduate Medical Education (ACGME). The response notes that there are potential benefits to such a merger, but several vital concerns must be addressed.

The unification of the GME accreditation systems has been under discussion for the past three years. The ACOI identified several issues that require clarification in a January 2013 letter to then-AOA President Ray Stowers, DO. Primary among these were a potential reduction in residency positions for osteopathic college graduates and the continuing viability of osteopathic certification in a system where graduates would have access to both osteopathic and allopathic certification. The College also questioned whether a single system would preserve the distinctive osteopathic approach to internal medicine patient care and training, the potential financial impact on small, community-based training programs, and the future sustainability of osteopathic specialty colleges and other organizations.

In the view of the Board, the information available on the recent agreement to proceed does not provide sufficient assurance on some of these issues. In particular, the certification issue is muddied by the fact that the ACGME has not agreed to provide recognition of AOA certification as a credential for program directors. Rather, such decisions will be made by the residency review committee in each specialty. This would mean that osteopathic internal medicine programs seeking ACGME accreditation would have to have an American Board of Internal Medicine certified program director in order to be approved.

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Try ACOI's New App For the Latest Information

The ACOI has introduced a new way for members to learn about its education programs, news of note and other important information: the ACOI app for smart phones and tablets. The app includes much of the information that is available on the ACOI website. It has links to certification information, GME standards and reports, member services information, Board, committee and staff contacts and more. In addition, the agenda materials and syllabuses for all continuing education meetings will be accessed via the ACOI app.

There is no charge for the ACOI app and it is available in all major formats. Learn how to download it via this link: ***http://eprodirect.com/ema-sites/acoi/.***

PURDUE

Funding in part for *ACOInformation* has been provided by Purdue Pharma, L.P.

American College of Osteopathic Internists

In Service to All Members; All Members in Service

MISSION

The mission of the ACOI is to advance the practice of osteopathic internal medicine. Through excellence in education, advocacy, research and the opportunity for service, the ACOI strives to enhance the professional and personal development of the family of osteopathic internists.

VISION

The ACOI seeks to be the organization that osteopathic internists think of first for education, information, representation and service to the profession.

VALUES

To accomplish its vision and mission, the ACOI will base its decisions and actions on the following core values:
LEADERSHIP for the advancement of osteopathic medicine
EXCELLENCE in programs and services
INTEGRITY in decision-making and actions
PROFESSIONALISM in all interactions
SERVICE to meet member needs

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Letter from the President

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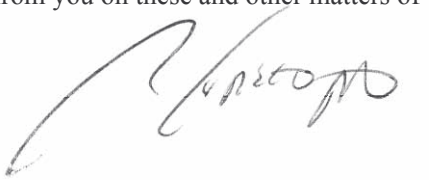
Of course, the major topic on the minds of many attendees was the AOA's recent announcement of a proposed unified accreditation system for residency programs under the aegis of the ACGME. I want to thank the many of you who shared your concerns. I heard a mixed bag of ideas reflecting fears, optimism and pessimism. As one member said, "It is the best of times and the worst of times."

While we are enjoying a bumper crop of Osteopathic college graduates across the United States, we have to be concerned about the number, quality and governance of our graduate medical education programs.

I can assure you that the ACOI Board of Directors shares many of the concerns that our members expressed. There remain many important questions that are unanswered. In this newsletter, you will find the ACOI's response to the proposed merger, based on the facts that are available today. You have my assurance that we will continue to steward our College with the best interests of our members and our profession in mind. As always, I welcome hearing from you on these and other matters of interest.



coding CORNER

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.

Impact of Delayed ICD-10 Implementation

Congress' vote to delay the implementation of ICD-10 came as a surprise to many. The one year delay in its implementation will create headaches and additional costs to physician practices. However, it also creates opportunity. As a result of the delayed implementation, physicians now have 18 months to prepare. What should offices do? Keep up the forward momentum in your preparations because there is still much to do to achieve diagnostic coding success.

In working with physicians learning ICD-10, educators see significant room for improvement in their ICD-9 coding knowledge.The specificity available in the ICD-9 system is underutilized. This makes the gap between ICD-9 and ICD-10 larger and the transition more difficult. With the extra time, providers can learn how to better utilize the ICD-9 system. Understanding the specificity needed in diagnostic coding is taking a much-needed step toward compliant coding with specificity today.

Take advantage of the delay and continue with your educational plans with a focus on the specificity and guidelines of ICD-9 for now. Your overall understanding of the process of documentation and code selection will be correct and compliant. This will make the new implementation date one that is easier to work through.

government RELATIONS

Timothy McNichol, JD

Medicare Physician Payments Made Public

The Centers for Medicare and Medicaid Services (CMS) has made data available about the number and type of healthcare services provided by physicians and others. According to Jonathon Blum, CMS Principal Deputy Administrator, "This data contains information on more than 880,000 health care professionals in all 50 states who collectively received $77 billion in payments in 2012 for services delivered to beneficiaries under the Medicare Part B Fee-for-Service program." The release of the data is intended to allow the analysis of 6,000 different services and procedures. According to CMS, the information is organized by National Provider Identifier (NPI) and Healthcare Common Procedure Coding System (HCPCS) code. Individual claim information will not be released. The release of this information became possible following the removal of an injunction in 2013 by a federal court that was in place since 1979. Additional information is available at ***http://blog.cms.gov/2014/04/02/next-steps-in-medicare-data-transparency/.***

Congress Fails to Capitalize on Opportunity to Permanently Repeal SGR

Negotiators in the House and Senate worked feverishly over the past year to approve legislation that would permanently repeal the Medicare Sustainable Growth Rate (SGR) formula. Legislation was advanced in both House and Senate committees of jurisdiction. Further advances were made when common ground was found between bipartisan House and Senate negotiators on a reform package that would repeal the SGR formula and phase in new physician payment models. What remained was to find agreement on a way to pay for the legislative package. Rather than finding a permanent resolution to this difficult problem in an election year, Congress decided to approve the 17th temporary patch since 2002 and most likely moved the debate to 2015 by approving the "Protecting Access to Medicare Act of 2014" (H.R. 4302, Pub. L. 113-93).

Problems with achieving meaningful permanent reform first appeared on March 14 when the House approved the "SGR Repeal and Medicare Provider Payment Modernization Act of 2014" (H.R. 4015). While H.R. 4015 was the package agreed to by both House and Senate negotiators and supported by the physician community, House leaders added a "poison pill" amendment prior to its consideration. To pay for the package, House Republican leaders added a provision to delay implementation of the "individual mandate" created by the Affordable Care Act. The intentional addition of this extremely contentious provision almost certainly assured that the Senate will not consider and approve H.R.4015.

As the calendar moved closer to March 31 and with a nearly 24 percent reduction in Medicare physician reimbursement looming, the House approved the temporary patch, H.R. 4302. This occurred via a controversial procedure before most House members were present on the floor. Since there was still time to enact a permanent solution, some members of both parties opposed the legislation, as did the physician community, but they were precluded from trying to bring a permanent repeal measure to the House floor. The Senate, just about out of time, agreed to H.R. 4302 on March 31and President Obama signed it into law on April 1.

H.R. 4302 maintains the .5 percent positive update that was implemented on January 1 and extends it to December 31, 2015. The legislation extends the existing one percent Geographic Practice Cost Index (GPCI) through March 31, 2015. Finally, the law delays the implementation of the International Classification of Disease, 10th Revision (ICD-10) until October 1, 2015.

While enactment of H.R. 4302 provides temporary relief from the implementation of ICD-10 (see this month's Coding Corner for more information) and prevents a severe reduction in Medicare physician reimbursement, an opportunity to create stability and protect access to care for millions of Medicare beneficiaries was missed in order to avoid difficult conversations and votes in an election year. The ACOI will continue to work to ensure that physicians are properly reimbursed for the services they provide.

$2.4 Billion in Improper Payments Identified by RACs

According to a CMS report recently released to Congress, Recovery Audit Contractors (RACs) identified $2.4 billion in improper Medicare payments in fiscal year 2012. This is up from $797 million in fiscal year 2011. Of the $2.4 billion, $2.3 billion was overpayments and $109.4 million was returned to providers for underpayments. According to the CMS report, more than $2 billion in overpayments related

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GME Unification

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The unification agreement also provides potential access to osteopathic residency programs to US and international MD graduates. Given the number of MDs who did not successfully match with a first-year residency position (more than 6000 in 2014), concern remains about residency availability for osteopathic graduates. Osteopathic graduates now have exclusive access to osteopathic training positions.

The Board position is that unless there is strong evidence by July 1, 2017 that the certification and residency availability issues will be resolved favorably, the transition to single system should not continue. The full response of the Board of Directors appears below.

ACOI Response to 2014 Announcement of Unified GME System

The ACOI Board of Directors conducted its mid-year meeting March 14-16, 2014. A significant portion of the agenda was devoted to discussion of the announcement made on February 26 that the AOA, AACOM and ACGME have agreed to work toward a single, unified system for accreditation of graduate medical education under the ACGME.

The Board discussions of this matter focused on whether the concerns raised by the ACOI in January 2013 have been addressed satisfactorily. Those concerns may be summarized as follows:

1. **The potential for fewer GME positions to be available for osteopathic college graduates as a result o**f:

   Loss of exclusive access to positions now available only to COM graduates;

   The impact of added osteopathic requirements to ACGME standards that could serve as a disincentive to ACGME programs that now accept osteopathic college graduates; and

   Loss of programs and positions due to an inability to meet the added financial cost of ACGME faculty and other administrative requirements;

2. **The viability of AOA board certification due to financial and program director/ faculty disincentives built into a unified system that would provide access to both AOA and ABMS certification;**

3. **The impact on the distinctive osteopathic approach to internal medicine training and practice as a result of diminished influence over the GME accreditation process; and**

4. **Specialty college sustainability.**

Given the confidential nature of the negotiations and based on the limited amount of information made available, there is reason to believe that the above concerns remain. It has been confirmed that once the merger is complete, residency positions in all programs would be available to graduates of LCME schools, international medical graduates and COCA school graduates. In the just-completed 2014 National Resident Match for ACGME residency positions, nearly 1000 US allopathic medical school graduates, more than 600 osteopathic medical school graduates and over 6000 international medical school graduates were not placed in first-year residency program positions. Under a unified system, positions that are now exclusively osteopathic could be attractive to these individuals.

The numbers are similar for the 2014 subspecialty match. More than 2000 applicants did not match with a fellowship position. Those osteopathic fellowship programs that survive the unified accreditation process may be an appealing alternative to those individuals.

It also has been confirmed that the merger calls for the adoption of new ACGME requirements that would permit programs to offer an osteopathic focus. Interested programs would meet as yet undefined requirements in osteopathic principles and practice. Specialty-specific osteopathic components could be added to the specialty standards. Provisions would be made for allopathic and international graduates to qualify for entry into these programs. It remains to be seen whether programs will choose to embrace the added requirements.

The conversion to ACGME accreditation status for most existing AOA programs will come with added financial costs that could be difficult to sustain. ACGME requirements concerning program director and faculty salary and support, minimum numbers of funded residency positions and other supervisory issues will create new costs. These new resources would be a welcome enhancement in those training institutions that decide to fund them. It is not known how many will do so. There are smaller, community hospital-based AOA internal medicine programs that provide a service to the public as a source of high quality health care and whose graduates remain in the community throughout their careers. The loss of any programs would be a negative consequence of the merger. Loss of these programs, in particular, would be a serious setback in those communities.

Concerns about the continuing viability of AOA board certification have increased since the announcement in February. The previous focus was on the fact that program graduates would choose ABMS certification because of perceived prestige associated with the allopathic boards, or because the requirement for career-long AOA membership to retain certification may be seen as creating a financial disincentive for AOA certification. Added to these apprehensions is the failure to recognize AOA certification as a qualification for program director in the unified GME system. Programs with AOA-certified directors that wish to maintain an osteopathic focus would be required to name a co-program director that is allopathically certified. This is an affront to the numerous AOA-certified program directors who have dedicated their careers to lead-

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ACOI Response

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ing residency programs. It is also an additional deterrent for residents to choose AOA certification. It demeans the efforts of AOA certifying boards that have provided high-quality, meaningful certification processes that are recognized universally in the United States. Finally, the requirement for a co-program director would be an added expense for programs that opt to retain an AOA-certified program director. It is not clear why programs would choose to do this, nor would it add value.

The primary mission of the ACOI is to assure the future of osteopathic internal medicine. The College's involvement in creating and refining residency program standards, faculty development and program and resident evaluation, has played a large part in helping the College meet that charge. The graduates of osteopathic internal medicine residency programs provide a unique and valuable service to patients and communities throughout the nation. This is the direct result of actions taken by the ACOI Council on Education and Evaluation, through the AOA, to foster a truly osteopathic approach to internal medicine training. The unified accreditation system would provide a role for a certain number of osteopathic representatives on the ACGME Review Committee for Internal Medicine. It is hard to envision whether the same ability to foster distinctive osteopathic internal medicine training would be possible in that environment.

At present, the ACOI plays an active role in resident training and the residents are exposed in various ways to the advantages of active participation in the College. Contact with residents exists from the beginning of training through in-service exams, annual reports, ombudsmanship and other services. Despite numerous efforts, no successful strategy to establish close connections with DOs in ACGME training programs has been identified. AOA program graduates are the primary source of practicing physician active members of the ACOI following training. The likely loss under the unified system of this early, ongoing contact with residents represents a significant threat to the long-term viability of all osteopathic specialty colleges.

Recommendations

The ACOI Board of Directors believes that while there are many advantages to a unified GME accreditation system, the above concerns have not been addressed in a manner that permits endorsement. The official position of the Board is that:

1. **The unified GME accreditation system must recognize AOBIM certification as a credential for program directors;**
2. **The unified GME accreditation system must ensure a residency position is available for each college of osteopathic medicine graduate;**
3. **Provisions must be made for the survival of programs in community hospitals in rural and underserved areas that may not have the financial resources to meet all ACGME requirements;**
4. **Specialty colleges must have a defined role in identifying AOA nominees to the residency review committees; and**
5. **The AOA must identify and address the likely impact of the unified accreditation system on the distinctive osteopathic approach to care.**

In addition, it is the position of the Board of Directors that the transition to a unified GME accreditation system should continue only if there is strong evidence by July 1, 2017 that items 1 and 2 above can be achieved. The Board acknowledges it is possible that they could occur during the remainder of the transition period. The chances of accomplishing either priority would diminish sharply after the transition to one system is completed.

Approved by ACOI Board of Directors- March 15, 2014

Congress on Medical Education For Residency Trainers Set for May 2-4

The 2014 ACOI Congress on Medical Education for Residency Trainers will take place May 2-4 at the Orlando World Center Marriott Resort and Spa in Orlando, FL. The program will feature faculty development for program directors and other trainers on such issues as the proposed AOA/ACGME single accreditation pathway for GME, changes to training standards, GME financing, best practices and more.

While designed for trainers, all members are invited to attend. Approximately 12.5 category one internal medicine CME credits are anticipated. Visit ***www.acoi.org/CMETrainer.html*** for a complete agenda and registration information.

Have You Moved?

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

www.acoi.org

Government Relations

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ACA if there is a religious objection. Hobby Lobby Stores and Conestoga Wood Specialties argued that the contraception mandate is a substantial burden to their religious freedom in violation of the Religious Freedom Restoration Act (RFRA). The Court will determine if the requirement to provide contraceptive coverage serves a compelling government interest and if it is the least restrictive means of fulfilling that interest. The manner in which the Court decides this case could impact future cases challenging provisions of the ACA and how they are handled. A decision is expected later this year.

Washington Tidbits: History around the Corner…

One of the pleasures of living in and visiting the Washington, DC area is the fact that history can often be found in some of the most unexpected places. A small nondescript colonial home that is little noticed now just may have been the "Capital for a Day."

British forces attacked Washington, DC in April, 1814 and set fire to many structures, including the White House. When the British reached the White House, they discovered that President James Madison had fled. After spending two days in northern Virginia, President Madison and members of his cabinet traveled to Brookeville, Maryland located just north of the city. They took refuge in the home of the local postmaster. In addition to the President and his cabinet, the Senate's papers were brought to Brookeville for safekeeping. This very small suburb of Washington served as the center of the government and provided safe refuge for a day in the history of our Nation.

Professional Opportunities

As a service to its members, ACOI lists practice opportunities in internal medicine and its subspecialties both here and on the College's website. The service is available at no charge to ACOI members as a benefit of membership. Institutions and non-members may place listings for a fee. ACOI reserves the right to edit submitted copy for purposes of space and/or content. To place an ad or for further information, contact Ms. Susan B. Stacy, Susan@acoi.org.

BC/BE CARDIOLOGIST– SE Michigan. SE Michigan Cardiology Practice seeking BCBE cardiologist, invasive or noninvasive, to start July of 2014. If interested please contact Kristi McMullen. 734-464-3251.

INTERNISTS - Yakima & Toppenish Medical Dental Clinics.

We are recruiting for two internists to join our dedicated provider teams at the Yakima and Toppenish Medical Dental Clinics. These are outpatient Internal Medicine positions in multi-specialty clinics. All inpatient work is taken care of by hospitalists and there is only light phone call.

If you are looking for a position that provides you with an opportunity to give back to your community, then consider joining a community and migrant health center. We offer a good salary, beautiful, state-of-the-art facilities, and a well-balanced home life. We are looking for physicians that have a passion for providing high-quality healthcare in a multi-cultural environment.

Both positions are located in the beautiful Yakima Valley where we enjoy over 300 days of sun per year. We are located just a short drive from the beautiful Cascade Mountain range and in close proximity to countless outdoor activities. During the summer months we enjoy an extensive variety of locally grown fruit and vegetables from local farmers.

A few of our benefits include:
* *A competitive productivity-based compensation program*
* *A comprehensive benefits package*
* *A great work/life balance*
* *Hiring bonus and relocation package*
* *Loan repayment options*
* *Visa sponsorship*
* *Monthly stipend for 3rd year residents*

About Us
The Yakima Valley Farm Workers Clinic (YVFWC) is the largest community health center in the Pacific Northwest. We are dedicated to providing our patients with the highest quality care and offering them affordable healthcare options. YVFWC provide comprehensive medical, dental, and social services in over 17 Pacific Northwest communities. Our medical and dental services are complemented by behavioral health services, nutrition services, drug and alcohol treatment, an HIV/AIDS clinic, community health services, the Northwest Community Action Center (which provides employment, training, mentoring, and other case management and referral services), and a mobile medical and dental unit.

The Pacific Northwest
You will have the added benefit of living in the Pacific Northwest, where you can enjoy spectacular wilderness areas, scenic ocean beaches, and crystal-clear lakes and rivers. You can enjoy fresh seafood, fine Northwest wines, and a spectacular selection of fruits and vegetables.

You will also be within an easy drive to a thriving metropolitan area, offering fine dining and shopping, theatres, museums, and world-class universities.

If this sounds like the opportunity you have been looking for, please apply online or contact us to learn more about what we have to offer. Call us toll free at 877.983.9247 or email us at providerjobs@yvfwc.org. Our mission celebrates diversity. We are committed to equal opportunity employment.
Apply Here: http://www.Click2apply.net/sk9n88c

MEDS/PEDS PHYSICIAN NEEDED - Yakima & Toppenish Medical Dental Clinics.

Are you ready for a change? Do you want a position that allows you to give back to your community? Join a community and migrant health center without giving up a good salary, beautiful, state-of-the-art facilities, and a well-balanced home life. We are currently looking for a Med-Peds physician to join our dedicated team of mission-driven providers. If you have a passion for providing high-quality healthcare in a multi-cultural environment, we would like you to consider becoming a member of our team!

A few of our benefits include:
- A competitive productivity-based compensation program with potential of $170k+
- A comprehensive benefits package
- A great work/life balance
- Hiring bonus and relocation package
- $50k guaranteed loan repayment and State and Federal Loan repayment options
- Visa sponsorship
- Monthly stipend for 3rd year residents

About Us
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You will have the added benefit of living in the Pacific Northwest, where you can enjoy spectacular wilderness areas, scenic ocean beaches, and crystal-clear lakes and rivers. You can enjoy fresh seafood, fine Northwest wines, and a spectacular selection of fruits and vegetables.

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if this sounds like the opportunity you have been looking for, please apply online or contact us to learn more about what we have to offer. Call us toll free at 877.983.9247 or email us at providerjobs@yvfwc.org.

Our mission celebrates diversity. We are committed to equal opportunity employment.

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Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2014 Congress on Medical Education for Residency Trainers
  May 2-4 Orlando World Center Marriott, Orlando, FL
- 2014 Annual Convention & Scientific Sessions
  Oct 15-19 Baltimore Marriott Waterfront, Baltimore, MD
- 2015 Internal Medicine Board Review Course
  March 18-22 The Cosmopolitan Hotel, Las Vegas, NV
- 2015 Challenges in Inpatient Care
  March 19-22 The Cosmopolitan Hotel, Las Vegas, NV
- 2015 Annual Convention & Scientific Sessions
  Oct 28-Nov 1 Marco Island Marriott Resort Golf Club and Spa, Marco Island, FL
- 2016 Annual Convention & Scientific Sessions
  Oct 12-16 San Francisco Marriott Marquis, San Francisco, CA
- 2017 Annual Convention & Scientific Sessions
  Oct 15-19 Gaylord National Resort and Convention Center, Washington, DC
- 2018 Annual Convention & Scientific Sessions
  Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2019 Annual Convention & Scientific Sessions
  Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ

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.

2014 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination
Computerized Examination 200 Sites Nationwide
September 11, 2014 - *Application Deadline: Expired*
Late Registration Deadline: Expired

Subspecialty & Certification of Added Qualifications:
Aug. 23, 2014 • Lombard, IL - *Application Deadline: Expired*
Late Registration Deadline: May 1, 2014
Cardiology • Critical Care Medicine • Endocrinology • Gastroenterology • Hematology • Infectious Disease • Interventional Cardiology • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

Internal Medicine Recertifying Examination
Computerized Examination 200 Sites Nationwide
September 12, 2014 - *Application Deadline: Expired*
Late Registration Deadline: May 1, 2014

Focused Hospital Medicine Recertification
Computerized Examination 200 Sites Nationwide
May 8, 2014 - *Application Deadline: Expired*

Subspecialty and Added Qualifications Recertifying Examinations:
Aug. 23, 2014 • Lombard, IL - *Application Deadline: Expired*
Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology • Gastroenterology • Geriatrics • Hematology • Infectious Disease • Interventional Cardiology • Nephrology • Oncology • Pulmonary Diseases • Rheumatology
Late Registration Deadline: May 1, 2014

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

New Members Welcomed

The ACOI Board of Directors and staff welcome the following physicians whose membership applications have been approved by the Credentials Committee and Board of Directors.

Active Membership

Christina Bordeau, DO
Bartley Brown, DO
Herbert Claude, DO
Craig Graul, DO
Angele LaFleur, DO
James Landero, D.O
Jay McDougal, DO
Kha Ngo, DO
Jatinchandra Patel, DO
Elaine Phuah, DO
Robin Thomas, DO
Daniel Vile, DO

Associate Membership

Steven Angus, MD
Michael Chizner, MD
Saba Waseem, MD

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American College of Osteopathic Internists
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In The April 2014 Issue:

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