

From President Lightfoot Spring Is a Time of Continuing Education For ACOI Members



Hello, again, as we move into spring, 2015. I had the opportunity in late March to attend and participate in the 2015 ACOI Internal

Medicine Board Review Course, chaired by Gail D. Burchett, DO, MACOI and Kevin P. Hubbard, DO, FACOI, as well as the Clinical Challenges in Inpatient Care hospital medicine program chaired by Frederick A. Schaller, DO, FACOI (all three of these excellent educators are past ACOI presidents). The two meetings were held at the Cosmopolitan Hotel in Las Vegas, NV. Both meetings went very well with over 600 registrants, many of whom are preparing to sit for the AOBIM certification and recertifi-

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How ACOI's Generational Advancement Fund Makes a Difference for Students

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



Matthew R. Hardee, DO, Program Director for IM/NMM at Northeast Regional Medical Center in Kirksville, MO and Assistant Professor, Department of Internal Medicine, at Kirksville College of Osteopathic Medicine (KCOM), became involved with ACOI in 2008-2010, during his residency at Northeast Regional Medical Center in Kirksville. He served for two years as ACOI's Resident Representative to the Board of Directors. Dr. Hardee assists with resident sessions at the College's annual convention and has served on ACOI committees. He is currently a member of the Development Committee.

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

Dr. Hardee: As a native son of Kirksville, Missouri, I fell in love with osteopathic medicine after hearing my mother share the wonderful experiences she had. Coming from a family of teachers, I was the first person in my family to go to medical school. Though I initially intended to go into family practice, I fell in love with the level of care that I saw on my internal medicine rotations. I also found that, like my family, I loved to teach. During my 3rd year, I helped to develop a didactic curriculum with the other students at my site. Having to teach every week greatly helped me increase my depth of knowledge in internal medicine.

I learned about ACOI right after I started my residency. I was drawn to this organization, in large part, because of my love of teaching. I joined as quickly as I could and

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Last Chance to Complete ACOI Member Survey

The ACOI's biannual member survey is in its final stages and more than 800 members already have participated. The deadline to complete the survey is this Thursday, April 16. The electronic survey takes about 15 minutes to complete and is very important in providing guidance for the College's strategic planning process. A confidential, personalized link to the survey was sent to all Active Members via email from the address acoisurvey@researchusainc.com. The final chance to participate was sent last Thursday. You must use this link to participate.

Three members who complete the survey will be selected at random to receive a \$100 American Express gift card. Members are urged to complete the survey prior to the deadline.

ACOI

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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cation exams in the fall. I had the pleasure to speak with many of the attendees, including residents and attending physicians from all over the country.

There were lots of questions about our future as a result of the AOA agreement to create a single GME accreditation system with the ACGME. Many wonder about the future viability of osteopathic certification, whether our programs will choose to seek osteopathic recognition in the new system, will residents choose these programs and which boards will they take? There are not many answers right now, but the ACOI will share what we know as answers become clearer.

While in Las Vegas, I had the pleasure of making a presentation to the Student Internal Medicine Club at the Touro University COM-Nevada. I was warmly welcomed by the students and Dean Mitchell Forman, DO (who also serves on the ACOI Board of Directors). The students displayed enthusiasm and dedication to Osteopathic Medicine. I had a chance to tour the school and witness the students practicing their OMM techniques with guidance from their clinical professors. This made me feel right at home. I rounded out my morning giving a lecture on the benefits of a career in internal medicine to the club members. These visiting professor lectures are made possible through your very much needed and appreciated donations to the ACOI's Generational Advancement Fund. In addition to the lecture, we provide lunch and internal medicine text books and reading materials as giveaways. The Internal Medicine clubs at all of our COMs have benefited from this experience and it is a rewarding experience for the lecturers. If any of you are interested in being a visiting professor, please contact Susan Stacy at ACOI.

As we move through 2015, physicians are increasingly faced with challenges and obstacles. The costs of operating a practice continue to mount while we not only provide quality care, but must also fight to get paid for caring for our patients. The time has come for more physicians to take the lead as advocates for improvements in how care is delivered. One way we can do this is to develop and inspire young physicians by empowering them with the knowledge and expertise to drive system reform and not sit on the sidelines and take what is handed down!

In early May, the ACOI will be host its annual Trainers' Congress. This program includes sessions for rising chief residents and emerging leaders. I will make a presentation to them on Professionalism and Leadership. There are many other valuable sessions planned. For those who are at residency programs, it is not too late to register your rising chiefs and I urge you to do so.

I hope that our ACOI members and their families had happy Easter and Pass-over celebrations at the beginning of this month. I also want to acknowledge those who experienced the severe tornado in Rochelle, IL. Please let the ACOI and me know if any of our members are among those affected by this devastating event, which left the citizens with pretty much nothing. As always, I welcome member comments on issues of concern.





government RELATIONS

Timothy McNichol, JD

Congress Approves Legislation to Repeal Medicare Physician Payment Formula

After years of effort and the enactment of 17 separate “patches,” the House and Senate overwhelmingly approved the bipartisan “Medicare Access and CHIP Reauthorization Act of 2015” (H.R. 2), which fundamentally alters the manner in which physicians are reimbursed under the Medicare program. The final vote in the Senate followed action by the House two weeks prior and occurred within hours of when the Centers for Medicare and Medicaid Services (CMS) would have begun processing Medicare claims at a 21 percent reduced rate.

The deal to repeal the flawed SGR formula used to calculate physician payment under Medicare was reached following extensive bipartisan negotiations and years of effort by the ACOI and other members of the physician community. Under the bill, physicians will receive a positive .5 percent update for five years beginning on July 1, followed by stable payments through 2025. In addition, the legislation consolidates existing physician quality programs into a new, streamlined Merit-Based Incentive Payment System (MIPS) providing physicians with the opportunity for bonus payments based on the efficiency and quality of the care provided. The newly-created MIPS will focus on quality, resource use, electronic health record meaningful use and clinical practice improvement activities.

Approval of this legislation ensures that patients will have access to their physicians and allows physicians to practice in a more predictable environment. While the legislation is not perfect, it sets forth a path to provide much-needed stability and moves Medicare toward a system that better promotes efficiency and quality. Upon final approval of the legislation, the President released a statement saying, “I will be proud to sign it into law.” The ACOI will continue to provide updates as implementation of the “Medicare Access and Chip Reauthorization Act of 2015” gets underway.

House and Senate Adopt Budget Blueprints

Prior to taking a two-week recess, the House and Senate adopted non-binding budgets for fiscal year 2016. The approved resolutions serve as the blueprints for appropriations legislation that will be considered by Congress later this year to fund the operations of the federal government. Of note, the budgets would reduce federal spending by more than \$5 trillion over 10 years. In addition, both House and Senate packages would fully repeal the Affordable Care Act (ACA) for an assumed savings of approximately \$2 trillion dollars. This assumption raises some budgetary questions in light of the fact that there have been more than 50 votes in the House to-date to repeal the ACA to no avail. Further, the constitutionality of the ACA has been upheld by the US Supreme Court making it more difficult to do away with the law in its entirety. Finally, both the Senate and House resolutions would find savings from the Medicare program of \$431 billion and \$148 billion, respectively. Approval of these two resolutions marks the beginning of the budget process that will be played out over the next several months.

HHS Announces Increased Health Insurance Coverage as a Result of the ACA
According to a report released by the Department of Health and Human Services,

about 16.4 million uninsured individuals gained ACA. Approximately 14.1 million adults gained open enrollment period in late 2013. An additional 2.3 million adults remained on a parent’s plan under a provision that extends coverage to the age of 26 for children. According to the report, the uninsured rate dropped 7.1 percent.

Stage 3 EHR Meaningful Use Proposed Rule

CMS recently released proposed Stage 3 meaningful use rules for the Medicare and Medicaid Electronic Health Record (EHR) program. Under the proposed rule, participation in Stage 3 would begin in 2018, regardless of past participation. Beginning in 2018, eligible hospitals and critical access hospitals would be required to report the same objectives and measures of performance as Stage 2. The proposed rule is intended to align EHR incentive programs with CMS quality reporting programs that use certified EHR technology. The number of objectives will be decreased from 20 in Stage 2 to 15 in Stage 3 under the proposed rule. However, higher complexity will be required to meet the Stage 3 meaningful use requirements. The government is expected to spend about \$3.7 billion in 2020 on the meaningful use program. In conjunction with the proposed Stage 3 rule, the Office of the National Coordinator for Health Information Technology (ONC) also released proposed certification criteria for EHR technology. According to the ONC, “Together, these proposed rules focus on making health information technology programs more flexible, simplifying and reducing burdens on providers participating in the program, driving the integration of health information across systems and between providers and improving the quality of care.”

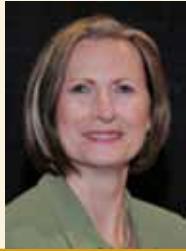
Washington Tidbits:

Waning Days of the Civil War – Part 2

With the conclusion of the Civil War in sight, President Lincoln delivered his second and final inaugural address just days before he would be changed at the hands of a desperate assassin. Assassination was not the first objective.

John Wilkes Booth, a confederate sympathizer, and co-conspirator to kidnap President Lincoln on March 20, 1865, was captured in Virginia. When the President did not show up at the theater as expected, their plans were thrown into disarray. The conspirator to preserve the confederacy was the Palm Sunday plot. Booth and his forces at the Appomattox Courthouse on April 14, 1865, took the desperate step of shooting President Lincoln. The killing of the President died the next morning. Following the assassination was one of the largest manhunts in history. More than 10,000 federal troops, detectives and police officers captured and killed in Virginia on April 26. Four conspirators were captured, tried and hanged. One conspirator, Mary Surratt, was to be executed by the federal government. She allowed her home to serve as a meeting place for the conspirators.

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coding CORNER

Jill M. Young, CPC, CEDC, CIMC

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

The information provided here applies to Medicare coding. Be sure to check with local insurance carriers to determine if private insurers follow Medicare's lead in all coding matters.

Defining Clinical Staff and Other Qualified Health Care Professionals

As new policies are defined and old ones clarified, who can perform what services and where seems to be the question of the day. The role and classification of NPs, PAs, LPNs and MAs all are in question. Varying state scope of practice laws and regulations play a large part in the answer to the question of who is considered "clinical staff" and who is considered "other qualified health care professionals." Specialty designation must also be considered when looking at how a payer classifies physicians and other staff members providing care to a patient.

We know that all physicians of the same specialty in the same group are considered as one when providing services to patients. Many times their work is combined to achieve the level of service billed by providers under one name. Medicare defines "other qualified health care professionals," as listed in "Instructions for Use of the CPT Codebook," as the following:

When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the physician. A physician or other qualified health care professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. These professionals are distinct from "clinical staff."

According to the same instructions, "clinical staff" is defined as follows:

A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service. Other policies may also affect who may report specific services.

Under this definition of clinical staff, only those who are "licensed" in the state are considered "clinical staff." This creates some uncertainty and varies by state for medical assistants (MAs) creating confusion for some offices. Are MAs licensed so they are considered "clinical staff," or are they only registered which means they are not? This clarification is important when using the services of MAs, especially for the new Chronic-Care Management and Transitional-Care Management service codes which require that "clinical staff" perform a significant part of the service code.

New Members Welcomed

The ACOI Board of Directors and staff welcome the following members whose membership applications or changes in membership status have been approved by the Credentials Committee and Board of Directors.

Active Members:

Muhammad U. Alam, DO
Jessica B. Barker, DO
Ukana Bassey, DO
Paul A. Berger III, DO
Francisco J. Delgado, DO
Charles Digby, DO
Andrew J. Hanson, DO
Scott J. Harris, DO
auren S. Hendrix, DO
Ryan A. Hop, DO
Rachel T. Huston, DO
Steve S. Kim, DO
Jennifer O. Lizcano, DO
Sapan H. Majmundar, DO
Michael W. Masny, DO
Matthew H. Montgomery, DO
Nicolle L. Peterson, DO
Manoj Sharma, DO
Ashley J. Thomas, DO
Chadwell B. Vail, DO
Richard L. Walters, DO

Associate Members:

Michael E. Debs, MD
Henrique J. Fernandez, MD
Robert W. Hostoffer Jr., DO

Emeritus Status:

David K. MacIntosh, DO, FACOI



Member Milestones

Marc G. Kaprow, DO, FACOI of Cooper City, FL has been named Long Term Care Executive Director of UnitedHealthcare Community Plan, Florida. Dr. Kaprow is certified by the American Osteopathic Board of Internal Medicine in internal medicine and hospice and palliative medicine. He has been Long Term Care Medical Director for United Healthcare and will continue in that role until a successor is identified. He received a United Healthcare Community Innovator Award last year for establishing a catastrophic admission taskforce in the Florida market.

Generational Advancement

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made myself available for anything. I am still amazed that I had the opportunity to apply for and then receive the honor of being Resident Representative on the ACOI Board. I thank Dr. Kevin Hubbard, (then ACOI President) for that opportunity every chance I get. My two-year term on the Board gave me a close-up look at the College and gave me the opportunity to meet many leaders in osteopathic internal medicine. Since my term on the Board ended, I have continued to volunteer my time to help ACOI with the resident sessions at the Annual Convention and to serve on various committees.

Ms. Ciconte: How can ACOI continue to serve its members in the future?

Dr. Hardee: Since my days as a resident are not that long ago, I think ACOI needs to really concentrate on the perception that younger physicians have of the College. The next generation of physicians, like the millennial generation as a whole, have different values and goals. They do not place as much importance on membership to organizations or to maintaining the status quo. They want to see and feel that membership does something for them. For that reason, it is important for ACOI to continue to look at its mission and vision and determine how it can be a stronger advocate for internal medicine residents.

Younger physicians are also starting to ask the question “why does internal medicine need both the ACOI and the ACP?” As osteopathic physicians, we have a heritage of education and practice that is unique and distinctive from our M.D. counterparts. We must be able to show younger physicians that ACOI’s educational programs are important to their medical practice and careers. The College’s annual convention provides the excellent training and education osteopathic internists need.

It is important that ACOI continues to educate current and prospective members about how membership helps them in order to answer the question – “What does ACOI do for me?”

Ms. Ciconte: In addition to sharing your time and talents with ACOI, you chose

to include ACOI in your will a number of years ago. What motivated you to do so at that time?

Dr. Hardee: I know I am considerably younger than others who have included ACOI in their will. Since I was just starting my career, it was my wife who felt we should take advantage of an estate-planning program that ACOI was providing to its members. We wanted to make good financial decisions from the start, and getting free advice seemed like a good way to start. At some point during that process, we were asked if we would consider including ACOI in my will. My wife and I said yes because of what the College has done for me.

It is a bit intimidating to see my name listed as one of the Charter Members of ACOI’s new Legacy Society. Members like Jack Bragg, DO, John Bulger, DO, David Hitzeman, DO, and Frederick Schaller, DO, were with me during my time on the Board and I looked at each of them as pillars of ACOI. The men and women in the Legacy Society are people that I greatly admire.

Ms. Ciconte: With the launch of the new Legacy Society that recognizes members who have included ACOI in their will or made another type of planned gift, what can ACOI do to encourage other members to consider these types of gifts?

Dr. Hardee: It’s never too early to consider estate planning. It is good to be organized so you know where your money will go for family, institutions, and organizations you care about. It allows you to set long term goals that will enable you and your family to have better financial security. ACOI should continue to promote the importance of estate planning through special sessions at the annual conventions as well as share the reasons that Legacy Society members chose to make a planned gift. I encourage younger physicians to take the time to plan for their and their families’ futures and support ACOI at the same time.

Ms. Ciconte: Dr. Hardee, ACOI thanks you for your commitment to help the College educate and train the next generation of osteopathic medicine internists and for providing for its future financial security.

ACOI Creates Legacy Society to Honor Special Group of Donors

The Legacy Society was created to recognize and honor ACOI leaders and members who include ACOI in their wills or estate plans. These legacy donors are giving back to ACOI while at the same time helping to secure the College’s future. There are many reasons why someone chooses to include organizations in their estate planning. Dr. Hardee shared his reason in the interview above. Information about how ACOI leaders and other members can join the Legacy Society will be provided in upcoming issues of the *ACOInformation* newsletter along with the listing of our Charter Members.

Visiting Professor Lectures on the Rise

Thanks to contributions to the ACOI Generational Advancement Fund (GAF) and the generosity of current and former ACOI leaders who visit osteopathic college campuses, ACOI will have sponsored the highest number of annual Visiting Professor sessions – 29 – by May 5, 2015.

Here is what we heard from one of the student leaders:

“I want to thank the ACOI for all the opportunities and support they have given us. Thanks to Dr. John Sutton and our other extraordinary speakers, interest in our SOIMA chapter has soared, making us one of the largest clubs on campus. Your support has helped us find physicians from nearly every internal medicine specialty, allowing us to host an average of two events per month.”

“Dr. Sutton is a fabulous person, with a great sense of humor. It was a pleasure to have him as our endocrinology instructor and visiting professor for SOIMA. His personal stories about real life patients really helped solidify the topics he taught us. After his lectures, most of us feel comfortable looking at hormone and metabolic panels to treat chronic conditions like diabetes, parathyroid, thyroid and other endocrine issues. We hope Dr. Sutton will come back to teach us next year!”

PROFESSIONAL OPPORTUNITIES

ASSOCIATE CHIEF OF MEDICINE - OREGON STATE HOSPITAL - Junction City, Oregon

Coordinate the provision of medical services at a brand new, state of the art, in-patient Psychiatric Hospital 15 miles north of beautiful Eugene, OR. Competitive salary, state benefits and retirement plan available.

Eugene is a great and diverse city for the arts and outdoors, and is consistently ranked one of the best places to live in the U.S. It is only a one hour drive from the coast, and one hour from ski resorts.

The full job posting can be viewed at <http://www.oregon.gov/jobs/pages/index.aspx>.

If interested, contact Brian Little, DO – Chief of Medicine. (503) 947-9954
Brian.Little@state.or.us

PROGRAM DIRECTOR/INTERNAL MEDICINE RESIDENCY PROGRAM - Bowling Green, Kentucky. Seeking qualified physician to serve as Program Director for The Medical Center at Bowling Green's new Internal Medicine Residency Program which opens July 1, 2015. The program is accredited through the American Osteopathic Association (AOA) and affiliated with the Appalachian Osteopathic Postgraduate Training Institute Consortium (A-OPTIC). The program will accept six (6) residents to each incoming class. Physician must be certified in internal medicine or an internal medicine subspecialty by the AOA through the American Osteopathic Board of Internal Medicine. Physician must have practiced in internal medicine or an internal medicine subspecialty for a minimum of three (3) years and be an active member of the ACOI. Physician will replace the Interim Program Director and prepare the program for July 2015 implementation. Physician will report to the hospital's Director of Medical Education (DME).

Contact Trisha K. Lackey, Physician Recruiter, The Medical Center, 250 Park Street, PO Box 90010, Bowling Green, KY 42102. (lackta@chc.net)

SEEKING BC/BE FP/IM AND PA-C - Roxborough/Manayunk, Pennsylvania. Busy Primary Care Practice looking for a motivated and energetic practitioner. This practice has been established for 20 years in the Roxborough/Manayunk (PA) community. We are partnered with 2 local community teaching hospitals. The practitioner will share duties with 2 Physicians and 2 PA-C's. Duties include Outpatient office, Inpatient Hospital, Skilled Nursing and Long Term Care facilities.

Call will be rotated 1 in 4. Salary commensurate with experience. There is a 401K, profit sharing, and bonus structure. Potential for partnership exists and can be discussed at a future date.

Full time preferred, Part time option exists. Employer will assist with relocation costs. Email: drpedano@aol.com

RHEUMATOLOGIST - Kirksville, Missouri. 9am to 5pm clinics only. No evenings or weekends. Four days of service per week (or less) with six weeks off annually for vacations and CME. Base income >\$380,000.00 with an opportunity for teaching at AT Still University rheumatology courses and provide presentations in ATSU CME conferences. Contact: Robert W. Jackson, DO, FACOI, robert.jackson@psnmo.net.

Congress on Medical Education for Residency Trainers Set for May 1-3

The 2015 ACOI Congress on Medical Education for Residency Trainers will take place May 1-3 at the Westin Kierland Resort and Spa in Scottsdale, AZ. The program will focus on the latest developments in the transition to a single accreditation system for graduate medical education. It will include presentations from representatives of the ACGME and its Review Committee for Internal Medicine on what to expect as programs apply for and seek ACGME accreditation.

Other sessions will provide information on the requirements for seeking approval for an osteopathic focus and ACGME requirements such as the Clinical Learning Environment Review (CLER), entrustable professional activities (EPAs) and more.

Registration materials are available at www.acoi.org. Approximately 11 category 1 AOA internal medicine CME credits are anticipated.



In Memoriam

Word has been received of the death of **Charles H. Tenner, DO, FACOI** of Bloomfield Hills, MI. Dr. Tenner died on March 23 at the age of 85. A graduate of the Chicago College of Osteopathic Medicine, Dr. Tenner was certified in internal medicine and endocrinology by the American Osteopathic Board of Internal Medicine. He received his FACOI designation in 1980. Dr Tenner was retired and an Emeritus Member of the College at the time of his death. Those wishing to honor Dr. Tenner may make contributions to the Karmanos Cancer Center, 4100 John R St #2122, Detroit, MI 48201.

OUTPATIENT IM OPPORTUNITY IN SMALL RURAL COMMUNITY!

Located just a short drive from the city, enjoy the best of both worlds!

We are recruiting for an internist to join our dedicated provider team at the Toppenish Medical Dental Clinic. Toppenish Medical Dental Clinic is an outpatient multi-specialty clinic. Pharmacy, Dental, Lab, X-ray, and Mental Health services are also available on site.

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.

This position is 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 YVFWC

Yakima Valley Farm Workers Clinic serves over 120,000 people across 27 clinics and programs in two states. We have expanded medical care to include dental, orthodontia, nutritional counseling, autism screening, and behavioral health. We also offer community programs that offer assistance with employment and training, afterschool education, rental and shelter assistance, energy assistance, weatherization, HIV and AIDS counseling and testing, home visits, tobacco cessation, and three mobile medical/dental clinics.

Working at YVFWC

Working at Farm Workers Clinic means being the passionate champion for those who have no voice. It means having the opportunity to work with underserved populations and with peers committed to the same work.

At Farm Workers Clinic:

- We will consistently TRUST one another to work for the common good.
- We will foster INTEGRITY by demonstrating ethical behavior and insisting on doing what we say we will do.
- We will demonstrate TRANSPARENCY by being candid and truthful no matter the risk.
- We will create PARTNERSHIPS to strengthen ourselves and our community.
- We will fight for JUST TREATMENT for all individuals.
- We will let JOY in.
- We have the COURAGE to be an agent of change and refuse anything short of excellence.

The Pacific Northwest

Working at Farm Workers Clinic means living in the beautiful Pacific Northwest. You will have the opportunity to enjoy spectacular wilderness areas, scenic ocean beaches and crystal-clear lakes and rivers. Because of the Cascade mountain range, the Northwest has two distinct climates: The west side is lush and green. Eastern Washington and Oregon, shielded from the rain-filled clouds by the high mountains, tend to be sunny and arid.

The two climates enable farms and orchards to produce a bounty of different fruits, berries and vegetables. And with 22 appellations, Washington and Oregon are also celebrated for their world-class wines.

No matter where you live in the Pacific Northwest, you will be within an easy drive to a thriving metropolitan area, offering fine shopping, theatres, museums and galleries. The area also boasts progressive public and private schools 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/59q59v3>



Program for Chief Residents, Future Leaders Announced

The ACOI will hold its Chief Residents and Future Leaders education program May 1-3, 2015 in Scottsdale, AZ. Designed by the Council on Education and Evaluation, the program will be held in conjunction with the Annual Congress on Medical Education for Residency Trainers, which is attended by most internal medicine and subspecialty program directors.

The program is intended for residents who will be chiefs in 2015-16 and other residents and fellows interested in acquiring skills essential to leading health care teams. The residents will meet in conjunction with the program directors on sessions related to the transition to a single graduate medical education accreditation system. Residents will also participate in breakout sessions, including a Myers-Briggs Personality Type evaluation that will identify their individual leadership styles and provide advice on leadership and management.

This program offers residents an opportunity to meet and interact with experienced program trainers and policymakers. It also meets the requirement for attendance at an ACOI education program that each resident must meet once during his or her training program. Registration information is available at www.acoi.org.

The American College of Osteopathic Internists 2015 Chief Resident & Emerging Leaders Symposium May 1-3, 2015 Registration Form Westin Kierland Resort & Spa Scottsdale, AZ

TUITION FEES

(Includes continental breakfast each day, coffee breaks and welcome reception)

ACOI Chief Resident/Emerging Leader.....\$450
(\$500 after April 10)*

Additional Resident/Fellow from Same Institution \$400
(\$450 after April 10)*

* Please add \$50 for registrations postmarked after April 10, 2015.
A \$50 cancellation fee will be charged to any registrant who cancels his or her registration.

NAME: _____

BADGE NAME: _____

TRAINING INSTITUTION BEING REPRESENTED:

SPECIALTY REPRESENTED (i.e. Internal Medicine, Cardiology):

MAILING ADDRESS:

CITY/STATE/ZIP _____

OFFICE PHONE _____

AOA NUMBER _____

EMAIL _____

CREDIT CARD INFORMATION

MasterCard/VISA # _____

Expiration Date _____ 3/4 Digit Security Code _____

Billing Address _____

City/State/Zip _____

Signature _____

Please fill out only if you are paying by credit card (mail checks directly to ACOI)

11400 Rockville Pike, #801
Rockville, MD 20852

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2015 Congress on Medical Education for Resident Trainers
2015 Chief Resident and Emerging Leader Symposium
May 1-3 Kierland Resort, Scottsdale, AZ
- 2015 Annual Convention & Scientific Sessions
Sept 30-Oct 4 Marriott Waterside Hotel, Tampa, FL
- 2016 Internal Medicine Board Review Course
March 30-April 3 Renaissance Resort at SeaWorld, Orlando, FL
- 2016 Clinical Challenges in Inpatient Care
March 31-April 3 Renaissance Resort at SeaWorld, Orlando, FL
- 2016 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
- 2020 Annual Convention & Scientific Sessions
Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL

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

Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at www.acoi.org.

2015 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination

Computerized Examination 200 Sites Nationwide

September 10, 2015 - Application Deadline: February 1, 2015

Late Registration Deadline: April 1, 2015

Subspecialty & Certification of Added Qualifications:

Aug. 22, 2015 • Lombard, IL - Application Deadline: April 1, 2015

Late Registration Deadline: May 1, 2015

Cardiology • Clinical Cardiac Electrophysiology • Endocrinology • Gastroenterology • Geriatric Medicine

Hematology • Infectious Disease • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

Internal Medicine Recertifying Examination

Computerized Examination 200 Sites Nationwide

September 11, 2015 - Application Deadline: April 1, 2015

Late Registration Deadline: May 1, 2015

Focused Hospital Medicine Recertification

Aug. 22, 2015 • Lombard, IL - Application Deadline: April 1, 2015

Late Registration Deadline: May 1, 2015.

Subspecialty and Added Qualifications Recertifying Examinations:

Aug. 22, 2015 • Lombard, IL

Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology • Gastroenterology • Geriatric Medicine • Hematology

• Infectious Disease • Interventional Cardiology • Nephrology • Oncology • Pulmonary Diseases • Rheumatology

Application Deadline: April 1, 2015

Late Registration Deadline: May 1, 2015

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.

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

Government Relations

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Washington Tidbits:

Waning Days of the Civil War – Part 2

With the conclusion of the Civil War in sight, President Abraham Lincoln delivered his second and final inaugural address just weeks before world history would be changed at the hands of a desperate assassin. Assassination, however, was not the first objective.

John Wilkes Booth, a confederate sympathizer, and six conspirators planned initially to kidnap President Lincoln on March 20, 1865 to take him to Richmond, Virginia. When the President did not show up at the location where he was expected, their plans were thrown into disarray. Further complicating their plans to preserve the confederacy was the Palm Sunday surrender of Robert E. Lee and his forces at the Appomattox Courthouse on April 9. Shortly thereafter, Booth took the desperate step of shooting President Lincoln at approximately 10:15 in the evening on April 14. The President died the next morning at 7:22. Following the assassination was one of the largest manhunts in U.S. history involving more than 10,000 federal troops, detectives and police. John Wilkes Booth was captured and killed in Virginia on April 26. Four additional conspirators were captured, tried and hanged. One conspirator, Mary Surratt, was the first female to be executed by the federal government. She allowed her boarding house to serve as a meeting place for the conspirators.

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