ACOI information

A PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS
VOL. 27 NO. 3 AUGUST 2017

From President Sutton

Osteopathic Internal Medicine Is All About Family

I am the youngest of four children born into a conservative Christian home, growing up in south Alabama. We did not have a lot of money. We were in church three times every week, and some weeks even more for meetings or services. We had our ups and downs as a family. My oldest sister was married at 16 years old, leaving our family to make her own. I was in the wedding at age 10. I worried a lot in childhood, and I still do my fair share of worrying. I did not realize as a child all that was given to me, all that I had. Everyone else seemed to have a more charmed life. My married sister later reported to us that you think your family is dysfunctional until you meet everyone else.

Fast forward to medical school. I enjoyed Kirksville. I have the great honor of returning there to teach now in September of each year. When I was in school there, I felt included by my classmates, and I enjoyed the educational environment. Although

continued on page 2

In This Issue...

2017 ACOI Membership Survey Results

The ACOI conducts a survey of the membership every two years in order to find out more about them, their practices, and their involvement with and evaluation of ACOI.

The names used for this year's survey, which was conducted by ResearchUSA, were all ACOI members with known e-mail addresses for a total of 3,938 names. The data in this report are based on computer tabulation of the 989 (26.9%) completed questionnaires that were returned.

About Members

Males comprised 66.6% of those responding, with the average age of all respondents being 48.6 years.

Eighty-four percent of members describe their race or ethnicity as White/Caucasian.

Members' practices are located in most states throughout the United States, with the largest percentage practicing in Michigan, Pennsylvania, Florida, Ohio, and New Jersey. An average of 72.6% of member's time is spent in patient care.

Approximately 97% of all members are board certified; with 97.4% of this group being certified by an AOA recognized osteopathic board.

Fifty-one percent of respondents are currently an ACOI Fellow. Subspecialists (61.5%) and members in both office and hospital medicine (58.8%) are most likely to be Fellows, compared to 49.0% of those in office-based general medicine, and 29.7% of hospitalists. A majority of members who are not currently an ACOI Fellow (54.5%) plan to seek the FACOI title.

continued on page 7

Special Convention Session Planned For Residency Program Trainers

The ACOI Council on Education and Evaluation will host a session for residency program directors and trainers at the 2017 Annual Convention and Scientific Sessions, which will be held in National Harbor, MD, October 11-15. The session is scheduled for Friday, October 13, from 9 AM-1 PM.

Topics will include Bringing Students Up to Speed as They Enter Residency, Residency Coaching and Mentoring, How the VA Can Provide Resources to Benefit Your Program, and other faculty development issues. In addition, members of the Council and ACOI

continued on page 16

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

continued from page 1

my hometown was not as small as Kirksville, I felt at home there. I was sheltered growing up in Alabama, and I was also sheltered as I attended our Church college in Anderson, Indiana. I was finally in the real world in Kirksville. I enjoyed meeting all types of people. This was the beginning of my osteopathic family experience. My sister was right. I saw some dysfunction outside of my usual sheltered life. I learned that even in medicine, it takes all kinds of people to make the world go around. As a famous country music star sings, it takes all kinds of kinds. That song starts out with a wedding in a circus. Medicine can certainly be a circus.

I was not sure where I was going with my career in medical school. I was comfortable in the academic environment. Many of my classmates were chomping at the bit to get out into rotations in the clinical environment. I was again worried about not knowing enough. We were in the classroom for two and a half years, but even at graduation in June 1989, I had a lack of confidence. I learned more about my osteopathic family at Garden City Hospital in Michigan. As a student we had four months of what was called "major hospital," which included internal medicine, pediatrics, obstetrics/gynecology and surgery. I had started with major hospital rotations at Garden City Hospital in January, 1989. Even as a student, I felt like family there. I had already been accepted for a general rotating internship at Garden City. I had rough spots there as an intern, but fellow trainees and the hospital administration supported me, not allowing me to fall. I felt the full support of the osteopathic family. I am not sure that I knew about the full extent of osteopathic internal medicine then.

Although we had great osteopathic internists in Kirksville (Gutensohn, Bragg, Burchett, Darrow and others), I did not know about the American College of Osteopathic Internists in medical school, and I am not sure when I first learned about the ACOI. We now have many student osteopathic internal medicine clubs. The ACOI sends osteopathic internists as visiting professors to our DO schools to teach and promote what the ACOI and osteopathic internal medicine has to offer. Early on at Garden City, I saw the light in internal medicine and I met many mentors who are members of this great organization. In those attending physicians and fellow residents, I saw osteopathic internal medicine at work. I saw clinical and academic prowess in my internship and residency. As I proceeded to my osteopathic endocrine and nuclear fellowship, I found my place in osteopathic internal medicine.

I know what osteopathic internal medicine is all about from my training days to my current practice. Kirksville was Mecca. Michigan was another bastion of osteopathic internal medicine. It was an excellent environment where I discovered osteopathic recognition before this modern day theme and transition. Michigan State University College of Osteopathic Medicine brought multiple DO Institutions together to support osteopathic internal medicine and other specialties. In Michigan, we truly saw the body is a unit working together for the product of rational therapy.

The ACOI seeks to promote high quality, distinctive osteopathic care of the adult. The Board of Directors is doing everything it can to make the ACOI home base for the osteopathic internal medicine family. We have formed a task force for physician wellness to help support the mind and soul of the osteopathic internist. We have also formed a task force to develop on paper what makes osteopathic internal medicine distinctive. The Board is working hard on these issues. Our goal is to help internal medicine residency programs across the country to gain osteopathic recognition and ACGME accreditation. We want to be your osteopathic foundation.

God bless the general Osteopathic internist and thank you.

John Sutton, DO, FACOI

President

government RELATIONS

Timothy McNichol, JD

Senate Remains Unable to Advance Repeal of ACA

The Senate again failed to advance legislation to repeal and replace the Affordable Care Act (ACA). Following a vote to end debate that required Vice President Pence to break a 50-50 tie, the Senate failed to advance a "skinny" version of ACA repeal legislation that addressed a limited number of existing provisions of the ACA. Republican Senators John McCain (AZ), Lisa Murkowski (AK) and Susan Collins (ME) joined 46 Senate Democrats and two Independents in opposing the legislation. The legislation was hampered by estimates by the non-partisan Congressional Budget Office (CBO) that showed a significant number of Americans who would lose health care coverage by 2026 should the legislation be enacted.

Following the Senate's failure to advance legislation, bi-partisan efforts in both the House and Senate began to emerge to address areas of mutual concern, including an interest in stabilizing the current health insurance market. To this end, the Senate Health, Education, Labor and Pensions (HELP) Committee announced that hearings would be held in early September to examine efforts to strengthen and stabilize ACA insurance markets in 2018 and beyond. According to Committee Chairman Lamar Alexander (TN), action must be taken by September 27 so that insurers can sign contracts in time to provide coverage through federal exchanges in 2018. Congress' path forward remains exceptionally unclear with strong disagreements among Republicans and an unwillingness thus far by leadership to reach across the aisle to achieve bi-partisan reform. The ACOI is continuing to closely monitor this dynamic situation.

Medical Malpractice Legislation Approved in the House

The House recently approved the "Protecting Access to Care Act" (HR 1215) to limit medical malpractice lawsuits in actions related to federally-subsidized health care. The legislation would cap non-economic damages at $250,000 and create a three-year statute of limitation in most instances. The legislation has drawn the ire of Republicans and Democrats alike. Republicans are concerned that the legislation will adversely impact states' rights. Democrats have expressed opposition based on the potential impact on patient rights. To date, similar legislation has not been introduced in the Senate and the House legislation approved along party lines has not been scheduled for consideration in the Senate. It is highly unlikely that further action on this or similar legislation will take place in the current Congress. The ACOI will continue to carefully monitor medical liability reform legislation.

CMS Releases 2016 Open Payments Data

The Centers for Medicare and Medicaid Services (CMS) recently released new data showing $8.18 billion in financial payments made by drug and device manufacturers to covered entities defined by the Physician Payment Sunshine Act. The total payments reported include 11.6 million payments to 631,000 physicians and 1,146 teaching hospitals. More than 50 percent of the total payments were research-related. This is the fourth year of the Open Payments Program. You can learn more about the program by visiting https://www.cms.gov/openpayments/.

DOJ Efforts to Combat Opioid Abuse Expand

The Department of Justice (DOJ) recently announced the creation of the Opioid Fraud and Abuse Detection Unit to address opioid-related health care fraud. The new unit will focus on investigating and prosecuting health-care fraud related to prescription opioid "pill mills" and the unlawful diversion and distribution of opioids by pharmacies. Data analytics will be a key tool used by the new unit. The following 12 districts will be participating in the pilot program: the Middle District of Florida; the Eastern District of Michigan; the Northern District of Alabama; the Eastern District of Tennessee; the District of Nevada; the Eastern District of Kentucky; the District of Maryland; the Western District of Pennsylvania; the Southern District of Ohio; the Eastern District of California; the Middle District of North Carolina; and the Southern District of West Virginia. According to Attorney General Jeff Sessions, federal and state law enforcement officials will work together to "target and prosecute these doctors, pharmacies, and medical providers who are furthering this epidemic to line their pockets." In conjunction with the DOJ's efforts, the House Ways and Means Oversight Subcommittee convened a hearing to review ongoing efforts to combat Medicare fraud. Opioid misuse and diversion remain a significant area of concern for federal officials.

Surgeon General Confirmed

The Senate recently confirmed Dr. Jerome Adams as Surgeon General. Dr. Adams is an anesthesiologist by training. He came to prominence following appointment as Indiana's health commissioner by then-Governor Mike Pence. Dr. Adams replaced Dr. Vivek Murthy who was removed from the post by President Trump in response to his position on gun control and its impact on public health. Dr. Adams is expected to focus his work on the growing opioid crisis. With his appointment, Dr. Adams became the 20th Surgeon General.

continued on page 10

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.

Review of Systems

A key component of an E&M visit is the review of systems. This component of the history section of an E&M code documents the extent of the history of present illness, review of systems, and past family, and/or social history (PFSH) that is obtained and documented. It is based upon clinical judgement and the nature of the presenting problem(s).

PATIENT'S SUBJECTIVE SYMPTOMS

Both the 1995 & 1997 Evaluation & Management (E&M) Guidelines define the Review of Systems (ROS) as, "an inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms which the patient may be experiencing or has experienced." This system-by-system inquiry is focused on the subjective symptoms of the patient rather than the objective signs perceived by a clinician. I frequently hear comments from physicians indicating they do not want to write things twice. This comment is reflective of their confusion about the Assessment and Plan (A&P). It is important to note that the analysis of the patient from a clinical standpoint is not the same as the ROS, which is a documentation of the patient's comments.

STAFF DOCUMENTATION OF ROS

The series of questions the clinician or ancillary staff asks the patient concerning each organ system and region of the body is done to gain an optimal understanding of the patient's presenting illness and medical history. Staff can document the ROS, but the physician must document confirmation of the information or add supplemental information. The Guidelines state:

DG: The ROS and/or PFSH may be recorded by ancillary staff or on a form completed by the patient. To document that the physician reviewed the information, there must be a notation supplementing or confirming the information recorded by others.

MEDICAL NECESSITY

The extent of ROS (as with HPI and PFSH) is dependent on the clinical judgement and nature of the presenting problem. When I am auditing charts and find a seemingly minor presenting problem, but see an extensive or complete ROS, my comments are that the chart is either under-documented (in reflecting the severity of the patient's presenting problem), or over-documented with regard to the ROS. Why would you need to document a ROS of 14 areas for a patient with a hangnail? If, however, the patient has a history of diabetes and has already lost a couple of fingers and a foot, then perhaps that comprehensive ROS is appropriate to be sure nothing worse is going on with the patient. Without proper documentation of the uncontrolled diabetes and previous problems, the presenting problem would seem minor and not warrant a comprehensive ROS.

One of the problems with Electronic Medical Records (EMR) is that it is very easy to click and quickly have a comprehensive ROS. But was it "necessary?" Was it appropriate based on the nature of the presenting problem as stated in the E&M Guidelines? Over documentation of a ROS can lead to a code selection that is higher than that which is "medically necessary." When a chart is audited, medical necessity is determined by the insurer. Do not over document a ROS just because you can. Make sure the information you capture details that which you are using in evaluating the patient. Insurers have stated multiple times that information that does not appear relevant based on the documentation of the patient's presenting problem or history will not be considered.

ALL OTHER SYSTEMS NEGATIVE

When a patient does require a comprehensive review of systems, such as when he or she is a new patient, the E&M Guidelines state:

DG: At least ten organ systems must be reviewed. Those systems with positive or pertinent negative responses must be individually documented. For the remaining systems, a notation indicating all other systems are negative is permissible. In the absence of such a notation, at least ten systems must be individually documented.

A notation of pertinent positives and pertinent negatives followed by a statement of all other systems being negative, would be counted

continued on page 6

talking science & education

Donald S. Nelinson, PhD

Welcome to the August edition of Talking Science and Education. I hope you are all enjoying the "dog days." Last month's trivia on the state of health in the US unfortunately yielded no answers, so I'm hoping August will bring some new prize seekers. Our question last month asked: Compared to the 35 countries which make up the Organization for Economic Co-operation and Development (OECD), where does the U.S. rank in infant mortality? The very disappointing, and disconcerting answer is that the United States ranks 29th! Only six countries have higher rates of infant mortality. In 14 countries (including Nordic countries, Japan, and Slovenia), the infant mortality rate is half the U.S. rate. As healthcare professionals focused on adult medicine, this may be an area to which we rarely attend, however it is a sobering reminder of work yet to be done, especially through population health initiatives.

While you may have a slight case of summer lethargy, I invite you to try this week's population health trivia question.

Which of the following is TRUE about the United States:

a) In the past three years, drug deaths increased 15% from 12.2 to 14.0 deaths per 100,000 population.

b) In the past four years, smoking increased 30% from 21.6% to 28.1%.

c) In the past year, HPV immunization among males aged 13 to 17 years decreased 7% from 21.1% to 19.7%.

d) In the past four years, obesity decreased 7% from 21.1% to 19.7%.

Please email your response to me at don@acoi.org. Remember: we do give VALUABLE prizes, and if you're thinking of going to Google for the answer……DON'T!!

Talking Education

Flipped Classroom: Innovation or Flip Flop? In the end…it depends!

Flipped classrooms are becoming more and more popular with educators in the past few years. The concept is to teach the basics online and use face-to-face classroom and, in medicine, clinical time for more complex synthesis and application of knowledge and skills.

I recently attended a national organization meeting for CME professionals designed solely on the concept of the flipped classroom. Attendees received written materials (articles, guidelines, web links, etc.) through the conference app. The expectation was that participants would review these materials in advance and use them as stimuli for questions and discussions. Very little onsite presentations were incorporated. Let me reiterate the operative assumption here: participants will review these materials in advance! Being a compliant learner and curious how the experience would play out, I did my pre-work. For the most part, I found the sessions I attended to be very superficial and lacking focus.

However, in many ways, the teaching of medicine on the graduate level has always been in a "flipped classroom." Rounding on the wards or seeing patients alongside a practicing physician has been the way we have taught medicine since the beginning. That said, since the time of William Osler in the early 20th century, steeping medical students in the basic sciences was believed to be important to shape a modern physician. And so, most medical schools instituted two years of classroom and labs followed by two years of clinical training (clerkships).

Only recently have we shifted our thinking to connect the classroom learning with clinical experience in a real way. This is not to minimize the importance of, say, the Krebs cycle or the coagulation cascade, but rather place that knowledge in the context of clinical experience.

In the most recent Journal of Graduate Medical Education (JGME) Jeff Riddell and his colleagues asked the question: Does the flipped classroom improve learning in GME? Comparing a flipped classroom with a conventional lecture model, they did a pre/post-test assessment of residents using modules related to headache and lower back pain – two areas focused in the core areas for our internal medicine residents as well. What did they find? "In this crossover study comparing a single flipped classroom module with a standard lecture, we found mixed statistical results for performance measured by multiple-choice questions. As the differences were small, the flipped classroom and lecture were essentially equivalent."1

From my perspective, there is potential for this model. However the setting, target audience and material must be assessed for optimal application. Please share with me any experiences you may have had – positive or negative – with flipped classrooms or other educational innovations.

Diabetes Dialogues

SGLT2 Inhibitors May Reduce Blood Pressure in Type 2 Diabetes

At a time when this relatively new class of anti-hyperglycemic medications is coming under fire for ketoacidosis and pancreatitis, more data is published supporting the class's CV benefit. Sodium-glucose cotransporter 2 (SGLT2) inhibitors produced a beneficial off-target effect on blood pressure (BP) in patients with type 2 diabetes, according to a systematic review and meta-analysis published in the Journal of the American Heart Association.2

In the analysis, the researchers examined prospective studies to assess the role of SGLT2 on BP in patients with type 2 diabetes. After searching multiple databases to identify appropriate trial registries, they used random-effects models meta-analysis for quantitative data synthesis.

In all, the meta-analysis included 43 randomized controlled trials and 22,528 patients.

The results suggested that SGLT2 inhibitor therapy significantly reduced

continued on page 13

Member Survey

continued from page 1

ACOI Member Benefits & Services

All ACOI activities studied are rated "very" or "somewhat important" by a majority of members in all primary practice areas. The activities rated "very" or "somewhat important" are as follows:

Assurance that members' osteopathic education, training and board certification are recognized by hospitals, government and third party payers	94.2%
Sponsorship of CME programs and providing AOA Category 1A CME credits	93.1
Support of internal medicine training programs in their efforts to achieve ACGME accreditation and osteopathic recognition	89.5
Representation in Washington, DC	89.5
Assistance in meeting the requirements of Osteopathic Continuous Certification (OCC)	85.2
Board review opportunities	80.6
Hosting lectures, presentations and other resources online	76.9
Offering CME activities that provide AMA Category 1 PRA credits	74.6
Honoring members for their accomplishments in teaching, research and clinical practice	70.5
Information/consultation on management of practice (e.g., coding and billing)	57.5
Professional opportunities listings	56.9

When members were asked how they feel about their personal involvement with ACOI, 76.7% responded that their current level of involvement is optimal and 18.9% desire more involvement.

More than three-fifths of members (61.7%) have had contact with the ACOI office in the past two years. Most of this group (69.2%) rated the quality of the staff's responses to them as "excellent" and 22.0% more rated it as "good."

The factors which motivated the largest number of respondents to join ACOI were educational programs/CMEs (64.2%), training and knowledge (45.6%), belonging to a professional association (42.2%), and personal satisfaction and development as a professional (33.3%). Interestingly, about 12% responded that they believed they are required to be members. There is no requirement for ACOI membership.

Educational Opportunities

Over three-fourths of members (78.7%) rate ACOI's national convention and other live educational meetings as "very" or "somewhat valuable." More than four-fifths of those in office-based general medicine (85.5%), both office and hospital medicine (83.5%) and hospitalists (81.5%) rate the convention and other live educational meetings as "very" or "somewhat valuable," compared to 67.5% of subspecialists.

One-third of members (33.1%) have completed one or more of ACOI's medical knowledge, self-assessment modules to meet the requirements of OCC. A majority of respondents rate the modules "very" or "somewhat valuable" on the following qualities: ease of use (80.8%), and quality of educational experience (67.1%). The cost benefit for OCC/CME credits provided was rated "very" or "somewhat valuable" by 49.1%.

Lifestyle Issues

Most members (81.3%) are "very" or "somewhat likely" to use the term "leader' to describe themselves. Nine out of ten respondents (90.6%) are "very" or "somewhat satisfied" with their ability to influence and lead others, and 74.1% are "very" or "somewhat interested" in opportunities to strengthen their capacity to influence and lead others.

Ninety-two percent of members rate physician stress, health and well-being as a "very" or "somewhat important" topic to them.

About Their Practice

Twenty-nine percent of respondents describe their primary practice arrangement as a hospital and 24.5% are in a group practice of 2 – 9 physicians. Many others are in a group practice with 10 or more physicians (18.7%), or a solo practice (9.0%). Members have been in practice for an average of 16.3 years.

Members interact with an average of 91 patients in a typical week. Nearly two-thirds of respondents (63.2%) indicated that their patient volume is trending up. One out of four members (25.5%) indicated that the net income from their practice is trending up, 19.9% indicated that net income is trending down, and 32.8% stated it is trending flat.

The largest percentage of members (34.0%) describes their primary practice focus as a subspecialty, 26.4% describe it as office-based general medicine, 25.8% are a hospitalist, and 13.8% are in both office and hospital medicine. Among subspecialists responding, an average of 10.4% of their practice is spent in primary care.

On average, respondents use Osteopathic Manipulative Treatment on their patients eight percent of the time. Forty-seven percent of members report using Osteopathic Manipulative Treatment on patients in their practice.

The ACOI is most grateful to all who completed the survey.

75th Anniversary Campaign Update
More Than Halfway to $750,000 Goal

(Outright Gifts and Multi-Year Commitments as of August 1, 2017)

If you would like to support the 75th Anniversary Campaign and be recognized on this special Honor Roll of Donors, please email barbara@acoi.org or click on this link to print the campaign pledge card and return to the ACOI office at 11400 Rockville Pike, Suite 801, Rockville, MD 20852.

Donors who contribute $1,000 or more will be recognized in ACOI print/electronic materials, on the ACOI website, with an autographed copy of the 75th Anniversary History Book, and be honored on the 75th Anniversary Circle Tree or Donor Wall of Honor in the ACOI office, depending on level of commitment. Campaign donors will be recognized and honored at special events October 13-14 at the 2017 ACOI Convention in the Washington, DC area.

Honor Roll of Donors

$45,000+
Martin C. Burke, DO, FACOI
Lawrence U. Haspel, DO, MACOI

$25,000 - $44,999
Robert J. Stomel, DO, MACOI
William D. Strampel, DO, FACOI

$15,000 - $24,999
John B. Bulger, DO, FACOI
Robert G. Good, DO, FACOI
David F. Hitzeman, DO, MACOI
Judith A. Lightfoot, DO, FACOI

$10,000 - $14,999
Jack D. Bragg, DO, MACOI
Michael B. Clearfield, DO, FACOI
Robert L. DiGiovanni, DO, FACOI
Rick A. Greco, DO, FACOI and
Carol A. Greco, DO
Kevin P. Hubbard, DO, MACOI
Michael I. Opipari, MACOI
Anthony N. Ottaviani, DO, MPH, MACOI
Frederick A. Schaller, DO, MACOI
Larry A. Wickless, DO, MACOI

$7,500 - $9,999
Robert A. Cain, DO, FACOI

$5,000 - $7,499
Damon L. Baker, DO, FACOI
Brian J. Donadio, FACOI
Scott L. Girard, DO, FACOI
James C. Giudice, DO, MACOI
Karen J. Nichols, DO, MA, MACOI
Eugene A. Oliveri, DO, MACOI

$2,500 - $4,999
Annette T. Carron, DO, FACOI
Janet E. Cheek, DO, FACOI
Pamela R. Gardner, DO, FACOI
Keith A. Reich, DO, FACOI
Morvarid Rezaie, DO, FACOI
Samuel K. Snyder, DO, FACOI
John F. Uslick, DO, MACOI
Randall Worth, DO, FACOI

$1,000 - $2,499
Michael A. Adornetto, DO, MBA, FACOI
Barbara Atkinson, DO, FACOI
Mark D. Baldwin, DO, FACOI
Lee Peter Bee, DO, FACOI
Gerald W. Blackburn, DO, MACOI
Francis X. Blais, DO, FACOI
Boyd, Buser, DO
Kenneth E. Calabrese, DO, MACOI
David Chesner, DO, FACOI
Margaret Davenport, DO, FACOI
Kenneth P. Dizon, DO, FACOI
Kathleen J. Drinan, DO, FACOI
Bruce D. Dubin, DO, MACOI
Susan M. Enright, DO, FACOI
Mitchell D. Forman, DO, FACOI
Eric D. Good, DO, FACOI
Robert T. Hasty, DO, FACOI
C. Michael Johnston, DO, MACOI
Robert S. Juhasz, DO, FACOI
Joanne Kaiser-Smith, DO, FACOI
Teresa M. Kilgore, DO, FACOI
Nathan J. Landesman, DO, FACOI
Daniel Maxwell, DO, FACOI
Timothy W. McNichol, JD
Jo Ann Mitchell, DO, FACOI
Rizwan K. Moinuddin, DO
Joseph Namey, Jr., DO, FACOI
Donald S. Nelinson, PhD
Susan M. O'Neal, DO, FACOI
Herbert I. Pasternak, DO, FACOI
John Prior, DO, FACOI
Christine M. Samsa, DO, FACOI and
Nathan P. Samsa, DO, FACOI
Roy J. Sartori, DO, FACOI
Laura Smith, DO
Scott L. Spradlin, DO, FACOI
Christina A. Stasiuk, DO
W. W. Stoever, DO, MACOI
David Susser, DO, MACOI
John R. Sutton, DO, FACOI
Richard R. Thacker, DO, FACOI
Amita Vasoya, DO, FACOI

Coding Corner

continued from page 4

as a comprehensive review of systems.

UNABLE TO OBTAIN HISTORY
When you are unable to obtain a ROS or other history information from the patient, do not just write "unable to obtain" the information. Document why you cannot obtain a ROS and what efforts you made in trying to obtain information (i.e. attempts to contact other family members; calls to the nursing home; review of prior records). There is no easy way to give "credit" when no elements of the history are documented. Medicare educators have stated that providers should document their efforts and the auditor/reviewer will determine how much "credit" to give for those efforts. The E&M Guidelines state:

DG: If the physician is unable to obtain a history from the patient or other source, the record should describe the patient's condition or other circumstance which precludes obtaining a history.

Although the guidelines state what needs to be documented if you cannot get a history, there is no accommodation for what should be done to get any "credit" for history. If the ROS / history element is not at a comprehensive level, visits such as a hospital admission cannot be billed in the code set as initial encounters, regardless of the level that the rest of the documentation for the visit supports.

Many physicians and auditors have believed that documentation of "unable to obtain history" gets you credit for a comprehensive history (which included a complete ROS). Unfortunately, that is a myth. I call it the Miller Myth. This is named for a dear friend who challenged me several years ago to find a reference that supported giving ANY credit for the statement "unable to obtain history." I could not find any and honor him here for winning the challenge.

Government Relations

continued from page 3

Washington Tidbits
Freedom of the Press

A series of leaks to the press grew troublesome and the Senate decided to act. The New York Herald published a report written by John Nugent that relied heavily on a leaked document. Following publication of the article, a Senate committee was convened and tasked with identifying the source of materials relied on by Mr. Nugent. Following his refusal to divulge his source(s), the Sergeant at Arms was directed to arrest him. Following Nugent's arrest, he was confined to a committee room during the day. At night he went home with the Sergeant at Arms for dinner and a good night's rest. After a month and no information on the source of the leaked materials, the reporter was released. The year was 1848. The leaked document that was reported on by John Nugent…a secret treaty ending the Mexican War. Leaks by government officials are nothing new.

Have You Moved?

Keep us updated. If you have recently made any changes in your address, phone number or email, please notify theACOI at *www.acoi.org.*

Letter from the President

continued from page 2

Osteopathic Internist in the Trenches

Marc Kaprow, DO, received his undergraduate degree from the University of South Florida in 1992, and his Doctor of Osteopathic Medicine degree from Nova Southeastern University in 2001. During his time at Nova Southeastern, he completed pre-doctoral fellowships in both Anatomy and Osteopathic Practices and Principles. He completed his Internal Medicine residency at Pontiac Osteopathic Hospital Medical Center, an affiliate training site of Michigan State University College of Osteopathic Medicine, in 2004. During residency, Marc was honored as the Resident of the Year, 2002-2003 and served as Chief Resident during the 2003-2004 training year.

Dr. Kaprow is certified in Internal Medicine, and Hospice and Palliative Medicine by the American Osteopathic Board of Internal Medicine. He completed recertification for Internal Medicine in 2013. Dr. Kaprow practiced as a primary care physician in the Pembroke Pines/Hollywood, FL area for several years. During that time he served the South Broward Hospital District and Memorial Hospital West on multiple committees, including Utilization Review, Peer Review, Physician Credentialing, Ethics and the Medical Executive Committee. He was appointed Medical Director of Memorial Home Health Care in 2008, and in 2010 Dr. Kaprow transitioned his practice from patient care to administration as the Associate Medical Director for VITAS Hospice in Broward County, one of the largest hospice programs in the country.

Dr. Kaprow joined UnitedHealthcare of Florida as a Medical Director in 2012. He is currently a Medical Director working with the Florida Medicaid program. His main focus is on Long Term Services and Support that UnitedHealthcare provides in 62 counties across Florida, caring for nearly 20,000 frail and elderly lives.

The oldest child of a retired U.S. Navy Rabbi, Marc has always seen a call to service in the community as an integral part of the practice of Osteopathic Medicine. In addition to many of the professional volunteering opportunities on hospital committees and mentoring future physicians, Marc has spent hundreds of hours volunteering in his daughters' schools, and currently serves on the Parent Teacher Organization board. He also is one of the founding members and President of a synagogue that he started within his community three years ago. In addition to volunteering, Marc and his wife Ivy have raised and donated monies in support of the Crohn's and Colitis Foundation, the Gwendolyn Strong Foundation, and several local charities.

"The spirit of service to our patients, our profession and our community is one of the best things about my experience in the ACOI." Marc has said. "I have friends and colleagues from all corners of the profession and the country who just want to help people around them, it's both humbling and amazing to be a part of that culture.

Dr. Kaprow is a Clinical Assistant Professor of Internal Medicine at Nova Southeastern University. He has served as President of the Broward County Osteopathic Medical Association, and has been a Trustee to the Florida Osteopathic Medical Association (FOMA) board since 2009. He has served on several FOMA committees, including Membership and Men's Health, and has served as a delegate to the American Osteopathic Association. Dr. Kaprow also serves on the ACOI Practice Management and Professional Development Committee. In 2015, he became an AOA National Health Policy Fellow. He has authored several professional publications, and has lectured nationally on palliative medicine topics and practice management.

Join with me in celebrating Marc Kaprow, DO, as the August 2017 Osteopathic Internist in the Trenches!

John Sutton, DO, FACOI, FACE, CCD
President

A Living Trust Makes Sense

Many ACOI members have established healthcare directives that clearly spell out how they want certain end-of-life decisions to be made if they are incapacitated and not able to articulate them.

Many, today, also establish a Living Trust that appoints a trustee who can handle affairs on your behalf if you become incapacitated without resorting to court-appointed "guardians." If your assets (your home, other property, stocks, etc.) are in a living trust, your estate will avoid the delays, expenses and restrictions of probate. To learn more, click anywhere on the image of the informative electronic brochure, A Legacy in Trust, http://rrnew.com/acoi/ which contains helpful graphics to show how these trusts work. The brochure opens in a separate page, where you'll have the opportunity to request that more information be sent to you.

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:
David Abel, DO
Sumit Agarwal, DO
Muhammad M. Al Sharif, DO
Eric Beauplan, DO
Steven Brooks, DO
Ryan J. Connolly, DO
John C. Baker, DO
Jeff A. D'Amico, DO
Stefanie Dolen, DO
Erica L. Gettis, DO
Geoffrey Graham, DO
Jason Higgs, DO
Johnna Kern, DO
Seth Kirschner, DO
Barrett Kumar, DO
Linda Lazar, DO
James Liu, DO
Jennifer LeComte, DO
Joan McCaulie, DO
Katrina E. Meachem, DO
Vinh-Quang Nguyen, DO
Steven Nuanes, DO
Charles Ogle, DO
Richard Pearson, DO
Jacqueline Phillips, DO
Nicole Phillips, DO
Theodore Richards, DO
Dana E. Rockwell, DO
Sarah Sharaf, DO
Danish Sheikh, DO
Nida F. Shirazi, DO
Suprotim Samaddar, DO
Justin D. Thomas, DO
Michael Vigue, DO
Nashwa M. Wahba, DO
James Wai, DO
Rachel Wilkerson, DO
James Wills, DO

Associate Membership:
Vishvinder Sharma, MD

ACOI Members Elected to AOA Leadership Positions

Five members of the ACOI were elected to leadership positions of the American Osteopathic Association during the AOA House of Delegates meeting in July. **Joseph Giaimo, DO,** of West Palm Beach, FL, and **Geraldine O'Shea, DO**, of Jackson, CA, were elected to new three-year terms on the AOA Board of Trustees. **C. Michael Ogle, DO**, of Enid, OK, was elected to a one-year term as 2nd Vice President of the Board of Trustees. **Seger Morris, DO**, of Corinth, MS, was elected to a one-year term representing new physicians in practice on the Board of Trustees. **David Broder, DO** of Melville, NY, was elected to a fifth term as Vice-Speaker of the House of Delegates. ACOI Member **Richard Thacker, DO**, of Tallahassee, FL, also serves on the Board of Trustees. Drs. O'Shea and Giaimo were appointed to the AOA Executive Committee.

In Memoriam

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

David C. Rabinowitz, DO, MACOI, 81, of Paradise Valley, AZ, on April 21, 2017. A graduate of the Philadelphia College of Osteopathic Medicine, Dr. Rabinowitz was board certified in internal medicine and pulmonary diseases. He was an ACOI member for more than 50 years, earning the degree of Fellow in 1980, and Master Fellow in 1994.

Robert R. Cornwell, DO, MACOI, 84, of Fairview, TX, on June 6, 2017. Dr. Cornwell was a board certified general internist who practiced for most of his career in Michigan. He was an ACOI member for 38 years, earning the degree of Fellow in 1983 and Master Fellow in 2001. Dr. Cornwell served several terms as a member of the ACOI Council on Education and Evaluation in the 1990s.

Salvatore D. Gillette, DO, 42, of Payson, AZ on July 14, 2017. Dr. Gillette was a 2004 graduate of Michigan State University College of Osteopathic Medicine and completed his internal medicine and cardiology training programs at McLaren-Oakland (Pontiac) Hospital. He retired from active practice in 2016 due to illness.

Basil B. Williams, DO, FACOI, 78, of Ghent, NY, on July 16, 2017. A 1970 graduate of the Chicago College of Osteopathic Medicine, Dr. Williams was board certified in internal medicine and infectious diseases. He was an ACOI member for 40 years, achieving the degree of Fellow in 1985. He practiced in the Detroit area before relocating to Ghent. He retired from active practice in 2009.

Call for Faculty and Attending Abstracts

The ACOI is expanding the research and clinical poster program at this year's Annual Convention and Scientific Sessions to include program directors, faculty and attending physicians. ACOI members are encouraged to submit abstracts in consideration of presenting a poster at the Convention for the following reasons:

- Excellent way to meet the ACGME faculty requirement for scholarly activity (II.B.5);
- Outstanding venue to share a unique or challenging case;
- Opportunity to showcase the application of OMM in a specific therapeutic category;
- Appropriate forum to present data from an investigator-initiated trial/study.

Categories for submission include:

- Prospective clinical studies (completed or in-process)
- Retrospective analyses (e.g., chart audits, registries)
- Descriptive studies
- Unique case presencxxtations

Abstracts must be submitted to ACOI by August 15, 2017 for review by the Research Committee. All accepted abstracts will be presented as posters. For more information, see the complete call for abstracts document at www.acoi.org, or contact Don Nelinson, PhD, (301) 231-8877, or don@acoi.org.

PROFESSIONAL OPPORTUNITIES

INTERNAL MEDICINE ASSOCIATE POSITION AVAILABLE - Florida. Busy solo IM practice seeking a new graduate who is excited about learning how to remain profitable in private practice. Office hours only and no hospital rounds. Plenty of cultural events, theater, shopping, fantastic dining and outdoor activities year round are a plus for this area. Must be BC/BE and have FL licensure. Relocation stipend included in package as well as health insurance and 401K program. Interested applicants may send resume to drb@drbnaples.com. More information can be provided by Denise Maclean, practice mgr at Denise@DrbNaples.com.

CARDIOLOGIST - New York. Northwell Health's Cardiology Service Line is seeking a Fellowship-trained Non-Invasive Cardiologist (MD/DO) to join our Cardiology team serving Seaford, Long Island.

Northwell Health's Cardiology Service Line has seen tremendous growth over the past five years within Long Island, New York City and Westchester; with the goal of providing comprehensive, integrated health care and wellness services.

As we expand our cardiovascular health services across the Health System, the Health System is seeking dynamic BC/BE non-invasive cardiologists to join select practices in Long Island. We offer a competitive salary and benefits package. In addition, an academic appointment with the Hofstra Northwell School of Medicine is commensurate with credentials and experience.

The ideal candidate will be Board Certified/Eligible in Cardiology and Echocardiography. Nuclear Cardiology certification is desirable.

To make the transition as smooth as possible, you will have partners who have a wealth of experience in all the specialty areas of cardiology. Moreover, you will have access to the expertise of the largest health system in the New York Metropolitan area.

Northwell Health is dedicated to advancing heart care through providing access to exclusive clinical trials, developing groundbreaking treatments and leading the way in novel research that redefines care. By participating in research and exclusive clinical trials, our physicians are able to provide patients with medical treatments of the future, today.

For further information please contact the Office of Physician Recruitment at OPR@northwell.edu.

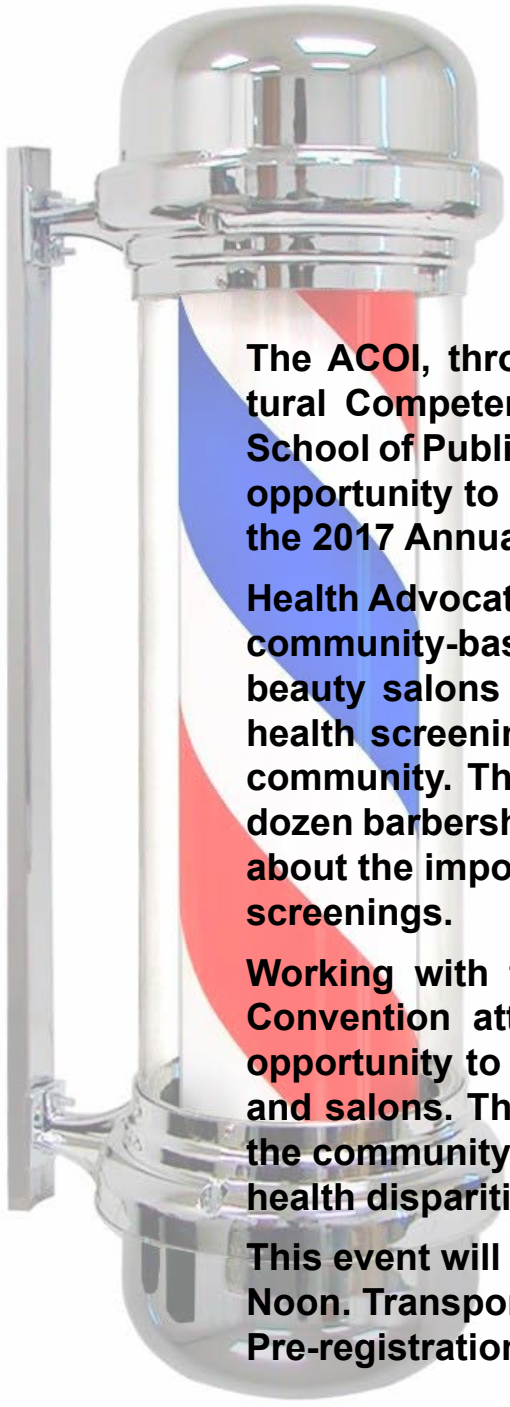
EOE M/F/D/V

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, October 15 in National Harbor, MD. The Committee has nominated **Annette T. Carron, DO**, for President-Elect and **Samuel K. Snyder, DO**, for Secretary-Treasurer. The Nominating Committee also approved five candidates for election to the Board of Directors. Incumbents **Damon Baker, DO, Robert DiGiovanni, DO,** and **Joanne Kaiser- Smith, DO** are nominated for new three-year terms. **Susan Enright, DO** and **Amita Vasoya, DO**, complete the slate.

Under the College's Bylaws, this year's President-Elect, **Martin C. Burke, DO**, will be inaugurated as President for the 2017-2018 year at the conclusion of the elections. The Nominating Committee this year is chaired by **Robert G. Good, DO.** Also serving are **Michael Adornetto, DO,** and **Robert Cain, 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.



ACOI Teams with the University of Maryland School of Public Health for a Community Service Opportunity

The ACOI, through its Committee on Minority Health and Cultural Competency, is working with the University of Maryland School of Public Health-Center for Health Equity to offer a special opportunity to participate in a community service project during the 2017 Annual Convention and Scientific Sessions.

Health Advocates In-Reach and Research (HAIR) is a successful, community-based intervention that engages barbershops and beauty salons as culturally relevant portals for the delivery of health screenings, education and medical services in the local community. The program has provided training to more than a dozen barbershop and salon owners, who talk to their customers about the importance of seeking out routine care and preventive screenings.

Working with the University of Maryland, the ACOI will offer Convention attendees, including residents and students, the opportunity to visit several of these locally-owned barbershops and salons. The visit will allow you to engage with members of the community and share your skills and talents to help address health disparities and to advance health equity.

This event will take place on Saturday, October 14, from 8 AM-12 Noon. Transportation is provided. Space is limited.
Pre-registration is required.

American College of Osteopathic Internists
Annual Convention & Scientific Sessions
Oct 11-15, 2017 • Gaylord National Resort
& Convention Center • National Harbor, MD

2017 ACOI at National Harbor

American College of Osteopathic Internists Annual Convention and Scientific Sessions
(Held in conjunction with the Annual Clinical Assembly of American College of Osteopathic Surgeons)
Oct. 11-15, 2017
Gaylord National Resort & Convention Center, National Harbor, MD
"Goldilocks Medicine: Not Too Little; Not Too Much" - Annette T. Carron, DO, FACOI, Program Chair

Wednesday, October 11, 2017

8:00 AM – 4:30 PM	How to Supplement Your Clinical Income with Lucrative Home-Based Work *Steven Babitsky, Esq., SEAK, Inc.* (Separate Registration; Non-CME)
8:00 – 8:30 AM	**Registration**
8:30 – 10:30 AM	Niche Consulting
10:30 – 10:45 AM	Break and Networking Opportunity
10:45 – 12:00 AM	Writing/Teaching
12:00 PM –1:00 PM	Lunch (on your own)
1:00 - 2:30 PM	File Review Consulting
2:30 – 2:45 PM	Break and Networking Opportunity
2:45 – 4:30 PM	Medical-Legal Consulting
9:00 AM – 12:00 PM	Practice Management Symposium
9:00 AM – 9:40 AM	Medicare Access and CHIP Reauthorization Act Update (MACRA) *Dale W. Bratzler, DO, MACOI*
9:40 AM – 10:20 AM	Telemedicine and Cybersecurity *Speaker TBD*
10:20 AM – 10:35 AM	**BREAK**
10:35 AM – 11:20 AM	Longitudinal Care *Robert A. Cain, DO, FACOI*
11:20 AM – 11:55 AM	Establishing and Operating a Successful Concierge Practice *Speaker TBD*
11:55 AM – 12:00 PM	Q&A with Panel
11:00 AM – 12:00 PM	New Member and First-Time Attendee Orientation
	Q&A with ACOI Board of Directors *John R. Sutton, DO, FACOI, President*
12:00 PM – 1:00 PM	**Lunch Break** (on your own)
1:00 PM – 3:30 PM	**PLENARY SESSION – Cardiology/ Gastroenterology/Infectious Diseases** *Martin C. Burke, DO, FACOI, Cardiology Moderator*
	Nathan J. Landesman, DO, FACOI, Gastroenterology Moderator
1:00 PM – 1:30 PM	Role of Endoscopic Evaluation to Assist Anticoagulation Planning *Kevin P. Dolehide, DO, FACOI*
	Risk Stratification for Endoscopy *GI & Cardio Speaker TBD*
1:30 PM – 2:30 PM	Anticoagulant Management Around GI Procedure Case *Martin C. Burke, DO, FACOI* *Nathan J. Landesman, DO, FACOI*
2:30 PM – 3:00 PM	Antibiotic Prophylaxis for GI Endocscopy- GI Perspective *Jack D. Bragg, DO, MACOI*
3:00 PM – 3:25 PM	Antibiotic Prophylaxis for GI Endocscopy- ID Perspective *MarkAlain Dery, DO, FACOI*
3:25 PM – 3:30 PM	**BREAK - Q & A with Panel**
3:30 PM – 4:45 PM	**PLENARY SESSION – Rheumatology** *Robert L. DiGiovanni, DO, FACOI, Moderator*
3:30 PM – 4:15 PM	State of the Art Clinical, Lab & Imaging – Treatments of RA *Aaron B. Heath, DO*
4:15 PM – 4:45 PM	Best Practice Initial Treatment of SLE & GCA *Jeanie M. Martin, DO*
4:45 PM – 5:45 PM	Tests I Wish You'd Never Ordered *Gerald W. Blackburn, DO, MACOI, Moderator* *Michael J. James, DO, FACOI* *William Peppo, DO, FACOI* *Stephen J. Sokalski, DO, FACOI*
6:00 PM - 7:30 PM	**Welcome Reception**

Thursday, October 12, 2017

7:00 AM - 8:00 AM	**SUNRISE SESSIONS** 1) Public Health Emergencies: Use of Real Time Mobile Communications *Alfred F. Sorbello, DO, FACOI*
	2) Anticoagulation in the Hospital *Speaker TBD*
	3) Handling OIG and Insurance Company Billing Investigations *Sheila Mints, JD*
	PLENARY SESSIONS with ACOS
8:00 AM – 8:15 AM	**WELCOME/OPENING REMARKS** *ACOS President/Program Chair* *John R. Sutton, DO, FACOI, President* *Scott Blickensderfer, DO, FACOI, ACOS President* *Annette T. Carron, DO, FACOI, Program Chair* *ACOS Program Chair, TBD*
8:15 AM - 9:30 AM	**PLENARY SESSION – KEYNOTE** Healthcare Remixed *Zubin Damania, MD (AKA – ZDoggMD)*
9:30AM – 10:00 AM	**EXHIBIT BREAK**
10:00 AM – 12:00 PM	**PLENARY SESSION – Gastroenterology** *Nathan J. Landesman, DO, FACOI, ACOI Moderator* *Robert J. Marx, DO, FACOS,ACOS Moderator*
10:00 AM – 10:30 AM	GERD, Diagnostic Testing *Stephen M. Hoffman, DO, FACOI*
10:30 AM – 11:00 AM	Practices and Pitfalls in Reflux Surgery *J.P. Smith, DO, FACOS*
11:00 AM – 11:30 AM	Managing GI Complications of Diabetes Mellitus *Nathan J. Landesman, DO, FACOI*
11:30 AM – 12:00 PM	Determining Appropriate Surgery for Esophageal Cancer *Peter Baik, DO*
12:00 PM - 12:15 PM	Q&A with Panel
12:15 PM - 1:15 PM	**LUNCHEON SYMPOSIUM** Influencing Cardiovascular Risk With Antihyperglycemic Agents-Focus on SGLT2 Inhibitors and Incretin-Based Therapies *Robert J. Chilton, DO, FACOI*
1:15 PM – 3:30 PM	**PLENARY SESSION – Pulmonary/Oncology** *Kevin P. Hubbard, DO, MACOI* *Andrea C. Cooley, DO, FACOS* *Co-Moderators*
1:15 PM – 2:00 PM	Appropriate Use of Mastectomy *Speaker TBD*
2:00 PM – 2:45 PM	Lung Cancer Diagnosis and Treatment *Kevin P. Hubbard, DO, MACOI*
2:45 PM – 3:20 PM	Overuse of Imaging in the Initial Staging and Surveillance of Cancer *Amanda Laubenthal, DO*
3:20 PM – 3:30 PM	Q&A with Panel
3:30 PM – 3:45 PM	**BREAK**
3:45 PM – 6:00 PM	**PLENARY SESSION - Cardiology** *Martin C. Burke, DO, FACOI* *ACOI Moderator* *Andrea C. Cooley, DO, FACOS* *ACOS Moderator*
3:45 PM – 4:15 PM	Heart Failure Due to Reduced Ejection Fraction: Medical Management *David Allen, DO*
4:15 PM – 4:40 PM	Corrective Surgery in Severe Heart Failure *Jonathan Enlow, DO*

4:40 PM – 5:00 PM	Diagnosis and Treatment of AFib: What's New? *Speaker TBD*
5:00 PM - 5:20 PM	COX IV vs Lesser Surgical Ablations *Rachel Harrison, MD*
5:20 PM – 5:40 PM	Hybrid Maze Procedure and Protocol *Andrea C. Cooley, DO, FACOS*
5:40 PM – 6:00 PM	Q&A with Panel
	BREAKOUTS
4:15 PM – 5:00 PM	Resident Research Presentations *Samuel K. Snyder, DO, FACOI, Moderator*
5:00 PM - 6:00 PM	Women Physicians Discussion Group *Joanne Kaiser-Smith, DO, FACOI* *ACOI Moderator* *ACOS Moderators,TBD*
5:30 PM - 7:30 PM	**Alumni Receptions**

Friday, October 13, 2017

7:00 AM - 8:00 AM	**SUNRISE SESSIONS** 1) Pet-Related Infections *Laurie A. Welton, DO* 2) Estate Planning *Alexander McNab* 3) Hospitalist Nephrology *John E. Prior, DO, FACOI*
8:00 AM – 9:00 AM	**PLENARY SESSION - KEYNOTE** (with ACOS) My Life Was Saved by Osteopathic Care *Vance Johnson, former NFL wide-receiver*
9:00 AM – 12:00 PM	**PLENARY SESSION** **Pulmonary/CCM/Sleep Medicine** *Patrick C. Cullinan, DO, FACOI, Moderator*
9:00 AM – 9:40 AM	Simulation Training in Critical Care *Christopher R. Brackney, DO, FACOI*
9:40 AM – 10:20 AM	Novel Anticoagulants *Patrick C. Cullinan, DO, FACOI*
10:20 AM – 10:45 AM	**EXHIBIT BREAK**
10:45 AM – 11:20 AM	Acute HF: Diuretics to LVAD and Everything in Between *George G. Sokos, DO*
11:20 AM – 11:55 AM	The Role of Extracorporeal Membrane Oxygenations (ECMO) *L. Keith Scott, MD, MS*
11:55 AM – 12:00 PM	Q&A with Panel

9:00 AM – 12:00 PM	**RESIDENCY PROGRAM TRAINERS Special Session** *Susan M. Enright, DO, FACOI* *Joanne Kaiser-Smith, DO, FACOI* *Co-Moderators* Topic and Speakers TBD
9:00 - 9:05 AM	Welcome and Introductions *Susan M. Enright, DO, FACOI*
9:05 - 10:00 AM	Bringing Students Up to Speed as They Enter Residency *Philip Dittmar, MD*
10:00 - 11:00 AM	Resident Coahcing and Mentoring *Michael T. Malia, MD*
11:00 - 11:45 AM	How to Expand Your Residency Program Through VACAA *Anthony Albanese, MD*
11:45 AM - 12:00 PM	Q&A with Faculty
12:00 -1:00 PM	Osteopathic Recognition Consultations *Donald S. Nelinson, PhD*

9:00 AM – 3:30 PM	**BREAKOUT RESIDENT/FELLOW/STUDENT SESSIONS (& RECEPTION)** *Scott L. Girard, DO, FACOI, Sara Ancello, DO, Christopher J. Sciamanna, DO* *Co-Moderators*
9:00 AM – 9:45 AM	Delivering Bad News *Keith A. Reich, DO, FACOI*
9:45 AM – 10:15 AM	Physician Wellness/Wellbeing *Angela Aboutalib, MD*
10:15 AM – 10:30 AM	**BREAK**
10:30 AM – 11:00 AM	Emotional Intelligence *Sara Ancello, DO*
11:00 AM – 12:00 PM	#PerfectingYourCraft: The Importance of Team Leadership and the Resilient Self *David Pierre, DO*
12:00 PM – 12:45 PM	**Lunch Reception (with IM and Fellowship Program Directors)**
12:45 PM – 1:45 PM	Medical Jeopardy *Scott L. Girard, DO, FACOI* *Christopher J. Sciamanna, DO* *Sara Ancello, DO*
1:45 PM – 2:30 PM	**RESIDENT/FELLOW BREAKOUT** Top 10 Things to Know When Starting in Practice *Tammie Zwick (US Acute Care)* **STUDENT BREAKOUT** *Robert G. Good, DO, FACOI, Moderator*
12:45 – 1:45 PM	ACGME Update Susan M. Enright, DO, FACOI *Joanne Kaiser-Smith, DO, FACOI*
1:45 – 2:30 PM	Top 10 on How to be a Successful Student and Get Your Residency Program *Susan M. Enright, DO, FACOI* *Joanne Kaiser-Smith, DO, FACOI*
2:30 – 3:30 PM	Letters of Recommendation, Personal Statements and Interviewing, Oh My! *Christopher J. Sciamanna, DO, FACOI* *Susan M. Enright, DO, FACOI*
3:00 - 4:00 PM	Open Forum with Students and ACOI Leaders *Robert G. Good, DO, FACOI* *Susan M. Enright, DO, FACOI* *Joanne Kaiser-Smith, DO, FACOI*

12:00 PM - 1:00 PM	**LUNCHEON SYMPOSIUM** Atrial Fibrillation: Revisiting Key Controversies in an Era of Innovation *Frederick A. Schaller, DO, MACOI*
1:00 PM - 2:45 PM	**PLENARY SESSION** **Allergy/Immunology** *Julie Sterbank, DO, FACOI, Moderator*
1:00 PM – 1:50 PM	Immune System of Skin: A Review of Biologicals *Robert W. Hostoffer, DO, FACOI*
1:50 PM – 2:40 PM	Hereditary Angioedema *Brian P. Peppers, DO*
2:40 PM – 2:45 PM	Q&A with Panel
2:45 PM - 5:15 PM	**PLENARY SESSIONS (Endocrine)** *Louis E. Haenel, IV, DO, FACOI, Moderator*
2:45 PM – 3:30 PM	Emerging Treatment of Diabetes *Gregory Barone, DO*
3:30 PM – 3:45 PM	**BREAK**
3:45 PM – 4:30 PM	Metabolic Bone Disease: Therapeutic Measures *James N. Fitzpatrick, DO, FACOI*
4:30 PM – 5:00 PM	Current Technologies in Insulin Pumps/Sensors *Alan B. Schorr, DO*
5:00 PM – 5:15 PM	Q&A with Panel
6:00 PM - 8:00 PM	**Convocation of Fellows and Reception**

Saturday, October 14, 2017

7:00 AM - 8:00 AM	**Subspecialty Section Business Meetings** **(40 minute lecture/20 minute business meeting)** Allergy – *Robert W. Hostoffer, DO, FACOI* Cardiology – *Martin C. Burke, DO, FACOI* • Cardio Case Presentations Endocrine – *Louis E. Haenel, IV, DO, FACOI* • Endocrine Case Presentations Gastroenterology – *Nathan J. Landesman DO, FACOI* Geriatric Medicine – *Annette T. Carron, DO, FACOI* Hematology/Oncology – *Amanda Laubenthal, DO* Infectious Disease – *Mia A. Taormina, DO, FACOI* Nephrology – *Mark D. Baldwin, DO, FACOI* *Jeffery Packer, DO, FACOI* • Nephrology Case Presentations *John E. Prior, DO, FACOI* Nuclear Medicine – *James C. Clouse, DO, FACOI* Palliative Medicine –*Marianne M. Holler, DO, FACOI* Pulmonary/CCM/Sleep Medicine *Daniel L. Maxwell DO, FACOI* • Update on Sleep Medicine Rheumatology – *Robert L. DiGiovanni, DO, FACOI* *Keith A. Reich, DO, FACOI* • Unknowns in a Thieves' Market – Case Presentations
7:00 AM - 8:00 AM	**SUNRISE SESSIONS** 1) Sepsis in the Hospital *Mia A. Taormina, DO, FACOI* 2) Washington Update *Timothy W. McNichol, JD*
8:00 AM – 12:00 PM	Barbershop Medicine Underserved Community Service Activity Pre-Registration Required
8:00 AM – 9:00 AM	**PLENARY SESSION** **KEYNOTE (with ACOS)** The Journey of Exploration: Where Medicine Meets Mars *JD Polk, DO, Chief Health and* *Medical Officer (NASA)*
8:00 AM – 9:00 AM	**PLENARY SESSION – Nuclear Medicine** *James C. Clouse, DO, FACOI, Moderator*
9:00 AM – 9:45 AM	Hepatobiliary Scintigraphy in Patient with Clinically Perplexing Chronic Abdominal Complaints *Mark Tulchinsky, MD*
9:45 AM- 10:30 AM	**PLENARY SESSION – Infectious Disease** *Mia A. Taormina, DO, FACOI, Moderator*
9:45 AM – 10:15 AM	Prophylactic Antibiotic Use in Surgery: What Do the Data Say? *Mia A. Taormina, DO, FACOI*
10:15 AM - 10:30 AM	**BREAK**
10:30 AM – 11:00 AM	Evaluation of the Post-Operative Febrile Patient *MarkAlain Dery, DO, FACOI*
11:00 AM – 12:15 PM	**PLENARY SESSION** **Hematology/Oncology** *Amanda Laubenthal, DO, Moderator*
11:00 AM – 11:35 AM	Transfusion Medicine Update & Review *Yelena E. Kier, DO*
11:35 AM – 12:10 AM	Overuse of Testing and Treatment for DVT/PE *Kevin P. Hubbard, DO, MACOI*
12:10 – 12:15 PM	Q&A with Panel
9:15 AM –5:00 PM	**SPECIAL BREAKOUT SESSION** **State Licensure Requirements**
9:15 AM – 10:15 AM	Managing the Opioid Epidemic *Robert G. Good, DO, FACOI*
10:15 – 10:30 AM	**BREAK**
10:30 AM – 12:00 PM	Ethics *Mitchell D. Forman, DO, FACOI* *Weldon D. Havens, MD, JD*
1:00 PM – 2:00 PM	Quality and Safety *David V. Condoluci, DO, MACOI*
2:00 AM – 3:00 PM	AIDS/HIV *MarkAlain Dery, DO, FACOI*
3:00 AM – 4:00 PM	Human Trafficking *Hanni Stoklosa, MD, MPH*
4:00 PM – 5:00 PM	Domestic Violence *Speaker TBD*
12:15 PM - 1:15 PM	**LUNCHEON SYMPOSIUM** TBD
1:15 PM – 3:00 PM	**PLENARY SESSION – Nephrology** *Mark D. Baldwin, DO, FACOI* *Jeffrey Packer, DO, FACOI, Co-Moderators*
1:15 PM – 1:50 PM	Hypertension *William Elliott, MD, PhD*
1:50 PM – 2:20 PM	Too Much or Too Little Concern – The Latest on Contrast and the Kidney *Jeffrey Packer, DO, FACOI*
2:20 PM – 2:50 PM	PPIs, ACE/ARB *Mark D. Baldwin, DO, FACOI*
2:50 PM – 3:00 PM	Q&A with Panel
3:00 PM - 3:15 PM	**BREAK**
3:15 PM - 5:15 PM	**PLENARY SESSION – Geriatric/Palliative**
3:15 PM – 5:00 PM	Being Mortal *Megan Knight, Moderator* *Marianne M. Holler, DO, FACOI* *Theresita SIlverberg-Urian, RN, BSN, CHPN*
5:00 PM – 5:15 PM	Q&A with Panel

Sunday, October 15, 2017

7:00 - 7:30 AM	Military Physicians Forum
7:30 AM –9:30 AM	**PLENARY SESSION – REMS SESSION** Opioid Prescribing: Safe Practice, Changing Lives *Annette T. Carron, DO, FACOI*
9:30 AM - 10:00 AM	**Annual Meeting of Members**
10:00 AM	**Convention Concludes**

**Schedule subject to change*

An Interview With Janet Cheek, DO, FACOI

Meet Janet Cheek, DO, FACOI, an active ACOI member and volunteer. A 2000 graduate of the New York College of Osteopathic Medicine, Dr. Cheek is a hospitalist at the Hillcrest Medical Center in Tulsa, Oklahoma and serves on ACOI's Committee on Minority Health and Cultural Competence. A dedicated ACOI member, she has attended the last seven ACOI Annual Conventions in a row.

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

Dr. Cheek: After graduating from Howard University, I began to explore a medical career. I had never heard of osteopathic medicine but my father, who was on the board of NYIT, the parent university of NYCOM, encouraged me to look into osteopathic medicine, which I did. Since I was accepted to both MD and DO medical schools, I decided to meet with MDs and DOs to see if their values and beliefs were mine. Overwhelmingly, the DOs expressed a whole patient focus that included a peer network of physicians and the patient's family. Because I was ill as a child and spent a lot of time in the doctor's office, that experience led me to choose osteopathic medical training. Being active in ACOI allows me to be with others who share my values and beliefs.

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 make a special contribution to this campaign?

Dr. Cheek: I chose to make a contribution in order to keep the principles of osteopathic internal medicine alive. I don't want our profession, one that I believe is more compassionate and understanding of our patients, to go away! ACOI needs to continue to remind members about why they chose osteopathic medicine and how they have benefited from the training and services that ACOI offers.

Ms. Ciconte: How do you see the single GME accreditation transition that goes into effect in 2020 affecting the osteopathic internal medicine profession and ACOI?

Dr. Cheek: This will be a difficult transition period for ACOI and osteopathic internal medicine. I recall years ago that a well-known medical school in Washington, DC looked down on osteopathic medicine. But then I learned that Georgetown residents were doing rounds with DOs.

Ms. Ciconte: Given the challenges facing osteopathic internal medicine, how can ACOI continue to serve its members in the future?

Dr. Cheek: ACOI must stay focused on what it needs to do to address these challenges. It must continue to be visible to its members and the osteopathic medicine community. I belong to both the AMA and ACOI, but feel that I benefit more from my ACOI membership. As a profession, we need to get more young people and minorities interested in osteopathic internal medicine. That means reaching out earlier to young people through Medicine Career Days sponsored by ACOI that describe manipulation and our whole patient focus. I am a Rotarian and serve as the Chair of the Youth Services Group in my community. We are holding career sessions in elementary, junior high and high schools to introduce various careers to children and young people.

Ms. Ciconte: Dr. Cheek, ACOI is indeed grateful to you for your generosity and dedication to the College and the principles of osteopathic internal medicine.

Program Director Sessions

ontinued from page 1

staff will be available to meet with program directors one-on-one to answer questions about the single accreditation system and osteopathic recognition. The Convention also provides an opportunity for faculty to display posters as a means of meeting the ACGME requirement for scholarly activity. All trainers who plan to attend the Convention are invited to attend the session.

Member Milstones

Humayun (Hank) J. Chaudhry, DO, MACOI, was honored on July 21 by outgoing AOA President Boyd R. Buser, DO, with a Presidential Citation, the AOA's highest honor. Dr. Chaudhry, who is a past president of the ACOI, was recognized for raising international awareness of osteopathic medicine and the distinctive care DOs provide. Dr. Chaudhry is chairman of the International Association of Medical Regulatory Authorities, where he is a global ambassador and advocate for osteopathic medicine. He also works to promote excellence for all U.S. medical boards in his role as chief executive officer of the Federation of State Medical Boards.

CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2017 Annual Convention & Scientific Sessions
  Oct 11-15 Gaylord National Resort and Convention Center, Washington, DC
- 2018 Annual Convention & Scientific Sessions
  Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2018 Internal Medicine Board Review Course - April 25-29
- 2018 Clinical Challenges in Inpatient Care - April 26-29
- 2018 Exploring New Science in Cardiovascular Medicine - April 27-29
- 2018 -Congress on Medical Education for Resident Trainers - April 27-28
  Chicago Marriott Downtown Magnificent Mile, Chicago, IL
- 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
- 2021 Annual Convention & Scientific Sessions
  Sept 29-Oct 3 Marriott Marquis Hotel, San Francisco, CA

Please note: It is an ACOI membership requirement that Active Members attend the Annual Convention or an ACOI-sponsored continuing education program at least once every three years.
Information on any meeting listed here may be obtained from ACOI Headquarters at 800 327-5183 or from our website at www.acoi.org.

2017 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination
Computerized Examination 200 Sites Nationwide
September 14, 2017 - *Application Deadline: Expired*
Late Application Deadline: Expired

Internal Medicine Recertifying Examination
Computerized Examination 200 Sites Nationwide
September 15, 2017 - *Application Deadline: Expired*
Late Application Deadline: Expired

Subspecialty Certifying Examinations
Computerized Examination 200 Sites Nationwide
August 29, 2017 - *Application Deadline: Expired*
Late Application Deadline: Expired
• Cardiology • Clinical Cardiac Electrophysiology • Endocrinology • Gastroenterology
• Geriatric Medicine • Hematology • Hospice and Palliative Medicine • Infectious Disease
• Oncology • Pulmonary Diseases • Rheumatology • Sleep Medicine

Subspecialty Recertifying Examinations
Computerized Examination 200 Sites Nationwide
August 29, 2017 - *Application Deadline: Expired*
Late Application Deadline: Expired
• Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine • Endocrinology
• Gastroenterology • Geriatric Medicine • Hemaology • Hospice and Palliative Medicine
• Infectious Disease • Interventional Cardiology • Nephrology • Oncology
• Pulmonary Diseases • Rheumatology • Sleep Medicine

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

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

Science & Education

continued from page 5

systolic BP, with a weighted mean difference of –2.46 mm Hg (95% CI, –2.86 to –2.06). For diastolic BP, the weighted mean difference with treatment was –1.46 mm Hg (95% CI, –1.82 to –1.09).

In addition, the researchers observed the following weighted mean difference effects in patients who received SGLT2 inhibitor therapy: serum triglycerides, –2.08 mg/dL (95% CI, –2.51 to –1.64); total cholesterol, 0.77 mg/dL (95% CI, 0.33-1.21); and body weight, –1.88 kg (95% CI, –2.11 to –1.66).

These findings were robust in sensitivity analyses.

"Treatment with SGLT2 inhibitors therefore has beneficial off-target effects on BP in patients with type 2 diabetes mellitus and may also be of value in improving other cardiometabolic parameters, including lipid profile and body weight, in addition to their expected effects on glycemic control," the researchers concluded. "However, our findings should be interpreted with consideration for the moderate statistical heterogeneity across the included studies."

Other study limitations of note, according to the researchers, included the relatively small sample size of most of the featured studies, the lack of uniformity in participants' background therapies, and the short follow-up periods.

I hope you've found this month's Talking Science and Education interesting and useful. As always, feel free to write me with topics of Interest at don@acoi.org.

[1]Riddell J et.al. Does the flipped classroom improve learning in graduate medical education? August, 2017. JGME. Epublished ahead of print; DOI: http://dx.doi.org/10.4300/JGME-D-16-00817.1

[2]Mazidi M, Rezaie P, Gao HK, Kengne AP. Effect of sodium-glucose cotransport-2 inhibitors on blood pressure in people with type 2 diabetes mellitus: A systematic review and meta-analysis of 43 randomized cohort trials with 22 528 patients. J Am Heart Assoc. 2017;6:e004007. doi:10.1161/JAHA.116.004007