

*From President Burke*  
**Osteopathic  
Internal Medicine -  
Stronger Together**



I wish a happy and safe holiday season to all of you and your families!

**A key value of the ACOI is the part of our mission that supports Osteopathic Internal Medicine.** We get

it. The ACOI fulfills this mission mainly through you, our members. The core of the mission is attainable only by what you collectively do every day in your clinical lives as osteopathic internal medicine physicians. We are stronger together, especially as we transform the ACOI from a residency quality and accrediting association to a professional services organization that espouses osteopathic internal medicine values. You do not have to be an osteopathic physician to practice Osteopathic Internal Medicine (OIM). The ACOI is internists first and foremost, whether our interests are ambulatory, hospital or subspecialty-based. We are all in on treating the whole patient during personal/professional interactions. This has been “inSTILLed” in us during our training. It has been and remains a huge asset.

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*Cardiology, Hospital Medicine, Internal Medicine Board Review*

## Three CME Opportunities Available in Chicago April 25-29

Registration will open in January for three ACOI CME activities that will be offered concurrently in the heart of downtown Chicago. These include the Internal Medicine Board Review Course, Challenges in Inpatient Care, and a new program designed for cardiologists---Exploring New Science in Cardiovascular Medicine. All meetings will be hosted at the Chicago Marriott Downtown Magnificent Mile.

Clinical Challenges in Inpatient Care, the popular CME program for hospitalists and others will take place April 26-29. The ACOI Continuing Medical Education Committee and activity Chair Rick A. Greco, DO, has designed an agenda that will appeal to physicians who treat patients in the hospital. Among the areas to be covered are: Atrial-Fibrillation; Anticoagulants for Cardiac Indications; Diastolic Heart Failure; Improving Glycemic Control in Hospitalized Patients; Use of the EMR in Quality Improvement to Assess and Improve Glycemic Control; Alternative Pain Methods and Strategies for Pain Management; Difficult Conversations; Non-Invasive Ventilator Techniques: Appropriate Use of C-PAP, Bi-Pap, and AVAPS; COPD, Asthma and Emphysema: Knowing the Difference; Ultrasound Techniques; Liver Failure: Chronic Liver Diagnosis and Management in the Hospital; Managing the GI Transplant Patient; and Acute Delirium. The program will run from Thursday, April 26-Sunday, April 29 and will provide up to 25 AOA 1A CME credits in internal medicine. In addition, the program meets the American Osteopathic Board of Internal Medicine’s (AOBIM) requirement for a specialty-specific continuing medical education for those who plan to sit for the focused hospital medicine recertification credential.

The 2018 Internal Medicine Board Review Course which takes place Wednesday, April 25-Sunday, April 29. The course is a comprehensive review of general medicine and each of the subspecialties. It is an excellent way for practicing physicians to update their medical knowledge, as well as an essential part of the preparation process for the certifying and recertifying examinations in internal medicine.

Special emphasis is placed on recent advances in various subspecialty areas and on clinical skills management as they pertain to clinical practice and the examinations. The Course is co-chaired by Kevin P. Hubbard, DO and Scott L. Girard, DO. Attendance at the review course meets the requirement that osteopathic internal medicine residents must attend one ACOI education program during the course of their training.

Information about the new cardiology program, which will be offered Friday, April 27-Sunday, April 29, appears on Page 4 of this newsletter.

Registration and hotel information will be available at [www.acoi.org](http://www.acoi.org) in January.



## Volunteer For an ACOI Committee

Volunteers are needed for a variety of ACOI committees, councils and task forces.

Appointments will be made by 2017-18 President Martin C. Burke, DO, and the Board of Directors by the end of the year. Those interested in serving should send an email to Executive Director Brian J. Donadio ([bjd@acoi.org](mailto:bjd@acoi.org)) listing the position(s) of interest and a brief statement of qualifications. More information on the committees and the appointment process can be found on the ACOI website, [www.acoi.org](http://www.acoi.org).

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## American College of Osteopathic Internists

*In Service to All Members; All Members in Service*

### MISSION

*The mission of the ACOI is to promote high quality, distinctive osteopathic care of the adult.*

### VISION

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

### VALUES

*To accomplish its vision and mission, the ACOI will base its decisions and actions on the following core values:*

**LEADERSHIP** for the advancement of osteopathic medicine

**EXCELLENCE** in programs and services

**INTEGRITY** in decision-making and actions

**PROFESSIONALISM** in all interactions

**SERVICE** to meet member needs

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## Letter from the President

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The style and content of osteopathic education has been expanded and perpetuated by the ACOI over the last 76 years. There is a strong and organized heart to our patient care philosophy and training, but it is at risk if we do not stand strongly for its future. The American Board of Internal Medicine (ABIM) is a huge internal medicine certifying body that I believe to be a large contributor to the demoralization and inappropriate vision of a physician class as an aggregate. **The ABIM is no friend of Osteopathic Internal Medicine as its recent policy affecting program director certification confirms. The ACOI will do our utmost to stand strong for our Osteopathic Internal Medicine Program Directors and their osteopathic certification.** The ACOI Board of Directors is working to maintain a voice for our OIM traditions, which in large part have been made possible by strong, talented program directors and the membership.

### AOBIM Certification/Re-Certification

Osteopathic physicians are not historically conformists and this has been and remains a huge asset. But the profession can be conformist at times as the recent AOA re-certification (OCC) process proves. It has been modeled closely on the maintenance of certification process adopted by our MD brethren. Historically, the ACOI has had a strong, arm's-length partnership with AOBIM. Our role has been to craft the residency training requirements and curriculum and work with the AOBIM to assure that the certifying examinations test to the requirements. The ACOI does not, and never has, overseen the AOBIM. The AOBIM has been, and continues to be, part of the AOA. We work with the AOA and AOBIM for the benefit of our members and training programs. This long-standing relationship has been valuable to our members, who constitute 75% of the certified AOBIM Diplomates today.

Despite our strong relations, the re-certifying process still doesn't feel right. In my own case, I recently completed two high stakes examinations (Cardiology and Electrophysiology) for the third time. My first re-certs didn't bother me as much as the recent ones. I'm older now and was the oldest tester in the center by 20 years, and I realized that there exists no other profession in the world that will make a doctor with 30 years of experience take a multiple choice test. The reasons that they do not are too many to elaborate on here.

The ACOI will continue to advocate for our members and future osteopathic internists for a certification process that benefits your patients and your own well-being. We need to stay together and be more proactive to create recertification that respects our experience and devotion, and is not a constant time sink and wallet biopsy.

Pending implementation of the inordinately slow changes to the AOA's re-cert process, please be patient, especially as things seem to morph every six months. Stay focused on the current requirements and fulfill them. Invest in the ACOI's OCC medical knowledge modules, which meet the AOBIM's current requirements for specialty CME, and will continue to do so in the future.

### CME

CME with special focus on members' needs, wishes and interests is an important service that the ACOI provides. As OIM has developed into roughly 50% general medicine and 50% subspecialty practice, the ACOI has endeavored to provide education activities that accommodate the broad membership interests. As the evaluations of our recent convention and other meetings attest, we are succeeding more consistently in providing education products that can truly be defined as Osteopathic!

It is exciting that we are shifting from being primarily a live meeting, destination CME organization to one that offers more web-based learning opportunities. The OCC modules were our first experiment in this direction. They have been very well received for their ease of use and relevant content. In 2018, we will launch an on-line Learning Management System that will provide expanded CME opportunities accessible in convenient mobile formats. These education activities will be available to DO and MD internists, alike, and will provide AOA and AMA PRA credit. It is our hope that our core members will find these valuable and support them. This is an area in which we are making significant infrastructure upgrades and financial investment.

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# government RELATIONS

Timothy McNichol, JD

## House and Senate Continue Efforts to Advance Tax Reform

The House and Senate recently approved different tax reform bills along party lines. The Senate legislation was narrowly approved by a tie-breaking vote cast by Vice President Pence. The House and Senate-approved versions of the legislation differ significantly, and as such, require consideration by a House and Senate conference committee. The conference committee must reconcile the two different packages and send one legislative package back to both the House and Senate for consideration. Prior to the legislation being sent to the President's desk for enactment, one legislative package must be considered and approved by both chambers in identical form. As a result, negotiations are ongoing. The far-reaching reform legislation has the potential to impact medical students, residents, physicians and their patients in many ways. As a result, the ACOI is continuing to closely monitor the ongoing negotiations. Updates will be provided in future newsletters.

## President Nominates Head of HHS

President Trump recently nominated Alex Michael Azar II to become Secretary of the Department of Health and Human Services (HHS). Mr. Azar served as Deputy Secretary of HHS under President George W. Bush from 2005 – 2007. He was president of LillyUSA until earlier this year. His nomination has been met with mixed reviews. While his experience at HHS could prove beneficial as he takes over the sprawling agency, his prior role as president of LillyUSA is seen by some as a liability as the agency works to control the escalating cost of prescription medications, an expressed goal of the Administration. The Department of HHS is currently headed by acting Secretary Eric Hargan. Mr. Hargan took over following the resignation of Secretary Tom Price, MD, in the wake of questions raised surrounding his tax-payer-funded travel arrangements. A hearing to consider the nomination of Alex Azar has yet to take place.

## FDA Takes Steps to Speed Generic Drugs to Market

The Food and Drug Administration (FDA) announced that it will update its Drug Competition Action Plan to more quickly review generic drug applications. According to an announcement by the FDA, in an effort to reduce the cost of prescription drugs, the agency will prioritize the review of generic drug applications likely to be approved following expiration of the 180-day exclusivity provided to first-to-file generic manufacturers. According to the FDA, the change will benefit consumers by supporting "brisk competition" that will lead to lower drug costs. The FDA stated that data show significant price reductions when multiple FDA-approved generics are available to consumers.

## Majority of Hospitals Projected to Receive Positive Quality Payments in 2018

The Centers for Medicare and Medicaid Services (CMS) announced that it estimates \$1.9 billion in incentive payments will be made through the Medicare Hospital Value-Based Purchasing (VBP) program in fiscal year (FY) 2018. The VBP program, created under the Affordable Care Act (ACA), pays hospitals incentive payments based on quality measures compared to other hospitals and a demonstration of improved patient care. As a result of the program, it is estimated that nearly 1,600 hospitals of the approximate 3,000 hospitals in the US will receive positive payment adjustments in 2018. This is similar to the FY 2017 rates, but is down from the 1,800 hospitals that received positive payment adjustments in FY 2016. According to CMS, top performing hospitals will see an increase of about three percent, while the poorest performing hospitals will see a decrease of about 1.65 percent.

## DOJ Takes Steps to Fight Opioid Epidemic

The Department of Justice (DOJ) announced the Drug Enforcement Administration (DEA) plans to take immediate action to schedule all fentanyl-related substances. As a result of the order, possession, importation, distribution or manufacture of any illicit fentanyl analogues ("designer drugs") will be subject to criminal prosecution, just as they would be for fentanyl and other controlled substances. This action represents another step by the federal government to try and respond to the growing opioid epidemic that is adversely impacting many communities across the country.

## Government Shutdown Temporarily Averted

Congress approved, and the President signed into law, a stop-gap spending package that keeps the government funded and open for business through December 22. The legislation was approved and enacted following agreements by both Democrats and Republicans to continue negotiations on spending levels and policy issues impacting defense and domestic programs for the current fiscal year, which began October 1. The government has been operating under continuing resolutions since that time. The complicated spending and policy considerations make it unclear whether or not compromise will be reached; another temporary spending package will be approved; or whether the government will be shut down absent congressional action by December 22. As of the time of this publication, all three options outlined above remain possible.

## Washington Tidbits Membership Requirements and Disorderly Behavior

It seems that not one day goes by without the revelation of new allegations against a celebrity or politician of untoward behavior. As a result, we have recently seen the intended resignation of a senator and multiple resignations by representatives prior to formal action being taken by either chamber. What does it take for a representative or senator to be expelled?

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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](http://www.acoi.org) and by contacting Ms. Young at [YoungMedConsult@aol.com](mailto: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.*

## Preparing for a Prosperous New Year

Over the past year I have used this column to explore topics such as Locum Tenens, proper billing and documentation for non-physician providers, and documentation requirements for evaluation and management (E&M) services. When selecting topics to address, I have chosen those that will help you to be more efficient, effective and compliant in your billing and coding activities so that you can spend more time doing what you became a doctor to do – care for your patients.

I have found that teaching through real-life examples is most beneficial when exploring the complexities of coding and billing. To facilitate these efforts in the New Year, and to help you get the most out of your billing and coding activities, I ask that you share specific questions that have arisen in your practice. This will allow me the opportunity to provide information on billing and coding topics that matter most to you and your peers. What coding and billing questions are your finding most perplexing? Are you using your electronic health records (EHR) to maximize your efficiency through comprehensive documentation and coding? Are you providing osteopathic manipulative treatment and coding for it properly? Please send your inquiries to ACOI Deputy Executive Director Tim McNichol at [tmcnichol@acoi.org](mailto:tmcnichol@acoi.org). I will respond to as many questions as I can and highlight a few of them in this column each month. I look forward to exploring these and other areas of importance to you in the New Year!

## 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:

Syed Akbarullah, MD  
Sinan Alo, DO  
Christian T. Cable, MD, MHPE, FACP  
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Gaurang D. Gujarathi, DO, MPH  
Kevin D. Jarrell, DO  
Luke R. Joseph, DO  
Jonas M. Rawlins, DO

### Associate Member:

Mohammed Kazimuddin, MD, FACC, FSCAI

## Exploring New Science in Cardiovascular Medicine To Be Offered in April

The ACOI will offer a new continuing education program for cardiologists, "Exploring New Science in Cardiovascular Medicine," April 27-29 in Chicago. This active learning program is designed for general cardiologists, subspecialists, and internists focused on treating cardiovascular and cardiometabolic diseases. The two-and-a-half day meeting will address important topics for the cardiovascular practitioner, including sessions on cardiovascular risk assessment and treatment that will cover the new JNC 8 guidelines, advances in the management of hyperlipidemia, women and heart disease, and cardio-oncology – a new and exciting area.

Subspecialists will enjoy a case-based approach to the evaluation and treatment of arrhythmias and interventional cardiology. The faculty for this program will include national and international experts selected for their skills as clinicians, researchers and educators. Approximately 14 IA CME credits will be offered. Registration and complete agenda materials will be available in early January.

## In Memoriam

Word has been received of the death of **George Q. Seese, III, DO, FACOI**, of Dalton, Ohio. Dr. Seese died on November 13. He was 59. A graduate of Ohio University Heritage College of Osteopathic Medicine, Dr. Seese completed his internal medicine residency training at Doctors Hospital of Stark County in Massillon, OH, and a cardiology Fellowship at Deborah Heart and Lung Center in Browns Mill, NJ. He practiced cardiology. An ACOI Active member since 1992, Dr. Seese achieved the honorary degree of Fellow of the ACOI in 1997.



# talking science & education

Donald S. Nelinson, PhD

Welcome to the December edition of Talking Science and Education. I wish all of our members and your families a wonderful holiday and a healthy 2018. Our question last month asked:

TRUE or FALSE: 2016 marked the end of a 26-year decline in the rate of cardiovascular deaths.

- a) True
- b) False

Again the unfortunate answer is true. For the first time in the 27-year history of this report, cardiovascular deaths increased from 250.8 to 251.7 deaths per 100,000 population, the first statistically significant increase since 1990.

There were no answers to this trivia so let me know if you enjoy the trivia game and I will happily continue with it next month.

Please email your response to me at [don@acoi.org](mailto:don@acoi.org).

## Talking Education

ACOI is engaged in a major initiative to innovate, expand and optimize our educational programming. The use of micro and confidence-based learning, and pursuit of ACCME accreditation represent but a few of our efforts to these ends. As I work to “build a better mousetrap,” I have had the opportunity to review important studies that have influenced our approach to medical education. In this month’s column, I will share one such study with you. While nine years old, the concepts tested have been shown to be critically important in medical education design.

Kerfoot BP, Armstrong EG, O’Sullivan PN. Interactive spaced-education to teach the physical examination: a randomized controlled trial. *Journal of General Internal Medicine* 2008;23:973–78.

Learners have limited physical examination knowledge and skills. “Interactive spaced education” (ISE) repeatedly tests and educates learners over spaced intervals using e-mail delivery of learning points and questions. “Spaced” education may lead to greater learning retention than “bolus” education; immediate testing on learning may also bolster learning retention. This study examined ISE as a method to further enhance physical examination learning in second year students taking a course on physical diagnosis. One-hundred-seventy medical students in the Introduction to Clinical Medicine course at one academic institution were invited to participate. This course included weekly/biweekly four to eight-hour sessions on the physical examination. Participating students additionally received three cycles of 36 emails which presented a physical diagnosis question. After answering the question, subjects were presented with the correct answer and associated curriculum. Of 120 students initially randomized into two cohorts, 85 completed all cycles. Scores increased from a mean of 57.9% in cycle 1 to 74.4% in cycle 3. Of questions answered incorrectly in cycle 1, 64.7% and 73.4% were answered correctly in cycles 2 and 3, respectively. Although all participants received three cycles

of questions via email, the second cohort started cycle 1 of 3 at the same time that the first group started cycle 3 allowing an interim use of the second group as a control. Cycle 3 scores for cohort A were 74% vs. 59% cycle 1 scores for cohort B when thus assessed simultaneously. Each email was estimated to require a mean of 2.7 minutes to complete. At the end of the course, students concluded that the optimal number of emails was 4.9 per week with optimal number of cycles 2.7. Eighty-five percent of learners recommended the same course be repeated the next year for incoming second year students; 83% wanted an ISE program for themselves the next year as third years.

Although this study assessed physical examination knowledge and did not assess examination skills, it appears that ISE is a well-accepted method of curriculum delivery that can help to remediate knowledge deficits. These results also suggest that duplication of curricular material is accepted by learners and can consolidate learning.

## Diabetes Dialogues

ADA Releases 2018 Medical Care Standards for Diabetes

The American Diabetes Association’s annual guidelines for 2018 include new recommendations for use of glucose-lowering drugs with proven cardiovascular benefit in type 2 diabetes, optimization of diabetes care in elderly patients, and glucose screening of high-risk adolescents.

The organization has also chosen to stick with its existing definition of hypertension in diabetes, of 140/90 mm Hg, in contrast to cardiology societies that have recently changed their guidance so that  $\geq 130/80$  mm Hg represents “stage 1 hypertension,” including in diabetes.

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## Vision for ACOI Post-2020 Progress Report

The ACOI has carefully assessed its future and is transforming programs, products, and services to better connect with osteopathic internists. The College is expanding osteopathic CME course content and delivering it using the latest technologies. The process is underway for expanding our CME accreditation so we can provide credits that meet the recertification requirements of both the AOBIM and the ABIM.

The College is at the fore-front of moving into a positive position in the new post-2020 ACGME world. We are assisting every AOA-accredited residency/fellowship program to achieve ACGME accreditation, with the ultimate goal to assist all previously AOA-accredited internal medicine programs to achieve Osteopathic Recognition.

Progress to Date: 67 of our internal medicine programs and 22 subspecialty programs have achieved initial accreditation from the ACGME. Crucially, we have also seen 20 programs apply for osteopathic recognition, which is so vital to the continued existence of our profession.

The next two years are a critical time. We must continue to advocate for osteopathic internal medicine and be the voice at the table for our profession. Campaign support has already been put to use to hire additional staff who are working with the training programs and on achieving ACCME accreditation. Support is also being used to fund new technologies for CME delivery.

The 75th Anniversary Campaign goal of \$750,000 by December 31, 2017 will provide the significant resources needed to transform the College's programs, products and services. The funds will enable the ACOI to:

- **Insure that the values of osteopathic internal medicine endure.**
- **Proudly model and advocate patient-centered, hands-on medicine for all physicians.**
- **Provide needed resources to the osteopathic internal medicine profession.**

We are so close to the finish line! Your gift or two-year pledge made by December 31 that will be matched will help us reach our goal. Click on the button below.

**DONATE NOW**

## 75th Anniversary Campaign Update

**Campaign Update:** As of December 14, 2017, gifts and pledges totaling \$546,776 have been received (73% of our overall goal). Our thanks to the generous donors listed on the Honor Roll below:



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Laura Rosch, DO, FACOI for her mentor George Caleel, DO, MACOI  
Christine M. Samsa, DO, FACOI and Nathan P. Samsa, DO, FACOI  
Roy J. Sartori, DO, FACOI and Christine Sartori  
Thomas Schneider, DO, FACOI  
Suzanne Shenk, DO, FACOI and Scott Siegal, DO, FACOI  
Martin W. Schwarze, DO, MACOI  
Laura Smith, DO, FACOI  
Duane Sossong, DO  
Scott Spradlin, DO, FACOI  
David G. Stainbrook, Jr., DO, FACOI  
Christina A. Stasiuk, DO, FACOI and George Farian, Esq.  
W. W. Stoever, DO, MACOI  
Brad Suprenant, DO, FACOI  
David Susser, DO, MACOI  
John R. Sutton, DO, FACOI  
Richard R. Thacker, DO, FACOI  
Kenneth Trinidad, DO  
Gordon P. Tussing, Jr., DO  
Amita Vasoya, DO, FACOI  
William H. Voss, DO, MACOI  
Thomas Waltz, DO, FACOI  
R. Colin Wetz, DO, FACOI  
Mark L. Woodard, DO, FACOI  
William Zipperer, Jr., DO, FACOI  
Mark L. Woodard, DO, FACOI



Gifts to ACOI Are Tax Deductible.

## ACOI Board Announces Any Gift or Two-Year Pledge Made During the Month of December Will Be Matched 1:1

**DONATE NOW**

We need your support now to insure that osteopathic internal medicine continues to thrive for years to come. Our efforts are already beginning to bear fruit. The ACOI is working to enhance the products and services that enrich our members' lives and promote the ways in which osteopathic internal medicine practice benefits the public.

*There are several ways you can make a tax deductible gift:*

- Click on the Donate Now button.
- Call Katie Allen at 301-231-8877 to make a pledge and determine payment schedule.
- Make a gift of appreciated securities so that you can receive credit for the full fair market value of the stock, help ACOI, and avoid paying any tax on the gain. Contact Brian Donadio at [bjd@acoi.org](mailto:bjd@acoi.org) or 301-231-8877.
- For those at least 70 ½ you can help ACOI and yourself at the same time if you have an Individual Retirement Account (IRA) because you can now have a portion or all of your required minimum distribution (up to \$100,000) paid directly to ACOI.

By doing this you will not have to take the required amount as income and pay taxes on it. Instead, you can have any amount you want – up to \$100,000 – paid to ACOI by making a Qualified Charitable Distribution.

You do not receive a tax deduction for this distribution, but you also do not receive it as income, and therefore do not pay income taxes on it. In addition, the amount you have paid to ACOI will count toward the required minimum distribution that by law you must receive from your IRA. For many who want to help ACOI, this is a win-win scenario, but planning is important. You should let ACOI know if you want to help in this way because you need to notify your IRA administrator at least six weeks in advance and before you take your distribution.

### Government Relations

*continued from page 3*

Article I, Section 5 of the Constitution provides, “Each house may determine the rules of its proceedings, punish its members for disorderly behavior, and, with the concurrence of two-thirds, expel a member.” Expulsion is rare in the modern congressional era. Since 1789 only 15 members of the Senate have been expelled – 14 for support of the Confederate rebellion; one for anti-Spanish conspiracy and treason. The House has expelled just five members – three for disloyalty to the Union; two following criminal convictions on federal charges. Expulsion is exceedingly rare. Is it possible that we will again witness an expulsion for “disorderly behavior” in the near future? Only time will tell!

## 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](mailto:drb@drbnaples.com). More information can be provided by Denise Maclean, practice manager at [Denise@DrbNaples.com](mailto:Denise@DrbNaples.com).

**PRIMARY CARE PHYSICIANS - New York.** Catholic Health Services of Long Island (CHSLI) currently has full time opportunities for Board Certified/Board Eligible Internal or Family Medicine Physicians to join community-based practices within Nassau County, New York. Some locations may require a measure of nursing home and hospital coverage.

Catholic Health Services of Long Island is a fully integrated health system serving the communities of Long Island, NY. Comprised of 6 hospitals, 3 long term care facilities, a Home Care and Hospice agency, and a program for developmentally disabled individuals, CHSLI has over 17,000 employees and an operating budget in excess of \$2B.

#### Requirements include:

- Board Certification/Board Eligible Internal or Family Medicine
- NYS MD/DO License
- Strong Interpersonal and communication skills with the ability to engage at all levels of the organization to promote a culture of patient safety and participate in performance improvement

We offer a competitive salary, dynamic work atmosphere, and a comprehensive benefits package. For immediate consideration, please email your CV to: [gail.still@chsli.org](mailto:gail.still@chsli.org). Equal Opportunity Employer M/F/D/V

## Talking Science & Education

*continued from page 5*

Probably the most anticipated and impactful new recommendation from the ADA calls for use of a glucose-lowering agent with proven cardiovascular benefit — such as the glucagon-like peptide 1 (GLP-1) agonist liraglutide (VictozaNovo Nordisk) — and/or mortality reduction — such as that observed with the sodium glucose cotransporter-2 (SGLT2) inhibitor empagliflozin in type 2 diabetes patients with established atherosclerotic cardiovascular disease (ASCVD) who don't meet glycemic targets with lifestyle modification and metformin.

There are now drugs that are indicated not only to improve glycemic control but also to reduce cardiovascular risk and mortality. Based on some of the [cardiovascular-outcomes] trials there are new recommendations for treatment of adults with type 2 diabetes who fail metformin therapy, if there's a background of atherosclerotic cardiovascular disease.

The ADA's 2018 Standards of Medical Care in Diabetes were published online December 8, 2017 in *Diabetes Care*. The report summarizes all drug-specific and patient factors that may affect diabetes treatment and includes the most relevant considerations, such as risk of hypoglycemia, weight effects, kidney effects, and costs for all preferred diabetes medications, in one location to guide the choice of antihyperglycemic agents “as part of patient-provider shared decision-making.” The standards of care are the primary resource for the optimal management of diabetes and include updated guidelines for diabetes diagnosis and for evidence-based prevention of diabetes and diabetes-related complications. Of particular importance are the new recommendations for patients with diabetes and cardiovascular disease.

### Glucose Screening of Kids, Use of HbA1c, the Elderly, and CGMs

Another major new recommendation calls for screening for prediabetes and type 2 diabetes in children and adolescents who are overweight or obese, and who have one or more additional risk factors. This is important because of the difference of type 2 pathogenesis in children and adolescents where there seems to be a more rapid decrease in beta-cell function than in adults.

Regarding the use of HbA1c for screening, diagnosis, or monitoring of diabetes, there is new information in the standards on limitations of the test in people with hemoglobin variants such as sickle-cell anemia and other conditions affecting red blood cell turnover. There is also a mention of ethnic differences in the relationship of HbA1c to average blood glucose levels.

Three new recommendations address the importance of individualizing pharmacologic therapy in older adults to reduce hypoglycemia risk, avoid overtreatment, and simplify complex regimens as much as possible while maintaining HbA1c targets.

A chart provides guidance on individualizing targets — i.e., <7.5%, <8.0%, or <8.5% — for older adults based on functional status, comorbidities, and life expectancy. There's also guidance for expanding the use of continuous glucose monitoring (CGM), indicating that it should be employed by all adults aged 18 years and older with type 1 diabetes who don't meet glycemic targets (from the current age of 25 and above), but there is no pediatric recommendation as yet.

The paper also contains information on the availability of a new intermittent (“flash”) glucose monitoring device, the FreeStyle Libre (Abbott) recently approved in the US for adult use and the fact that some CGMs (ie, Dexcom G5) are now approved to replace finger-stick testing for making treatment decisions.

### No Change in BP Targets; Rather, the ADA Stresses Individualization

Notably, the new ADA standards do not change the association's prior hypertension definition of  $\geq 140/90$  recently put forth in a separate set of guidelines.

This contrasts with the recent statement from the American College of Cardiology, the American Heart Association, and other organizations deeming  $\geq 130/80$  as “stage 1 hypertension,” including specifically for people with diabetes. The ADA document acknowledges the difference and provides details to support the 140/90 cutoff for people with diabetes. This includes the ACCORD-BP trial involving 4733 type 2 diabetes patients, in

which intensive blood-pressure control targeting systolic <120 did not improve the composite primary cardiovascular end point, and ADVANCE BP with 11,140 type 2 patients, in which the composite end point was improved but blood-pressure level achieved in the intervention group was 136/73. Other large trials showing benefit for more intensive blood pressure-lowering, including SPRINT, did not enroll patients with diabetes. These three studies, plus the HOT trial, are summarized and outlined in the paper, providing support for the existing ADA recommendations that most adults with diabetes and hypertension should have a target blood pressure of <140/90 mm Hg.

Also new is an algorithm illustrating the recommended antihypertensive treatment approach for such individuals. The ADA standards also say, however, “Intensification of antihypertensive therapy to target blood pressures lower than <140/90 mm Hg (e.g., <130/80 or <120/80 mm Hg) may be beneficial for selected patients with diabetes, such as those with a high risk of cardiovascular disease.”

The ADA does join the AHA/ACC and other groups in new advice that patients with diabetes and hypertension monitor their blood pressure at home in order to overcome masked or “white-coat” hypertension and improve adherence to medications. Also new is a recommendation that all pregnant women with preexisting type 1 or type 2 diabetes should consider daily low-dose aspirin starting at the end of the first trimester in order to reduce the risk of preeclampsia.

### Standards of the Future Will Be in “Real Time”

Going forward, the ADA standards will be continually revised rather than published all at once at the end of each year. Thus, the standards will be changed right away if a new drug is approved, gains a new indication, or any other major changes occur that represent a significant shift in clinical practice. A new standards app will be launched in February 2018, but for those who prefer the old-fashioned way, a hard copy still will come out in *Diabetes Care* every January.

Feel free to send questions, comments, accolades and requests for topics to me at [don@acoi.org](mailto:don@acoi.org).



# CME CALENDAR

## ***Future ACOI Education Meeting Dates & Locations***

### **NATIONAL MEETINGS**

- 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
- 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
- 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](http://www.acoi.org).*

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## **2018 Certifying Examination Dates & Deadlines**

### **Internal Medicine Certifying Examination**

Computerized Examination 300 Sites Nationwide  
September 12-14, 2018 - *Application Deadline: February 1, 2018*

### **Internal Medicine Recertifying Examination**

Computerized Examination 300 Sites Nationwide  
September 12-14, 2018 - *Application Deadline: April 1, 2018*

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

Computerized Examination 300 Sites Nationwide  
September 12-14, 2018 - *Application Deadline: April 1, 2018*

### **Subspecialty Certifying Examinations**

Computerized Examination 300 Sites Nationwide  
August 28-30, 2018 - *Application Deadline: April 1, 2018*

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

### **Subspecialty Recertifying Examinations**

Computerized Examination 300 Sites Nationwide  
August 28-30, 2018 - *Application Deadline: April 1, 2018*

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

*Further information and application materials are available by contacting Daniel Hart, AOBIM Director of Certification at [admin@aobim.org](mailto:admin@aobim.org); 312 202-8274.*

*Contact the AOBIM at [admin@aobim.org](mailto:admin@aobim.org) for deadlines and dates for the Allergy, Sports Medicine, Pain Medicine, Undersea/Hyperbaric Medicine and Correctional Medicine examinations.*

## **President's Letter**

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### **75th Anniversary Campaign**

The ACOI is concluding the 75th Anniversary Campaign at the end of this month. Please find some time to donate and make our first campaign a resounding success. The Campaign is designed to promote ACGME Osteopathic Recognition for our IM and subspecialty training programs, and fund the expanded CME options noted above. Further information about the success of the Campaign to date can be found elsewhere in this month's ACOI newsletter.

In closing this month, it is a privilege for me to be a member of the ACOI for its family atmosphere and devotion to a philosophy of OIM. We all know the special force in our offices that is a result of our training. Please allow the ACOI to collect your individual force by staying Stronger Together through collegiality, osteopathic recognition and progressive, appropriate OIM (It's kind of schmaltzy, but hopefully the new Star Wars movie demonstrates some parallels as we navigate the transition with the ACGME).

## **Have You Moved?**

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

**[acoil@acoil.org](mailto:acoil@acoil.org)**