

From President Bulger

Internal Medicine at Center of Certification Debate



As internists, like it or not, the gatekeeper of hospital privileges and payer empanelment is board certification. The widely accepted forms of board certification,

with rare exception, are those granted by American Osteopathic Association (AOA) and American Board of Medical Specialties (ABMS) associated boards. The topic of board certification has garnered much attention and debate over the last several years. Internal medicine has been at the center of this debate.

While some question the need for an initial benchmark of professional

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Annette T. Carron, DO, FACOI

Board Member Represents ACOI At White House Meeting



ACOI Board of Directors member, Annette T. Carron, DO, FACOI, attended a meeting earlier this month at the White House to discuss the Administration's efforts to stem prescription drug abuse and heroin use. The meeting of the Opioids Working Group allowed physician organizations such as the ACOI the opportunity to share information on current and future efforts to train 540,000 health care providers in opioid prescribing over the next two years. Dr. Carron specializes in geriatric and palliative care medicine in Farmington Hills, Michigan. She has been a member of the Board of Directors since 2008.

AOA Extends Deadline to Meet Three-Year CME Cycle Requirements

The AOA Board of Trustees announced late in December that it has extended the deadline for physician members to meet the CME requirements for the three-year CME cycle that closed on December 31, 2015. During each cycle, members are required to complete 120 CME credits, 30 of which must be in category 1A. In addition, certified physicians must complete a minimum of 50 credits in internal medicine or a subspecialty. The deadline to meet the requirements was extended until May 31, 2016. During this period, members will have the option to apply their CME credits to either the 2013-15 cycle or the 2016-18 cycle.

This provides ACOI members and others the opportunity to meet the CME requirements by attending either the Internal Medicine Board Review Course, or the Clinical Challenges in Inpatient Care program, both of which will be offered in late March in Orlando, FL. Further information about those programs appears inside this newsletter.

For those who don't wish to travel, the ACOI's online medical knowledge self-assessment modules are another CME option. The modules can provide up to 75 AOA internal medicine specialty CME credits. The modules test your acumen in a case-centric format on the 30 most common acute, chronic and other presentations seen by practicing internists. They use the latest in brain science and game theory to help you acquire information quickly, remember it long-term and accurately recall it in the clinical setting. There are 15 modules available and each provides five internal medicine, hospitalist and/or subspecialty credits. Modules may be purchased individually or in packages. They are designed to be completed in one sitting, but can be paused at any point for later completion. The modules also meet one of the AOBIM's requirements for participation in Osteopathic Continuous Certification. You may access the modules via the OCC Education Center for Internal Medicine at 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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competence and an ongoing process to ensure continued compliance, I see little merit in this particular debate. A process that ensures the public of their physician's clinical and professional competence is needed. The design of that process is worthy of some discussion.

Osteopathic Continuous Certification (OCC) must ensure that certified physicians are competent to care for the patients and populations we serve and that the process is practical and fair for physicians. The former should include continuing education and ongoing assessment of learning. Ideally, it would include some assessment of outcomes as those assessments become easier to ascertain. Physicians should not be burdened by cost---monetary or time--- to maintain competence. It is not unreasonable to expect some cost, but it should not be excessive and the costs should directly relate to maintaining competence. Additionally, the usefulness of periodic, high-stakes, exams are greatly in doubt and should be eliminated. Finally, certification, like licensing, should maintain a level of independence from membership organizations.

I am honored to meet on a regular basis with members of the American Osteopathic Board of Internal Medicine (AOBIM) as a liaison from the ACOI. The AOBIM members write and maintain 29 separate exams, all of which have been proven to uphold the highest psychometric standards. They have also been leaders in advocating for common sense standards in the OCC process. They currently do this independently, working at an arm's length from their parent the AOA, and collaboratively with the ACOI. We all thank them for their service and commitment to the public and to the profession.

It is critical, as the profession grows and seeks new opportunities, that the measure of our professional competence be unquestionable. For this to happen, the AOBIM needs to administer OCC in a rigorous yet pragmatic manner while remaining an independent entity that protects the needs of the patients and populations we serve.

Have You Moved?

Keep us updated.

If you have recently made any changes in your address, phone number or email,

please notify theACOI.

www.acoi.org



government RELATIONS

Timothy McNichol, JD

Affordable Care Act Survives Another Court Challenge

The Affordable Care Act (ACA) survived another court challenge when the Supreme Court refused to consider a case on appeal that argued the law was implemented using improper legislative procedures. Specifically, the case on appeal attempted to argue that the ACA was enacted in violation of the Origination Clause of the Constitution, which requires revenue-raising legislation to originate in the House before proceeding to the Senate. It was argued that parts of the ACA generate revenue, and as a result, needed to originate in the House to be a valid law. While the Court refused to hear this case, it has considered and upheld the ACA in two prior cases.

President Vetoes Legislation Repealing Parts of the ACA

The President recently vetoed legislation to repeal key components of the ACA, including the individual and employee mandates. The legislation would have also repealed the medical device tax and phased out the Medicaid expansion and the federal subsidies made available to those who purchase health insurance coverage through the marketplace, among other things. Congress is expected to vote to override the veto, but it does not appear to have the required two-thirds majority to do so. In his veto message to Congress the President said, "This legislation would not only repeal parts of the Affordable Care Act, but would reverse the significant progress we have made in improving health care in America." You can expect that the ACA and related topics will continue to be debated in Washington and on the campaign trail.

GAO Recommends Equalization of Medicare Pay

The Government Accountability Office (GAO) recommended in a recent report that Congress consider requiring Medicare to equalize payment rates between hospital outpatient departments (HOPDs) and physician offices. Currently, Medicare typically pays more for the same services when they are provided in an HOPD. The report expressed concern that the current payment disparity is driving consolidation of hospital acquisition of medical practices resulting in greater Medicare spending. The GAO noted, "Such a shift could undermine Medicare's ability to be an efficient purchaser of health care." It remains uncertain what, if any steps, Congress will take in response to the GAO recommendations. It is certain to foster additional discussions about ongoing efforts to control Medicare spending.

Holds Placed on FDA Nomination

A few senators have placed a "hold" on the nomination of cardiologist Robert Califf, MD, to serve as Commissioner of the Food and Drug Administration (FDA). Dr. Califf is a researcher who joined the FDA in January of 2015. He now serves as the Deputy Commissioner for Medical Products and Tobacco. The Senate Committee on Health, Education, Labor and Pensions approved his nomination and sent it to the full Senate for final consideration and approval. A "hold" is a procedural maneuver that prevents a nomination from being considered by the full Senate in an effort to express policy concerns or to raise issues with the individual being nominated. In most instances, holds are lifted once certain conversations take place, a point is made or an agreement is reached.

It appears that the holds in place in this instance are not insurmountable. The present acting Commissioner, Dr. Stephen Ostroff, took over following the resignation of Dr. Margaret A. Hamburg in February 2015.

Washington Tidbits

Life After the Presidency

As President Obama enters his eighth and final year in office, many are beginning to speculate on what his future will hold. It is almost completely improbable that a return to Congress is in the cards. In fact, only two presidents in the history of the Nation have gone on to serve in Congress following their stints in the White House.

After losing the Democratic nomination for reelection, a bid for the House and a bid for the Senate, Andrew Johnson was finally elected to the Senate in 1875. He died just a few months later. John Quincy Adams was elected for nine terms to the House following his presidency. This was prior to suffering a stroke on the House floor. No other presidents have served in Congress. If history is to be a gauge, it is highly unlikely to happen ever again. President Obama may want to consider other options.



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 Membership

- Alan Awdisho, DO
- Salmann Chaudry, DO
- Brian D. Facione, DO
- Sara H. Ghazi, DO
- Michael Kowal, DO
- Iris Lee, DO
- Susan J. Meller, DO
- Allison Moore, DO
- Russell L. Roberts, DO
- Leonid Shamban, DO
- Shailla E. Smith, DO
- Amanda M. Staples Opperman, DO



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.

CMS Releases IDC-10 Guide for Medical Specialties and Selected Conditions and Services

The Centers for Medicare and Medicaid Services (CMS) recently announced the release of a new resource to assist in the implementation of ICD-10 coding which took effect on October 1, 2015. Specifically, CMS released a resource guide for specialties and selected health conditions and services. The guide provides detailed information for internal medicine, cardiology, diabetes, kidney disorders and lab services, among many others. To assist in the implementation of ICD-10 coding the resource includes links to common codes, clinical documentation information and clinical scenarios to assist in understanding the proper use of the new codes. You can access the guide and other materials at www.cms.gov.

Member Milestone



Roy J. Sartori, DO, FACOI, of Sharpsville, PA, was honored recently for 35 years of service at UPMC Horizon in

western Pennsylvania, where he received the 2015 UPMC Outstanding Physician Award. Among the many roles that Dr. Sartori was recognized for are 31 years as chair of the Pharmacy and Therapeutics Committee, 18 years as a member of the UPMC Board of Directors and 14 years as assistant director of the internal medicine residency program. Dr. Sartori is board certified in internal medicine by the AOBIM and has been an ACOI member since 1980. He achieved the degree of Fellow in 1991. He continues to practice as a hospitalist at UPMC Horizon.



Research in Brief



ACOI members **Donald R. Noll, DO**, (top) **Terrie Ginsberg, DO** (center) and **Thomas A. Cavalieri, DO** (bottom) were among the authors of "Physician-Patient Communication Based on Osteopathic Philosophy in Caring for Elderly Patients," which appeared in the January issue of the *JAOA* (J Am

Osteopath Assoc. 2016;116(1);42 doi:10.7556/jaoa.2016.005).

March 30- April 3 in Orlando

2016 Board Review Course Registration Open

Registration is open for the 2016 ACOI Internal Medicine Board Review Course, which will take place March 30-April 3 at the Renaissance Resort at Sea World in Orlando, FL. 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. 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. It also meets the AOBIM requirement for completion of a review course within 24 months of sitting for the recertification (OCC) examination.

Guest rooms are available at the Renaissance Resort for a discounted room rate of \$199/night, plus applicable taxes. There is an optional resort fee of \$20, which includes internet, transportation to Sea World, Universal Studios and Disney, free breakfast for kids under 12, two bottles of water daily and local calls. Additional information and registration materials appear inside this newsletter and are available on www.acoi.org, or by calling 1-800-327-5183. To qualify for the \$50 early registration discount, registrations must be received by March 9, 2016.



talking science & education

Donald S. Nelinson, PhD

In November's Talking Science and Education I challenged you all with a brain teaser. To refresh your memory, I asked: "Given a statistical association between X and Y, most people make the assumption that X caused Y. However, there are at least five other scenarios to explain the same situation. Can you name one? Two? More?" The first three scenarios were explained in last month's issue. Here are the others.

4. Confounding

Confounding, unlike bias, occurs when there really is an association between X and Y, but the magnitude of that association is influenced by a third variable. Whereas bias is a human creation, the product of inappropriate patient selection or errors in data collection, confounding exists in nature.

For example, diabetes confounds the relationship between renal failure and heart disease because it can lead to both conditions. Although patients with renal failure are at higher risk for heart disease, failing to account for the inherent risk of diabetes makes that association seem stronger than it actually is.

Confounding is a problem in every observational study, and statistical adjustment cannot always eliminate it. Even some of the best observational trials fall victim to confounding. Hormone replacement therapy was long thought to be protective for CVD until the Women's Health Initiative randomized trial refuted that notion. Despite the best attempts at statistical adjustment, there can always be residual confounding. However, simply putting more variables into a multivariate model is not necessarily a better option. Overadjusting can be just as problematic, and adjusting for unnecessary variables can lead to biased results.

Real-World Randomization

Confounding can be dealt with through randomization. When study subjects are randomly allocated to one group or another purely by chance, any confounders (even unknown confounders) should be equally present in both the study and control group. However, that assumes that randomization was handled correctly. A 1996 study sought to compare laparoscopic vs open appendectomy (laparotomy) for appendicitis. The study worked well during the day, but at night the presence of the attending surgeon was required for the laparoscopic cases but not the open cases. Consequently, the on-call residents, who didn't like calling in their attendings, adopted a practice of holding the translucent study envelopes up to the light to see if the person was randomly assigned to open or laparoscopic surgery. When they found an envelope that allocated a patient to the open procedure (which would not require calling in the attending and would therefore save time), they opened that envelope and left the remaining laparoscopic envelopes for the following morning. Because cases operated on at night were presumably sicker than those that could wait until morning, the actions of the on-call team biased the results. Sicker cases preferentially got laparotomies, making the outcomes of the open procedure look worse than they actually were. So, though randomized trials are often thought of as the solution to confounding, if randomization is not handled properly, confounding can still occur. In this case, an opaque envelope would have solved the problem.

5. Exaggerated Risk

Finally, let us make the unlikely assumption that we have a trial where nothing went wrong, and we are free of all of the problems discussed above. The greatest danger lies in our misinterpretation of the findings. A report in the New England Journal of Medicine reported that African Americans were 40% less likely to be sent for an angiogram than their white counterparts. The report generated considerable media attention at the time, but a later article by Schwartz et al. pointed out that the results were overstated. Had the authors used a risk ratio instead of an odds ratio, the result would have been 7% instead of 40%, and it's unlikely that the paper would have been given such prominence. Choosing the correct statistical test can

be difficult. Nearly 20 years ago. Sackett and colleagues proclaimed "Down with odds ratios!" and yet they remain frequently used in study design and the associated literature.

Another major problem is the use of relative risk vs absolute risk. Although the latter are clearly preferable, one review of almost 350 studies found that 88% never reported the absolute risk. Furthermore, overreliance on relative risks can be very misleading. Baylin and colleagues reported that the relative risk for myocardial infarction in the hour after drinking a cup of coffee was 1.5 (ie, a 50% increase). This rather concerning finding was taken up by Poole in a biting satirical letter to the editor, in a biting satirical letter to the editor, where he calculated that the relative risk of 1.5 translated to an absolute risk of 1 heart attack for every 2 million cups of coffee. Clearly, well-done studies have to be put in clinical context, and it is paramount to remember that statistical significance does not imply clinical significance.

Why Bother?

With all of the different ways that clinical trials can go wrong, one might wonder why we bother at all. Unlike little Virginia, who was prepared to believe whatever she saw in the newspaper (remember, her father told her "If it's written in the New York Sun then it's true!"), we have become, if not cynics, then at least skeptics when it comes to our published research. But skepticism is a good thing. It makes us challenge what we think we know in favor of what we can prove. Without this skepticism, we would still be prescribing hormone replacement therapy to prevent heart disease in women, giving class I anti-arrhythmic to cardiac patients after myocardial infarction, and prescribing COX-2 inhibitors with reckless abandon.

As Dr. Fiona Godlee summed up in her British Medical Journal editorial on evidence-based medicine, "[it's a] flawed system but still the best we've got."

If you've read this far: Thank You! Please feel free to send any questions or other topics you'd like to see covered in Talking Science and Education to me at don@acoj.org.

I look forward to hearing from you.

PROFESSIONAL OPPORTUNITIES

PHYSICIAN CAREER OPPORTUNITIES - California. Dignity Health offers career opportunities in some of the fastest growing communities in America. We are one of the largest healthcare systems in the nation and the largest hospital system in California. We invite you to explore our outstanding provider opportunities in California. You can control your professional future while giving yourself and family a superb quality of life. Enjoy endless access to outdoor activities, sports teams, golf or big city culture. Please forward CV to Amanda West, Physician Recruitment at providers@dignityhealth.org 888-599-7787, website www.dignityhealth.org/physician-careers.

Infectious Disease Fellowship Position -New Jersey. Rowan University- School of Osteopathic Medicine is approved for a fellowship position in Infectious Diseases beginning July 1, 2016. The fellowship is accredited by the American College of Osteopathic Internists. The program is affiliated with Kennedy University Hospital, which is accredited by The Joint Commission and the American Osteopathic Association. The program trains physicians for clinical medicine, encompassing general infectious diseases, HIV/AIDS, travel medicine, hospital epidemiology, and infection control.

Eligible applicants must have graduated from an AOA accredited medical school and have completed an internal medicine residency program. To request an application for the position, please send your curriculum vitae to Program Director Todd Levin, DO (tlevin@gsida.org) or call 856-566-3190.

Gastroenterologist -Michigan. Mercy Health Physician Partners – West Michigan Gastroenterology is seeking a Gastroenterologist to join our well established and very busy practice. We have a very strong and collaborative team who supports each other and have the highest level of patient centered care. We also benefit from a large primary care and specialty referral base. The candidate must be BC/BE in Gastroenterology and be comfortable with ERCP.

Muskegon is located along the shoreline of beautiful Lake Michigan and has 27 inland lakes, 400 miles of rivers and miles of woods and dunes. It offers a taste for every season and is just a short drive, flight, bus, or ferry ride from cities like Detroit, Milwaukee, and Chicago. Forbes magazine recently ranked Muskegon as #12 nationwide for culture and leisure venues among cities its size and Muskegon is ranked as #13 in the nation as best metropolitan places for physicians. Muskegon is also the highest-ranking city in Michigan for job growth.

Mercy Health is a regional healthcare system serving both Muskegon and Grand Rapids, and is part of Trinity Health, the second largest Catholic healthcare system in the U.S.

To learn more about the practice please visit:

<http://mercyhealthphysicianpartners.com/muskegon/physicians/Gastroenterology>

Please contact our Physician Recruiter: Camille VanDyk at phone number: 616.685.6814 or email: vandykca@mercyhealth.com



A Gift That Costs Nothing!

Do you have life insurance you no longer need? Many people do. Perhaps you bought a policy when your family was younger and you needed to know that they would have a secure future if anything were to happen to you. Many now find that they no longer really need the life insurance protection and are very pleased to find that they can make ACOI the owner and beneficiary of their policy and receive a generous immediate tax deduction in return.

What once gave you and your family peace of mind can now help the osteopathic profession. The amount of the tax deduction depends on the specifics of your policy. Ask us how this can work for you.

Our staff and gift consultants are ready to provide confidential information on how a gift of life insurance can help you and your family. For more information call Brian Donadio, FACOI, at 301-231-8877 or email him at bjd@acoi.org

Help ACOI and Reduce Your Taxable IRA Income

After years of confusing last-minute action, the U.S. Congress has finally made permanent the ability of anyone with an IRA who is receiving an annual Required Minimum Distribution to have up to \$100,000 of it transferred to benefit ACOI or other charities.

Anyone with a large IRA who does not want to have to report any more income, may find what some have called the “charitable roll-over” to be a beneficial tax planning opportunity. There is no tax deduction for the transfer, but it does count against your Required Minimum Distribution effectively reducing your taxable income.

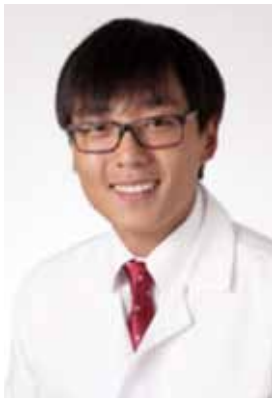
Because the process can take several weeks and must be paid directly to ACOI by your IRA fiscal agent, if this is something that you could (or should) consider, please begin planning now. Our planning experts can help. Please email or call Brian Donadio for more information.

1) In our continuing effort to provide information to ACOI members on how they can help themselves, their families and ACOI while saving income and estate taxes, the College has various gift planning pamphlets available. Email Melissa Stacy at melissa@acoi.org to request any of the following titles:

- Gifts of Securities
- Your Will to Help
- The Gift Annuity
- Ideas for Retirement
- A Special Beneficiary
- Art of Gift Planning
- When the Time Comes
- Your IRA Legacy
- Remarkable Unitrusts
- Bequeath Your Values
- Planning for Women

How ACOI's Generational Advancement Fund is Making a Difference For A Student Leader

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



Meet **Hyun J. Kim** – Pacific Northwest University of Health Sciences COM Internal Medicine Club President

Hyun, a second year medical student at the Pacific Northwest University of Health Sciences, came to the United States with his family from South Korea in 1999. They settled in Tacoma, Washington and after graduating from the University of Washington, he considered going to medical school. Hyun first met DOs when he was working as a scribe at Tacoma General Hospital. Through that experience,

he decided to pursue a career as an osteopathic physician, seeing how those who specialized in osteopathic internal medicine were able to manage their patients' medical care long term.

Ms. Ciconte: I understand you attended the ACOI's Annual Convention in Tampa last fall. What was especially helpful to you by attending the Convention?

Mr. Kim: It was my first visit to Florida and an overall amazing experience being at the Annual Convention. I found the session topics very interesting, like the one on Pulmonary Embolisms and Hypertension that shared the latest in medical research studies. As a medical student, we first learn basic science and then systems in our second year. By attending the sessions I was able to see that what I was learning was important to building an evidence-based practice.

Making connections with ACOI members allowed me to meet possible mentors who could provide advice on residency programs. I was quite fortunate to have my advisor, Dr. Cote, introduce me to Drs. Good and Nichols, both past presidents of the College, at the Convention.

It was also very helpful to attend the special Residents and Students Sessions and meet others. I also liked the event at the Tampa Aquarium with ACOI members and their families because it made me feel that I, too, was a valued member of the ACOI family.

Ms. Ciconte: As the IM Club President, have you been able to schedule a Visiting Professor program at your school?

Mr. Kim: Yes, we had Dr. Good visit our campus in December. He was very engaging and conducted an interactive case situation session that provided in-depth information to the students. Dr. Good shared information with us regarding the path you take to decide on what subspecialty you might choose. He talked about the importance of graduate physicians who

go back to their communities to practice. I was also very pleased that Dr. Good met with faculty members at our COM because it once again reinforced the family feeling of the ACOI.

Ms. Ciconte: What are some of the challenges facing medical students today?

Mr. Kim: The single accreditation through the ACGME is a major change, one that medical students find very confusing. Dr. Good explained to us what we need to do after our fourth year. Another challenge is keeping up with new information and technology, such as Medscape, which is available to medical students, residents, and physicians.

Ms. Ciconte: You and several other leaders from your medical college personally benefited from contributions to the ACOI's Generational Advancement Fund which provides support for various student and resident programs, including the Visiting Professor Program, grants to student internal medicine clubs, and providing textbooks to residents. What would you say to encourage more ACOI members to contribute to this fund?

Mr. Kim: I would say thank you for providing us with the opportunity to attend the 2015 Annual Convention. It was an amazing opportunity for us to meet ACOI members, including current and past leaders of the College, who are so willing to provide advice and counsel to us as medical students.

I would ask them to please see what a difference a gift to the GAF makes to me and other medical students to becoming better physicians for tomorrow and consider supporting the GAF as generously as possible.

2016 ACOI INTERNAL MEDICINE REVIEW COURSE REGISTRATION FORM

Renaissance Resort at SeaWorld, Orlando, FL • March 30-April 3, 2016
Registration available online at www.acoi.org/education/cme/board-review-course.html

Full Name			
AOA Number			
Mailing Address			
City		State	Zip
Work Phone	()	Fax Number	()
Home Phone	()	Cell	()
Email Address			
Preferred Name on Badge			
Emergency Contact		Telephone	()
Fees	<input type="checkbox"/> ACOI Member (Registering ON/BEFORE 3/9/2016...\$850)	<input type="checkbox"/> ACOI Member (Registering AFTER 3/9/2016...\$900)	
	<input type="checkbox"/> Non-Member (Registering ON/BEFORE 3/9/2016...\$1025)	<input type="checkbox"/> Non-Member (Registering AFTER 3/9/2016...\$1075)	
	<input type="checkbox"/> Resident/Fellow (Registering ON/BEFORE 3/9/2016...\$750)	<input type="checkbox"/> Resident/Fellow (Registering AFTER 3/9/2016...\$800)	
	<input type="checkbox"/> Printed Syllabus \$80 (Electronic copy provided with registration)	<input type="checkbox"/> *ACOI Generational Advancement Fund \$ _____	<input type="checkbox"/> TOTAL \$ _____
Payment Method	<input type="checkbox"/> Check to ACOI	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Name on Card			
<input type="checkbox"/> Check here if billing address is same as mailing address listed above. If not, please provide below			
Billing Street			
Billing City		State	Zip
Credit Card Number		Security Code	
Credit Card Exp. Date			
Signature			

Send this form & payment to: ACOI, 11400 Rockville Pike, #801, Rockville, MD 20852 or Fax to 301 231-6099, or register at www.acoi.org.

NOTE: All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of \$50 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by March 9, 2016. No refunds will be made after that date, but registration fees (less \$50 cancellation fee) may be applied to a future ACOI meeting registration.

*The **ACOI Generational Advancement Fund** was created to foster the growth and assure the future of osteopathic internal medicine. The Fund directs its efforts toward assisting students, residents and fellows as they begin their careers as osteopathic internists. For more information, visit https://www.acoi.org/mms/legacy_fund.cgi.

PLEASE NOTE: Check here if you plan to stay at the Renaissance Resort. Separate hotel registration is required. This does not register or guarantee a room at the hotel.

SPECIAL NEEDS: In accordance with the Americans with Disabilities Act, every effort has been made to make this conference and activities accessible to people of all capabilities. Please list specific special assistance needed or any dietary restrictions, or contact Susan Stacy at susan@acoi.org or by phone, 301 231-8877.

List special requirements here: _____

2016 ACOI Clinical Challenges in Inpatient Care REGISTRATION FORM

Renaissance Resort at SeaWorld, Orlando, FL • March 31-April 3, 2016
Registration available online at www.acoi.org/education/cme/clinical-challenges-in-inpatient-medicine.html

Full Name				
AOA Number				
Mailing Address				
City		State	Zip	
Work Phone	()	Fax Number	()	
Home Phone	()	Cell	()	
Email Address				
Preferred Name on Badge				
Emergency Contact		Telephone	()	
Fees	Registration on/before 3/9/16		Registration after 3/9/16	
	<input type="checkbox"/> ACOI Member.....	\$625	<input type="checkbox"/> ACOI Member.....	\$675
	<input type="checkbox"/> Non Member.....	\$750	<input type="checkbox"/> Non Member.....	\$800
	<input type="checkbox"/> Non Physician Provider.....	\$625	<input type="checkbox"/> Non Physician Provider.....	\$675
	<input type="checkbox"/> Residents/Fellows.....	\$525	<input type="checkbox"/> Residents/Fellows.....	\$575
	<input type="checkbox"/> *ACOI Generational Advancement Fund \$_____		TOTAL \$ _____	
Payment Method	<input type="checkbox"/> Check to ACOI <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
Name on Card				
<input type="checkbox"/> Check here if billing address is same as mailing address listed above. If not, please provide below				
Billing Street				
Billing City		State	Zip	
Credit Card Number		Security Code		
Credit Card Exp. Date				
Signature				

Send this form & payment to: ACOI, 11400 Rockville Pike, #801, Rockville, MD 20852 or Fax to 301 231-6099, or register at www.acoi.org.

NOTE: All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of \$50 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by March 9, 2016. No refunds will be made after that date, but registration fees (less \$50 cancellation fee) may be applied to a future ACOI meeting registration.

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CME CALENDAR

Future ACOI Education Meeting Dates & Locations

NATIONAL MEETINGS

- 2016 Internal Medicine Board Review Course
March 30-April 3 Renaissance Resort at SeaWorld, Orlando, FL
- 2016 Clinical Challenges in Inpatient Care
March 31-April 3 Renaissance Resort at SeaWorld, Orlando, FL
- 2016 Residency Trainers Congress/Chief Resident/Emerging Leaders Training Program
May 5-7 Westin Savannah Harbor Golf Resort & Spa, Savannah, GA
- 2016 Annual Convention & Scientific Sessions
Oct 27-31 JW Marriott Desert Springs Resort and Spa, Palm Desert, CA
- 2017 Annual Convention & Scientific Sessions
Oct 15-19 Gaylord National Resort and Convention Center, Washington, DC
- 2018 Annual Convention & Scientific Sessions
Oct 17-21 Orlando World Center Marriott, Orlando, FL
- 2019 Annual Convention & Scientific Sessions
Oct 30- Nov 3 JW Marriott Desert Ridge Resort & Spa, Phoenix, AZ
- 2020 Annual Convention & Scientific Sessions
Oct 21-25 Marco Island Marriott Beach Resort, Marco Island, FL

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

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

2016 Certifying Examination Dates & Deadlines

Internal Medicine Certifying Examination

Computerized Examination 200 Sites Nationwide

September 15, 2016 - *Application Deadline: February 1, 2016*

Late Registration Deadline: April 1, 2016

Subspecialty & Certification of Added Qualifications:

Aug. 20, 2016 • Lombard, IL - *Application Deadline: April 1, 2016*

Late Registration Deadline: May 1, 2016

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

Internal Medicine Recertifying Examination

Computerized Examination 200 Sites Nationwide

September 15, 2016 - *Application Deadline: April 1, 2016*

Late Registration Deadline: May 1, 2016

Focused Hospital Medicine Recertification

Aug. 20, 2016 • Lombard, IL - *Application Deadline: April 1, 2016*

Late Registration Deadline: May 1, 2016.

Subspecialty and Added Qualifications Recertifying Examinations:

Aug. 20, 2016 • Lombard, IL

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

Application Deadline: April 1, 2016

Late Registration Deadline: May 1, 2016

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

*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.*

March 31- April 3

2016 Inpatient Clinical Challenges Program

Registration is open for the ACOI's popular CME program for hospitalists and others: Clinical Challenges in Inpatient Care, which will take place March 31- April 3 at the Renaissance Resort at Sea World in Orlando, FL. The program 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 board review course for those who plan to sit for the new focused hospital medicine recertification credential.

The ACOI Continuing Medical Education Committee, led by Chairman Frederick A. Schaller, DO, MACOI, has designed an agenda that will appeal to physicians who treat patients in the hospital. Among the areas to be covered are: Optimizing Transition of Care; Medical Mobil Resources to Augment Hospitalist Practice; ER-Hospitalist Relationship: Cooperative or Combative?; Acute Management of Atrial Fib; Preoperative Cardiac Risk Stratification; Acute Nephrotic Syndrome; Negotiating Payer Contracts; Care Team Assignments and more.

Guest rooms are available at the Renaissance Resort for a discounted room rate of \$199/night, plus applicable taxes. There is an optional resort fee of \$20, which includes internet, transportation to Sea World, Universal Studios and Disney, free breakfast for kids under 12, two bottles of water daily and local calls. Further information regarding the Clinical Challenges program, including meeting and hotel registration materials, are included in this newsletter and are available at www.acoi.org, or by calling 1-800-327-5183. To qualify for the \$50 early registration discount, registrations must be received by March 9, 2016.