# ACO information

From President Bulger

# Members Are The Heart of an Organization



A long time ago (around 500 BC), the Greek philosopher Heraclitus noted that change is constant. His example was that one could never step in the same river twice. It constantly

flows and changes. The ACOI is not an exception to this rule. We cannot control change. We can control how we adapt to change. How we adapt to change drives outcomes. The outcomes apply organizationally, professionally, and personally.

What it means to improve the health of patients and populations is also constantly changing. Our ability to adapt to changes in medical science is a great example of this. I can only imagine

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# **Internal Medicine Training Numbers Increase Despite Transition to ACGME**

The Annual ACOI Survey of Internal Medicine Residency Programs for the new training year was completed by DMEs and Program Directors of osteopathic internal medicine programs this summer. Information from all programs has been received. There are now 137 approved internal medicine programs, with 120 training residents. That is nine fewer programs approved and one more with trainees than last year. There are 697 first year residents, up from 690 last year. The total number of residents in internal medicine, including combined programs, is 1988 a .6% increase over last year. These numbers reflect the current status of programs that have transitioned to ACGME-accreditation. Surprisingly, nine of the 16 programs that received initial ACGME-accreditation will maintain their AOA-accreditation for this year. In all, 14 programs closed last year. Seven of these had no residents

As expected with the transition, approved positions decreased from 2980 to 2952. Reportedly, 2798 of these are funded. Approximately 71% of the funded positions are filled.

RESIDENCY POSITIONS APPROVED & FILLED	2016-2017	2015-16	2014-15	2013-14	2012-13
Approved Positions					
IM	2952	2980	2254	1981	1753
EM/IM	95	115	119	135	130
IM/PEDS	10	18	18	18	18
IM/NMM	4	4	4	4	1
Total	3061	3117	2371	2138	1905
Filled Positions					
IM	1923	1900	1718	1536	1326
EM/IM	57	68	75	79	75
IM/PEDS	6	5	6	7	7
IM/NMM	2	3	3	2	1
Total	1988	1976	1802	1624	1409

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# **AOBIM Announces New Format For Subspecialty Examinations**

The American Osteopathic Board of Internal Medicine has changed the format for the subspecialty certification and recertification examinations beginning in 2017. All examinations will be computer-based going forward. The Internal Medicine certification and recertification examinations have been computer-based for the last several years and will continue in the same format in 2017. They will be administered at the PearsonVUE testing sites. All of the subspecialty examinations for certification and recertification will be computer-based and will be administered at the Prometric

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ACOI Annual Convention & Scientific Sessions
October 27-31 • Palm Desert, CA
Registration now available
Please note: Convention is Thursday-Monday



## 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

#### 2015-2016 OFFICERS

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## **Letter from the President**

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suggesting to one of my medical school teachers that a patient with heart failure should be treated with a beta blocker. I would not have passed that test. Today, not considering the beta blocker in the same patient would be incorrect. We adapt as scientific discovery flows.

This same phenomenon happens in the non-scientific parts of medical practice. Social norms change; we must adapt if we are to provide high quality care to patients and populations. Organizations like the ACOI continue to flow. The direction is determined by the members' values – the river bed. The role of leaders is to keep the boat on the water. While leaders may attempt to divert or disrupt the flow, nature (the will of the member) always prevails.

It is an honor to be the President of the ACOI. It is a vibrant and relevant organization. Relevance is driven by the competence and professionalism of its members. This is encompassed in the Mission of the ACOI: to promote high quality, distinctive osteopathic care of the adult. This Mission, re-stated by the Board this year, highlights our commitment to the health of patients and populations. It is our river bed. It is why I get up in the morning. It is why the ACOI resonates with me.

Organizational leaders will continue to come and go. The heart of any organization is its members. As a profession, we have a higher purpose. I'm humbled that I could play a small part in furthering our mission and serving our members.

## I.M. Training Numbers

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DUAL PROGRAMS – The survey captured data on whether the responding programs are also approved by the ACGME. Thirty-one programs reported dual approval. Seven programs reported that they have dropped their AOA-accreditation this year due to transition to ACGME-accreditation. Dually-approved programs are training 294 residents (including combined EM/IM and IM/PEDS). That is 22 fewer residents than last year. Dual programs account for 22% of all programs, with 15% of all residents.

SUBSPECIALTY TRAINING – The number of osteopathic fellowship programs has decreased while positions filled grew. One-hundred-sixteen programs are actively training fellows, up from 106 last year. The number of subspecialty programs decreased to 145 (three fewer than 2015-16) with 650 approved positions, an increase of six. There are now 434 fellows training, which is up from 369 fellows last year.

#### LAST YEAR'S GRADUATES

The online Resident Annual Reports require graduating residents to report their future plans. For June 30, 2016 graduates, here are the results. Comparisons are to 2015 data:

TOTAL GRADUATES:	517	(+32)
<b>Entered Practice</b>	315 (61%)	(+5%)
<ul> <li>Office-Based IM</li> </ul>	52 (17%)	(-3%)
<ul> <li>Hospitalist</li> </ul>	234 (74%)	(+7%)
<ul> <li>Combined Office/Hospitalist</li> </ul>	20 (6%)	(+.6%)
• Emergency Medicine/Peds	9 (3%)	(3%)
<b>Entered Subspecialty Training</b>	202 (39%)	(+6%)

Despite the increase in the number of graduates, for the first time there was a decline in the number who sat for the AOBIM certifying exam in internal medicine. Four-hundred-thirty-four (434) took the exam, which was 23 fewer than last year. There were 32 more graduates this year than in 2015. The decline may be attributed to the fact that graduates of programs that receive initial accreditation from the ACGME are eligible to sit for both the AOBIM and ABIM certifying examinations.



## government RELATIONS

Timothy McNichol, JD

#### **ACOI** and Others Advocate for OMT Reimbursement

The ACOI along with other osteopathic organizations successfully lobbied National Government Services (NGS), a Medicare contractor, to issue a final Local Coverage Determination (LCD) allowing for proper reimbursement of osteopathic manipulative treatment (OMT) services. The ACOI opposed the draft LCD released earlier this year by NGS contending that it failed to allow for access to appropriate care for patients and would result in greater confusion for physicians. The final LCD addressed the concerns raised by the ACOI and others by updating existing coverage guidelines in 10 states (CT, IL, MA, ME, MN, NH, RI, VT and WI). You can review the ACOI's submitted comments at http://www.acoi.org/pdf/August12.2016.pdf.

## CMS Announces Flexibility for Physician Participation in Quality Reporting

The Centers for Medicare and Medicaid Services (CMS) recently announced that it will provide greater flexibility for physicians to participate in the newly-created physician payment models established under the Medicare Access and CHIP Reauthorization Act (MACRA). The increased flexibility announced by CMS is in direct response to feedback provided by the ACOI and other physician organizations in an effort to facilitate successful implementation of the new payment models. According to CMS, physicians will be able to choose to participate using one of the following four options: test the quality payment program; participate for part of the calendar year; participate for the full calendar year; or, participate in an Advanced Alternative Payment Model in 2017. According to a blog post by CMS Acting Administrator Andy Slavitt, "Choosing one of these options would ensure you do not receive a negative payment adjustment in 2019." Additional information will be made available in a final rule expected to be released by November 1. The ACOI will provide information as it becomes available.

#### **HHS Issues Final Rule to Improve Transparency for Clinical Trials**

The Department of Health and Human Services recently published a final rule to improve the transparency of clinical trials by making results more readily available to the public. The rule details requirements for registering and submitting results for clinical trials involving drugs, devices and biologic products regulated by the Food and Drug Administration (FDA). The final rule requires the registration of a clinical trial within 21 days after enrolling the first participant. In addition, the rule now requires the submission of summary data and the reporting of adverse events within one year of completing the clinical trial. The final rule takes effect on January 18, 2017 and requires compliance within 90 days thereafter. The National Institutes of Health (NIH) simultaneously issued a policy extending registration and reporting requirements to all NIH-funded research. According to a statement by NIH Director Francis S. Collins, MD, PhD, "Access to more information about clinical trials is good for patients, the public and science." Additional information is available at www.ClinicalTrials.gov.

## **House Committee Advances Public Health Legislation**

During a recent markup session, the House Energy and Commerce Committee advanced five bipartisan public health bills. The legislation reported out favorably by the Committee would do the following: establish a commission to advance better coordination of federal programs providing care for people with diabetes and related metabolic syndromes and disorders; expand data collection to promote the placement of mental health professionals in appropriate geographic locations; provide grants to provide mental health awareness training for first responders, law enforcement,

teachers and others; reauthorize grants and scholarships for nursing education; and, amend the Controlled Substance Act to enable paramedics and other emergency medical service professionals to continue to administer controlled substances pursuant to standing orders. These bills now await action by the full House.

#### **Number of Uninsured Decreases**

According to a recently released report by the Centers for Disease Control and Prevention (CDC), the number of uninsured people fell to 27.3 million (8.6 percent) in the early part of 2016. This represents a decrease from 28.6 million (9.1 percent) during the same time period in 2015. Compared to the rate of uninsured persons in 2010, 21.3 million fewer people lacked insurance coverage in 2016. The report also found the number of those uninsured for at least part of the past year and those uninsured for more than a year fell from 51 million to 33.2 million and 32 million to 4.6 million, respectively. You can learn more at www.cdc.gov.

## Washington Tidbits Lights, Camera, Action!

The art of campaigning in the US has changed significantly over the years to include new media such as Twitter, Facebook and other social media. To put it into perspective, though, the televised presidential debate was also a new tool at one time that arguably had the potential to change the trajectory of a tight race.

On September 26, 1960, 61.9 million households tuned in to view the firstever televised presidential debate. The debated was between Richard M. Nixon and John F. Kennedy. Fifty-six years to the day, Donald Trump and Hillary Clinton appeared before a record-breaking 84 million households in the largestever viewing of a televised presidential debate. This record, however, fails to measure the full scope of those viewing proceedings through newer platforms such as the Internet. As a result, many more than the 84 million accounted for likely watched the debate. With two more presidential debates scheduled, there is plenty of time for the tides of the 2016 race for the White House to change more than once thanks to everexpanding tools to reach the electorate!



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.

## **Timely Completion and Signing of Medical Records**

One concern I often hear from billing staff has to do with the timely completion of medical records. This issue has both billing and compliance ramifications. A recent Medicare seminar I attended provided some interesting information on this topic that I thought I would share with you this month.

For billing purposes, Medicare generally requires the following:

- 1. The medical record should be complete and legible.
- 2. The documentation of each patient encounter should include:
  - Reason for the encounter and relevant patient history, physical examination findings and prior diagnostic test results;
  - Assessment, clinical impression or diagnosis;
  - · A plan for care; and
  - A date and legible identity of the observer.

While the issue of legibility has been largely addressed by increased utilization of electronic health records (EHRs), completion of the record through the inclusion of proper documentation and a dated signature continues to be of concern. What does it mean for a medical record to be complete? Is the record complete when it contains the documentation of the patient encounter but is not signed and dated? As you know, you should not bill for an office visit or other service until documentation is on file supporting the level of service or code indicated for billing. The file is not complete until the proper documentation is accompanied by a dated signature. The question becomes, "How long do you have to sign and date the record in order for it to be accepted by CMS?" The question is most important because EHR systems do not allow for back-dating of a signature. As such, an auditor knows exactly when the signature of the provider was placed in the record. How long is too long after the care is provided?

If you go to the website of your Medicare Administrative Contractor (MAC) you might find the answer. The CMS/Medicare policy manual is specifically vague to allow the regional MAC's medical directors the opportunity to set policy for their regions. As a result, the answer as to timing varies from region-to-region. CMS's vague guidance is found in Chapter 12 of the Manual in the following statement, "The service should be documented during, or as soon as practicable after it is provided in order to maintain an accurate medical record."

So what is your "requirement" for a timely signature? Check with your MAC. Some give reasonable direction, like WPS which states, "A reasonable expecta-

tion would be no more than a couple of days away from the service itself." Noridian states that they expect, "In most cases the notes would be signed at the time services are rendered." Palmetto is a little more direct stating, "Providers should not add a late signature to the medical record, (beyond the short delay that occurs during the transcription process)." It is understood that there are circumstances, like waiting for transcription to be complete that might preclude signing the record at the time of service. In general, it is best to sign the record at the time of service, if not within a day or two at the latest.

Signatures beyond a couple of days increase the likelihood that a claim will be denied because necessary documentation will not be accepted as being present due to a signature and date too removed from the time the care was provided. This could be disastrous and costly in an audit. For example, if every note that had a signature older than three days after the service was provided was not accepted by the MAC, then the provider's documentation of work that was done at the time of the visit with the patient would not be allowed. As a result, there would be no accepted documentation for the visit and payment would not be allowed even if an attestation statement was added at a later date.

To safeguard against these potential pitfalls, your practice should have policies that filing for services occur only after documentation is complete - including a dated signature. This will give your billing staff guidance and keep their work compliant while holding yourself accountable for getting your documentation done in a timely fashion. Most importantly, have a policy in place that that holds you and other providers in your office to a standard time period, perhaps 36 hours, to have a signature on the chart. These two policies will help ensure there are no compliance or billing issues caused by the lack of a timely signature.



## talking Science education

Donald S. Nelinson, PhD

Well, for those of us in the east, summer is finally abating and crisp autumn nights offer relief from high air conditioning bills.

In working with several programs on their applications for Osteopathic Recognition (OR), the question has arisen as to whether the term "resident" refers only to residents. The answer is no. "Resident" refers to interns, residents and fellows and is consistent with the ACGME's Glossary of Terms. For those program directors seeking OR, I urge you to visit the OR section at ACGME. org and review the FAQs. Also, I am always available to help with your efforts to secure OR.

## **Diabetes Dialogues**

Fixed Dose Glargine and Lixisenatide Show Benefits in Patients with Poorly Controlled T2DM on Glargine Alone

For patients with inadequately controlled, basal insulin-treated type 2 diabetes, a novel, titratable, fixed-ratio combination of insulin glargine (iGlar) and lixisenatide (iGlarLixi) is associated with improvements in glycemic control and reduced body weight, according to a study published online Sept. 20 in Diabetes Care.

Vanita R. Aroda, MD, from the MedstarHealth Research Institute in Hyatts-ville, MD, and colleagues examined the efficacy and safety of iGlarLixi compared with iGlar in patients with type 2 diabetes inadequately controlled on basal insulin with or without up to two oral glucose-lowering agents. Seven-hundred thirty-six basal insulin-treated patients were randomly allocated to open-label once-daily iGlarLixi or iGlar.

The researchers found that during the six-week run-in period there was a decrease in hemoglobin A1c (HbA1c) from 8.5 to 8.1 percent. Greater reductions in HbA1c from baseline were seen for iGlarLixi versus iGlar after randomization (-1.1 versus -0.6 percent; P < 0.0001), reaching a mean final HbA1c of 6.9 and 7.5 percent for iGlarLixi and iGlar, respectively. Fifty-five and 30 percent of patients on iGlarLixi and iGlar, respectively, reached a final HbA1c <7.0 percent. The change in mean body weight was -0.7 kg with iGlarLixi and +0.7 kg with iGlar, respectively (P < 0.0001).

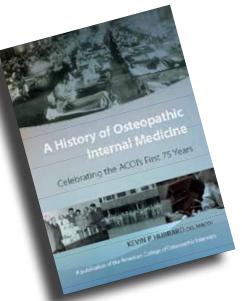
"iGlarLixi achieved superior improvements in glycemic control, with beneficial effects on body weight, no additional risk of hypoglycemia compared with iGlar, and a low rate of gastrointestinal adverse effects."

## Have You Moved?

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

www.acoi.org

# Celebrating the First 75 Years of the ACOI



The California division of the American Society of Osteopathic Internists reorganized in 1941 to form the American College of Osteopathic Internists. In the 75 ensuing years there has been a great deal of change in the science and practice of medicine. One constant, though, has been the commitment of the ACOI's members to the profession and to providing the highest quality of care to their patients. Through the tireless efforts of Kevin P. Hubbard, DO, MACOI, the history of the College and its members has been recorded in a new book titled. "A History of Osteopathic Internal Medicine: Celebrating the ACOI's First 75 Years." The book, which chronicles the shaping of this remarkable profession, will be formally released at the 2016 Annual Convention and Scientific Sessions October 27 - 31 in Palm Desert, California. We look forward to seeing you in California where it all began! Registration and additional information is available at www.acoi.org.

## PROFESSIONAL OPPORTUNITIES

GREAT PRIMARY CARE OPPORTUNITY, PA - Internal Medicine Physician needed to join large hospital employed primary care practice. BC/BE candidates interested in either an outpatient-only focus or a traditional model of both outpatient and inpatient care will find this a great opportunity in one of the "Most Livable Cities in America"! The Fatigati/Nalin Practice is currently a 10 physician group that is part of the St. Clair Hospital employed physician network. St. Clair is located in a neighborhood community of Pittsburgh that has gained a regional and national reputation for quality and financial performance. The practice has a culture of patient quality and efficiency and salary potential is commensurate with a highly productive model. Call rotation is a liberal 1:5 and inpatient duties are rotated a week at a time. Benefits are offered in a competitive model with all typical hospital employed elements including: sign on bonus, vacation, Paid CME, health, dental, life and disability insurance as well as a competitive retirement plan.

See more information on St Clair Hospital and the Fatigati/Nalin Practice by clicking on these links: http://www.stclair.org/; http://fatigatipcp.org/

Interested applicants contact: Chuck Rakaczky, Vice President, Physician Services St. Clair Hospital, 412-942-6235, *chuck.rakaczky@stclair.org* 

## HEMATOLOGY/ONCOLOGY OPPORTUNITY, SOUTHERN NJ -

Highly regarded four-physician hematology/oncology practice in Southern New Jersey, has an excellent opportunity for a BC/BE full-time medical hematologist/oncologist. We are located 45 minutes from Philadelphia and close to Atlantic City, NJ. We offer hematology and oncology services in two locations with chemotherapy suites and laboratory services. Practice is associated with Regional Cancer Care Associates. We also offer a competitive salary and generous benefit package; including 4 weeks of vacation, 1 week of CME, health, dental, 401(k), and malpractice, leading to full partnership. Interested candidates please submit your CV by email to Dr. Kaleem Ahmad, MD at kahmad@regionalcancercare.org, or fax 609-390-2614.

## INFECTIOUS DISEASES FELLOWSHIP POSITION- SOUTHERN

**NEW JERSEY** - Rowan University- School of Osteopathic Medicine is approved for two fellowship positions in Infectious Diseases beginning July 1, 2017. 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 apply via the Electronic Residency Application Service (ERAS).

**INTERNAL MEDICINE FACULTY MEMBER, OR** - Join Western University of Health Sciences in Lebanon, Oregon as Internal Medicine faculty member! See listing at *https://jobs.westernu.edu/postings/6196*.

**NEPRHROLGY FELLOWSHIP OPPORTUNITY, MI -** Seeking applicants for July 2017 AOA Accredited Nephrology Fellowship in Detroit,

MI. Fellows will rotate with 8 staff nephrologists at Beaumont-Farmington Hills, Garden City Hospital, and St. John Macomb Oakland Hospitals; engage in busy Livonia outpatient clinic; round on a large outpatient hemo and peritoneal dialysis population; have transplant training at Henry Ford or St John Hospitals; as well as many other exciting opportunities. Interested applicants please contact Michael Misuraca DO FACOI at mike91976@aol.com.

PRIMARY CARE PHYSICIAN, SILICON VALLEY, CA - Santa Clara Valley Medical Center, a public teaching hospital, affiliated with the Stanford University School of Medicine, located in the heart of Silicon Valley, CA is seeking a BC/BE Internal Medicine-primary care physician to join our dynamic, growing, nurturing Department. Submit a letter of intent and CV to roya.rousta@hhs.sccgov.org. EOE Employer.

## MEMBER MILESTONES

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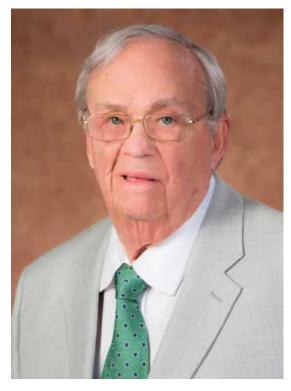


Robert G. Good, DO, FACOI, of Mattoon, IL, has been named Chief Medical Officer of Health Alliance for the Carle

Health System. Dr. Good previously served as Carle's Medical Director of Clinical Integration Operations leading various population health initiatives in the clinical setting. In his new position he will help align care management across the Carle system. Dr. Good is a general internist who served on the ACOI Board of Directors and was President of the College in 2012-13.

## Why ACOI Needs Our Support

(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 W. W. Stoever, DO, MACOI, a practicing Cardiologist from Tulsa, OK at Oklahoma State University Center for Health Sciences. He has been an ACOI Member for over 50 years. Dr. Stoever has practiced family medicine, internal medicine and cardiology. He is a past ACOI Board member, served as ACOI President in 1991-1992 and participated on the 75th Anniversary Task Force.

Ms. Ciconte: Tell me why your ACOI membership is important to you and why you committed your time in the past to serve as ACOI President and a member of the ACOI Board of Directors.

**Dr. Stoever**: I started my career as an osteopathic internist more than 40 years ago and continue to practice medicine today. In the early days, unlike allopathic medical schools, we did not have the finances to run our osteopathic medical schools. I recall when a new school was being created in Tulsa in the 70s, the state association asked DOs to teach at the school for three years for free. I agreed, as did a number of others, because it was our way of giving back to our profession and insuring a new generation of osteopathic physicians assisting their patients.

The same is true of my involvement in ACOI. Dr. B.B. Baker, an internist at my hospital in Tulsa, was serving as the ACOI President. At that time, ACOI's Board was made up of members from larger hospitals than ours so when his term was over he nominated me to join the ACOI Board. So, that's how I started my involvement with the College even before Brian Donadio came on as ACOI's Executive Director.

Being a member and having the opportunity to serve ACOI has been one of the hallmarks of my career. I feel like I am part of a family.

**Ms. Ciconte**: You recently served on the 75th Anniversary Task Force. What are you most proud of that the College accomplished?

**Dr. Stoever**: Given my long history with ACOI, I was proud to serve on the 75th Anniversary Task Force. ACOI will be celebrating this anniversary in a variety of ways at the upcoming Annual Convention in October in Palm Desert, CA. I hope many members plan to be there.

There are a number of things I am proud of about the College, but the one I

believe is most important is its role in improving postgraduate education

**Ms. Ciconte**: What should ACOI focus on for the next five years?

Dr. Stoever: In my mind, ACOI is education. We need to keep our educational programs and annual conventions alive by continuing to feature the best speakers who bring the latest research, treatments, and practices to our attendees. The strong sense of family you feel at the ACOI annual conventions brings many of the older doctors back each year, while at the same time it introduces "our family" to medical students and residents who will choose to be involved with the College.

Ms. Ciconte: You have given much to ACOI over the years through your leadership, mentoring future leaders, and support. What would you say to fellow ACOI members to encourage them to contribute?

**Dr. Stoever**: With the challenges facing osteopathic internal medicine today, the ACOI needs our support more than ever. Join me in continuing our practice of giving back to our profession by making a generous contribution during this 75th Anniversary celebration.

**Ms. Ciconte**: Dr. Stoever, ACOI thanks you for the many ways you have helped the College grow and prosper over the years.



## **Elections Set for October 31**

## **Nominations for ACOI Leadership Positions Announced**



John R. Sutton, DO,

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The ACOI Nominating Committee has announced the slate of candidates for election at the Annual Meeting of Members scheduled for Monday, October 31 in Palm Desert, CA. The Committee has nominated Martin C. Burke, DO, for President-Elect and Annette T. Carron, DO, for Secretary-Treasurer. The Nominating Committee also approved four candidates for election to the Board of Directors. Incumbents Scott L. Girard, DO, Robert T. Hasty, DO and Samuel K. Snyder, **DO** are nominated for new three-year terms.

Damon L. Baker, DO, completes the slate. Under

the College's Bylaws, this year's President-Elect, **John R. Sutton, DO** will be inaugurated as President for the 2016-2017 year at the conclusion of the elections. Complete biographical information about each of the candidates appears in the July, 2016 issue of *ACOInformation*.

The Nominating Committee this year is chaired by **Judith A. Lightfoot**, DO. Also serving are Michael A. Adornetto, DO, MBA and Robert L. DiGiovanni, DO.

## Your IRA Can Help ACOI and Save You Taxes!

You can help ACOI and yourself at the same time if you have an Individual Retirement Account (IRA) and are at least 70 ½ years of age. This is 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 Distribu-

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

minimum distribution required by law that 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 us 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.

In addition to providing help from your IRA now, click here to request a copy of Your IRA Legacy our popular, easy-to-understand, non-technical brochure that will tell you about other tax-wise considerations for using your IRA.

A combination of estate and income taxes can severely deplete the retirement savings accounts of many people after death, leaving little left for heirs. The tax bite can be as high as 60%! The solution? Name ACOI as the death beneficiary. Alternatively, you can leave your retirement account to a trust that will pay income for life – or for a fixed term of years – to a spouse or family member and ACOI would benefit only when the trust comes to an end. Doing this can provide income tax deferral and avoid so called "death taxes," as

There are other suggestions in the brochure you will want to read. If you would like to know more, click here to request a copy of Your IRA Legacy in the mail. If you already know that you would like to have an ACOI planned giving consultant call you, email us and let us know how and when to contact you.

## Tax Saving Seminar at **Annual Convention**



Sandy Mcnab, FAHP, CFRE

As part of a continuing series of estate and tax planning seminars at the ACOI Annual Convention, Sandy Macnab, FAHP, CFRE, President, Alexander Macnab

& Co., will present "2016 Update: Gaining through Giving - Doing Well While Doing Good," a Sunrise Session (7 am) on Friday, October 28. Mr. Macnab is a nationally recognized planned giving consultant to associations, medical societies, and nonprofit organizations who is now working with ACOI.

Learn how you can help yourself (and your family) and help ACOI at the same time. In this session you will get an executive overview of how charitable gifts can help you with tax and estate planning issues and you will learn about ways that you can make gifts that can return income for your life, or that can help your children or grandchildren. While you will get information on the basics, the session will focus on two plans that give you money back and then go on to help ACOI programs.

## \_\_\_\_\_ **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**

Jaclyn Brancato, DO Patricia Chun, DO Nicholas Crawford, DO Lyndsi Davenport, DO James Diener, DO Steven Do, DO Julie Gompers, DO Michael Guzman, II, DO Faroog Junaid, DO Jason Lakatos, DO Vikram Lal, DO Gabriel Lerman, DO

Andrea Lorio, DO Neil Okamura, DO David Pak, DO Michael Richins, DO Krystal Samuel, DO Cole Sedar, DO Jessica Smith-Kelly, DO Ashley Zinda, DO

Associate Membership G. Scott, Smith, MD James West, MD

## **AOBIM**

continued from page 1

certification and recertification. The dates and deadlines for all examinations are published in this issue of ACOInformation. For those taking a recertification examination in 2017, one must register for the examination on the AOBIM website (www.aobim. org) any time after October 15 of this year. One must also register for Osteopathic Continuous Certification (OCC) on the AOBIM website if not registered previously, and complete the required points prior to the examination date. The link for OCC registration is located on the AOBIM website homepage. Questions can be directed to the AOBIM office in Chicago by emailing admin@aobim.org, or calling 312-202-8274.

## Join the 75th Anniversary Circle

It is imperative that the ACOI move forward to address the critical questions that will define whether there will be a distinctive osteopathic practice of internal medicine in the future. Contributions from ACOI's 75th Anniversary Circle Donors, who make a gift or pledge of \$1000 or more over two years, support these important efforts. They will be recognized on the 75th Anniversary Circle Tree to be permanently located in the ACOI office at the close of the anniversary celebration. Thirty-three of the 100 leaves available for engraving are already taken, so please make your gift or pledge now to ensure your leaf is displayed. Visit http:// www.acoi.org/75th-Anniversary-Pledge-Form.html to download a pledge form or stop by the Development Table and make your gift or pledge at the upcoming Annual Convention in October.

## **Notice to Members—ACOI Bylaws Amendments**

Active members of the ACOI who attend the Annual Meeting of Members on October 31, 2016 in Palm Desert, CA, will vote on proposed amendments to the ACOI Bylaws. The first set of amendments, to Article II, Membership, would provide eligibility for Active membership in the College for MDs who are affiliated with, or graduates of, ACGME-accredited internal medicine training programs that have achieved Osteopathic Recognition. A similar provision would make Student membership available for certain medical school students. These amendments reflect the transition to the single GME accreditation system now underway.

The second proposed amendment, to Article XI, Amendments, would delete a provision that calls for AOA Board of Trustees approval of amendments to the ACOI Bylaws. The full text of the proposed amendments appears below.

#### ARTICLE II: MEMBERSHIP

Section 2. Active Members. Those persons to be elected to Active membership under these Bylaws shall be approved by a two-thirds (2/3) vote of the Board of Directors. Only those candidates who have the following requisites may be voted upon for Active membership by the Board of Directors: Active membership in the College shall be available to physicians who possess the United States degree of doctor of osteopathic medicine (DO), or doctor of medicine (MD) (or a recognized international equivalent), and who:

- 1. be a graduate of a college of osteopathic medicine approved at the time of graduation by the Commission on Osteopathic College Accreditation;
- 2.1. possess Possess a valid license to practice in the state in which he or she they practices;
- 3.2. be Are of good moral character and conform with the Code of Ethics of the American Osteopathic Association;
- 4.3. Have satisfactorily completed, or are affiliated with, a graduate medical education a residency training program in internal medicine approved by the American College of Osteopathic Internists, Inc., and by the American Osteopathic Association, or the Accreditation Council for Graduate Medical Education (ACGME);
- 5.4. show evidence of active practice of internal medicine, or in education, research, or administration.

Those persons to be elected to Active membership under these Bylaws shall be approved by a two-thirds (2/3) vote of the Board of Directors.

**Section 8. Student Members**. Those persons who are enrolled as students in a college of osteopathic medicine approved by the Commission on Osteopathic College Accreditation or the Liaison Committee on Medical Education, and who have an interest in the field of internal medicine and osteopathic principles, may be elected to Student membership in the College. Student members may attend all business meetings of the College. Student members may not have the right to vote or hold office.

#### ARTICLE XI AMENDMENTS

These Bylaws may be altered, amended or repealed by a two-thirds vote of the members present at any annual or special meeting of members, provided that the amendment shall have first been presented in written or printed form, and that a copy of said proposed amendment shall have been mailed to all members at least thirty (30) days before being submitted for vote. All amendments to become effective must have the approval of the Board of Trustees of the American Osteopathic Association.

# American College of Osteopathic Internists Annual Convention and Scientific Sessions Oct 27-31, 2016 JW Marriott Desert Springs Resort, Palm Desert, CA "Pseudoscience or Science in Internal Medicine" - John R. Sutton, DO, FACOI, Program Chair

THURSDAY, Octobe	ar 27		2) Interactive & Specialist Healthcare Across the
•	Vascular Medicine: The Full Spectrum		Miles: eCare & it's Impact on Today's Health
9:00 AW = 12:00 NOON 9:00 10:30 AM	Update on the Current Management of:		Emily K. Hurst, DO, FACOI
3.00 TO.30 AW	Deep Vein Thrombosis; Carotid Artery Disease; Peripheral Arterial Disease Bruce L. Mintz, DO; Robert M. Schainfeld, DO		Legal Issues in Practice Management     In the New Health Care Environment     Sheila M. Mints
10:30 – 10:45 AM	BREAK		4) Estate Planning Session Sandy McNab, FAHP, CFRE
10:45 – 12:00 Noon	Case Presentations and Panel Discussion Evaluation of the Swollen Limb; Large Artery Intracranial Occlusive Disease; Budd–Chiari Syndrome; Cerebral Venous Thrombosis	8:00 – 8:15 AM	WELCOME/OPENING REMARKS John B. Bulger, DO, FACOI, President John R. Sutton, DO, FACOI, Program Chair
	Robert M. Schainfeld, DO Bruce Mintz, DO	8:15 - 9:00 AM	What's New in Obesity Treatment?
11:00 AM – 12 Noon	New Member and First-Time Attendee Orientation Q&A with ACOI Board of Directors John B. Bulger, DO, MBA, FACOI	9:00 - 12 Noon	Louis J. Aronne, MD  PLENARY SESSION - Nephrology  Jeffrey Packer, DO, FACOI  Joseph Morris, DO, FACOI – Moderators
40:00 Naar - 4:00 DM	ACOI President, Moderator	9:00 – 9:45 AM	Newer OACs in Chronic Kidney
12:00 Noon – 1:00 PM	, , , , , , , , , , , , , , , , , , , ,		Disease and ESRD Kevin E. Chan, MD
1:00 – 4:45 PM	PLENARY SESSION - Cardiology Martin C. Burke, DO, FACOI, Moderator Cardiology Late Breaking Clinical Trials	9:45 – 10:30 AM	Renal Denervation and Hypertension  Walead Latif, DO
1:00 – 1:15 PM	Cardiology Late Breaking Clinical Trials  Martin C. Burke, DO, FACOI	10:30 - 10:55 AM	EXHIBIT BREAK
1:15 – 1:20 PM	Case Presentation	10:55 – 11:45 AM	Metformin in Chronic Kidney Disease
1:20 - 1:50 PM	Cardiology 101: What's Real and What's Bogus Michael T. Broman, MD, PhD	11:45 AM – 12 Noon	Rizwan Moinuddin, DO  Q&A with Panel
1:50 – 2:20 PM	Proteomics: Are They Ready for Primetime?	12:00 Noon - 1:00 PM	LUNCHEON SYMPOSIUM
2:20 – 2:35 PM	Robert J. Chilton, DO, FACOI BREAK	12.00 NOOH - 1.00 1 W	Breathing New Air Into the Treatment of COPD and Asthma
2:35 – 3:00 PM	Micro RNA vs DNA:		Timothy J. Barreiro, DO, FACOI
	Where Does the Science Lie? Michael T. Broman, MD, PhD	1:00 – 3:00 PM	PLENARY SESSION – Infectious Diseases MarkAlain Dery, DO, FACOI Mio A Toorming DO, FACOI Maderators
3:00 – 3:40 PM	Which Cardiomyopathies Are Best Evaluated with Genetic Testing and Why?  George G. Sokos, DO	1:00 – 1:30 PM	Mia A. Taormina, DO, FACOI, Moderators Zika Update Kristina Angelo, DO (CDC)
3:40 – 4:20 PM	Atherosclerosis: Omics to Future Clinical Challenges Robert J. Chilton, DO, FACOI	1:30 – 2:15 PM	Vaccines – Pseudo-Science of the Vaccine Doubters  MarkAlain Dery, DO, FACOI
4:20 – 4:45 PM	Q&A with Panel	2:15 – 2:45 PM	Hodge-Podge of ID
4:45 – 5:45 PM	Tests I Wish You'd Never Ordered		Mia A. Taormina, DO, FACOI
	Gerald W. Blackburn, DO, MACOI, Moderator	2:45 – 3:00 PM	Q&A with Panel
	Robert L. DiGiovanni, DO, FACOI Kevin P. Hubbard, DO, MACOI	3:00 – 3:15 PM	BREAK
C-00 7-20 DM	Stephen J. Sokalski, DO, FACOI	3:15 – 4:15 PM	PLENARY SESSION – Critical Care Medicine David H. Lindner, DO, FACOI, Moderator
6:00 - 7:30 PM  FRIDAY, October 28		3:15 – 3:45 PM	Responding to Requests for Potentially Inappropriate Treatment in the Intensive Care Unit Donald C. Kowalewski, DO, FACOI
7:00 - 8:00 AM	SUNRISE SESSIONS  1) AIDS/HIV Update  MarkAlain Dery, DO, FACOI	3:45 – 4:15 PM	Patients with Morbid Obesity as a Special Population in Critical Care  U. Inge Ferguson, DO, FACOI
		4:15 – 5:30 PM	PLENARY SESSION - Ethics Mitchell D. Forman, DO, FACOI, Moderator

4:15 – 5:20 PM	Ethical Dilemmas with Vulnerable Populations Mitchell D. Forman, DO, FACOI Weldon (Don) Havins, MD, JD	9:00 – 12:00 Noon	PLENARY SESSION Pulmonary/Sleep Medicine Daniel L. Maxwell, DO, FACOI Pulmonary Moderator;
5:20 – 5:30 PM	Q&A with Panel		Amita Vasoya, DO, FACOI
4:15 – 5:00 PM	Resident Research Presentations (concurrent session) Samuel K. Snyder, DO, FACOI, Moderator	9:00 – 9:40 AM	Sleep Medicine Moderator Pulmonary Fibrosis Kevin R. Flaherty, MD
5:00 - 6:00 PM	Women Physicians Discussion Group Joanne Kaiser-Smith, DO, FACOI	9:40 – 10:20 AM	E-Cigarettes: Pros/Con's Sara M. Kalkhoran, MD
	Moderator Physician Burnout	10:20 – 10:35 AM	EXHIBIT BREAK
6:00 - 8:15 PM	Resident/Fellow/Student Session and Reception	10:35 – 11:10 AM	REM Sleep Behavior Disorder Amita Vasoya, DO, FACOI
	Scott L. Girard, DO, FACOI, Moderator	11:10 – 11:55 AM	Parasomnias Thomas F. Morley, DO, FACOI
6:00 – 6:05 PM	Welcome and Opening Remarks Scott L Girard, DO, FACOI	11:55 AM – 12 Noon	Q&A with Panel
6:05 – 6:30 PM	Reception for Residents/Fellows and Students	12:00 - 1:00 PM	LUNCHEON SYMPOSIUM Influencing Cardiovascular Risk With Antihyperglycemic Agents: Focus on SGLT2
6:20 – 7:00PM	Physician Burnout (All) Robert G. Good, DO, FACOI		Inhibitors and Incretin-Based Therapies  Jeffrey S. Freeman, DO, FACOI
7:00 – 7:30 PM	Unconcious Bias in Medicine (Residents/Fellows) Jayne Kendall, MD, MBA, FACEP, CDE	1:00 - 2:45 PM	PLENARY SESSION Allergy/Immunology Robert W. Hostoffer, Jr., DO, FACOI
7:00 – 7:30 PM	Meet with Program Directors and Fellows Joanne Kaiser-Smith, DO, FACOI Robert L. DiGiovanni, DO, FACOI Christopher J. Sciamanna, DO	1:00 – 1:50 PM	Moderator DiGeorge Syndrome Robert Hostoffer, DO, FACOI Tina E. Abraham, DO
7:30 – 8:00 PM	Medical Jeopardy (All) Scott L. Girard, DO, FACOI Christopher J. Sciamanna, DO	1:50 – 2:40 PM	STAT Mutations Robert Hostoffer, Jr., DO, FACOI Monica Sandhu, DO
8:00 – 8:15 PM	Raffle Prizes Announced	2:40 – 2:45 PM	Q&A with Panel
5:30 - 7:30 PM	(Must be present to win!) Alumni Receptions	2:45 - 5:15 PM	PLENARY SESSIONS Geriatric Medicine Ehab E. Tuppo, DO, FACOI, Moderator
CATURDAY Octob	av 20	2:45 – 3:30 PM	Alleviating Chronic Pain Thomas Jan, DO
<b>SATURDAY, Octob</b> 7:00 - 8:00 AM	SUNRISE SESSIONS	3:30 – 3:45 PM	BREAK
7.00 0.007441	Osteopathic Continuous     Certification Update     Gary L. Slick, DO, MACOI	3:45 – 4:20 PM	Medication Appropriateness in the Aging Population Terrie B. Ginsberg, DO, FACOI
	2) Internal Medicine Care of the LGBT Patient	4:20 – 4:55 PM	Updating Beers Criteria Ehab E. Tuppo, DO, FACOI
	Mia A. Taorimina, DO, FACOI	4:55 – 5:15 PM	Q&A with Panel
	3) Care Management Non Physician Practitioner Billing	6:00 - 8:00 PM	Convocation of Fellows and Reception
	Jill M. Young, CDC 4) New Screening Guidelines for Colon	SUNDAY, October	
	Cancer and Prostate Cancer Watson Ducatel, DO	7:00 - 8:00 AM	Subspecialty Section Business Meetings (30 min lecture/30 min business meeting)
8:00 – 9:00 AM	Amita Vasoya, DO, FACOI KEYNOTE ADDRESS #2		<ul> <li>Allergy         Robert W. Hostoffer, Jr., DO, FACOI     </li> </ul>
5.55 5.567 MI	ACOI History Kevin P. Hubbard, DO, MACOI		Cardiology – Martin C. Burke, DO, FACOI Moderator     Lecture – Women and Stable Ischemic Heart Disease Kathleen Drinan, DO, FACOI

7:00 - 8:00 AM	Endocrine     Louis C. Haenel, IV, DO, FACOI	9:45 – 10:40 PM	Nutrition in Medicine: Calories or Therapeutic Modality
	Gastroenterology     Action    Program	10: 40 – 10:45 AM	Matthew Bectold, MD  Q&A with Panel
	Jack D. Bragg, DO, FACOI Lecture - What's New in		
	Gastroenterology and Hepatology Charlene A. LePane, DO, FACOI	10:45 – 12:15 PM	PLENARY SESSION – Rheumatology Robert L. DiGiovanni, DO, FACOI Keith A. Reich, DO, FACOI, Moderators
	Geriatric Medicine     Ehab E. Tuppo, DO, FACOI, Moderator     Lecture – Blood Pressure in the Elderly	10:45 – 11:30 AM	Microbiome and Its Relation to Human Disease Brittany Goss, DO, FACOI
	Terrie B. Ginsberg, DO, FACOI	11:30 AM – 12:10 PM	Associated Risk of Cardiovascular Disease
	Hematology/Oncology     Kenneth M. Simon, DO, FACOI		with Elevated Uric Acid Keith A. Reich, DO, FACOI
	<ul> <li>Infectious Diseases         Mia A. Taormina, DO, FACOI, Moderator</li> </ul>	40.40 40.45 PM	Mark Vercel, DO
	Nephrology	12:10 – 12:15 PM	Q&A with Panel
	Joseph Morris, DO, FACOI  • Nuclear Medicine	12:15 - 1:15 PM	<b>LUNCHEON SYMPOSIUM</b> Exploring the New Landscape of HCV Therapy Richard A. Manch MD, FAASLD, FACP, FACG
	James C. Clouse, DO, FACOI	1:15 - 3:00 PM	PLENARY SESSION
	Palliative Medicine     Annette T. Carron, DO, FACOI		Endocrinology Louis C. Haenel, IV, DO, FACOI, Moderator
	Pulmonary/Sleep/CCM     Daniel L. Maxwell, DO, FACOI	1:15 – 2:00 PM	Thyroid Hormone Replacement Louis C. Haenel, IV, DO, FACOI
	David H. Linder, DO, FACOI Amita Vasoya, DO, FACOI	2:00 – 2:55 PM	Vitamin D – Vitamin du Jour Louis C. Haenel, III, DO, FACOI
	Lecture – Update on DVT/PE  Treatments	2:55 – 3:00 PM	Q&A with Panel
	Timothy A. Barreiro, DO, FACOI	3:00 - 3:15 PM	BREAK
	Rheumatology     Keith A. Reich, DO, FACOI	3:15 - 5:15 PM	PLENARY SESSION Hematology/Oncology
7:00 - 8:00 AM	SUNRISE SESSIONS	3:15 - 4:15 PM	Kenneth M. Simon, DO, FACOI, Moderator
	Prophylaxis vs Preemptive     Treatment of Cytomegalovirus     Judith A. Lightfoot, DO, FACOI	3.13 -4.13 FW	Clinical Trials, Immunotherapy & Breast Cancer Treatment Patricia LoRusso, DO, FACOI
	Communicating to Optimize     Adherence and Concordance	4:15 – 5:00 PM	Unproven Therapies in Prostate Cancer Kenneth M. Simon, DO, FACOI
	Donald S. Nelinson, PhD	5:00 – 5:15 PM	Q&A with Panel
	MACRA, MIPS, QPP, and APMs:     The Acronym Soup of Moving		
	From Volume to Value	MONDAY, October	31
0.00 0.45 AM	Dale W. Bratzler, DO, MPH, MACOI	7:00 – 9:00 AM	PLENARY SESSION
8:00 – 8:45 AM	PLENARY SESSION Nuclear Medicine James C. Clouse, DO, FACOI		Hospice and Palliative Medicine Annette T. Carron, DO, FACOI, Moderator
	Moderator Update on Molecular Imaging in	7:00 – 7:40 AM	Hospice and Palliative Care Medicine Update for the Internist Marianne M. Holler, DO, FACOI
	Dementia  Jonathan McConathy, MD, PhD	7:40 – 8:20 AM	Medication for the Terminal Patient Who Can't Swallow
8:45 - 10:45 AM	PLENARY SESSION		Annette T. Carron, DO, FACOI
0.45 0.55 511	Gastroenterology Jack D. Bragg, DO, FACOI, Moderator	8:20 – 9:00 AM	Prognostication: Updated from the Literature Marianne M. Holler, DO, FACOI
8:45 – 9:30 PM	Irritable Bowel Syndrome Charlene A. LePane, DO, FACOI	9:00 - 9:30 AM	Annual Meeting of Members
9:30 - 9:45 AM	BREAK	9:30 AM	Convention Concludes



## REGISTRATION INFORMATION

## **EDUCATION SESSION FEES**

Fees for the 2016 education sessions are based on ACOI membership status and length of time in practice. Active members (training completed prior to 6/30/11) pay \$745; Young Internists (training completed 6/30/11 or later) pay \$645; Emeritus and Retired members pay \$645; Residents and Fellows pay \$495 (\$295 for Research Contest entrants). Non-member Physicians pay \$945; Non-Physician Health Care Professionals may register for the ACOI member rate of \$745. There is no charge for students. Spouse/guest registration is \$125. These fees include a \$50 early registration discount, which applies until October 5, 2016. Registrations received after that date do not qualify for the discount.

## WHAT DOES REGISTRATION INCLUDE?

Physician registration for the Convention includes entry to all education sessions, the Exhibit Hall, daily continental breakfast and luncheon symposia and one ticket to the Opening Reception. Luncheon seating is limited. Spouse/Guest registration includes entry to the education sessions, daily continental breakfast in the Exhibit Hall, and all social events, including one ticket to the Opening Reception. (Due to limited seating, guests may not attend the luncheon symposia.)

#### HOTEL INFORMATION

The JW Marriott Desert Springs Resort & Spa is the headquarters hotel for the ACOI 2016 Annual Convention and Scientific Sessions. All educational and social events will take place there. ACOI has arranged a discounted room rate of \$249 per night (single/double). Additional local taxes apply. Early reservations are suggested as the hotel is likely to sell out and does not have to honor ACOI's discounted rates after October 5, 2016. Reservation information is available by calling 877-622-3140; or visit <a href="https://resweb.passkey.com/go/acoiconvention2016">https://resweb.passkey.com/go/acoiconvention2016</a>.

### **PAYMENT INFORMATION**

You may register online, by mail or fax for the ACOI 2016 Annual Convention and Scientific Sessions. Secure online registration is available through the ACOI website. Visit **www.acoi.org** and click on the convention registration link on the home page. You may also use the registration form in the Convention Packet to register by mail or fax. Payment may be by check payable to ACOI or charged on VISA or Mastercard. Complete the required information on the white Registration Form and return it to the ACOI at the address listed on the form.

#### **CANCELLATION POLICY**

Please note that refund requests must be made in writing to ACOI prior to October 5, 2016. A processing fee of \$50 will be charged for cancellations received at any time. No refunds will be made after October 5, 2016, but unused registration fees may be applied toward a future ACOI education program.

## **ACOI GENERATIONAL ADVANCEMENT PROGRAM**

Donations are requested to assist the ACOI in providing a medical textbook to each resident and student registered for the Convention. Textbook prices average \$100. In addition, the ACOI provides grants to representatives of the internal medicine clubs on the campuses of osteopathic medical schools to defray the cost of attending the Convention. All contributions are acknowledged in the printed program if received prior to the publication deadline. Suggested donation is \$100, but contributions in any amount are welcome. Your donation may qualify as a tax deductible charitable contribution. ACOI is a 501(c)(3) organization and no goods or services are provided in return for the contribution. A separate receipt will be provided for your records.

# ACOI CONVENTION REGISTRATION FORM



Full Name	
Preferred Name on Badge	AOA Number
Mailing Address	
City	State Zip
Work Ph. ( ) C	ell Phone ( )
Home Ph. ( ) E-Mail Address	
Medical Specialty/Subspecialty	
Preferred Name of Spouse/Guest on Badge	
Emergency Contact	
Relation	ephone ( )
NOTE: TO COMPLETE THE FORM BELOW, ENTER ALL REGISTRA	
SEE REGISTRATION INFORMATION SHEET FOR COMPLETE EXP	LANATION OF PROGRAMS AND FEES.
REGISTRATION F	PAYMENT
REGISTRATION	\$
SPOUSE REGISTRATION	\$
ON-SITE ACTIVITIES/OFF-SITE TOURS	\$
OFF-SITE TOUR FEE FOR NON-REGISTERED SPOUSE/GUEST  If ordering tour tickets, a \$35 fee is required for each adult NOT registered.	
*GAF (Generational Advancement Fund): ACOI provides each resident College also provides grants to medical students via their campus interna ☐\$1000 ☐\$500 ☐\$250 ☐\$200 ☐\$150 ☐\$125 ☐\$  *Your donation to GAF may qualify as a tax deductible charitable contribution.  ACOI is a 501(c)(3) organization and no goods or services are provided in return for the contribution.	Il medicine clubs. Suggested Donation: 1100 □\$50 □Other\$
TOTAL FEES ENCLOSED	\$
Online registration for the JW Marriott Desert Springs Resort is available by visiting	https://resweb.passkey.com/go/ACOIAnnualConvention
Payment Method □ Check to ACOI □ MasterCard □ VIS	Credit Card Security #
Credit Card Number	Credit Card Exp. Date
Name on Card S	ignature
CHECK HERE IF BILLING ADDRESS IS SAME AS MAILING ADDRESS LIS	TED ABOVE. IF NOT, PLEASE PROVIDE BELOW
Billing Address	
City	State Zip

REGISTER ONLINE AT WWW.ACOI.ORG or mail to: ACOI Office, 11400 Rockville Pike, #801, Rockville, MD 20852. Phone 301 231-8877, Fax 301 231-6099

**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 Oct. 5, 2016. No refunds will be made after that date, but registration fees may be applied to a future ACOI education program.

**OVER**...More registration information on reverse side. Both sides must be completed for form to be processed. You may also register online at www.acoi.org



## **ACOI CONVENTION REGISTRATION FORM**

Please complete all areas on both sides of registration form. Payment must accompany all registrations. PLEASE PRINT CLEARLY!

REGISTRATION FEES

**REGISTRATION CATEGORY** (please check appropriate box(es))

□ BOTSFORD □ DMUCOM □ MIDWESTERNU/CCOM-AZCOM □ MSUCOM □ ROWAN

**OFF-SITE TOURS** (please check appropriate box(es))

Name

AOA Number

**AFTER OCT. 5** 

ON/BEFORE OCT. 5

 □ Friday, Oct. 28 - 8:00 am - Noon Palm Springs Arial Tram
 \$78

 □ Friday, Oct. 28 - 1:00 - 4:30 pm Palm Springs Air Museum
 \$68

 □ Saturday, Oct. 29 - 8:30 am - 12:30 pm Living Dessert
 \$78

 □ Saturday, Oct. 29 - 1:00 - 4:00 pm Celebrity Home Tour
 \$68

 □ Sunday, Oct. 30 - 12:30 - 4:00 pm Palm Springs Arial Tram
 \$78

 □ Sunday, Oct. 30 - 8:30 - 11:30 am Hiking Tour/Palm Springs Indian Canyon
 \$89

 □ Sunday, Oct. 30 - 1:00 - 5:00 pm Golf Outing (additional fee for rental clubs, payble at golf course)
 \$85

 □ Sunday, Oct. 30 - 1:30 - 1:00 pm Painting Class
 \$50

□ PLEASE NOTE: Check here if you plan to stay at the JW Marriott Desert Springs Resort & Spa. (Separate hotel registration is required. This does not register or guarantee a room at the hotel. Online registration for the hotel is available by visiting https://resweb.passkey.com/go/acoiconvention2016)

□ 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, 301 231-8877.

## CME CALENDAR

## Future ACOI Education Meeting Dates & Locations NATIONAL MEETINGS

- 2016 Annual Convention & Scientific Sessions
   Oct 27-31 JW Marriott Desert Springs Resort and Spa, Palm Desert, CA
- 2017 Internal Medicine Board Review Course March 22-26 JW Marriott, Las Vegas, NV
- 2017 Clinical Challenges in Inpatient Care March 23-26 JW Marriott, Las Vegas, NV
- 2017 Congress on Medical Education for Resident Trainers May 4-6 Sheraton San Diego Resort & Marina, San Diego, CA
- 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
- 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.

## 2017 Certifying Examination Dates & Deadlines

## **Internal Medicine Certifying Examination**

Computerized Examination 200 Sites Nationwide September 14, 2017 - Application Deadline: February 1, 2017

## **Internal Medicine Recertifying Examination**

Computerized Examination 200 Sites Nationwide September 15, 2017 - Application Deadline: April 1, 2017

## **Subspecialty Certifying Examinations**

Computerized Examination 200 Sites Nationwide

August 29, 2017 - Application Deadline: April 1, 2017

Allergy/Immunology • Cardiology • Clinical Cardiac Electrophysiology • Endocrinology

- Gastroenterology Geriatric Medicine Hematology Hospice and Palliative Medicine
- Infectious Diseases Oncology Pulmonology Rheumatology Sleep Medicine

## **Subspecialty Recertifying Examinations**

Computerized Examination 200 Sites Nationwide

August 29, 2017 - Application Deadline: April 1, 2017

Allergy/Immunology • Cardiology • Clinical Cardiac Electrophysiology • Critical Care Medicine

- Endocrinology Gastroenterology Geriatric Medicine Hemaology Hospice and Palliative Medicine
- Infectious Diseases Interventional Cardiology Nephrology Oncology Pulmonology
- 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.

# Chaudhry Assumes Leadership of International Association of Medical Regulatory Authorities



Humayun J.
Chaudhry,
DO, MACOI,
MACP,
President and
CEO of the
Federation of
State Medical Boards
(FSMB), was
installed as
Chair of the
International
Association

of Medical Regulatory Authorities (IAMRA) during the 12th International Conference on Medical Regulation last week in Melbourne, Australia.

Dr. Chaudhry, who joined the FSMB in 2009, will serve a two-year term as IAMRA's Chair. He was a member of the ACOI Board of Directors from 2000 through 2011, serving as President in 2008-09. Dr. Chaudhry is the first physician from the United States to serve as IAMRA's Chair, as well as the first osteopathic physician to serve as the organization's leader.

IAMRA provides a biennial international forum for medical regulators to share best practices in achieving their mandate to protect, promote and maintain the health and safety of the public by ensuring proper standards for the profession of medicine. The organization has 104 member organizations in 46 countries.

"I'm looking forward to supporting the global medical regulatory community as we work together to advance a common mission to protect the public," said Dr. Chaudhry, who is also a Clinical Associate Professor of Internal Medicine at the University of Texas Southwestern Medical School. "By joining together and sharing information and best practices about the licensure and discipline of the world's doctors, including their education, training and assessment, we enable and support the delivery of quality health care everywhere."