

Alaska Chapter GOVERNOR'S NEWSLETTER

ACP
AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

Summer 2006

GOVERNOR'S MESSAGE



The 2006 Alaska Chapter Meeting, held at Providence Alaska Medical Center in Anchorage on June 22-24, was a great success. With 89 registrants, the 2006 meeting was second largest to date and may have set the record for the most out-of-state

attendees. The success of the meeting can be attributed to the faculty of internationally known clinical subject matter experts. The first 2 days covered clinical management of the traveling patient, including the rapidly changing approach to the long-standing challenges of caring for patients before and after travel, such as prevention and treatment of malaria and gastroenteritis, and evaluation of the returned traveler presenting with fever or skin lesions. Other topics not often addressed in travel medicine conferences included the special needs of the immune-compromised or pregnant traveler, non-infectious health problems of the traveler, the long-stay traveler, and management of the traveler who goes up and experiences the unique health problems encountered at high altitudes.

The banquet was held at the Alaska Native Heritage Center and included a fascinating presentation by former-Alaska resident **Peter Hackett**, MD, describing the findings, logistics, and stunning surroundings of his seminal research on human physiology at extreme altitude. In contrast to the day program, which focused on issues that any clinician may encounter, Peter's presentation gave us insight into a side of medicine that few will see.

On Saturday morning the program shifted from the clinical management of travelers to global health issues that affect all of us. **Marty Cetron**, MD of the CDC provided insight into the health aspects of refugee relocation. We then discussed two global pandemics with presentations on the current pandemic of AIDS provided by **Donna Sweet**, MD, MACP and the future threat of pandemic influenza by **Marty Cetron**. The Town Hall Meeting included discussions about priorities for the Alaska Chapter, and reaching out to our WWAMI Medical Student to build the next generation of internists was reaffirmed as one of the most important things

Jay C. Butler, MD, FAAP, FACP
Governor, Alaska Chapter

that we do. The annual Flattop climb was graced with sunshine and included contingents from Alberta and Florida, again reflecting the relative large number of attendees from Outside this year.

The date for the 2007 Chapter Meeting is June 21-23, 2007. Watch the Fall Newsletter for more information. Stay tuned.

ACP LEADERSHIP DAY 2006

Rich Neubauer, MD

ACP Leadership Day 2006 was held May 16-17 this year in Washington DC. The Alaska delegation this year included **Norm Wilder**, MD, MACP, **Molly Southworth**, MD, FACP, **Andy Seaman**, WWAMI medical student, and **Rich Neubauer**, MD, FACP. **Julie Ake**, MD also joined the delegation for some of the Capitol Hill visits. **Andy Seaman** received the *Rod Wilson Alaska Chapter Scholarship* to attend in recognition of his interest in health policy.

We appreciated the opportunity to discuss with our congressional representatives the problems faced by internists in Alaska: especially the problems centering on access to care for seniors covered by Medicare. Nationwide, ACP has observed that there is an impending collapse of primary care, and we have certainly already started to see serious problems here in Alaska with many patients unable to find a primary care internist.

While this year is unlikely to see major changes in national healthcare policy we discussed a number of important issues with Senators **Murkowski** and **Stevens**, and Representative **Young** including:

- The importance of working on a permanent fix for the sustainable growth rate (SGR) formula so that physician payment is tied to real practice costs rather than indexed to measures of the economy as a whole. This is especially important since the cost of delivering care in our offices can exceed Medicare payments in the current pay environment.
- In the absence of a permanent SGR fix this year, averting the scheduled cuts in physician payments under the existing

SGR formula would be essential to avoid worsening of an already critical problem.

- The need to support significant funding increases for codes used most commonly by primary care doctors in office visits. Such increases were recently recommended by the Relative Value Update Committee (*RUC*) to the federal Centers for Medicare and Medicaid Services (*CMS*). These codes were reviewed by the RUC as recommended by the Medicare Payment Advisory Committee (*MEDPAC*), and the recommended increases would significantly help primary care physicians who do the day-to-day care of seniors.
- Discussion of the recently introduced ACP concept called the Advanced Medical Home that envisions a new way of coordinating and paying for primary care of patients in the 21st Century. We urged support for CMS demonstration projects based on this new model of coordinated care.
- We urged federal support for interoperable Electronic Health Records as a means of improving quality of care.
- We discussed the growing crisis of student debt that is pushing students away from lower paid careers in primary care and the need for new and innovative ways to reverse this trend.

Perhaps the most important part of Leadership Day has been the ability to establish long-term relationships with our congressional delegation. We've now been visiting Capitol Hill yearly for the last four years. They know us, and we know them. Our message has been consistent, and patient centered: we are concerned about access to care and the ability of Alaskans to get the care they need and deserve. We need to keep the momentum but at the same time maintain patience. Leadership Day is a great way to get our message where it needs to go.

ARE YOUR PATIENTS ASKING YOU ABOUT "BIRD FLU"?

Jay Butler, MD, FAAP, FACP

Influenza has been a long-ignored disease that kills thousands each year in the United States. However, recent media coverage of the spread of H5N1 avian influenza from Asia into Europe and Africa has increased concern about the threat of pandemic influenza. Sensationalized fictional accounts of future pandemics caused by avian influenza, such as the recent ABC television movie *Bird Flu in America*, have increased fear and promoted certain misperceptions. The following are a few questions that you may be asked by your patients, neighbors, and friends (an internist is supposed to know everything, right?), followed by answers based on currently available data:

Is there an influenza pandemic occurring now?

No. (Not unless you are a bird!) An influenza pandemic occurs when a new influenza strain emerges to which humans have little or no immunity, that can infect and sicken humans, and that can be easily spread person-to-person. Pandemics of influenza occurred three times in the 20th Century (1918, 1957, and 1968) and may have occurred 10 times in the past 300 years. H5N1 avian influenza is a particular strain of influenza that is spread among birds and can rarely spread to persons who are exposed to infected birds.

How do people become infected with H5N1?

To date, the vast majority of the over 225 persons with documented H5N1 infection became infected within 10 days of having direct contact with dying or dead domestic poultry—usually chickens. In one instance, infection may have been acquired by a group of teenaged girls who had gathered feathers from the carcass of a wild swan that had died of H5N1. No cases of foodborne or waterborne transmission of H5N1 to humans have been documented, although possible foodborne transmission has been suspected in a cluster of cases occurring among persons who ate a pudding made from raw duck blood. A few instances of person-to-person spread of H5N1 infection have been reported, but these appear to be rare, isolated events.

So what is the big deal?

Some experts are concerned that H5N1 avian influenza could mutate and acquire the ability to spread easily from person-to-person, causing a pandemic. Other experts feel that this is unlikely. However, there are many other strains of influenza that could mutate to cause the next pandemic of influenza. The threat of an influenza pandemic is not new.

Should I Buy Masks or Stock Up on Tamiflu®?

At the present time, the Alaska Division of Public Health does not have a recommendation for or against individuals and families buying masks for the purpose of reducing the risk of respiratory tract infections. Oseltamivir (Tamiflu®) is an antiviral drug that is active against most strains of H5N1 avian influenza and may be useful for treating or preventing infection. However, oseltamivir is relatively expensive, it may be unavailable in many areas, and there are no controlled clinical data documenting efficacy. The Alaska Division of Public Health is purchasing a stockpile of antiviral drugs, including oseltamivir, which can be distributed throughout Alaska, if needed, for treatment or prevention.

Can I Be Vaccinated Against Bird Flu?

Although a vaccine against H5N1 is in under study for use in humans, there currently is no commercially available vaccine against avian influenza in humans. The annual influenza vaccine will probably provide no protection against H5N1, but it will reduce your risk of infection with human influenza during the next flu seasons.

There is a dead bird in my yard. What should I do?

If you encounter wild birds that are sick or dead without an apparent cause, do not handle the carcass, if possible. If the carcass must be moved, gloves should be worn or the hands should be protected with a plastic bag. If the bird is small, the bag can be turned inside out as it is being removed from the hand, and the bird will be contained in the bag. Dead birds can be reported by calling 1-866-527-3358.

I am a hunter. Are there things that I should do?

The Alaska Department of Fish and Game and the Division of Public Health recommend that hunters should not handle any waterfowl that are obviously sick or found dead. When cleaning game after a successful hunt, every effort should be made to avoid contact between animal body fluids and human skin or mucous membranes. Disposable gloves should be worn and persons should not drink, eat, or smoke while cleaning game. After dressing of the game is completed, hands should be washed well, and clothing worn during dressing should be washed. Knives and cutting surfaces should be sanitized with soap and water and with a mild bleach solution. Game should be cooked to an internal temperature of at least 165°F using a meat thermometer. Game bird meat should no longer be pink and juices should run clear prior to eating. Although the risk of acquiring avian influenza from eating Alaskan birds is extremely low at this time, these measures will provide protection again a number of infections that can be acquired from wild game.

Where can I learn more?

A wealth of information on avian influenza and pandemic influenza for your patients and for health professionals can be found at www.pandemicflu.alaska.gov

WHAT'S UP ON THE BOARD OF REGENTS

Rich Neubauer MD, FACP

Perhaps the most profound statement outlining just how serious of a crisis we face in Internal Medicine was made earlier this year when **Andy Hedberg**, then President of ACP, stated that primary care internal medicine was facing impending collapse in this country. Andy found the words to focus attention on a crisis that we all see daily: too few internists, few young physicians interested in long-term care of patients due to lack of financial rewards coupled with growing student debt, and the ultimate result: growing access to care problems especially for seniors.

Trying to focus on this problem via energetic visionary policy has been a priority of the ACP via its committee structure and the Board of Governors and Board of Regents. The Health and Public Policy Committee (HPPC) has been particularly active in this regard, and since the last chapter newsletter, a series of new papers have dealt with various aspects of how things might be structured

differently to avert the collapse of primary care services in this country. The latest policy paper: Creating a New National Workforce for Internal Medicine addresses the lack of coordinated planning for the needs of the population with a series of specific recommendations. Previous papers include: The Advanced Medical Home: A Patient-Centered, Physician-Guided Model of Health Care, & Linking Physician Payments to Quality Care. The Board of Regents continues to debate how to best position the College to advocate for change and the need to recognize the importance of primary care of the patient, while also supporting sub-specialty care.

ACP continues to work vigorously to consolidate its preeminent educational position as well. ACP Annual Session remains the best internal medicine meeting of the year. **Steve Weinberger**, MD, FACP, ACP Senior Vice President for Medical Knowledge and Education is working on ACP products such as PIER and ACP Medicine and how to coordinate these resources. Annals of Internal Medicine is one of the most highly rated benefits of membership under the editorial direction of **Hal Sox**, MD, MACP.

This year, I am serving on the Ethics and Human Rights Committee, The Marketing and Communications Committee and the Liaison Committee on Recertification representing ACP to the American Board of Internal Medicine. I am also serving as President of ACP Services Inc., the "C6" branch of ACP that can engage in lobbying and also recently formed a Political Action Committee. It is my privilege to represent you, so please let me know what is on your mind. Remember that as a membership organization, ACP is stronger as our membership grows. Your continued support and that of your colleagues via membership is the lifeblood of the organization.



Dr. Norm Wilder, MACP, a former Alaska Chapter Governor, with three WWAMI medical students at the ACP Annual Session in Philadelphia in April.

Congratulations to Emily C. Church, MD, FACP, Anchorage, who was one of 500 Fellows inducted at the 2006 Convocation ceremony held at The Pennsylvania Convention Center on April 6, 2006.

2007 will see a name change for the Annual Session-Internal Medicine 2007 will take place in San Diego, CA, April 19-21, 2007. The conference provides a wide variety of educational offerings to meet the needs of internists at all career stages. You can choose from more than 260 CME courses in internal medicine and the sub-specialties. For more information, visit <http://www.acponline.org/cme/as/2007/index.html>