



Governor's Message

Who said it was going to be easy?

Internal medicine, primary care medicine, hospital medicine, subspecialty medicine. Speak to any internal medicine trained physician and they will tell you that practicing medicine today is not easy. In fact, the numerous challenges of practicing internal medicine or its subspecialties in 2008 leave many internists questioning why they ever went into medicine or why they chose their particular field of endeavor.

But who said it was going to be easy? When did we start really believing that we expected medicine to be a cakewalk? Pre-med was not easy; it was grindingly hard, with little reward. Medical school was more satisfying but no less demanding, necessitating long hours of memorization, study and testing. Internship and residency allowed more autonomy, leadership, a sense of purpose and responsibility, but still required many sleepless nights and grueling days coupled with intense worry about providing the best care possible to our patients even though we may have felt that we did not have the necessary experience.

Then entering into chief residency, fellowship, junior academic tract, or private practice. All stressful times again requiring us to rely on our brawn and brains. Long hard work, coupled with an intellectual competence permitted us to succeed.

We are all in various stages of our medical careers - and guess what -- it is hard work. It continues to be demanding and challenging. It stresses us to our physical and emotional limits.

Who said it was going to be easy? No one. And it will never be. Caring for people is demanding work. The art of internal medicine requires precision, discipline, expertise, finesse, and time. It cannot be rushed; it cannot be automated.

And it cannot be reproduced. The profound joy a physician feels having cared for others is not replicated in any other métier. We are blessed to have the skills and strength to carry out the practice of internal medicine. We are blessed to hear the appreciative thanks from family and friends who rely on us. We are blessed to be part of long lineage of caring providers who have made life better for others. We are blessed to be part of a caring community of physicians, called the ACP.

Oh, there is one easy aspect of being an internist: it is easy to say thank you to our patients, who provide us the opportunity to grow and be blessed.

Internal Medicine 2008

Washington, DC hosts this year's premier scientific meeting for internal medicine on May 15-17, 2008. Meet internists from around the globe and around the corner, take advantage of special networking and social events, experience the culture of America's capital, and leave with a new sense of excitement about internal medicine.

The Arizona Chapter Reception will be held on Friday, May 16, 2008, from 6 - 8 p.m. at the Renaissance Washington DC (Meeting Room 3).

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Cheer on our AZ Resident Teams at IM '08! The Mayo Clinic Arizona Doctor's Dilemma team (**Troy Wiedenbeck**, MD, **David Keckich**, MD, and **John Hippen**, MD) will represent our Chapter in the National Doctor's Dilemma competition. First Place poster winner **Allan Daniel**, MD of Maricopa Medical Center, and Oral Vignette winner **Scott Goodwin**, MD of Banner Good Samaritan, will also represent the Chapter in the poster competition.



Lopez Named Governor-Elect

Ana Maria Lopez was selected by the voting members to be the next Arizona Governor. **Dr. Lopez** begins her four year term as Governor in the Spring of 2009. As Governor, **Dr. Lopez** serves as the official representative of the College for the Arizona Chapter, providing a link between members at the local level and leadership at the national level. The Governor has a variety of responsibilities at both levels.

Vision for Arizona ACP Chapter

Ana Maria Lopez

Although there are a myriad of health care and practice issues that affect the internist on a daily basis, it is often difficult for the practicing physician to know which professional group to turn to for assistance, guidance and leadership. It is my belief that the College can serve as that resource at both the national and the state level by being the voice of the internist: fostering excellence and professionalism, enhancing quality, and promoting clinically and cost effective health care delivery.

The Arizona ACP Chapter serves as a resource for education, is an advocate for responsible health policies and promotes measures to enhance the quality of practice. As we look to the future, I would venture that critical to our survival is defining our essential role in the daily practice of the internist by building on our experience, leadership and excellence in education, policy, and practice support. Increasing our visibility throughout the state while simultaneously listening to the perceived needs of internists will open the lines of communication with new constituencies and nurture trust. The following are some preliminary thoughts on the future.

Membership: General Internal Medicine/Subspecialty

In order to be an effective representative of internists in our state, whether general or subspecialist, ACP AZ will require a better understanding of its constituents. This may be accomplished as a series of Town Halls at the state meeting or locally; web-based, print or phone surveys. From this dialogue, may emerge common goals, responsibilities and aspirations. Although the College has been proactive in anticipating the changing demographics of our profession and identifying specific needs that could be met by ACP, ours is a unique environment with a diverse membership that seeks to identify the specific value of membership.

Physician compensation may serve as the focal point around which to unify the generalist and the subspecialist. ACP AZ can work independently and in partnership with other health organizations to serve as the physician's voice in the conversation on equitable compensation for health care services. ACP AZ can work in coalition with other health care organizations to educate the public and the legislature on the practice of internal medicine as comprehensive, proactive, preventative and compassionate care of adults with chronic and complex health care needs. As compensation becomes increasingly linked to performance, ACP AZ can serve as the physician voice to assure that measures developed and implemented are coherent, realistic and evidence-based.

Education

Although ACP AZ hosts an annual meeting and national provides a wide variety of educational offerings, increasing access to self-paced print or web-based clinical and practice updates may be of particular interest and benefit to the practicing internist in the more rural parts of our state. ACP AZ can work independently or collaboratively to bring education on national health care and health care delivery priorities to our state. Topics may include: End-of-Life Care, Health Information Technology, Preventing Burn-out and Interdisciplinary Education.

Financial Viability

As we begin to identify potential areas of study, such as, drug safety, ACP AZ will need to develop specific strategies to identify extramural funding. Potential partners include foundations, payers and government.

There is much that has been accomplished and there is much to be accomplished. Any future work must consider and build on the solid efforts that have led us to this point, but in order to move forward, we must work together to identify our priorities and set our course.

Tamper-Resistant Prescription Pads for Medicaid Populations

April 1, 2008

AHCCCS received notification from CMS approving a waiver request to exempt all AHCCCS patient populations from the Tamper Resistant Prescription Pad requirement. Prescribers are not required to use Tamper Resistant Prescription Pads for AHCCCS members.

The Centers for Medicare and Medicaid Services (CMS) approved a modification under our Special Terms and Conditions (STC) that will allow the AHCCCS program to operate without implementing the tamper-resistant prescription pad requirement. This decision is effective immediately. To read more on the CMS decision, please see the letter at this link: http://www.ahcccs.state.az.us/PlansProviders/Rx/TamperResistantRxPadMemoApril_08.pdf

College Launches Leadership Program

The College has launched a new leadership development program that will unroll over the next three years. The Leadership Enhancement and Development (LEAD) program is designed to help young Fellows in particular cultivate leadership skills they can use in any setting. If you would like to participate in any of these programs, or nominate someone else to participate, please contact **Donna Seawards** at dlseawards@cox.net.

The first elements of the program are now in place. The CME portion will be available at IM 2008. A pre-course entitled Essential Competencies for the Emerging Leader will be offered on Wednesday, May 14, 2008. You can register online at http://www.acponline.org/meetings/internal_medicine/2008/attendees/course_listings/emer_lead.htm, or by calling 800-532-1546, ext. 2600. Several other courses will also focus on leadership skills such as negotiating, managing change, making presentations, and serving in the government. Watch for these in the IM 2008 Final Program.

A second component, online mentoring, is also underway. Experienced leaders are available in the LEAD discussion group to explore a variety of leadership challenges with members. The "*challenges*" will be announced every two weeks in the ACP Internist Weekly. Go to http://www.acponline.org/education_recertification/resources/leadership_development/challenges/ to join the discussion now.

Another component of the program is chapter involvement. Find out how you can take an active roll in local chapter activities by calling your Governor to discuss the Five Pathways to Leadership Development at the Chapter Level, available at http://www.acponline.org/education_recertification/resources/leadership_development/chapter_activities/.

Those who meet five out of seven criteria within any three-year time period will be eligible for a LEAD Certificate of Completion (http://www.acponline.org/education_recertification/resources/leadership_development/certificate/).

ACP Awards and Masterships: Nominate your Heroes, Mentors, and Colleagues

The Awards Committee of the American College of Physicians invites your help in recognizing the accomplishments of distinguished individuals and organizations through the College's awards and Masterships. Nominations are now open for the 2008-09 awards cycle, which will end with the College's bestowing eighteen awards and approximately 40 Masterships during the Convocation ceremony at Internal Medicine 2009. These awards recognize outstanding contributions in the practice of medicine, teaching, research, public service, leadership, and medical volunteerism.

The updated Awards and Mastership Booklet contains criteria for the College's honors plus instructions for writing nominating and supporting letters. Please note that a minimum of five detailed supporting letters and a curriculum vitae

(or equivalent) with full bibliography are required for nominations to be considered. The deadline for materials is July 1, 2008. In keeping with ACP's Diversity Policy, the Awards Committee requests that nominators consider a wide array of outstanding candidates including women, underserved minorities, other ethnic groups, and international members and colleagues.

Please note that only ACP Fellows may be nominated for Mastership, and that Masterships as well as awards are competitive—that is, the most outstanding are selected by comparison. Both Mastership and awards nominations should be handled confidentially, and individuals should not self-nominate.

For questions and for information about the status of nominations submitted previously, please contact the staff liaison to the Awards Committee, **Martha Cornog**, at mcornog@acponline.org, 800-523-1546, ext. 2696, or direct at 215-351-2696. For printed copies of the Awards and Masterships Booklet, please contact **Meghann Williams**, Coordinator, Awards-Convocation and Diversity, at mewilliams@acponline.org, ext. 2714, or direct at 215-351-2714.

United Health Foundation Grant to American College of Physicians To Support Improved Care Delivery

MINNEAPOLIS - March 20, 2008 - The United Health Foundation today announced a \$49,970 grant to the American College of Physicians (ACP) to develop a new Practice Improvement Workbook to help internists and their staffs more consistently provide the preventive services and chronic care that are at the heart of the Patient-Centered Medical Home Model of care delivery. It emphasizes behavioral health support and patient education as well as the diagnosis and treatment of acute illnesses.

Today's grant is part of the Foundation's Advancing Clinical Excellence (ACE) program that will provide \$500,000 in grants to medical specialty societies to assist them in enhancing the quality and efficiency of care delivery.

"This grant from the United Health Foundation will help ACP to continue designing and implementing practice-based resources in a variety of formats - print, Web, CD/DVDs, audio, etc. - that help internists and their office teams assess potential quality gaps and strengthen their performance on nationally accepted quality measures," said **John Tooker**, MD, MBA, FACP, ACP's executive vice president and chief executive officer. *"The patient-centered medical home is the future of health care."*

"The ACP has a distinguished history in assisting physicians in improving the quality of clinical care delivered to our nation's patients, and this Workbook will be an important tool in that mission," said **Reed Tuckson**, M.D., a director of the United Health Foundation board and executive vice president and chief of medical affairs for UnitedHealth Group. *"We are convinced that the College's experience in advancing the medical home delivery model will result in an innovative Workbook that will not only increase adoption of this comprehensive health delivery model but will produce tangible improvements in the care experienced by millions of patients."*

The medical home model is a concept of primary clinical care organization that has been developed by American Academy of Pediatrics, American Academy of Family Physicians and ACP. The patient-centered medical home (PCMH) is a medical practice in which each patient has a personal relationship with a physician trained to provide first contact, continuous and comprehensive care. The personal physician leads a team of health care professionals at the practice level who collectively take responsibility for treating and managing care of the whole person. Physicians in a PCMH use evidence-based medicine, clinical decision support, and health information systems to guide decision-making and assure that patients get indicated care.

Interested in Becoming a Role Model?

Have you ever considered becoming mentor and role model for a first year medical student? Now you have the chance. The Phoenix Campus of the University of Arizona College of Medicine (UACOM) places a high priority on early and continuous clinical training and all first and second year medical students spend one half-day, every other week, in a primary care setting working with a physician mentor. This part of the curriculum is called the Longitudinal Clinical Experience (LCE)

Physician mentors work with the same student for two years. This provides the opportunity to develop a close and long lasting relationship. Being a mentor allows you to be involved in medical education and shaping the career of a young

physician, with a time commitment that is very manageable. The student works with the mentor in their clinical setting one half day every two weeks, gradually assuming an increasing level of patient care responsibilities. The first class of 24 students have just finished 6 months of their LCE and evaluations have been overwhelmingly positive.

What are the benefits for you when you are a physician mentor? Medical students help you stay up to date, teaching is fun, and watching a young professional develop with your help is rewarding. In addition all the mentors receive UACOM faculty titles that allow full electronic access into the medical library and a discount at the University bookstore.

Anyone who is interested in being a mentor or in learning more about this possibility should contact **Doug Campos-Outcalt**, M.D., M.P.A. at dougco@u.arizona.edu or 602-827-2014.

Physicians On The Move

Anita Murcko, MD, FACP has been selected as a Finalist for the 1st Annual Health Care Leadership Awards. **Dr. Murcko** is one of three Finalists in the Physician category. As a part of this honor, **Dr. Murcko** was recognized at an awards reception and in a special editorial report within the March issue of Arizona Business Magazine. **Dr. Murcko** was nominated for consideration and chosen by a selection committee comprised of Arizona Business Magazine's editorial team and health care industry professionals. Finalists were recognized at an awards ceremony on March 5, 2008.

Kirstin Bacani, MD, former Chair of the Arizona Associates Committee, has been selected to sit on the national Council of Associates. While completing her Rheumatology residency at the Mayo Clinic in Rochester, **Dr. Bacani** will represent the interests of all ACP Associates.

Congratulations to Arizona's New Fellows:

Amy Bieter, MD, FACP, Tucson
Keith Cannon, MD, FACP, Cave Creek
Donna L. Holland, MD, FACP, Phoenix
James E. Meyer, MD, FACP, Peoria
Shannon E. Skinner, MD, FACP, Chandler
Douglas J. Spelman, MD, MSPH, FACP, Tucson

Four AZ ACP Members have been named among the top 25 3-Prescriber in the state. These physicians will be recognized for their accomplishments at the Arizona Health-e Connections Summit on May 2 and 3, 2008.

Congratulations to:

Gonzalo Celis, MD, FACP, Tucson
Gerald Muthu, MD, Casa Grande
Mark Wallace, MD, Phoenix
Alan Rogers, MD, FACP, Tucson

Visit the Chapter Website at

www.acponline.org/chapters/az

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