

**Upcoming Events**

**Arizona Chapter Pre-Course & Scientific Meeting**

"Hospital and Community Medicine: In Continuum and in Transition"

December 8-9, 2007

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**Governor's Message**



**The Medical Home - Is it the answer?**

This year, ACP has proposed bold sweeping proposals to advance "The Medical Home," a patient-centered primary care model that will fundamentally change the way primary care is organized, delivered, financed and valued. Why is it needed? What is the Medical Home? How will it affect you?

**Why is it needed?** Simply expressed, the U.S. health care system is facing a collapse of primary care medicine. Fewer new physicians are going into primary care and many of those currently in practice are leaving the field or are planning to retire in the near future. The result of this collapse of primary care will be higher costs, lower quality, diminished access, and decreased patient satisfaction.

**What is the Medical Home?** Patient-centered health care is both a system of care and a system of reimbursement. The Medical Home is a system that builds upon the relationship between patients and their primary and principal care physicians and supports the systems needed to achieve better results. Many U.S. physicians already are providing some of the characteristics of patient-centered care, but few provide all of them - the Medical Home would codify and establish:

- access to longitudinal and com-

prehensive care by a personal physician who is responsible and accountable for managing the care of the whole patient, in partnership with the patient.

- use of health information and other system improvements to enhance access to care, to provide access to evidence-based guidelines at the point of care, to support the ability of physicians to follow up on recommended treatments and patient self-management plans, and to measure and report on the quality of care being provided.

- fundamental reform of the current Medicare physician payment and delivery systems. ACP recommends paying physicians on a risk-adjusted, bundled, and prospective basis for providing patient-centered care through a qualified medical home, instead of paying doctors solely on the volume of services billed.

- replace the current Medicare's flawed sustainable growth rate formula with stabilized payments and powerful incentives for physician participation in The Medical Home that will result in quality improvements and cost savings.

**How will it affect you?** The Medical Home recognizes and values the need for primary care physicians to coordinate the care of patients. This framework would reflect the value of physician care management work that falls outside of a face-to-face visit. It would pay for services associated with coordination of care,

support adoption and use of health information technology for quality improvement and support provision of enhanced communication access. It would also recognize:

- the value of physician work associated with remote monitoring of clinical data using technology and
- case mix differences in the patient population being treated within the practice.

This set of proposals have been endorsed by ACP along with three other primary care organizations, the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), and the American Osteopathic Association (AOA), representing over 333,000 physicians.

**How do we get there?** ACP has established a legislative roadmap for implementing the College's recommendations, which are the basis for discussions on Capitol Hill. Patient-centered primary care is not a theoretical model with unknown impact. The Medical Home is a model that has been successfully implemented in other countries that have better outcomes at substantially lower cost. But we don't need to just look abroad for proof. Within the U.S., states that rely more on primary care physicians have lower Medicare expenditures, fewer hospital admissions, fewer deaths in the Intensive Care Unit, and better overall quality.

Quality care with the recognition of the importance of the primary care provider is what I want for our members of ACP - Arizona. The Medical Home is the best realistic chance for real change of our current medical care delivery and payment system.

**Paul F. Howard MD FACP, FACR  
Governor, ACP - Arizona**

For more information on the Medical Home, visit ACP-Arizona [www.acponline.org/chapters/az](http://www.acponline.org/chapters/az)

## **Arizona Chapter Meeting December 7 - 9, 2007**

Join us for the 2007 Arizona Chapter Meeting on December 7 - 9, 2007, at the Doubletree Hotel Tucson at Reid Park. **Rob Aaronson, MD, FACP**, Program Chair 2007, and the Planning Committee have put together a program that will be useful, interesting and fun for both community and hospital-based physicians. Our goal is for every participant to leave the meeting with several new facts or skills to apply to patient care.

**Pre-Course: December 7th** includes two of the ABIM's SEP modules for recertification: Geriatric Medicine and Infectious Disease.

**Post-Courses: December 9th** will include two hands-on workshops: Common Skin Biopsy Techniques and Arthrocentesis & Joint Injections.

**Annual Meeting: December 8-9th** The theme for the main session will be "Inpatient and Outpatient Medicine: In Transition and in Continuum." Our keynote speaker, Dr. **Bob Wachter**, coined the term "hospitalist," developed the academic hospitalist program at UCSF, and was the first president of the Society of Hospital Medicine. He will discuss "What we need to do to cure our epidemic of medical mistakes."

Dr. **Theodore Shortliffe**, Dean of the University of Arizona College of Medicine - Phoenix, will review quality and patient safety indicators, with a focus on avoiding legal perils for both hospitalist and community physicians.

Other topics will include updates in CHF, CKD, immunizations, connective tissue disorders, bariatric surgery, sleep apnea and chronic pain management ("What to do, and what not to do"). Competitions will include Medical Jeopardy, Oral Vignettes and both research and clinical posters. A series of concurrent sessions for resident physicians, and mentoring breakfasts for Young Physicians, Associates, those wishing Advancement to Fellowship and Women in Medicine will be back, by popular demand.

## **Robert Wachter, MD, Named Keynote Speaker at Arizona Chapter Meeting**

**Robert Wachter, MD** is Professor of Medicine at the University of California, San Francisco, Associate Chairman of UCSF's Department of Medicine, and Chief of the Medical Service at UCSF Medical Center. He was the first elected president of the Society of Hospital Medicine, the fastest growing physician professional society in the U.S. He has published nearly 200 articles and 5 books in the areas of clinical epidemiology, health policy and economics, medical education, and ethics. He coined the term "hospitalist" in a 1996 New England Journal of Medicine article, and is generally acknowledged as the academic leader of the new field.

He is also a national leader in the fields of patient safety and healthcare quality. He is editor of AHRQ WebM&M (<http://webmm.ahrq.gov>), a case-based patient safety journal on the Web, and AHRQ Patient Safety Network (<http://psnet.ahrq.gov>), the leading federal patient safety portal. His book on medical errors, *Internal Bleeding: The Truth Behind America's Terrifying Epidemic of Medical Mistakes*, now in its fourth printing, has received glowing reviews (the New York Times called it "erudite, readable, and well argued" and Library Journal

called it "brilliant"), and has been a national bestseller. Dr. Wachter has discussed patient safety on Good Morning America, PBS's NewsHour, CNN's American Morning, CBS Sunday Morning, The Big Idea with **Donny Deutsch**, and **Imus in the Morning**. He received one of the 2004 John M. Eisenberg Awards, the nation's top honor for contributions to the field of patient safety. In 2005, Modern Physician magazine named him one of the 30 most influential physician-executives in the United States.

## CBT - in its 10th Year

Community Based Teaching Scholarships were awarded to **Nicholas Holtan** and **Beth Clark**, first year medical students at the University of Arizona College of Medicine. Nicholas is spending his rotation with Jacqueline May, MD in Casa Grande. **Cathy O'Rourke Taylor**, MD, a former CBT scholarship recipient herself, is hosting Beth Clark. Please see Dr. Taylor's essay below:

"Tomorrow morning I start a new phase in my medical career, that of preceptor. It has been nine years since I was the first year medical student, anxious to see what rural medicine was all about. Tomorrow I have the enormous task of teaching my medical student not only medicine appropriate for her level of education but most importantly instilling in her the sheer joy that I feel everyday living and working in rural Arizona. I could very well have not been in this position if it had not been for the Rural Health Professions Program (RHPP) and the financial support given it by the Arizona Chapter of ACP.

The Rural Health Professions Program (RHPP) at the University Of Arizona College Of Medicine is now in its tenth year and matches first year medical students with



Dr. Catherine Taylor, Beth Clark, and Samantha Nelson, Medical Assistant

rural providers. In my case, I spent the entire summer vacation after my first year of medical school working in Springerville, Arizona with internist **Abdul Memon**, M.D. I saw patients with disease states I had not even yet learned about such as sarcoidosis and SLE. We saw patients with advanced rheumatoid arthritis, AIDS and out-of-control hypertension and diabetes. Most importantly, I observed not only how hard Dr. Memon worked but also how loved and appreciated he was by his patients. As part of the RHPP program, I was able to return for rotations during both my third and fourth years of medical school, extending my knowledge base and seeing many of the same patients again. My Med-Peds residency program at Maricopa Medical Center again allowed me to return one more time during my third year of residency, supporting my desire to practice rural medicine.

Today I work for North Country Community Health Center at both their Springerville and St. Johns clinics. I see some of those same patients I saw as a medical student. Each day I realize how fortunate I am to be back here, to be home. I've traded the traffic and heat of my residency for cool temperatures, daily wildlife sightings and discussions with patients in the produce aisle at the local grocery store. If it had not been for both RHPP and ACP I may not be here. I may have chosen an easier position for likely a greater salary. Tomorrow, my first medical student Beth Clark will get to meet my patients and co-workers. If I do my job well, she will be writing this article in nine years."

## Leadership Day ACP -Arizona Represented in Washington Steven Ressler, MD Mayo Clinic Arizona

In May, three Arizona Physicians were sent to Washington, DC to represent our ACP Chapter for Leadership Day. Dr. **Brian Sabowitz**, associate member Dr. **Kelly Curtis**, and myself, Dr. **Steven Ressler**, met with leaders from the ACP and other experts in political advocacy on May 15th to review ACP priorities and learn strategies for lobbying. On May 16th we were able to meet with the healthcare Legislative Assistants for the key congressmen from Arizona involved with healthcare reform, including **Senators Jon Kyl** and **John McCain**, and **Representatives John Shadegg** and **Ed Pastor**. Although the congressmen were tied up with the pressing Immigration Bill at that time, we found the Legislative Assistants to be very interested, knowledgeable and responsive.

The first day was a sort of mini-college course on how things are accomplished in Washington, DC, including a workshop by **Ed Barks**, who advises many members of congress and other key members of government, entitled: "Three Keys to Great Presentations on Capitol Hill", as well as a "Grassroots Training 101" workshop. Both of these were priceless as were the discussions afterwards by ACP physicians from around the country who were veterans of advocacy both on the State and Federal level.

The wake-up call came the next day when early on we learned that as of May there had been over 1,500 bills presented to congress for 2007. So, when we went to the various congressional offices on the Hill we became very aware of the fact that we were seen as experts in the area of healthcare and the specific bills we suggested were of great interest, given the overwhelming number of bills out there. Our personal stories about how the current climate of medicine is fostering disenchantment by patients and doctors alike and resulting in further restriction of access to quality care were taken very seriously.

The ACP priorities that we were representing are as follows:

1. Replace the Sustainable Growth Rate (SGR) with at least two years of positive updates and create a pathway to SGR repeal.
2. Support initiatives to improve quality and coordination of care for patients through a Patient-Centered Medical Home. This included HR1952 to create financial incentives for Physicians to acquire Health Information Technology (HIT) to manage and coordinate care as well as the matching bills, S1340 & HR2244, to create a sort of pilot for the medical home concept for geriatric patients.
3. Expand and improve access to care through a variety of measures including the reauthorization of SCHIP for predominantly poor children and cosponsoring legislation to enable states to develop their own programs for universal coverage, including the bipartisan Health Partnership Through Creative Federalism Act (HR506) and its counterpart in the Senate, The Health Partnership Act (S325).

They were truly interested in our opinions and our personal stories. They were interested in the specific bills we were highlighting. However, again, with over 1,500 bills presented before summer recess, there is no way for our representatives to know what is really important without our advocacy. Their job is overwhelming by any measure and we can be their ally.

So, many thanks to the Arizona ACP chapter for

sending us to Washington, and let's remember that our members of Congress need to hear from us. If we learned one thing it is that progress on Capitol Hill, in the end, comes down to relationships built on good faith. Let's be a resource in good faith to our members of Congress.

## **AHCCCS HIE-EHR Project Stakeholders Kickoff Meeting - June 22, 2007**

On June 22, 2007, **Mark R. Wallace**, MD, as the representative of the Arizona Chapter of the ACP, attended the AHCCCS Health Information Exchange and Electronic Health Record Utility (HIE-EHR) Kickoff Meeting. Approximately 100 "stakeholders" attended the kickoff meeting announcing the future design and implementation of the HIE-EHR project. **Perry Yastrov**, Project Director, described the collaboration between AHCCCS and Arizona Health-e Connection to develop and implement the HIE-EHR. The vision of the project is to improve the quality of delivered healthcare, improve patient safety, enhance self-management of chronic diseases, improve public health, and reduce overall costs of medical care.

Dr. **Anita Murcko**, Medical Director, then discussed the processes needed to achieve the vision of the project. Currently, the project is in the pre-design phase, exploring and identifying optimal and viable solutions. Such processes include active review of existing information from the Health-e Connections Roadmap, the Arizona Health Privacy Project, AHCCCS eHealth Workgroups, and Doctors Office Quality-IT (DOQ-IT) products.

In March 2007, the AAP, AAFP, ACP, and AOA co-authored the Joint Principles of the Patient-Centered Medical Home ([http://acponline.org/hpp/approve\\_jp.pdf](http://acponline.org/hpp/approve_jp.pdf)). The Patient-Center Medical Home is "an approach to providing comprehensive primary care for children, youth and adults" described as a "a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family." The HIE-EHR will form the foundation of the Patient-Centered Medical Home, while facilitating its function and promoting its future development.

The HIE-EHR is anticipated to "go live" in late 2009 with 90% provider adoption by 2011. The HIE-EHR is expected to reduce AHCCCS costs by approximately 3% in medical costs and 2% in administrative costs.

## Physicians on the Move

Congratulations to the Doctor's Dilemma Team (**Reza Arsanjani**, MD, **Sindhu Chandran**, MD, and **Ming Kuo**, MD, from the University of Arizona THIMRP). The team, representing Arizona at Internal Medicine 2007 in San Diego, finished 4th Nationally in the final competition, beating 26 other teams along the way!

The Arizona Chapter acknowledges the winners from our state Chapter meeting who represented the Chapter in the Poster Contest at Internal Medicine 2007 in San Diego:

**Nisha Bhatia**, MD, Mayo Clinic (First Place Poster Winner);

**Robert Attaran**, MD, University of Arizona THIMRP (Oral Vignette Winner);

**Jason Schemp**, University of Arizona College of Medicine (Medical Student Poster Winner).

## New Fellows

The Chapter recognizes and congratulates the following Arizona physicians who were elected to Fellowship in the College on January 1, 2007:

**Cory S. Krueger**, MD FACP, Cottonwood

**Leo M. LeSueur**, MD FACP, Benson

**Cheryl W. O'Malley**, MD FACP, Phoenix

The Chapter recognizes and congratulates the following Arizona physicians who were elected to Fellowship in the College on April 1, 2007:

**Gina M. Conflitti**, MD FACP, Scottsdale

**Alan M. Grobman**, MD FACP, Peoria

**Alvin W. Nuttall**, MD FACP, Phoenix

**Dorothy J. Sanderson**, MD FACP, Page

**Elizabeth B. Windgassen**, MD FACP, Scottsdale

The Chapter recognizes and congratulates the following Arizona physicians who were elected to Fellowship in the College on July 1, 2007:

**Richard D. Gerkin**, MD, FACP, Phoenix

**Mary H. Whited**, MD, FACP, Scottsdale

**Willis A. Warner**, MD, FACP, Scottsdale

The Arizona Chapter Welcomes New Members:

**Islam Abudayyeh**, MD, Mesa

**Michael A Angeles**, MD, Scottsdale

**Ayesha Bashir**, MBBS, Gilbert

**Michael S. Biscoe**, MD, Gilbert

**Jason A. Brown**, MD, Buckeye

**Julie Q. Crawford**, MD, Goodyear

**Tapash K. Das**, MBBS, Yuma

**Antonio Gamboa**, MD, Phoenix

**Saroj N. Kulkarni**, MBBS, Mesa

**David P. Larson**, MD, Scottsdale

**Melissa S. Lee**, MD, Chinle

**Victor S. Mandapat**, DO, Glendale

**Scott A. McGarvey**, MD, Chinle

**Anu Nutakki**, MD, Tempe

**Jeffrey Packer**, DO, Phoenix

**Monisha Pujari**, MD, Scottsdale

**Ramvinay S. Seddabattula**, MBBS, Scottsdale

**Uzma A. Syeda**, MBBS, Bullhead City

## Ana Maria Lopez Named Associate Dean for College of Medicine Outreach and Multicultural Affairs

University of Arizona College of Medicine Dean, **Keith Joiner**, MD, recently appointed Ana Maria Lopez, MD, MPH, FACP to the newly created associate dean for Outreach and Multicultural Affairs position. In her new role, she will synergize the efforts of programs while reducing any duplication of efforts.

Dr. Joiner says that many programs, while retaining their autonomy, will benefit from having Dr. Lopez as a point person for them. He says, "Ana Maria will also be charged with coordinating our efforts in Tucson and Phoenix and will have a primary role ensuring that our efforts are integrated with the UA more broadly, by interfacing with other colleges and main campus programs. She will expand her current role as the medical director of the Arizona Telemedicine Program."

In addition to her new duties and her faculty appointment, Dr. Lopez will continue to see patients at the Arizona Cancer Center's Peter and Paula Fasseas Cancer Clinic at UMC North.

## Allan Markus Appointed Director of ASU's Health Services

**Allan L Markus**, MD, MBA, FACP has been appointed Director of Health Services at Arizona State University. In this new role, he will direct the health care for the 63,000 students at Arizona State University, the largest public University in the nation. The health center at ASU provides primary care, specialty care, urgent care, laboratory, radiology, and pharmacy services. The center has 17 full-time staff, rotations for resident physicians in adolescent/college health and Sports Medicine, and has recently received ACGME accreditation for its Sports Medicine Fellowship in collaboration with St. Joseph's Hospital and Medical Center. ASU is scheduled to be the

site for the 2008 ACP-AZ Chapter Annual Meeting. Dr. Markus continues to work with other UA-COM faculty through the citywide Faculty Learning Community.

## **Anita Murcko Tapped to Lead Arizona's New Informatics Division**

General internist, **Anita C. Murcko**, MD, FACP, was recently named Medical Director for Clinical Informatics & Provider Adoption, for the Arizona Health Care Cost Containment System (AHCCCS). Known as a skillful and passionate convener, Dr. Murcko has been recognized locally and nationally for her contributions to improving chronic illness care using ACP-endorsed models (Chronic Care Model and the Advanced Medical Home). Her new responsibilities are a natural extension: Dr. Murcko will provide clinical leadership for the development, implementation and deployment of the AHCCCS health information exchange (HIE) utility and electronic health record (EHR). AHCCCS was recently awarded a CMS Medicaid Transformation Grant (\$11.7 million) to create the HIE and EHR in collaboration with Arizona's Health- e Connection [www.azhec.org](http://www.azhec.org) )

Dr. Murcko just completed 2 years as medical director for Arizona's State-sponsored small business program, Healthcare Group, and previously served as the chief medical officer for Health Services Advisory Group (HSAG), Arizona's quality improvement organization (QIO).

She welcomes your questions and can be reached at [anita.murcko@azahcccs.gov](mailto:anita.murcko@azahcccs.gov) and 602-417-6987.

## **Shortliffe Named Dean of the University of Arizona College of Medicine - Phoenix**

The University of Arizona has named **Edward H. (Ted) Shortliffe**, MD, PhD, Dean of The University of Arizona College of Medicine-Phoenix, in collaboration with Arizona State University. Dr. Shortliffe will report to **Keith A. Joiner**, MD, dean of the UA College of Medicine and vice provost for medical affairs. Dr. Joiner has statewide oversight for College of Medicine programs, including Tucson and Phoenix medical education, research and clinical activities.

A nationally renowned clinician, educator and expert in the field of biomedical informatics, Dr. Shortliffe comes to the UA from Columbia University in New York, where he is the Rolf A. Scholdager Professor and Chair of the Department of Biomedical Informatics at Columbia College of Physicians and Surgeons. He also is a professor in the Departments of Medicine and of Computer Science

at Columbia.

"This is a new and key position for The University of Arizona," said UA President **Robert N. Shelton**. "Dr. Shortliffe's long experience as a physician, researcher and academic leader will be of immense value as we prepare to welcome the first class of medical students this summer to the UA College of Medicine-Phoenix, in collaboration with ASU."

Dr. Joiner said, "Ted Shortliffe is ideally suited to be Dean of the Phoenix Program. He is a world-renowned figure in medical information systems and the underlying science. More importantly for his new position, he has a deep understanding of how to create dynamic and effective linkages between clinical care, education and research. He is deeply committed to developing the Phoenix Program collaboratively with ASU and synergistically with the Tucson Program of the College of Medicine. Through his recruitment, we will truly realize our enormous potential for creating a great, statewide College of Medicine."

"I am eager to take on the new challenges associated with the leadership of the UA College of Medicine-Phoenix in collaboration with ASU. It is a unique opportunity with tremendous enthusiasm for the venture at both the city and state levels and a chance to innovate in medical education and in interdisciplinary biomedical research. I have had extensive experience building new programs from scratch in the past and believe that my skills and knowledge are well-matched to the work ahead," Dr. Shortliffe said.

The UA College of Medicine-Phoenix, in collaboration with ASU, will admit its first four-year class of 24 medical students in July. The college, on the Phoenix Biomedical Campus, is expected to increase its class size to 150 students in conjunction with an ambitious building program on the site.

Dr. Shortliffe was a member of the ACP Board of Regents from 1996 - 2001, and received his Mastership from the College in 2003. He was instrumental in developing and implementing PIER as well as serving on the Annals Editorial Board.

## **Medicare Pay-for-Reporting Program Started July 1, 2007-Details and Assistance**

The ACP Practice Management Center (PMC) has released preliminary guidance on Medicare's upcoming pay-for-reporting program, the Physicians Quality Reporting Initiative (PQRI). The Medicare PQRI began on July 1, 2007 and will run through December 31, 2007. The program was established under a federal law enacted

in December 2006.

Under the PQRI, CMS will pay physicians for reporting on specified quality measures. Internists will need to successfully report on three of 74 different quality measures to receive the 1.5% bonus to their Medicare payments.

Physicians do not have to register in advance for the program, just include the applicable quality measure code on the same claim form used to bill the Medicare service. CMS will know which physicians are participating in the voluntary program when it processes the claims.

As CMS releases further details about the program, the PMC and ACP will provide additional information related to the PQRI-information describing the program and information aimed at helping interested members to participate with minimal burden.

PMC's publication is available to registered ACP members at <http://www.acponline.org/private/pmc/pqri.pdf>.

ACP Members who have not yet picked a username and password for ACP's website can gain access by registering online now at <http://www.acponline.org/cgi-bin/register.pl>.

More information on the PQRI from CMS is online at [http://www.cms.hhs.gov/pqri/01\\_overview.asp](http://www.cms.hhs.gov/pqri/01_overview.asp).

## Supporting Your Chapter through Chapter Dues

You may have noticed that your dues statement from ACP looks a little different this year. Don't forget to include payment of your chapter dues along with your ACP dues -- it is only through your direct financial support that we can deliver valuable programs and services to members of our chapter.

Your support allows us to offer local meetings with prominent experts focusing on timely clinical issues. National ACP leaders attend these meetings and report on the future of internal medicine and how ACP is representing your best interest. Your contribution also enables us to offer mentoring programs for medical students and local Associates' research competitions. Additionally, your dues support our advocacy efforts with state legislators on local issues and enables our chapter leaders to participate in Leadership Day on Capitol Hill so that your voice is heard in Washington. Many of these activities are coordinated by unpaid volunteer leaders in our chapter. However, local staff support is critical to help manage the day-to-day operation of the chapter, special activities, and chapter meetings. Your chapter dues help support the cost of local staff, as well as funding for new and existing chapter initiatives.

The National ACP office will be contacting you if you inadvertently failed to pay your Chapter Dues. Please don't hesitate to contact Dr. **Howard** or **Donna Seawards** if you have any questions.

Visit the Chapter Website at  
[www.acponline.org/chapters/az](http://www.acponline.org/chapters/az)

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### NEW DISTRIBUTION OF NEWSLETTERS

A new method of distributing the Governor's newsletters began on July 1, 2007. Chapter members with good e-mail addresses will receive an e-mail with a link directing them to the current newsletter on the chapter website. These members will receive the chapter news in a timely manner, while it is still fresh. Members with no/bad e-mail addresses will be sent a hard copy by postal mail.