



Governor's Remarks

Hope this finds you well. What a difference in my world between the pre-election weeks and now. So much peace and quiet, both from the media, and family, friends, and colleagues. Now it should really get interesting.

With **Senator Obama's** win and the increased democratic seats in Congress, 2008-2009 may finally be the year we see meaningful health care reform, including a "fix" for the flawed SGR formula which has consumed so much of our energy in recent years. The President-Elect has placed health care as his third priority, behind the fiscal crisis and energy independence. Hopefully the fiscal problems will not completely derail attention to health care.

As the election rhetoric illustrates, there are many possible ways to change health care, and I suspect we will see incremental change to increase the number of patients with insurance coverage and to improve access to primary care for all patients. Even with the Democratic majority in Congress and a Democratic president, most likely change will require support from members of both parties. To paraphrase **Jock Murray**, we will not be able to afford to provide "*everything, for everyone, right now*". Fortunately, as illustrated in the Dartmouth Atlas data, in Colorado we have high quality health care at a reasonable cost compared to other states and regions. Perhaps we will have something to contribute to the coming debate on health care reform.

By the time you receive this newsletter, a bill developed by **Representative Allyson Schwartz** (D-PA) and **Senator Maria Cantwell** (D-WA), "*Preserving Patient Access to Primary Care Act*" will hopefully have been introduced in Congress. This legislation:

- requires a study to recommend the designation of primary care as a shortage profession, as long as certain criteria are met;
- provides recruitment and retention incentives, through grants, scholarships, and loan forgiveness, to encourage medical students to choose careers in primary care;
- establishes measures to support and expand the patient centered medical home (PCMH) model of care to ensure that primary care practices are able to achieve the infrastructure and have the capability to provide patient-centered, physician-guided coordinated care; and,
- proposes comprehensive reforms of payment systems under Medicare, to support, sustain, and enhance the practice of primary care.

With the change in administration and Congress, Leadership Day 2009, to be held in Washington May 19-20, 2009, takes on special importance. I am hoping our Chapter can send a large delegation this year to meet with our Senators and Representatives.

On another note, **Dr. Larry Feinberg**, Governor Elect, and I attended the fall Board of Governors (BOG) Meeting in Minneapolis, September 18-20, 2009, where the program focused on membership recruitment. **Dr. Christine Laine**, Deputy Editor of the Annals, shared her passion for Internal Medicine, and divided reasons for membership into the practical, the psychological, and the philanthropic. **Wayne Bylsma, PhD**, from the College staff presented results of a ques-

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tionnaire indicating members particularly value PPS, i.e. programs, products, and services. The College is developing more and more PPS, recent additions being the Advocacy Newsletter and the Summer Session courses planned for San Francisco and Orlando. A panel addressed the GIM - Subspecialist Interface, and another reported experience to date in implementing the Patient Centered Medical Home.

The Board of Governors considered 22 resolutions, and sent 17 to the Board of Regents for implementation or study. The Board of Regents has since voted to implement the following five and referred the balance to College committees.

- Resolution 8-F08. Tracking Progress on BOG Resolutions
- Resolution 11-F08. Seeking Federal Policy to Rebalance the Disparity between Reimbursement for Procedural vs. Evaluation and Management (E&M) Codes
- Resolution 14-F08. Seeking Legislation that Requires Durable Medical Equipment (DME) Companies to Provide Patients with Cost Information
- Resolution 16-F08. Seeking Legislation that Requires Medicare Coverage for Home Infusion of Antibiotics
- Resolution 18-F08. Clarifying the Relationship between the Patient Centered Medical Home and Subspecialty Care

As always, the BOG meeting was stimulating and thought provoking. The opportunity to meet with ACP Governors from other states and regions provides an invaluable perspective on both local and national issues. The outgoing Governors class always does a fund raiser at the Fall meeting. This year my class sponsored a raffle and raised \$16,000 for the ACP Foundation!

'IP 'IP 'OURAY!! COLORADO MEDICAL HOME PILOT SELECTS 3 IM PRACTICES

Colorado ACP is very pleased that three Internal Medicine Practices have been selected to participate in the Colorado multi-payer Patient Centered Medical Home Pilot. These practices are Southpark Internal Medicine in Littleton: **Doctors Ellen Burkett** (ACP Member) and **Michael Mignoli** (ACP Fellow); Flat Irons Internal Medicine in Louisville: **Doctors Bradley Fanestil** (ACP Member), **Robert Moffat**, and **Erik Mondrow** (ACP Fellow); and Internal Medicine of Ft. Collins: **Doctors David Abbey** (ACP Fellow), **Robert Homburg** (ACP Member), and **Neil Stafford** (ACP Member). Congratulations!! Go forth and do good work; we are all rooting for you to pave the way for the rest of us.

Colorado Clinical Guidelines Collaborative (CCGC) is the convening organization with the support and engagement of many organizations including 5 commercial and 2 public health insurers, professional societies (ACP, AAFP, CMS) and employers. The pilot is designed to learn the impact of the medical home on clinical quality, health care spending, patient experience and physician and practice staff satisfaction. The medical home concept is one important step toward realigning financial incentives to provide reimbursement for some of the important but presently uncompensated work provided by primary care physicians. The pilot payment structure includes basic fee for service, plus a per-member, per-month care management fee, and the opportunity for pay for performance if quality metrics are met or exceeded. The health insurers who have committed to paying a per-member, per-month care management fee are Anthem-Wellpoint, Aetna, Cigna, Humana, United Healthcare, Medicaid and Colorado Access.

If becoming a medical home is of interest to you, CCGC's Improving Performance in Practice (IPIP) provides opportunities for primary care Internal Medicine practices to get grant-funded (no cost to practices) support to prepare them to be patient centered medical homes. The key elements of the IPIP program include a Quality Improvement coach that works with your office to help develop effective processes and systems to efficiently manage chronic conditions and prevention. IPIP facilitates the use of 1) registry functionality (either with a program you have or a registry CCGC can provide), 2) team care and principles from the Toyota production model (Lean Principles) of efficiency, and 3) self-management support to engage the patients as partners in managing their health.

With the help of a generous contribution from the Colorado Medical Society, CCGC can offer physicians, primary care and specialty care, a powerful web-based software program called ReachMyDoctor, that enables secure HIPAA compliant e-mail communication with patients and colleagues, a patient portal to send automatic outbound reminders to patients when they are due for services as well as other patient engagement elements, and an excellent registry to effectively track and manage patients with chronic conditions.

We encourage you to learn more and get prepared for the changing healthcare environment including the medical home, pay for performance, board recertification, and designation programs. For information, contact Allyson Gottsman at CCGC: agottsman@coloradoguidelines.org or 720-297-1681.

NEW FELLOWS

We have added 33 more new Fellows to the 32 announced in our last newsletter. At this rate we could potentially have the largest delegation to Convocation at IM09 of any Chapter or Region! If you have been thinking about applying for advancement to Fellowship, please join us for the Advancement to Fellowship breakfast group at the Chapter Meeting, or contact the Governor or Chapter Coordinator. Congratulations to the new Fellows:

Bruce M Grossman, MD FACP, Longmont

Holly A. Batal, MD FACP, Denver

Todd M. Bull, MD FACP, Denver

Raymond O. Estacio, MD FACP, Denver

Christine M. Gilroy, MD FACP, Denver

Robert W. Janson, MD FACP, Aurora

Mori J. Krantz, MD FACP, Denver

Chentan Lin, MD FACP, Denver

Diana C. Medgyesy, MD FACP, Fort Collins

Ali I Musani, MBBS FACP, Centennial

Jeffrey Pickard, MD FACP, Denver

Julia Rifkin, MD FACP, Denver

Lisa M. Schilling, MD FACP, Denver

Everett R Sutherland, MD FACP, Denver

David J. Tanaka, MD FACP, Denver

William Tse, MD FACP, Aurora

Jeffrey I. Wallace, MD FACP, Aurora

Susan A. Boackle, MD FACP, Denver

Thomas B. Campbell, MD FACP, Denver

Stephen K. Frankel, MD FACP, Denver

Clifford R. Greyson, MD FACP, Denver

Steven J. Kolpak, MD FACP, Denver

Lisa M. Latts, MD FACP, Denver

Brian David Lowes, MD FACP, Denver

Wells A. Messersmith, MD FACP, Greenwood Village

Bruce R. Peters, MD FACP, Lakewood

Robert A. Quaife, MD FACP, Lakewood

John S. Rumsfeld, MD FACP, Denver

Andrew W. Steele, MD FACP, Denver

Marsha H Tallman, MD FACP, Greeley

Neil W. Toribara, MD FACP, Denver

Alex Clark Wiseman, MD FACP, Aurora

SEP (Self-Evaluation Process) COURSES AVAILABLE FOR ABIM MOC POINTS

We will offer two SEP courses Feb 5, 2009 in Colorado Springs, just prior to our Chapter Meeting. 2008 Update in Hospital-Based Internal Medicine and 2008 Update in Office-Based Internal Medicine will both be informal, interactive sessions allowing participants to earn MOC (Maintenance of Certification) points needed for ABIM recertification. Course Faculty are **Ethan U. Cumbler, MD**, Assistant Professor of Medicine/Hospitalist, University of Colorado Health Sciences Center, Denver and **Debra A. Friesen, MD**, Associate Clinical Professor, University of Colorado Health Sciences Center, and Physician, CPMG and Kaiser Permanente, Wheat Ridge. Registration is available on the Chapter website, http://www.acponline.org/about_acp/chapters/co/, or by contacting ACP Customer Service at 800-523-1546, ext. 2600 (M-F, 9 a.m.-5 p.m. ET).

COLORADO CHAPTER SCIENTIFIC MEETING-February 5-7, 2009

Please plan to join us at the Broadmoor Hotel in Colorado Springs for the 2009 Colorado Chapter Scientific Meeting. My now you should have received the brochure detailing the program and activities. If not, you can see it online and register for the meeting at: http://www.acponline.org/about_acp/chapters/co/.

As you can see from the program, we will have content of interest to general internists, subspecialists, and hospitalists alike. Our College Representative will be **Faith T. Fitzgerald, MD, MACP**, Professor of Medicine, Assistant Dean of Humanities and Bioethics, UC Davis School of Medicine, Sacramento, California. Dr Fitzgerald is a regular speaker at

ACP's annual Internal Medicine meeting, and brings a learned and refreshing insight to medical issues. She will be talking on Magical Medical History Tours.

At lunch Saturday we will present two Laureate Awards and the Chapter's Volunteerism and Community Service award, and then wrap up the meeting Saturday afternoon with a Doctors' Dilemma (Medical Jeopardy) competition between Associate Members from Exempla St Joes and the University of Colorado.

We expect our block of rooms to fill quickly, and the hotel may not be able to accommodate extra requests this year, so make your reservations early! The hotel number is 800-644-7711. Mention you will be attending the ACP Colorado Chapter Meeting to get the meeting rate.

YOUNG PHYSICIANS

The Colorado Council of Young Physicians (CCYP) will be meeting for breakfast Friday morning February 6th 7:00-830 a.m. as part of the chapter scientific meeting at the Broadmoor. We hope to build on the ideas that were discussed at our October meeting in Denver. Any ACP member or fellow within 16 years of graduation from medical school is welcome to attend. Items for discussion include building an action plan for the advocacy ideas that came out of our last meeting, formalizing our structure and offices/officers for CCYP leadership and fellowshipping around the stressors and life experiences shared by young physicians. Hope to see you there! -

-Doug Duffee, MD, FACP

ASSOCIATES ACTIVITIES

Greetings from the Council of Associates! At the fall meeting last month the COA had a full agenda where we discussed numerous exciting upcoming projects. Some of our most exciting ventures include enhancing the educational resources that the College offers for residents and medical students. We are currently working on creating a Chief Resident Toolkit to provide Chiefs with easily accessible tools such as prepared talks and images to help them lead morning report and other educational venues. The COA is also seeking to determine whether resident members would benefit from a pocket procedural guide to assist with performing safe and quality procedures and how the College could best provide that service. As always, we spent a considerable amount of time planning for the upcoming IM 2009 to include relevant educational sessions and updates on residency redesign issues.

Aside from educational projects, the COA is also working to increase associate membership here in the US and internationally. The majority of our international associate members are from Canada, followed by Japan and Latin America, and we are working to increase awareness of the educational resources that the College offers to boost membership in those areas. Finally, we touched on advocacy items and are discussing the best way for the COA to shore up support for several bills that will be up for review when Congress reconvenes in January 2009. Here in Colorado, residents from both the University of Colorado Denver and St. Joseph's residency programs are getting ready for the Broadmoor meeting by selecting and training premier members to participate in this year's Doctors Dilemma. We hope to see you there! -

-Alexandra Smart, MD, Western Zone Representative, ACP Council of Associates

MEDICAL STUDENT SECTION

The Internal Medicine Interest Group kicked off the year with our introductory lecture to internal medicine by **Dr. Eva Aagaard** and **Dr. Mark Earnest**. This year's lecture was well attended and generated an exceptional amount of student interest in internal medicine and ACP, reflected in the fact that over 30% of UCHSC students are now ACP members. Our lecture series and field trips always strive to keep pace with the medical curriculum; in the upcoming weeks we will have a joint event with the interdisciplinary oncology student academic community about targeted therapeutics in cancer treatment. **Jerry Lawrence** has been maintaining our shadowing program, which helps many UCHSC students explore various subspecialties of internal medicine. Finally, we are anticipating our annual career fair which will occur soon after winter break to help first year students plan their careers and their summers.

2008-2009 Steering Committee:

- Mary Guese, career fair co-chair
- Jerry Lawrence, shadowing co-chair
- Julia Limes, lecture co-chair
- Brian Robbins, communications co-chair
- Nicole Stornelli, field trip co-chair
- James Wu, ACP co-chair

Faculty advisors:

- Mark Earnest, MD, PhD, Associate Professor of Medicine
- Adam Trosterman, MD, Assistant Professor of Medicine
- Eva Aagaard, MD, Vice Chair of Education, Associate Professor of Medicine
- Kelly White, MD, Assistant Professor of Medicine
- Susan Claxon

For more info on our group, visit our website: <http://www.uchsc.edu/gim/msprograms.html>.

-James Wu

HEALTH AND PUBLIC POLICY COMMITTEE: HEALTH CARE REFORM NOW?

Will the current economic crisis delay or propel meaningful health care reform? On the one hand there will be little if any extra money to reduce the number of uninsured under the current system. However, the escalating cost of health care is negatively impacting business and along with layoffs more people are being driven into the roles of the uninsured and underinsured. The moral and political imperative may be building to force a change.

Since Medicare and Medicaid were enacted over 40 years ago the American Health Care System has been described as on the verge of collapse. Yet it has remained amazingly resilient thwarting reform efforts. In this election year there have been a plethora of articles concerning the US Health Care System in medical journals and in the lay press. Most authors conclude that reform is critically needed for this dysfunctional disjointed system, but there are major disagreements concerning the form a new health care system should take.

On the national level we have been given the outline of **President-elect Obama's** vision for health care and this was recently reviewed in the New England Journal of Medicine We will have to wait until next year to find out how this vision will be transformed into actual legislation. Meanwhile, **Senator Ron Wyden** of Oregon as crafted legislation entitled "*The Healthy Americans Act*". This is a provocative initiative that would separate health insurance coverage from employment and empower each person or family to choose his or her own coverage. This plan would cover nearly all Americans. More information concerning this bill can be found on the Senator's web site.

Here in Colorado **Governor Ritter** has been trying to balance the "*triple aim*" of health reform (cost, access, and quality) in order to responsibly cover all Coloradoans. To achieve this goal he has laid out the "*Building Blocks to Health Care Reform*" which closely follow the recommendations of the 208 Commission for Health Care Reform. The Building Blocks are not being crafted behind closed doors but multiple stakeholders through community meetings around the state are molding them. Among the many accomplishments in 2008 were the expansion of the Child Health Plan Plus (CHP+), and the establishment of the Center for Improving Value in Health Care (CIVHC). The goals for 2009 are being vetted at this time against the backdrop of the current economic realities..

The Colorado Medical Society (CMS) has advocated for physician leadership in the health care reform debate. Over 2 years ago the CMS brought together physicians from around the state and various specialties creating the Physician Congress for Health Care Reform. This group developed a matrix to evaluate reform proposals and this was used to grade each of the five proposals presented by the 208 Commission to the legislature as well as **Senator Wyden's** bill. The Physician Congress continues to meet every 6 weeks and seeks to be at every table where health care reform is discussed.

Extending this charge of physician leadership a responsibility is placed on each of us to practice cost effective medicine along with recognizing the need to be frugal stewards of our communities' resources.

At this year's Chapter Meeting we there will be a workshop on Health Care Policy that will leave a generous amount of time for discussion. I hope you will join us.

-Mark K. Matthews, MD FACP, Chair, Health and Public Policy Committee

Join ACPNet Today! It's a Free Web-based Quality Improvement Program!

New ACP Initiative Targets Chronic Obstructive Pulmonary Disease

The American College of Physicians invites your practice to participate in "*The ACPNet SM Chronic Obstructive Pulmonary Disease (COPD) Initiative*". We are looking for 200 primary care clinicians to participate in this 12 month quality improvement project.

This project is designed to evaluate how you manage patients with COPD and help you make improvements in your clinical management of patients with COPD. The web-based education module will consist of a coordinated set of tools to help you implement the intervention and organize your practice to facilitate patient care related to COPD, providing a clinical approach to managing patients with COPD. There is no cost for participating in this project. (This project is supported by an unrestricted educational grant from Boehringer Ingelheim.)

Benefits of participation include:

- You will receive two practice performance feedback reports based on results from chart abstractions.
- You will have access to the web-based module that will provide the most up-to date evidence-based information regarding the management of COPD.
- CME credits and we have applied for and received recognition for ABIM Part 4 maintenance of certification
- If 25% of your practice participates in this or another Pulse Program project, you may qualify for a fee schedule increase with Wellpoint Insurance.

If you are interested in participating in this study or if you would like more information, please contact **Meghan Gannon** at mgannon@acponline.org.