

Upcoming Events

2008 Colorado Chapter Meeting
and Recertification Pre-Course

January 31-February 2, 2008
The Broadmoor Hotel
Colorado Springs, Colorado

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Governor's Rounds



Hope this
finds you
looking

forward to a productive and rewarding 2008. Chapter members have been busy in recent months and it is my privilege to share with you the latest news. Together we are building a more vibrant and cohesive Chapter, well positioned to help internists benefit from the inevitable changes coming to health care in Colorado. In addition to the Senate 208 Commission which will report to the legislature this month, Colorado Clinical Guidelines' IPIP initiative and the ACP's Center for Practice Innovation are both working "in the trenches" with practices in Colorado to begin the "restructuring of primary care" needed to improve the practice milieu for those of us in primary care internal medicine. A group of ACP staff, physicians, and insurance company executives is meeting to plan a Patient Centered Medical Home multi-payer pilot program for Colorado. Recent legislation makes it easier for hospitals to help physicians acquire electronic medical records, and several regional health information networks are either being developed or actually implemented in our state. There is plenty of room for optimism as we begin this New Year!



New Governor-Elect

The Chapter Governorship and will pass in April of 2009 to our new Governor-Elect, **Larry Feinberg, MD, FACP. Dr. Feinberg**, a Professor in the Division of General Medicine at CU, has frequently presented at our Chapter Meeting and was the Chapter Laureate in 2006. His vision statement for the Chapter is reprinted here from the election ballot:

"You don't have to be an optimist or visionary to see that the flawed American health care system may truly change after the 2008 election. Economics, politics, and ethics are at work. For most of us non-policymakers, we'll look to ACP leaders to promote universal access, yet we should expect that our consumer-driven society will dictate multiple levels of care. Along the way, the ACP Governor should facilitate two-way communication between ACP leaders and members. In the

here and now, we must improve reimbursement for generalists and we must wisely employ electronic records to improve efficiency, continuity, and patient safety. With all this, one can still be optimistic about adult medical practice. For, as our patients get older and their problem and medication lists get longer, they will need and value the doctors who are best equipped to provide and coordinate the care they'll need."



Dr. Robert Gibbons



Dr. Joel Levine

Mastership Announcement

Each year the College awards Mastership to distinguished internists who have provided exemplary service to our profession and to the ACP. This year, two of our former Governors, **Robert Gibbons, MD, FACP**, and **Joel Levine, MD, FACP**, will receive Mastership at Internal Medicine 2008 in Washington, DC. Both **Dr. Gibbons** and **Dr. Levine**, as leaders, teachers, friends, and colleagues have worked tirelessly on behalf of the chapter and the College. Dr. Gibbons has been Treasurer of the College and Dr. Levine is presently Chair, Board of Regents. **Bob** and **Joel's** contributions to internal medicine in Colorado and to our chapter are immeasurable, and their promotion to Mastership richly deserved. If your plans include Internal Medicine 2008, please join me at the Convocation to express our appreciation for their contributions.

New Fellows

In the last six months, seven members have advanced to Fellowship:

James C. Chappell, MD, FACP
Matthew A. Clark, MD, FACP

Thomas D. Denberg, MD, PhD, FACP
David Kovar, MD, FACP
Mark E. McCaulley, MD, FACP
Michael D. Mignoli, MD, FACP
Richard H. Miranda, MD, FACP

For 2008 we expect a record number of new fellows, largely through the efforts of **Joel Levine, MD, FACP**. For the April election we already have 23 candidates!

Young Physicians Dinner

On October 24 our kick off Young Physicians Dinner at the Pepsi Center went "head to head" with the Rockies first appearance in the World Series, an unanticipated but happy conflict to be sure. A small but enthusiastic group of Colorado Young Physicians met nevertheless to learn about advancement to Fellowship and about tips for practice success. Speakers included **Marjie Harbrecht, MD** from CCGC, and **Larry Ward, MD, FACP**, representing ACP's national Council of Young Physicians. As an outgrowth of the meeting we now have a Colorado Young Physicians Google Group to facilitate networking and to plan additional meetings. Young Physicians (within 16 years of medical school graduation) who wish to join the group should email **Christine Westbrook**, Chapter Coordinator, at cochapteracp@msn.com.

Council of Associates

Associate members are enthusiastically preparing for our first Doctors Dilemma (Medical Jeopardy) competition at the Chapter meeting at the Broadmoor. Teams from CU and St Joe's will compete for an as yet to be chosen trophy. We hope to make this an annual event and to eventually send a team to the national competition. In addition Associates will present oral presentations and posters at the Broadmoor meeting and several will present at Internal Medicine 2008. In June, there will again be an Associates meeting, with oral and poster presentations, dinner, and awards. Kudos goes to Alex Smart, who has secured independent funding for the June meeting.

Medical Student Section

The Medical Student Section of the Colorado ACP Chapter under the leadership of **Owen Bowers**, **Doug Melzer**, and **Max Cohen**, Co-chairs, Internal Medicine Interest Group, has had an outstanding fall semester, the last one for medical students at the old Health Sciences Center campus. The University of Colorado Denver School of Medicine has joined the other schools at the new Anschutz Medical Campus.

Academically, the Internal Medicine Interest Group has hosted some terrific speakers recently, including **Dr. Eva Aagaard** and **Dr. Mark Earnest**, who spoke to students during Primary Care Week about the range of possibilities within internal medicine careers. **Dr. Joel Levine** shared his insights about gastroenterology, as well as his experience with ACP health care reform advocacy.

Clinically, **Dr. Neil Toribara** welcomed several groups of second-year students in the GI Endoscopy Lab at Denver Health to get a better understanding of the pathology being taught in the classroom. In addition, the fall shadowing program successfully placed scores of interested students with clinical preceptors in a variety of fields.

Later this month, the annual Internal Medicine Career Fair will be held, in which physicians from across the IM spectrum will help answer the questions of curious student doctors trying to pick from the smorgasbord of career options. Several student ACP members will also be attending the upcoming Chapter Meeting in Colorado Springs.

Patient Centered Medical Home

The PCMH concept continues to find new advocates and attract new interest. A pilot program is underway in Florida and a pilot is planned for Colorado. The joint principles, endorsed by multiple groups, including ACP, are listed below for your review.

Principles of the Patient Centered Medical Home

Personal physician - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Physician directed medical practice - the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole person orientation - the personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.

Care is coordinated and/or integrated across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Quality and safety are hallmarks of the medical home

IPIP UPDATE: Software to Facilitate Communication with Colleagues and Patients - available now.

Good communication is a cornerstone of good care. To a large degree HIPAA constraints have limited the medical community from the advantages of 21st century e-mail technology that other professionals have enjoyed for years. Up to this point, only large integrated health systems, like Kaiser and the VA, have had the advantage of widespread, electronic clinical messaging among providers and patients. Not any more!! Colorado Clinical Guidelines Collaborative (CCGC) has the opportunity to make a web-based communication tool available to Colorado providers and patients at the very reasonable one time fee of \$25/provider registration fee. The product, The Collaborative Care Network (CCN), offers HIPAA compliant e-mail communication, a patient portal to encourage patient engagement and registry functionality for the management of diabetes and asthma, with plans to add other conditions as well as prevention. CCN also facilitates automatic reminders to patients who are due for services.

CCGC is in the process of seeking funding to purchase a statewide license to make this powerful software tool available to all providers and patients in Colorado. In the meantime, RMDNetworks, the Colorado software developer who has created CCN, has enabled CCGC to make this generous offer available to ACP members on a limited basis.

Through the use of the Collaborative Care Network, clinicians can share personal health information including lab reports, diagnostic imaging, EKG's and other important health information with each other. Each patient's record includes the core elements of their health profile: the problem list, allergies, medications - both prescriptions and over the counter. By facilitating asynchronous communication, providers can more effectively coordinate the care of their mutual patients. Patients can request appointments, prescription refills, referral information or other administrative questions online. At the practice discretion, patients can also contact their doctor with clinical questions. Each provider may choose to enable this feature, (or not) ; and if they do choose to offer the patients the ability to e-mail with clinical questions, they may offer the service at no charge or charge patients a monthly fee of \$8.95/month.

Market forces are increasingly encouraging physicians to demonstrate the quality of care they provide; the Collaborative Care Network enables doctors to have their own aggregated clinical data rather than relying on claims data.

CCGC also offers in-office coaching to primary care physicians to improve outcomes, office efficiency, and patient satisfaction. Through IPIP (Improving Performance in Practice) Quality Improvement coaches work directly with individual practices to help develop the necessary infrastructure to be able to offer planned, proactive care which is most effective in the management of chronic conditions and prevention services. This grant-funded initiative is available at no charge to practices.

To learn more or to register, please refer to the CCGC website www.coloradoguidelines.org or contact CCGC at info@coloradoguidelines.org or call 720-297-1681.

Internal Medicine 2008 and Leadership Day 2008

May 12-17 will be "Internal Medicine week" in Washington, as internists gather for the Board of Governor's meeting, Annual session pre-courses, Internal Medicine 2008, and Leadership Day. A lot to squeeze into a week, but the national office has the scheduling worked out. Members will want to block out the week and plan to attend as much as possible. Highlights include recognition of new Fellows and

Masters at Convocation Thursday night, and our Chapter's Reception (co-hosted with New Mexico) Friday night; Leadership Day will be on Tuesday afternoon and Wednesday. Wednesday is the day to visit our Congressmen and Senators "on the hill" to continue to express our concern about the dysfunctional payment system for Medicare, etc. Last year we sent a delegation of seven from Colorado; we hope for a much larger group this year. If interested please let **Christine Westbrook** (cochapteracp@msn.com) know ASAP so we can save you a place.

ACP Proposes Solutions for U.S. Health Care Based on Review of Other Countries

ACP offers suggestions to reform the U.S. health care system, based on a comprehensive analysis of well-functioning health care systems of 12 industrialized countries in "*Achieving a High Performance Health Care System with Universal Access: What the USA Can Learn from Other Countries*," a new evidence-based paper released on December 4th on the Annals of Internal Medicine website. The paper was developed by ACP's Health and Public Policy Committee and approved by the Board of Regents in October, 2007. The paper reflects comments received on an earlier draft from members of the Board of Governors, Board of Regents, ACP Councils, and selected expert advisors.

The paper outlines the ills plaguing the American health care system and proposes evidence-based recommendations addressing each of them, based on findings of a review of 12 industrialized countries. The paper concludes that the current U.S. health care system—which involves multiple payers without guaranteed coverage (pluralistic model) results in the U.S. lagging behind other countries on access, quality and efficiency of care. The paper proposes two different pathways to achieve universal coverage: a pluralistic system with universal coverage or a single payer system. Rather than endorsing either pathway, ACP calls on the public and policymakers to consider the strengths and weaknesses of each approach. For instance, the paper reports that single payer systems perform well on most measures of quality, satisfaction, access, and administrative costs, but are more likely to result in shortages of services subject to price controls and waiting lists for elective procedures. Pluralistic models with universal coverage do better on giving

individuals the freedom to purchase additional services, but less well on measures of equity (access without regard to ability to pay) and administrative costs.

The paper identified lessons from other countries' health care systems that could be applied to the particular political and social culture of the U.S. to achieve a high performing health care system, including achieving universal health insurance coverage for all Americans. To improve the quality of care, ACP recommends building incentives into the system for both patients and physicians, redirecting federal health care policy toward supporting a patient-centered medical home model of care, and developing a national workforce policy to ensure an adequate supply of physicians. To improve administrative cost and burden, ACP recommends creating a uniform billing system for all services, supporting HIT infrastructure with federal funds, and encouraging public and private investment in medical research.

According to **David Dale**, ACP President, as a result of extensive policy development over the past several years, ACP is uniquely qualified to inform the public debate and the presidential campaign about reforming the U.S. health care system. He notes, "a growing number of studies by health policy experts have exposed the limitations of the U.S. health care system. Our recommendations provide evidence-based solutions to our country's many health care problems – including the appalling lack of access to affordable health coverage, the impending crisis caused by the insufficient supply of primary care physicians, rising health care costs, and excessive administrative and regulatory costs."

In a continuing effort to inform the debate on health care reform, in December 2007, ACP co-sponsored The National Congress on the Un and Under Insured: From Practical Local and Regional Solutions to State and National Health Reform where the paper will also be presented.

The paper, in addition to an accompanying editorial by **Dr. Harold Sox**, are available on the website of *Annals of Internal Medicine*, www.annals.org. The paper is published in the January 1, 2008 print issue of *Annals*.

ACP has also unveiled a new non-partisan ACP Web tool on www.acponline.org that analyzes the health care reform proposals of the Presidential candidates, drawing on the recommendations outlined in the College's position paper. The tool will be updated

continually throughout the 2008 election cycle. An online members-only discussion area is also accessible on the College's Web site.

Email address may be needed

If you are receiving this newsletter my mail, it means we do not have a good email address for you in the College website and you are missing out on email updates from your Governor and Chapter staff. If this is you, please send **Christine Westbrook** (cochapter-acp@msn.com) your current email address.

Cool on line stuff -

The acponline.org web site is has a large array of resources for members and public alike. It is worth a few minutes just browsing around.

Especially notable are:

* The Diabetes Portal (<http://diabetes.acponline.org>), an entryway to all aspects of diabetes care

* Podcasts summarizing each issue of *Annals of Internal Medicine* (<http://www.annals.org>, click on the play button toward the top right of the page)

* Forums, especially acp.lounge, where the new College paper, *Achieving a High Performance Health Care System with Universal Access: What the USA Can Learn from Other Countries* is being discussed (<http://www.acponline.org/auth-cgi/readnews.pl?g=lounge>)

Visit the chapter website at

www.acponline.org/chapters/co/

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