

# Colorado Chapter GOVERNOR'S NEWSLETTER

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

Summer 2006

Frederic B. Walker, IV, MD, FACP  
*Governor, Colorado Chapter*



## GOVERNOR'S COMMENTS

Hope this finds you all well and enjoying summer in Colorado (or wherever else your travels may take you. Even though things slow down a bit for most of us over the summer, ACP has been busy working on our behalf at the national level and we have plenty going on in Colorado as well.

Part of my job as your Governor is to serve on national committees. June took me to Philadelphia twice, first for the Insurance Subcommittee, and second for the Chapter Subcommittee. Headquarters is bigger and busier than I imagined, and the staff remarkable. We have splendid people working to help ACP function efficiently and effectively. If you are in need of life or disability insurance the College sponsored products from New York Life are worth looking at. We expect to offer insurance products for office employees as well before the year is out. There will be a fund this year to help Chapters develop new programs, the Chapter Development fund. I plan to apply for funds to sponsor five of us to attend the ACP Leadership Day in Washington DC, May 14-16, 2007. Efforts are underway to provide on-line registration for Chapter meetings, probably not soon enough for our 2007 meeting, but certainly for the subsequent one.

I am pleased to report our Health Policy Committee is meeting now, and that there has been interest in developing a young physician council. Dr. **Kelly White** has taken over responsibility as sponsor for the Internal Medicine Club. Dr. **Heather Shull** and the program committee have already finished selecting speakers for our Chapter meeting, February 1-3, 2007.

The Associates meeting in June was well attended and the papers as intriguing and pertinent as ever. The winners are listed elsewhere in this newsletter. We hope to have posters as well as presentations from associates at our February Meeting.

Please visit our Chapter website frequently. There is no end of help and support there for all of us. Of course, mark your calendar for the Broadmoor meeting, February 1-3, 2007, and let me know whenever you have questions or issues. Thanks

Rick

VISIT THE CHAPTER WEBSITE AT  
[WWW.ACPONLINE.ORG/CHAPTERS/CO](http://WWW.ACPONLINE.ORG/CHAPTERS/CO)

## REPORT ON THE ANNUAL SESSION

Sixty Associates, Members and Fellows from Colorado attended Annual Session in Philadelphia in April. The educational program was outstanding. This year, with support from the CU Department of Medicine, we joined the New Mexico Chapter in hosting a regional reception to honor our new Masters and Fellows. We met right after the Convocation and had a good turnout. The crab cakes were great!

### Fellows joining me at the convocation were:

**Dr. Korina Bersentes**  
**Dr. David Downs**  
**Dr. Melinda Hockensmith**  
**Dr. Anita Lane**



Deb Parsons also joined us at the Convocation as our 2005 Laureate awardee.

### Masterships were awarded to:

**Theodore C. Eickhoff, MD, MACP**  
**John F. Farrington, MD, MACP**  
**E. Chester Ridgway, MD, MACP**

### Associate Winners that attended Convocation 2006

We were well represented at the Abstract completion for Associates. Winners from Colorado were:

**Timothy M. Bresnahan, MD**  
University of Colorado, Denver, CO  
Community-acquired Methicillin-resistant Staphylococcus Aureus Bacteremia: An Unusual Source.

**Michelle M. Kohara, MD**  
Exempla St. Joseph Hospital, Denver, CO  
Painless Jaundice Secondary to Sclerosing Pancreatitis.

For 2007 Annual Session will have a new name, **Internal Medicine 2007** and will be in San Diego, April 19-22. Hope you can join us then.

## REPORT ON THE ASSOCIATES MEETING

Fifty-seven members and guests met June 2006 at Exempla St. Joes for the Associates Scientific Meeting. Twelve Vignette Presentations and twelve clinical Posters were presented, followed by dinner and awards presentations. **Stella Hines**, MD, Western Zone Delegate to National ACP Council of Associates, reviewed the ACP Council of Associates programs at dinner.

### Vignette Winners

First Place: Dr. **Ermin Kreso**, MD, University of Colorado Hospital & Health Science Center

Second Place: Dr. **Ryan P. Westergaard**, MD, MPH, University of Colorado Hospital & Health Science Center

Third Place: Dr. **F. Hussain**, MBChB, Exempla Saint Joseph Hospital

Fourth Place: Dr. **Russell Heath**, MD, University of Colorado Hospital & Health Science Center

### Clinical Poster Winners

First Place: Dr. **Carla Saveli**, MD, Exempla Saint Joseph Hospital

Second Place: Dr. **Stephen Joseph Murphy**, University of Colorado Hospital & Health Science Center

Third Place: Dr. **Rebecca Allyn**, University of Colorado Hospital & Health Science Center

Fourth Place: Dr. **Mark Fesler**, University of Colorado Hospital & Health Science Center

Congratulations to all winners! Many of these presentations will be entered into the National competition, with winners attending Internal Medicine 2007 in San Diego.

## IPIP UPDATE

**The IPIP project, endorsed by our Chapter and now by the national ACP is moving along. The first group of participating practices have been chosen and the interventions started. A brief summary of the project follows:**

Colorado was selected as one of two states in the country to pilot a physician-driven initiative called "*Improving Performance in Practice*" (IPIP), created through the American Board of Medical Specialties and the boards and professional societies of Family Medicine, Internal Medicine and Pediatrics, to restructure and improve healthcare delivery. IPIP incorporates quality improvement process and measures, collaborative networks and use of technology; participation will qualify towards credit of maintenance of certification with the 3 boards.

IPIP is led locally by the Colorado Clinical Guidelines Collaborative (CCGC), a unique nonprofit organization that has brought together multiple stakeholders throughout the health care system to implement clinical guidelines and improve healthcare in Colorado. Practices that participate in IPIP will work with Quality Improvement (QI) Coaches who will offer in office consultation in addition to multiple tools and resources to promote practice redesign and improve care, efficiency and satisfaction for providers and patients. Support includes consultation on patient registry and data collection, work flow issues (Lean Training), open access scheduling, group visits, Planned Care Model, and other techniques. Although practices will initially focus on specific conditions such as diabetes and/ or asthma the process will easily translate to improvements in other, conditions, as well as greatly enhance general management of practice operations.

In a similar effort to redesign healthcare delivery, the Department of Family Medicine at UCHSC is launching a project focusing on diabetes. The project is comparable to the IPIP initiative, offering facilitated in-office consultation and similar practice and professional benefits. In order to take advantage of this great opportunity to share lessons learned and expand the number of practices that will benefit from in-office consultation, CCGC and the Department of Family Medicine will be aligning efforts. Practices that apply through IPIP will be selected for one of 3 groups:

Group 1: Coached Practice Redesign - lead by CCGC and focusing initially on diabetes and/or asthma then spreading to other conditions.

Group 2: Facilitated Diabetes Improvement - lead by UCHSC and focusing on diabetes.

Group 3: Self-directed Practice Redesign - with initial full access to the tools used in the project, followed by coaching at a later date.

After 18 months, all practices in Groups 2 and 3 will be eligible to continue practice redesign activities with CCGC if they so desire.

Physicians interested in participating in IPIP may apply on line or obtain more information on the CCGC Web site at <http://www.coloradoguidelines.org> or contact **Allyson Gottsman** at 720-297-1681 or [agottsman@coloradoguidelines.org](mailto:agottsman@coloradoguidelines.org).

## COUNCIL OF YOUNG PHYSICIANS

***Governor's Comment:** I would like to see Colorado join other Chapters in sponsoring a Council of Young Physicians. The following is a recent email I received from **Amy Allen Collins**. If you have interest in this program, please let me know ASAP. Thanks, Rick*

The mission of ACP's National Council of Young Physicians is to enhance the professional development and quality of life of young physicians, fostering their involvement in College activities, and ensuring that their needs are being met. As the national CYP representatives, we are writing to offer our support in helping chapter leaders establish or further develop their Chapter Council of Young Physicians (CCYP).

We have designed a Resource Guide to assist chapters in developing their own CCYP's and enhancing Young Physician (defined as within 16 years of completing medical school) activities in their chapter. It contains fundamental information on starting a Council or organizing new programs that have been successful in other chapters. Above all, it is intended to increase Young Physician attendance at chapter meetings and involvement in the chapter governance structure.

If you are interested in discussing this further or have any questions, please contact your regional representative by accessing the CYP members list online at [http://www.acponline.org/cyp/med\\_cyp.htm#yp](http://www.acponline.org/cyp/med_cyp.htm#yp). Additional questions and concerns about the CYP should be sent to **Amy Allen Collins**, Administrator, Council of Young Physicians at [aallen@acponline.org](mailto:aallen@acponline.org).

## CALL FOR CHAPTER AWARD NOMINATIONS!

We are all privileged to practice and work with talented, compassionate, and dedicated internists who share our passion for patient care, intellectual inquiry, and social justice. The awards at our annual Chapter meeting provide the opportunity to recognize these members' accomplishments and activities.

For the Chapter Meeting in February, 2007 we would like to present two awards, a Laureate Award, and also a Community Service award. The awards committee and I need your help in finding members who deserve recognition. Please consider colleagues, mentors, friends and even competitors who would be good choices for these awards and forward names to **Rick Walker**, MD, FACP at [acpgovernor@brennan.net](mailto:acpgovernor@brennan.net). A list of past recipients can be found on the chapter website, [www.acponline.org/chapters/co/awards.htm](http://www.acponline.org/chapters/co/awards.htm).

Thanks for your help. Please join us February 1, 2, & 3, 2007 at the Broadmoor for a stimulating and rewarding Chapter meeting.

## PHYSICIANS CONGRESS

The Colorado Physician's Congress is up and running, and will contribute to the upcoming Blue Ribbon Panel for healthcare reform in Colorado put into place by Senate Bill 208. Dr. **Mark Matthews** will be representing ACP on the Congress. Please let us know if you would be interested in helping on this important initiative. It is looking like health care reform will have to come at the state level.

### COLORADO MEDICAL SOCIETY PHYSICIANS' CONGRESS FOR HEALTH CARE REFORM REACTOR GUIDING PRINCIPLES FOR HEALTH SYSTEM REFORM

The health care system in Colorado is broken and the entire system needs to be reformed. Working on only one part will cause problems in other areas. Everything must be considered. Those that deliver health care must focus on improving health care quality and safety in order to assure optimal outcomes. Those that fund health care must focus on patient oriented, quality driven and community centric interventions. Those that deliver, finance and utilize health care must share stewardship of finite resources. Fixing the system is necessary not only to improve the individual and collective health of Coloradans, but also to remain economically competitive in the global market.

1. Coverage -Health care coverage for Coloradans should be universal, continuous, portable and mandatory.
2. Benefits -An essential benefits package should be uniform, with the option to obtain additional benefits.
3. Delivery system -The system must ensure choice of physician and preserve patient/physician relationships. The system must focus on providing care that is safe, timely, efficient, effective, patient-centered and equitable.
4. Administration and governance -The system must be simple, transparent, accountable, efficient and effective in order to reduce administrative costs and maximize funding for patient care. The system should be overseen by a governing body that includes regulatory agencies, payers, consumers and care givers and is accountable to the citizens.
5. Financing - Health care coverage should be equitable, affordable and sustainable. The financing strategy should strive for simplicity, transparency and efficiency. It should emphasize personal responsibility as well as societal obligations, due to the limited nature of resources available for health care.

Version 6/17/06 - Final Reactor Set

## MEDICARE PROPOSAL WOULD BOOST PAYMENTS FOR COGNITIVE SERVICES

In June 2006, the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers the Medicare program, announced proposed changes to how it determines physician payments. The most significant pending change is that CMS proposes to substantially increase payments for evaluation and management (E/M) services, which include office visits, hospital visits, and consultations, acknowledging that the physician work involved in furnishing these services has increased in the 10-year period since CMS reviewed them. The Medicare statute requires that CMS review the accuracy of values assigned to physician services in the Resource-Based Relative Value Scale (RBRVS) at least every five years, commonly referred to as the Five-Year Review. The last CMS review of the E/M services resulted in changes in 1997. The CMS-proposed changes are based on recommendations the agency received from the Relative-value scale Update Committee (RUC), which makes recommendations to CMS on updates to the RBRVS. The RBRVS system establishes the relative differences in payments among various physician services. The RUC is an organization made up of members appointed by specialty societies, including ACP. The ACP role in developing the E/M service work relative value unit (RVU) developed by the RUC and proposed by CMS for acceptance is described below.

The CMS decision to propose a significant increase in the work RVU it assigns to many E/M services is, in large part, the result of a sustained ACP effort over a two-year period.

ACP led a coalition of organizations representing internal medicine subspecialists and other cognitive-oriented physicians in accomplishing the following from June 2004 to June 2006:

- Provide CMS with evidence that the physician work involved in furnishing E/M services had increased in the past 10 years that convinced the agency to include the services in this Five-Year Review;
- Survey physician-members using the standard RUC survey instrument to quantify the amount of physician work currently involved in furnishing each E/M service;
- Use the survey data-supplemented by statistics, other national survey data, and literature-to develop a work RVU recommendation for each E/M service; and
- Overcome opposition from RUC participants, primarily those appointed by organizations representing procedural-oriented physicians, to persuade the RUC that the evidence warranted a substantial increase in the work RVU for many E/M services-with high-volume services receiving some of the largest increases.

In addition, ACP staff and leadership met with CMS officials while they were in the process of considering the RUC recommendations to encourage the agency to accept the RUC E/M service work RVU recommendations.

The CMS decision to accept the RUC recommendations results in the most comprehensive changes the agency has ever proposed to E/M services and would substantially increase payments associated with the most frequently billed physician services. For example, the relative value unit (RVU) for the work component would increase by 37% for a 99213 (intermediate office visit), 29% for a 99214 (moderately complex office visit) and 31% for a 99232 (moderately complex hospital visit). The work component, on average, accounts for approximately 55% of the total RVU for a specific service (practice expense and cost of malpractice liability insurance collectively make up the rest), so the percentage increase in Medicare payment will be less than the percentage work RVU increase.

CMS is required by statute to make all changes to the RBRVS system "*budget neutral*," meaning that the changes cannot produce any new Medicare Part B spending. The law requires CMS to make a budget neutrality adjustment for 2007 because the magnitude of the change to the work RVUs for the E/M service codes would increase Medicare spending by several billion dollars. Accordingly, CMS proposes to maintain budget neutrality by reducing the work RVU for each service in the RBRVS by 10%. This 10% reduction amounts to, on average, approximately a 5% reduction to the Medicare payment for each physician service.

Even after factoring in the 10% budget neutrality reduction to the work RVU for each service, Medicare payment will increase for most of the E/M services. For example, because of the work RVU increases, the national average Medicare payment will rise 12.8% for a 99213, 9% for a 99214 and 13.7% for a 99232.

Also, CMS proposes changes to its complex methodology for determining practice expense RVUs, which are based on the amount of direct (clinical staff, service-specific supplies and equipment) and indirect (e.g. rent, lighting) expenses that the physician incurs in providing each service. The practice expense component accounts for, on average, approximately 40% of the total RVU for each service. The CMS-proposed new methodology adjusts the way that direct practice expenses are calculated for each code. The proposed new calculation is simpler and easier to understand than the old calculation and should result in more intuitive changes in practice expense RVUs from year to year. CMS also proposes changes to its complicated, multi-step process for calculating indirect expenses. CMS currently projects the practice expense changes to have minimal impact on internists.

If the work and practice expense changes are implemented on January 1, 2007, as the CMS proposes, ACP estimates that overall Medicare payments to internists would increase on average between \$4,000 and \$9,000 per year. This increased Medicare revenue would be almost exclusively the result of CMS increasing the work RVU for many E/M services as advocated by the College and supported by various BOG resolutions. ACP has created a tool that allows members to project the specific effect the changes have on their Medicare revenue that is available online. The College expects members to benefit in payer payments as many private payers use the RBRVS in some form.

**ACP - ARIZONA CHAPTER  
SEP-BASED LEARNING SESSIONS FOR RECERTIFICATION**

**November 3, 2006  
Marriott Buttes Resort, Tempe, Arizona**

Agenda:        8 am - 12:30 p.m.     Inpatient Internal Medicine Module 88-G  
*12:30 - 1:30 p.m.     Lunch*  
                  1:30 - 6:00 p.m.     General Internal Medicine Module 00-A  
                  7:00 - 9:00 p.m.     Governor's Reception (Optional)

CME:            4.5 Hours of Category 1 for each module

Cost:            Registration fees to ACP - Arizona Chapter, \$150 per module  
                  ABIM charges an additional \$99 per module for course materials\*

Register:        Online registration available August 1, 2006.  
                  Visit the Arizona Chapter website for a link to online registration.

Hotel:            Reservations can be made at the discounted rate of \$209 single/double for Thursday & Friday nights, and \$179 for Saturday night. Call the hotel directly at 800-843-1986. When making your reservation, please mention the ACP - Arizona Chapter to receive the discounted rate. Rooms available on a first-come, first-served basis. Attendees may consider participating in the ACP - Arizona Chapter Meeting on November 4 & 5 for an additional fee of \$150. The main scientific session has been approved for 12.75 Category 1 CME units.

**Questions?**

Please contact **Donna Seawards** at  
623-551-9518 or  
[dlseawards@cox.net](mailto:dlseawards@cox.net)

\*This cost may change.

## **RECRUIT-A-COLLEAGUE PROGRAM**

The need for a strong voice to speak on behalf of medicine and, in particular, internal medicine has never been greater than it is today. It is critically important that we unify to address the specific needs of our medical specialty and its subspecialties. There are advocacy efforts to champion, practice management issues to simplify, and a time-honored profession to foster.

The American College of Physicians and the Colorado Chapter encourages its members to help strengthen the voice of internal medicine by recommending ACP Membership to colleagues. And to thank you for your dedication to our organization, ACP established the Recruit-a-Colleague program that offers dues incentives to members who recruit new members. Not only would you be working toward the revitalization of internal medicine, but you also could have your national annual dues paid in full. In addition, successful recruiters are entered to win an expense-paid trip to Internal Medicine 2008, ACP's annual scientific meeting, that includes registration, airfare, and hotel accommodations.

**TO LEARN MORE ABOUT THE RECRUIT-A-COLLEAGUE PROGRAM, PLEASE VISIT  
[WWW.ACPONLINE.ORG/RECRUITACOLLEAGUE](http://WWW.ACPONLINE.ORG/RECRUITACOLLEAGUE).**