



“Your Connecticut Chapter - Worth the Money?”

Eric M. Mazur, M.D.

This year, the national ACP will be implementing an important and fundamental change in its membership and payment policies that will affect you and every other ACP member in Connecticut. For the first time, in order to renew your membership in the College at the national level, the payment of state dues will be required. In past years, while the College charged for and collected dues on behalf of all of its local chapters, the payment of state dues was always considered voluntary. Nevertheless, historically, over 75% of Connecticut members voluntarily supported their Connecticut chapter by paying our local dues. This all changed in 2007, not only within Connecticut, but throughout the country. In 2007, to comply with legal requirements, the national ACP changed its billing invoice to state explicitly that local dues were "voluntary". As one could have predicted, the collection of state dues plummeted and all chapters, including Connecticut, received only a small fraction of the revenue from state dues that they had received in prior years. Luckily, the national ACP organization stepped forward and distributed money from their reserves to keep each chapter whole for the year. In Connecticut, our total revenue approximated that which we received in 2006 and we were able to sustain all of our traditional statewide activities. However, the use of national reserve funds was obviously only a transitional solution. The funding crisis precipitated a major discussion within the College regarding the relationship between the national organization and its regional chapters and the fiduciary responsibility, if any, of the national ACP for the fiscal viability of the regional chapters. A committee of Regents and Governors (the Resolution 23 Task Force) was convened to study this issue and make recommendations. It recently concluded that the regional chapters:

"...create a powerful force in furthering the mission, goals, and strategic priorities of the College. (Regional) chapters provide an environment for activities to be nurtured at the local level, getting students, residents, members, and often nonmembers and the public involved in and aware of the ACP. The chapter structure creates a partnership where both the national organization and the chapters work together toward a common vision and shared mission and have much to gain from each other. (Governors) ... are expected to carry the mission of the organization to the members, to provide venues for education, advocacy, recruitment and retention, communication, networking, and professional activity."

With the explicit recognition of the value of the regional chapters, the College accepted the responsibility of maintaining their financial viability and thus the decision was reached to make state/regional dues mandatory. This change at the national level places increased emphasis on us, your regional ACP representatives, to ensure that you are indeed receiving value for your Connecticut ACP annual Chapter dues. We also must redouble our efforts to solicit your input as to how we can even add further value to your ACP Chapter membership. As a start, it is fair to ask you to judge us based upon the criteria outlined above by the Resolution 23 Task Force. Before beginning, however it may be relevant to point out that all the physician members of the Connecticut ACP Governor's Council (the state leadership body) are volunteers. None of us receive payment for our work on behalf of the Connecticut ACP; the only paid position is the part time work of our Administrative Coordinator.

So, what does the Connecticut ACP Chapter specifically accomplish on behalf of our members? Traditionally,

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Connecticut has had a very strong chapter with an historically successful focus on medical students and residents. The chapter sponsors internal medicine interest groups at both of the State's medical schools and promotes College membership among medical students (free of charge). The work that **Dr. Barry Wu** (Hospital of St. Raphael and member of the Governor's Council) has done with Yale medical students received a special commendation from the national ACP last year. As a further recognition of his success in reaching medical students, **Barry** received the prestigious Herbert S. Waxman Award for Outstanding Medical Educator from the College in 2006. **Dr. Keith vom Eigen** at the University of Connecticut has recently assumed the leadership role in promoting internal medicine among the UConn medical students. To further promote internal medicine as a career choice, the Connecticut ACP each year, presents awards to one outstanding Yale and UConn graduating medical students who are entering internal medicine residencies in the State.

Internal medicine residents from the State's training programs constitute the largest percentage of attendees at the annual Connecticut ACP statewide meeting each October. This meeting has become the major venue at which residents present their research. They compete for State awards and for the opportunity to present at the national ACP meeting. Today, research by internal medicine residents is not only required by the Internal Medicine Residency Review Committee (the accrediting body for internal medicine residencies), it is also becoming a de facto pre-requisite to compete successfully for fellowship training opportunities. The Connecticut ACP heavily subsidizes resident participation in our Connecticut annual meeting (attendance is free for residents) so that no one will be denied the opportunity to present his or her work. This constitutes a major portion of our budget expenditure each year. With well over 200 abstracts submitted and presented at the October, 2007 annual meeting in Southington, Connecticut has one largest, if not the largest, resident research programs at its annual meeting of any chapter in the country.

The Connecticut ACP Chapter has also established the Connecticut Council of Associates, comprised of existing and rising Chief Residents from all of the State's residency programs. This group is facilitates cross-program resident networking and fosters career development for the residents. Dr. Steven Angus at UConn is currently the faculty advisor for this group that has been very active this year under the leadership of **Dr. Florian Seeburger**, Chief Resident at Norwalk Hospital. Dr. Adam Silverman, also at UConn, will be assuming the faculty leadership role for this group next year. In addition to supporting the Connecticut Council of Associates, Dr. Angus also organizes a Connecticut ACP-sponsored annual Spring Associates Meeting for the State's internal medicine residents. The topics for these meetings have ranged from integrative medicine to how to evaluate practice opportunities and what to look for in your employment contract. The CT ACP Chapter also sponsors the annual "Jeopardy" tournament among the State's residency programs and subsidizes the travel and participation of the winning team at the national ACP Meeting in the spring. Last year, under the leadership of Chief Resident, **Dr. Philip Olshausen**, the Norwalk Hospital internal medicine residents organized their own, program-based Council of Associates and used that organization as a mechanism to promote community volunteerism among the residents. This group was so successful that they won an "Evergreen Award" from the College. Evergreen awards formally recognize innovative local initiatives that foster the goals and mission of the ACP.

As a result of the above activities, Connecticut's medical students and internal medicine residents are well acquainted with the CT ACP regional chapter. More challenging, however, has been our communication with and visibility among Connecticut's practicing internists and internal medicine sub-specialists, the core of our statewide ACP membership. **Dr. Robert Dicks** (Hartford Hospital and UConn) recently accepted the responsibility of developing a Membership Committee charged with increasing ACP membership and participation throughout Connecticut.

With the merger of the ACP and the ASIM in 1998, the College assumed a major role in political advocacy, a role in which it has been very successful, yet a role about which few of its members are well acquainted. The Connecticut Chapter has enthusiastically incorporated an advocacy role into its activities and has emerged as a leader in political advocacy on behalf of its members. However, few members within the State are familiar with that which we have accomplished. That is a failure of us in leadership positions in communicating our efforts; a failure that I hope to correct, in part, by writing this column.

At a national level, a Connecticut delegation has participated every year in the College's "Leadership Day" activities that include one-on-one advocacy meetings with all of Connecticut's Congressional representatives (and/or their health aides). **Dr. Robert McLean**, Connecticut's Governor-Elect Designee, has headed the State ACP's Health and Public Policy Committee for over 12 years and he has engineered several important additional meetings between Connecticut physicians and State and Federal legislators. Annually (as appropriate), the Connecticut ACP names a State or Federal legislator as its "Legislator of the Year". Receipt of this award has promoted CT ACP's visibility among and personal access

to Connecticut's health-oriented legislators. For this innovative award program and its role in successful advocacy, the Connecticut ACP received another Evergreen Award from the College. Furthermore, recognizing his success in personally presenting ACP's policy paper on the patient-centered medical home to former CT Representative **Nancy Johnson**, the College last year awarded **Dr. McLean** its national "Key Contact of the Year" award. (**Rep. Johnson** subsequently held hearings on this idea and incorporated "medical home" demonstration projects into 2007 Medicare legislation.) **Dr. McLean** also sits on the national ACP's Health and Public Policy Committee and he serves as the representative of the Connecticut ACP Chapter to the Legislative Committee of the Connecticut State Medical Society (CSMS). In 2007, the CSMS appointed Dr. McLean as their representative to Connecticut's Primary Care Access Authority, a committee formed under the direction of the State Department of Public Health to improve health care access within the State. **Dr. McLean** has become the "face" of political advocacy on behalf of Connecticut internists and the Connecticut ACP Chapter. In doing so, the CT ACP has achieved success in being recognized as the political voice of internal medicine for Connecticut.

In the past two years, the CT ACP Chapter has initiated other programs to meet the needs of Connecticut's internists. Focusing on young physicians (physicians who are under 40 years old or who are within 5 years of completion of their postgraduate medical training), and under the leadership of **Dr. Meaghan McNulty**, a Connecticut Council of Young Physicians was established in 2006. This group meets 3 to 5 times a year and, in addition to providing the opportunity for networking among peers, has conducted programs on such topics as financial planning, legal issues, avoiding burnout, and advancement to College Fellowship. Although Dr. McNulty has recently left the State, the leadership of the Council of Young Physicians has been ably assumed by **Drs. Jeanette Tetrault** and **Rebecca Andrews**. Upcoming meetings of the CT Council of Young Physicians can be found elsewhere in this newsletter.

Finally, under the leadership of **Dr. Robert Nardino**, the CT ACP Annual Program Committee has recently implemented substantial changes specifically designed to make the Connecticut statewide annual ACP meeting more relevant and useful for the practicing community-based internist. Beginning last year, we eliminated the keynote speaker and increased the number of practical, patient care-oriented CME lectures so that they are available throughout the morning session. Furthermore, we are now providing lectures on two of the four Connecticut State-mandated content areas during each meeting. Topic areas are rotated each year so that a physician can complete this required component of CME by simply attending the CT ACP Annual Meetings on two consecutive years.

Another major meeting innovation, first introduced in October, 2007 is designed to assist Connecticut internists in the ABIM Maintenance of Certification (MOC) process. During the afternoon session, participants have the opportunity to complete a full, 60 question ABIM Self Evaluation Process (SEP) Module under the direction of expert faculty discussants. Last year (and scheduled again during the upcoming meeting in October 2008), **Drs. Barry Wu** and **Stephen Atlas**, members of the CT ACP and the Yale clinical faculty, served as the SEP Module facilitators. During the 4 ½ hour session, all the questions in the selected SEP Module are discussed. For each question, the participants are initially surveyed using a high-tech audience response system and the consensus answer is presented. The faculty members then present their formal analysis, the supporting literature and the suggested "right answer". There is a lot of opportunity for discussion and interaction among all participants surrounding each question. After completing this program, participants can, at their convenience, enter their answers online and receive 20 points towards MOC from the ABIM. Thus, a process that normally requires solo individuals to invest 18 hours or more can be completed "painlessly" in less than an afternoon. Last October's participants were extraordinarily delighted with this program. Several participants personally described it to me as the "best educational offering that has ever been provided at a Connecticut ACP Annual Meeting."

So, are you getting value for your state membership dues? Are we meeting the College's expectation of us? I hope that I have convinced you that the Connecticut ACP Chapter is playing important roles in political advocacy, resident research and education, continuing medical education, maintenance of certification and physician networking. I also hope that you view (or will come to view) our statewide annual meeting of specific value to you. If you are not already actively involved with the Connecticut ACP Chapter and wish to become so, please e-mail or speak directly with one of the physician leaders mentioned above or feel free to write to me directly. In addition, if you have any ideas as to how we can better serve you and the internal medicine community locally, please let me know. We are always striving to make this organization relevant to you, the Connecticut internist. I hope that you are convinced that for your CT State dues of \$60 annually (less than the price of one good meal), you are getting value as well as helping to ensure the ongoing and future vitality of internal medicine in Connecticut.

Health & Public Policy Report

Robert McLean, M.D., FACP

Chair, Health & Public Policy Committee

What has the ACP done for you lately? On the Health & Public Policy front, my answer is clearly, "Much more than you might think!" You are likely all aware that Medicare's physician fee schedule is slated for a 10.4% cut on June 30, unless Congress enacts legislation once again to avert this.

Enormous pressures from federal budgetary shortfalls generally carry more short-term weight on legislators' decision-making than the plight of physician practices faced with ever-increasing practice expenses. That's the unfortunate hard truth. Physician organizations across the board (ACP as well as AMA and other specialty societies) are trying to keep our legislators aware of the tremendous difficulties facing physician practices today. It is frightening to consider where we might be today without the crucial effective advocacy from our "voices in D.C."

The ACP has for many years garnered a reputation among legislators for advocacy and public policy recommendations aiming for altruistic systemic reform. The concept of the Patient-Centered Medical Home introduced in January 2006 is one example, and our ACP Chapter's relationship with then Congresswoman **Nancy Johnson** was integral to it being included in 2006 Medicare legislation. More recently, the ACP received publicity from its annual "*State of the Nation's Health Care*" report in January which called for a political commitment to provide universal coverage, bolster primary care, reform the payment system, reduce administrative costs, implement health information technology, and support effectiveness research. The recent paper "*Achieving a High-Performance Health Care System with Universal Access: What the United States Can Learn from Other Countries*" called for either a pluralistic or a single-payer financing system to move toward critically-necessary reforms in our dysfunctional health care system.

Did you know the ABIM was planning to create a new "*competency*" in "*comprehensive internal medicine*", which many feared would create more hurdles for internists and which did not define the tools to measure the specific competencies described? ACP input to the ABIM was crucial to slowing down an exceedingly rapid and far-reaching ABIM policy. Thankfully, the ACP was there with effective personnel and infrastructure to head off an ABIM seemingly starting to reach beyond its original "*Board Certification*" role in ways which practicing internists would find burdensome.

It's just another example of the ACP's role in protecting the interests of internists regarding issues of certification, reimbursement, medical school debt burden, primary care access, or health system reform. I suggest you peruse the ACP's web page on advocacy www.acponline.org/advocacy where you will be pleasantly surprised with the wide-range of issues being actively addressed. I think you'll see evidence of the value of your ACP membership. And consider mentioning to any internist colleagues who are not currently ACP members how much the College does for them. We need their membership, because the ACP is only as strong as our members allow us to be.

Medicare Connecticut Advisory Committee February 5, 2008

Ira Mickenberg, MD, FACP

First Coast Services Options, Inc is currently the Medicare carrier for Connecticut and Florida for Medicare Part B, i.e. the non hospital part of Medicare. There is a reorganization underway to consolidate the carriers into 15 MAC's or Medicine Administration Contracts. Connecticut and New York State will be one MAC and that carrier will be responsible for administering Part A and Part B of Medicare. The new carriers should be announced soon. This does mean that Local Coverage Determinations LCD's or Medicare rules for procedures will have to be identical in both states.

LCD's are most important for specialties with procedures, since they determine the requirements for Medicare payment of procedures and technologies. The CAC representatives for Anesthesiology throughout the country, for instance, keep in contact with each other to coordinate LCD's in different locations. Since the Medicare pie is budget neutral, Internal Medicine representatives can make significant contributions toward limiting new procedure coverage to proven technologies. For this meeting the LCD's reviewed, primarily had to do with therapy for back pain, In summary, with the exception of interlaminar injections, all epidural and paravertebral facet joint blocks must be performed under fluoroscopy

A reminder; as of March 1, 2008 NPI's must be on all CMS-1500 claims or the claims will be rejected.

Internal Medicine 2008 - Be There!

Robert Nardino, MD, Chair

The program for the 2008 Connecticut ACP Chapter Meeting, "*Internal Medicine 2008*", is now set and we are looking forward to an outstanding day. Scheduled for Wednesday, October 8, 2008 at the Aqua Turf Club in Southington CT, the meeting will feature the enormously successful Associates' Abstract Competition as well as several enlightening CME sessions. Our eighth installment of the popular "*Multiple Small Feedings of the Mind*" (MSFM) program will feature top speakers from around Connecticut on topics related to the patient with metabolic syndrome. We will also once again present state-mandated CME topics, which this year will include Patient Safety and Domestic Violence. Finally, we will also present another ABIM self-assessment module, a new feature to aid the recertification process which was very well-received at last year's meeting.

So, be sure to circle the date, Wednesday, October 8, and plan to attend this year's exciting annual Connecticut ACP meeting in its entirety. Registration begins at 7:00 a.m. and resident oral abstract presentations begin at 8:00. Simultaneous morning sessions are scheduled from 9:00-11:00 a.m.; the Multiple Small Feedings and ABIM module will take place after lunch starting at 1:30 p.m. This year's Connecticut ACP Chapter Meeting is sure to be an exceptionally educational and worthwhile experience. Don't miss it!

CONNECTICUT CHAPTER'S COUNCIL OF YOUNG PHYSICIANS

Rebecca Andrews, M.D., Co-Chair

The Connecticut Chapter's Council of Young Physicians has recently gone through some changes. **Meghan McNulty**, the previous chairperson, has moved out of state, but her energy and dedication to resurrecting the young physicians council will not be forgotten. Currently, it is being co-chaired by Rebecca Andrews and Jeannette Tetrault. We invite any interested physician members who qualify (sixteen years or less since graduating medical school) to become involved. We are in the process of forming a core of active members who will meet several times a year (in both Hartford and New Haven locations) to set the agenda for our semi-annual events, recruit new members, and indicate how the Council can positively affect the young physicians in the area. In addition, the Council is a support to Connecticut's young physicians while simultaneously allowing members a route to take a more active role in the ACP such as becoming a key contact or a fellow.

In February, we held an event in the Hartford area on financial security/planning as physicians transition from residency to employment or within their current mode of employment. This fall we plan to hold an event in the New Haven area on increasing young physician involvement in the ACP and promotion to fellowship. Past events have focused on avoiding burn out, fellowship within the ACP and advocacy by the ACP (attended by the ACP Governor). Such support from the larger ACP allows the new members to form contacts and become involved at the local and national levels.

If you would like to become a member of the Council or would like to participate in future Young Physician activities, please email either of us (doctorbecca@aol.com; jtetrault17@yahoo.com) or look for future postings on our Chapter website.

2008 Medical Student Committee

Barry J. Wu, MD, FACP

The Yale Internal Medicine Interest Group is celebrating its fourth year. It is under the leadership of Nupur Garg (current 1st year Yale Medical Students). She is currently organizing a panel discussion for senior medical students to share their experiences during medical school with their underclass friends. It is wonderful to see this next generation's excitement for internal medicine.

We look ahead to the ACP Internal Medicine Conference in Washington, DC from May 15-17. We hope you will be able to attend and look forward reconnecting with current as well as alumni students from Yale School of Medicine and the University of Connecticut. **Stephen A. Atlas, MD, FACP** and I will be facilitating an interactive board review course for medical students called "*Brush Up for the Boards*" on May 15 from 4:30-5:30pm.

Finally, the ACP Internal Medicine award will be given at graduation this May to ACP Medical Student members entering an internal medicine residency in Connecticut. This year's awardees are Rachel Laff from Yale School of Medicine and Sarita Soares from the University of Connecticut.

I am grateful for the continued support of **Nancy Angoff**, MD, MPH, MEd, FACP (Associate Dean for Student Affairs, Yale University School of Medicine) and Ellen Nestler, MD (Director of Ambulatory Medical Services, University of Connecticut). If you are interested in participating on this committee, please contact me at bwu@srhs.org.

ASSOCIATES COUNCIL

Steve Angus, M.D., Chair

It has been another busy and productive year for the Council of Associates. We have over 250 abstracts submitted to our annual Scientific Session held at Aqua Turf Club in October. Every Residency Program in the state, with the exception of one, was represented.

More impressive than the number of posters presented was the quality and the variety of the cases. It made for some very difficult choices for our panel of judges.

In the end, the best overall clinic poster was Aura Cernii MD (Hospital of St. Raphael) entitled "*Nephrogenic Systemic Fibrosis-A New Iatrogenic Disease*" and the best research poster was awarded to Geoffrey Tsaras MD (from the Bridgeport Hospital) Residency Program entitled "*Does Race Impact Readmission to Hospital after Critical Illness?*".

Best oral presentations were awarded to: **Aarti Grover**, MD (Stamford Hospital Residency Program), **Vimon Seriburi**, MD (Hospital of St. Raphael Residency Program) and **Niten Kapur**, MD, MPH (Yale Primary Care Residency Program).

The Associates Council will finish off the year with the annual education symposium.

CT-ACP Chapter Committees and Chairs

Health & Public Policy Committee

Robert McLean MD, Chair
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Program Committee

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Membership Committee

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UPCOMING EVENTS

MARK YOUR CALENDARS!!! Connecticut Chapter Annual Fall Meeting

Wednesday, October 8, 2008

Aqua Turf Club
Southington, Connecticut

Governor Election Results

For those of you eligible to vote in our recent Chapter Governor Election, thank you for voting. We wanted to inform you of the results. As you know, we had two outstanding candidates, **Dr. John D'AVella** and **Dr. Robert McLean**. I wanted to acknowledge and thank them both for their enthusiastic work on behalf of our Chapter over the years.

I am happy to announce that **Dr. Robert McLean** was selected to be your next Governor. Our newly elected Governor-elect Designee will start his four-year term as Governor in the Spring of 2009. As Governor, Dr. McLean will serve as the official representative of the College for the Connecticut 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.

To learn more about the background and experience of our new Governor-elect Designee, see his biography and vision statement at http://www.acponline.org/about_acp/chapters/ct/bios_vis07.htm.

Chapter Awardees at the October Chapter Meeting

Ira D. Mickenberg, MD, FACP, **John F D'Avella**, MD, FACP and **Joel A. Danisi**, MD, FACP received the Laureate Award at the October Chapter meeting. The Laureate Award honors those Fellows of the College who have demonstrated by their example and conduct an abiding commitment to excellence in medical care, education or research, and in service to their communities, the Chapter and the College.

Frank J. Bia, MD, FACP received the George F. Thornton Award at the October Chapter meeting. The George F. Thornton Award is given to an individual in recognition of outstanding contributions to medical education and clinical teaching.

Laurie Bridger, MD received a Volunteerism and Community Service Award at the October Chapter meeting. The Volunteerism and Community Service Award honors members of the Chapter who have distinguished themselves in voluntary service in the area of medicine. We salute these two compassionate and honorable physician and wish continued success with their future voluntary endeavors improving the health of humankind.