

Connecticut Chapter GOVERNOR'S NEWSLETTER

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

Summer 2005

Eric M. Mazur, MD, FACP
Governor, Connecticut Chapter



GOVERNOR'S COLUMN

It is at this, perhaps the most difficult and challenging time for physicians in the history of American medicine, that I write you for the first time as the Governor of the Connecticut Chapter of the ACP. I want to

assure you that you are not facing these challenges alone. ACP's national leadership is listening and fully appreciates what is going on at the front lines of internal medicine clinical practice. They understand that internists are overworked, underappreciated and under reimbursed. They understand that the payment system is "dysfunctional", that 45 million Americans do not have health insurance and that radical changes are needed to fix a health care delivery system that is fundamentally broken. What has impressed me about the ACP is that they approach these problems constructively and realistically, operating within the context of existing political constraints. Viewed by federal bureaucrats and legislators as an altruistic medical organization with the patients' interests at heart, the ACP has accumulated a lot of credibility in Washington.

At the top of ACP's national political agenda this year is an effort to reverse the planned cuts in Medicare reimbursement. As most of you are aware, Medicare payments to physicians are based upon a formula (the sustainable growth rate or SGR) that links physician fees to projected growth in the GDP and inflation-based spending targets for Medicare Part B (physician) services. If there is no political "fix" (as has been enacted during the past couple of years), payments to internists will be cut by over 4% next year and over 25% between 2006 and 2011. This is clearly unsustainable (no pun intended) and happily, there appears to be broad support among Connecticut's federal legislators for a temporary SGR fix this year along the lines of the 2.7% increase recommended by the Medicare Payment Advisory Commission (MedPAC). However, given the budget pressures in Washington, any SGR fix is likely to have "strings" attached, these strings being new quality and safety reporting requirements for physicians. ACP accepts this reality (and in fact, supports physician practice transparency and quality metrics reporting) but advocates strongly for quality reporting requirements

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HEALTH & PUBLIC POLICY REPORT

By **Robert McLean, M.D., FACP**

Advocacy, advocacy, advocacy. Can I emphasize its importance any stronger? Every year I have traveled to Washington, D.C. to visit our legislators as part of the ACP's Leadership Day, I am reminded of how crucial it is for physicians' voices to be heard. We work as the central coordinators of our complex health care system and thereby understand exactly what is involved in the delivery of health care more than anyone else. We must emphasize our critical central role as we work to improve our problematic health care system.

On this year's visit in May, I was joined by **Eric Mazur, David Podell, David Miner, Carla Casulo, and Jeannette Tetrault** in an effort to present a broad spectrum of physician and resident perspective to our message for legislators. We participated in significant face to face visits with **Senator Lieberman, Senator Dodd, and Rep. Johnson** as well as a briefer visit with **Rep. Shays**. The major issues discussed included: health information technology legislation, the dysfunctional Medicare physician reimbursement system and the need to fix the flawed sustained growth formula (SGR-which determines changes in Medicare reimbursement from year to year), medical student loan repayment legislation, and medical liability reform.

In early June, a legislative alert was sent out to all Key Contacts asking for contact to be made with Senators and House Representatives about specific bills to fix the SGR Medicare system for at least the short term. Being a Key Contact is just one way you can make your voice heard and help the ACP achieve its goals on your behalf. If you are willing to help contact our Legislators as the need arises, please ask me (rmmclean@optonline.net) to add you to our growing list of Key Contacts or you can sign up through the ACP website (www.acponline.org).

On the local level, the state legislative session finished in mid-June, and biggest issue was medical liability reform. A bill passed both houses which unfortunately contained no non-economic award limits and also had significant other provisions which were deleted which may have proven helpful - actuaries indicated that one cannot expect significant impact on liability insurance premiums with this bill. As of

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that are neither excessively burdensome nor costly and quality metrics that are reasonable and evidence-based.

Since, as we all know, quality cannot be accurately determined from administrative or “billing” data, meaningful quality measurement ties into a second area of major interest to the legislators and ACP, i.e. health information technology or HIT. While there is nearly universal agreement that we need an integrated electronic medical record infrastructure that extends to the physician's office, it is not at all clear from where the funding for this technology will come. Yet, it is only with the installation of a robust, patient-based health information technology infrastructure that comprehensive, efficient and accurate quality reporting becomes truly feasible. Thus, we are currently in a “Catch 22” situation wherein improved physician reimbursement will likely be tied to quality metrics reporting that requires installation of office information technology systems that we can't afford until reimbursement is improved! The ACP has approached this conundrum by promoting incremental, limited and relatively straightforward initial reporting requirements and small HIT pilot programs and demonstration projects. While it has been estimated that once fully implemented, interoperable HIT could generate annual savings of up to \$77.8 billion, from my perspective, it is not clear how we get from here to there while maintaining cost neutrality. The CT ACP Chapter is currently investigating potential collaborations with Qualidigm and others who may help facilitate the adoption of HIT in the practicing physicians' offices in CT. But realistically, I see no large infusion of new dollars on the horizon. Over the longer term, physician reimbursement is likely also to be linked not only to quality reporting but to the achievement of specific quality target measures. In selected states, there are already Medicare “pay for performance” or P4P pilot programs involving hospitals and it will not be too long before similar pilots reach the practicing physicians' offices. Thus, physician payment reform, HIT, the reporting of quality metrics by physicians and pay for performance are all intertwined, interdependent and will likely add near term cost to the health care system despite the realistic promise of long term efficiencies. How we implement these changes and systems in a political climate that will tolerate no increase in health care spending (relative to the GDP) is the political enigma that we face.

As a longer term issue, the dysfunctional payment system has been correctly identified by the ACP as the major threat to internal medicine's future. I was pleased to see that the ACP's leadership understands that tweaking the SGR and the RBRVS payment system, while absolutely necessary over the short term, are not the long term solutions. A profound and fundamental overhaul of the physician payment system will be required to rescue medical practice. More specifically, cognitive work, physician time and disease management will need to be valued appropriately, even if such a re-valuation occurs at the expense of procedural payments. I am continually impressed by the irony and illogical fact that it is only in medicine where “manual labor” is valued more highly in the market place than complex cognitive work. A novel and interesting physician payment model is in the earliest phases of discussion at ACP, one that blends a capitated annual “management fee” (adjusted for patient acuity) with fees for discrete physician services and some form of additional payment based upon the achievement of demonstrated quality. The documentation and measurement systems required to administer such a payment system are daunting but at least people are thinking creatively.

Malpractice reform, while of overriding importance, appears to be stalemated in Washington for the foreseeable future. The Democrats say “no caps” while the Republicans relish making political points on the relationship between the Democrats and the trial lawyers. I believe that we have more immediate chance of obtaining malpractice relief through our State legislators and **Dr. Robert McLean**, head of our CT ACP Health and Public Policy Committee, has been working aggressively in this area. Wholesale liability reform, perhaps mirroring the Workers Compensation insurance model with a “no fault” system to reimburse patients for bad outcomes is just coming on the radar screen. But, any such system will need to be linked to a much stronger oversight of physician performance and quality, once again requiring a robust HIT infrastructure and quality measurement system.

It is clear that the next four years will be challenging ones for both internal medicine and for the medical profession as a whole. I look forward to working with you in facing these challenges and urge all of you to become involved in whatever capacity you are able. I am always anxious to hear from you and interested in your thoughts, ideas and suggestions. The easiest way to reach me is via e-mail addressed to Eric.Mazur@NorwalkHealth.org. Physicians need to take the lead in the design of our future health care system and the ACP is a very effective conduit through which you can make your voice heard. If you have not done so already, please join our “Key Contacts” program that coordinates ACP member physician input on political issues.

Finally, I want to thank you all for this opportunity to serve as Governor and promise that I will do my best to promote the interests of Connecticut internists and our patients. I also want to publicly thank **Dr. David Podell** who so ably served the College and Connecticut at its Governor for the past four years. During this past year as “Governor-elect”, I observed first hand how well liked, respected and influential David is within the national ACP organization. He leaves the legacy of an active, effective and well-respected Connecticut ACP chapter. As the cliché goes, “he will be a hard act to follow”.

Eric M. Mazur, M.D.
Governor, Connecticut Chapter
American College of Physicians

mid-July, it is uncertain yet whether Governor Rell will sign it.

As we engage in dialogues with our federal and state legislators, we continue to try to help them understand the impact which various legislative initiatives truly have on the delivery of health care. Theory is one thing, but we emphasize the actual experience of our daily practice. Our legislators need constant reminders from us and from our patients about the multiple factors in the U.S. health care system which threaten patient access to quality care. The legislators still do not really understand the urgency of many of the problems. We will keep up the effort.



(l-r) Drs. David Miner, Eric Mazur, Robert McLean, Carla Casulo, Jeannette Tetrault, David Podell, Rep. Nancy Johnson (front)



(l-r): Drs. David Miner, Eric Mazur, Rep. Chris Shays, Drs. Robert McLean, Jeannette Tetrault, Carla Casulo and David Podell.



(l-r) Drs. David Podell, David Miner, Carla Casulo, Sen. Chris Dodd, Drs. Jeannette Tetrault, Robert McLean, Eric Mazur



CONNECTICUT ACP PHYSICIANS ADVOCATED MEDICAL MALPRACTICE REFORM ON LOCAL TV

If you were tuned to Cablevision's Channel 84 during the week of May 16, 2005, you were likely to see **Dr. Robert McLean**, Chairman of the Connecticut ACP's Health and Public Policy Committee and **Dr. Eric Mazur**, Governor of CT Chapter, ACP advocating for medical malpractice reform on Health Talk, a production of Cablevision's Local Programming Unit. Mazur, co-host of the program, invited Dr. McLean to lead the discussion that highlighted the risk to patient access of rising malpractice costs. Also appearing on the program were orthopedist, **Dr. Michael Lynch**, obstetrician, **Dr. Thomas Ayoub** and gastroenterologist, **Dr. Claudia Gruss**. Health Talk is seen throughout Cablevision's franchise in southern Fairfield and New Haven Counties, as far east as Woodbridge.

ASSOCIATES CONFERENCE

Scott A Wolf DO, MPH, FACP

Program Chair

The transition from residency into practice can be a stressful period, marked by confusion and uncertainty. What type of practice should I look for? Where is the best market? Where do I begin? Putting all that aside, how do I secure an interview? The 5th annual Connecticut Chapter ACP Associates Educational Conference set out to address these concerns. Taking place once again at Hartford Hospital's Education Resource center, Approximately 75 residents from training programs statewide attended what turned out to be a very informative session.

The day commenced with opening remarks and a heartfelt welcome from **Scott Wolf** DO, MPH, FACP, Program Chair and the states Associates Advisor. He then welcomed **Dr. Gil Lancaster**, from Bridgeport Hospital, and Director of the Non-Invasive Cardiology and Co-Director of the Cardiovascular Fellowship Program who presented a thorough overview of the post residency landscape from practice options, to the market environment, and financial issues. This served as a wonderful foundation to a lengthy interactive discussion of the issues.

Mike Wiley, president of Healthcare Management and Consulting Services, invited back by popular demand, highlighted the morning session. Off the podium and into the audience, Mr. Wiley created real time scenario's regarding contract negotiations. I think everyone is now better prepared to sign on the dotted line.

Lunch followed this very informative session. Dr Wolf had the opportunity to introduce **Dr Eric Mazur**, the new Governor of CT who presented an overview of the ACP, both nationally and locally, and encouraged all in attendance to get more involved in our very active chapter.

MEDCHALLENGE

MedChallenge is a medical knowledge competition sponsored by the Connecticut ACP. Developed by the Hospital of St. Raphael with a format similar to the game show "Jeopardy," all Internal Medicine residency programs in the state are invited to compete on a yearly basis. This year's tournament was hosted by **Dr. Stephen O'Mahony** at Norwalk Hospital and coordinated by **Dr. Robert Nardino** from the Hospital of Saint Raphael.

The March 8th event demonstrated the enormous talent in Connecticut's residency programs. St. Vincent's, St. Raphael's, Bridgeport, Griffin, UConn Primary Care, and Stamford all played well, but it was UConn who prevailed in a tight match against Yale and Norwalk in the final round.

UConn's team of **Namrata Chawla, Subramaniam Krishnan, Raja Pullatt, and Gautam Bhimidi** were given financial awards to support attendance at the National ACP meeting in April. UConn represented us well in the national "Doctor's Dilemma" competition which was ultimately won by Northwestern University.

Thanks to all who made this another outstanding year, and please be on the lookout for MedChallenge 2006 this winter.

MARK YOUR CALENDARS!!!

Connecticut Chapter Annual Fall Meeting
Friday, October 28, 2005
Aqua Turf Club
Southington, Connecticut

LEADERSHIP DAY EXPERIENCE

Carla Casulo, M.D., 2nd Year Resident

Yale Primary Care Program

The Connecticut Chapter of ACP recently invited me to participate in a yearly two-day conference sponsored by the American College of Physicians known as “Leadership Day”. At the time the invitation was extended to me, I had very little idea what Leadership Day was, and much less of an idea how I could possibly contribute to it as a mere Intern in an Internal Medicine Residency Program. I was told the conference was designed as a gathering of politically minded physicians that were both committed to patient advocacy and devoted to educating our elected officials about the challenges currently facing the field of Internal Medicine and its subspecialties.

Upon my arrival to Washington, D.C., I was humbled to see I was indeed in the midst of an environment rich with individuals, mostly primary care physicians, deeply concerned about and willing to advocate for the profession of Internal Medicine. In addition, we were provided with educational resources (such as dealing with medical and a review of topics currently being focused on in this session of Congress) to help facilitate the communication that was arranged to take place between us and our government officials the next day.

After a day of talks, workshops and training sessions, I grew more excited about the possibilities that lay ahead; mainly the opportunity to meet with staff members working directly with Congresspersons and Senators representing the state of Connecticut, where I currently live and work. As an Intern, I expected to be more of a spectator throughout the day but was quickly proven wrong. As members of the Connecticut chapter of the ACP, we were able to personally meet with **Senators Dodd and Lieberman**, and **Representatives Johnson and Shays**. I found they were all genuinely interested in listening to my version of the challenges I face on a daily basis as someone just beginning this profession.

I was sincerely proud and humbled at the unbelievable opportunity to meet my elected officials, and equally pleased to have been invited to attend. As a consequence, I will be taking this experience to my fellow house staff at the Yale Primary Care Program and hopefully educate them about the wealth of opportunity this conference can offer. I can only hope that future visits to Capital Hill are as amazing as this one was for me.

CONNECTICUT CHAPTER’S COUNCIL OF YOUNG PHYSICIANS

Meaghan McNulty, M.D.

Our Chapter will be joining the College in its effort to “enhance the professional development and quality of life for young physicians, fostering their involvement in College activities, and ensuring that their needs are being met,” by creating the Connecticut Chapter’s Council of Young Physicians. The ACP’s Board of Regents established a Council of Young Physicians at the national level in January 2005. Our council will support this mission of the national council, as well as address specific issues affecting young physicians in Connecticut.

A young physician is a doctor under 40 who has completed an approved residency or fellowship training program, or a physician who is within 5 years of completion of postgraduate medical training. If you are a young physician and would like to become a member of the council or be involved in its activities, please email me (meaghanmcnulty@gmail.com) or look for future postings on our Chapter website.

There are two great resources for young physicians currently available on the ACP website which may be downloaded: Young Physician Practice Management Survival Handbook, and Pocket Guide to Selected Preventive Services for Adults.

—VISIT OUR CHAPTER WEB SITE—

<http://www.acponline.org/chapters/ct>

QUALIDIGM TO ASSIST PHYSICIAN OFFICES IN TECHNOLOGY ADOPTION

Qualidigm, the Connecticut Quality Improvement Organizations (QIO) is currently providing free assistance for primary care physicians interested in selecting, implementing, and effectively using electronic health record (EHR) systems. The Centers for Medicare & Medicaid Services (CMS), the sponsor of this initiative, promotes the use of EHRs to improve outcomes for patients, especially those with chronic diseases. This national initiative, called the Doctor's Office Quality - Information Technology (DOQ-IT) project, promotes the adoption of EHRs to improve quality and safety for Medicare beneficiaries in small and medium sized physician offices. EHRs can be valuable tools to increase quality of care, cut costs while increasing revenue, save the clinicians' time, and increase staff and patient satisfaction.

Recent studies have highlighted the potential for Information Technology (IT) to improve the quality, safety, and efficiency of healthcare. Systems that enhance patient-clinician communications and provide access to patient information, as well as decision support and reference data, hold the promise of improving the efficiency and effectiveness of healthcare delivery. Given that the majority of patient care is provided in ambulatory settings, the lack of IT integration precludes potentially significant improvements in quality and efficiency in healthcare delivery. Proliferation of IT will allow for sharing of health information among providers in a secure environment to improve health and lead to improved patient safety and healthcare delivery quality.

As part of the 50+ organization QIO community, Qualidigm is working under a contract with CMS to educate and assist physician offices with EHR system selection and implementation. Participating physician offices will receive assistance in the process of selecting and implementing an EHR system, workflow and process redesign, and system implementation. Through the DOQ-IT project, Qualidigm will work with EHR vendors to overcome implementation obstacles and improve care management; improve outcomes and quality reporting; and make high quality, affordable IT systems more available. These consulting services will be provided at no cost to participating offices.

For more information on the DOQ-IT project, or if you are interested in participating, please contact:

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MEDICAL STUDENT COMMITTEE

Barry Wu, M.D., Chair

The Connecticut Chapter was well represented at the Annual Meeting in San Francisco in April with old and new friends. It was a delight to see **Suneil Ramchandani**, MD (Yale School of Medicine Class 2004) competing at the Doctors Dilemma National Competition representing the National Naval Medical Center. **Mandy Krauthamer**, MD (Yale School of Medicine Class of 2005) was busy networking with other students as our New England Representative to the Council of Students. **David Banach** (University of Connecticut Class of 2006) had a poster presentation and **Saif Rathore** (Yale School of Medicine Class of 2010) had an oral presentation. Finally, the old timers **Stephen A. Atlas**, MD, FACP and **Barry J. Wu**, MD, FACP organized a session for medical students titled "Stack Up for Step 2". Students from across the nation participated in this interactive session using an audience response system to enhance their medical knowledge and test-taking skills and preparations for the Clinical Knowledge and Clinical Skills Examinations. The dynamic duo have been invited to update this session at the Annual Meeting in Philadelphia in April 2006.

We are thrilled that Connecticut students continue to pursue careers in internal medicine. This year 29 of 94 graduating students from Yale University and 18 of 72 from the University of Connecticut matched to internal medicine residencies. This was the seventh year the Connecticut ACP Internal Medicine Award was given at graduation to students entering a Connecticut internal medicine program. The recipients were chosen based on their academic achievement and community service. This year's winners

were **Coeurlida Louis Ashby**, MD from Yale University and **Sara Dever**, MD from the University of Connecticut. Coeurlida and Sara are by now seasoned interns at the Yale Primary Care and University of Connecticut Internal Medicine Program, respectively.

We look ahead to a new academic year and opportunities to network between the Scholars of Medicine Group at the University of Connecticut and the Yale Internal Medicine Interest Group. It is spectacular to have a renewed interest in internal medicine at both medical school campuses in Connecticut. Representatives from the Society of General Internal Medicine (SGIM) have also expressed interest in beginning to have a dialogue between the ACP and SGIM in Connecticut.

Finally, the Seventh Annual Medical School Board Review Tournament has been scheduled for September 24 at the Hospital of Saint Raphael. Last year's winner was the team from the New York Medical College. Previous tournament winners included: 1999 New Jersey Medical School, 2000 New York Medical School, 2001 SUNY Downstate, 2002 and 2003 University of Connecticut. We look forward to continuing to support this effort to enhance student participation and exposure to the ACP. 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.

CT CHAPTER RECEIVES TWO “KEY CONTACT” AWARDS FROM ACP

On May 17, 2005 in Washington, D.C., Connecticut physicians received two of ten national awards from the American College of Physicians recognizing political advocacy on the behalf of internal medicine. “Top Ten Key Contact Special Recognition Awards” were presented to **Dr. Robert McLean**, Head of the Connecticut ACP's Health and Public Policy Committee and **Dr. Eric Mazur**, Governor of the CT ACP Chapter. Dr. McLean was recognized for his tireless advocacy, both Statewide and nationally and for his successful efforts in increasing the number of ACP “Key Contacts” throughout the State of Connecticut. Dr. Mazur was recognized for effectively publicizing ACP's political advocacy positions among the local Fairfield County, CT news media. If you are a member of Connecticut ACP and interested in becoming a “Key Contact”, please e-mail either **Dr. McLean** at rmmclean@optonline.net or **Dr. Mazur** at Eric.Mazur@NorwalkHealth.org.



**Dr. Eric Mazur and John Tooker, M.D.,
Exec. V.P. & Chief Operating Officer**



**Dr. Robert McLean and John Tooker, M.D.,
Exec. V.P. & Chief Operating Officer**

CONGRATULATIONS!

Congratulations to **Dr. Janardhan Srinivasan**, from Bridgeport Hospital, who represented our Chapter in the ACP Associates posters in San Francisco and won first prize nationally!!!