

District of Columbia Chapter GOVERNOR'S NEWSLETTER

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

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FROM THE GOVERNOR



AND WHAT IS ACP AND DCACP DOING FOR YOU?

ADVOCACY is one answer. Advocacy in a macro political way is a role the College has become increasingly active in pursuing, espe-

cially since the merger with ASIM. National ACP has a Washington D.C. office staffed by specialists providing Congress with information on medical practice/training/educational issues to help "even" the playing field when it comes to the lobbying by lawyers, insurance companies, and the pharmaceutical industry. Also, ACP national leadership spends considerable amounts of time each year meeting with the media and other "influentials" in order to get the word out that there are truly big problems affecting the practice of medicine, especially the "hassle" that goes into practicing medicine everyday, the burden of repaying medical school debt, the ways such large debt influence choices in medical careers, and the costs of medical malpractice. Although ACP is never going to outspend the lawyers and other big business lobbyists (nor would I even want it to try), ACP can at least provide enough input to Congress to make the negotiations on Capitol Hill a bit fairer. Without national ACP doing this, our situation would likely be even worse than it currently is and even less likely to improve over time.

Also, when it comes to **ADVOCACY**, you should know our chapter sends members each year to visit local Maryland, Virginia, and District of Columbia congressional delegations to express your concerns about what is happening to the practice of medicine. This is done in conjunction with visits by ACP members from chapters throughout the entire U.S. which occurs each May when ACP holds its annual Leadership Days. During these two days, hundreds of us from ACP blanket the Senate and House of Representative Office buildings visiting our congressional representatives. Over the past several years, our chapter members have met personally with a variety of congresspersons including **Chris Van Hollen, Ben Cardin, and Eleanor Holmes Norton**. We've also met with congressional staff from the offices of **Senators Sarbanes and Mikulski** and with staff from the offices of most of the other Congressmen in Maryland and Northern Virginia. Members of your chapter who visited Capitol Hill this past year with me included **Martin Dillard, Alice Fuisz, Stuart Henochowitz, Sharyn Horwitz, Jerry Meyer, and Bob Wilkinson**. These people deserve credit for taking a day and a half out of their regular work week to go to Congress and express our concerns. None of us who visited are naïve enough to think our visits alone will change legislative policy. However, we have heard year after year from Congressional staff that if groups like us don't visit periodically, then we are perceived as uninterested in the political process. The members of Congress tend to pay little attention to the concerns of uninterested constituents since it is the interested constituents who tend to be the voting constituents.

AND WHAT DOES YOUR DCACP CHAPTER DO OTHER THAN ADVOCACY?

DCACP organizes a number of specific activities each year for its members, as well as has an active committee structure with opportunities for members to serve in a number of roles. Of course, if you are like me, attending committee meetings is an activity that ranks right up there with having a tooth pulled in terms of its desirability. Happily, (for me and for those who serve on DCACP committees) DCACP limits the number of committee meetings it holds each year and focuses the meetings on getting the work done. No committee meets more than four times a year and most committees meet only once or twice a year. Since the meetings are productive and committee members collegial, the meetings are even rather fun (if you can imagine a committee meeting being fun). Overall, there are some eighty local ACP members who serve on DCACP committees regularly. The committees they serve on (which add one or two new members each year) include:

1. The Awards Committee which meets once a year to select local doctors for local teaching, leadership, and volunteerism awards, as well as to nominate local doctors for national awards including Mastership. Interestingly, the DCACP Awards Committee has been the most successful local awards committee in the country over the past several years in achieving recognition for local members for national ACP awards. The credit for this goes to the local membership (for having many accomplished members) and to the members of the Awards Committee who work vigorously in support of our candidates. Members of the Awards Committee include **Bob Wilkinson** (Chair), **Harvey Alter**, **Werner Barth**, **Martin Dillard**, **Bob Goldstein**, **Richard Perry**, **Geraldine Schechter**, **Leonard Wartofsky**, and **Alan Wasserman**.

2. The Credentials Committee which meets approximately three times a year to review candidates for fellowship. It's a committee that takes its job seriously and carefully reviews the CV and related information submitted by candidates for fellowship status.

Members of the committee include **Kal Nasouli** (Chair), **Werner Barth**, **David Borenstein**, **Eliot Goldstein**, **Dick Perry**, **Paul Schlein**, and **Harold Weiss**.

3. The Health and Public Policy Committee which meets twice a year to develop resolutions for submission to the twice yearly national ACP Governors Conferences (in fact, as I type this, I am currently on a United Airlines sardine container flying to Nevada for the Fall 2006 Conference). DCACP is one of the leaders in the country in the number of resolutions submitted and accepted by the Board of Governors each year. Such resolutions have resulted in modifications in national ACP policy on several occasions since I've been attending these meetings. As you can imagine, it's always satisfying to see our local members concerns taken up by National ACP. Members of this committee represent a wide spectrum of individuals within the chapter and include **Tom Connally** (Chair), **Jane Chretien**, **Michael Gold**, **Stuart Henochowicz**, **Gene Libre**, **Jerry Meyer**, **Alan Pocinki**, and **Caroline Poplin**.

4. The Program Committee which meets once a year to come up with ideas for the Annual November Scientific Meeting. Once the committee meets, the Program Chair (currently **Andrew Umhau** and prior to him **Michael Gold**) then take the "proverbial ball" and develop the actual agenda for the two day meeting. The committee consists of some fifteen physicians- both academic and private practice in background. The range of discussion at this dinner meeting is truly amazing. Members of this committee include various individuals mentioned above and also **Gigi El-Bayoumi**, **Sharyn Horwitz**, **Ray Mitchell**, **Carlos Picone**, **Dennis Priebat**, **Bryce Redington**, **Duane Smoot**, and **Dal Yoo**.

5. The Associates Committee which is chaired by a medical resident of one of the eight local training programs. Just finishing his term is **Alaric Franzos** who has just started serving in a staff position at Walter Reed. This committee helps plan the May Associates Day where residents from around the city present research and challenge each other in medical jeopardy.

6. The Medical Student Committee headed by **Steve Durning** is comprised of various medical students from around the city. The medical

student committee plans the Medical Student Step to Success Program held in April and a more limited medical student program held in conjunction with the November Regional Scientific Meeting.

7. Finally, there is the Governor's Advisory Council which meets three times a year to provide me with input/advice regarding the types of activities DCACP pursues each year. It also provides me with comments on the resolutions to be discussed at the two national Governors Meetings so that I can vote the "will" of the chapter rather than my own personal opinions regarding the various resolutions. Member of the Governors Advisory Council who are not otherwise mentioned above have included **J. Blaine Fitzgerald, Alice Fuisz, Linda Green, Angie Lazarus, John Saia, and Victor Scott,**

ASSOCIATES DAY MAY 2006

May Associates Day held at USUHS was a busy time for about one hundred and twenty medical residents and fellows from around the city. DC ACP sponsors this activity yearly to provide local residents and Fellows a chance to present posters and podium presentations on research they have performed or on interesting clinical vignettes. Some ninety posters were displayed and eight podium presentations were delivered (the best abstract from each of the eight training programs was presented orally in a judged competition). The top four presenters received cash awards and the winning presenter will represent DCACP at the National Associates Competition in April (receiving partial financial support from DCACP to help him travel to San Diego).

Podium presenters receiving prizes
this year were :

1st place: **Ji Kim, MD**
Washington Hospital Center
*"Acute Blindness in a Patient
Post-Gastric Bypass"*

2nd place: **Alexander Mulamula, MD**
Providence Hospital
*An Unusual Etiology of
Sepsis in the ICU"*

3rd place (tie): **Maureen Shevlin Gutierrez**
Georgetown University Hospital

*"Toxic Shock Syndrome due to an S.Aureus
Peri-Nephric Abscess in a Diabetic"*

3rd place (tie): **Jeremy Pantin**
Howard University

*"Thymic Carcinoma in the Differential
Diagnosis of Chest Pain with Hemoptysis"*

Additionally, Associates Day provides residents in the eight local training programs a chance to compete in medical jeopardy. In the case of the jeopardy competition, the winning team will represent DCACP in the National Competition at the April National ACP Annual Meeting (with DC ACP contributing funds for travel expenses). The winning team this year was from National Naval Medical Center.

STEPS TO SUCCESS MEDICAL STUDENT DAY APRIL 2006

This third annual Medical Student Day was held in April and was attended by some seventy five regional medical students. The day was earmarked as an opportunity for students to learn more about careers in the various areas of internal medicine.

The day started with a mentoring breakfast attended by a variety of local practicing internists (both full time hospital based and private practice) who answered questions from the students regarding careers in internal medicine.

Students then had an opportunity to attend one of three panel presentations. One panel aimed at providing students with a picture of the breadth of career options in internal medicine by teaming up a general internist in private practice (me) with an internist in a hospital affiliated practice, an internist in full time hospital based medicine, and an internist in military medicine serving as a congressional doctor. Another panel was oriented towards careers in military medicine. A third panel was oriented towards opportunities in Humanitarian Medicine.

Following these presentations, students rotated among sessions about subspecialty medical procedures and a session where they could meet with generalists, hospitalists, and a variety of internal medicine subspecialists. During these meetings, students were encouraged to ask career

oriented questions of the participants. In total, some thirty five practicing internists served as breakfast mentors, panelists, subspecialty demonstrators, and general discussants.

Students left this third annual Steps for Success Day with a new appreciation for the breadth and depth of internal medicine as a career option. "Faculty" left impressed with the enthusiasm of the students attending the day.

OPPORTUNITIES TO PROVIDE CARE AT FREE CLINICS IN MARYLAND AND VIRGINIA

A variety of local DC ACP members provide care at free clinics in the area finding the opportunity to work with these underserved patients remarkably satisfying. In particular, **Dick Perry**, **James Ronan**, and **Paul Schlein** are members who have been very active in the Mercy Clinic in Germantown, Maryland and **Tom Connally** supervises and practices at one of the free clinics in Northern Virginia. The Mercy Clinic has received a National ACP Award for its service to the local community and continues to expand its activities. As many of you may not know, Montgomery County counts on its free clinics to provide medical care to immigrants and other underserved local residents since the County itself does not have the facilities to provide this care itself.

Dick Perry, MD MACP very eloquently summarizes the opportunities available as follows:

"There is nothing more satisfying or more consistent with our Profession's soul than to "give back" our hard-earned knowledge and experience to the struggling poor, particularly the uninsured working-poor, whose only access to medical care in our dysfunctional system is the emergency room visit during a medical crisis. The National and State governing bodies know this, but still approach a solution in small baby steps, while relying on "pro bono" efforts to help in the interim. At the Mercy clinic in Germantown, the shifts are for 3 hours in the afternoon or early evening and can be for one slot weekly, biweekly, or monthly. Nothing is needed other than your medical wisdom and commitment and a Maryland License (a volunteer Maryland medical license can be obtained free for volunteering at a specific site). Malpractice coverage is provided by the Free

Clinics Federal Tort Claims Act. **Will Rogers** said that you make a living by what you get: you make a life by what you give."

To learn more about these opportunities, contact **Dick Perry** (telephone: 301-469-0971 or email: richardperry@comcast.net) or **Tom Connally** (telephone: 703-536-6034 or email: nthomasconnally@aol.com). As noted above, time commitments do not have to be heavy since the clinic sponsors realize how busy most practicing doctors are.

LEADERSHIP DAYS MAY 16-17, 2006

As mentioned above, DC ACP was active in participating in the activities of this year's national ACP Leadership Days. Although DC ACP has always concentrated on discussing with legislators the issues of greatest interest to its local membership, it also shares with legislators "talking points" provided by National ACP on issues that the national organization considers especially important to share with Congress. For your interest, a summary of some of these issues presented by DC ACP members to local legislators were as follows:

1. Recognizing the Value of Primary Care Medicine. Along these lines, we asked legislators to do the following:
 - Increase the Medicare work relative values (RVUs) for currently undervalued evaluation and management (E/M) services (ACCOMPLISHED!)
 - Develop a better process for identifying overvalued work RVUs (e.g., certain radiologic procedures) in order to increase the pool of budget neutral dollars that can be allocated to other services.
 - Allow separate payment for activities that facilitate the provision of patient-focused, longitudinal, coordinated care (e.g., email and telephone consults, care coordination services and the use of Health Information Technology).
2. Update and Eventually Replace the Sustainable Growth Rate (SGR) Formula: Legislators were specifically asked to:
 - Move promptly on legislation to replace the proposed 5% cut for 2007 with a 2.8 percent increase as recommended by MedPAC.
 - Work with the medical profession to repeal and replace the SGR with an alternative for updating the Medicare fee schedule with one

which is predictable, not connected to measures of per capita GDP, and reflective of increases in physician practice costs.

3. Reducing the Number of Uninsured. Requests to legislators with respect to this issue included:

- Urging Senators to cosponsor the Health Partnership Act
- Urging members of the House of Representative to co-sponsor the Health CARE Act (H.R. 1399) to expand coverage in steps.
- Urging lawmakers to make the issue of expanding health insurance for the uninsured one of the top legislative priorities of Congress

4. Professional Liability Reform. Legislators were asked to:

- Allow the U.S. Senate to take an up-or-down vote on legislation that contains proven medical liability reform provisions, including a reasonable cap on non-economic damages, reasonable limits on pain and suffering, elimination of double award payments, a sliding scale for contingency fees, and proportionate liability among all parties.
- Support legislation S.22 (the Medical Care Access Protection Act of 2006) modeled after the Texas law that safeguards patient access to care through common sense reform

5. Health Information Technology. We requested of legislators that they:

- Support the bipartisan National Health Information Incentives Act (H.R. 747) to facilitate the adoption of standards for health information technology and to create incentives targeted at health professions in small practices and rural communities to help in the acquisition and use of HIT.
- Consider ways to incentivize physician practices for utilizing HIT as part of the overall reform of the Medicare physician payment system.
- Support funding in both the House and Senate Appropriations bills to support the Office of the National Coordinator for Health Information Technology and increase funding for HIT research in the Agency for Healthcare Quality and Research.

MORE ON LEADERSHIP DAYS MAY 2006

DCACP has been pleased to have opportunities to meet with a variety of members of the House of Representatives during the past several years. In particular, two members of the House have been especially welcoming to our members and supportive of many of our concerns.

Christopher Van Hollen now serving his second term for the district covering Montgomery County (and therefore the home representative for many of our members) has met personally with us the last three years. He has shown a good grasp of many of the difficult issues facing doctors and has shown support for many of the concerns we have expressed to him. He has been supportive of efforts to reverse recent cuts in the SGR and agrees that the SGR needs to be replaced by a more rational system of determining funding for medical care. He has also shown himself supportive of Health Information Technology initiatives and of the need to help medical students deal with the mounting debt associated with medical education. Chris was recently recognized in the local Montgomery newspaper for his exceptional responsiveness to constituent needs and he has certainly shown himself interested in hearing from us regarding the needs of doctors and patients in the local area.

Eleanor Holmes Norton has met with us two out of the last three years and has similarly shown herself concerned with many of the issues of concern to us. In particular, she demonstrated to us that she is concerned about the consequences of Pay for Performance legislation which does not adequately address severity of illness and other population differences among patients (an issue especially relevant in the case of the medically underserved population in the metropolitan DC area).

ON LINE ACP RESOURCES

I wanted to remind DC ACP members of the www.ACPonline.org website which contains a wealth of practice related information, as well as other information of general educational and medical-political-economic interest in the Practice Management Center. In particular, I wanted to direct readers' attention in this newsletter to the **COMPUTER** section of the **Practice Management Center website**. As computerization becomes

increasingly prominent in the practices of internists, the need for easy to find and inexpensive resources become increasingly important.

An example of topics available on the COMPUTER section of the website include:

1. Electronic Health Record (EMR) Adoption Road Map and Tools
2. Certified Electronic Health Records
3. Practice Software Product Ratings & Selection Services
4. Selecting a Practice Management System
5. Electronic Prescribing: What you should know
6. Communicating with Patients Electronically
7. Practical Applications of Handheld Computers

(This area of the website is reached by logging on to www.ACPonline.org and then selecting the tab Your Practice on the left and then selecting the Practice Management Center option.)

Finally, I would like to mention that not only does the Practice Management Center offer information on a variety of practice related issues on its web site, but you can even ask questions and get answers of the specialists there. For example, last week I emailed in a question about Medicare coverage of a new type of immunochemical "guiac" test and, sure enough, a real person provided me with a real answer to the question in real time.

WOMEN IN MEDICINE (WIM) GROUP OF THE DC ACP CHAPTER

Sharyn Horwitz, founder of the DC ACP WIM Group and chair of the group until recently had the following to say about the group:

The Women in Medicine Group of our DC Chapter has grown into an entity far beyond anyone's expectations. As outgoing Chair of the Group, I have the distinct honor of letting everyone in the DC Chapter know what we do and what we are about.

The Group was formed as a way to address the special issues faced in the work place and at home by the Women Internists and Sub-Specialists of the DC-ACP Chapter. It has evolved into a Group that is truly AMAZING! A sense of camaraderie, mutual support, and true caring for each other's welfare has developed.

The Group is diverse in opinions and consists of women from all types of practices - solo, group, government, corporate, HMO, academia, etc. We have physicians just starting their practices, all the way through to retired physicians. The members have shared ideas on how to improve their practices (i.e. reimbursement, management, etc.) as well as how to juggle the demands of their home lives. Our meetings have been educational, with speakers on pertinent medical topics, as well as very enjoyable.

We keep in touch via Email through a List Serv. Any woman in the ACP-DC Chapter who registered their Email Address with the National or Local Chapters is automatically included and this is constantly updated. Therefore, if you are a Member and are not receiving Emails, your email address is not on file. However, if you would like to become a WIM member, just email your address to **HELEN BLUMEN** (List Serv Coordinator) at hblumen@comcast.net. She will be happy to include you. Non-ACP members have also been welcome to join the List Serv, since we thought this would be a wonderful way to introduce non-members to the ACP and some of it's benefits. Our List Serv allows members to share information, keep in touch, find out about jobs, and even start their own special interest groups and invite other members to them.

We have also been extremely successful in encouraging and helping our members apply and achieve Fellowship in the ACP. We have encouraged more women to become active in the general ACP-DC Chapter and a number have been placed on the governing committees.

As we have grown, I have requested volunteers and so many of the members have responded. I would particularly like to thank **Alice Fuisz** and **Anne Wilson** for agreeing to become the new Co-Chairs of the group and **Helen Blumen** for organizing and running the List Serv.

Many other members have been key to the group's success including **Jane Chretien**, **Margaret Choa**, **Neelam Shah**, **Sharon Scanlon**, **Donna Rinnis**, **Katherine Waldman**, **Hema Padmanebhan**, **Phyllis Schreiner**, **Wilhelmina Kruz**, **Barbara Blaylock**, **Laurie Duncan**, **Andrea Fus**, **Omega Silva**, and so many others, that I apologize for not listing everyone.

The group has tended to meet together for some 4 meetings a year (three being free dinner meetings and one being a breakfast meeting in conjunction with the November DC ACP Annual Scientific Meeting). What started out feeling like another meeting that we were obligated to attend, has become something to look forward to!

This group can be whatever the Members want to make it and you are welcome to be as active or inactive as you like. There are no minimum number of meetings to attend and absolutely no additional dues or charges. All of the meetings are FREE!

We welcome anyone that would like to join. Just email us.

DC CHAPTER ON THE WEB

Have you ever finished reading an article and wondered what other activities your chapter has been involved in or what upcoming meetings I am missing out on? Your Chapter's Web site has the answers for you. Visit www.acponline.org/chapters/dc to satisfy your desire to learn more.

We have recently transformed the Chapter's Web site to offer a new design that allows visitors to quickly obtain the information most wanted without scrolling through a great deal of text. We have added fresh content and include new features which will allow you to communicate directly with your Chapter's Governor to offer comments or questions.

NAVIGATING THE SITE

Make the most of your visit to our Chapter's Web site:

Visit "News & Meetings" for the latest on abstract competitions, announcements about CME opportunities, and local activities in your chapter.

Search "Public Policy and Advocacy" to research the College's positions on key health issues, contact your legislators, and find out what you can do to help make a difference.

Access "Local Links and Resources" for a comprehensive resource focal point that provides a detailed list of Web sites for the internist.

Read "About the Chapter" to find your Chapter's Leadership, including your Governor, Governor's Council, and Chapter Staff; locate your chapter's bylaws; learn about past award recipients.

Stop in "Residents and Medical Students" to discover a host of available resources, residency program information, career guidance and local activities.

Offer feedback, suggest topics or contact us with questions.

Subscribe to receive email alerts from the Chapter and the College. Send us your updated email address.

Access the Chapter's Web site online at
www.acponline.org/chapters/dc.