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**Governor's Report**  
**ADVOCACY: DC ACP VISITS CAPITOL HILL**  
**MAY 2007**

**O**n May 16, 2007, a delegation from

DC ACP visited members and staff of the Senate and House of Representatives to discuss federal health care policy and its affect upon the practice of internal medicine. We visited congressional offices of members from District of Columbia, Maryland, and Northern Virginia. In most cases we visited with congressional health policy staffers (the staff members who advise the congressional members about health legislation as it comes up before committees and onto the floors of the Senate and House of Representatives). However, we also visited personally with Congressman **Chris Van Hollen Jr.** (Congressional representative for Montgomery County and portions of Prince Georges County) and Congressman Sarbanes of the Baltimore area. DC ACP members participating in these Congressional visits included **Mike Gold, Stuart Henochowitz, Angie Lazarus, Jerry Meyer, Victor Scott,** and myself. Also, participating in the visits were four medical residents from the Washington Hospital Center and two medical students from Georgetown.

The key issue we discussed during our various meetings was the financial challenge confronting internists in practice and medical students and residents contemplating careers in

internal medicine. As a consequence, we pointed out that general internists are leaving practice at an alarming rate (21% of physicians who were board certified in the early 1990s have left the practice of general internal medicine), increasing numbers of subspecialty internists are finding it difficult to make a reasonable income, and fewer medical students and residents are choosing general medicine as a central career goal (only 13% of first year medical residents currently indicate they are interested in a career in general internal medicine).

When asked about the reasons for this decline in interest in careers in internal medicine overall and in general internal medicine in particular, our group from DCACP offered several explanations.

**THE UNFAIR MEDICARE REIMBURSEMENT SYSTEM**

First, we explained that the current Medicare reimbursement system which is based upon the SGR (Sustainable Growth Rate) formula ends up causing internists to bear much of the brunt for limitations in the growth in Medicare funding. The SGR is basically a "Zero Sum Game" where when more funds need to be paid out for Medicare charges overall than the rate of growth in our economy, the extra funds paid out for one purpose leads to less funding being available for other purposes. As a

result, when Medicare pays more for increasing numbers of radiologic procedures such as MRI and PET scans, this means less reimbursement being available to pay internists for seeing Medicare patients or performing procedures on them. Moreover, with increasing numbers of Medicare patients requiring medical care but no increased funding being allocated for this growth in number of Medicare patients, internists are basically being asked to see patients for less reimbursement per patient to make up for the growth in the number of Medicare aged patients in the population. We explained that since a given internist can only see so many patients and do a good job of caring for them, the fact that there are more Medicare patients needing care doesn't result in more income for internists unless they work longer and longer hours and squeeze in more and more patients. This is not good for physicians or their patients since it results in burn out among internists and less time to provide attentive care to our patients. We strongly recommended to Representatives Van Hollen and Sarbanes and the various health policy staffers to whom we spoke that the current SGR formula be significantly revised or, even better, eliminated to end this injustice against internists. Indeed, it did seem that most of our listeners understood our message and agreed with us that the current system is broke and needs fixing or replacing.

Additionally, we asked that Congress vote for emergency updates in Medicare funding for 2008 and 2009 since it is unlikely that any "fix" to the SGR will be agreed upon before the next administration starts office in 2009. Moreover, we asked for support for the Geriatric Care Management Act. This legislation would create a Medicare benefit for a comprehensive geriatric assessment for beneficiaries with chronic diseases or dementia and would provide a separate Medicare monthly payment to physicians who provide ongoing care coordination services for such patients.

### **HEALTH INFORMATION TECHNOLOGY**

Additionally, we pointed out that the costs of HIT (health information technology) and especially electronic medical records (EMRs) was proving to be a significant financial burden for many internists, especially those in smaller practices. As a result, we explained that Congress needed to help with this financial burden if it expected internists to proceed in a timely fashion to acquire EMR's. In specific, we asked members of the House of Representatives to support the H.R. 1952, the bipartisan National Health Information Incentive Act of 2007 which would provide incentives for physicians in small practices to acquire HIT through the use of loans, grants, Medicare reimbursement and small business tax deductions.

### **PATIENT-CENTERED MEDICAL HOME (PCMH)**

Another concept we discussed during our visits to the various Congressional offices was ACP's Patient-Centered Medical Home (PCMH). The ACP is calling upon Congress to instruct Medicare to pay internists for providing PCMH type care to their patients. Although the full PCMH concept is still evolving, the basic concept is a model of medical care that stresses the coordination of medical care for patients and provides reimbursement for this care (even when there is no "face-to-face" office time involved). The PCMH calls upon Medicare paying physicians for the costs involved in using HIT, coordinating specialty and inpatient care, providing preventive services through health promotion, providing patient education, as well as the diagnosis and treatment of acute and chronic illness. At the center of the "medical home" is a personal physician who works closely with the patient in the coordination and facilitation of medical care. (In many ways, it is what many internists already do, but for which they receive no reimbursement.) In most cases, such a "personal" physician will be a general internist. However, it need not only be a general internist. For example, a rheumatologist providing most of the medical care for a patient with complex rheumatoid arthritis or a gastroenterologist caring for a complicated patient with Crohn's Disease could qualify as providing PCMH type medical care and thereby receive extra reimbursement for doing so. Although DC ACP basically supports national ACP in this PCMH concept and discussed the concept during our visits on Capitol Hill, DC ACP has also been vocal in reminding the leadership of national ACP that the PCMH concept could be misused by Payors (both Medicare and Private Insurers) making internists "gatekeepers" (which is certainly not the intention of National ACP). The leadership of National ACP has promised to be vigilant in watching for any misuse of the PCMH concept. Currently, national ACP has been successful in bringing together a coalition of medical organizations and businesses (including some giants like IBM) who are supporting the PCMH concept. Additionally, national ACP has succeeded in getting Congress to pass legislation last year instructing Medicare to test the concept of the PCMH in demonstration projects. Medicare is currently working on how to institute such pilot projects to test out the concept of the patient centered medical home.

### **VISITING WITH CHRIS VAN HOLLEN**

A high point in our visit to Capitol Hill was the opportunity once again to meet personally with Representative **Chris Van Hollen** to discuss the concerns described above. Although Chris could not meet with us

at his office as originally planned since he had to stay close to the House of Representatives for a series of votes, he arranged for his Health Policy assistant to take us underground to the Rayburn Room outside the House of Representatives to meet with him between votes. Chris showed a good understanding of the unfairness of the SGR formula and indicated his support for efforts to revise/replace this formula. Additionally, Chris indicated his support for the National Health Information Incentive Act of 2007. Moreover, Chris indicated his support for ACP efforts to broaden the availability of medical insurance coverage to the uninsured and in ACP's efforts to help medical students and residents with excessive levels of medical debt. We appreciated the time spent with Chris and his health policy staffer and hope to continue to work with them on federal health policy issues of key interest to members of DC ACP.

### **OTHER MEDICAL PUBLIC POLICY ISSUES HIGHLIGHTED BY ACP DURING THIS YEAR'S VISITS TO CAPITOL HILL.**

Other issues that national ACP brought to the attention of Congressional members during this year's Leadership Day Capitol Hill visits included:

Calling for increased funding for important medical research and training programs through sufficient funding for the National Institutes of Health, the Veterans Administration Medical Care and Medical and Prosthetics Research Program, the Health Professions Programs under Title VII and VIII, and the Agency for Healthcare Research and Quality,

Also, national ACP called upon Congress to enact meaningful legislation to help control medical liability insurance premiums. In particular, ACP is asking Senators to support the Medical Care Access Protection Act of 2007 which establishes basic protections in the tort system allowing greater access to care, giving more money to injured patients, and allowing quicker resolutions to claims. Specifically, the legislation calls for

- Reasonable limits on pain and suffering (non-economic) awards
- Periodic payment of future damages
- Elimination of double payment of awards
- A reasonable statute of limitation on claims
- A sliding scale for contingency fees
- Proportionate liability among all parties

## **NATIONAL ACP AND THE RESOLUTIONS PROCESS**

Twice a year, the 78 Governors from around the world (currently, ACP has governors not only in the United States, but also in Canada, Central America, South America, and even Japan) meet to discuss and vote on resolutions submitted by the various chapters. Resolutions which are approved by a majority of the Governors are then passed along to the Board of Regents for consideration. Although not all the resolutions passed by the Board of Governors are approved by the Board of Regents, all are discussed and, in general, seriously considered as the Board of Regents makes final policy decisions which determine national ACP policy. DCACP has been one of the leaders in introducing national Resolutions over the past several years and, by doing so, directly influencing national ACP policy.

### **RESOLUTIONS FROM SPRING 2006 BOARD OF GOVERNORS MEETING**

At the most recent Board of Governor's meeting, dispositions for various resolutions approved by the Board of Governors in Spring 2006 were announced. A summary of some of these decisions and their enactment plans are presented below. Reading these will give you some idea of various actions national ACP is interested in pursuing in upcoming years.

DCACP SUBMITTED RESOLUTIONS APPROVED BY THE BOARD OF GOVERNORS (RESOLUTIONS 3-S06, 10-S06, 11-S06, 11-S06)

RESOLUTION 3-S06: SUPPORTING MEMBERS WITH THE SELECTION OF AND NEGOTIATING PURCHASE DISCOUNTS FOR EMR'S/EHCERS

Based upon this resolution, the ACP Medical Service Committee at their February 2007 meeting recommended the ACP Medical Informatics Subcommittee work on developing what has been labeled the "Value Purchasing Program (VPP) Action Plan." This plan calls upon the ACP to:

- Provide a mechanism to narrow the pool of vendors marketing electronic health records that are certified by the Certification Commission on Health Information Technology (CCHIT)
- Provide College members with the opportunity to purchase a CCHIT-certified Electronic Medical Records (EMRs) at a discounted price
- Provide a mechanism to evaluate the EMRs purchased through the VPP

-- Provide a mechanism to update the pool of discounted certified EHRs

#### RESOLUTION 10-S06: DEVELOPING A PAY FOR PERFORMANCE APPEALS SYSTEM

This resolution by DCACP called upon the Board of Regents to help facilitate development of a system to allow internists to protest decisions by payors when decisions on Pay for Performance (P4P) do not adequately take into consideration case mix and severity of illness in physician performance as measured by P4P. Additionally, in this resolution, we asked the Board of Regents to ensure that such a system of appeals would be instituted within any national (e.g. Medicare) P4P system. Prompted by this resolution, the Board of Regents called upon the national ACP Health and Public Policy Committee to develop a statement of principles for a performance measurement appeals process. Such a plan was crafted and circulated among ACP Governors, Regents, and Council Members. A revised draft was then prepared and approved by the Health and Public Policy Committee and has now been presented to the Board of Regents for their action.

#### RESOLUTION 11-S06: EVALUATING QUALITY AND SAFETY OF "MINUTE CLINICS"

DC ACP called upon the Board of Regents to evaluate the quality and safety of the "growing phenomenon of minute clinics" and evaluate their impact on continuity and quality of care. Furthermore, DC ACP called upon the Board of Regents to provide materials and/or other types of resources to assist individual chapters in ensuring that such clinics within their chapter boundaries meet quality and safety standards.

As a result of this resolution by DC ACP, the Board of Regents in January 2007 approved a statement of principles on retail health clinics and approved publication of these principles in the ACP Policy Compendium to be used by ACP chapters (and other organizations) in evaluating the level/continuity of care provided by local "Minute Clinics."

#### RESOLUTION 17-S06: PROMOTING THE BASIC MEDICAL HOME CONCEPT

DC ACP called upon the Board of Regents to set "as a high priority," the promotion of the basic concept that every person in America who so desires should be able to have a designated physician who will coordinate his/her medical care and that the "payment system should be structured to reward physicians for their time and skill employed in the management of such patients medical care."

This resolution was incorporated into the national

ACP's Patient Centered Medical Home (PCMH) concept discussed above. The Board of Regents supported this resolution.

#### A SELECTION OF RESOLUTIONS INTRODUCED BY OTHER CHAPTERS WHICH WERE ALSO APPROVED BY THE BOARD OF GOVERNORS

RESOLUTION 4-S06: INITIATING AN ANNUAL SESSION ABSTRACT COMPETITION FOR YOUNG PHYSICIANS: ACP leadership has expressed an interest in this idea and if "market research" confirms there is sufficient interest in such a competition, efforts to introduce such a competition will commence.

RESOLUTION 6-S06: WORKING WITH SGIM (Society for General Internal Medicine) LEADERSHIP TO IDENTIFY MECHANISMS THAT ALLOW ACP AND SGIM TO COORDINATE ACTIVITIES AND TO ACHIEVE A CLOSER ALLIANCE: The ACP Education and Health & Public Policy Committees are both working on providing input to the Board of Regents on this resolution. It was noted that there already exist strategies for ACP and SGIM to collaborate under the rubric of a process entitled the "Unification of Internal Medicine."

RESOLUTION 9-S06: PROMOTING LEGISLATION THAT PROVIDES MEDICAL MALPRACTICE LIABILITY PROTECTION FOR PHYSICIANS VOLUNTEERING CARE: Based upon this resolution, the ACP Health and Public Policy Committee has recommended that the Board of Regents adopt recommendations developed by a work group of legal and medical experts meeting at a 2004 Robert Wood Johnson sponsored symposium. These recommendations suggest changes to federal and state medical liability laws to offer liability protection to all physicians who provide volunteer care.

RESOLUTION 13-S06: ENSURING UNINTERRUPTED ACCESS TO PRESCRIPTION MEDICATION FOR SENIORS AND THOSE COVERED UNDER MEDICARE PART D DRUG BENEFITS: National ACP is currently participating in an American Medical Association convened Part D Workgroup. The Part D Workgroup meets regularly with the Centers for Medicare and Medicaid Services (CMS) to address Part D-related issues.

## **RESOLUTIONS SUBMITTED BY DCACP AND APPROVED BY THE BOARD OF GOVERNORS SPRING 2007**

In brief, let me mention the 5 resolutions (out of 23 from around the world) submitted by DCACP at the most recent Board of Governors' Meeting. All of resolutions we submitted were approved by the Board of Governors and have now been presented to the Board of Regents for their consideration.

**RESOLUTION 6-S07: DEVELOPING METHODS FOR MONITORING THE FAIRNESS OF PAY FOR PERFORMANCE PROGRAMS:** This resolution calls upon the Board of Regents to work with other appropriate health care organizations in developing methods for monitoring the fairness of Medicare and Private Health Insurance Pay for Performance activities. (A variety of specific issues were then enumerated.)

**RESOLUTION 8-S07: SUPPORTING HEALTH INSURANCE TAX DEDUCTIBILITY:** This resolution calls upon the Board of Regents to support a tax deduction for individuals who purchase health insurance. In the resolution, DC ACP explicitly recognized that this deduction will not help individuals with very low or no income, but expressed the hope that such a deduction might increase the affordability of health insurance for middle-income Americans.

**RESOLUTION 9-S07: ADVOCATING FOR MECHANISM THAT ENABLE PHYSICIANS TO INTERACT EFFICIENTLY WITH PHARMACY BENEFIT PLANS:** In this resolution, DC ACP asked that the Board of Regents forcefully advocate that efficient mechanisms for enabling physicians to interact with pharmacy benefit plans be a primary consideration in the accreditation of pharmacy benefit plans.

**RESOLUTION 10-S07: DEVELOPING POLICY REGARDING THE COMPOSITION OF PHARMACY BENEFIT PLANS' FORMULARY COMMITTEES:** In this resolution, DC ACP called upon the Board of Regents to develop policy that recommends that all pharmacy benefit plans either include representatives from all major medical subspecialties on their formulary committees or have clearly delineated protocols for consulting with appropriate subspecialists about medication in their specialty area. Moreover, we asked that the Board of Regents develop policy recommending that formal accreditation of such pharmacy benefit plans require such representation and/or consultative protocols.

**RESOLUTION 16-S07: DEVELOPING MECHANISMS THAT PAY FOR PERFORMANCE (P4P) PROGRAMS CAN USE TO ASSESS A PHYSICIAN'S PATIENT CASE MIX:** This resolution asks the Board of Regents to work with other health care organizations to develop specific mechanisms that Pay for Performance Programs can use to assess a physician's case mix and its effect on physician Pay for Performance scores. By having ACP involved in this process, the hope is that a system which is fair to internists can be developed and used by Public and Private Payors in place of any less well thought out/fair systems developed independently by such payors.

## **2007 STEPS FOR SUCCESS MEDICAL STUDENT MENTORING MEETING**

DC ACP in conjunction with the Internal Medicine Interest Groups at Georgetown, George Washington, Howard, and USUHS held the metropolitan area's third annual "Steps for Success Medical Student Meeting" at USUHS in early April. Some sixty medical students from the metropolitan DC area joined together with some thirty practicing physicians to learn more about careers in general and subspecialty internal medicine (including hospital medicine).

The key individuals in arranging this meeting were the co-chairmen of the DC ACP Medical Student Committee Drs. **Steven Durning** and **Jeff LaRochelle** of USUHS and Dr. **Mathew Mintz** of George Washington Hospital. Various residents from the National Naval Medical Center and Walter Reed Hospital were also instrumental in planning the meeting.

Sessions included a mentoring breakfast, a question and answer panel session, demonstrations of various internal medicine procedures such as bronchoscopy, endoscopy, and gram staining, an abstract competition including both research and clinical vignette presentations, and a session of Doctor's Dilemma (Medical Jeopardy) with teams of local medical residents as contestants.

The day concluded with a luncheon at which three residents from the military training programs described special medical activities in which they had participated which had enhanced their interest in the field of internal medicine. In one case, a medical resident served as medical aide to a U.S. Senator as he traveled throughout various countries in the Far and Middle East. In a second case, one of the residents described working with a team of medical specialists who spent a month in Afghanistan advising the police on their hospital system infrastructure. In the third case, one of the residents described spending a month in Africa working at a local AIDS clinic.

## 2007 District of Columbia Associates Meeting

The first Saturday in May brought this year's Spring Associates Meeting with some 125 attendees. There were two sessions of Podium Presentations, two sessions of Poster Presentations, and a Keynote address entitled "Current Legislative Issues in Medicine" presented by Courtney Walker, Senior Associate, Legislative Affairs, national ACP.

This year's Abstract Program was organized by Joseph Timpone MD, Associate Internal Medicine Program Director, Georgetown University Hospital.

Winners of the Podium Presentations are listed below:

1st Place: **J Chen**, MD of Georgetown University Hospital: Granulomatous Amebic Encephalitis in a Patient with ALL

2nd Place: **Q Durrani**, MD of Providence Hospital: Mounier Kuh Syndrome

3rd Place: Lt. **A Nieoto**, MD of National Naval Medical Center: Outbreak Investigation of Gastroenteritis in the Infectious Disease Clinic

4th Place: Cpt **M Goyal**, MD of Walter Reed Hospital: Left Atrial Thrombus on the Cardioseal Interatrial Closure Device for Patent Foramen Ovale

## DC ACP WOMEN PHYSICIANS GROUP

The DC ACP Women Physicians Group met on several occasions over the year serving as a way for women internists in the metropolitan DC area to share experiences and to learn more about topics of interest to them. This group is currently co-chaired by Alice Fuisz and Anne Wilson who have worked hard to plan a variety of activities this year.

The year started with a dinner meeting at La Ferme Restaurant in Bethesda and a presentation on Breast Radiology. A very thorough discussion of the various modalities available in the radiologic screening and diagnosis of breast abnormalities was beautifully presented.

Next, the Women Physicians gathered for a Breakfast during the DC ACP November Annual Scientific Meeting. Approximately twenty women met with the Chair-Elect of the ACP Board of Governors who was this year's College Representative to our meeting. This occasion gave the women a chance to discuss some of their concerns with one of the key leaders in national ACP and to hear directly from him regarding ACP's approach to dealing with these concerns.

Subsequently, a meeting was held at Morton's

Restaurant in Bethesda with a presentation by a physician from the Kaiser Medical Plan discussing their electronic medical record system and the ways that the introduction of this system has facilitated various aspects of patient care at Kaiser.

Next, a "pot luck" dinner was held at the home of Barbara Blaylock MD FACP to discuss issues related to Advanced Directives. This was a more low key event which the women attending found both relaxing and informative.

Finally, the most recent meeting of the Women Physicians Group was held at La Miche Restaurant in Bethesda. Along with an excellent dinner, the women attending the dinner meeting were presented with a slide show on dermatologic manifestations of medical diseases. The dermatologist who was kind enough to present this very interesting talk was **Jay Barnett**, MD.

The co-chairmen of the Women Physicians Committee are now considering options for meetings next year. If you would like more information about this group (all women members of DCACP are welcome to participate in the meetings) or would like to offer suggestions regarding future meeting topics, please contact **Alice** or **Anne**.

## Medicare Pay-for-Reporting Program Starts July 1, 2007—Details and Assistance

The ACP Practice Management Center (PMC) has released preliminary guidance on Medicare's upcoming pay-for-reporting program, the Physicians Quality Reporting Initiative (PQRI). The Medicare PQRI Medicare will begin on July 1, 2007 and run through December 31, 2007. The program was established under a federal law enacted in December 2006.

Under the PQRI, CMS will pay physicians for reporting on specified quality measures. Internists will need to successfully report on three of 74 different quality measures to receive the 1.5% bonus to their Medicare payments.

Physicians do not have to register in advance for the program, just include the applicable quality measure code on the same claim form used to bill the Medicare service. CMS will know which physicians are participating in the voluntary program when it processes the claims.

As CMS releases further details about the program, the PMC and ACP will provide additional information related to the PQRI—information describing the program and information aimed at helping interested members to participate with minimal burden.

PMC's publication is available to registered ACP members at <http://www.acponline.org/private/pmc/pqri.pdf>

ACP Members who have not yet picked a username and password for ACP's website can gain access by registering online now at <http://www.acponline.org/cgi-bin/register.pl>

More information on the PQRI from CMS is online at [http://www.cms.hhs.gov/pqri/01\\_overview.asp](http://www.cms.hhs.gov/pqri/01_overview.asp)

## **DC ACP 2007 ANNUAL SCIENTIFIC MEETING NOVEMBER 2-3, 2007**

**To be held at USUHS in BETHESDA, MARYLAND**

The dates are set and the program arranged for this year's Annual Scientific Meeting. Last year, some 180 individuals attended the meeting and we would like to see over 200 individuals attend this year. CME credit will be available as usual and the talks have been selected to highlight speakers known for their especially enlightening presentations. The official program brochure will be mailed soon, but a summary of the program is listed below for your advance review. Do set aside time for this meeting. Not only are the talks educational, but the opportunity to visit with fellow internists from the metropolitan Washington area is always great fun. Also, the price is right at only \$52 (which includes CME credits and all food except for the Governor's Awards Banquet held on Friday evening which is an extra charge).

### **FRIDAY November 2 (Noon to 5:15 PM):**

Registration and Buffet Lunch

Update on Vaccinations and Immunizations in Clinical Practice

The Changing Paradigm of Coronary Stents

Washington Update: An Overview of Federal Legislation and Policy Impacting the Practice of Medicine

The Adolescent in the Internist's Office

When and How to Aggressively Manage the Diabetic Patient

Governor's Award Banquet

### **SATURDAY NOVEMBER 3 (7:30 AM TO 2:30 PM):**

Hot Buffet Breakfast and Breakout Breakfasts for Women Physicians and Retired Physicians

The Electronic Medical Record in Clinical Practice

Psychiatry Update for the Internist

The Mature Mind: The Positive Power of Aging Brain

Internal Medicine: A Brighter Future (Presentation by Chair-elect National ACP Board

of Regents)

Town Hall Meeting (express your concerns and ask your questions of local and national

ACP representatives)

Clinical Problem Solving Session: Myelodysplastic Syndrome

Associate Poster and Podium Presentations

## **ACP RESOURCES AVAILABLE TO YOU**

Remember, ACP has various resources available for you online at [www.acponline.org](http://www.acponline.org).

These include a membership directory to locate other internists, CME resources, medical news, and sites such as the Practice Management Center.

The Practice Management Center (PMC), in particular, has information on a plethora of clinical practice matters with many downloadable forms, templates, and other useful material. Check the PMC out and I suspect you'll find something of interest.

**Visit the Chapter Website at**

**[www.acponline.org/chapters/dc](http://www.acponline.org/chapters/dc)**