



Outgoing Governor's Report

GOODBYE AND I LOOK FORWARD TO SEEING YOU

There's only one day to go before I hand over the governorship to **Mike Gold**. It's been a tiring but rewarding experience being Governor of the DC ACP chapter and I greatly appreciate being able to serve as your Governor for the past four years. DC ACP is the most productive chapter in the College for its size. The success of the chapter is directly related to the talent and hard work of so many of its members and being Governor of such a chapter has indeed been quite an honor.

Currently, I am downtown attending Internal Medicine 2008 (ACP's Annual Meeting). We finished the Spring Board of Governors Meeting on Wednesday. Of the 19 resolutions approved at the Board of Governors Meeting, five of them (26%) were from our chapter. This is probably a new "record." I am very proud of the efforts of our Health and Public Policy Committee for producing such a remarkable group of resolutions. Members of the Health and Public Policy Committee include **Tom Connolly** (chair), **Jane Chretien**, **Mike Gold**, **Stuart Henochowicz**, **Jerry Meyer**, **Alan Pocinki**, **Caroline Poplin**, **Dan Singer**, and **H. Linton Wray**.

A look at the titles of our resolutions shows the diversity of the makeup of our committee which is one of its great strengths:

- 1-S08: Differentiating between Physicians and Other Health Care Providers
- 5-S08: Developing Further Pathways for Recertification
- 11-S08: Exploring Virtual Executive Directors to Assist Small Chapters
- 21-S08: Promoting Federally Qualified Health Centers
- 23-S08: Publicizing Misleading or Fraudulent Representation by Health Insurers

Interestingly, our resolution 23-S08 has already been highlighted on the first page of the Internal Medicine 2008 Newsletter published and distributed at the Annual Meeting yesterday.

I've been asked if the Resolution Process that the Board of Governors goes through twice a year really has any meaning. After all, it's the Board of Regents which makes official policy. Indeed, as it turns out, the resolutions passed by the Board of Governors often (though not invariably) do have significant effect on the actions of the national organization.

An example of this effect was offered during the recent Governors Meeting when a session on the national ACP committee structure was presented. During discussion of the Strategic Planning Committee's work (the national ACP committee which sets overall policy for the organization), **Wayne Bylsma**, PhD (Vice President, Executive Operations, Research and Planning, ACP) described how chapter resolutions help set ACP national policy. As an example of this, he described how passage of **Resolution 05-F06** caused the Strategic Planning Committee to direct that various ACP committees introduce policy to assure that ACP adequately address the needs of clinicians in small practices (rather than just those in large groups and organizations).

Although it was not specifically mentioned during the presentation that this resolution came from DC ACP, I was proud to hear "from the podium" how our resolution has benefited members in our chapter (and in the College in general)

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who are solo practitioners or who work out of small group settings.

Another exciting aspect of Internal Meeting 2008 was the Convocation where an impressively large group of new DC ACP fellows came to march and take the fellowship pledge. In total, DC ACP had 27 new fellows this year (I believe a new record for our chapter). I would encourage those of you who are entitled to fellowship status but have not applied for such status to do so for this coming year. National ACP has been working vigorously to reduce the "paperwork" aspects of the process and the local chapter will certainly help work with you. Details are available on line at www.acponline.org.

Finally, once again I wish to thank the membership of DC ACP for giving me the unique opportunity to serve as your Governor for the past four years. It's meant a lot to me and I hope I've been able to serve the chapter well. Although I give up my Governorship one day from now, I intend to stay active with the local chapter as a "regular" member, which is why I titled this column as "Goodbye (as your Governor)" but "I Look Forward to Seeing You" at upcoming DC ACP activities (in my "new" role as a "regular" participating member of the chapter).

Larry



A Word from Dr. Gold, Our New Governor

Dear Members and Constituents,

As the new Governor, I extend a warm welcome to you and again thank you for supporting me. I begin my duties in awe of the marvelous job done by **Larry Klein** as retiring Governor. Our chapter received both an Evergreen Award and one for Chapter Excellence. I can tell you from personal experience that Larry worked hard to accomplish all the things that have taken place in the past few years. We owe him a great round of applause and thanks for all his work. I share Larry's concern with the future and the intent to keep our chapter in the American College of

Physicians as an active force in mentorship, quality and excellence in education, and as a forum for the concerns of our membership in very complicated times. I also look forward to his continued activity with our various committees and chapter leadership.

I will mention only a few of the exciting issues that will be facing all of us in the times ahead. First, of course, is the election of our government leaders and all that this implies for the nation's health care. Many of us participated in the ACP Leadership Day. We learned that most of the health care policy and objectives will be evolving in the coming year. So stay alert and active and participate in ways that your voices may be heard. In particular, our council representative for the District will be activating her job in June. Representation by ACP would be most appropriate during that time.

Your representation via the Board of Governors will also be exciting as several key referenda issues will be reviewed. Larry has mentioned some of them in his report. I would call attention to other issues, such as relationships with pharmaceutical companies, which the Regents will be studying as a result of input from the Board of Governors. Another issue raised by many is the appropriateness of the content of questions on the ABIM recertification exams, and perhaps we can have some voice in looking at these this. I certainly am concerned with keeping our younger doctors and students interested in careers with Internal Medicine and will continue Larry's great start with the program directors of our various institutions.

I end with a challenge -- a call for those who are interested in working further with us to let their names be known. We have several active committees, or just volunteer and participate. Give me a call and we can discuss your future roles. For now I can be reached at legutmd@aol.com or michael.s.gold@medstar.net.

SPRING 2008 DC ACP BOARD OF GOVERNORS RESOLUTIONS:

I listed the titles of our chapter's five resolutions in my Outgoing Governor's Column on page 1. As I mentioned, all five were approved by the Board of Governors (4 basically as we submitted them and 1 with modifications). I wanted to describe the resolutions below in more detail so you can see what we are proposing to the Board of Regents.

1-S08: Differentiating between Physicians and Other Health Care Providers

RESOLVED, that the Board of Regents insure that in all ACP publications and public discourse that there be a differ-

entiation between physicians and less intensively trained health care workers, and that when referring to members of a combined health care team that the term "physicians and other health care professionals" be used. (I.E., this instructs the College **not** to refer to us as "**Providers**," but as internists, doctors, or clinicians).

5-S08: Developing Further Pathways for Recertification

RESOLVED, that the Board of Regents call upon the American Board of Internal Medicine (ABIM) to develop further pathways for recertification that allow more options for achieving board certification, in particular allowing the substitution of additional non-ABIM developed high quality continuing medical education (CME) in place of ABIM developed modules.

11-S08: Exploring Virtual Executive Directors to Assist Small Chapters

RESOLVED, that in order to assist chapters without Executive Directors, the Board of Regents explore hiring and supervising individuals managed by ACP national who can serve as "virtual" Executive Directors for several chapters at a time and/or expand the role of Chapter Liaisons to fulfill this function. Chapters who elect to take advantage of this service would pay national at cost for the time expended by these virtual Executive Directors and by ACP to manage them.

21-S08: Promoting Federally Qualified Health Centers

RESOLVED, that the Board of Regents study promoting further expansion in the number of and staffing of Federally Qualified health Centers so as to decrease health care disparities and improve access to and quality of care for the medically underserved.

23-S08: Publicizing Misleading or Fraudulent Representation by Health Insurers

RESOLVED, that the Board of Regents publicize to ACP members the potential dangers of signing ambiguous forms from health insurers and explicitly identify companies that implement misleading or fraudulent policies, along with the specifics of the misrepresentation; and be it further

RESOLVED, that the Board of Regents work with the AMA and other appropriate medical societies to be certain that unclear or fraudulent representations by health insurers is brought to the attention of regulating organizations.

AND, SPEAKING OF DISPUTES WITH HEALTH INSURERS

Our resolution 23-S08 (described above) was brought to the DC ACP Health and Public Policy Committee by one of our members stimulated by an actual problem encountered by this member and her group. On February 12, 2008, this member's group received a call from the Three Rivers Provider Network stating that the group had seen a patient who was due a \$36 refund "according to contractual agreement." As it turns out, none of the physicians in this group had ever previously even heard of Three Rivers Provider Network, let alone signed an agreement with them. Our member's office requested further information and received a fax of the contract they were said to have signed, along with information on the patient in question. The group learned that the patient had an insurance card with Coventry, First Health, The Association Benefit Plan, and Three Rivers Network embossed on it. The copy of the "contract" they received (the contract they reputedly had signed) included unfamiliar handwriting, an incorrect Zip code, incorrect board certification status, etc. When our member responded that this was clearly not a contract they had completed or signed, Three Rivers' response was to give the group the options of either (a) "terminating, admitting they had been in the network, and paying the patient \$36" or (b) entering into dispute with Three Rivers' Legal Department. Our member's group then contacted Coventry (the company that administers The Association Benefit Plan) and learned that Three Rivers Multiplan is a 3rd party external network that gets discounts for First Health. On goggling First Health, our member learned that she and one of her partners were listed on their PPO network without their knowledge. Further efforts by our member finally led to resolution of this problem, but obviously the process was complicated and took time and effort to resolve.

Be aware that situations like the above are occurring with increasing frequency!

In particular, be aware that there are companies out there who are sending documents to physicians that look like routine requests for a W-9, but which on closer inspection include language that binds the physician to a contract reducing the value of their services by 25%.

MAINTENANCE OF CERTIFICATION WITH THE ABIM

As noted above, our chapter submitted a resolution at the recent Board of Governors' Meeting requesting that the Board of Regents call upon the ABIM to allow a broader range of CME activities be accepted for ABIM Maintenance of Certification. This resolution was submitted on behalf of various members in our chapter who have expressed concern that the current ABIM process is too restrictive and, in fact, insulting for doctors.

Although we are encouraging through our current resolution the development of further pathways for Maintenance of Certification, I would note that efforts by ACP several years ago (sparked by a series of resolutions brought forth at Board of Governors Meetings) have resulted in the availability of at least some additional ways for gaining credit towards Maintenance of Certification. In particular, candidates can use ACP Maintenance of Certification modules which are oriented around MKSAP. Up to 80 of the 100 credits required for Maintenance of Certification can be obtained through this pathway. This provides what I and many others think are more clinically relevant CME modules than those provided by ABIM. If you are working on ABIM Maintenance of Certification (or contemplating doing so) I would suggest you look into the ACP MOC modules as a way of obtaining much of the self-evaluation credit you need for certification. (A portion of the information on this process from www.acponline.org is included below.) Additionally, I would like to assure members that Governors continue to challenge the current rigid arbitrary proctored examination which is required to gain certification after completing the Self Evaluation portion of Maintenance of Certification.

USING MKSAP MOC MODULES TO EARN ABIM SELF EVALUATION CREDITS:

Subscribers to the 14th edition of the Medical Knowledge Self-Assessment Program (MKSAP 14) can now use a new option for earning Self-Evaluation of Medical Knowledge points in the American Board of Internal Medicine (ABIM) Maintenance of Certification program. Eight new MKSAP Maintenance of Certification Modules (called MKSAP MOC II Modules) will replace the original MKSAP MOC Modules. If you subscribe to MKSAP 14, you may use each of these MKSAP MOC II Modules to earn 10 Self-Evaluation of Medical Knowledge points, qualifying for up to 80 points.

You can take advantage of the MKSAP MOC II Modules to earn the maximum number of Self-Evaluation of Medical Knowledge points permitted. Or, if you prefer, you can combine the MKSAP MOC II Modules with the ABIM Medical Knowledge Modules, including the new ABIM Annual Update Modules.

MEDICAL STUDENTS STEPS TO SUCCESS DAY

The fourth annual Steps to Success Day sponsored in part by DC ACP was held on Saturday April 5 at the United States Unified Health Services School in Bethesda Maryland. This year we were joined by students and faculty from the Johns Hopkins and University of Maryland Medical Schools. Locally, students from Georgetown, George Washington, Howard, and USUHS attended the activity.

The day started with a panel consisting of a physician in private practice, one in military practice, and one in academic practice. The panel (entitled "Answers to Questions Students Really Want to Know") responded to student questions about various modes of practicing internal medicine. Following the panel, a mentoring lunch was held during which students had further opportunities to ask questions regarding the practice of general and subspecialty internal medicine with mentoring physicians sharing lunch with them. Next, student research and clinical vignettes posters were reviewed by judges and students. Following this activity, students received an opportunity to rotate among sessions exposing them to aspects of critical care medicine, invasive cardiology, gastroenterology, and rheumatology. Next, students attended group sessions on succeeding in medical clerkships and applying for internal medicine residency programs. Following these sessions, sessions on life as both single and married doctors were held.

Finally, a chicken nugget and beer/soft drink social was held giving students from throughout the District of Columbia/Maryland region a chance to enjoy each others company.

Overall, some eighty students and nearly forty mentors/faculty attended this fourth annual Steps to Success Day. Many thanks go especially to **Captain Jeff La Rochelle**, MD, FACP and his medical student interest group at USUHS for taking the lead in the planning and execution of this activity. Also, thanks are extended to Matthew Mintz MD FACP from GW for developing and administering the Internet Web Site for the meeting.

Finally, it is with great pleasure that I announce that our Steps for Success Medical Student Program was awarded a

national Evergreen Award this year. The Evergreen Program is a national ACP program in its 15th year which recognizes Chapters for "*outstanding efforts and activities at the local level.*" Credit for developing a program worthy of Evergreen recognition go to the three physician leaders who have developed this activity over the past four years. These individuals are **Sherry Guardiano, DO, FACP, Steven Durning, MD, FACP, and Captain Jeff LaRochelle, MD, FACP.**

MAY 2008 DC ACP ASSOCIATES DAY

May 3, 2008 brought this year's Associates Day with residents from Georgetown, George Washington, Howard, National Naval, Prince George's, Providence, Walter Reed, and Washington Hospital Center participating. Coordinating program director this year was **John Hong, MD, FACP** from WHC. John did a superb job of coordinating the poster and podium presentations.

In total, eight podium presentations and some ninety posters were presented. All podium presentations were of the Clinical Vignette type. Poster presentations were of either Research or Clinical Vignette type. Five awards were given for podium presentations. Since only 0.5 points (out of a possible 300) separated the 2nd, 3rd, and 4th highest scorers, all three of these individuals were considered to have tied for 2nd Place.

Winners and the titles of their presentations are listed below:

First Place: "*Of Mice and Men, Tale of a Strange Fever,*" **Olivier de Senarclens, MD, Dayan Gandhi, MD, Peter Kim, MD, Christopher Woods, MD, Margot Smith MD, Washington Hospital Center**

Second Place (tie): "*Resurgence of Severe Group A Streptococcal Infections,*" **Kathryn Sowerwine, MD, Ram Srinivasan, MD, Princy Kumar, MD, Georgetown, Medical Center**

Second Place (tie): "*An Interesting Case of Non-Hemolytic Anemia,*" **Srujana Polsani, MD, Providence Hospital**

Second Place (tie): "*Pleuropulmonary Amebiasis in an Active Duty Soldier,*" **Merica Shretha, MD, Anita Shah, DO, Walter Reed Medical Center**

Third Place: "*Immune Reconstitution Inflammatory Syndrome Manifesting as Refractory Polyarticular Gouty Attack,*" **LT Kate Love, National Naval Medical Center**

ACP AND THE PRESIDENTIAL CAMPAIGN

The presidential election season is in full swing and the leading candidates continue to release more details about their proposals for health care reform. However, these proposals can often be difficult to sort through. ACP has developed several tools to help you take a critical-eye to these plans and ways for you to get involved. Building upon our Candidate's Pledge to Make the U.S. Health Care System Second to None issued in January 2008, ACP offers a comparison of the presidential candidates' health reform proposals. By going to the ACP website www.acponline.org and clicking on the topic "*Campaign 2008*" which you can find near the bottom of the webpage, you will find listed the five basic health care principles that ACP supports. By clicking on any of these principles, you can see what the various presidential candidates are promising with respect to these issues.

The candidates' promises on the following five principles can be checked on the ACP website:

1. Guarantee by law that everyone has access to affordable health care.
2. Provide every person with access to a primary care physician (To accomplish this create workforce and payment policies to increase the numbers of primary care physicians, recognize the value of primary care, and support care organized through a patient-centered medical home.)
3. Increase public investment in health information technologies. (To accomplish this provide positive incentives to physicians to overcome the HIT cost barrier.)
4. Reduce administrative expenses. (This would include measures such as creating a uniform billing system for all health insurance transactions at the point of care and reforming the medical liability system using proven legal reforms.)
5. Increase funding for research. (This would involve improving funding for basic and applied medical research, health services research, and independent research on the effectiveness, costs and benefits of different treatments compared to each other.)

DCACP 2008 REGIONAL SCIENTIFIC MEETING

Friday November 7 and Saturday November 8

Please mark your calendar for our upcoming Regional Scientific Meeting in November. Last year we had some 200 individuals attending either one or both days of the meeting and we'd like to see an even bigger turnout this year.

The program is almost completed and includes a variety of superb speakers. Additionally, joining us for this meeting will be **Frederick Turton**, MD, FACP who is Chair-Elect of the Board of Regents. Come tell Fred (who in 2008-2009 will be one of the two most senior individuals in the national ACP hierarchy) your suggestions about how ACP can more effectively help you and advocate on your behalf.

Additionally, it seems likely that we will be adding an ABIM SEP half-day module to the scientific meeting this year to provide an additional CME opportunity for members in general, as well as to provide a relatively "painless" way for members involved in ABIM Maintenance of Certification to earn Self-Evaluation Credits. The module will cover topics in Office Medicine and will be provided to members at a VERY FAIR cost as a service to our members.