

Upcoming Events

Register Now! Delaware Chapter 10th
 Annual Lower Shores Symposia

Saturday, September 20, 2008

The Baycenter at the Rusty Rudder

Dewey Beach, Delaware

Stay tuned for details, or contact Ethel
 at 302-645-2244 with questions.

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From the Governor



It is with a sense of excitement and anticipation that I assume the role of Governor of the Delaware Chapter of ACP. Since I came to Delaware 20 years ago, our chapter has come a long way from having one evening annual meeting per year with a speaker, to sponsoring two robust full-day scientific meetings per year, offering up to 5.5 CME credits at each. We have sponsored journal club meetings, medical grand rounds, medical student office

rotations, resident clinical vignette poster competitions, and more recently, the Parag Bakshi International Medicine Fellowship for resident physicians. ACP has recognized our chapter with numerous Chapter Excellence Awards, and an Evergreen Award for the Bakshi Fellowship, in 2007. On the local level our members have been involved in volunteer community efforts, and nationally, we have sent a delegation of internists to Capitol Hill each year to meet with congressmen and their staff regarding issues that face practicing internists, and the patients we care for.

While we celebrate accomplishments, it is clear that there is much more work for us to do at the State and National levels. We are all aware of the sobering statistics that one in five people in our country do not have health insurance coverage, and that despite the fact that the United States spends nearly twice as many dollars per capita annually on health care than do other developed countries, the health related outcomes of Americans are worse.

ACP, nearly 125,000 members strong, is well-positioned to influence the policy making bodies in our government that can be part of the solution to these difficult problems.

What does this have to do with internal medicine physicians in Delaware? ACP wants to hear from US! There is a process in place by which individual physicians, with the help of their local ACP Chapter, may introduce ideas on how to improve specific problems that physicians, patients or our health systems face each day. This is called the **resolutions process**. Ideas are submitted to the ACP Board of Governors (BOG) in the form of a resolution. These are debated, amended, and if adopted, are referred for further consideration to the Board of Regents, the policy making body of the ACP. These resolutions may become important tenets of ACP policy, to which ACP can dedicate research and resources, so that such policies may become solutions. If you have an idea or a passion that you think could become a solution, please share it with your chapter leadership. You can help us to craft your idea into the form of a resolution, and we can get the ball rolling.

At the BOG meeting in Washington last month, we considered 24 resolutions that were proposed by ACP chapters. A full account of these resolutions

will be available at aconline.org, but I've listed examples of 5 resolutions that were adopted, below, that pertain to practicing physicians on several levels:

1. Resolved, that the Board of Regents establish benchmarks for reasonable health insurance administrative costs and explore means for reducing and controlling such costs as well as to establish guidelines on the appropriate percentage of premium that needs to be spent on healthcare delivery.
2. Resolved, that the Board of Regents advocate that health plans be required to fairly compensate providers for the costs associated with completing preauthorizations for pharmaceuticals.
3. Resolved, that the Board of Regents advocate for a careful and scientific evaluation of the impact of "Advanced Medical Imaging" preauthorization programs for cost savings, patient satisfaction, and work of the physician office in the short and long time frame; and be it further Resolved, that the Board of Regents encourage health plans to compensate clinicians for the cost of preauthorization for "Advanced Medical Imaging".
4. Resolved, that the Board of Regents advocate for an amendment to the Controlled Substance Act to permit electronic prescribing of controlled substances with the same security standards and audit capabilities as non-narcotic medications.
5. Resolved, that the Board of Regents study promotion of further expansion of the number of Federally Qualified Health Centers so as to decrease health care disparities and improve access to and quality of care for the medically underserved.

Governor's Advisory Council, 2008-2009

By vote of the membership at our February meeting, and by appointment, the following physicians have agreed to serve as members of the Governor's Advisory Council of our Chapter. Their terms are 2 years, and approximately half of the council members come up for renewal or replacement each year. Please be vocal with your ideas and provide input to these chapter leaders about how we can improve the value of the chapter to its members. I extend my personal thanks to this esteemed group of colleagues for their willingness to serve.

Stephanie Lee, MD
Debbi Zarek, MD, FACP
Dan Elliott, MD
Carlos Reyes, MD
Reynold Agard, MD
James Ruether, MD
John DeCarli, DO, FACP
Jennifer Genuardi, MD

Terry Horton, MD
Marcie Drees, MD
Harvey Lee, MBBS
David Jawahar, MD
Mansour Saberi, MD, FACP
Bandu Palekhar, MD, FACP
Uday Jani, MD, FACP

One of the members of this council, **Dr. Mansour Saberi**, deserves particular mention. A recipient of the Laureate Award of the Delaware Chapter in 1998, Dr. Saberi has been integral in the development of our outstanding Lower Shore Symposium meeting, held annually in September, in Dewey Beach. This year we celebrate the 10th annual Lower Shore meeting on September 20th, at RudderTowne, and once again, the program looks enticing. From 2004 until May of 2008, Dr. Saberi has served our chapter well as its Governor, raising the bar with regard to the quality of the chapter's activities and programs, and garnering the recognition of the national ACP organization on several occasions. He is a member of the distinguished ACP Governors' class of 2008, who proclaimed themselves as "simply the finest Class of Governors in the history of the organization." As I announced to him in February, he's not "off the hook" yet, as we'll need his wise counsel to continue to improve this chapter, going forward. Meanwhile, our chapter joins me as we say, Thank You! to Mansour, for your leadership.

I have a lot to say, but I'll save some of that for the next DE Chapter Newsletter in the Fall. This, and future chapter newsletters will include the input of other chapter leaders, to keep you up to date on the activities of our chapter, and the ACP. I invite you to provide feedback and ideas about how this chapter can better serve the internists of Delaware.

John H. O'Neill, Jr., D.O., FACP
Drjho7@verizon.net
Office: 302-376-6100
Cellular: 302-650-0211

ACP Leadership Day, 2008

Is it just me or do politics and medicine seem increasingly intertwined? Every time I turn around I hear that health-care is a defining issue in the 2008 election. Though prospects for 2009 are anyone's guess, common wisdom indicates that a major change may be in store. As a result, it is increasingly important that we in medicine participate in the ongoing process to define the next phase of the American healthcare system. In particular, physicians are uniquely positioned to advocate for a system that not only serves our patients' current needs but also ensures an adequate supply of physicians to serve our population's ever-growing need for quality healthcare.

With that understanding, **John O'Neill, Vinod Kripalu**, and myself joined with almost 500 physicians from all 50 states for the largest ACP Leadership Day ever, on May 13th and 14th, in Washington, D.C. As part of this two-day advocacy event, we enjoyed briefings from ACP leadership and Congressional representatives followed by staff meetings with representatives from Senator Biden, Senator Carper and Congressman Castle. Though there are many deserving issues, we had detailed discussions on three primary issues: 1) the elimination of the Sustainable Growth Rate formula and its resultant 15% cuts in Medicare physician payments scheduled for the next 9 months, 2) the impending collapse in the primary care workforce, and 3) the importance of financing quality comprehensive care through the Patient-Centered Medical Home (PCMH).

Positive and Predictable Payment Updates:

Sadly, the most pressing issue was again the planned cuts to Medicare physician payments of 10.6% on July 1, 2008 and 5% on January 1, 2009. As many of you may know, these cuts are a result of the Sustainable Growth Rate (SGR) formula which links the growth in physician payments to a targeted index in order to limit total Medicare spending. This formula has resulted in scheduled cuts in Medicare physician payments each year since 2001 and if left in place would account for a reduction of more than 40% over the next decade. Though Congress recognizes that these cuts are not "sustainable" for physicians in practice and has averted cuts in all but one year to date, there are no guarantees that this will continue.

We voiced the concerns of Delaware internists that these cuts may make it increasingly difficult for physicians to accept new Medicare patients, to invest in desired infrastructure such as Information Technology, and to otherwise provide the care that Delaware's growing senior population needs. We carried with us letters from internists throughout the state detailing the personal impact of these cuts as well as concerns for the practice of medicine. Thanks to those of you who took time to do this -- your letters were well received and may in fact be the most powerful part of our advocacy efforts!!

Preserving Access to Primary Care Services:

The second priority issue was to emphasize the impending crisis in the primary care workforce. Owing to a host of factors including increasing medical school debt and comparatively lower salary expectations, medical students and residents are increasingly moving away from primary care practice as a career choice. Additionally, due to practice barriers, frustrations, and uncertainties, primary care physicians are leaving practice at a higher rate than sub-specialists. These trends could not be more poorly timed as the crest of the Baby Boomer wave becomes Medicare-eligible. To address this issue, we emphasized the importance of stabilizing the financial structure for primary care physicians as well as minimizing the impact of student loan debt on career choice. We used the opportunity to champion a bill drafted by the ACP which is soon to be introduced in the Senate which proposes a comprehensive solution including debt relief, recruitment incentives, regulatory relief and administrative simplification, and payment system reform under the PCMH (see next section).

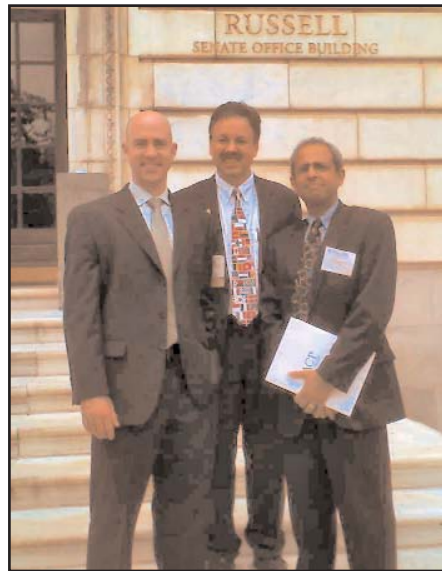
The Patient-Centered Medical Home:

Lastly, we advocated for adoption of the PCMH as the most favorable model for the financing and delivery of the highest quality healthcare. The PCMH emphasizes the central role of the physician provider in the continuous and comprehensive care of his/her patients. Under this model, physicians who choose to meet specified criteria for comprehensive and coordinated care receive designation as a PCMH. As such, they would receive prospective payment in addition to traditional fee-for-service payment to account for costs associated with care coordination. This concept is currently being

debated heavily inside (and outside) Washington and the exact specifications are under development. CMS is scheduled to have a PCMH demo starting in 2009, but the project lacks funding and ACP feels strongly that this demo needs to be adequately funded in order to demonstrate associated increases in value.

We certainly hope that our comments were well heard on that day, but we understand that our success as an advocacy body will be determined by much more than one day's activity. We invite you to join in this ongoing process and let your voice be heard as active advocates in the democratic process. The ACP has many resources to help you get involved, many of which take very little additional effort. Please take some time to visit the ACP Legislative Action Center and register as a Key Contact. Too much is at stake to sit on the sidelines.

Dan Elliott, MD, ACP Member



Dr. 's Dan Elliott, John O'Neill and Vinod Kripalu on the steps of the Russell Senate Building, following a meeting with Senator Biden's staff.

ACP's LEAD Initiative

I was fortunate to be able to attend the pre-course at Internal Medicine '08 this year called "Essential Competencies for the Emerging Leader". This was a valuable experience that taught me better communication, negotiation, and conflict resolution skills. It was there that I learned of a new program sponsored by the ACP to promote leadership among internists early in their career. This program called LEAD (Leadership Enhancement and Development) is designed to provide internal medicine physicians with the skills, knowledge, and experiences necessary for effective leadership in medical settings and the community at large. To become a LEAD physician, you must complete at least five out of seven of the following leadership development activities within a three-year time frame:

1. Attain or maintain active Fellowship status within the College.
2. Attend at least seven hours of CME focused on leadership competencies. At least three of these must be sponsored by the ACP at the local or the national level.
3. Participate in at least one pathway to leadership at the chapter level.
4. Serve on a national workgroup, committee, or council of the ACP.
5. Serve as a mentor/facilitator in at least one ACP sponsored mentoring event or program.
6. Participate in Leadership Day on Capitol Hill or similar state legislative activity.

7. Demonstrate leadership competencies in the community setting. Examples include chairing a hospital committee or council, serving on a steering committee for a church/synagogue/temple, serving on a Board of Directors for local youth, sports, or arts group.

If you are interested, you can request an application by sending an email to LEAD@acponline.org.

Debbi Zarek, MD, FACP

**The American College of Physicians
Delaware Chapter
10th Annual Lower Shore Symposia
Saturday, September 20, 2008
Ruddertowne
Dickinson Street on the Bay
Dewey Beach, DE
302-227-3888**

PROGRAM SCHEDULE

7:30 a.m.	Program Registration and Breakfast
8:00	Opening Remarks & Welcome <i>Mansour Saberi, MD, FACP</i> <i>ACP Governor, Delaware Chapter</i>
8:05	Acute Diarrhea Learned from Cases and Outbreaks <i>Herbert L. DuPont, MD, FACP</i>
9:00	Mythology <i>Douglas S. Paauw, MD, FACP</i>
10:00	Break
10:30	Management of Osteoporosis: What's New and What's Next <i>Nelson B. Watts, MD, FACP, MACE</i>
11:30	Lunch
12:30 p.m.	Resistant Hypertension: Causes and Treatment <i>Raymond R. Townsend, MD</i>
1:30	What is New in Inflammatory Bowel Syndrome <i>Raymond Cross, MD, MS</i>

EVENING ACTIVITIES

6:30 p.m.	Dinner
7:30	Adult Immunization <i>Herbert L. DuPont, MD, FACP</i>

FACULTY*

Herbert L. DuPont, MD, FACP, Chief, Internal Medicine Service, St. Luke's Episcopal Hospital; Director, Center for Infectious Disease, Baylor College of Medicine, Houston, TX

Douglas S. Paauw, MD, FACP, Professor of Medicine, University of Washington; Head, Section of General Internal Medicine, UWMC, Seattle, WA

Nelson B. Watts, MD, FACP, MACE, Professor of Medicine, University of Cincinnati College of Medicine; Director, University of Cincinnati Bone Health and Osteoporosis Center, Cincinnati, OH

Raymond R. Townsend, MD, Professor of Medicine, Director of Hypertension Section, Department of Internal Medicine, University of Pennsylvania, Philadelphia, PA

Raymond Cross, MD, MS, Assistant Professor of Medicine, Division of Gastroenterology and Hepatology; Director of the Inflammatory Bowel Disease Program, University of Maryland School of Medicine, Baltimore, MD

PROGRAM COORDINATORS*

Bhaskar S. Palekar, MD, FACP, Beebe Medical Center, Lewes, DE

Mansour Saberi, MD, FACP, FACE, ACP Governor, Delaware Chapter; Private Practice, Lewes, DE

CME ACCREDITATION

The American College of Physicians is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The American College of Physicians designates this educational activity for a maximum of 5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nursing contact hours pending.

*Faculty and Program Committee disclosure information is available from the Delaware Chapter and will be provided on-site at the meeting.

LEARNING OBJECTIVES

1. To be able to explain limitations and value of oral rehydration treatment of acute diarrhea.

To understand and be able to explain risk factors for and importance of post-infectious irritable bowel syndrome in patients with travelers' diarrhea.

To appreciate the problems of and offer diagnostic and therapeutic advice for: post-Campylobacter Guillain Barre Syndrome; Salmonella bacteremia in susceptible hosts; outbreaks of norovirus gastroenteritis, serious cases of Clostridium difficile diarrhea in hospitalized patients; and persistent diarrhea after international travel.

2. Recognize different ways to treat B12 deficiency.

Recognize common themes that lead to medical myths.

Understand the impact of the Women's Health Initiative on practice, both appropriate and inappropriate.

3. Become familiar with new data on approved therapeutic agents.

Identify the agents currently in development for treatment of osteoporosis.

4. Review the definitions of Drug Resistant Hypertension and how it is recognized clinically.

Develop a working differential of the causes of Drug Resistant Hypertension and the utility of a few simple lab tests.
Review the treatment options in Drug Resistant Hypertension.

5. Distinguish between ulcerative colitis and Chron's Disease.

Distinguish between inflammatory bowel disease and functional bowel disorders.

Appreciate the extraintestinal manifestations of disease in patients with inflammatory bowel disease.

6. Recite the recommendations for the following immunizations for a young (~40 years of age) and an elderly (~70 years of age) adult: Tdap (tetanus, diphtheria, and acellular pertussis); HPV, MMR, varicella, influenza, pneumococcal, polysaccharide, and hepatitis A.

Employ correctly travel medicine vaccines in international travelers including vaccines for: typhoid fever, yellow fever, rabies, and Neisseria meningitidis.

Explain the difference between Varicella vaccine and Zoster vaccine and be able to determine who should receive Zoster vaccine and the expected benefit to immunized patients.

Registration Fees: Check one category that best applies. Registration fee includes continental breakfast, lunch, dinner, all scientific sessions and materials, and a CME certificate.

ACP Categories		Nonmember Categories	
Master	No Fee	Nonmember Physician	\$75.00
Fellow Member \$	75.00	Allied Health Professional	\$75.00
Associate (resident members)	No Fee	Resident	No Fee
Medical Student Member	No Fee	Medical Student	No Fee
Affiliate Member	\$75.00	Other	\$75.00

Congratulations to The Delaware Chapter's Laureate Award Recipients for 2008

R. Bradley Slease, MD, FACP

Bhaskar S. Palekar, MD, FACP

Congratulations to the 2008 Leonard Lang Award Recipient

Brian Aboff, MD, FACP

Congratulations to New Fellows of the Delaware Chapter, ACP !

The Chapter recognizes and congratulates the following Delaware Chapter physicians who were elected to Fellowship October 2007 and January 2008:

- **Elie Y. Azzi, MD, FACP** - Milford
- **Mouhammed A. Habra, MD, FACP** - Seaford
- **Hummayun Ismail, MBBS, MBA, FACP** - Newark
- **Sharon M. Sifford-Wilson, MD, FACP** - Dover

Fellowship is an honor achieved by those recognized by their peers for personal integrity, superior competence in internal medicine, professional accomplishment, and demonstrated scholarship.

Congratulations!

Internal Medicine 2008 Abstract Presenters

We are honored to have had two Chapter Members represent our Chapter for the Associate and Medical Student Abstract Competitions held during Internal Medicine '08

- **Jennifer P. Packard, MD**, from the Christian Care Health Services Center was selected in the Clinical Vignette Category for the Poster Extramedullary Plasmacytoma Presenting As A Mediastinal Mass In An HIV-Positive Patient
- **Zeshan A. Rana, MD**, from the Christian Care Health Services Center was selected in the Clinical Vignette Category for the Posters Coronary Steal Detected By Multi-Slice Computed Tomography, and Myasthenia Gravis Crisis: A Cause Of A Broken Heart

Visit the Chapter Website at
www.acponline.org/chapters/de