

Georgia Chapter GOVERNOR'S NEWSLETTER

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

Spring 2005

Ruth-Marie E. Fincher, MD, FACP
Governor, Georgia Chapter



GOVERNOR'S CORNER

A record! Two hundred forty-five people attended the 2005 annual meeting of the ACP GA Chapter, held in Savannah March 11-13! Several members commented, "It is getting better every year!" This issue of the Governor's Newsletter includes a pictorial review of the meeting that I hope will be a pleasant reminder for those who attended and a stimulus to attend next year's meeting for everyone.

The outstanding program, "Healthcare Challenges and Triumphs" was developed by **Walt Moore, MD, FACP**, Program Committee chair, with the assistance of the members of the committee, **Jacqueline Fincher, MD, FACP**; **Andy Albritton, MD, FACP**; **Vince Nicolais, MD, FACP**; **Kaveh Ehsanipoor, MD, FACP**; **Jeff McCallum, MD**; **T Gongaware, MD, FACP**; **Mike Heisler, MD**; **Len Lichtenfeld, MD, FACP**; **Harold Szerlip, MD, FACP**. The events began with an 8-hour internal medicine board preparation course, prepared by the ABIM and ably led by **Joyce Doyle, MD**, and **David Haburchak, MD, FACP**. 17 physicians who attended gave the interactive pre-course rave reviews. Many thanks to David and Joyce for doing a marvelous job.



The Governor's Reception was well attended and everyone had an enjoyable time.

Dr. and Mrs.
Donald Davis

The Membership, Program Planning, and Diversity Committees met on Friday morning before the Governor's Advisory Council meeting. The scientific session opened on Friday afternoon and included a balance of clinical updates, advocacy and health and public policy information, and Associates' and students' activities intermixed with lots of food and opportunities to socialize!

The clinical updates included excellent talks on Alzheimer's Disease by **Joe Rawlings, MD**, and end-stage renal disease by **Jeff Harris, MD, FACP**, our College Representative (CR). A member of the Board of Regents, the official representative of the College, attends each Chapter's meeting. Jeff was an exemplary CR who gave a thoughtful summary of important ACP activities and was readily available for conversations with members.

The afternoon concluded with the Associates' research abstract presentations followed by the ever-popular jeopardy competition. A team from each internal medicine residency program in Georgia participated and, for the second year in a row, the team from Eisenhower won! Congratulations to the winning team members, **Christopher Colombo, MD**, and **Jennifer Jones, MD**, pictured with Jeff McCallum, MD.



The winning team from Eisenhower for the Jeopardy competition.

The Saturday program featured an excellent series of clinical updates, including osteoporosis (**Tony Mulloy**, MD, MPH), bariatric surgery (**Mark Murphy**, MD, FACP), biological treatment of rheumatic diseases (**Walt Moore**, MD, FACP), breast cancer (**Otis Brawley**, MD), bioterrorism (**Craig Smith**, MD, FACP), and challenges of rural healthcare (**Jean Sumner**, MD, CMD, **Ben Robinson**, and **Jacqueline Fincher**, MD, FACP). The highlight of the day for many attendees was the superb keynote address, Health Protection in a Small World: Clinicians, Connectivity, and Communication, delivered by **Julie Gerberding**, MD, FACP, MPH, Director of the CDC and the 2005 winner of the Chapter's Leadership Award.

The day's program concluded with the Associates' clinical vignette abstract presentations and judging of the poster abstracts.

The expanded students' program included seven poster abstracts, a mentoring lunch, and a Sunday morning workshop.



The day concluded with the annual awards dinner. The members of the Chapter were proud to recognize the accomplishments of many colleagues.

Former Governors Robert Copeland, MD, MACP; **Joseph W. Stubbs**, MD, FACP; **Charles Harrison**, MD, FACP.



Former Laureate Awardees Charles Upshaw, MD, FACP; **Robert Copeland**, MD, MACP; **Charles Harrison**, MD, MACP; **Joseph W. Stubbs**, MD, FACP.

New Fellows Oladapo Fawibe, MD, FACP; **Frank Cole**, MD, FACP; **Osabuihien S. Usifo**, MD, FACP

52 Associates' abstracts were selected for presentation from among 133 submissions. The winners, selected by a team of judges from each residency program, were:

Oral research abstract competition

1st Place Winner: **Sam Featherston**, MD - Memorial Health

2nd Place Winner: **Jennifer Jones-Crawford**, MD - Mercer

3rd Place Winner: **Aneesh Mehta**, MD - Emory



Poster research abstract competition

1st Place Winner: **Nadine Rouphael**, MD - Emory

2nd Place Winner: **J. S. Allam**, MD - Emory

3rd Place Winner - **Christopher Colombo**, MD - Eisenhower

Oral clinical vignette competition

1st Place Winner: **Shomeet Patel, MD** - Mercer
2nd Place Winner - **Fadi Rahhal, MD** - MCG
3rd Place Winner - **Amy Alias, MD** - Mercer



Poster clinical vignette competition

1st Place Winner: **Ketino Kobaidze, MD** - AMC
2nd Place Winner: **Annette Esper, MD** - Emory
3rd Place Winner: **Charmaine Lewis, MD** - Emory

I want to thank the judges for their excellent work reviewing and rating the submissions.

Community-based Teaching Awards recognize physicians who have had a sustained and significant impact as teachers in the community on medical students, residents, and other medical professionals. This year's recipients were **Henry M. Patton, MD, FACP** and **James Hotz, MD**.



The **J. W. Hurst Teaching Award** was established in 1991 to honor a Georgia member or Fellow in the College for his/her outstanding teaching activities. This year's recipient was **John F. Fisher, MD, FACP**.

The **Community Service-Volunteerism Award** recognizes chapter members who have made exemplary contributions through volunteerism and community service, including selfless devotion to the welfare of others. This year's recipient, **Ruth M. Parker, MD, FACP**, was unable to attend.

The **Laureate Award** honors Fellows or Masters of the ACP who have demonstrated an abiding commitment to excellence in medical care, education, or research, as well as service to their community, their Chapter, and the American College of Physicians. This year's recipient was **J. Leonard Lichtenfeld, MD, FACP**.



The **Georgia Chapter Leadership Award** was established in 2004 to honor key leaders whose contributions embody the core principles of the ACP to enhance the quality and effectiveness of health care, public health policy, and/or medical education. This year's recipient was **Julie L. Gerberding**, MD, FACP.



Because of her extraordinary service to the chapter, especially as chair of the Health and Public Policy Committee, **Jacqueline Fincher**, MD, FACP, received a **Special Recognition Award for Advocacy**.

Sunday program highlights included a talk by **Carolyn Landolfo**, MD, on Women and Heart Disease and the annual internal medicine board review using the audience response system, hosted by **Harold Szerlip**, MD, FACP. The meeting ended with workshops on prostate cancer (**Martha Terris**, MD), law and physicians (**Carol Schwab**, JD, LLM), sports medicine (**Michael Malloy**, MD, MPH, and **Mini Bhaskar**, MBBS), and a medical student workshop that included tips on surviving the medicine clerkship, negotiating the Match, and preparing for USMLE Step 2 Clinical Skills.

The meeting was a great success thanks to the marvelous planning, led by Walt Moore, the superb presentations by every presenter, and the active participation of all attendees.

You are cordially invited to the 2006 annual meeting of the GA Chapter of the American College of Physicians. Mark your calendar!

Dates: March 24-26, 2006

Place: Hyatt Regency Savannah (The renovations will be complete and the hotel will be lovely!)

See you there!

Rhee Fincher

CONGRATULATIONS TO OUR CHAPTER'S NEWEST FACP INDUCTEES

Ayaz J. Chaudhary, MD, FACP
Frank N. Cole, MD, FACP
Oladapo O. Fawibe, MD, FACP
Sadrudin L. B. Musani, MD, FACP
Earl H. Thurmond, MD, FACP
Osabuohein S. Usifo, MD, FACP



All were inducted to Fellowship during Convocation at the 2005 ACP meeting in San Francisco.

You may be eligible for advancement to Fellowship if you have been a member of the ACP for at least two years. More information is available at:

<http://www.acponline.org/college/membership/required.htm#advance> and

<http://www.acponline.org/college/membership/required.htm#pathways>

HATS OFF

Hats Off to **Walter J. Moore**, MD, FACP, for his superb leadership as program chair and host of the 2005 Georgia Chapter meeting. Walt assembled an excellent program planning committee, created a superb program, recruited outstanding speakers, and proved he has not lost his chief resident AV technical skills!



Hats Off to **Nancy Brady**, GA Chapter administrator, for her remarkable effectiveness and patience in all aspects of chapter management. The real reason we received a Chapter Management Award from the College is Nancy's dedicated and effective work.

Hats off, and thanks to Walt and Nancy on behalf of all members of the chapter!

GEORGIA CHAPTER ACP HEALTH AND PUBLIC POLICY SPRING 2005 UPDATE

"Those who are too smart to engage in politics are punished by being governed by those who are dumber." Socrates

About 145 GA Chapter members are Key Contacts for Legislative Alerts from ACP, and we would like to have more! Key Contacts receive important legislative alerts by e-mail to which they can respond if desired. This is an excellent way to keep apprised of legislative actions related to medicine and have an opportunity to give input. Please go to www.acponline.org/advocacy to sign up if you would like to be a Key Contact. Email me at jwfinchermd@cs.com if you would like also to receive regular updates regarding key legislation at the state & national level, and I will put you on the Chapter HPPC List.

1. **Tort Reform** - After 3 years of very intense effort by physicians, patients, hospitals, and businesses, meaningful tort reform was passed and Governor Perdue signed Senate Bill 3 into law on February 16, 2005. The new law includes a "Texas style" cap on non-economic damages of \$350,000/\$1,050,000 for up to 3 entities. It also includes reforms prohibiting the recovery of non-economic damages for emergency department care, specialty specific expert witnesses, collateral source offset, revision of venue shopping, contributory negligence, limitations on attorneys' fees, and abolishment of joint and several liability. The battle now shifts to protecting the law, as 5 House bills and 1 Senate Bill have already been introduced. They will carry over to the 2006 session to chip away at SB 3. It will be important for us as internists to remain vigilant and in communication with our legislators. Internal Medicine physicians are sued more than any other specialty in Georgia. Tort reform is a huge issue for us.

Action item: Contact your local House and Senate legislators over the summer to let them know how important this bill is to your patients, your practice viability, your hospital, and your community. We cannot afford any changes that weaken the present law as it stands now.

2. **Smoking Ban** - The Smoke Free Act of 2005, banning smoking in public places with some exceptions, passed both state houses with huge majorities on March 31. The bill was sent to the Governor on April 14 and still sits on his desk. The bill will become law with or without the Governor's signature, but his leadership in this matter would be very meaningful.

Action Item: Contact the Governor's office 404-656-1776 or go to www.gov.state.ga.us and urge him to sign SB 90 into law.

3. **Medicaid Reform** - Companies that want to serve as "Care Management Organizations" in the GA Medicaid program submitted their offers on April 4, 2005. There will be 1-2 CMOs for each of 6 districts in the state.

Action Item: Go to the MAG website at www.mag.org where you will find a chart summarizing the new Medicaid program. MAG held a meeting for potential CMOs to present their proposals and to answer MAG members' questions on March 25. The companies' answers to questions posed by MAG are also available at www.mag.org.

4. **Medicare Reimbursement** - The Medicare physician payment rates are scheduled to be cut by 26% from 2006-2011, based on a flawed formula called the Sustainable Growth Rate (SGR). If these cuts are enacted, Medicare payment rates in 2014 will be half of what they were in 1991, after adjusting for inflation, while practice costs continue to rise significantly. Other Medicare providers are not subject to the SGR. In fact, hospital payments are expected to rise by more than 3% a year.

Action Item: Go to www.acponline.org/advocacy or www.ama-assn.org and email your legislators to encourage them to change the physician payment rates based on the cost of practice, NOT the SGR formula.

5. **ACP Political Action Committee** - ACP Services PAC is the new political action committee sponsored by the American College of Physicians Services, Inc. It is a voluntary, nonpartisan political organization established in 2004 to increase the participation of internists and internal medicine subspecialists in the electoral process and enable the specialty to play a more active role in the development of federal policy on health care.

Action Item: Go to www.acpservices.org to learn more.

6. **State and National Legislative Days** - We had 10 Chapter members attend Primary Care Legislative Day on February 10, 2005, while the State House was debating the tort reform bill. It was very exciting. I hope you will join us next year and participate in your government (not just politics!). We have a team of seven from our Chapter who will be participating in the ACP Legislative day in Washington, DC on May 18-19, talking with our US Congressmen and Senators on issues important to Internal Medicine.

7. **Primary Care Coalition** - PCC, comprised of the GA Chapters of the ACP, American Academy of Family Practice, and American Academy of Pediatric, meets quarterly. Our goal this summer is to work together on a major health initiative that will be our top legislative priority as a group this next year. If you would like to participate or have input into this initiative, please contact me.

Jacqueline W. Fincher, MD, FACP
Health & Public Policy Chairman

UPDATE ON MAINTENANCE OF CERTIFICATION APRIL 2005

Over the past year, a collaborative working relationship between the American College of Physicians (ACP) and the American Board of Internal Medicine (ABIM) has resulted in ABIM's granting credit for an attractive new option for ACP's Medical Knowledge Self-Assessment Program 13 (MKSAP 13) to fulfill part of the requirement for maintenance of certification. In addition, starting in January 2006, a modified overall framework for Maintenance of Certification will be instituted by the ABIM, motivated by a desire to increase flexibility, reduce redundancy, emphasize assessment of performance in practice, and simplify the process for physicians recertifying in both Internal Medicine and one or more of its subspecialties. This update of the Maintenance of Certification process will provide a summary of the following specific topics: 1) the new MKSAP option; 2) the modified ABIM framework for January 2006; and 3) reduction of anxiety for candidates taking the closed-book examination. Additional information about the new MKSAP option can be found on the ACP website, and further description of the new ABIM framework can be found on the ABIM website.

The New MKSAP Substitution Option

The MKSAP substitution option was designed to offer recertifying physicians an alternative method to the ABIM Self-Evaluation Process (SEP) modules for fulfilling the maintenance of certification requirement for self-assessment of medical knowledge. By using MKSAP, candidates can simultaneously fulfill this requirement while studying for the closed book examination. In addition, the MKSAP substitution option has been designed to incorporate immediate feedback as well as education (and links to educational resources) into the self-evaluation process.

How does the MKSAP substitution option work?

The MKSAP substitution option is available to MKSAP 13 subscribers (either print or CD-ROM subscribers) as a no-cost benefit. The entire process is completed electronically. Candidates use their MKSAP subscriber privileges to access up to four question modules via the Internet, download them to their computer, answer the MKSAP question sets, and, using their ABIM candidate number, submit their responses via the Internet for ABIM recertification credit. MKSAP 13 subscribers who have registered with ABIM for maintenance of certification can initiate the process by accessing the following: <http://www.acponline.org/mksaprecert/>

Each question is presented in a way that combines self-assessment with education, and provides immediate feedback to the candidate. After the candidate reads the question, (s)he first selects and enters an answer choice for "grading" by the computer. If the submitted answer is correct, the candidate receives immediate feedback from the computer that the answer is correct, and is presented with the critique and discussion of the question. There is also an opportunity to link immediately to the relevant text from MKSAP 13 in order to obtain further educational material relevant to the question.

If the candidate answers the question incorrectly, (s)he receives that feedback immediately from the computer, and is provided with the link to the relevant MKSAP 13 text. After reading the text, the candidate has a second opportunity to answer the question. Following the second answer, the candidate receives immediate feedback about whether the answer is correct, and is presented with the critique and discussion of the question. Candidates are not required to complete each set of 60 questions at a single sitting, but can do so at whatever schedule is convenient for the candidate.

Following completion of each 60 question module, the candidate receives two scores: a) a score based on the first answer provided for each question; b) a score based on the second answer provided for each question. Because each of the questions has been pre-tested, candidates are provided feedback about how their score compares with the scores of others who have

pre-tested the examination. This information is useful to the candidate in allowing him/her to identify areas for further study in preparation for the closed book, secure examination.

Although candidates immediately receive scores based on their completion of the questions, all candidates who complete the MKSAP question sets receive the appropriate amount of maintenance of certification credit (the equivalent of 1 module of credit for each set of 60 questions). Thus, there is no threshold score that one must obtain before receiving credit. The ACP is responsible for processing the information related to completion of the MKSAP questions, and for providing ABIM with the name of each candidate who has completed the MKSAP questions for credit.

The Modified ABIM Framework

Starting January 2006, the previous requirement for completion of five ABIM SEP modules will evolve into a “point system” requirement that incorporates flexible options for self-assessment of knowledge and practice performance. Each candidate will need to complete 100 self-evaluation points as part of the maintenance of certification process. The same points are applicable to all certificates and are valid for 10 years (i.e. extra points are not needed if a candidate is applying for both internal medicine and a subspecialty within the 10 year period during which the points are valid). The required 100 points are divided in the following way: a minimum of 20 points must relate to self-evaluation of medical knowledge; a minimum of 20 points must relate to self-evaluation of practice performance; and 60 points are elective and can relate to either category of self-evaluation. Each ABIM SEP module counts as 20 points relating to self-assessment of medical knowledge, as does each MKSAP question module.

How Do I Get Credit for Self-Evaluation of Practice?

A variety of options will be available for fulfilling the 20 point minimum requirement for self-evaluation of practice, and the number of points given for each option will depend upon the amount of work involved. There are three basic components to this self-evaluation of practice: 1) measuring practice performance from data that the physician collects or receives from another source; 2) developing and implementing a plan for improvement; and 3) assessing the impact of the improvement plan. The types of options that will be available for assessing practice performance include: 1) ABIM Practice Improvement Modules (PIMs); 2) ABIM survey modules (Peer, Patient, and Practice Inventory); 3) established quality measurement and improvement programs; and 4) self-directed quality measurement and improvement. Credit for performance assessment is given with completion of one of these options; there is no grade given and thus no “passing” score. The ABIM’s PIMs will count as 40 points and the survey modules will count as 20 points. The ABIM will assign points to new modules as well as tools and programs developed by others according to pre-established standards and criteria.

What is Happening During the Transition Period Before January 2006?

The new point system framework (and the need to include self-evaluation of practice) will not apply to physicians who complete the current self-evaluation module requirement (including the option for substituting up to 4 modules of MKSAP) before January 2006. If a physician still has one or more SEP modules to complete after January 2006, then the new guidelines will be in effect, and 20 Practice Evaluation points will be needed to complete the Self-Evaluation process.

Reducing Anxiety About the Secure Examination

Although a closed book examination can elicit anxiety, a better understanding of the examination and the types of questions on the examination can help allay that anxiety. As a result, the ABIM is committed to increasing communication about the examination to recertification candidates, and to clarifying what are sometimes misconceptions about the examination.

An important point of clarification is that the maintenance of certification examination is different from the examination used for certification of residents who have recently completed housestaff training. Residents typically are exposed to specialized types of inpatient problems that are primarily handled by subspecialists, and are therefore not part of the “core” practice or experiences that cut across general internal medicine as well as most subspecialties. Therefore, the maintenance of certification examination focuses on topics that are relevant and of clinical importance to all internists. At the same time, the maintenance of certification examination questions are designed to test clinical judgment, not recall of obscure facts. A Board-certified clinician should be able to answer these questions without using additional resources, since the questions are testing judgment rather than factual recall.

The pass rate for the examination is generally approximately 89 percent on the first try, whereas approximately 97 percent of candidates ultimately pass the maintenance of certification examination. The passing score is set as an absolute threshold, and is not based on a curve. Thus, there is no intent to fail a specified percentage of candidates taking the examination.

Perspective About the Recent Collaboration Between ACP and ABIM

Over the past year, ABIM has clearly demonstrated a commitment to a collaborative, cooperative working relationship with ACP. ABIM is also committed to ongoing improvement in the process for maintenance of certification, with specific goals of reducing redundancy and adapting the program for relevance and usefulness in the practice environment. And finally, ABIM and ACP are both committed to continuing to work together for the best interests of our physicians, our patients, and the discipline of internal medicine.

IMPORTANT DATES TO REMEMBER

Leadership Day in Washington, DC
May 17 - 18, 2005

2006 GA Chapter ACP meeting
March 24-26, 2006
Savannah, GA

2006 National ACP meeting
April 6 - 8, 2006
Philadelphia, PA