

Iowa Chapter GOVERNOR'S NEWSLETTER

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

Spring 2005

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Governor, Iowa Chapter

GOVERNOR'S REPORT



I am writing this report after returning from the 2005 American College of Physicians Annual Session in San Francisco. The week began by attending the National Board of Governors Meeting where I represented the Iowa Chapter. The Annual Session Scientific Program was then conducted from April 14-16. If you have not had a chance to attend Annual Session, I hope you will make a special effort to do so in the years ahead. It is one of the largest medical meetings in the world and is always a very stimulating and extremely educational meeting.

I wanted to share with you some of the highlights of this year's Board of Governors meeting. The theme of this year's meeting was "The Dysfunctional Payment System". Over two days we examined the current medical reimbursement system from the physician, patient, and payer perspectives. We discussed incentives needed to address dysfunctional aspects of the current system. We were specifically challenged to propose actions that ACP could initiate to pursue desired improvements in the payment system. Many concerns about the current payment system were identified. Some of the most significant include:

- Problems with the Medicare yearly fee schedule update that is currently based on the flawed SGR (Sustainable Growth Rate) formula.
- The current and growing disparity in payments for primary care services as compared to specialty and procedural services.
- The complexity and high administrative costs of the current reimbursement system.
- Problems with a reimbursement system that does not reward quality and innovation.
- Continually escalating costs of the medical care system, especially from rising drug costs and new technology costs.

The Board of Governors directed the leadership of ACP to vigorously address these concerns. We prioritized steps ACP should take in addressing these concerns. Participants agreed that the immediate priority is to correct the flawed formula used to calculate yearly Medicare fee schedule updates because the current method continually calls for significant cuts in reimbursement on a yearly basis. College leadership was then asked to immediately address escalating administrative costs by actively assessing health information technology needs of the practicing internist physician. Developing interoperable electronic health record and billing systems will greatly benefit all internists. Finally, we called on ACP leadership to work to improve physician reimbursement by helping to develop a workable "reward for performance" payment system. This will require collaborating with payers on developing reliable performance measurements and assuring that there are significant financial incentives for physicians who meet or exceed these performance measures. My report oversimplifies the two days of readings, discussions and debates by the Board of Governors. If any member is interested in more details of this debate, or wishes to get more actively involved in these discussions, please contact me. Stay tuned for more discussion and additional details on this important topic.

The American Board of Internal Medicine recently announced significant revisions in the Board recertification process that will go into effect in January 2006. Much of the credit for further improvement and simplification of this process should be given to the American College of Physicians. The Board of Governors, over the last two years, has challenged College leadership to work with ABIM to greatly simplify and improve the board recertification (maintenance of certification) process.

Maintenance of certification will remain a four-step process but the measures required to document two of these steps have been greatly simplified. The four-step process involves:

1. Verification of medical licensure
2. Documentation of ongoing continuing medical education through a self evaluation process
3. Documented understanding and participation in a performance improvement program
4. Successful passage of a secure computer-based internal medicine knowledge examination

Steps 2 and 3 will be greatly simplified under the new program that ABIM is implementing in January 2006. The Board is implementing a point system for the self-evaluation and practice improvement requirements. Five modules worth 20 points each will need to be completed. At least one module from the knowledge category and a minimum of one module from the practice improvement category will be required. When the five modules have been completed the candidate will be eligible to take the secure knowledge exam. The exam has been improved and is now a one day computer-based test. All questions on the test have been pre-tested for clinical relevance and are designed to test clinical judgment, not factual recall of information. There is currently an 89% first time pass rate on the secure exam with a 97% ultimate pass rate.

To address additional questions you may have, a summary update about the maintenance of certification process is provided in this newsletter for your review. Further information on this topic can also be found on the ABIM website (www.abim.org) and the ACP website in the CME section (Recertification Assistance).

MARK YOUR CALENDARS FOR NEXT CHAPTER MEETING!

Friday, March 31 and Saturday, April 1, 2006
University of Iowa Carver College of Medicine
Medical Education & Research Facility
Newton Road
Iowa City, IA

TOPICS OF INTEREST TO MEETING PARTICIPANTS ARE REQUESTED BY JULY

You are invited to help the Scientific Program Planning Committee in providing a program of interest to a broad range of our membership by submitting topics of interest to you. Lead-time is essential as the agenda will be solidified toward the end of the summer. Even if you did not attend the last meeting, this is the time to take the opportunity of sharing your ideas with the aim of continuing the current growth in volume of yearly participants. Suggestions for topics should be mailed or e-mailed to Steven R. Craig, MD, 1415 Woodland Ste140, Des Moines, IA 50309, craigsr@ihs.org or Fran Blanc, UIHC Ambulatory Care Services S-623 GH, 200 Hawkins Dr, Iowa City, IA 52242, francoise-blanc@uiowa.edu

ARE YOU CHANGING YOUR ADDRESS? YOU DON'T HAVE TO MISS OUT ON MAILINGS

All ACP members can automatically update their current address with Philadelphia headquarters by accessing the ACP homepage online through the College's website. This is the fastest and easiest way to accomplish a change. Simply e-mail the ACP customer service department. This would be found in the "Update your Info" section along the left-hand side of the homepage.

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.

ACP IOWA CHAPTER CONTACTS

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**AMBULATORY CARE QUALITY ALLIANCE APPROVES
UNIFORM STARTER SET OF PERFORMANCE MEASURES
MAY, 2005**

In an unprecedented effort led by the ACP, together with the American Academy of Family Physicians, America's Health Insurance Plans, and the Agency for Healthcare Research and Quality, the Ambulatory Care Quality Alliance, or AQA, announced consensus on a uniform starter set of 26 clinical performance measures. The AQA is a national consortium of key stakeholders that includes ACP and other physician organizations, employers, government agencies, health insurance plans and accrediting organizations all working together. The College recognized that the proliferation of performance measures potentially will have a major impact on internists' reimbursement and on practice operations, and quickly engaged to ensure that the interests of internists were represented on this national issue.

Consensus on a uniform set of performance measures among key stakeholders is a major milestone because physicians will not have to satisfy multiple and potentially conflicting performance measures. The initial set of measures will rely principally on administrative data that is readily available for most practices, thereby reducing the administrative burden of having to extract information from medical records. In addition, the College ensured that the starter set met its standards for scientific validity, feasibility, and relevance to physicians, patients and purchasers.

The uniform starter set of measures could be available to be incorporated into health care payor contracts as early as January 2006. The starter set comprise prevention measures for cancer screening and vaccinations, measures for chronic conditions including coronary artery disease, heart failure, diabetes, and asthma, depression, prenatal care, and two efficiency measures that address overuse and misuse.

The AQA is also working on a model for aggregating, sharing and stewarding data that maintains appropriate restrictions on privacy and confidentiality as well as principles for reporting information to providers, consumers and purchasers.

ACP believes that the adoption of appropriate quality improvement and accountability measures, if done right, can result in better care for patients, increased patient and physician satisfaction, and potentially, improved reimbursement linked to quality. ACP's active involvement is to ensure that internists and their patients receive the maximum benefits of these changes.

ACP is in an excellent position to influence the issue of performance measurements because of its participation in the AQA. The College will continue to work on behalf of all internists to ensure that the national efforts to improve health care quality will benefit both patients and physicians.

ACP will continue to develop tools and educational programs to assist internists in participating in performance improvement programs using the AQA measures. The College's evidence-based clinical decision support tool, PIER, can be used to inform members at the point of care about the clinical guidelines that support the measures. The College's Practice Management Center is developing a resource center for internists on how to organize office processes to assure success in performance measurement programs. In addition, the ACP's educational programs, including Annual Session, will include increased content on the role of performance measures in improving patient care.

For additional information, please refer to the following links:

- A background statement on the Ambulatory Care Quality Alliance
- May 2005 Observer article, "Market forces now pushing for pay-for-performance."
- AQA Press Statement - Coalition Reaches Consensus on "Starter Set" of Ambulatory Performance Measures for Physicians

Finally, we value your feedback and encourage you to share your views with us by simply responding to this letter.

Sincerely,

C. Anderson Hedberg, MD, FACP, President

Donna E. Sweet, MD, FACP, Chair, Board of Regents

John Tooker, MD, MBA, FACP, Executive Vice President and CEO

RECENT CHAPTER AWARDS

William Golden, M.D., Chair-elect of the Board of Regents and official College representative, presented the 2004 ACP Chapter Excellence Award to the Iowa Chapter during the April 1-2, 2005 Iowa Chapter meeting in Iowa City. This award recognizes those Chapters that excel in reaching the standards for managing a Chapter for the prior year.

At the national session in San Francisco, the Iowa Chapter was also presented an Evergreen Award for outstanding efforts and activities at the local level in the category of medical student support. This award recognizes special Chapter initiatives that benefit members. Our Chapter submitted for consideration, a description of the activities the Chapter currently sponsors to assist student members. Our Chapter provides critical financial and technical support to internal medicine clubs at both of the state's medical schools. The Chapter also initiated a special mentoring breakfast for medical students at the 2004 Iowa Chapter meeting which was successfully repeated at the just completed Iowa 2005 Chapter meeting.

Evergreen Awards were announced at an Awards Luncheon during the combined Board of Regents and Board of Governors meeting in San Francisco. Chapter recipients of the 2005 Evergreen Award each receive \$500 to support future Chapter initiatives.

PHOTO HIGHLIGHTS OF SPRING 2005 IOWA CHAPTER MEETING AT THE UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE IN IOWA CITY



Left to Right: Peter Densen, MD, Presenter, George V Lawry, MD, Laureate Honoree, Paul D. Sosnouski, MD, Laureate Honoree, Kennedy C. Fawcett, MD, Presenter.



Left to Right: John F. Fieselmann, MD, Presenter, François M. Abboud, MD, Excellence Award Recipient, Steven R. Craig, MD, Chapter Governor

Student Clinical Vignette Competition Finalists



Left to Right: Seated, Ellen Kitchell, M4, 1st place, Deborah DeWaay, M4, 2nd Place, Standing, Matt Lazio, M3, 3rd place, Erica Roberson, M4, 3rd place

Associate Clinical Vignette Competition Winners



Left to Right: Thad Abrams, MD, Univ of Iowa Resident, 3rd place, Matt Driewer, MD, Des Moines Resident, 2nd place, Almad Halwani, MD, Univ of Iowa Resident, 3rd place, Tony Hericks, DO, Des Moines Resident, 1st place

SUPPORTING YOUR CHAPTER THROUGH CHAPTER DUES

Chapter dues are the backbone of local activities and vital to the success of our chapter. While we are provided some financial support from the national office, the chapter dues collected provide the majority of financial support for local activities. Educational meetings, mentoring programs for medical students, local Associates' research competitions, advocacy with state legislators, and participation by chapter leaders in Leadership Day on Capitol Hill are just some of the activities supported by your chapter dues. Many of these activities are orchestrated by unpaid volunteer leaders in our chapter. However, the increase in activities at the local level has created the need for additional staff support to help manage the day to day operation of the chapter. Your chapter dues help support the cost of local staff and provide funding for new and existing chapter initiatives. When you receive your dues notice, please remember to include the chapter dues in your payment. You will be contributing to the success of many grass roots activities happening right here at home.

ACP SERVICES, INC. FORMS PAC

ACP Services, Inc. has formed a political action committee to help promote internists' participation in the political process. A PAC is an entity permitted under federal law to make contributions to political candidates running for office at the state and/or federal level. More and more national medical specialty societies are forming political action committees to enhance their government relations activities and increase their political influence.

Because of its tax status as a charitable organization, ACP cannot establish a PAC. However, ACP Services, Inc., a separate and distinct organization from ACP established in 1998 to provide advocacy, practice management, and other services for internist-members, has a different tax status that allows it to establish a PAC. Members of ACP automatically are also members of ACP Services, Inc.

ACP Services PAC is governed by an 11-member Board of Directors that researches and analyzes the voting records of congressional candidates and determines who should receive contributions from the PAC. Chaired by **William Golden**, MD, FACP, from Little Rock, Arkansas, the board is composed of internal medicine leaders selected from various areas of the country by the ACP Services Board of Directors. The PAC board considers candidates' record of support on issues important to the profession, membership on key health committees, and leadership positions in the Congress, among other criteria, when deciding who to support.

The PAC will begin making donations to congressional candidates running in the 2006 election cycle, which starts in Jan. 2005.

For more information on the PAC, contact Laura Allendorf, ACP Services PAC Director, at Lauraa@acponline.org.

ACP Services PAC Board of Directors

Chair: William Golden, MD
Dawn E. Clancy, MD, St. Johns Island, SC
John F. DeCarli, DO, Wilmington, DE
Larry Faltz, MD, Sleepy Hollow, NY
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