

Indiana Chapter GOVERNOR'S NEWSLETTER

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

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Governor, Indiana Chapter



Robert M. Lubitz

FROM THE GOVERNOR

Greetings! I hope our fall newsletter finds you in good health and ready for an update on some of the many things our ACP Chapter council has worked on for you this summer.

**CHAPTER MEETING
NOVEMBER 19-20, 2004
MARTEN HOUSE HOTEL
INDIANAPOLIS**

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EDUCATION

Dr. Richard Kohler and our Education Committee have spent the summer preparing an exciting Chapter meeting for **November 19-20**. We recognize that taking off a Friday/Saturday to attend the meeting has its costs, but the benefits of the meeting are substantial, including:

- state-of-the art lectures in nutrition, physical therapy and pain management
- updates in major subspecialties of medicine
- hands-on workshops and ideas to improve your practice revenue
- a chance to renew friendships or recruit a partner
- learn how to advance to be a Fellow of the ACP
- catch up on the latest from the pharmaceutical industry

We will be joined by **Dr. Andy Hedberg**, President-elect of the national ACP, who will give you a College update and listen to your issues. This is a chance for you to voice your concerns about your practice and community. Please plan to attend the complementary cocktail hour (in Dr. Kohler's words, a "kegger") after the Friday session to interact one-on-one with Dr. Hedberg, your colleagues and ACP representatives. You can register on line at <http://cme.medicine.iu.edu>.

Also, the internal medicine student interest group (IMSIG) is up and running again at I.U. and I had a chance to represent us by speaking on why internal medicine is an excellent career choice. It's great to see young, bright students excited about internal medicine! We're exploring with the IMSIG co-chairs, **Stacey Tarvin** and **Katy Richardson**, ways to stimulate interest in IM and the ACP. If you are interested in having a student in your office for a rotation, or just to serve as a community mentor, please let us know.

ADVOCACY

Former congresswoman Barbara Jordan once noted, "The stakes are too high for government to be a spectator sport." Healthcare is emerging as a leading domestic issue among voters for the 2004 election (second only to the economy), and over 60% of respondents to a national survey were dissatisfied with the availability and affordability of care (Blendon, NEJM, 9/23/04). On behalf of our nearly 1800 Indiana members, I recently wrote to our federal legislators to apprise them of health-related issues currently impacting internists and their patients in Indiana. These issues, consistent with College issues, were as follows:



urged our legislators to advocate for grants, loans, reimbursement and other incentives (not mandates) to overcome the practical and cost barriers to EMR adoption in the physician office setting.

Access to care for the uninsured: We've all seen first-hand the adverse effects of poor access to care for our patients; the rapid rise in the un- and under-insured makes this a national crisis. Expanding health insurance for the uninsured needs to be one of the top legislative priorities for 109th Congress, with a goal to achieve universal coverage.

Reforming the dysfunctional payment system: The recent 1.5% increases in Medicare reimbursement will disappear after 2005 and will be followed by ~4% cuts per year through the end of this decade. I urged our legislators to help preserve Medicare patients' access to quality care by advocating for legislation that would result in updates more closely linked to increases in the actual costs of medical practice. I also urged them to work toward more comprehensive long-term reforms.

Overcoming practical barriers to an interoperable health information network: President Bush recently established the National Coordinating Center for Health Information Technology, and called for widespread adoption of interoperable electronic medical records (EMRs) by 2010. These EMRs could help attain a higher standard of health care quality, but achieving this vision has practical barriers such as high acquisition costs and a reimbursement system that discourages investments in beneficial technology. I

Reforming the medical liability system:

Although Indiana has progressive tort laws, frivolous lawsuits, excessive awards and a shrinking patient compensation fund are leading to increasing premiums. We need to act on both the state and federal level to support the strengths of our system (e.g., medical review panels) while shoring up weaknesses.

Fiduciary responsibility at the state level: Within days of me writing this, the Indiana legislature may lose access to \$1.1 billion in federal SCHIP funds - money that can be used to prop up care for the poor. I urged our legislators to extend the deadline for accessing these funds. I personally spoke to Governor Kernan about the Medicaid crisis, and also urged him to use the tobacco settlement money for health care, not to make up for budget shortfalls.

The articles that follow in this newsletter will provide updates on some of the other activities from our ACP Chapter Council and committees.

One last thing...

Those of you who graduated since 1990 are being asked to enroll in the ABIM maintenance of certification program. The ACP is working closely with the ABIM to make this process as easy and valuable to you as possible - more on this in a future issue.

...and, if you have a colleague who's not a member of ACP, let them know what the ACP is doing, and encourage them to join/re-join to support these efforts. I look forward to seeing you at the Indiana Chapter Meeting in November.

The articles that follow in this newsletter will provide updates on some of the other activities from our ACP Chapter Council and committees.

—VISIT OUR CHAPTER WEB SITE—

<http://www.acponline.org/chapters/in>

COMMUNICATION COMMITTEE UPDATE (Michael Sha, MD and Cheryle Southern, MD, Co-chairs)

Cheryle and I encourage you to visit the Chapter's website at www.acponline.org/chapters/in. The website will enable you to contact the Governor's Council, update you about current Chapter activities, and inform you of Chapter accomplishments.

We also ask Chapter members who have not provided ACP with their email addresses to please do so. We recognize that "value" is becoming increasingly important to you, our members, and "information" is an important value aspect of membership. ACP provides a weekly

email update ("ACP ObserverWeekly") regarding clinical information and member benefits. Additionally, your email address will allow your Chapter to convey information of special importance to Hoosier internists/subspecialists. We do recognize that your time is valuable, and we intentionally limit our use of the Chapter's email listserv.

Please contact me (mcscha@iupui.edu) with your email addresses and to provide suggestions on how we can better serve our members.

HEALTH CARE AND THE ELECTION

We have an opportunity to have our voices heard at both the State and National level during the general election November 2nd. The following provides a brief summary (as of October 2, 2004) of key health care platform issues. As a profession, we need to get out and vote - the process won't change unless we work to nudge it along.

Federal

President Bush:

1. Tax credits for low income families to purchase health insurance or a low premium, high deductible health plan with a health savings account (HSA). Families and individuals will receive up to \$2000 to "seed" their HSA. Allow premiums to be tax deductible.
2. Small businesses and their employees who set up an HSA will get a tax rebate. Allow small businesses to establish association health plans (pooling to buy coverage, exempt from state mandates).
3. Expand community health centers
4. Make EMRs universally available within the next decade
5. Reform medical liability through caps on non-economic damages and other reforms.
6. Touts the Medicare Modernization act.

For more information, see the Bush Health Plan at www.georgewbush.com/healthcare.

Senator Kerry:

1. Expand health insurance by repealing income tax cuts for those earning more than \$200,000 per year.
2. Create a premium rebate pool that will reimburse employers and group health plans a portion of catastrophic costs. Allow Americans to buy into the Federal Employees Health Plan.
3. Refundable tax credits for up to 50% of the cost of coverage for small businesses and their employees.
4. Ensure EMR implementation by 2008.
5. Prohibit individuals from bringing a medical liability action unless a qualified specialist determines that a reasonable claim exists. Supports sanctions for improper claims and defenses. Require states to make available non-binding mediation.
6. Reform Medicare through Federal prescription drug price negotiation, drug reimportation, and helping states provide discounts for implementing competitive contract pricing for medications.

For more information, see the Kerry Health Plan www.johnkerry.com/issues/health_care.

Other recommended reading of peer-reviewed articles: Blendon RJ, et al Health care in the 2004 presidential election. *New England Journal of Medicine*. 351(13):1314-22, 2004 Sep 23; Doherty RB. Assessing the new Medicare prescription drug law. *Ann Intern Med*. 2004;141(5):391-5.

Bodenheimer T. Insuring the Uninsured: Will the 2004 election provide an answer? *Ann Intern Med* 2004;141:556-61.

(Excerpted in part from a 10/2/04 presentation by Robert B. Doherty, Senior Vice President, Governmental Affairs and Public Policy, ACP)

State

Governor Kernan:

1. Supports prescription drug reimportation.
2. Coordinate the Hoosier Rx program with Medicare Drug Discount Card programs and work towards expanding drug discounts to low-income Hoosiers.
3. Create the Hoosier Health Plan, which develops a purchasing pool for small businesses and the uninsured to negotiate lower health insurance premiums.
4. Promote expansion of long-term care insurance.
5. Expand disease management initiatives to include stroke, hypertension, HIV/AIDS, depression and obesity.
6. Expand access to home and community-based care through federal Medicaid waivers and implementation of the Indiana Senate Enrolled Act (SEA) 493.

For more information, see the Kernan Call to Action, www.kernandavis.com.

Mitch Daniels:

1. Offer a basic insurance plan, exempted from most state mandates, available at a much lower cost to low-income Hoosiers through local governments or community-based organizations.
2. Allow waivers of pre-existing conditions to provide insurance for those who currently are totally excluded from coverage as a result.
3. Require all hospitals that do business with the state to report their degree of compliance with universally recognized quality care indicators, and to inform the patient and the state (confidentially) when serious mistakes occur.
4. Expand federal 340 b pharmacies in Indiana; these pharmacies obtain medications for eligible individuals at half the wholesale price.
5. Create an on-line referral service that individuals and community service centers can access to help beneficiaries enroll in free or reduced-cost medication programs.
6. Promote health savings accounts. Promote healthy lifestyles through financial credits against health insurance premiums for those who successfully stop smoking, meet nutrition and weight goals, and maintain a regular fitness program. Bolster the Governor's Council on Physical Fitness and Sports.

For more information, see the Daniels Health Plan at mymanmitch.com/issues/statemap/healthcare.htm.

MEDICARE CARRIER ADVISORY COMMITTEE (CAC) UPDATE **(Linda Abels, MD, ACP Representative)**

The CAC is a multidisciplinary group composed of general internists, subspecialists, surgeons, ophthalmologists and podiatrists who review Medicare policies and procedures proposed locally as outlined in the Program Integrity Manual. A website has been established for the CAC. See www.adminastar.com and select Carrier Medical Policy to keep updated.

FINANCE COMMITTEE UPDATE (Michael Sha, MD, Chair)

Over the past several years, the Indiana Chapter and your Governor's Council have worked to make the Chapter more responsive and innovative. This is reflected in the three prestigious Evergreen Awards that ACP has awarded the Indiana Chapter, and the excellent state meeting each November. To secure and further these achievements has required us to solidify the Chapter's financial footing.

To assist the Chapter toward this end, the Finance Committee was created with the purpose of advising the Governor's Council on financial matters. To date, more proactive budgeting and internal control processes have been developed. Additionally, we are exploring the option of investing the Chapter's reserve funds in a more financially responsible manner.

Many of you may have noticed the recent increase in the Chapter dues, the first in more than 5 years. Your continued support of your Chapter is appreciated. Our goal through our budgetary and dues processes is to disaster-proof our Chapter, a standard objective for non-profit organizations such as ours. This precaution will allow your Chapter to further our member-focused mission and to maintain flexibility to meet unknown future challenges and opportunities.

The Finance Committee and the Governor's Council are aware of our fiduciary responsibility to you, our members. We will continue our efforts to solidify the Chapter's finances. I look forward to keeping you abreast of the Chapter's finances and welcome any questions.

ASSOCIATES COUNCIL ACTIVITIES (Mubishar Khan, MD, Chair)

Our Associates Council has planned an exciting annual meeting on November 18 in association with the state Chapter meeting. Invited presentations will include topics like Updates in Medicine, Medical Myths, and EKGs in addition to a 'Joint-Workshop' and a 'Stump-the-Professor' program. And, of course, we'll have the traditional and much-anticipated Jeopardy Competition between the three state IM programs - completely friendly competition, of course. We are working hard to find additional sources of funding, and welcome alternative ideas.

This year, Indiana students and housestaff submitted a record number of research abstracts and clinical vignettes for the ACP State and National Research Competitions. Many of these were interesting and competitive (on preliminary review) and will add greatly to the flavor of this year's state meeting. I enthusiastically look forward to the presentations of these abstracts.

We have a number of other social and volunteer activities planned this year - come to the meeting on November 18 to learn more! Also, check out the new link on our Chapter web site to a large number of resources for students and residents:

<http://www.acponline.org/chapters/in>.

I would like to thank the Associates Council members, all of who have worked hard and voluntarily given up their time through busy residency trainings to make things work. I especially appreciate the efforts of Pete, Jeremy, Angeline, Jose, Marla, Katherine, Stacey, Hesham, Gul and Joe. Last, but not least, I would like to thank our advisors Drs Lubitz, Logio, Neal and Sha for all their support and advise through our endeavors. We look forward to a great time during the Chapter Meeting and meeting friends from across the state.

SUICIDE AND DEPRESSION - INFO FOR DOCTORS

As you all know, we have been working on educating doctors about suicide risk recognition and the link between suicide and handguns. The New York City Department of Health and Mental Hygiene has just published a City Health Information bulletin called "Detecting and Treating Depression in Adults." The publication is an excellent tool for physicians to use when screening for suicidal risk, and is available at:

www.nyc.gov/html/doh/pdf/chi/chi23-1.pdf.

HEALTH AND PUBLIC POLICY COMMITTEE (Caitilin Kelly, MD, Chair)

The Committee submitted seven resolutions to the Indiana State Medical Association House of Delegates, all of which passed as written or with minor modification. Among these resolutions we encouraged support for insurance coverage of weight loss programs, billing for medical interpretation, rewarding non-smoking employees, prohibiting corporal punishment in schools, electronic medical records and civil immunity laws.

Members of the committee are gathering resources showing the efficacy and cost-effectiveness of weight loss programs. Data could be presented regarding the far ranging negative impact of obesity/sedentary lifestyle and the cost effectiveness of treatment thus justifying mandated insurer coverage. We plan to present these to Anthem, and to State Representative Pat Miller, head of the Senate Health and Public Policy Committee.

Finding ways to educate the public as to the difference in training of physicians and NPs was discussed. Two members of the committee expressed concerns about the scope of practice allowed to nurse practitioners that seems to often extend beyond training. The committee will continue to explore this, and we welcome your comments.

We also heard back from the ACP Human Rights and Ethics Committee that they will be reviewing an issue our HPPC raised regarding the determination of patient competence. We are also considering applying for a grant to study the variation of competence determination from center to center (thus demonstrating a need for setting up guidelines.) A small town hospital (Bedford), Bloomington hospital, a for-profit hospital and the IU med center could be chosen. The Bloomington hospital ethics committee and the Poynter Center at IU (an independent ethics institute) would both be interested in participating and helping to write a formal grant request (if our letter of intent from **Dr. Kelly** receives a positive response from the Robert Wood Johnson Foundation).

The goal of the study ultimately would be to encourage a group of neurologists and psychiatrists at a state or national level to come up with a set of guidelines to be used to determine long-term incompetence. The guidelines should include the requirement for periodic reassessment.

If you have any issues you would like addressed by the committee, or have any comments on the issues above, please feel free to contact me.