

Indiana Chapter GOVERNOR'S NEWSLETTER

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

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Governor, Indiana Chapter



FROM THE GOVERNOR

I hope this spring edition of the Newsletter finds you well and prospering. In recent months your Chapter Council has had the opportunity to represent you on a variety of local and national issues, including legislative hearings at the Indiana State House and at the Indiana Health Professions Bureau. It turns heads when our elected and appointed leaders hear that we represent nearly 2000 internists, medicine subspecialists and trainees. However, we don't represent all practitioners in our discipline, yet these issues directly impact my practice, your practice and their practice (I've included some examples in the advocacy comments below).

Why should we care if we don't represent everyone? Simple: Speaking with one voice makes things happen. You know this from your own office or hospital medical staff - when you rally around an issue as a group things usually change in your favor. Strength in numbers. Issues effect everyone across our state, whether you're in rural primary care, a cardiologist or other subspecialist, hospitalist, or juggling a part-time practice and full-time family. Strength comes with our member's diversity of age, race, gender, culture, practice type and location, and specialty.

Now more than ever we need a strong, united voice to address the needs and challenges of our profession. You can make the message stronger by getting involved, making yourself heard, and helping to add members that strengthen our voice. The ACP has a special gift for you, too - if you recruit a new member, you'll get \$100 off your 2006-07 dues; two colleagues gets you a \$200 credit. And, if you recruit three new colleagues, you get a year's membership for free. Also, for every colleague recruited, you're entered into a drawing to win an expense-paid trip to the 2007 Annual Session in San Diego!

For more information, on this program, visit www.acponline.org/college/misc/recruit_colleague.htm or contact me.

ADVOCACY

As you know, our state legislature considers a variety of health-related issues each session. On behalf of our members, the Chapter Council has lobbied directly and indirectly on these issues, including changes in reporting requirements, reimbursement, and licensure. One bill of particular interest, Indiana Senate Bill 566, requires reporting of quality measures to the Indiana State Department of Health, and sets up a system to explore implementing Electronic Health Records across the state. The ACP has established clear views on these issues (see aconline.org/advocacy) - I shared these views in testimony before a Senate subcommittee and am pleased that the ultimate language is favorable. We also opposed cuts in state Medicaid, shared our views on changes to the malpractice system, and explored reimbursement for treatment of obesity; as we approach the end of the session we're hoping this advocacy bears fruit.

On behalf of the Chapter, I recently wrote our U.S. Senate and Congressional Representatives from Indiana urging them to reconsider the current Medicare Sustainable Growth Rate (SGR) reimbursement strategy. If this goes unchanged, we will see a 4 to 5% cut in reimbursement this year, and a 26 to 30% cut in reimbursement by 2011. The SGR needs to be replaced with a formula based on the actual cost of delivering physician services. I also wrote our US Congressional Representatives on two separate house resolutions, the first addressing the cost of healthcare information technology and the second addressing the affordability and equity of health care coverage. If you're interested in seeing the ACP's position on these issues, please check out the advocacy section of the ACP web site.

May 17 and 18, the Chapter will be sending physician representatives to the ACP's Leadership Day in Washington, D.C. As part of this program our Members and Associates will have an opportunity to lobby on behalf of the Chapter and issues relevant to Indiana. More on this experience in the next edition of the Newsletter.

EDUCATION

We had a very successful 2004 Annual Chapter Meeting and Scientific Session at the Marten House in Indianapolis back in November. Between the Associates session and the full Chapter Meeting, over 150 of our members heard cutting-edge clinical updates, had hands-on learning sessions, rekindled old friendships, expressed concerns about their practice, recruited future partners, and shared some laughs. **Dr. Andy Hedberg**, President-elect of the College, was on hand as our representative to the College. He shared with us his own challenges from his Illinois practice and plans for furthering the mission and influence of the College. Photos from the meeting follow.

...AND IN 2005

We are well on our way to preparing for the 2005 Indiana Annual Meeting. Please save the date: November 17 (Associates and Students), 18-19 (Full Chapter) at the University Place Conference Center on the IUPUI Campus. It's a challenge for our members to take a few days from their office, and an even a greater challenge for those who live at the edges of the state. **Dr. Alex Djuricich** (Chair of the Education Committee), and **Dr. Pete Bustamonte** (Chair of the Council of Associates) assures us this will be our best meeting yet. In addition to up-to-the-minute refreshers and "small feedings of the mind," we'll have opportunities to learn about practice improvement, impending changes, and advocacy issues. Also, a new feature this year - interest groups for young physicians (less than 5 years in practice), women in medicine, rural medicine and others. Please plan now to attend!

WELCOME NEW FELLOWS!

New Indiana Chapter members who have been elected to Fellowship of the ACP:

Shamoon Ahmed, MD, FACP (Granger)
Michael Lockwood, MD, FACP (Lafayette)
Jean Miller, MD, FACP (Indianapolis)
J. Mark Overhage, MD, FACP (Indianapolis)
Michael Weiner, MD, FACP (Indianapolis)
Robin Zon, MD, FACP (South Bend)

Fellowship in the ACP is a distinct honor. Unlike other professional societies (where you receive fellowship for being board-certified), Fellowship in the ACP is an honor achieved by those recognized by their peers for personal integrity, superior competence in internal medicine, professional accomplishment, and demonstrated scholarship. Although the application process has been streamlined in recent years, Fellowship remains a unique marker of excellence as an internist and medicine subspecialist. If you are interested in applying for fellowship, please check out the ACP web site: www.acponline.org/college/membership (click on the word "Fellowship") or contact the ACP Customer Service Department at 800-523-1546, extension 2600.

UPDATE ON RECERTIFICATION

If you completed residency since 1990, then you need to recertify in either internal medicine, your subspecialty, or both. Now referred to as Maintenance of Certification (MOC), the College has played a critical role working with the American Board of Internal Medicine (ABIM) to make the process acceptable. Perhaps most exciting is that the Medical Knowledge Self Assessment Program (MKSAP) can be used as part of the process. Full details of the MOC program are available on the ACP web site, www.acponline.org/moc and will be published by the ABIM.

CONGRATULATIONS TO...

Dr. Michael Sha who was recently selected to the ACP National Council of Young Physicians.

Dr. Larry Einhorn, who will receive the highest honor of Mastership in the American College of Physicians at the 2005 Annual Session.

Drs. Richard Dexter and Richard Kohler who received the Chapter's Laureate Award at the 2004 Annual Meeting.

Drs. Hosam Baccora, Pooja Singal, and Jayakrishna Chadalavada - the Medical Jeopardy resident team from Ball Memorial Hospital who beat the teams from Indiana University and St. Vincent to advance to the national competition at the Annual Session in San Francisco.

Dr. Ali Ayoubi, a resident at St. Vincent Hospital, who's abstract (written with Dr. Bruce Waller, a cardiologist with The Care Group) won the Chapter research competition. He presented his results at the state meeting and Annual Session.

Dr. Mark Leutkameyer, who won the "Test your Knowledge" quiz at the State Meeting.

Also, special thanks to **Dr. Jim Poulus** for securing a \$20,000 endowment for the Chapter. Interest from this endowment will be used to supplement costs of our state meeting.



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.

CHAPTER MEETING

NOVEMBER 18-19, 2005
UNIVERSITY PLACE
CONFERENCE CENTER AND HOTEL
INDIANAPOLIS

**MEDICARE CARRIER ADVISORY COMMITTEE (CAC)
LINDA ABELS, MD, REPRESENTATIVE**

The CAC meet February 28 and diabetic testing supplies were reviewed. Glucose monitor criteria must be met with orders renewed every 12 months. A valid order must include item(s) to be dispensed, quantity of items to be dispensed, frequency of testing, whether the patient has insulin-treated or non-insulin treated DM, treating physician's signature and date, and start date of orders. Utilization guidelines include:

- non-insulin treated (q3mo) - 1X daily (100 test strips, 100 lancets)
- insulin treated (q3mo) - 3X daily (300 test strips, 300 lancets)

Additional discussion was held regarding vertebroplasty and kyphoplasty for the treatment of osteoporotic vertebral compression fractures and neoplasms affecting vertebral bodies. Percutaneous vertebroplasty is used for acute fractures by injecting bone cement directly into the vertebral body, providing immediate pain relief. Principle indications for vertebroplasty include:

- thoracic or lumbar compression fracture with persistent debilitating pain not responding to standard medical therapy
- multiple myeloma or osteolytic metastasis with severe back pain related to bony destruction
- Painful and/or aggressive vertebral hemangiomas or eosinophilic granulomas of the spine
- Painful vertebral fracture associated with osteonecrosis
- Reinforcement or stabilization prior to surgery

Principle indications for percutaneous kyphoplasty include:

- Recent osteoporotic compression fracture (usually within 8 weeks of occurrence) with persistent debilitating pain not responding to standard medical therapy
- multiple myeloma or osteolytic metastasis with persistent or progress back pain related to bony collapse.

There are a variety of limitations and contraindications to these that should be reviewed prior to referral.

Bariatric surgery was also reviewed. This surgery may be considered for individuals with morbid obesity (BMI>35 kg/m²) unresponsive to medical therapy, and have associated health complications. The surgery is an integral and necessary part of a course of treatment with one of the following life-threatening or disabling co-morbid conditions:

- Poorly controlled type II DM, dyslipidemia, or hypertension
- Serious cardiopulmonary disorder (e.g., coronary artery disease) unresponsive to optimal therapy
- Obstructive sleep apnea
- Severe arthropathy of weight-bearing joints

Treatable metabolic causes for obesity must be ruled out or have been treated if present. There must be documented evidence of attempted non-surgical methods of weight-reduction within the past 2 years, including repeated failure of multiple attempts (usually 3 supervised efforts of diet, exercise, or drugs for consecutive 6-month periods).

—VISIT OUR CHAPTER WEB SITE—

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

PICTURE GALLERY



Dr. Craig Veatch, Internist with St. Vincent Sports Medicine, reviews with a resident the proper technique for a knee aspiration



Medical Jeopardy Quiz Master and Chapter Treasurer, Dr. Michael Sha



Dr. Craig Wilson gives an update in geriatric medicine



Meeting attendees enjoy the evening social hour



Lecture during of one of the sessions



Brett Baker, ACP staff