

Indiana Chapter GOVERNOR'S NEWSLETTER

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

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Governor, Indiana Chapter



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GOVERNOR'S COLUMN

Fuzzy Professionalism

Professionalism has gotten a lot of press recently. Despite all that is written about professionalism, I still am not sure that I know what it is and when it is to be applied.

My dictionary lists 12 definitions for “professional” ranging from “anything one does to earn a livelihood,” which could include “the oldest profession in the world” to the “learned professions.”

We like to think of our professionalism manifested in a selfless altruistic service to our patients and mankind generally. This may include providing care for poorer patients with no expectation of payment, working into a busy schedule a new patient who needs to be seen that same day, keeping confidential information about patients that would make for interesting conversation at lunch or on the golf course, refusing an expensive gift offered by a pharmaceutical representative, or working in a charity clinic.

Professionalism may be far from our minds when we are being hassled by an insurance company nurse about approval for an obviously necessary medical intervention; being criticized by a patient or a relative for not prescribing the latest test or treatment du jour touted in the lay press; being pressured to discharge a hospitalized patient before we think that it is safe; being informed of “necessary” hospital personnel layoffs to achieve some target ratio while feeling that staffing levels already provide inadequate care for patients; or when HIPPA regulations make locating patient charts resemble a treasure hunt.

It seems to me that “professional athletes” may be the best definition to keep in mind and a good role model in the sense of trying to do the best we are capable of at all times in our multiple roles in life as parent, spouse, physician, societal advocate, ethicist, business person, and public citizen.

I am sure that each physician prefers some roles over others and would rather not get involved in some activities.

The truly professional physician in my view is one who does his or her best to fulfill these roles including advocating for our patients’ and societal needs by getting involved in our medical and civic organizations.

Despite the fuzziness of the term professionalism, let us all strive to be the best professional we can be.

ANNUAL CHAPTER SCIENTIFIC MEETING

Don't forget the annual scientific meeting to be held in **Indianapolis** Friday and Saturday **November 14 and 15**. The focus will be on **Best Practices**. For details see the brochure mailed to you or go to our web page.

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Policy Committee-

Caitilin Kelly, MD, Chairman

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Lindley Wagner, MD, Chairman

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Ram Prasad, MD, Chairman

Nominating Committee-

Richard Dexter, MD

Representatives to the:

Medicare Advisory Committee

Meetings-

Linda Abels, MD

Medicaid Meetings-

Cheryle Southern, MD

ISMA Section at the Annual Meeting-

Caitilin Kelly, MD &
Cheryle Southern, MD

ISMA Legislative Commission Meetings-

Cheryle Southern, MD

PATIENT'S SAFETY ROLE

We have heard much about our responsibility in patient safety but little about the patient's responsibility. Following is a list of patient rights and responsibilities from the ACP web page that would be good to remind our patients about periodically:

PATIENT SAFETY AND YOU

At the Appointment

Rights:

- To be an active participant in discussions
- To have understandable, legible instructions and prescriptions
- To have an explanation of why a particular course of treatment is recommended

Responsibilities:

- To be open and honest about symptoms, drugs you might be taking, medical history
- To voice concerns
- To speak up if you don't understand
- To check back on test results

At the Pharmacy

Rights:

- To receive the correct prescription
- To receive verbal and written information about how to use the drug
- To have information on drug interactions, side effects, and what to do about them

Responsibilities:

- To check the prescription to make sure it is what your doctor ordered
- To remind pharmacist about other drugs or allergies
- To ask questions if necessary

At Home

Right:

- To research your condition using library or Internet tools, etc.

Responsibilities:

- To know the validity of the source of health information
- To verify health information with your physician

ARE YOU INTERESTED IN HANDGUN INJURY PREVENTION?

Doctors Against Handgun injuries (DAHI) has formed a new online Physician Network, which updates physicians on the handgun injury prevention issue, and provides them with opportunities to take action on the state and federal levels. DAHI is a coalition of 12 national medical societies, including the American College of Physicians, dedicated to bringing the medical and public health perspectives to handgun injury prevention. DAHI is headed by **Dr. Jerry Barondess**, MACP, who is a former ACP President.

To sign up, please e-mail **Rebecca Bruno**, DAHI Program Associate, at rbruno@nyam.org with the following information: name, specialty, place of business, e-mail address and mailing address.

For more information, please visit DAHI's website at www.doctorsagainsthandinjury.org.

**WILLIAM K. NASSER, MD, CARDIOLOGIST,
CHRONICLES HIS LIFE STORY IN NEW BOOK,
NEAR TO MY HEART-AN AMERICAN DREAM.**

Near To My Heart is an inspirational journey of determination and survival.

CARMEL, Indiana, April 2, 2003 - In his book, Dr. William K. Nasser has revealed the life-changing moments that are near to his heart. He has had three heart valve replacements (open heart surgery), a liver transplant, and two episodes of passing out (syncope), which usually results in sudden cardiac death. And yet, Dr. Nasser was given a "second chance" to live the American Dream. He is the longest surviving recipient of a heart valve in the world today. And then there's the miraculous survival in the Florida Keys after his boat sank 7 miles from shore.

Even more extraordinary is his professional career - he headed one of the largest cardiology practices in America for years. Dr. Nasser has received the Entrepreneur of the Year Award in Indiana for popularizing the concept of modern cardiology group practice in the state. His book provides an excellent overview on the golden age of cardiology and the current model of an entrepreneurial approach to good patient care.

Dr. Nasser serves as Chair of the St. Vincent Hospital Foundation Board of Directors and serves on Indiana State University Foundation Board of Directors. William Nasser has three children and five grandchildren and resides with his wife in Carmel, Indiana.

PROCEEDS FROM SALE OF BOOK AND INFORMATION TO ORDER BOOKS:

Proceeds from the sale of the book will go to the endorsing institutions listed below. Books can be ordered through these institutions as well as from Amazon.com.

St. Vincent Foundation
11595 N. Meridian Street, #800
Carmel, IN 46032
Attn: Dr. F. Duke Haddad
317/582-8800
Email: fdhaddad@stvincent.org

**Rose-Hulman Institute
of Technology**
Office of the President
5500 Wabash Avenue
Terre Haute, IN 47803-3999
812/877-8201

**St. Mary-of-The Woods
Providence Center**
Sisters of Providence
Terre Haute, IN 47876
812/535-3131

**Indiana University School
of Medicine**
Office of Gift Development
1110 W. Michigan LO506
Indianapolis, IN 46202-5100
317/274-7409

**Indiana State University
Alumni Association**
102 Gillum Hall
Terre Haute, IN 47809
812/237-3707

St. George Orthodox Church
1900 East 4th Street
Terre Haute, IN 47802
812/232-5244

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, and 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.

LEADERSHIP DAY IN WASHINGTON

By Beth Tengove

On May 13th and 14th, a group of Indiana physicians and medical students visited Washington DC for ACP's annual Leadership Day Conference. During the two-day conference, various speakers discussed ACP's legislative priorities during the coming year including coverage for the uninsured, the Medicare Fee Schedule, and liability reform. Much emphasis was given to the recently introduced HealthCARE Act (S. 1030) that, if passed, will allow for the expansion of health insurance coverage for the uninsured over the next 10 years. The Act, sponsored by Senator Bigaman (D-NM), was written in conjunction with the ACP and is endorsed by other large primary care groups including the American Academy of Pediatrics and the American Academy of Family Practitioners. The problem of the uninsured is a growing problem affecting all areas of healthcare, but particularly primary care. Dr. Buynak of Valparaiso, IN told Congressman Visclosky about some of his patients that leave his practice when they are laid off from their jobs and cannot afford private health insurance. Other physicians at the conference recounted their frustrations about an increasing population of uninsured patients who, instead of having preventable diseases treated in physician's offices, receive all their medical care in the Emergency Room when complications of their poorly-controlled diseases arise. The question, as always, comes down to money. ACP's leadership stated that there is money in the federal budget already set aside for healthcare projects-it just needs to be re-directed to programs that give insurance options to the uninsured as well as incentives to be insured. The two day visit concluded with the Indiana group meeting with Senator Lugar's and Senator Bayh's healthcare aides as well as Congresswoman Julia Carson's (Indianapolis) healthcare assistant. The group also dropped off ACP material at various other Indiana Representative offices. A highlight of the day on Capitol Hill was when Indiana Congressman Peter Visclosky of District 1 met with our group and gave us a tour of Chamber of the House of Representatives inside the Capitol Building.

From a medical student's point of view, the two days of "politicking" and lobbying in Washington DC taught me two things: (1) Senators and Representatives are very interested in what goes on "back home." Stories about the hospitals and doctor's offices in their district are of concern to them. If they know that the uninsured and liability reform are important to Indiana doctors, they will be more apt to review healthcare legislation that comes across their desk. On the other hand, (2) the world of the Congress, at least from an outsider's point of view, is simply a maze of bureaucracy and politics. This is why the ACP and other professional organizations are so vital. They understand the language lawmakers talk and know which bills will realistically pass and which won't. During the first day of the conference, ACP speakers talked not only about the bills we would be promoting the next day to our state legislators, but also about the political climate in Washington and what their realistic views were about real changes taking place in the years to come. It is their and our hope that the newly introduced bills will continue to gain momentum in the months to come!

ACP'S ONLINE MENTORING PROGRAM FOR YOUNG PHYSICIANS

The ACP's Young Physicians Subcommittee (YPS) believes it is very important to provide opportunities for young physicians to communicate with more established internists. We are happy to introduce a new mentoring database, which will assist our young physicians by providing guidance from senior College members, including program directors, chairs of medicine, and practicing internists. These physicians are in a unique position to teach their younger colleagues how best to excel in the clinical, academic, or administrative world without making needless emotional or financial sacrifices along their way.

The mentorship database is organized by state and specialty and can be accessed via ACP Online at <http://www.acponline.org/private/committees/mentor.htm>. Interested physicians can get e-mail addresses from the database and contact volunteer physicians directly.

If you would like to be added to our list of mentors, please complete and submit the online form found at http://www.acponline.org/college/membership/yp_newmentors.htm. If you would like more information about the program, please contact **Jean Elliott**, YPS Administrator, at **800-523-1546**, ext. **2692**, **215-351-2759** (fax), or jelliott@acponline.org.

MINUTES HEALTH & PUBLIC POLICY COMMITTEE

AUGUST 14, 2003

Present: Drs. James Poulos, Cheryl Southern, Lois Lambrecht & Caitilin Kelly

Relevant ISMA Resolutions were discussed:

- Reimbursement for telephone wait time w/insurance carriers
- Tax deductions for discounted care
- State mandated credentialing introduced by Dr. Southern
- CLIA legislation
- Physical fitness programs for adolescents and children
- Child abuse or resolution (written by the health & public policy committee)

Dr. Southern discussed her experience with the new Medicaid Management Program for chronic diseases. The federal government has approved Indiana's plan to establish the Indiana chronic disease management program for Medicaid patients whose health care needs place them in the top 10 percent of Medicaid expenditures. Patients will receive regular medical assessments, education about the diseases, dietary information to help manage chronic disease and instructions on how to manage their own care. State health records show that chronic diseases were the cause of more than 75% of the deaths in Indiana in 2000. Cardiovascular disease, cancer and diabetes accounted for more than 65% of total deaths. Dr. Southern notes that she is paid \$4 a month per patient as a case management fee. She attended a 2 day symposium in June for orientation. Currently, diseases included are diabetes and congestive heart failure. Asthma will be added next year. There have been delays in receiving the software necessary to complete the requirements of the program. Monthly reports are required on each patient including medications, time spent on counseling, labs performed and the planned next visit. All of this information has to be entered into a computer. In addition, there are monthly noon teleconference meetings. Dr. Southern noted that the reimbursement for this amount of work is obviously woefully inadequate, and will force all primary-care providers, not associated with an institution, out of caring for these patients.

41.2 million Americans were not protected by health insurance at some time during 2001. Of that group, 21% were Asian-American, 35% Hispanic, 22% African-American and 12% were White.

Dr. Kelly noted that the Florida Medicaid program will offer providers access to a drug information program available on personal digital assistants in an effort to cut Medicaid spending. Dr. Poulos noted that this information currently is available on the Medicaid website but is not easy to access. Dr. Southern noted that some states currently do have pocket-sized formularies for both Medicaid and private insurance. Dr. Poulos is going to look into the possibility of drug companies sponsoring publishing a small pocket sized formulary for Medicaid allowed medications.

Dr. Poulos notes that the President of the Arnett clinic has met with lawyers of the ISMA to discuss presenting Medicaid concerns to legislators.

Dr. Kelly noted that the Center for Medicare and Medicaid services was offering a special open door forum on August 15th to provide an overview of the recently issued proposed rule, updating payment rates to hospitals under the outpatient prospective payment system.

Additional health and public policy news:

A congressional committee launched a formal investigation into hospital billing practices that often require uninsured patients to pay rates that far exceed what other payers are charged. Twenty hospital systems nationwide are being asked detailed questions about their finances and billing practices. The committee expressed concern that the uninsured have become the victims of the sophisticated and complicated forces driving health-care financing, including government entitlement programs, managed care and rising costs. The American Hospital Association, last month, sent out a special alert urging its 4,800 member hospitals to reform their billing and collection practices. The Congressional committee noted their rates are often inflated far beyond the hospital's actual costs and reasonable profit. Some payers are able to negotiate discounts and pay less, but individual uninsured patients are expected to pay this full undiscounted sticker price. In some cases, the committee notes, it appears that the very people who can least afford it are paying the full sticker price for hospital services. The congressional letter also cited the case of a California chain that had less than 2% uninsured patients. This small sliver of patients accounted for as much as 35% of the chain's total profits. Hospitals have responded that government regulations make it hard for hospitals to offer discounts to the uninsured. Medicare regulations require strict adherence to a system under which hospitals can't bill anyone less than they bill the federal government. As a result, hospitals run the

risk of violating Medicare regulations if they slash rates to the uninsured patients. Recently, HCA and Tenet sought government permission to offer discounts to the needy uninsured. The responses from the government were far from clear cut.

In a class-action lawsuit, Aetna has reached an agreement with representatives of 600,000 doctors. The agreement includes a hundred million dollar cash settlement and a number of changes in how Aetna does business practice. These include: stopping automatically down coding evaluation and management codes, working with physicians to adopt mutually acceptable claim-editing software, establishing an external billing dispute review board, disclosing complete fee schedules to its doctors, adopting a definition of medical necessity that is based on generally accepted medical standards and investing at least \$10 million in the establishment of a physician services service center to speed responses to inquiries.

Both the House and Senate passed versions of the Medicare reform legislation include extensive sections that should provide regulatory relief for physicians. There will probably be a carrier medical director for every state. Both bills would require contractors to respond to physician inquiries with a general written response within 45 days. Physicians who reasonably rely on that guidance would be protected from sanctions and repayment requirements even if that guidance was in error. Both bills also set aside funding for more physician Medicare education. Both the House and Senate bills seek to prevent the issuance of evaluation and management documentation guidelines without physician input. Both bills would require the Bush administration to continue to look for ways to reduce paperwork hassles.

NEW FELLOWS HONORED

Six Indiana Chapter Members were honored for advancement to fellowship at the always impressive convocation at the annual ACP meeting in April at San Diego. These are **Shahid Ahsan** of West Lafayette, **Jennifer Bucki** of Indianapolis, **Thomas Calvin** of LaPorte, **David Dollens** of Seymour, and **Charles Hendrix** and **Rafael Lao** of Vincennes.

I encourage all Members to apply for advancement to Fellowship. Several pathways provide a means to advance to fellowship. For further information contact membership **Chair Ram Prasad** or visit the ACP web page.

END-OF-LIFE CARE PATIENT EDUCATION BROCHURES

The Center for Ethics and Professionalism inaugurated its **Patient Education and Caring: End-of-Life (PEACE)** Series by releasing a pamphlet for doctors and three educational brochures designed to guide patients through various stages of end-of-life and palliative care. These attractively designed brochures offer clearly worded advice for patients and caregivers and are suitable for distribution in doctor's offices.

For the patient

- When You Have Pain at the End of Life
- Living with a Serious Illness
- Making Medical Decisions for a Loved One at the End of Life

For the doctor

- Improving Your End of Life Care Practice

Each patient PEACE brochure is packaged in sets of 50 and is available at no charge.

You can download the brochures from ACPOnline.

Create a link to:

<http://www.acponline.org/ethics/pated-project.htm>

or if you would like to order print brochures, please contact

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