

Kentucky Chapter, GOVERNOR'S NEWSLETTER

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

Spring 2005

David E. Bybee, MD, FACP
Governor, Kentucky Chapter



FROM THE GOVERNOR

I hope that the lengthening days and warming weather have begun to cheer you and bring new hope for our profession and for the care of our patients. Much good is happening. The Commonwealth seems to have some interest and support for the development of an electronic health record. The federal government has encouraged regions or states to act to establish standards of interoperability and at this point, with unexpected bipartisan support, it appears that Kentucky will be on the forefront of this process. Widespread adoption of electronic health records that can communicate with each other has great potential to improve the health and safety of our patients. However, given our "system" of health care consisting of loosely knit small independent units, a major barrier remains: "Who will pay for this change?" The "winners" in this are the payers. The increased efficiency of electronic processing of billing and the ease of obtaining documentation to audit billing will create savings for them. There is little economic incentive for practices to install these systems at this time. This does not mean we should not consider converting to electronic records. **Dr. David Brailer**, the administration liaison for the process of implementing electronic health records points to the concept of "critical mass" in the introduction of fax machines in health care. There was little benefit until enough machines were in use. Now few of us can conceive of practicing without a fax machine (though, I wistfully wish for those days before them.)

REPORT FROM THE COUNCIL

The Council met in September and February. We welcome **Vivian Bland** (Elizabethtown) to the council along with returning members **Philip Bressoud** and **Barbara Casper** (both of Louisville). **William Johnson** (Pikeville) was elected in September but due to a change in his work he is unable to serve. We wish Dr. Johnson well in his new pursuits. Are you interested in serving on the Council? We have one vacancy at this time and will need nominations for the class of councilors to be elected in the fall. Among the recent actions of the Council are; Establishment of an African-American Committee, establishment of a home office at KMA head quarters, proposal of several resolutions to the Board of Governors', a review of our budget, setting our dues rate at \$40 per year, the plan to move our annual meeting to a stand-alone event, increased support and scope of the Health and Public Policy committee, and establishment of a "fellowship breakfast" (an opportunity to get your fellowship application filled out and to line up the required proposing and seconding letters) at the Annual Meeting in September.

SPECIAL BREAKFAST MEETINGS ADDED TO ANNUAL MEETING

The Kentucky Chapter will host two special breakfast meetings this year. One will be the first meeting of the African-American committee to provide greater access to leadership in the affairs of the College. The second will be a fellowship breakfast for those who are considering advancement to Fellowship in the ACP. We will be providing mentorship and help will completion of the applications during the breakfast. We will be sending letters of invitation to all that we know are eligible. If you do not receive a letter, please come. Let **Lori O'Bryant** know at 502-587-6010 extension 0 then ask for Lori.

MEET THERESA HARPER

Theresa Harper is our new staff assistant at our new "Home Office". Ms Harper has been with Kentucky Medical Association for nearly 8 years and her duties there include:

- Administrative support to the Director of Members Services
- Updating, maintaining and developing new content for the KMA Web site
- Coordinating the KMA Communicator monthly newsletter
- Providing support and services for specialty societies including Emergency Medicine, Geriatrics, Radiology and Orthopedics.
- Staff liaison for the Medical Student and Resident/Fellow Sections

Theresa attended Indiana University Southeast and studied computer science. She has three daughters ages 11, 7, and 4 and enjoys gardening, computers, and travel. She also has extensive experience working with specialty medical organizations and is looking forward to helping the Kentucky Chapter of the American College of Physicians improve our effectiveness.

The office is located at KMA headquarters, 4965 U. S. Highway 42, Suite 2000, Louisville, Kentucky 40222. Theresa can be reached through the main KMA telephone number 502 426-6200, (fax 502 426-6877). The home office will take charge of keeping our financial records, providing support for our activities such as our Annual Meeting, Leadership Day, Committee Activities and others, and communicating with the National ACP staff. Having a home office that will remain consistent from one Governor to the next will allow our chapter to move to the next level in our activities and effectiveness.

KENTUCKY CHAPTER ANNUAL MEETING AND SCIENTIFIC SESSION

The Chapter Annual meeting will be held on **Friday, September 16, 2005** in conjunction with the Kentucky Medical Association Annual Meeting in Louisville. Please note that the meeting schedule has changed and that we will meet on Friday. The Scientific Session, chaired by **Mary Duke, MD, FACP**, will present *Communicate Patient Safety: The Roles of Patient Literacy and Electronic Health Records*. The program, from 1:00 PM until 5:30 PM, will begin with fascinating case presentations from Associates at the University of Kentucky and University of Louisville. **Dr. Daren DeWalt**, Professor of Medicine at the University of North Carolina, an expert on patient health literacy, will increase our understanding of this important health safety issue in patient care. The electronic health record has the potential to do much to improve patient safety and **Dr. Robert Esterhay**, from the University of Louisville School of Medicine and a major force in Kentucky's leadership to establish interoperative records, will help us see the near future of medical recording keeping in Kentucky. Finally, medical directors of some Kentucky hospital systems will share their expertise on improving patient safety in the inpatient arena.

Our Annual Meeting of the Chapter will begin at 6:00 Pm will cocktails in the Hyatt Regency Louisville followed by our banquet, awards ceremony and the election of the class of 2008 councilors.

ACP LEADING COALITION TO INCREASE MEDICARE PAYMENTS FOR E/M SERVICES

Next Five-Year Review of the Medicare Physician Fee Schedule

The Third Party Relations, Payment, and Coding (TPRPC) Subcommittee, working with the ACP Relative-value scale Update Committee (RUC) representatives, has been guiding the College in leading a coalition of internal medicine sub-specialty and other cognitive organizations in preparation for the next Five-Year

Review of the Medicare physician fee schedule, the Medicare statute requires CMS to review the adequacy of the values assigned to the services in the fee schedule every five years.

The coalition believes that the physician work involved in furnishing many evaluation and management (E/M) services has increased in the past 10 years, the last time CMS reviewed their payment values was in 1995. Accordingly, the coalition will request that CMS include numerous E/M service code families in the next Five-Year Review, the process for which began this spring. The request, developed primarily by ACP and the American Academy of Family Physicians, describes in detail-supported by literature citations-how changes in patient characteristics and physician practice have resulted in increased physician E/M service work.

ACP will continue to convene the cognitive organizations to plan for the Five-Year Review and coordinate effects during the phase that involves surveying physicians to quantify the actual change (increase) in physician work. Internal medicine sub-specialties and other cognitive organizations have informed ACP that they are grateful for its leadership in this important effort.

LEADERSHIP DAY ON CAPITOL HILL

As the newsletter is going to press our delegation to Leadership Day on Capitol Hill will be winging their way to Washington, DC to carry the banner for Kentucky to our Senators and Members of Congress. This effort is coordinated by our Health and Public Policy committee. The representatives this year will be **Mary Duke**, MD, FACP, **Philip Bressoud**, MD, FACP and **Matthew McCullough**, MD as associate from the University of Louisville. It is the goal of the council and the Health and Public Policy committee that we try to send one delegate from each of the 6 congressional districts each year. Would you like to go? Please contact Theresa Harper, 502-426-6200 and let her know.



THREE NEW FELLOWS INDUCTED AT 2005 CONVOCATION

At the convocation of the annual meeting of the American College of Physicians in San Francisco Kentucky had the pleasure to present for induction three new Fellows of the College. They are **William Patrick Davey**, MD, FACP of Lexington, **Damian Laber**, MD, FACP of Louisville and **M. Ann Shaw**, MD, FACP also of Louisville.

New Fellows at Convocation 2005. From left: **Damian Laber**, MD, FACP; **M. Ann Shaw**, MD, FACP; and **William Patrick Davey**, MD, FACP

HARRY CARLOSS, MD OF PADUCAH IS KENTUCKY'S NEWEST MASTER

Former ACP Kentucky Governor Harry Carloss MD, of Paducah is Kentucky's newest Master. He was recognized for his contributions to organized medicine and the scientific discipline of oncology.



New Master Harry Carloss, MD, MACP (right) shown at the 2005 convocation with David E. Bybee, MD, FACP, Governor

—VISIT OUR CHAPTER WEB SITE—

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

This is the third in a series by Charles C. Smith, Jr. MD, FACP concerning Kentucky Internists of historical interest. Dr. Smith is a retired internist who has served as the Governor of the Kentucky Chapter. Always a teacher and always aware of those who have come before, Dr. Smith brings us the story of an early American College of Physicians luminary.

DR. ERNEST B. BRADLEY
BY CHARLES C. SMITH, JR. MD, FACP

Our subject this issue is not as well known as the previous two but was an important contributor to the early success of The American College of Physicians. **Dr. Ernest B. Bradley**, A.B. M.D., F.A.C.P., of Lexington, was elected president of the American College of Physicians in the twentieth year of the College in 1935. As the report at the time said: "first physician from a small city ever elected to this office".

Dr. Bradley was born in 1877 in Lexington, graduated from Transylvania University and attended the University of Michigan Medical School, graduating in 1904. He was originally city bacteriologist of Lexington (1908-1925) and Health Officer of Fayette County (1909-24). He was a member of The Lexington Clinic from 1920 and attended at St. Joseph and Good Samaritan hospitals. He served as president of the Fayette County Medical Society. He was also chairman of the Section on Medicine of the Southern Medical Association.

During World War I he was a major in the U.S. Army Medical Corps and chief of the medical service at the Army General Hospital in Detroit.

Dr. Bradley served on the Board of Governors of the ACP from 1925 to 1934 being Vice Chairman and Chairman his last two years. Dr. Bradley led the first effort to more deeply involve the Governors in the affairs of the College. He advocated greater recognition and extension of the duties of the Governors.

He was an early Governor who organized sectional meetings among members and promoted them among his fellow Governors. He also did much toward disseminating a better understanding of the admission requirements of the College among his fellow Governors.

His selection as President was based on his reputation as a high grade and competent practitioner. There had been an impression that only academicians had an opportunity for high office. Dr. Bradley's selection was an indication that practitioners would be recognized.

Dr. Bradley's personal magnetism, practicality, and democracy made him one of the most popular officers the College had to that time. During his presidency the American Board of Internal Medicine was approved by the AMA and the Council of Medical Specialties. The College also acquired and moved into the Pine Street headquarters that many of us knew.

During his tenure in 1936-37 Dr. Bradley established joint dinners of the Board of Regents and the Board of Governors before the Annual Session. He also established liaison with the American College of Surgeons. He proposed a history of the College be prepared and appointed William Gerry Morgan, Historian. This report was prepared from that history published in 1940. According to records of the Commonwealth of Kentucky Dr. Bradley died November 12, 1947 in Fayette County.

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.

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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.