



## From the Trenches

Although the pipeline for primary care Internists is quickly drying up, the growth of hospitalists is exploding. This seems ironic as the health care industry's thrust is now in prevention and thus fewer hospitalizations.

The evolution of this phenomenon has many causes: the overwhelming burden in the outpatient setting, a volume-driven, illogical system of payment, a perceived loss of stature for the primary care Internist. For medicine residents, opting to become a hospitalist is a natural transition from three years of caring primarily for hospitalized patients. The issue no longer is whether the separation of ambulatory and hospital care by different Internists is viable and good for the patient or doctor. " *At this point the issue is not whether hospitalists are good for patients, but how the specialty of hospital medicine can best enhance care delivery in the hospital and help patients make the transition back home or to another site of care.*" In short, the hospitalists time has come. In this issue of the newsletter, **Dr. Winthrop F. Whitcomb**, co-founder of the Society of Hospital Medicine and a hospitalist at Mercy Medical Center in Springfield brings us up to date on the status of hospital medicine in the U.S. and in Mass. in particular. His message is enlightening.

As we struggle to find solutions to the primary care crisis, it behooves all Internists to partner with hospitalists in creating the best outcomes for our patients. Furthermore, we should appeal to CMS and private insurers to develop a billing code for primary care physicians who choose to see their patients within 24 hours of admission to summarize their patient's history, recent lab tests and communicate with the admitting physician.

Finally, hospitalists and primary care physicians must improve communication. Specifically, at the time of discharge either a detailed phone call or electronic summary, or preferably both, should be mandated. Although most programs strive for this scenario, they fall short as the next admission looms in the ER.

My guess, after practicing for thirty years, is that in 2008, at the end of a very busy day in the office, with an admission in the ER awaiting a history and physical and orders, the primary care doctor will sit back in her or his chair, think about the possibility of going home and smile. Maybe that's not so bad for the doctor or the patient.

*1 Hospitalists and the hospital medicine system of care are good for patient care, Archives of Internal Medicine, vol. 168, 1254, June 23, 2008.*

## Primary Care Task Force being organized

Under the leadership of **Dr. Robert Fishman** and **Dr. Dan Levy**, council members, a task force composed of business leaders, legislators and representatives of major insurers is being developed in the Pioneer Valley region. Their purpose will be to address the primary care crisis and develop an initiative to be tested in Western Mass. They plan to hold a primary care forum during which the task force's plan will be announced. Stay tuned for more information.

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## MA ACP - Annual Scientific Meeting - November 1, 2008

### Annual Chapter meeting Nov 1 a major success:

The Mass Chapter held its annual meeting at the Mass. Medical Society on Saturday, Nov 1. The attendance was the highest in years. Highlighting the meeting were superb clinical talks in the morning session by 3 outstanding clinician-teachers followed by the medical residents review of 3 "*articles that could change the way you practice.*" Following an update from the College by **Dr. Yul Ejnes**, **Dr. Judy Bigby**, Sec. of Health and Human Services in Mass., delivered her state of the State. As always, *Dr. Bigby's* words were inspiring. Finally, after the award presentations to **Drs. Lebow** and **Siegel**, we had a spirited and passionate "*point-counterpoint*" presentation on "the present health care system: is it sustainable?" **Dr. David Himmelstein** delivered an impassioned message on the logic and success of the single payer system. **Dr. Jan Cook** then countered that "*although the present system is not sustainable,*" we need to look for solutions together within the present framework.

In this era of division between office and hospital work, socialization between physicians is being lost. No longer is the hospital the setting where physicians meet to discuss patient problems or give family updates. That special time unfortunately has been lost. The chapter's annual meeting offers another venue where you can meet and talk with your colleagues. I invite you to attend the next annual meeting on Nov. 7, 2009 to be held at the Massachusetts Medical Society. Please mark your calendars!



The 2008 Laureate Award was presented to **Robert A. Lebow, MD, FACP**. The Laureate Award honors Fellows and Masters of the College who have demonstrated by their example and conduct an abiding commitment to excellence in medical care, education, or research and in service to their community, their Chapter, and the American College of Physicians. The recipient of this award shall bear the title Laureate of the Massachusetts Chapter.



The Massachusetts "Young Leadership Award" was given to **Dr. Lydia Siegel** for her efforts on Beacon Hill on behalf of the members.

Save the Date!  
Massachusetts Chapter Annual Scientific Meeting  
November 7, 2009  
Massachusetts Medical Society, Waltham, MA

Contact Lynda Layer, Chapter Coordinator  
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781-434-7317

## MA ACP - Annual Scientific Meeting - Oral & Poster Presentation Winners

### Oral Presentation Winners

#### Research

Drakaki, Alexandra, *Micromas: A Novel Diagnostic Tool in Cervical Cancer*

#### Clinical Vignette

Wartak, Siddharth, *Sickle Cell Anemia Masking Malignancy*

### Poster Winners

#### Clinical Vignette

Gupta, Rajat, *The Perfect Storm: Acute Chylomicronemia Presenting with Eruptive Xanthomas*

#### Research

Kim, Dae Hyun, *Prevalence of Hypovitaminosis D in Cardiovascular Disease - Data from National Health and Nutrition Examination Survey 2001-2004*

#### Honorable Mention - Clinical Vignette

Sharma, Shilpa, *Lane Hamilton Syndrome: A Case of Concurrent Celiac Disease And Idiopathic Pulmonary Hemosiderosis*

Taqueti, Viviany, *Octogenarian with Aids, Lymphoma, and Multiple Opportunistic Infections Presenting With "Failure To Thrive"*

#### Honorable Mention - Research

Fuller, Paloma, *Apparent Virologic Failures in a Suburban HIV Clinic Caused by Laboratory Errors*

Murphy, Meagan, *Appropriateness and Utilization Of Cardiac CT: Implications For Development And Implementation Of Future Guidelines*

#### Honorable Mention - Special Category

Desai, Nihar, *Professionalism and Advocacy: Connecting the Dots with a Student-Led Elective Course*

## Hospital Medicine in Massachusetts and the Nation:

Key Trends and Challenges

(And a Small History Lesson)

Winthrop F. Whitcomb, ACP Member

Fall 2008

### ACP and the Origins of Hospital Medicine

In the autumn of 1997, when **John Nelson** and I, as co-founders of the Society of Hospital Medicine (SHM), approached ACP Executive **Vice President Walter McDonald** and **President Hal Fallon** about a partnership between the organizations, I suspect the ACP statesmen saw a bit of themselves in us. This was my hunch, given that they didn't dismiss us on the spot. We were attempting to sell Drs McDonald and Fallon on the promise of hospital medicine and its fledgling professional society. At that time ACP and SHM were largely diametric opposites: SHM was less than a year old, had a modest newsletter, a newly minted board, and no members, while ACP, at 100,000-plus members, was one of the largest and most venerable professional societies in the world.

Due largely to the visionary leaders of ACP at the time, we were able to find common ground and a way forward. We came out of our initial meeting agreeing that SHM (then known as the National Association of Inpatient Physicians) would be an 'affiliate' of ACP, whereby SHM would be its own organization, but ACP would provide vital support such as meeting planning, membership services, and other critical infrastructure. For its part, ACP positioned itself to play a cen-

tral role in shaping SHM and the field of hospital medicine. 11 years later, though the organizations no longer call themselves affiliates, SHM owes a tremendous debt to ACP. Thanks to immeasurable assistance in the early days, SHM now has 8000 members, and is the cornerstone of America's newest major medical specialty. At the same time, ACP remains highly relevant to hospital medicine and provides a range of professional resources for hospitalists. (Of note, according to the 2007 SHM Productivity Survey, about 90% of hospitalists are internists).

## **Hospital Medicine in Massachusetts**

The growth of hospital medicine across America has been nothing less than extraordinary, with hospitalists now numbering well over 20,000, up from a few hundred when we first met with **Drs McDonald** and **Fallon**. The situation in Massachusetts mirrors that of the nation.

At each of the commonwealth's academic medical centers, substantial and growing numbers of hospitalists fulfill traditional academic roles, and also staff ballooning non-teaching services, created as a result of restrictions on resident work hours. At the approximately 80 community hospitals in Massachusetts, data from the American Hospital Association demonstrate the following growth:

- In 2003, 54% (43) of community hospitals had hospitalist programs and there were 295 hospitalists (part and full time) at those programs.
- In 2006, the proportion of community hospitals with hospitalists had increased to 77% (62) and there were 545 hospitalists at those programs.

Thus, over the three year period, the number of community hospitals in the state with hospitalist programs had increased by nearly ½ (43 to 62) and the number of hospitalists had increased 85% (295 to 545). By 2008, conservative growth estimates indicate that 85% (68) of non-academic hospitals have hospitalist programs, representing some 700 hospitalists. My personal observation, after interacting with nearly every hospitalist program in the state over the years - both in community and academic settings, is that there are no more than a few remaining Massachusetts hospitals without hospitalists.

## **Challenges Remain for Hospitalists and Referring Internists**

A number of challenges - made more apparent by rapid growth - confront hospitalists and the physicians who refer to them. Chief among these is the need to provide care that is coordinated and continuous as patient's transition between the hospital and other settings of care - a vision that is entirely consistent with the patient-centered medical home.

Care coordination is a responsibility that is shared between hospitalist and referring physician, and demands the creation of systems that provide clinical information regardless of patient location. Office personnel and hospital staff, under the direction of physicians, should work to automate sharing of information between hospitalists and referring physicians. Here are a few examples of ways to enhance continuity of care between hospitalists and referring physicians:

- Where no shared electronic record exists, when an office-based physician receives the hospitalist's H&P, key office records should automatically be sent to the hospitalist.
- Hospitalist H&Ps and discharge summaries should be sent - via facsimile or electronically - to the referring physician in real-time.
- Interfaces between hospital and office electronic medical records should be fully integrated, so sign-on between systems is minimized or eliminated.
- Notification of referring physician of patient admission to the hospital should be automated.
- Patients should be educated continuously of the relationship between hospitalist and referring physician, so they do not feel abandoned during hospitalization. This should be done with supporting materials, such as a hospitalist brochure with pictures of the hospitalists and answers to frequently asked questions.

The future is sure to see further growth in the number of hospitalists. The hospitalist model can be a powerful and effective way to provide patient care. However, in order for the model to reach its potential, special attention must be paid to care coordination, to transitions of care, and to the task of keeping the patient at the center of the healthcare endeavor.

*Dr. Whitcomb is V.P. of Quality Improvement for the Sisters of Providence Health System in Springfield, MA. He has been a practicing hospitalist since 1994 at Mercy Medical Center, also in Springfield.*

## New Fellows (last 6 months)

Elisha H Atkins, MD, FACP

Michele M David, MD, MBA, MPH, FACP

Jeffrey S Kennedy, MD, FACP

Suzana K Makowski, MD, FACP

Michael J Rosenblum, MD, FACP

Stephanie B Seminara, MD, FACP

Beverly Woo, MD, FACP

Cheryl Barbanel, MD, FACP

Nicholas S Hill, MD, FACP

Samir H Makarious, MD, FACP

Valerie J Pronio-Stelluto, MD, FACP

Eric C Schneider, MD, FACP

Arno W Tilles, MD, FACP

Peter J Zimetbaum, MD, FACP

## New Masters

David W. Bates, MD, MACP

Michael J. Barry, MD, MACP

## National ACP Awards

The Massachusetts Chapter of the ACP is pleased to announce that two members of the Chapter have received national ACP Awards:

**Dr. Rafael Campo** received the Nicholas Davies Memorial Scholar Award for Humanism in Medicine.

**Dr. Valerie J. Pronio-Stelluto** received the Herbert S. Waxman Award as the Outstanding Medical Student Educator.

*The following articles were written by John H. O'Neill, Jr., DO, FACP, Governor of the ACP Delaware Chapter and appeared in the Delaware Chapter Newsletter*

## E-prescribing

Beginning in January, 2009, CMS will provide a 2% bonus on payment of medicare claims to physicians who use electronic prescribing of medications in the daily care of their patients. This 2% bonus is slated for 2009 and 2010, dropping to 1% in 2011 and 2012, and importantly, physicians who are not using e-prescribing by 2012 will be penalized by a 1% drop in their reimbursement. Electronic prescribing can be done through a component of electronic medical records software, and also by stand-alone eprescribing systems that are available. The exact mechanism by which physicians are to report their electronic prescribing to CMS has not, to my knowledge, been announced yet. I will update the members of our chapter by email when that information becomes available. Check out the excellent article on eprescribing in the September edition of ACP Internist at [http://www.acponline.org/clinical\\_information/journals\\_publications/acp\\_internist/sep08/erx.htm](http://www.acponline.org/clinical_information/journals_publications/acp_internist/sep08/erx.htm) for more information.

## Board of Governors (BOG) Meeting

I had the privilege of attending the ACP BOG meeting in Minneapolis, September 18-20th. At the meeting, 22 resolutions were presented by the chapter Governors for consideration by the board. Two resolutions were adopted: one requiring that DME companies provide patients with information on the cost of the prescribed equipment to help them with decisions regarding rental vs purchase of the equipment, and one requiring that ACP provide its chapters with dues support for all first year new members, and additional dues support if the chapters participate in recruitment efforts of the College.

Five resolutions were adopted as amended, and among these were a resolution that called upon CMS to rebalance the disparity in physician payment between E&M and other procedural codes, and another that called upon CMS to cover the home administration of iv antibiotics and the costs associated with their administration and monitoring. There were expressions of support for the development of loan forgiveness programs for medical students who committed to primary care careers, for the provision of seed grants to chapters that participate in Patient Centered Medical Home (PCMH) pilot projects, and for defining the role of subspecialist internists in the evolving PCMH concept. 8 resolutions were referred to committees for study, including one that dealt with the evaluation of Doctors of Nursing Practice (DNP's) and their potential role in the provision of health care in the US. Six resolutions were not adopted.

Multiple educational and brainstorming sessions were held, particularly focusing on recruiting and retaining new members. The Governors received briefings on advocacy priorities of the College and prospects for health care reform in the context of the upcoming presidential election. An important aspect of these meetings are the many opportunities we have to network with colleagues from throughout the country (world!) and exchange ideas.

## PHOTO GALLERY



*Dr. Judy Ann Bigby, Secretary of Health & Human Services, Dept. of Health*



*Dr. Alexandra Drakaki, winner of the Research Oral Presentation Competition*



*Dr. Siddarth Wartak, winner of the Clinical Vignette Oral Presentation Competition*



*Medical Jeopardy*



*Posters*

## College Targets Emerging Leaders at IM 2009

If you are planning to attend IM 2009 in Philadelphia this year, consider going early so you can attend one of the new leadership development pre-courses offered on Wednesday, April 22. "Essential Competencies for the Emerging Leader" was offered for the first time last year, and was very successful. It combined plenary presentations with small group discussions to help develop competencies in self-assessment, effective communication, team building, and negotiation. To find out more, or to register, go to

[https://www.acponline.org/atpro/timssnet/meetings/tnt\\_meetings.cfm?action=long&primary\\_id=PRE904](https://www.acponline.org/atpro/timssnet/meetings/tnt_meetings.cfm?action=long&primary_id=PRE904).

An advanced course is also available: "Leadership Competencies: Beyond the Basics." Again using plenary presentations and small group interaction, the faculty will focus on skills needed to create a shared vision, think strategically, empower others, and manage change. More information and registration are available at

[https://www.acponline.org/atpro/timssnet/meetings/tnt\\_meetings.cfm?action=long&primary\\_id=PRE905](https://www.acponline.org/atpro/timssnet/meetings/tnt_meetings.cfm?action=long&primary_id=PRE905).

You can also register by phone at 1 800 523 1546, ext. 2600. Member cost is \$209 before 2/13/09 and \$289 after that.

### Other leadership topics covered during IM Week include:

Leadership and Career Advancement for International Medical Graduates; Teaching Residents and Fellows to Teach; New Ideas for Reforming the US Health Care System; Communicating between Generations; Effective Negotiation Skills; Resolving Competing Imperatives; Presentation Skills for Physicians; Teaching, Learning, and Assessing Medical Professionalism; How to Run a Meeting, Manage Time, and Develop Consensus.

All of these courses count towards earning a LEAD (Leadership Enhancement and Development) Certificate. For more information on this award go to:

[https://www.acponline.org/education\\_recertification/resources/leadership\\_development/certificate/](https://www.acponline.org/education_recertification/resources/leadership_development/certificate/).

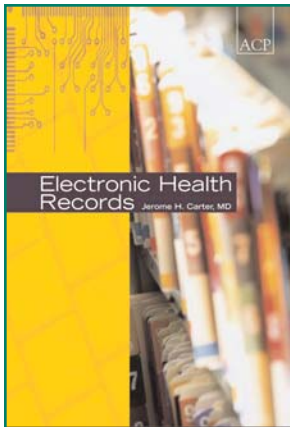
To find out how you can get more involved in our own chapter's leadership, go to <http://www.acponline.org/lead>, and click on ACP Chapter Activities or contact me at [barceltics@aol.com](mailto:barceltics@aol.com).

## Electronic Health Records, Second Edition

Jerome H. Carter, MD, FACP

A leading resource in evaluating, purchasing, implementing, and using an electronic health records system (EHR), this fully revised new edition continues to help even the most technology-challenged reader master key concepts.

Electronic Health Records, Second Edition is a user-friendly guide, presenting information in a clear and precise manner and providing readers with a solid understanding of what electronic health records are and do.



### Features:

- A new section on implementation planning and new chapters on decision support, informatics standards, and project management
- Information on evaluating and selecting systems
- Clinical decision support
- Numerous tables, diagrams, and figures to make important information easy to understand

Divided into 2 major sections the first section serves as a tutorial on the technological, business, and legal aspects of EHRs. Using a hands-on workbook approach, the second section focuses on the implementation and management of the EHR system. Also included is the

latest information on resources, Web sites, services, and vendors. Written by authors with extensive EHR implementation experience, Electronic Health Records, Second Edition is the practical, step-by-step guide to understanding the many different aspects of an EHR system.

To view the table of contents, a sample chapter, or further ordering information please visit: [www.acponline.org/ehr](http://www.acponline.org/ehr)