



From the Trenches

The election of **Barak Obama** as President of the United States in November 2008 gained headlines everywhere. But equally important for our chapter was the election of **Dr. Richard Dupee** as Governor-elect of the Mass. chapter of the ACP. **Dr. Dupee** brings a wealth of experience as a practicing clinician for more than thirty years and as President of the Mass. Geriatric Society. In this issue of the newsletter **Dr. Dupee** summarizes his background and offers his vision for the future of the chapter. Please join me in congratulating him. I look forward to working with **Rich** during his Governor-elect year.

A colleague once said, "If you're not at the table, you will be on the menu." Well, more than any other time in our history, ACP has been at the table with regard to health care reform as it unfolds in congress at the present time. Both former ACP president, **Jeffrey Harris**, and CEO, **John Tooker**, have "been at the table" meeting with President Obama and the Senate finance committee bringing ACP's message: health insurance for all citizens and we must fix primary care, now. The message is clear and both branches of government are giving it top priority. If the proposed timetable is met, we should have major health care reform by the time of our Annual Chapter meeting on Saturday, Nov. 7, 2009. Please join me in Waltham at MMS headquarters for this memorable day: a time to meet colleagues, hear up to date clinical dilemmas and listen to inspiring physician-speakers. Please save the date and watch for the brochure.

Enjoy the summer!

Barry

Report from Governor-Elect, Dr. Richard Dupee

I was honored when asked by my colleagues if I would run for Governor-elect of the Massachusetts Chapter of the ACP, and now pleased and excited that you have elected me to that important position at such a critical period in the history of health care.



I have been in private practice in Wellesley for almost 35 years, (Wellesley Medical Associates), and obtained fellowship in the ACP in 1992. My practice includes two geriatric and one adult nurse practitioner, as well as various sub-specialists from Tufts Medical Center. You might be interested in knowing that my son Matt is the manager of my practice!

I was formerly Chief of Geriatrics at Newton Wellesley, and then assumed the same role about 12 years ago at Tufts Medical Center.

I have just completed a second stint as President of the Massachusetts Geriatrics Society, so I feel that I'm pretty well-qualified to take on the responsibilities inherent in my new position.

I am following in the footsteps of several former Governors from my institution, including **Jerry Kassirer**, **Steve Pauker**, and my mentor, **John Harrington**. Were it not for **John**, I might not have become a geriatrician.

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Certainly, as the ACP is considered by medical residents, fellows, professors, and practicing physicians, to be a major force in academia, we will continue the success of our high-quality CME conferences. I would like to broaden the topics, to include conferences on coding, billing, and health information technology. As an internist and geriatrician, I am especially interested in end-of-life care, one of the most costly line-items in the Medicare budget.

However, we are now faced with a profoundly flawed system of health insurance, and the current administration is intent on "fixing it."

My fear is that a rush to produce an alternative, as the president and congress are intent upon doing by this August, will leave us with another flawed system of coverage. We are in the midst of a financial crisis, and to attempt to "fix everything" is just not productive. My message to the President and congress is; Not yet, slow down, but let's keep the debate going and find reasonable and effective alternatives.

The ACP has been vigorously active in Washington, and I will be as well, as we ensure that the four provisions as supported by the ACP are included in the health care reform legislation. These are:

1. Ensure that all Americans will have access to affordable coverage.
2. Improve Medicare fee for service system payments to make primary care competitive with other specialties, so that we can recruit students and residents back to our specialty.
3. Pilot-test new Medicare payment modules that re-align incentives to support effective, efficient, patient-centered coordination of care.
4. Create a national policy to ensure sufficient numbers of physicians where there are critical shortages. (I would add especially primary care and geriatrics.)

I hope to recruit and involve more of our medical students and residents to the ACP and our chapter. As Barry Izenstein so rightly notes; "young physicians see the ACP as the driving organization in reform of internal medicine as a highly-respected organization among their peers."

Finally, many of my colleagues have asked how would I have the time to make such a commitment as your Governor, as I am in private practice, and all that implies financially.

My response is that as health care provision and physician payment reform are currently being hotly debated, I cannot afford to not be involved.

I will be working alongside Barry for this next year as I transition to the governorship, and look forward to meeting many of you soon.

New Fellows (past 6 months)

Martin J. Abrahamson, MBChB, FACP
Eva H. Chittenden, MD, FACP
Erik Garpestad, MD, FACP
Timothy R. Lynch, MD, FACP
Lawrence N. Shulman, MD, FACP
Leslie A. Vensel, MD, FACP
Eric M. Weil, MD, FACP

Steven J. Atlas, MD, FACP
Sara B. Fazio, MD, FACP
Edward J. Legare, MD, FACP
Seema Sahib, MBBS, FACP
Gary M. Tanguay, MD, FACP
Anna C. Vouros, MD, FACP

Internal Medicine '09 – Poster Competition Winner

The MA chapter was honored to have 10 Chapter Members represent our Chapter for the Associate and Medical Student Abstract Competition which were held during Internal Medicine.

We are especially proud of **Alexandra Drakaki, MD** from Caritas St. Elizabeth's Medical Center in Boston, who won the national competition for her research poster, *Micronas: A Novel Diagnostic Tool in Cervical Cancer*.

- **Siddharth A. Wartak, MD** - Associate Research
- **Bradley H. Crotty, MD** - Associate Research
- **Haitham Ahmed** - Student Vignette

- **Alexandra Drakaki, MD** - Associate Research
- **Danielle Pier** - Medical Student Research
- **Irina Buhaescu, MD** - Associate Clinical Vignette

- **Mihaela A. Kruger, MD** - Associate Clinical Vignette
- **Namrata I. Peswani, MD** - Associate Clinical Vignette
- **Narothama Reddy Aeddula, MBBS** - Associate Clinical Vignette
- **Priya Sateesha, MD** - Associate Research

National Representatives Take Office

Congratulations also go to **Cedar Fowler** of Cambridge, who was elected as the New England Region's representative on ACP's national Council of Student Members!

Report from the MA ACP Students

Kate Cembrola

The 2008-2009 academic year was another busy year for the ACP/Internal Medicine Interest Groups at the medical schools across Massachusetts. Many of the group events focused on mentoring medical students interested in Internal Medicine, as well as introducing students to many of the different sub-specialties within Internal Medicine. Events earlier in the year included panel discussions in which students could ask questions of physicians and residents to learn about the field of Internal Medicine. More recently this spring, the groups organized events for students geared towards planning for residency and beyond. At UMass, a dinner was held for third year medical students planning to apply for an internal medicine residency. Students had the opportunity to meet with fourth year students who had already matched in Internal Medicine residencies, and also with Internal Medicine faculty to learn more about the field and ask career-related questions. At Tufts, a similar event was held for first and second year students interested in internal medicine. This upcoming year promises to be even busier for the ACP/IM Interest Groups. Students are planning a residency fair for this fall, panel discussions for incoming first year students, and continued mentoring opportunities for students.

2009 Herbert S. Waxman Outstanding Medical Student Educator Award Winner

Dr. Valerie Jane Pronio-Stelluto has received the prestigious 2009 HERBERT S. WAXMAN OUTSTANDING MEDICAL STUDENT EDUCATOR AWARD at the American College of Physicians (ACP) Convocation Awards Ceremony at the annual national meeting in Philadelphia, Pennsylvania on April 23, 2009. She also became a Fellow of the ACP. She currently resides in Boston, Massachusetts.

Dr. Pronio-Stelluto is an Assistant Professor of Medicine at Harvard Medical School, Affiliated Faculty at Massachusetts Institute of Technology (MIT), Director of Medical Student Education at Mount Auburn Hospital in Cambridge, a Harvard Macy Scholar, and a University of Texas Health Science Center at San Antonio School of Medicine graduate.

Her medical students at both Harvard Medical School and MIT consider her a "one-of-a-kind mentor, clinician, instructor, and role model". She was the first physician to receive both the Irving M. London Teaching Award and the Thomas A. McMahon Mentoring Award from Harvard University-MIT Division of Health Science Technology, in addition to the MIT Graduate Student Council Award. Additional awards have included the Harvard Medical School Leo A. Blacklow Teaching Award and the Patient Doctor II awards. She was a founding member of the Massachusetts ACP Associates council while a resident at Mount Auburn Hospital. She has served on the Massachusetts Chapter of the American College of Physician's Governor's Council since 2000 and



Maya Babu, Chairman, American College of Physicians Council of Student Members Dr. Jeffrey Harris, President of the American College of Physicians (2008-2009) Dr. Valerie Jane Pronio-Stelluto, Recipient of the 2009 Herbert S. Waxman Outstanding Medical Student Educator Award

has represented the chapter at the annual ACP Leadership Day on Capitol Hill in Washington, D.C. since 2003, in addition to being a mentor for the Internal Medicine Student Interest Group. She was named the ACP 2005 Internist of the Year and received the ACP's chapter's Laureate Award in 2006. She received the 2007 Physician Mentor Recognition Award from the American Medical Association's Women Physicians Congress in Honolulu, Hawaii, and the 2008 Massachusetts Medical Society Grant V. Rodkey Award.

Rafael Campo, MD received the Nicholas E. Davies Memorial Scholar Award for Outstanding Contributions to Humanism in Medicine

The Nicholas E. Davies Memorial Scholar Award was established by the Board of Regents on March 23, 1992, to honor Dr. Davies, a Regent and President-elect of the College who was killed in a plane crash. The award is given for outstanding contributions to humanism in medicine and will be bestowed in recognition of scholarly activities in history, literature, philosophy, and ethics. The recipient shall possess some of the characteristics for which Dr. Davies was well known and respected: warmth, compassion, idealism, and energy. The recipient must have deep awareness of the importance of humane letters, particularly poetry and history, as one important avenue to the needs of the physician as he or she deals with human issues in health, illness, and death.

Leadership Day 2009: A Student's Perspective

Mordechai Raskas

Harvard Medical School Class of 2010



From left to right: Mordechai Raskas; Barry Izenstein, MD; FACP, Shakti Sabharwai, MD; Paul Begala, CNN Political Analyst; Valerie Pronio-Stelluto, MD, FACP; Robert Lebow, MD, FACP, Allan Goroll, MD, MACP

Highlights of our trip included a whirlwind meeting tour of 9 Massachusetts Representatives and 2 Senators, joining 400 doctors to lobby for our patients, and being inspired and proud to be Americans. Need I say more? The only surprising aspect was this all happened in the span of 34 hours. I joined Leadership Day as someone with no experience lobbying or in the policy world. I came out of the day educated about the way healthcare issues are brought to congress and how each of us can be a part of the process. The first part of Leadership Day was spent learning about the key issues ACP is advocating in order to revitalize primary care: the medical home model with a better payment system and reducing medical school debt to encourage more students to enter primary care. Many of these are encapsulated in a new bill put forth by **Representative Allison Schwartz** (PA-13). The day was capped by a dinner honoring ACP leaders for their efforts and featured **Paul Begala**, a CNN political analyst and former advisor to **President Clinton**. **Mr. Begala** gave an amazingly inspiring and yet hilarious talk about the political scene in our country as President Obama begins his term.

Day two was spent literally running around Capitol Hill, bouncing from the Senators' offices to those of the House of Representatives. Capitol Hill is similar in many ways to a hospital. The buildings are vast and full of confusing corridors. Young interns work long hours for a year or two before moving up in the ranks. Interns brief their Senators and Representatives daily about the meetings and issues they need to vote on. The interns were both very knowledgeable about the healthcare issues we were discussing and yet equally eager to hear

our perspectives as students and doctors. They crave the individual stories and the patients' tales that we bring to the table. As a student I spoke about the debt medical students' face and the patients I see in the Emergency Department who desperately need a better primary care model. All of our Massachusetts representatives were supportive of our issues and yet many were unaware of **Representative Schwartz's** new bill. We encouraged each of them to add their support to the bill, if they had not already done so. Like a hospital, Capitol Hill is very busy, with issues of all different sorts arising daily. Imagine your pager going off every five minutes about a different patient; it's that hectic. A gentle nudge or reminder is often all that is needed to gain a Representative's support for a bill consistent with their values. In other words, in 34 hours you can make a difference.

'Bow and Arrow

By Robert Lebow, MD, FACP

News from the Massachusetts Medical Society:

The Massachusetts Medical Society had this year's Annual House of Delegates meeting Thursday, May 7 through Saturday, May 9. The following are some new policies were created by the adoption of resolutions that 1) Improving the recruitment and retention of primary care doctors by exploring the feasibility of a fundraising program to encourage young doctors to practice in Massachusetts, and to reduced the burden of medical educational debt. 2) Advocating insurers and others to make co-payments for services at retail-based clinics at least equivalent to, if not higher than that of a basic office visit. 3) Providing the legislature with scientific information regarding foods of low nutritional value to assist in its deliberations in enacting public policies.

Some other aspects from the MMS's report are given below:

Physician On-Call

In expressing the Opinion of the House of Delegates on Physician Call and Vacation Scheduling, physicians urged the Society to develop broad guidelines or principles to ensure a balance between necessitating on-call services and meeting the needs of the patient population, along with the flexibility for the physician to determine the direction of his or her career.

Public Health Actions

Delegates approved several resolutions in the area of public health and education. Among them were resolutions in favor of:

- supporting legislation to reduce secondary smoke exposure;
- endorsing the American Medical Association's policy on modern and industrial chemicals, including implementing a comprehensive policy in line with scientific knowledge on human and environmental health and encouraging the training of health professionals in the health effects of toxic chemical exposure;
- promoting awareness and encouraging solutions to improve air quality in primary and secondary schools;
- advocating for the availability of automated external defibrillators in schools and colleges and working with school districts and community agencies in ensuring rapid emergency response systems are in place at school and college sporting events;
- supporting the use of helmets in skiers and snowboarders, particularly in children and adolescents and developing educational materials encouraging the use of helmets in high-velocity sports

Additional resolutions considered by the delegates included those on various aspects of e-prescribing, electronic health records, nondiscrimination, organizational bylaws, and other administration procedures.

State Legislative News:

1) Perhaps the most important news is the taking effect of the "cost containment bill." This, now, law has several synonyms (e.g. it was called the Therese Murray bill) and is multifaceted. In some quarters it is best known for its limiting of gifts by pharmaceutical representatives.

The following piece from the MMS – from last August outlines its major aspects:

The final version of the bill, Senate Bill 2863: "*An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care,*" now before the Governor, contains the following provisions (in summary):

Gift Ban: The original bill called for a strict ban on "gifts" from pharmaceutical companies and criminal sanctions against physicians receiving those "gifts." The final version of bill specifically exempts clinical information from scientific journals, and, allows support of CME programs that meet ACCME's Standards for Commercial Support. The focus has shifted to transparency and the burden of reporting and compliance falls on the donor pharmaceutical and medical device manufacturers rather than on physicians. There are no penalties for gift recipients.

E-Technology: The original bill created an unfunded mandate that all physician offices utilize Electronic Health Records (EHRs) by 2015. While setting mandates for hospitals and community health centers for Computerized Physician Order Entry (CPOE) and EHRs, the final version of the bill does not state a requirement for physicians' offices. Instead, the legislation sets the goal of a statewide interoperable EHR network by 2015. The approach to getting there is on a community-by-community basis, similar to the approach used by the Massachusetts e-Health Collaborative in their demonstration in Brockton, Newburyport and North Adams. Funding would be made available to facilitate the process. Note, however, that the final version did retain the language requiring the BRM to set physician competency standards in CPOE, e-prescribing, EHRs and other health information technology; this section is not scheduled to take effect until 2015. The MMS continues to oppose this link to licensing.

Physician Workforce: The original bill had an array of strategies aimed at strengthening the primary care workforce. While those strategies remain, the final version also addresses the concerns raised by the MMS that primary care is not the only element of the physician workforce under stress. Thus, the DPH's newly created Health Care Workforce Center and its Advisory Council are charged with reviewing "existing laws, regulations, policies, contracting or reimbursement practices, and other factors that influence recruitment and retention." This Council and its broad scope are directly derived from the commission that the MMS recommended in legislation that the Society drafted earlier this session. While the first report of the Center will focus on primary care, its scope is broadened thereafter to include other specialties. The MMS will be a member of that Council.

As in the original bill, the workforce incentives are mainly aimed at primary care and linked to service in underserved areas of the state as determined by the Center. While criteria vary, strategies still include a loan forgiveness program, expanded capacity in primary care training at the U/Mass Medical School (including enhanced learning contracts), and a pilot program for housing assistance. Other initiatives around primary care will include a review of reimbursement incentives and a Medicaid pilot "medical home" initiative.

Administrative Simplification: The final bill maintains the requirement for standardized billing and coding by all payers (including Medicaid), effective in 2012. This is seen as a major victory in eliminating unnecessary administrative expense for physician practices. The MMS will be on the advisory board overseeing its implementation.

HCQCC: While the final legislation did not expand the Health Care Quality and Cost Council by adding new representation for practicing clinicians, it did add the requirement that "at least one member of the Council shall be a clinician licensed to practice in the Commonwealth." The Advisory Committee to the Council still remains a strong partner to the Council in reviewing and commenting on its work – including setting standards, benchmarks and criteria for health information to be posted on the HCQCC's website. There are some statutory protections for clinicians in this area, including review of data prior to posting and a continued requirement from the Health Reform Law (Chapter 58 of the Acts of 2006) that performance benchmarks be clinically important, evidence based, standardized, timely, and, include both process and outcome measures. The final bill also

increases the membership of the Advisory Council by including representation from mental health, pediatrics, primary care and medical education that could expand physician input in this body.

Scope of Practice: While the final legislation requires health insurers to list nurse practitioners as primary care providers that patients can select, the language does reference that the NP must be "practicing within the scope of his license including all regulations requiring collaboration with a physician under section 80B of chapter 112." Thus, this does not appear to expand the NP's current scope of practice.

Professional Liability: The final bill maintained the requirement that the Division of Insurance study the "costs of medical malpractice coverage" for health care providers. There will be two hearings and a report due in 2009. "

2) The state mental health parity law becomes effective this summer. The following is a report from Blue Cross, Blue Shield:

State Mental Health Parity Law Goes Into Effect July 1, 2009

The State Mental Health Parity Mandate will be implemented effective July 1, 2009, and will apply to all fully insured accounts and administrative services contract accounts with contracts that currently cover benefits at the biological level.

Effective July 1, 2009, the following four disorders will be reclassified as biologically-based, and will be covered as biologically-based, in addition to the current nine conditions.

- Autism
- Post-traumatic stress disorder (PTSD)
- Eating Disorders
- Substance Abuse

This change means that all of these disorders will be treated the same as medical and surgical benefits and will not have visit maximums or capitation on dollar amounts if no such limits apply to similar treatments for medical and surgical conditions.

Source: BCBSMA Provider Focus May 2009 (See Behavioral Health Highlights, page 4)

3) Most encouraging: the filing of a bill in the House to give physicians the ability to negotiate collectively with insurance companies in the Commonwealth. The following is more news from the MMS:

"Legislation initiated by the MMS that would allow physicians and other health care professionals to collectively negotiate with health insurers was also on the Health Care Financing Committee's agenda this week. **Hoagland Rosania, M.D.**, presented oral testimony on behalf of the MMS and the Mass Orthopedic Association, in support of House Bill 1093, "*An Act Authorizing Health Care Professionals to Negotiate with Health Care Insurers and Providing for the Powers and Duties of the Attorney General.*" Federal and state anti-trust legislation severely limits what non-employee physicians can do to have even minimal bargaining power against the large insurers that dominate the marketplace. This bill, filed by **Rep. Vincent Pedone** (D-Worcester), would allow Massachusetts to craft an exception under the "state action" doctrine that can allow physicians and other health care professionals to come to the bargaining table as more equal partners of the big health insurers. Similar legislation has already been enacted in Texas and New Jersey."

My opinion: The insurance industry is both quite comfortable with its six-decade-long and unfair unilateral exemption from anti-trust regulations and is a very powerful lobbying force. While I am encouraged by the bill's submission I am somber about its chances of success (but I do intend to ask my state representative to support it).

Save the Date!

**MA ACP Annual Scientific Meeting
"Inspirational Doctors and the Nobility of our Profession"**

**November 7, 2009
Massachusetts Medical Society, Waltham, MA**

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