

**INTERNIST OF THE YEAR**

We are pleased to announce  
**Marshall A. Wolf, MD, FACP** as the  
 2007 Internist of the Year awardee.  
 The award will be presented to Dr.  
 Wolf at the Chapter's Annual  
 Meeting on October 13, 2007.  
 Hope you will join us!

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**From the Trenches**

**A**s the summer winds down, I hope that you were able to enjoy the extra daylight, reflect on things and that you feel reinvigorated.

I mentioned in the winter newsletter that the MA Chapter is moving forward with its "Grassroots Project" (please refer to page 7 for our mission statement). If we are to achieve the changes we all deem necessary in today's practice environment (payment reform, P4P, physician tiering), we must be strong and united. Heeding **Tip O'Neill's**

admonition that "*All Politics is Local*," we have been holding regional meetings to listen to your concerns and formulate a cohesive plan to address the key issues. We must seize control of our destiny by creating an agenda for change or our destiny will be determined for us. If you have not been contacted but would like to join this local effort, please email your regional leader and he/she will welcome you aboard. The following is a list of leaders: **Rob Jandl** [rjandl@wmamed.com](mailto:rjandl@wmamed.com) for Berkshire County; **Bob Fishman** [bobfishman@massmed.org](mailto:bobfishman@massmed.org) and **Dan Levy**

*Continued on page 2*

**Payment Reform Update**

**By Allan Goroll, MD, MACP**

Our payment reform model (Goroll AH, et al. Fundamental Reform of Payment for Primary Care: Comprehensive Payment for Comprehensive Care, J Gen Intern Med 2007; 22:410) continues to make substantial progress and gain national attention. Requests to present the model have come in from across the country and very productive and encouraging discussions are underway with Medicare (CMS), who is working to get approval for an RBRVS waiver to conduct pilot demonstration projects to test our comprehensive payment model. Enthusiastic interest in pilot project participation has been expressed by

many across the state and the country (including those in New Orleans, who would like to use our model to rebuild primary care in the city, Colorado, Vermont, and many practices and groups in Massachusetts). A formal economic modeling of the plan is being prepared pro bono by Deloitte's Center for Health Care Solutions in Washington to guide the planning process. A summit is under consideration for the fall to bring all interested parties together to start the final planning process with an eye towards starting pilots in Massachusetts and nationally in the fall of 2008. Stay tuned!

*From the Trenches, from page 1*

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Where to begin? I invite you to join us at the Chapter's Annual Meeting on Saturday, October 13, 2007 at the Massachusetts Medical Society in Waltham, MA. For College members, there's no charge if you pre-register for this event! It's free. For nonmembers, it's only \$50 dollars (if you pre-register). The morning agenda will be devoted to outpatient clinical dilemmas. In the afternoon, you'll hear the winning Associate presentations and have an opportunity to share your thoughts at a roundtable discussion on P4P, physician tiering and the Massachusetts Health Reform Law. Please visit the chapter website for a complete brochure and registration information at [www.acponline.org/chapters/ma](http://www.acponline.org/chapters/ma). I look forward to greeting you on October 13th. Internists in Massachusetts, let's unite.

## **Letter from the Berkshires**

**by Robert Jandl, MD, FACP**

It is summer in the Berkshires. I live on a dirt road, on the slopes of the Taconic range, and drive along old rivers colored by the clay soil from which these mountains arose. Three hours from Boston--where I grew up and later did a fellowship--I look west where the red tailed hawks circle high above the heavily forested New York border. The rich greens of foliage and meadow are all around. For twenty years I have lived, worked and raised my family here. I feel as I get older, I not only notice more the structure of things, but also the hidden dependencies, the forces that define my life experience - forces such as those affecting the practice of medicine today.

The problems in healthcare are so overwhelming one wonders whether there is any point in fighting for its soul. In my small exam rooms, I still enjoy and derive meaning and satisfaction from my patient care. And I hope my

patients are better off for my efforts. But why should I or any practicing physician extend him or herself to try and fix a system so dysfunctional?

Today, we have 79 physicians in Berkshire County practicing full or part-time adult primary care. I know that number because with the support of the Massachusetts Chapter of the American College of Physicians, an informal group of local internists and family practitioners came together and surveyed our colleagues to get a clearer sense of what was happening to primary care in the county. The results are not only disturbing, but far worse than previous state surveys, that have included, as it turned out, many respondents who were not actually practicing primary care.

Moreover, as the Massachusetts Department of Public Health announced last month, Berkshire County has higher rates of obesity, teen pregnancies, smoking during pregnancy, substance abuse, and other factors that increase the need for robust primary care services. This, plus a more rapidly aging population than elsewhere in the state, is happening at a time when according to the survey - 47% of primary care physicians are somewhat or very dissatisfied with their primary care practice, 91% would have reservations or would recommend against others going into primary care, and 46% have already reduced their clinical hours or are looking to get out. 100% of the 69 respondents reported difficulty finding qualified new primary care physicians to join their practices, consistent with the startling disappearance of medical students and residents interested in primary care. Thus, we have hard evidence in the county that as the need for primary care services is increasing (and the data shows that robust primary care yields higher quality care at lower costs), the well-trained manpower available to meet that need is about to drop precipitously.

Yet, I am strangely optimistic. I now believe that change, deep change, is not only possible but inevitable. Bring on the crisis, for that will only increase the sense of urgency and therefore the chance of meaningful reform. The question I would like to ask my colleagues is what role practicing physicians should play in this evolving crisis. It is possible that our greatest challenges will not be the insurers, or government, as formidable as they are, but ourselves. I am mindful that we may need to overcome inertia, busyness, cynicism, negativity, old habits, and burnout, in order to take our place as the rightful authors of the best way to practice medicine. We have an opportunity right now to shape the larger forces influencing healthcare, but I don't think we have found our voice, and I'd hate to miss the opportunity.

Here in Berkshire County, internists and family practice physicians will be coming together to discuss next steps, to publicize the results of our survey, and to develop an agenda for change to bring to politicians, business leaders, health insurers, and other leaders. Other counties in the state will be following our lead, again with support of the grassroots initiative of the ACP, and with what I hope will be a laser-like focus on the best interests of patients.

What will we be asking for? That's up for discussion, but I'll share my thoughts. First, we must put a stop to the intolerable micromanagement of physicians and its latest incarnation--pay-for-performance. We need instead to study our own practices and report publicly the results of our work, to begin to look systematically at patient outcomes and be willing to compete with the best practices, wherever they may be, to prove we can bring the best value to patient care, and we need to be rewarded for that effort. We need to find ways to implement and help support the transition to electronic health records in our small and medium-sized practices. We need to develop or demand better information on the cost of care and ways to assess outcomes incorporating cost considerations without sacrificing our ethics or compassion. We need to develop supervision and monitoring standards for the burgeoning involvement of physician assistants and nurse practitioners in primary care. We should solicit support for student loan repayment programs for future PCP's and work to mentor young doctors towards a career in primary care.

Each of us can make a difference, in our own practices, and in our own communities. Many great transformations have occurred by virtue of regular people speaking up and taking action, or by the ripple effect of multiple small successful initiatives that coalesce into large-scale change. By participating with these grassroots initiatives, by advocating and articulating how to provide the best care for patients, and by rejecting micromanagement, the cynicism of physician tiering, and the false promise of pay-for-performance, we can each make a contribution to our profession, and ultimately to our patients.

## **Bow & Arrow**

**by Robert Lebow, MD, FACP**

### PQRI and MassHealth Rates

PQRI (Physician Quality Reporting Initiative) is P4R (pay-for-reporting), an early form of P4P (pay-for-performance), that was established by a federal law last year. The affected period is July 1st through December 31st of 2007. Those who meet the criteria are to be paid a bonus of 1.5% of Medicare payments. One can get further information by

going to the CMS website at <http://www.cms.hhs.gov/pqri/> or the ACP website at [www.acponline.org](http://www.acponline.org).

What follows can be found on the CMS website...

"On December 20, 2006, the President signed the Tax Relief and Health Care Act of 2006 (TRHCA). Section 101 under Title I authorizes the establishment of a physician quality reporting system by CMS. CMS has titled the statutory program the Physician Quality Reporting Initiative (PQRI). PQRI establishes a financial incentive for eligible professionals to participate in a voluntary quality reporting program. Eligible professionals who successfully report a designated set of quality measures on claims for dates of service from July 1 to December 31, 2007, may earn a bonus payment, subject to a cap, of 1.5% of total allowed charges for covered Medicare physician fee schedule services."

In my opinion the payoff is too small (both in what it will accomplish and the \$ incentive) for the hassle involved. I believe that many mistakes by CMS are likely at this early stage (I'm probably biased having bought a PC Jr by IBM in the early 1980s that never worked adequately). If our system was really interested in high quality, then payment for cognitive services and/or preventive services would be close to or above payments for most procedures (not to mention that we would have been receiving bonuses for our board certifications for many years).

The above notwithstanding, I do like the list of 74 criteria (although one may quibble with some details). I am not convinced that putting pressure largely on doctors to meet quality criteria is wise; perhaps we should encourage patient to lose weight, stop smoking, monitor glycohemoglobins, etc. by lowering copayments or premiums for those who are most compliant.

### MassHealth (Medicaid) Rates

Payments to physicians have been increased by \$13.5 million for fiscal year 2008 (this is in addition to a \$13.5 million increase in FY07, resulting in an additional \$27 million this year, over FY06). This announcement was made on Wednesday, June 27, 2007 by the Massachusetts Division of Health Care Finance and Policy and is due to the Health Reform Law (also known as Chapter 58 of the Acts of 2006). You may review the regulations and rates at the DHCFP website at [http://www.mass.gov/?pageID=eohhs2modulechunk&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Division+of+Health+Care+Finance+%26+Policy&sid=Eeohhs2&b=terminalcontent&f=dhcfp\\_government\\_regs\\_related\\_pubs&csid=Eeohhs2#114\\_3\\_16](http://www.mass.gov/?pageID=eohhs2modulechunk&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Division+of+Health+Care+Finance+%26+Policy&sid=Eeohhs2&b=terminalcontent&f=dhcfp_government_regs_related_pubs&csid=Eeohhs2#114_3_16)

The largest group of increases goes to medicine at 8.35%, with about a 10% increase for E&M codes. Thanks go to many, particularly to the officers and staff of the Massachusetts Medical Society.

## **The Richter Scale - A Two Part Series**

### **Part 2 of 2**

**by James Richter, MD, FACP**

To address some of the challenges of ambulatory practice, the American College of Physicians (ACP) has established the Center for Practice Innovation. The Center will test practice redesign strategies in 25-50 representative physician offices across the United States. The goal will be to improve clinical quality while addressing the impact of such strategies on patient satisfaction, safety, the economics of practice, and the adoption of health information technology. The new Center will refine and implement strategies for achieving quality improvements in small and medium-sized practice settings. The tools for practice redesign will be grounded in the principles of the SGIM Blue Ribbon Panel's report on a new model of comprehensive care and the ACP's Advanced Medical Home and will be adaptable to the unique cultural and institutional environments of each practice setting. This will be accomplished by providing practicing physicians with access to tools, guides, educational workshops and ongoing consultation from experts in small practice economics, health information technology, quality improvement, practice management, physician education, and change management. Interventions will be tailored to the needs of the individual practice and patient population served.

Our colleagues based in academic practices face these same challenges, plus those in complex medical centers with multiple other priorities such as medical education. Accounting does not recognize the value of general medicine in most medical centers and practice leaders don't have sufficient resources and flexibility to be creative. Residents are not instructed in complex case management or practice management. The ACP and Society for General Internal Medicine (SGIM) are working together to understand the efficiency and quality opportunities in academic practices. **Christine Sinsky**, MD, private practitioner in Dubuque, Iowa, has made systematic observations of many group practices, including academic practices, identifying the need for rapid access, workflow, staffing and resources, and team management within clinical pods. Additional work is planned to understand the role and integration of teaching into faculty practices and how the organizational culture may affect potential change. There

seems to be significant opportunities to improve quality, efficiency, productivity and staff/MD/patient satisfaction. The long-term goal is to create a practice environment promoting active learning. A concept is developing to bring new energy and stature to the primary care general internist as a "*Clinical Executive*", the manager of complex multi system care and the patient centered medical home.

The primary objective is to achieve sustainable quality improvement in academic and large private practice departments of general internal medicine by a practice transformation. The secondary objectives are to improve the training environment for internal medicine residents and increase interest in generalism by allowing residents to experience the rewards of general internal medicine in a highly functional environment, develop critical performance standards for health information technology to support efficiency, quality, and viability within general internal practices, and identify areas for future research.

## **Leadership Day 2007**

**by Lydia Siegel, MD**

A strong Massachusetts contingent attended this year's Leadership Day on May 15-16, 2007, joining a total of over 270 physicians and medical students from 38 other states and the District of Columbia.

The Massachusetts delegation, led by Governor Dr. **Barry Izenstein**, was a diverse group, from first-year medical students to seasoned internists, a statewide geographic range and a diverse range of practice environments. In attendance were Dr. **Robert Lebow** of Harrington Memorial Hospital; Dr. **Christopher Sanders** of Sturdy Memorial Hospital; Dr. **Valerie Pronio-Stelluto** of Mount Auburn Hospital; Dr. **Mandy Krauthamer**, a resident at Massachusetts General Hospital and Co-chair of the Council of Associates for Massachusetts; Dr. **Lydia Siegel**, a general medicine fellow in Boston; and five medical students, **Cedar Fowler** and **Craig Napolitano** of Tufts and **Maya Babu**, **Ian Barbash**, and **Andrew Synn** of HMS.

After the previous day's policy briefings and advocacy training, the delegation was well-prepared for the day on Capitol Hill. The morning started on the Senate side, meeting with staff of both **Senators Kerry** and **Kennedy**, to discuss the core issues facing internists in Massachusetts and nationwide. The MA delegation then met with staff from the offices of Congressmen **Barney Frank**, **Steven Lynch**, **Michael Capuano**, **James McGovern**, and **Richard Neal**. **Representatives McGovern** and **Neal** were able to meet personally with the group to discuss the issues.

The delegation's message focused on one of the most immediate pressing issues, the impending collapse of primary care. The medical students articulated the need for debt relief and the crucial need to reauthorize the Higher Education Act of 1965 to extend the deferment period, expand the definition of "economic hardship," and mandate loan payment reporting to national credit bureaus to avoid penalizing students and residents. **Cedar Fowler** discussed his plan to return to the Pacific Northwest to provide primary care to underserved Native American populations, but his awareness of six-figure debt may affect his career choices.

The effects of the current payment structure on primary care were a strong focus of the delegation's message. **Dr. Krauthamer** discussed the declining draw of primary care as a career choice among her residency colleagues, due to the demands of student loans and unrewarding practice environment. **Dr. Siegel** emphasized that primary care still remains the best job in medicine, but that there is a dire need for payment reform to ensure a safe, high-quality practice environment. **Dr. Lebow** continued this message, asking legislators to focus not only on this year's SGR fix but on a permanent, lasting solution, such as funding primary care through the ACP's Patient-Centered Medical Home rather than through unworkable current schemes.

Unlike prior trips to Washington, this Leadership Day was marked by a new optimism with a democratic majority and a true commitment to change. **Dr. Izenstein**, along with the rest of the Massachusetts delegation, hopes to maintain this momentum throughout the year and return next year with an even larger group to represent the needs and priorities of the state's internists.

## **Update from the Associates Council**

**by Jeremy Richards, MD and Mandy Krauthamer, MD, MPH, Co-chairs, Council of Associates for Massachusetts**

The Associate Council has been involved in a variety of projects over the past 6 months, including preparation for the Chapter's Annual Meeting, recruitment of Associate members, and growing the Associates' Leadership Network. The Annual Meeting is the highlight of the year and includes the popular Associates' Poster Presentation, where Associate members from across the state present interesting patients or research in poster format. This is a unique opportunity for residents and fellows from disparate programs to interact and share clinical or research experiences. In addition to the poster presentation, we are organizing the annual "Medical Jeopardy" competition, in which teams of three from various resi-

dency programs answer medical questions in a Jeopardy-style format.

In addition to preparing for the Annual Meeting, we have been working on increasing the visibility of the ACP at a resident and fellow level with a goal to increase membership. There are a variety of tools available to assist in resident recruitment (including the Recruit-a-Resident Program in which every resident in a program receives a set of MKSAP questions and the "Multiple Small Feedings of the Mind" CD-ROM, if >90% of the residents in a program join the ACP). In addition to these recruitment tools, we strive to increase communication between residents at various programs on a more "grassroots" level.

Finally, we are working to promote the Associates' Leadership Network (ALN), a national forum of Associates who display particular interest in the ACP and health policy in general. As a forum, the ALN allows Associates to discuss health policy issues that are pertinent to a resident (i.e., the ABIM's decision not to mandate procedural competency prior to sitting for the boards) and to an Internist in general (i.e., pay for performance). Our goal is to have at least one member of the ALN at every residency program in Massachusetts. Residents or fellows interested in the ALN can contact [COACAL@acponline.org](mailto:COACAL@acponline.org) for more information.

From the Annual Chapter Meeting to the ALN, it's been a busy and exciting year and we look forward to even more Associate involvement in the ACP in the future!

## **Update from the Student Council**

**by Maya Babu and Annie Kruger, Co-chairs, Council of Students for Massachusetts**

With the academic year fast approaching, we are gearing up for a productive year! Let us take a moment to introduce ourselves: **Maya Babu** is a 3rd year MD/MBA student at Harvard and **Annie Kruger** is a 4th year MD/PhD student at UMASS.

The Student Council has a few exciting projects planned in the upcoming months. We are heavily recruiting our medical school chapters to join the Internal Medicine Interest Group (IMIG) Sponsorship Program developed by the ACP. The IMIG Sponsorship Program provides resources to help school chapters grow, supplies guides for medical students interested in IM, and offers funds to reward IMIGs for recruiting members. Additionally, we are planning a residency fair where students who are interested in IM can meet with residency program directors and learn about the opportunities available through IM residencies. Many students have

expressed interest in learning more about what features differ between programs, whether programs can combine focuses (such as preventative health or nutrition) with IM training, and how program directors facilitate work-life balance for their residents. Furthermore, the MA ACP Council plans to work with each of the four medical schools to develop targeted presentations describing the variety of practice settings and careers available through internal medicine and primary care.

We are happy to report on several recent accomplishments by our schools and student members. Harvard Medical School sent **Maya Babu** and **Liz Kwo** to ACP's Internal Medicine 2007 in San Diego, CA. They were able to listen to several workshops and found the conference very educational and inspiring. As part of their attendance, **Liz** and **Maya** have brought back several ideas which we hope to use to increase student involvement in our Chapter's Annual Meeting. We also had several students attend Leadership Day 2007 in Washington, DC: **Cedar Fowler** and **Craig Napolitano** from Tufts and **Ian Barbash**, **Andrew Synn** and **Maya Babu** from HMS. Leadership Day was a terrific event and excellent experience for the students. In addition to learning about key bills and positions of interest to IM, attendees had the opportunity to meet with their local senators and representatives and their staff. For the second year in a row, a special briefing was held for medical students and associates. This two-hour briefing provided a succinct overview of Medicare, educational debt/loan repayment legislation, and key advocacy points in discussing the crisis in primary care. Attendees found this briefing especially helpful and plan to share these learnings with their peers. Lastly, we would like to report that **Maya Babu** was elected to serve as the New England Region Representative to the ACP Council of Student Members (CSM). This thirteen member committee supports student leadership in the ACP and promotes opportunities to gain valuable mentorship, career planning, and educational experiences in the specialty of internal medicine. As part of her responsibilities on the CSM, **Maya** has been appointed to serve on the ACP's Education Committee which explores policy and practice in terms of certification, schooling, and instruction in internal medicine.

While we are sad to see this year's leaders go, we are pleased to welcome the incoming chairs of the IMIGs at each school: **Kate Cembrola** for UMASS; **Cedar Fowler** and **Craig Napolitano** for Tufts; **Andrew Synn** and **Ian Barbash** for HMS; and **Jenny Hensley** for BU. We look forward to working with these new leaders!

If you have any questions or would like to get involved, please do not hesitate to contact us through our Chapter Coordinator, **Julie Kealey**, at [jkealey@mms.org](mailto:jkealey@mms.org).

Hope you had a great summer!

## Medicare Pay-for-Reporting Program Started July 1, 2007-Details and Assistance

The ACP Practice Management Center (PMC) has released preliminary guidance on Medicare's pay-for-reporting program, the Physician Quality Reporting Initiative (PQRI). The program began on July 1, 2007 and will run through December 31, 2007. The program was established under a federal law enacted in December 2006.

Under the PQRI, CMS will pay physicians for reporting on specified quality measures. Internists will need to successfully report on three of 74 different quality measures to receive the 1.5% bonus to their Medicare payments.

Physicians do not have to register in advance for the program, just include the applicable quality measure code on the same claim form used to bill the Medicare service. CMS will know which physicians are participating in the voluntary program when it processes the claims.

As CMS releases further details about the program, the PMC and ACP will provide additional information related to the PQRI-information describing the program and information aimed at helping interested members to participate with minimal burden.

PMC's publication is available to registered ACP members at <http://www.acponline.org/private/pmc/pqri.pdf>

ACP Members who have not yet picked a username and password for ACP's website can gain access by registering online now at <http://www.acponline.org/cgi-bin/register.pl>

More information on the PQRI from CMS is online at [http://www.cms.hhs.gov/pqri/01\\_overview.asp](http://www.cms.hhs.gov/pqri/01_overview.asp)

## Supporting Your Chapter through Chapter Dues

You may have noticed that your dues statement from ACP looks a little different this year. Don't forget to include payment of your chapter dues along with your ACP dues -- it is only through your direct financial support that we can deliver valuable programs and services to members of our chapter.

Your support allows us to offer local meetings with prominent experts focusing on timely clinical issues.

National ACP leaders attend these meetings and report on the future of internal medicine and how ACP is representing your best interest. Your contribution also enables us to offer mentoring programs for medical students and local Associates' research competitions. Additionally, your dues support our advocacy efforts with state legislators on local issues and enables our chapter leaders to participate in Leadership Day on Capitol Hill so that your voice is heard in Washington. Many of these activities are coordinated by unpaid volunteer leaders in our chapter. However, local staff support is critical to help manage the day-to-day operation of the chapter, special activities, and chapter meetings. Your chapter dues help support the cost of local staff, as well as funding for new and existing chapter initiatives.

When you receive your dues notice, please support your chapter by sending your chapter dues of \$50.00 along with your national dues. You will be contributing to both the national and local success of ACP.

## **BOG Action on Spring 2007 Resolutions**

At its April 18, 2007 Business Meeting, the Board of Governors voted to adopt three resolutions, to adopt sixteen resolutions as amended, to refer three for study, to not adopt one resolution, and to consider one resolution as a reaffirmation of current College policy.

The Board of Regents (BOR) decided on final disposition of the twenty-three resolutions at their Organizational Meeting held on Saturday, April 21. A summary of the BOR's actions will be posted when this information becomes available.

### **Recommended for Adoption:**

- 6-S07. Developing Methods for Monitoring the Fairness of Pay for Performance Programs
- 19-S07. Recruiting and Retaining Members and Associates Practicing Hospital Medicine
- 20-S07. Amending the Basic Eligibility Requirements for ACP Fellowship

### **Recommended for Adoption with Amendments:**

- 1-S07. Lobbying Congress and the CMS to Extend the Eligibility Period for the "Welcome to Medicare Exam"
- 2-S07. Urging Congress to Legislate Medicare Coverage for Preventive Health Visits
- 3-S07. Supporting Legislation and Regulation that Mandates Reimbursement for Periodic Health Promotion Visits
- 4-S07. Advocating for Adequate Physician Reimbursement of Oral Anticoagulation Monitoring
- 7-S07. Visibly and Aggressively Advocating to Achieve

### **Universal Access**

- 8-S07. Supporting Health Insurance Tax Deductibility
- 9-S07. Advocating for Mechanisms that Enable Physicians to Interact Efficiently with Pharmacy Benefit Plans
- 10-S07. Developing Policy Regarding the Composition of Pharmacy Benefit Plans' Formulary Committees
- 13-S07. Supporting the Centers for Disease Control and Prevention's (CDC) Recommendations on HIV Testing
- 14-S07. Supporting Research into the Therapeutic Role of Marijuana
- 16-S07. Developing Mechanisms that Pay for Performance Programs Can Use to Assess Efforts to Improve Patient Care
- 17-S07. Working with SGIM and APDIM to Study the Impact of Resident Duty Hours on the Clinical and Teaching Responsibilities of Faculty
- 18-S07. Studying Flexible Work Options to Develop Resources for Internists
- 21-S07. Changing Convocation to Prominently Recognize New Fellows
- 22-S07. Exploring Mechanisms to Facilitate Recruitment of Executive Directors
- 23-S07. Constituting a Task Force to Address Mechanisms that Will Provide Adequate Financial Support to Chapters

### **Referred for Study:**

- 5-S07. Working with Health Plans to Develop Tiering Measurement Systems
- 12-S07. Advocating for a Streamlined Process to Obtain J-1 and H1B Visas for Non-U.S. Citizen International Medical Graduates
- 15-S07. Supporting Appropriate Evidence-Based Options for Reducing Hospital-Acquired Infection

### **Recommended for Reaffirmation:**

- 11-S07. Supporting the Principles of the Institute for Healthcare Improvement's "100,000 Lives Campaign"

### **Mission Statement for the "Grassroots Project" of the MA Chapter of the ACP**

To bring Internists together around issues of common concern, in the hope that increased communication and social interaction among Internists will lead to more cohesiveness within the specialty and a louder voice to effect improvement in our practice environment. In so doing we hope to foster pride both in being an Internist and being part of the ACP.

**Congratulations to the Massachusetts Chapter's  
New Fellows**

Erik K. Alexander, MD, FACP  
Newton J. Cochran, MD, FACP  
Nancy E. Corliss, MD, FACP  
Deborah J. Cotton, MD, MPH, FACP  
Robert C. Jandl, MD, FACP  
Bruce E. Landon, MD, MBA, FACP  
Claudia T. Martorell, MD, MPH, FACP  
Saira Naseer, MBBS, FACP  
Thein H. Oo, MBBS, FACP  
Anil A. Panackal, MD, FACP  
Joseph J. Rhatigan, MD, FACP  
Bruce L. Ring, MD, FACP  
Joshua D. Safer, MD, FACP  
Roy D. Welker, MD, FACP

**NEW DISTRIBUTION OF NEWSLETTERS**

A new method of distributing the Governor's newsletters began on July 1, 2007. Chapter members with good e-mail addresses will receive an e-mail with a link directing them to the current newsletter on the chapter website. These members will receive the chapter news in a timely manner, while it is still fresh. Members with no/bad e-mail addresses will be sent a hard copy by postal mail.