

Upcoming Events

Internal Medicine 2008
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In This Issue

Governor's Message.....1
 Maryland Chapter Meeting.....2
 Your ACP Student Subcommittee
 in Action2
 Diversity Council3
 Advancement to Fellowship3
 Women in Medicine Update.....3
 Just a Few Reasons to Belong to Our
 Maryland Chapter3
 Health & Policy Info.....4
 ACP Awards and Masterships5

Governor's Message



Dear Colleagues,
 Happy New Year!

Iwanted to be
 sure to share
 with our

Maryland Chapter members the work we have been doing on the crisis in physician workforce in Maryland. Med Chi with the Maryland Hospital Association has done a wonderful job in quantifying the shortages our wealthy state has in physician manpower. A superficial glance at the numbers of physicians would lead one to believe that Maryland with so many physician licensees has plenty of doctors. We all know that many of our licensed physicians are primarily researchers or medical educators. With detailed analysis and survey data, we quickly learned through the work of Boucher and Associates, Maryland has serious shortages in many specialties, including primary care, especially in Western, Southern, and Eastern Maryland. These shortages will only worsen as our citizens age.

Maryland is the wealthiest state but our reimbursement rates are in the bottom quartile, and lower than our neighboring states. It is becoming very difficult to recruit physicians to Maryland to practice, and becoming hard even to retain our medical school, residency, and fellowship graduates. The entire country and world are predicted to have shortages of physicians. How will Maryland compete to take care of our aging

population?

Internal medicine has been able to fill our residency positions, but ever fewer United States medical students are choosing internal medicine as a career, and almost none of our medicine residents plan to practice primary care or general medicine. In less than a decade, the numbers of internal medicine residents planning to be primary care physicians fell from 54% to 27%. Our Maryland program directors in internal medicine in Maryland, tell us that less than 10% of their residents plan to do primary care. With many medical students accumulating \$150,000 to over \$200,000 dollars of educational debt, it is not surprising that they must choose specialties that offer career earnings sufficient to pay off that debt before their own children start college. You may ask, and should ask, "What is our ACP chapter doing about these issues? Here are some of our actions and recommendations.

1. Work hard with our medical schools to foster interest in internal medicine through interest groups and our very successful mentoring program.
2. Endorse the Patient Centered Medical Home as a model to provide more accessible and comprehensive care for our patients using electronic health records, and improved practice design, efficiency and reimbursement for currently unreimbursed work.

3. Work with the Primary Care Coalition (American Academy of Family Practice, and American Academy of Pediatrics) to draw public and medical attention to the crisis in primary care and physician workforce.
4. Sponsor initiatives to reduce or forgive educational debt for physicians practicing in shortage areas or specialties.
5. Encourage dialogues among the academic and practicing communities on areas of common interest and concern.
6. Engage our medicine residents in frank discussions of lifestyle, finances, and career satisfaction.
7. Encourage our diverse colleagues to join us in making Maryland a state that is good for patients and attractive to physicians.

Our chapter has a full agenda, enthusiastic volunteers, and terrific commitment. Please join one of our committees and become active in your organization.

YOUR ACP STUDENT SUBCOMMITTEE IN ACTION

This fall and winter have seen much activity for the Student Subcommittee. Following on last year's successful pilot program, we have renewed and expanded our ACP sponsored mentoring program. The program matches up first and second year medical students with volunteer physicians in the community and universities. The goal of the program is to expose interested students early on in their studies to internal medicine outside of their clerkships and allow them to see how ACP members "really" practice. In addition, students and volunteers are encouraged to discuss the field in general and opportunities available to graduates of internal medicine residency programs. So far, thirty pairs of mentors and students have been assigned and we still have plenty of interest from both groups to keep expanding the program through the winter.

In addition to our mentoring program, preparations are underway for two major ACP sponsored events this Spring. Our Community Health Fair, held each Spring, is spearheaded by our Johns Hopkins University students. The fair consists of various health information booths staffed by volunteers from medical and other allied health professions schools. Previous fairs have included blood pressure and glaucoma screening booths, for example. We are happy to report that our preliminary budget has been approved and we are moving ahead with preparations on this well attended annual event.

Our second Spring event will be April 5, 2008, when we will hold our first dedicated medical student "Steps for

Success" conference. The conference has been an annual event for our DC Chapter colleagues and with the assistance of **Dr. Dobbin Chow**, we are joining to create the first combined Maryland - DC program. The day will consist of question and answer panels, hands-on subspecialty workshops, poster / abstract competitions and even a musical performance from our medical student string quartet. The Uniformed Services University of the Health Sciences (USUHS) has agreed to host the event again this year under the direction of **Dr. LaRochelle**. We will begin inviting attendees to this free conference in the coming months and look forward to a great turnout from our Maryland medical students.

Lastly, we are excited to note the expansion of our subcommittee to include representation from offshore programs, many of whom perform the bulk of their clinical rotations here in Maryland. Their input, perspective and hard work will expand the scope of what we can accomplish as a group.

With our upcoming Health Fair, Steps to Success Conference and another medical student jeopardy competition on the horizon, 2008 is off to a fast start for Maryland student ACP members. We are looking forward to another great year.

Brendan Bowman
MSIV University of Maryland School of Medicine
ACP Student Subcommittee Co-Chair

Emily Pfeill
MSIII Johns Hopkins University School of Medicine
ACP Student Subcommittee Co-Chair

DIVERSITY COUNCIL

ACP recognizes the need to include viewpoints and participation from all of its members. The Diversity Council is committed to promoting membership amongst African-American and Hispanic physicians, fellows, residents and medical students through mentorship and networking. The council has held four meetings and two networking events since the inception of the committee in 2002, and it continues to provide innovative programming for practicing internists and internal medicine subspecialists. The committee seeks the input of both current and potential ACP members. If you are interested in joining the committee, or have suggestions for future committee activities, please do not hesitate to contact the committee chair.

Erica Scavella, MD, FACP, CHAIR
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PLEASE CONSIDER Advancement to Fellowship

Anyone who has been a member for at least five years should strongly consider advancement to "FACP," through the "Active Member Pathway." Being a Member for five years along with attendance at the Annual Maryland Chapter and ACP National Meetings, participation in regional or national ACP committee activities, or developing educational material for regional or national ACP meetings (any one of these) would qualify. Another convenient pathway to Fellowship is the "Multiple Certification" pathway. Subspecialty certification, internal medicine recertification, or taking MKSAP for credit would qualify. Teaching activities, including community work, add to a Fellowship proposal. The final two pathways to Fellowship are for those who are scientifically well-published and for "Senior Physicians." This last pathway is for physicians who are not Board certified but who have demonstrated prominence in teaching, patient care, or professional service over many years.

There is a certain pride that goes with placing "FACP" after the MD. Many of you qualify under the first two pathways outlined above. If you qualify, you need two current ACP Fellows to give you proposer's and second's letters, and you need to complete your "Fellowship Proposal" form available as a PDF on the ACP web site. Just "Google" the initials "acp." Go "Membership" to "Prospective Members" to "Types of Membership" to "Fellow" to "Application Materials."

**Richard B. Williams, MD, FACP, Chairman
Membership Committee**

WOMEN IN MEDICINE UPDATE

As you know, our Women in Medicine continues to be a very active in a number of areas. Our September Women in Medicine workshop on "Imagine the Possibilities" was very well received by the over 40 women in attendance. Plans are to hold another workshop - just for women on Saturday, September 6, 2008. Look for complete details as our year progresses. We also have our own website at www.acp-md-wim.org and/or wimmaryland-list@acponline.org. Please be sure to view the website which provides information of special interest to women.

**Claudia Kroker, MD, PhD, FACP
Chair - Women in Medicine**

JUST A FEW REASONS TO BELONG TO OUR MARYLAND CHAPTER

- *Our Maryland ACP just wanted to take this opportunity to share with you just some of the activities we have been involved in since our last Newsletter:
- *Hosted the Women in Medicine workshop - just for women as part of September Women is Medicine month
- *Hosted a Coding and Compliance workshop in October 2007 in Harford County with over 45 persons registered for this event as part of our ACP on the Road Series
- *Hosted a dinner presentation in October on "Your Personal Finances" as part of the activities of the Young Physicians Council
- *Met as part of the Primary Care Coalition to develop and implement plans to assist with the crisis in primary care currently being felt by most physicians in Maryland
- *Developed plans for a Cultural Competency DVD as the project for the Chief Residents Association of Baltimore to be unveiled in 2008
- *Opened a website just for Residents in the Baltimore metropolitan area where medical articles of interest are voted on each day and links provided to the websites
- *Hosted a Crisis in Internal Medicine dinner as part of our new Town/Gown Series
- *Gathered a group of members who will be representing us at Leadership Day in May 2008
- *Our group also completed our usual yearly tasks: developing a program for our 2008 Chapter meeting; the upcoming Doctors Dilemma contest for residents and students and our Mulholland-Mohler Associates meeting in May 2008.

Visit the Chapter website at

www.acponline.org/about_acp/chapters/md

HEALTH & PUBLIC POLICY INFO OF INTEREST TO OUR PRACTICING CLINICIANS

Fecal Occult Test Codes and Billing Rules clarified in 2008

As you know, the G0107 was eliminated by Medicare in 2006. The codes currently in use are the 82270 and the 82272. To be reimbursed, it is important that the appropriate ICD-9 codes be used along with these codes. The Medicare National Coverage Determination Manual has a section on FOBT listing appropriate codes that may be used. The most recent manual released in April can be found at; http://www.cms.hhs.gov/CoverageGenInfo/04_labNCDs.asp. These are being revamped and look for new updates to be available in 2008. It is also important to make a clear distinction between screening FOBT and diagnostic FOBT. They are as follows:

Screening FOBT (82270). As part of preventive services, Medicare will pay (\$4.54) for FOBT for colorectal cancer screening once a year, for beneficiaries over age 50 and older. 82270 is described as: "Blood, occult, by peroxidase activity (eg guaiac), qualitative, feces, consecutive collected specimens with single determination for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)."

Diagnostic FOBT (82272): In the past, there has been confusion because there wasn't a CPT code for diagnostic FOBT. In 2008 CPT manuals, the description of this code has been revised to clarify that it is for diagnostic FOBT, not for screening. The new definition reads: "Blood, occult, by peroxidase activity, qualitative; feces, one to three simultaneous determinations, performed for other than colorectal neoplasm screening." Medicare reimbursement is \$4.54.

iFOBT (82274): Also available is the "Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations" This code can be billed to most payers as either diagnostic or screening. Medicare reimbursement is \$22.22.

iFOBT (G0328) As part of preventative services, Medicare will pay (\$22.22) for iFOBT for colorectal cancer screening once a year, for beneficiaries over age 50. G0328 should be billed with V76.51 (colorectal cancer screening). Use 82274 when billing for reasons other than colorectal cancer screening (ie:diagnostic).

Inconsistent POL Payer policies

Dr. Harry Oken, Chair of this committee, and a practicing clinician, has been discussing with Medicare and private payers in Maryland, problems he has encountered with payment for services provided by POLs (private office labs). Although such labs continue to be a more efficient way for patients to receive lab results, insurance carriers are inclined to bundle legitimate tests performed, describe them as general profile, and say they are not covered. For instance, **Dr. Oken** has found that when he does a CBC, 85025 and a comprehensive metabolic panel 80053 and TSH 84443 the tests are often bundled in a general health panel 80050. Most payers allow about half of what they would have had these tests been performed separately. Medicare is one of the only payers that does not bundle these test codes. It has been suggested that if your patient needs all 3 tests at the same time and these are not being done as a routine service, be sure to question the denial and ask the payer for a re-determination.

Another problem found by POLs is non payment for a 36415 (routine venipuncture) especially when some of the tests are done in-house and other tests from the same blood draw are sent to a reference lab. Medicare will reimburse for this service, while many private carriers will not.

Our Health & Public Policy Committee continues to work in many different areas from ways to make the public aware of the growing crisis in internal medicine, to how we can better serve the needs of our practicing clinicians. If you are interested in being a member, please be sure to contact our Maryland ACP office.

Harry Oken, MD, Chair, Health & Public Policy Committee

Chief Resident Association of Baltimore (CRAB) Developing DVD, Doctor's Dilemma, and Web 2.0 website

The Chief Residents Association of Baltimore (CRAB) has joined forces with the Maryland Department of Health and Mental Hygiene this year in developing an instructional DVD addressing Multiculturalism and the Meaning and Importance of Cultural Competence. Taking advantage of the many different cultures represented in CRAB, the chiefs are planning, scripting, and filming the DVD to explain and demonstrate Cultural Competency. CRAB has met several times with DHMH to shape the project, and the interaction has been very productive thus far. Plans are currently to premiere the DVD at the regional Mohler-Mulholland Associate's ACP Meeting this year.

Another exciting event that is coming up is the CRAB Doctor's Dilemma Competition which, following tradition, takes place after the Maryland ACP Scientific Meeting. Doctor's Dilemma pits the best and brightest medicine residents from almost all of the regional residencies against each other in a college bowl/Jeopardy-like competition, requiring a great deal of hard core Internal Medicine knowledge, wits, and skill. Traditionally, the crowd is large and vocal, and a great time is had by all.

CRAB invites all physicians to look at CRABDOCTALK.com a website that has been developed this year with the goal of providing a website that more closely reflects the real-time, ongoing concerns and interests of Internal Medicine residents and attending physicians of Maryland. CRABDOCTALK.com is a non-profit website that is built and shaped on a daily basis by any interested Internal Medicine resident or physician, and contains 'click-through' references to websites that are chosen and voted on by physicians. It is designed and organized by members of CRAB and the Maryland ACP. All are welcome.

Norman M. Dy, MD FACP

Dobbin Chow, MD FACP

Co-Preceptors, CRAB

ACP Awards and Masterships: Nominate your Heroes, Mentors, and Colleagues

The Awards Committee of the American College of Physicians invites your help in recognizing the accomplishments of distinguished individuals and organizations through the College's awards and Masterships. Nominations are now open for the 2008-09 awards cycle, which will end with the College's bestowing eighteen awards and approximately 40 Masterships during the Convocation ceremony at Internal Medicine 2009. These awards recognize outstanding contributions in the practice of medicine, teaching, research, public service, leadership, and medical volunteerism.

The updated Awards and Mastership Booklet contains criteria for the College's honors plus instructions for writing nominating and supporting letters. Please note that a minimum of five detailed supporting letters and a curriculum vitae (or equivalent) with full bibliography are required for nominations to be considered. The deadline for materials is July 1, 2008. In keeping with ACP's Diversity Policy, the Awards Committee requests that nominators consider a wide array of outstanding candidates including women, underserved minorities, other ethnic groups, and international members and colleagues.

Please note that only ACP Fellows may be nominated for Mastership, and that Masterships as well as awards are competitive—that is, the most outstanding are selected by comparison. Both Mastership and awards nominations should be handled confidentially, and individuals should not self-nominate.

For questions and for information about the status of nominations submitted previously, please contact the staff liaison to the Awards Committee, **Martha Cornog**, at mcornog@acponline.org, 800-523-1546, ext. 2696, or direct at 215-351-2696. For printed copies of the Awards and Masterships Booklet, please contact **Meghann Williams**, Coordinator, Awards-Convocation and Diversity, at mewilliams@acponline.org, ext. 2714, or direct at 215-351-2714.