



**From the Governor**

The stripers are (almost) in! This is an annual rite of spring in my neck of the woods/coast and so is this report on the affairs of Internal Medicine in Maine. The general issues have remained the same, as dependable as the annual fish migrations, it seems. I'm encouraged to give you a positive perspective overall. And very excited to report that once again, Maine is poised very much at the leading edge of many of the "next steps" of sustaining and reinvigorating Internal Medicine.

- Medicare reimbursement - Our Chapter once again fielded an effective team to advocate on your behalf at Leadership Day in May in Washington, D.C. Through that effort and the Key Contact Program we have made some headway. The House has passed some legislation forestalling any reimbursement cuts and additionally adding some positive RBRVS changes for primary care. The Senate is currently in debate regarding similar legislation. I'm pleased to report that all of Maine's delegates support these bills. We will have detailed reports of Leadership day and current public policy issues, state and national, at the October Chapter meeting. In the meantime, consider adding your voice through the Key Contact program.
- Patient Centered Medical Home - This conceptual structure of practice which marries evidenced-based, systems supported, team approach to patient care with a new payment mechanism that incents the optimal outcomes has been widely adopted as a major way to reform our national healthcare system. However, although individual components that make up the PCMH have proven value, the entire entity has yet to be put to the test in vivo. We are very fortunate to have underway in Maine, a multi-payer pilot project of the PCMH. This is convened by the Maine Quality Forum, Quality Counts, and the Maine Health Management Coalition. I will be representing our Chapter on this project. More details to be forthcoming at the Chapter Meeting.
- General Internal Medicine - We have the very good fortune to have **Jeffrey Harris, MD, FACP**, the current president of the ACP as our official College Representative at our Chapter Meeting this year. He will be very accessible to meet you and engage in discussion on a variety of issues facing all of us. Please refer to his column in this newsletter which spells out his perspectives and agenda.
- Resolutions - I am again soliciting any resolutions that you would like to bring forward to the Chapter for us to present at the national ACP level. If you have ideas please email them to me so that I can post them on the Chapter website. This will allow everyone to preview them prior to the Chapter meeting and allow for better discussion in the limited time of the Town Meeting.
- MMC/Tufts Medical School Partnership - This continues to progress with the first anticipated class to enroll in 2009. As an added dimension, **John Tooker, MD, MBA, FACP** and **Steven Weinberger, MD, FACP** met with the MMC/Tufts group to discuss an ACP role in the curriculum. The working idea is that the Patient Centered Medical Home concept should be formally introduced to first and second year students. This should have the benefit exposing students to the cutting edge of internal medicine early in their training and hope to engage them in those career paths. With the multiple degree opportunities, MD/MBA, MD/MPH, MD/PhD, it is also hoped that this will spawn very well trained internists not only for state of the art clinical care but also to serve as "change agents" in terms of reforming our health system. There will be representatives from MMC and Tufts to provide updates at the Chapter Meeting.

**Save the date: October 17 -19, 2008** will be our Chapter Meeting in Bar Harbor. Our annual Chapter Meeting has

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served as a focal point for us to meet and learn and discuss clinical, public policy, and professional issues that are at the core of our work as internists. This year is no different. We have a strong clinical program, and key representatives to provide the latest updates and engage in discussion about critical issues.

I hope to see many of you in Bar Harbor in October. Have a great Maine summer in the meantime. Save some fish for the rest of us!

## **ACP tackles timeless themes in contemporary circumstances**

**From the May ACP Internist, copyright © 2008 by the American College of Physicians.**

**By Jeffrey P. Harris, FACP**

Over the upcoming year, I will have the good fortune of representing the American College of Physicians in a variety of venues in this country and abroad. To prepare, I reviewed some of the historical perspectives written at varying times over the College's 93 years (see sidebar). A portion of these accounts were authored by two of my predecessors.

While the issues the College has addressed appear timeless, its responses have been novel. Themes have often been revisited since the College's inception in 1915, each iteration crafted to respond to new national developments and changing generational perspectives. In subsequent columns, I will examine some of the major themes, reviewing their history and summarizing ACP's current approaches to them. For now, however, this introduction will provide an overview.

On the College's 75th anniversary, **President-elect Nicholas E. Davies, MACP**, asked the membership: "*What do you believe to be the five most important issues facing American health care?*" In that year, 1990, the responses were cost, bureaucracy, access, technology and tort reform. Does this sound familiar?

Today, in the College's 93rd year, those timeless themes reemerge but contemporary circumstances necessitate new solutions. How can a nation spend more on health care than any other industrialized country yet have poorer outcomes on multiple metrics? How can 47 million of its citizens remain uninsured and over 300 million of its citizens have access to health care with such variable quality?

What is an internist and how do we encourage more young people to become one? How do we deal with the disparity in earnings between primary care physicians and physicians in other fields when all of our livelihoods are dictated, in large measure, by a formula as seemingly capricious as the sustainable growth rate?

The patient-centered medical home (PCMH), proposed by the College and supported now by over 100 other medical, non-governmental and governmental organizations, arguably could become the most significant change in the delivery of health care since the introduction of Medicare. How does ACP help ensure that the many PCMH pilot projects emphasize quality as well as costs?

Our diverse physician workforce has diverse needs. How do we address the career and lifestyle needs of men, women, minorities and international medical graduates? How do we make the College so relevant to their needs that they see membership as essential? How do we best respond to the requests of members who live in 124 countries outside of the U.S.?

What is the appropriate relationship between ACP and the American Board of Internal Medicine? How do we work with all major internal medicine organizations to help produce the best educated physicians, a process for staying current that physicians will welcome, and health care that is uniformly good and universally available?

As the College approaches its 100th year, some of the recurring themes outlined above seem particularly daunting. Dealing with them will require frank and open discussions with our members and with other stakeholders.

Experience in this country and that of other nations suggests that patients favor longitudinal, patient-centered care. Patient-centered care also holds promise as an evidence-based means of controlling rising health care costs. Internal medicine is a cornerstone of this delivery system. It must thrive. Internists, whether pursuing careers as generalists, subspecialists or hospitalists, are interdependent. They have a common background, should maintain a core of knowledge, and should recognize their symbiotic need for one another.

Dealing with today's challenging themes will also require close collaboration between the College and other internal medicine stakeholders. If our endeavors are to be collegial and productive, all organizations must have transparent decision-making processes and readily accessible policy. Compromise must be principled.

The College, ideally with all internal medicine organizations and other primary care societies as its partners, must also address these themes in a forthright manner with other medical specialties, Congress, public regulators, employers and payers. An aging nation consuming unfathomable sums for chronic illness is unsustainable. Health care in which patients have one physician for every organ system is unaffordable. Permitting the collapse of primary care is unimaginable.

Successful delivery of health care requires the availability of every field of medicine. The issue, though, is what proportion of a nation's physician workforce each specialty and subspecialty should constitute.

Society can dictate these outcomes by matching the number of residencies to the need. However, it must also recognize that if it wishes to create a greater supply of young people filling the ranks of certain fields of medicine, it must create a greater demand for those residencies. Prospects for future earnings affect new physicians' career choices after medical school. Greater parity of earnings will help ensure that medical students pursue careers for their intellectual appeal and sense of fulfillment rather than to repay their educational debt or attain a reasonable lifestyle.

Prudent expenditure of health care resources requires health information technology that links all the participants in a patient's individualized care. It holds promise for savings by eliminating duplication of labs and procedures and lessening the potential for error. If compensation is to be linked to performance measures, rewards must accurately reflect the degree of difficulty of evidence-based metrics across all fields.

An orthopedist operating on the correct limb presents about the same degree of difficulty as an internist placing his stethoscope in his ears rather than his nostrils. Payers must help encourage physicians to care for the underserved by recognizing that performance measures are associated with greater barriers in an impoverished population than in a more affluent one, and by scaling targets accordingly.

Rigorous efforts are being made to define performance measures for procedures and treatments of proven benefit. Impartial observers should apply equal vigor to define procedures and treatments with little evidence of benefit. Inappropriate or wasteful testing must be discouraged.

These are some of the issues with which the College will be dealing and some of the methods it will be exploring in the upcoming year and beyond. I look forward to having the opportunity to address them. Representing the American College of Physicians as its President always has been an honor; having the good fortune of filling that role this year promises to be a remarkable experience.

While the challenges we face are timeless, contemporary circumstances necessitate new approaches. I am confident that the American College of Physicians, as it has done countless times over its 93 years, will rise to the occasion.

## **2008 Maine Chapter: Scientific Meeting**

### **October 17-19, 2008, Harborside Hotel & Marina, Bar Harbor, Maine**

#### **Contemporary Pulmonary Problems and Guidelines: from the Office to the Hospital**

We invite you to join us and your colleagues in internal medicine at the next scientific meeting of the Maine Chapter of the American College of Physicians held October 17-19, 2008, at the Harborside Hotel & Marina in beautiful Bar Harbor, Maine.

This meeting is not just for ACP members. We particularly want to invite nonmembers to join us for this important clinical update and to learn about the benefits of membership at the same time.

#### **By attending this meeting you will:**

- Gain insight into recent medical advances.
- Discuss local and national issues affecting the practice and teaching of internal medicine.
- Greet old friends, meet new friends, and develop a network of colleagues in your area.

To ensure your place at this invaluable meeting, complete the registration form at the back of this brochure and send it in today. The opportunities available at this meeting will help you meet not only your needs as a physician, but also the needs of the patients you serve.

**Jeffrey P. Harris, MD, FACP**, a Regent of ACP, will attend this meeting to talk about College activities related to quality improvement on behalf of internists. This is a good chance to make your voice heard by ACP leadership—register today to reserve your seat.

## Scientific Program and Special Events

### Faculty

Barbara Chilmoczyk, MD, Allergy & Asthma Associates of Maine, Portland

Daniel Deetz, MD, Franciscan Skemp Medical Center, LaCrosse, WI

Richard M. Engel, MD, FACP, Greater Portland Medical Group, Westbrook

Thomas K. Murray, MD, Mayo Regional Hospital, Dover-Foxcroft

Jonathan J. Musmand, MD, Allergy & Asthma Associates of Maine, Portland

David A. Neumeyer, MD, Pulmonary & Critical Care Medicine, Lahey Clinic, Burlington, MA

Gordon Smith, Executive Vice-President, Maine Medical Association, Manchester

Hal I. Sreden, MD, Chest Medicine Associates, Brunswick

Ted L. Sussman, MD, FACP, Houlton Internal Medicine, Houlton

Alan D. Verrill, MD, Hospitalist, Central Maine Medical Center, Lewiston

### Associate and Student Activities

Clinical vignettes and research posters prepared by Associates will be presented at the meeting. Winners will be eligible for entrance into the national competition held during Internal Medicine 2009 in Philadelphia, April, 2009 and will be given up to \$1000 for expenses to participate. Contact **Stephen Hayes, MD** at 207-854-9101 for information about entering an Associates' Competition about entering the vignette competition.

We are pleased to announce our plans for the second annual poster session at the Maine Chapter ACP fall meeting. This will include submissions of clinical vignettes, quality improvement activities, educational innovations, and research (including works in progress). We encourage submissions from students, residents, faculty, and practicing clinicians who plan to attend the meeting. The number of entries is limited to 15.

**Submitted items should be no longer than 500 words, and should be structured according to the submission category below:**

Case Reports: Presenting symptoms, Clinical Course, and Teaching Points/ Discussion

Quality Improvement: Problem or Background, Intervention, Measures/Outcomes, and Discussion

Educational Innovation: Introduction or Background, Innovation/ Change, Outcomes, and Discussion

Research: Background, Methods, Results or Preliminary Findings, and Discussion

The abstract deadline will be Friday, September 5, 2008. All submissions should be via email to **Dr. Kathleen Fairfield**, at [fairfk@mmc.org](mailto:fairfk@mmc.org) As well, there will be a Resident and Student breakfast with GAC & Faculty members on Saturday, October 18, 2009, at 7:00 a.m.

For internal medicine residents and medical students that attend the scheduled activities of the annual scientific meeting, the Maine Chapter of ACP will reimburse internal medicine residents and medical students ½ of the lodging fee. Contact **Warene Eldridge** for additional information (207 622 3374 ext 227 or [weldridge@mainemed.com](mailto:weldridge@mainemed.com)).

### Laureate Award

It is with distinct pleasure that the Maine Chapter presents this year's Laureate Award. Laureate Award winners are long-standing and loyal supporters of the College who have rendered distinguished service to their chapters and community and have upheld the high ideals and professional standards for which the College is known. The award will be presented during the banquet on Saturday night.

### Pathways to Fellowship

Attendance at chapter meetings can help all ACP members in meeting the qualifications for advancement to Fellowship. It is especially important for those applying under that pathway that calls for 5 years of activity as a Member.

### Learning Objectives

**At the conclusion of this activity, the participant will be able to:**

Apply updated knowledge of internal medicine to clinical practice.

Apply updated knowledge of COPD management and Asthma Guidelines to clinical practice.

Increase confidence in interpretation of pulmonary function tests, interpretation of sleep study, and allergy testing. Understand political advocacy and reform.

#### CME Accreditation

The Maine Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The number of AMA PRA Category 1 Credit(s)™ is pending. Physicians should only claim credit commensurate with the extent of their participation in the activity.

If you are interested in becoming a member of the College, please contact the Customer Service Department at 800-523-1546, ext. 2600, or 215-351-2600 (M-F, 9 a.m.-5 p.m. ET).

#### **How to Register**

If you need more information on the meeting, please contact **Warene Eldridge** at 207-622-3374, ext. 227 or [weldridge@mainemed.com](mailto:weldridge@mainemed.com).

For information on College-related issues, contact the Maine Chapter Governor:

**Richard M. Engel**  
207-662-1340  
[engelr@mmc.org](mailto:engelr@mmc.org)

To register for the meeting, complete the attached registration form and return it with your fee made payable to:

**Maine Chapter of ACP**  
P.O. Box 190  
Manchester, ME 04351-0190

To access our online meeting information or to print another registration form for a friend or colleague, go to [www.acponline.org/meetings/chapter.htm](http://www.acponline.org/meetings/chapter.htm).

To take advantage of the reduced rate for hotel accommodations and to reserve your hotel room, call the hotel directly at the number listed above.

#### **Hotel Accommodations**

We have reserved a block of rooms at the following rates until September 17, 2008. To receive the discounted room-rate identify that you will be attending the American College of Physicians meeting

Harborside Hotel & Marina  
55 West Street  
Bar Harbor, ME

The rooms are available on a first-come, first-served basis, so make your reservation as early as possible by calling the hotel directly at 800-328-5033.

Additional information on the Harborside Hotel & Marina is available at [www.theharborsidehotel.com](http://www.theharborsidehotel.com)

#### **Directions**

##### **From Boston, MA: (4 1/2 hours)**

Proceed North on I-95 to Exit 6A (I-295, South Portland)

##### **From Portland, Maine: (2 3/4 hours)**

Take I-295 North to I-95 North (I-295 becomes I-95 at Falmouth) Exit 45 to I-395 South. Take I-395 South about 3 1/2 miles to Exit 6, Route 1A. Follow Route 1A approximately 20 miles into Ellsworth. Follow directions from Ellsworth to Bar Harbor. Travel approximately 3/4 of a mile and take a left onto West Street the Harborside Hotel and Marina is approximately 1/2 mile on the left.

##### **From Augusta, Maine: (90 mins.)**

Follow Route 3 East into Ellsworth. You will travel through the cities of Palermo, N. Searsmont, Belfast and Bucksport. Continue on Route 3 through Ellsworth as it turns south at the second stoplight in town. You will pass Burger King, Wendy's and McDonald's. All will be on your right-hand side. Follow directions from Ellsworth to Bar Harbor. Travel approximately 3/4 of a mile and take a left onto West Street the Harborside Hotel and Marina is approximately 1/2 mile on the left.

### **From Bangor, Maine: (60 mins.)**

Follow Route 1A South about 20 miles into Ellsworth. Continue straight through Ellsworth as Route 1A turns into Route 3 South. Follow directions from Ellsworth to Bar Harbor. Travel approximately ¾ of a mile and take a left onto West Street the Harborside Hotel and Marina is approximately ½ mile on the left.

The Harborside Hotel & Marina is located just 20 minutes from Hancock County Airport, airport code HCA.

### **Area Interests**

For family and friends, there is much to see and do in the Bar Harbor area, including:

Touring of Acadia National Park, Kyaking, hiking, biking, Whale watching, Shopping and visiting galleries

Additional information on the Bar Harbor area is available online at [www.theharborsidehotel.com](http://www.theharborsidehotel.com) or [www.barharborinfo.com](http://www.barharborinfo.com).

### **Children's Program**

A children's program will be offered on Saturday evening during the reception and banquet. Complete the appropriate section of the registration form at the back of this brochure to enroll your children in the program.

The children's program is free for children 5 years and older of registered attendees attending the reception and banquet on Saturday evening. A "pizza party" will be provided during the children's program. If not attending the banquet, \$20 per hour for the 1st hour and \$15 per hour for each additional hour per child will be charged.

### **Social Events**

Maine Chapter of ACP invites our members to bring a piece of their artwork/craft to display at the meeting for additional information please contact **James Van Kirk, MD** ([jvankirk@emh.org](mailto:jvankirk@emh.org) or 973-6676). We also invite members to bring their musical instrument to play with your colleagues at the family reception on Friday night. For additional information please contact **James Van Kirk, MD** ([jvankirk@emh.org](mailto:jvankirk@emh.org) or 973-6676).

Maine Chapter of ACP invites all registered attendees and up to 4 guests to attend the reception on Friday evening at no charge. If you would like to bring more than 4 guests, the fee is \$30 per adult and \$15 for each child 10 years of age and younger.

If attendee would like to bring more than one guest to the banquet on Saturday evening, there is a fee of \$45 per additional person.

### **Meeting Program**

<b>Date &amp; Time</b>	<b>Event</b>	<b>Speaker</b>
<b>Friday, October 17</b> 10:30am	Maine Practice Network (MPN) Teaching Session. Only those who are part of MPN or those physicians interested in finding out more about MPN should plan to attend this meeting	
11:30 am	Maine Practice Network General Meeting	
1:00 pm	Legislative Update	Gordon Smith, Esq. & Lesley Mansfield, MD
1:45 - 2:30	PFT Interpretation Workshop	Hal Sreden, MD
2:30 - 3:00	Break	
3:00 - 3:45	Sleep Study Interpretation Workshop	David Neumeyer, MD
3:45 - 4:30	Allergy Testing Workshop	Barbara Chilmoneczyk, MD
5:00 - 6:30	Reception: Internists & Their Art	
<b>Saturday, October 18:</b> 7:00 am	Breakfast	

7:00 am	Resident & Student Breakfast with GAC & Faculty	
8:00AM	Panel Discussion: "Understanding the Overlap between Asthma & COPD" COPD Management Asthma Guidelines: on Musmand, MD Audience case presentations Questions & Answers	Moderator: Doug Couper  Dan Deetz, MD  Deetz and Musmand
10:00	Break	
10:30	Resident Clinical Vignettes	Moderator: Stephen Hayes, MD
6:00PM	Children's Program Reception	
7:00	Dinner & Awards	
8:30	Candidates positions: Health Policy Issues	Naomi Senkeeto
<b>Sunday, October 19</b>		
7:00 am	Breakfast	
7:30 AM	Town Meeting	Jeffrey Harris, MD David Neumeyer, MD
8:15	Fostering Excellence in Internal Medicine: 2008	Jeffrey Harris, MD
9:00	BiPAP Dan Deetz, MD	
9:30	Break	
10:00	Changes	Jeffrey Harris, MD
11:00	Panel Discussion: Challenges & Benefits of Hospitalists	Moderator: James VanKirk, MD

**Panelists:**

Richard Engel, MD, Jeffrey Harris, MD, Thomas Murray, MD, Ted Sussman, MD, Alan Verrill, MD

## Poster Session Competition

### Dear ACP members and Associates:

We are pleased to announce our plans for the second annual poster session at the Maine ACP fall meeting. This will include submissions of clinical case reports, quality improvement activities, educational innovations, and research (including works in progress). We encourage submissions from students, residents, faculty, and practicing clinicians who plan to attend the meeting.

Submitted items should be no longer than 500 words, and should be structured according to the submission category, as below.

**Clinical case reports:** Presenting symptoms, Clinical Course, and Teaching Points/ Discussion  
**Quality Improvement:** Problem or Background, Intervention, Measures/Outcomes, and Discussion  
**Educational Innovation:** Introduction or Background, Innovation/ Change, Outcomes, and Discussion  
**Research:** Background, Methods, Results or Preliminary Findings, and Discussion

This year the posters will be judged and an award presented at the Saturday evening dinner. The abstract deadline will be Friday, September 5th. All submissions should be via email to Dr. Kathleen Fairfield, at [fairfk@mmc.org](mailto:fairfk@mmc.org)

		<b>2008 Maine Chapter ACP</b>		
		<b>Governor's Advisory Council</b>		
		<b>1st Term</b>	<b>2nd Term</b>	<b>Expires</b>
Anne Brown, MD	Turner, ME	2005	2007	2009
Catherine Cadigan, MD	Bath, ME	2003	2005	2008
Douglas Couper, MD	Falmouth, ME	2003	2005	2008
Donald Dubois, MD	Skowhegan, ME	2005	2007	2009
David Gannon, MD	Portland, ME	2003	2005	2008
Stephen Hayes, MD	Westbrook, ME	2003	2005	2008
Michael LaCombe, MD	Augusta, ME	2005	2007	2009
Ted Sussman, MD	Houlton, ME	2000		2010
Mary Ann Walsh, MD	Bangor, ME	2004	2006	2009
Christopher Wellins, MD	Cape Elizabeth, ME	2004	2006	2009
Nick Haglund, MD	Portland, ME	(Associate Representative)	2008	
	HPPC Chair:	Lesley Mansfield, MD		
	Awards/Nominations Committee Chair:	Christopher Wellins, MD		