

# Maine Chapter GOVERNOR'S NEWSLETTER

ACP  
AMERICAN COLLEGE OF PHYSICIANS  
INTERNAL MEDICINE | *Doctors for Adults*

Winter 2004-05

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*Governor, Maine Chapter*

## BOARD OF GOVERNORS MEETING FALL 2004



The Board of Governors met in Tucson 9/30- 10/2 for our annual fall meeting. Presentations centered on the continuing struggle over recertification reform, and the growing movement for competency based practice and education. These are all important issues that will affect all of us in the near as well as in the long run.

The recertification battle continues with at least better communication between the ABIM and the ACP and agreement on some issues that will make completing the various modules easier. But they remain far apart on what we would consider the essential difficulty; making recertification meaningful to the public AND the physician. (Please see the attached update from Dr Weinberger concerning this)

The college appears to see “pay for performance” as a method to improve our reimbursement and a key to survival. This would include the dissemination of health information technology (EMR) that would allow us to effectively manage chronic conditions. Dr Tooker in his introduction feels this is a means of getting around budget neutrality in the Medicare budget. His vision would be that if we can show decreased inpatient demand with improved outpatient performance then money can be shifted from Medicare part A to part B for payment to physicians. The problem may be that extra pay for “good performance” may be tied to lower pay for “poor performance”. We will certainly hear much more about this on both the federal and state levels.

Health information technology was discussed by Dr David Brailer, National Health Information Technology Coordinator, who is committed to the dissemination of practical and appropriate electronic medical records. Look for information on the DOQ-IT program to help practitioners realistically assess their IT needs. In Maine look to The Northeast Health Quality Foundation to administer this program. Dr Ramuno is the contact person at 603-749 1641. I have been told but that the VA medical systems emr will be offered free to practitioners.

In addition various resolutions were passed to present to the Board of Regents and these are attached. Please contact me at [emd@mfx.net](mailto:emd@mfx.net) with any questions or feedback.

## DOCTORS' OFFICE QUALITY - INFORMATION TECHNOLOGY (DOQ-IT)

Physicians today are challenged to provide better care for their patients while attempting to save time and money. Electronic health records (EHRs) and other information technology (IT) solutions have shown the potential to improve the quality, safety and efficiency of healthcare. With this in mind, the Centers for Medicare & Medicaid Services (CMS) has initiated the Doctors' Office Quality - Information Technology (DOQ-IT) project to accelerate the adoption and use of EHRs and IT in physician practices.

Northeast Health Care Quality Foundation, the Medicare Quality Improvement Organization (QIO) for Maine, New Hampshire and Vermont, will be educating, advising and assisting small to medium-sized primary care practices that are interested in implementing IT or using an existing system more effectively. Workflow redesign and change management strategies will be available to assist the practices in preparing their staff for EHRs. Feedback in the form of clinical practice data will be provided for quality improvement purposes, for chronic conditions such as diabetes, hypertension, coronary artery disease, heart failure and osteoarthritis.

Additional information on the DOQ-IT project is available on the web at [www.doqit.org](http://www.doqit.org) or by contacting Tom Prugar, Senior Project Manager at Northeast Health Care Quality Foundation. He can be reached at 800-772-0151, ext 136 or via email at [tprugar@nhqio.sdps.org](mailto:tprugar@nhqio.sdps.org).

## NEW GOVERNOR ELECTED.....

I am pleased to announce that Dr Richard Engel has been elected to succeed me as chapter governor when my term expires in 2006. Dr Engel has been active for many years in the local chapter. He has been a valued member of the governor's council in the past and is active presently with our efforts to strengthen ties with the Maine Medical Center general internal medicine training program.

I look forward to working even more closely with Dr Engel over the next year to make his transition as smooth as possible.

## MAINE CHAPTER FALL 2004 MEETING

A beautiful fall weekend over Columbus Day found us in Bar Harbor for our annual chapter meeting. Attendance was excellent with an increase of medical students from NECOM and residents from the MMC internal medicine program.

The program was devoted to gastroenterology and combined presenters from around Maine, Boston and Colorado. Dr Mark Lena talked about colon cancer screening while Dr Michael Monzel discussed Gerd and H. pylori. Friday afternoon ended with a presentation by DR Andreas Stefan reviewing the treatment of acute pancreatitis. After the talks, a harbor cruise at sunset allowed for a great social occasion .

Saturday saw Dr Mark Peppercorn review Inflammatory Bowel Disease and the morning ended with Multiple Small Feedings of the Mind.

During lunch our College representative ,Dr Joel Levine presented the current college agenda; including the push for liability reform, revitalization to include reforming the dysfunctional payment system, the formation of the ACP PAC and answered questions from those in attendance.

Our annual awards dinner was held Saturday evening where our Laureate Award winner, Dr Dan Morgenstern was honored.

Dr Joel Levine discussed NASH on Sunday morning and finally our residents presented clinical vignettes which is always a highlight of the meeting. Megan Nicholson will be presenting at the national meeting in San Francisco as a result of winning the competition..

All in all it was one of the most enjoyable and well attended sessions weve had. Many thanks and kudos to Dr Doug Couper for all his amazing dedication and work to bring these programs to fruition. Please plan on joining us in Bar Harbor next year over Columbus Day weekend where we tackle the management of difficult patients.



Vignette presenters with Dr. Stephen Hayes  
From left to right Scott Dyda, DO, Megan  
Nicholson, MD, Stephen Hayes, MD,  
Vignette Coordinator, Diane Sliwka, MD  
and Scott Morin, DO. Megan Nicholson,  
MD was the winner!

## AWARD NOMINATIONS 2005

**Roger Renfrew**, as chair of the nominating committee, is asking for Lauriate Award and Service Award nominations.

The Laureate Award goes to a senior clinician and Fellow of the college who has provided leadership in internal medicine and is active in the chapter. It is recognition of contribution and outstanding leadership. You can access a list of Masters and Fellows in the chapter through the ACP website.

The Service Award is to recognize community service, which goes beyond the normal practice of medicine. It may be within medicine or within another field, but recognizes and effort by a member of our chapter. Service may be local or global.

Dr Renfrew can be reached at [rrenfrew@rfgh.net](mailto:rrenfrew@rfgh.net) of RFGH, P.O. Box 468, Skowhegan, Me 04976.

## MAINE 2004 LAUREATE AWARD WINNER

The Laureate Award honors those Fellows and Masters of the College who have demonstrated by their example and conduct and abiding commitment to excellence in medical care, education, or research and in service to their community, their Chapter and the American College of Physicians

It is with distinct pleasure that this year, the Maine Chapter presents the Laureate Award to **Daniel Morgenstern M.D.**

Dr Morgenstern was educated at Michigan State University and received his M.D. degree from Albany Medical College. He located to Brunswick in 1988 where he is currently Medical Director of the Bowdoin Medical Group.

He has been active for many years in our chapter, participating in multiple Leadership Days and the chapter's health and public policy committee.

Congratulations to Dan, his wife, Mariah and daughters Sophia and Emma.

## DEAR HEART TO HEART FRIEND:

*Since 1997, Heart to Heart has been working in China, meeting needs and empowering healthcare workers by delivering medical aid, training, and hope. Once again, Heart to Heart is on the verge of launching an exciting project into China!*

*Our 2005 China project includes the following four programs: a "train-the-trainers" Neonatal Resuscitation Program (NRP), an Ophthalmology program to prevent blindness through training in cataract surgeries and other subspecialties, an Emergency Medicine training program in First Response and Basic Life Support, and a non-medical work project at a school for deaf and mute children.*

*Heart to Heart is partnering with the Sichuan Maternal Child Health Hospital to provide training in NRP throughout Sichuan Province. The NRP program gives infants a second chance for a healthy life when delivery room personnel use the life saving skills learned in this course to resuscitate an infant in crisis. In a province where 1,000 delivery rooms serve approximately 90 million people, a method for replicating the training on an on-going basis is essential. To date, we have established eleven training centers and over 3,200 delivery room personnel have been trained. Our goal is to add four more training centers during the 2005 project. We need NRP trainers to join us!*

*Heart to Heart is also partnering with the Dean A. McGee Eye Institute to provide training and surgeries to restore sight and prevent blindness. This ophthalmologic training program will build upon a Mobile Eye Treatment Center that Heart to Heart helped to launch in 2002. The Center is a catalyst for addressing the problem of cataract-related blindness in Sichuan. The Mobile Eye Treatment Center is an 18-wheel vehicle specially equipped with an operating theater to take cataract surgeries to outlying areas. Ophthalmologists are needed to assist with training.*

*Lacking a systematic approach in pre-hospital emergency medical training and practice, Sichuan Health officials have determined that improving emergency medical response must be a priority in their province. For the first time in 2004, in a combined effort by emergency specialist, Dr. Mark Holcomb, and volunteers, we provided a program in First Response and Basic Life Support training. Once again the Sichuan Health officials are asking for continued training in these life saving skills. Volunteer medical professionals are needed to help lecture and train their Chinese counterparts.*

*Finally, Heart to Heart will help improve the lives and outlook of children with disabilities at a deaf and mute school. We need caring volunteers who are willing to assist with a number of work projects at the school.*

*Would you consider joining a volunteer delegation to participate in one of these four areas and provide health and hope to the people of China? As you look at your schedule for this spring, consider how your involvement could impact not only the people of China, but help to satisfy your own vision and passion for serving where you are. If you have questions, please contact Maya Eskridge in our International Programs office at (405)787-5200 ext. 104 or by email at [meskridge@hearttoheart.org](mailto:meskridge@hearttoheart.org). We look forward to hearing from you.*

Sincerely,  
**Gary B. Morsch, M.D., M.P.H.**  
President and Founder

## UPDATE ON MAINTENANCE OF CERTIFICATION

The recent Board of Governors meeting in Tucson was marked by genuine enthusiasm regarding substantial progress in ACP-ABIM discussions about maintenance of certification. Over the past six months, intensive discussions between **Drs. Steven Weinberger** (ACP Senior VP for Medical Knowledge and Education) and **F. Daniel Duffy** (ABIM Executive VP) have resulted in a welcome and productive atmosphere of collaboration rather than confrontation between the two organizations, also reflected in simultaneous parallel discussions at the level of the CEOs (**Dr. John Tooker** from ACP and **Dr. Christine Cassel** from ABIM) and the Board Chairs (**Dr. Eric Larson** from ACP and **Dr. Troyen Brennan** from ABIM).

After agreeing upon a set of goals and principles that would form the framework for their discussions, Drs. Weinberger and Duffy developed initial recommendations that were endorsed by the relevant committees and boards of both organizations. These recommendations took into account the evolution of the recertification process into a 4-part Maintenance of Certification (MOC) process, as mandated by the American Board of Medical Specialties (ABMS), the umbrella organization for all medical specialty Boards. The four components of MOC are:

- Part 1 - Professional Standing (demonstrated by state licensure)
- Part 2 - Lifelong Learning and Self-Assessment
- Part 3 - Cognitive Expertise (fulfilled by the secure, closed-book exam)
- Part 4 - Evaluation of Performance in Practice

Parts 2 and 4 have so far been fulfilled by completion of 5 ABIM SEP (Self-Evaluation Process) modules chosen from several module types, without a specific requirement that one or more of the SEP modules be of a type that meets the Part 4 requirement.

What is new? Based on the 4-part MOC framework, the ABIM has agreed to accept the combination of MKSAP plus an acceptable demonstration of Evaluation of Performance in Practice to fulfill the Part 2 and Part 4 components of MOC, respectively. The MKSAP option for fulfilling the Part 2 requirement will consist of computer-based completion of pre-selected sets of questions from MKSAP 13 (and future editions of MKSAP), delivered in a way that combines self-assessment with education and immediate feedback. Three 60-question MKSAP modules will substitute for 3 SEP modules and will satisfy the entire Part 2 requirement. Part 2 credit will be based on completion of the questions and not on the candidate's score, which is provided to the candidate as a form of feedback about the candidate's level of preparation.

Given the evolving MOC framework and the growing national movement for patient safety and quality improvement in patient care, both ABIM and ACP agreed on the need for a Part 4 component of MOC, but implemented in a way that is efficient, effective, and not redundant. ACP and ABIM have started working together to develop a "wide door" and a variety of options for fulfilling the Part 4 requirement, which would be instituted at the same time the MKSAP option is available to fulfill the Part 2 requirement.

Finally, ACP and ABIM have established a joint, staff-level workgroup to examine options for improving the Part 3 component of MOC (the secure examination for demonstration of cognitive expertise). The goals are to: a) reduce the anxiety provided by a high-stakes examination; b) increase the relevance of an examination to the physician's scope of practice; and c) consider options that might allow the examination to better reflect the way in which physicians have access to informational resources in their clinical practice. The overall intent is to explore options for improving the Part 3 process in a way that would address physician concerns, but would not compromise the integrity, standards, or quality of the process.

ACP and its staff are committed to continued discussions with ABIM and exploration of innovative ways to ease the MOC process and make it as educational and attractive as possible. A collaborative approach to these discussions has been particularly effective and productive, based upon those principles and goals that the two organizations share for the betterment of the profession and for improved patient care.

## BOARD OF GOVERNORS RESOLUTIONS

Attached is the complete list of resolutions passed at the most recent BOG meeting. Of particular note is that two of the resolutions passed came from our chapter. Numbers 1S04 Providing a Venue for New Scientific Information At The Annual Session and 19S04 Honoring o Of Primary Care Physicians Prescriptions By The VA Medical System were both brought forth at our chapter meeting .

### Adopted:

15-F04. Supporting Care Management Fees for Medicare Patients  
21-F04. Exploring and Defining ACP-AMA Interaction

### Adopted as Amended:

1-F04. Opposing New Examination by the Federation of State Medical Boards  
4-F04. Proposal to Change Fellowship Start Date  
6-F04. Developing Electronic Membership Recruitment Materials  
7-F04. Posting Agendas on College Website  
8-F04. Governor, Officer, and Regent Participation in Annual Session Booths  
9-F04. Providing Key Contact Enrollment Option on Fellowship and Membership Applications  
11-F04. Implementing Electronic Abstract Submissions to the National Associates and National Medical Student Abstract Competitions  
13-F04. Assuring Member Awareness of Proposed Changes in Payment for Services  
16-F04. Unbundling of Preventive and Problem Related Office Visits  
17-F04. Establishing Strategy that Uses Anti-trust Laws to Prevent Insurance Market Domination by One or Few Carriers  
19-F04. Creating a Panel of Medical Experts  
20-F04. Supporting Associate and Student Representation at Leadership Day  
24-F04. Refining Residency Working Hours  
25-F04. Making Maintenance of Certification a High Value Process Recommend for Referral for Study  
5-F04. Forgiving Membership Dues for Fellows in Training

## ANNUAL SESSION APRIL 14-16, 2005- SAN FRANCISCO



Make the most of Annual Session and your visit to San Francisco. In addition to the more than 260 Scientific courses given, come early and take advantage of the Pre- Session courses offered for focused, intense programs on what YOU need to know. Nationally recognized faculty provide expert instruction and present the latest advances in a variety of clinically relevant topics in internal medicine.

Then make some time to enjoy the city itself, as there are a variety of activities to take pleasure in. Interested in world-class museums? Fine dining? Acres of Open space? The city is a cultural wonderland where tradition and history go hand-in-hand with world famous sophistication and technological wonders.

Don't miss out! Make sure to start planning for Annual Session. Check out your brochure and sign up soon. This is one trip you don't want to miss!