

# Michigan Chapter GOVERNOR'S NEWSLETTER

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

Summer 2004

**Ernie L. Yoder, MD, PhD, FACP**  
*Governor, Michigan Chapter*



## FROM THE GOVERNOR'S CORNER

Our Scientific Program and Governors Advisory Committees have been hard at work preparing for the September 2004 Scientific Meeting in Traverse City. Our meeting is designed not only to meet the needs of our membership, but also to serve as a showcase for ACP products and membership opportunities. Council members wish to extend an invitation to nonmembers to join us for sessions designed to improve our knowledge base, clinical skills, and life style. In addition to earning up to 17 Category 1 CME credits, attendees will:

- Participate in presentations of best evidence and state of the art practice
- Discuss local and national issues impacting the practice of medicine
- Discuss difficult/challenging cases with regional experts
- Learn how the human genomic projects are enhancing the practice of medicine
- Discuss how members can ensure that our voice is heard in Lansing and Washington, D.C.
- Greet old friends, make new friends, and develop linkages with other members.

Between sessions, we invite you to visit the College Display and to ask questions of National Headquarters staff and to meet **David Dale, MD, MACP** the official College Representative and Past President of the ACP Board of Governors. Information on College programs, products, and services is provided.

**Dr. Marc Lippman, Dr. Mary Nettleman, and Dr. Errol Crook**, Department Chairs of Michigan's three allopathic medical schools will attend and participate in the educational program. During the annual Saturday evening Governor's Awards Banquet, we will honor the 12 new ACP fellows from Michigan as well as our 25-year Michigan fellows.

One of the themes of the 2004 meeting will be increasing the number of Key Communicators in the Michigan Chapter. Key Communicators form the backbone of the ACP effort to educate our federal and state legislators. On May 18-19, **Drs. Joe Weiss, Jan Rival, and Ernie Yoder** joined 214 other ACP members in Washington, D.C. in our annual effort to advocate for primary care and the welfare of our patients. Please read Joe Weiss's Leadership Day article in this newsletter.

### SAVE THE DATE

2004 **Michigan ACP**  
**Annual Scientific Meeting**  
Sept. 30 - Oct. 3, 2004

2005 **ACP Annual Session**  
April 14-16, 2005  
San Francisco

### ELECTION - 2004

**Dr. Ray Murray, MACP** has been appointed to chair the 2004 MI ACP Nominations Committee with **Laura Carravallah, MD, FACP** serving as Vice-Chair. The primary job of the committee this year is to nominate two candidates for Governor-Elect. Chapter members will vote this autumn, thus beginning the transition process to the next Michigan ACP Governor. Nominations may be made by telephone, US mail, or e-mail to the Chapter Office.



## **PARK WILLIS, III, MD, MACP**

This past winter, Michigan and the ACP lost **Park Willis, III, MD, MACP** a close friend, colleague, and Master of the College, after a relatively brief illness. Last September, the Michigan Chapter of the American College of Physicians awarded its first Lifetime Achievement Award to Dr. Willis.

Dr. Willis was recognized throughout Michigan as a knowledgeable, well-rounded cardiologist who was a teacher and mentor for several generations of Michigan Internists. His dedication to the ACP was remarkable as an active member, Fellow, Chapter Governor, and Master of the College. Absolute honesty was a fundamental characteristic of his research and professional relationships.

Dr. Willis also served his country well, and was a veteran of the Korean War, achieving the rank of Rear Admiral in the U.S. Navy. Dr. Willis was a remarkable human being and we are all proud to have called him a friend and colleague.

Dr. Jan Rival, past Michigan Governor, has proposed creation of the **“Dr. Park Willis Lifetime Achievement Award”** along with an endowed, annual lectureship to be delivered at the Annual Michigan Scientific Meeting. Park Willis, IV, MD will deliver the first Park Willis Memorial Lecture during the 2004 Annual Scientific Meeting in Traverse City.

## **VOLUNTEER TO BE A KEY CONTACT**

ACP depends on its 2,000 Key Congressional Contacts to communicate with their members of Congress on issues of importance to internists and their patients, and report back to ACP. Key Contacts do not necessarily have established relationships with their members of Congress. ACP gives them the tools necessary to develop and maintain such relationships.

As key issues approach the decision-making stage on Capitol Hill, the College sends out Legislative Alerts to Key Contacts, which include all of the necessary information to make informative contacts with members of Congress. ACP staff is always available to provide support and answer legislative questions.

Key Contacts report their contacts to the College by mailing or faxing a copy of their correspondence to the Key Contact Program, or speaking with the Associate for Grassroots Advocacy, or copying the Associate for Grassroots Advocacy on E-mails sent to members of Congress.

Key Contacts receive a periodic newsletter, the *Capitol Key*, updating them on important legislative issues. They can access more information on key issues on the ACP website. The College implemented the Key Contact Awards Program to recognize the hard work of members who go above and beyond the call of duty to contact their members of Congress. Each year, ACP selects a Key Contact of the Year and a Top Ten Key Contact Special Recognition Winners based on the quality and quantity of responses to Legislative Alerts.

ACP continually recruits new Key Contacts, especially where gaps exist in the program and a key member of Congress is not matched with a Key Contact. When joining the program, Key Contacts are asked to complete a survey that helps the College match them with their members of Congress and identify any special relationships they may have.

For more information on the ACP Key Contact Program, please contact: **Kathy Heabel** at **800-338-2746, x4532**, or by email at [kheabel@acponline.org](mailto:kheabel@acponline.org).

## LEADERSHIP DAY 2004

Key issues addressed ACP Members during the 2004 Leadership Day on Capitol Hill included: Updating the Medicare fee schedule; Achieving universal health care coverage, Professional liability reform, and National health information infrastructure. Physicians today may know more about the SGR than about the EKG. The medical community hears every day that the Sustainable Growth Rate (SGR) formula, utilized by Medicare to determine physician reimbursement, would be more accurately called the Unsustainable Growth Rate Formula. Though the SGR may reflect good intentions, it has proven to be a poor tool. Last year Congress prevented what would have been a 4.5% cut in Medicare fees, by providing for 1.5% increase in 2004 and 2005. However, if additional action is not taken by end 2005, 5% cuts will occur each year from 2006-2012, amounting to a total of 30% reduction in Medicare fees!

The SGR equation includes drug prices over which doctors have no control, and considers every examination, even those now mandated by Medicare as being the basis for the reimbursement penalty. The SGR does not need a “fix,” which is the popular terminology on Capital Hill. The SGR needs to be abandoned and replaced.

It is unfortunate that in the matter of reimbursement for medical services we have gone so far and deep into insurance payments that we are well beyond returning to the market place to set the price of medical services. Today, a party other than physicians and patients will determine what we will earn. Since this is the case, let that determination reflect the elegance and simplicity that characterizes a good equation. That means the formula used to pay us should contain all the elements necessary (elegance) and nothing in greater proportion than its contribution (simplicity).

Costs, incentives to innovation, and acknowledgement of excellent care all need recognition in a proper reimbursement formula. These considerations need to be coupled to individuals in the medical community whose background and experience would allow them to develop an economic reimbursement model. Certainly we could expect one superior to what we have with the SGR.

To date, no major medical organization such as the AMA, American College of Physicians, or the Centers for Medicare and Medicaid Services have been able to bring people together to discuss an improved model. Most prior efforts have been directed toward a short-term change, a fix, such as the last minute 1.5% Medicare reimbursement recently thrown into the Medicare Modernization Act. The solution is total redesign of the formula, and will require the wholehearted support of us all.

All members of congress were urged to cosponsor the HealthCARE Act of 2003 (S.1030 or HR 2402), bills introduced by New Mexico Senator Jeff Bingaman and Ohio Representative Marcy Kaptur. Both Senator Bingaman and Representative Kaptur took time from their busy schedules to address the ACP

ACP members also lobbied members of congress to support legislation to encourage the creation of interoperable health information networks by facilitating the development and pilot testing of industry standards for interoperability, providing financial resources to support acquisition of new information technology, and providing funding for demonstration projects.

All those who attended the 2004 ACP Leadership Day found the experience very positive. Please consider attending with the Michigan Delegation in 2005. Contact **Jan DiMarco** at the Chapter Office to indicate your interest.

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## CONGRATULATIONS NEW FELLOWS

Elected November, 2003

Thomas Auer  
Khalil Baroud  
Mirella Ducu  
Franz Jaggi

Keith Johnstone  
Muhammad Karim  
Irene Kazmers  
Oscar Macal

John Marvin  
William Murray  
Gregorio Tan  
Michael Trexler

## CONGRATULATIONS TO ASSOCIATES DAY WINNERS

### Oral Presenters

1st Mehrdad Ghaffari, Sinai-Grace Hospital  
2nd Natesh Lingam, Henry Ford Hospital  
3rd Dexter Estrada, Michigan State Univ.

### Poster Presenters

1st Ratnaja Katneni, McLaren Regional Med. Ctr.  
2nd Haleh Haerian, Sinai-Grace Hospital  
3rd Mini Kamboj, Michigan State University

**CQI Winner:** Lena Dumasia, Providence Hospital

**E BM Winner:** Roopa Bhagespur, Providence Hospital



Dr. Yoder announcing 2004  
MI ACP ASSOCIATES DAY WINNERS

## NEW CATEGORIES FOR RESEARCH PRESENTATIONS AT 2004 MEETING

The Mi Governors Advisory Council has established criteria and standards for judging Quality Improvement and Evidence-Based Practice projects, and has established these as two new categories for abstract submission to the Annual Michigan Associates Meeting. If this activity is successful, the Quality and Evidence categories will be retained for the Annual Scientific Meeting. The Council hopes to be able to document increased resident participation in these activities and to focus more meeting activities on quality and patient safety endeavors.

## PATHWAYS FOR ADVANCEMENT TO FELLOWSHIP

At a recent meeting, the ACP Credentials Subcommittee approved the streamlining of the Fellowship election process. The submission and Governor's recommendation processes have both been simplified with a marked reduction in paperwork. All eligible members are encouraged to initiate the advancement process. ACP Members may advance to fellowship through one of four pathways.

1. EMPHASIS ON WRITTEN MEDICAL COMMUNICATION
  - a. Peer-reviewed journal publications (at least 2 after training is completed)
  - b. Combined with teaching, committee work, community service
  - c. CME activities as participant and teacher
2. EMPHASIS ON SIGNIFICANT AND CONTINUING CERTIFICATION ACTIVITY AND TEACHING
  - a. Re-certification
  - b. Subspecialty certification
  - c. MKSAP for score
  - d. Certificates of special competency
3. EMPHASIS ON ACTIVE MEMBERSHIP IN THE ACP, ASIM, OR THE MERGED ORGANIZATION
  - a. Usually 5 years participation
  - b. Substantial participation at the chapter or national level
  - c. May require fewer years in combination with pathways 1 and/or 2
4. EMPHASIS ON DISTINGUISHED PROFESSIONAL ACTIVITY IN TEACHING, PATIENT CARE, OR PROFESSIONAL SERVICE OVER MANY YEARS
  - a. Senior practitioners who have not been active in ACP or ASIM
  - b. Have gained prominence and respect for contributions to medicine in their communities
  - c. Contributions to education and scholarly work are highly valued

## ACP PROMOTES NEW PATIENT INFORMATION WEB SITE

MEDLINEplus is a joint project of the ACP Foundation and the National Library of Medicine (NLM). Entitled "Health Information Referral Project," the NLM and the ACP seek to promote consumer usage of MEDLINEplus by encouraging physicians to refer their patients to the site where reliable health care information resides. In March 2003 the Iowa and Georgia Chapters commenced the first pilot program to increase physician awareness of MEDLINEplus. Participating College Members were provided with:

- Posters for examination room walls
- Bookmarks for waiting rooms
- Customized Information Prescription pads
- Health records cards

Evaluative data thus far gathered include pre- and post-surveys, patient focus groups, and telephone interviews, and indicate patients view MEDLINEplus as a user-friendly resource. The ten most requested topics are cholesterol, high blood pressure, diabetes, nutrition, exercise, Alzheimer's disease, osteoporosis, arthritis, cancer, and coronary disease. Topics are presented in plain English, with availability of a Spanish version. Please review these materials at: [www.MEDLINEplus.gov](http://www.MEDLINEplus.gov)

## REVITALIZING INTERNAL MEDICINE

The ACP is hard at work to renew and revitalize our specialty. Especially moving were the comments of **Jeff Harris, Chair, BOG**, as he adjourned the Spring 2004 meeting of the combined BOG and BOR.

*Today's comments [from our ABIM Liaison Committee] confirm what each of us knew from the beginning...this is a steep hill. Given the divisions among ourselves - generalists versus sub-specialists, given the interest in self preservation among every field in medicine, and given the public and private health care leviathans with which this endeavor must contend, the task will, at times be wearing and the costs will be daunting in both time and money. Nevertheless, the goal is compelling. The possibilities it holds for all internists and our patients are substantial.*

*In the United States an estimated 189,000 internists, over 33,000 young internal medicine residents and fellows, and more than 66,000 medical students seek satisfaction with their careers. Simultaneously, millions of patients seek comprehensive, continuing care. They seek a personal physician who is current in knowledge, caring in manner, and has the time to know each of them as an individual. Any one of these is a difficult goal. In the aggregate, they are stunningly challenging. Any potential for realizing them is inexorably linked to our organizations. Our actions can hold promise for overcoming the barriers to achieving these ends. Our inaction can make the barriers even harder for others to scale in the future.*

*The Summit was the College's inaugural effort to collaborate with the nation's leading Internal Medicine groups on the means of revitalizing our profession. As the site was Philadelphia, the phrase "Rewriting the Constitution of Internal Medicine" was coined. Apty, it captures the task ahead. Like the states, which bound themselves in union, our organizations (ACP, ABIM, SGIM, APM) are in many ways a disparate lot. We may feel a sense of competition with one another. But, to borrow a phrase from another colonial document, there are certain truths, which are self-evident. First, we are substantially stronger collectively than any one organization is alone. Second, our individual expertise on matters broad and narrow, and our resources, human and monetary, complement one another. Transcending any parochial differences, for the corporate good of Internal Medicine, simply makes infinite sense.*

*This endeavor will span the next few years. With its anticipated multiple facets, there will be numerous roles to fill. Many of the Governors here today, like the College's Regents and the leaders of these other organizations and their members, will be no less busy with careers and family in the future than they are now. Time will remain a valuable commodity.*

Challenges remain in: Repairing the dysfunctional payment system, Addressing practice efficiencies and reducing hassles, Demonstrating and communicating the value of Internal Medicine, and Updating Internal Medicine training for our new world. All will require our attention and combined effort.