



Governor's Message

During the few months since my last newsletter, health care has continued to change rapidly; much more change seems likely given the commitment from both Congress and the White House to achieve meaningful health care reform this year. Keeping up on the latest from Washington can be daunting. Fortunately, the Washington ACP staff do a great job of tracking the issues that affect internal medicine. I particularly recommend reading **Bob Doherty's** blog at <http://www.acponline.org/advocacy>. Bob does a wonderful job of both tracking the issues and also putting them into perspective from where we work as internists. My frequent visits to the ACP website continue to remind me of the many behind-the-scenes efforts of the ACP on our behalf as internists. There is a wealth of information that you can use to improve your practice and to keep up on the evolution (or revolution) in our health care system.

Spring 2009 Board of Governor's Meeting

The spring Board of Governor's meeting took place in April during the two days prior to the Internal Medicine 2009 annual session in Philadelphia. The two major topics of discussion were health care reform and how the downturn in the economy is affecting ACP.

A series of talks from ACP members framed the issues and reviewed the legislative progress to date. An amazing amount of legislation has already been passed as part of the early stimulus funding (such as the HITECH act). Much more is still being drafted and debated.

Glenn Hackbarth, JD, who is the chair of the Medicare Payment Advisory Commission (MedPac) gave a thoughtful analysis of the barriers and facilitators of change. As to why payment reform is difficult, he listed a number of factors:

1. Technical complexity (e.g. medical home implementation issues).
2. Governmental process takes too long (too academic: research, demonstration projects, evaluation, legislative process, etc).
3. CMS has been neglected in terms of people and resources.
4. Payment reform is about redistributing income (specialties, provider types, geographical areas).
5. Health care accounts for a large chunk of job growth in the past 10 years. This is even more so in economic hard times.
6. Concern about the effect on innovation—a reformed system might be less conducive to new things.

There are also factors moving Congress towards action:

1. Congress is aware of the Dartmouth Atlas and the idea that more is not necessarily better.
2. More and more people are getting priced out of the health care market. (Our system of insurance is in the process of unraveling).

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3. Quid pro quo. Expansion of insurance coverage will require a more efficient delivery system. The per person cost of care must be controlled.

I want to emphasize a key point on health care reform, namely ACP is at the table. Our outgoing president, **Jeff Harris**, participated in the White House discussions of health care held in February and **John Tooker**, our Executive vice-president was participating in a Senate Finance Committee Roundtable on health care during the first day of the board meeting in April. Much of the currently proposed legislation is based on ACP suggestions and policy papers. I will say more about the specifics of proposed legislation in my report on Leadership Day elsewhere in this newsletter. Suffice it to say that I feel as if our time has come in internal medicine to be recognized for the key roles we play in the care of our patients.

An equally important but less encouraging issue is the state of the economy. Our treasurer, Jim Stackhouse, gave an in-depth report of ACP finances. Unless expenses are reduced for next year, a substantial deficit will likely occur due to reduced income from College investments. The staff, regents, and governors are all working to identify areas where expenses can be lowered without sacrificing the core mission of the College. For example, expect to see more use of electronic media for communications such as this newsletter. Also, our Chapter will be assuming more responsibility for the production of our State meeting in October. Although this will mean more work for our Chapter staff, I don't think you will notice any difference in the quality or amenities of the meeting itself. In fact, we have a very exciting meeting planned for October 8 & 9, 2009 at the recently opened Michael F. Sorrell Center for Medical Education on the UNMC campus. We will use the same upscale learning environment as enjoyed by the preclinical students at UNMC. Please see the article elsewhere in this newsletter for details on the meeting and mark your calendar now so you can plan to attend the meeting.

The centerpiece of the Board of Governors' meeting is debating and voting on resolutions submitted by ACP chapters. Twenty-nine resolutions were introduced for discussion. I am particularly grateful to our Nebraska Governor's Advisory Council members who reviewed the resolutions before the meeting and provided thoughtful comments to guide my voting. I will list a few of the more interesting and controversial resolutions here:

1-S09: Developing a work plan to reverse the CMS reduction in reimbursement for DXA scanning. While many felt passionately that the lowered reimbursement posed a barrier to screening, others felt just as strongly that ACP should not advocate for a reimbursement system that values cognitive services and then selectively lobby for better procedural reimbursement for procedures its members happen to do in their offices. The resolution was ultimately referred to the Medical Services Committee for study.

7-S09: Working with other organizations to propose a third party payer processing deadline for completed applications from physicians entering practice. This idea to deal with the challenge of starting a practice when payer's delay credentialing for months, enjoyed widespread support and was adopted with an amendment to also include physicians changing practice location.

10-S09: Developing a proposal for a single-payer system. This was a very controversial resolution and the vote to defeat it was very close. Those opposed generally felt that a single-payer system was politically unrealistic and that ACP staff should not spend time on reforms that would not have a good chance of being adopted in the US in the current political climate. Those for the resolution felt that a study and comparison of single-payer and pluralistic-payer systems would have educational value for the public. The resolution was not adopted.

Several resolutions addressed standardization of forms and procedures such as patient bills that are presented in a uniform and understandable format, standardized prescription forms, and standardized advance directive forms. These ideas enjoyed general support but the particular resolutions were referred for study because of uncertainty in how national standards could be implemented in the face of existing state law and regulations.

Internal Medicine 2009

The annual ACP meeting was bigger and better than ever. Despite the economic downturn, meeting attendance was record breaking. I for one, was not disappointed. **Hal Sox**, the retiring editor of *Annals of Internal Medicine*, gave a very thoughtful key note address focusing on the importance of comparative effectiveness research (CER). He debunked many of the rumors and myths about CER such as that it is tantamount to rationing or represents some sort of government take over of health care. As a physician who has long been puzzled by the lack of head to head comparisons of various treatments, I welcome this sort of data and look forward to using it to make more informed decisions for my patients.

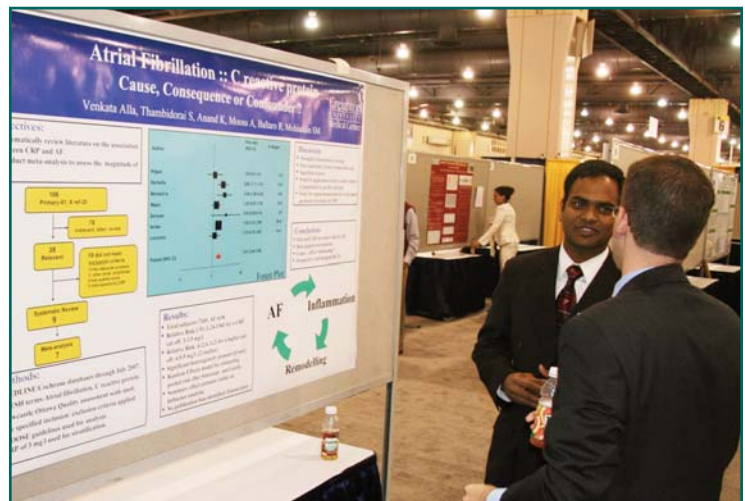


Convocation: Mark Omar, Gay Canaris, Thomas Tape, Devin Fox, and Al Linderman

Much of the balance of the meeting was filled by state of the art talks by experts in various internal medicine subspecialties and related fields. I always learn more practical and clinically useful information from this meeting than from any other than I attend. It is an incredibly efficient way to stay up-to-date.

A particular highlight of the meeting is the Convocation where new ACP Masters and Fellows are recognized. Four fellows from our chapter marched this year: **Gay Canaris, Devin Fox, Al Linderman, and Mark Omar**. The ACP president, **Jeff Harris**, gave an inspiring address that reminded us that our patients are why we practice medicine and shared some wonderful anecdotes from his practice regarding what his patients have taught him. For those of you who have become fellows but not attended a Convocation, I encourage you to come to Toronto next April 22-24 for Internal Medicine 2010. For those of you who have not applied for fellowship, I encourage you to check the criteria on the website (<https://www.acponline.org/membership/types/fellow/>). There are multiple pathways to fellowship and you may well qualify for this honor. It is, however, an honor that you must apply for and the website tells you how.

Another highlight of this year's meeting was the student and associate scientific sessions. Our chapter had two participants: **Matt Butts**, a 4th year student from Creighton, presented a clinical vignette poster (Isolated Central Oculomotor Nerve Palsy Due to Cardioembolic Stroke) and **Vinketa Alla**, a Creighton Internal Medicine resident presented a research poster (Atrial Fibrillation :: C-reactive protein: Cause, Consequence or Confounder?). **Dr. Alla's** poster was selected as one of the 10 "winners" of the research poster competition and was recognized at a special reception for students and residents. Way to go Dr. Alla!



Dr. Alla presents his winning research poster

Leadership Day 2009

Over 400 ACP members traveled to Washington DC on May 19 & 20 to visit legislators on Capitol Hill. Seven Nebraskans were among them: **Jason Shiffermiller**, our chair of the health and public policy committee; **Rich Seitz**, a general internist practicing in Fremont; Chad Vokoun, an associate residency program director at UNMC; **Matt Johnson**, a cardiology fellow at UNMC; Don Pham, a Creighton student; **Jason Lambrecht**, a UNMC student; and myself.

I feel that we made a very effective case for ACP's priorities in health care reform. **Matt Johnson** told a particularly compelling story: He had trained to practice primary care and had been a general internist in North Platte for three years before deciding that making a career of primary care would not work for him. **Rich Seitz** shared many of the same challenges from his perspective in Fremont. He emphasized that his patients are the reason that he persists in the face of all the current challenges but he understands why others have left primary care. The students told the story of their nearly quarter-million dollar debt (each) and how that has affected their decisions to plan for subspecialty careers. Chad shared similar stories from the residents he has mentored over the past few years. The picture is clear: something has to be done to make primary care a fun and viable career so that students will choose it and those already in the field will continue to practice it. I feel that our legislators really understood this message and are committed to doing something about it. The key piece of relevant legislation is called "*Preserving access to primary care – H.R. 2350*" and was introduced by **Representative Allyson Schwartz** of Pennsylvania on the very day we were in Washington. As you read this, if this bill has not already passed, please add your support to ours and ask our representatives to support it. There is also a similar bill for the Senate (S. 1174 that was introduced on June 3 by **Senator Maria Cantwell**). Please ask our senators to support it as well. It is easy to check on the status of these bills at the Library of Congress legislative web site: <http://thomas.loc.gov>. Just search for the respective bill numbers.

For those of you who are frustrated by the current system, please consider joining me next year for Leadership Day. Not only will you help deliver the message to Washington but you will also have a very rewarding experience. You don't need to take my word for it--see the article written by **Jason Lambrecht** in this newsletter for his experiences at Leadership Day.

A Medical Student's Reflections on Leadership Day

J. E. Lambrecht, PharmD, Doctor of Medicine Candidate, May, 2010.

Monday morning, I got up and was excited. In 12 hours, I was going to be in Washington, DC serving as a student representative for ACP during Leadership Day. First, however, I needed to travel to Auburn, NE for my family practice rotation; I had a scheduled visit with a patient who needed Synvisc injections for osteoarthritis. After that, I was going to assist and observe a few stress tests and a vaginal hysterectomy. Then, finally, I would be on my way to Washington, DC.

The next morning, Tuesday, May 19th, was the start of ACP's Leadership Day. The first event was a briefing for new Leadership Day attendees about the current healthcare topics being discussed on Capitol Hill. Everyone there was excited, but we all had questions: Would there be a single payer system? Where will the money come from? What will happen to primary care/reimbursement? As the ACP speakers worked to answer some of these questions, they also talked about some of the current legislative efforts to reduce medical student debt, discussed the concept of the patient centered medical home, and new legislative concerns about Medicare. As I tried to soak it all up, I was bombarded with new concepts and legislative bill numbers as well



Thomas Tape, Don Pham, Jason Lambrecht, Jason Shiffermiller, Matt Johnson, Chad Vokoun, and Rich Seitz

as the complicated language of government and billing, which included acronyms such as CMS, RVU, RBRVS, PE, PLI, GPCIs, CF, and SGR.

During our briefing, we learned ACP's position for future changes in the health care system. ACP centers its solution to current problems by focusing on primary care. Specifically, correcting current health care policy to recognize and address the shortage of primary care providers. I learned that in order to value the primary care provider, legislators need to review and change reimbursement from a mostly procedural based reimbursement system to include quality and outcomes based incentives. This change is critical and key to the revival of primary care. ACP cited as many as 100 papers of evidence where primary care served as the most cost-effective way to reduce health care costs. Currently, ACP also believes that primary care positions such as internal medicine are suffering because of increased student debt. As many medical students begin to owe more than \$150,000 or more upon graduation, a smaller percentage are considering primary care as a first career choice. As I reflected on this concern myself; I am older than many of my peers and will likely have \$225,000 or more in student debt. As I consider internal medicine as a career choice, I too become concerned about my family's financial security. My wife and children have had to make tremendous sacrifices to allow me to go to medical school. Already being a licensed pharmacist, the cost of going to medical school includes not only student loans but lost wages, the cost of additional student loan interest, and the loss of retirement savings. I, of course get rewarded with doing something I love, every day, being a physician. However, I would like to justify my choice by thinking that my family will be rewarded too, by having more opportunities including future financial opportunities as a result of all of our efforts. I am not by any means trying to say that a career choice in a medicine specialty is the only way I will be able to afford my future financial obligations. However, I would like to see the current payer system value primary care providers. As someone who is green to the profession and somewhat of an outsider looking in, our current reimbursement system does not make a lot of sense. I ask the question, why do payers reimburse internists and family physicians less than others and what justifications are used? To me, primary care has the equivalency of the quarterback position, the leader. Why we don't value this position is both odd and sad. As I sat there listening to the speakers, all of these thoughts were rushing through my head. I remember thinking that I was glad to be in Washington; I was passionate about my future profession and was going to help ACP win this battle.

During the conference, there were many examples and stories told. One of the most disappointing stories that I heard was a story told by a physician whose academic center had stopped treating Medicare patients because they were losing too much money. This individual explained the institution's efforts to balance low Medicare reimbursement with efficiency by hiring a geriatrician and four nurse practitioners to staff their clinic. The geriatrician was seeing as many patients as possible and the NPs were seeing around 17 patients a day; but they were still losing money. I was deeply saddened by this story. Throughout the day, I heard more and more stories of practitioners who had stopped seeing Medicare patients because of low reimbursement. I was concerned: this was not something that I wanted to hear and it was obvious that something needed to be done.

On Wednesday, May 20th, **Drs. Thomas Tape, Chad Vokoun, Jason Shiffermiller, Rich Seitz, and Matt Johnson** as well as **Don Pham** (Creighton Medical Student), and I began visiting Capitol Hill and legislators. Needless to say, the experience was eye opening. First of all, Washington, D.C. is a very busy



Jason Lambrecht, Don Pham, Matt Johnson, Senator Mike Johanns, Chad Vokoun, Jason Shiffermiller, Thomas Tape, and Rich Seitz

place. People are on the move, everywhere, and the sites are extraordinary. Even as we entered the various government buildings, the movement did not stop. Everyone seemed to have a purpose or a place to go. Our first meeting was with Representative Fortenberry's legislative agent. Not surprisingly, the meeting was quick. I could tell that being a member of Congress or their legislative agent was not an easy job. Although the meeting went well, it was clear that the attention span and ability to spend any significant amount of time on a single issue was small. Afterwards, it was very clear that persistence was the key to success in this environment.

The day progressed with meetings including **Congressmen Terry** and **Smith's** legislative agent. We also got to speak directly with **Congressman Terry** and **Senators Nelson** and **Johanns**. They each spent time listening to our stories and it was clear they were willing and interested in health care reform and our stories. After the day was finished, I felt proud of our elected officials. They were genuine, listened to us, and made me feel hopeful about the future.

My experiences at Leadership Day were invaluable. From a professional standpoint, I got to see, listen, and spend time with people I never would have imagined, including prominent physicians, congressmen and women, and senators, at times, it seemed surreal. On the other hand, going to Washington was exactly what I wanted to do. This meeting was a chance for me to take action; I don't like to sit on the sidelines, and going to Washington allowed me "to be involved" "help make things happen". I love this country and my chosen profession; both are number one in my opinion. As both of them grow, I want to be an active partner and Leadership Day allowed me to participate in their growth.

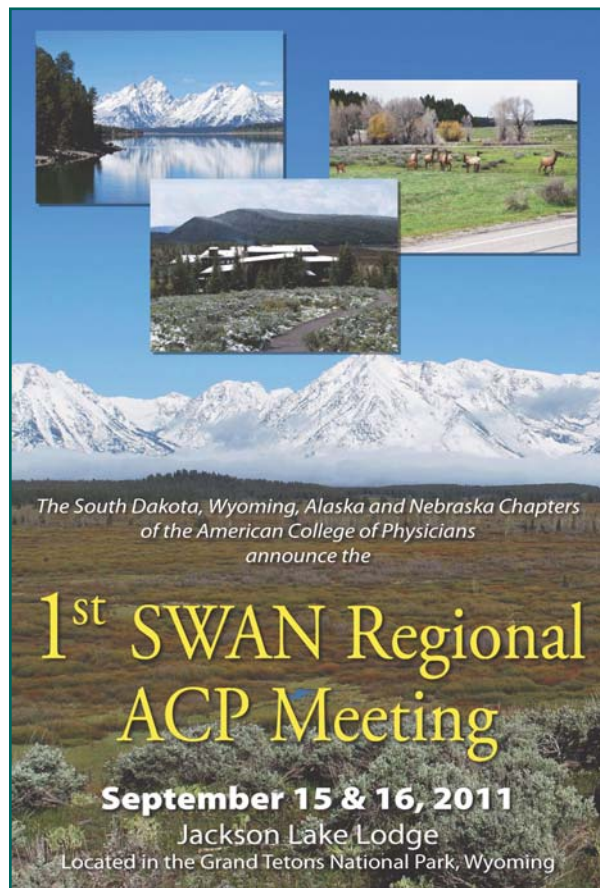
SWAN ACP Chapters to Hold 1st Regional Meeting in 2010 at Jackson Hole, Wyoming

Kris Rahm, Regional Executive Regional Director

The SWAN ACP Chapters (South Dakota, Wyoming, Alaska and Nebraska) are pleased to announce the first "Regional" ACP scientific meeting to be held on September 15-16, 2011 at Jackson Lake Lodge near the Grand Tetons in Wyoming. Your host Governors (**Rick Holm, MD** – SD ACP Chapter, **Eric Wedell, MD** – WY ACP Chapter, **Bob Bundtzen, MD** – Alaska ACP Chapter, and **Tom Tape, MD** – Nebraska ACP Chapter) urge you to mark your calendars for these dates, and invite you to attend this exciting event that merges the best of the best in medical knowledge for Internal Medicine physicians and offers CME credit.

Lodging reservations are being held for a maximum capacity of 250 rooms at the stunning Jackson Lake Lodge in Grand Teton National Park, so don't be late in reserving your space between April 2011 and no later than August 2011. The nearby city of Jackson, Wyoming has additional lodging facilities for those who may be unsuccessful in reserving an early space at the Lodge. In addition, there will be ample opportunity for you and your families to explore the beautiful surroundings of the Grand Teton Mountain range, the Jackson Hole region or nearby Yellowstone National Park.

This event promises to be one of the most educational and rewarding experiences for ACP participants who may be unable to attend national ACP meetings but who are looking for an experience beyond state borders in the central/western region of the United States. We look forward to seeing you there!



2009 Nebraska ACP Meeting

Chad Vokoun

The Nebraska ACP Chapter is excited to announce our annual meeting to be held October 8-9 at the Dr. Stanley M. and Dorothy Truhlsen Campus Events Center on UNMC's campus. The meeting will feature a keynote address titled "Lessons from a Nosocomial Outbreak of Hepatitis C: The Nebraska Incident" by **Dr. Mark Mailliard** from UNMC. The program will also feature an Associate and Medical student scientific poster competition and a "Doctor's Dilemma" session. A full day of talks on Friday the 9th will appeal to a diverse audience. We are also very excited to have **Dr. Robert Centor**, ACP Regent on campus to update us on College activities and present on Adult Pharyngitis. It will be an educational and enjoyable meeting in Omaha. Come and join us!

Help Recruit Medical Students and Residents for ACP Membership!

ACP is currently in the midst of two major recruitment programs, one for medical students and one for Associates. The Internal Medicine Interest Group Sponsorship Program (IMIG) and the Recruit-a-Resident Program reward medical schools and residency programs that recruit their students and residents to become ACP members.

Medical schools that participate in the IMIG Sponsorship Program will receive funding from ACP to use toward their club activities. Participating schools will receive \$300 in funding in September, and have the opportunity to earn additional funding based on their ACP membership numbers as of December 31. At the close of the program, schools with less than 30% ACP student member participation receive an additional \$1 per student member. Schools with 30% or greater participation will receive \$2 per student member. Total sponsorship for an individual IMIG cannot exceed \$1,000 (including the \$300 initial funding.) To participate in the program, eligible schools must complete the online application located at <http://www.acponline.org/imig>, by August 1, 2009.

The Recruit-a-Resident (RaR) Program rewards residency programs that recruit 90% or more of their categorical residents for Associate membership. All of the Associates must be members in good standing. Residency programs that reach the 90% goal by December 31, 2009 will receive free educational products from the College. This year's rewards include, 2009 MKSAP® Update for Residents, an interactive product featuring more than 100 multiple-choice questions from MKSAP 14 Self-Assessment Updates. The program will test your knowledge of recent changes and best practices in internal medicine. In addition, each resident will receive handouts from Internal Medicine 2009, which include content from the meeting sessions. For details about the Recruit-a-Resident program, please visit http://www.acponline.org/residents_fellows/resources/recruit_a_resident/.

We would sincerely appreciate your help in encouraging the schools and programs in your chapter to participate in these programs.

If you have any questions or would like additional information, please contact **Katie Buell**, Coordinator, Membership Programs and Services at kbuell@acponline.org or by calling 800-523-1546 ext. 2611.

Visit the Chapter Website at
www.acponline.org/about_acp/chapters/ne