

# New Hampshire Chapter GOVERNOR'S NEWSLETTER

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

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*Governor, New Hampshire Chapter*



## GREETINGS

It is an honor and privilege to assume the role of your state Governor for the next 4 years. Having spent the last year as Governor-elect and seeing first hand all the work done by my predecessor, **Bob Englund**, I hope I am up to the task. In this newsletter you will find information on the Board of Governors meeting, the Annual meeting, the upcoming Leadership meeting in DC, and the preliminary plans for our state meeting in October. The ACP provides many benefits to members including the usual academic parts with which most of you are familiar - the Annals, the Observer, MKSAP, and the many college-sponsored CME meetings. In this time of crisis for General Internal Medicine, however, it is the advocacy arm of the College that I believe is as important if not more. The ACP is the strongest most respected voice in Washington talking about the issues that most affect your day-to-day work. We all feel like medicine in this country is headed down the wrong path. The ACP really does understand our plight and is working hard every day not only to support but to develop legislation to guide the nation on a new path. This work is hard and gets very little national press. The ACP needs not only your support but also your voice. I would ask that you read the sections on the ACP resolution process and advocacy then contact me with your thoughts.

## BOARD OF GOVERNORS MEETING

The spring BOG Meeting was held in Philadelphia prior to the ACP Annual Meeting. **Bob Englund** and I attended the meeting. I must confess when I go to most meetings I will take at least part of the time for R&R. This was not the case in Philly. The BOG meetings are full of so much important work I was not even tempted. The college understands the dire situation for Internal Medicine. Internists in practice are counting the years until retirement and young physicians are steering clear of primary care. The result is this nation is on the verge of a collapse of primary care. There may be some disagreement at the BOG as to the best solution but there is no disagreement on the problem. The College is making some headway. The most recent proposal to Congress is the idea of the "Medical Home". As I understand this concept, patients with multiple complex medical problems, i.e. most of our patients, require more than episodic visits for acute symptoms to best manage their health care. The current reimbursement system does not pay for complex patient management. The "Medical Home" would pay the physician a substantial fee above the routine office visits to manage the care of these patients. This is not another capitated system. It is recognition of the care we were trained to give with appropriate reimbursement. The College through its work on the RVRBS also expects a major shift in payment away from procedural work and toward cognitive work. Medicine must recognize that there are limited national resources for medical care. If we are to correct the imbalance between primary care and procedural care we will need to shift money away from procedures and into cognitive work.

## LEADERSHIP DAY ON THE HILL AND ADVOCACY

On May 16 and 17, 5 members of the NH Chapter, **Bob Englund, Elaine Silverman, Dick Lafleur, Ed Schiavoni**, and I will be in Washington to advocate health care reform with our congressional delegation. From previous experience this promises to be an intense and exciting 2 days. We will spend the first day meeting with leaders of the college's DC office and select representatives working in DC learning about pending legislation. The second day will be spent on the hill where we have appointments to meet with both of our senators and both of our representatives. I encourage any member who has an interest to contact me about participating in this annual event next year. In the interim I would encourage all members to sign on to be advocates at the [aconline](#) website. Once you get on the list you will receive periodic notices from the College about upcoming health care legislation with easy to use links to contact your legislators. If you truly want to see system reform you can't stand at the sideline and complain about it, you must lend your voice to the debate. In politics most often the squeaky wheel does get greased.

## NEW HAMPSHIRE CHAPTER STATE MEETING

The 2006 meeting of the NH ACP Chapter will take place again this year at the Grappone Center in Concord on Friday October 13. Please put this date on your calendar now. The meeting promises to be a rewarding day for all participants. The scientific program is being coordinated by **Lin Brown** and will be a mix of special presentations and clinical updates. There will be presentations by associate members with oral and poster presentations. There will be a representative from the College to inform us of what is happening nationally. And, of course, the meeting provides a great venue for networking with like-minded colleagues across the state. I hope to see you there.

## RESOLUTIONS PROCESS

Most members like myself have been totally unaware of how the governance process of the ACP functions. I have learned a bit about that process over the past year and I want everyone to know at least the basics of the resolutions process. The college develops policy and decides on its action plan predominantly through a process of resolutions. Any member of the ACP can propose resolutions. The process works roughly as follows. Someone has an idea that he/she thinks is important. It may be a position statement, or a proposal for legislative action, or a new way for the College to function. That idea is written down in the form of a resolution. The resolution is then sent to the Governor and council of the state chapter. There the resolution is discussed and debated. If the council agrees, the chapter then sponsors that resolution at the next Board of Governors meeting. Prior to the BOG meeting the national office will do background research on the proposed resolution providing information on applicable current policy and prior resolutions on the same subject. At the BOG meeting all proposed resolutions are discussed and voted on by the BOG. Resolutions may be rejected, sent to committee for further study, or passed at which time they are sent to the Board of Regents. The BOR goes through a similar process and then decides how to most appropriately implement the resolution. This may seem like a cumbersome process but it is how most democratic parliamentary institutions function. Every 6 months at the BOG meeting we discuss about 25 to 30 new resolutions. I would love to see the New Hampshire membership more involved in this process. You can become involved either through proposing your own resolutions and sending them to me or by commenting on other state's proposed resolutions prior to the BOG meetings. All new resolutions are posted on the [aconline](#) website prior to the BOG meetings in the spring and the fall. I welcome and encourage your comments.

## **SUPPORTING YOUR CHAPTER THROUGH CHAPTER DUES**

Chapter dues are the backbone of local activities and vital to the success of our chapter. While we are provided some financial support from the national office, the chapter dues collected provide the majority of financial support for local activities. Educational meetings, mentoring programs for medical students, local Associates' research competitions, advocacy with state legislators, and participation by chapter leaders in Leadership Day on Capitol Hill are just some of the activities supported by your chapter dues. Many of these activities are orchestrated by unpaid volunteer leaders in our chapter. Your chapter dues help support the cost of local staff and provide funding for new and existing chapter initiatives. When you receive your dues notice, please remember to include the chapter dues in your payment. You will be contributing to the success of many grass roots activities happening right here at home.

## **FOUNDATION HEALTH TIPS**

HEALTH TiPS are tools created to assist your patients in managing their chronic conditions. These two sided 4"x 6" cards contain clinical content developed through PIER, ACP's electronic, Web-based, decision-support tool designed for rapid point-of-care delivery. Content for HEALTH TiPS is created at or below a fifth-grade reading level. Currently, HEALTH TiPS pads are available for pain and hypertension in both English and Spanish. Pads for other chronic conditions are under development.

The Foundation created a Medicare Part D HEALTH TiPS in response to the upcoming opportunity for people with Medicare to enroll in a Medicare approved plan. The Medicare Part D HEALTH TiPS describe the two basic plans Medicare will be offering as well as important dates to participate in the insurance plan. This tool will prepare physicians to speak with patients about what they can expect from the Medicare Part D plan. Pointers on financial assistance and precautions to take during enrollment are outlined in the HEALTH TiPS. The Medicare Part D HEALTH TiPS are available on the Foundation and College websites.

HEALTH TiPS for Pain, Hypertension and Healthy Shelter Living are free resources for all ACP members. Pain and Hypertension pads can be ordered on the Foundation's web site ([http://foundation.acponline.org/healthcom/ht\\_order.htm](http://foundation.acponline.org/healthcom/ht_order.htm)). Shelter Living HEALTH TiPS can be downloaded from online (<http://foundation.acponline.org/shelvertips/>)

HEALTH TiPS are also available at Chapter meetings. Stop by the American College of Physicians table and look for the brightly colored pads.

**New Hampshire Chapter Scientific Meeting  
Courtyard Marriott  
Concord, NH  
October 13, 2006**