

New Hampshire Chapter GOVERNOR'S NEWSLETTER

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

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Robert J. Englund, MD, FACP
Governor, New Hampshire Chapter



GREETINGS FROM DANA MERRITHEW, MD, FACP, GOV. ELECT

I am honored that you have elected me to serve as the next New Hampshire Governor of the ACP. I will try in the next four years to carry on the good work of our current Governor. During that time I will be looking for you to help me make the ACP a strong voice for Internal Medicine in New Hampshire. One of the specific things I would like each of you to consider is how you might in some way help with the work of the chapter. I would like to see more involvement of the membership in things like planning the annual state meeting, meeting with students and residents, and meeting with legislators. I would also like to hear your new ideas for what the chapter can do to make Internal Medicine once again the place of excellence for us and our patients.

I also will be seeking new members interested in serving on the Governor's Council. The Council is a group of 6 to 8 members who meet quarterly over dinner in a central location to help the Governor with the work of the chapter. We have had a core group of dedicated members for several years however I would like to solicit new people and ideas to the council. I would also like the council to represent all the geographic areas of the state and would be particularly interested in finding members from the seacoast community that has been unrepresented. If you practice in the seacoast and are interested in becoming more involved in the ACP please contact me via email at dmerrithew@adelphia.net.

IMIG (INTERNAL MEDICINE INTEREST GROUP)

Comments by Pedro Teixeira, 2nd year student, DMS:

The primary goal of the reinstated Dartmouth Medical School Internal Medicine Interest Group this past year was to reestablish the presence of Internal Medicine on the Hanover (preclinical) campus of DMS. This alone was almost single-handedly accomplished in the fall with the group's ACP-sponsored kickoff dinner at Jesse's restaurant attended by over fifty students, faculty, and physicians from Dartmouth and the surrounding areas. This was followed by a series of four additional meetings with the goal of further exposing the first and second year DMS students to internal medicine and its various subspecialties. The meetings consisted of informal discussions with local physicians, residents, and faculty about topics and careers within medicine, with speakers invited from a diverse set of fields (including general internal medicine, various medical subspecialties, epidemiology, academics, private practice, and hospitalist-based care). The meetings were well attended, with roughly 30 to 40 of the 150 first and second year DMS students present at each session. As leadership of the group passes to the rising second year class, the DMS IMIG will look forward to both consolidating its presence at DMS as well as expanding its activities outside the Hanover campus to the local community and beyond.

NEW FELLOWS

Congratulations to **Bob Larkin** of Manchester, **Matt Gultinan** of Keene and **Wendy Muello** of Lancaster, who were awarded Fellowship at the Convocation in San Francisco. New Hampshire also has a number of other pending Fellowship Applications.

NEW ASSOCIATE MEMBERS

We are pleased that the Dept. of Medicine at Lebanon has offered to pay 50% of the membership fee of ALL Resident physicians, and with the NH Chapter paying the other half, we will have all Residents as Associate members by the end of this month. Likewise **Dr. Murray Korc**, Chair of the Dept. of Medicine, has expressed support for the October Scientific Meeting. He and others who are actively involved in the teaching program will be encouraging the Associates to participate in the Clinical Vignette presentations and the Poster Contest.

LEADERSHIP DAY: NEW HAMPSHIRE PHYSICIANS MEET WITH POLICYMAKERS ON CAPITOL HILL

Dana Merrithew, FACP, **William Palmer**, FACP, **Richard Lafleur**, FACP and **Edmund Schiavoni**, FACP represented the New Hampshire Chapter at ACP Leadership Day in Washington, D.C. on May 17 and 18. The participants attended a number of presentations on key national health policy issues including physician payment reform, pay for performance, professional liability reform, health information technology, and the uninsured. ACP physicians were addressed by **Mark McClellan**, MD, FACP, Administrator of the Centers for Medicare and Medicaid Services on proposed cuts in Medicare payment for physician services. The following day, NH physicians met with key health legislative staff members from the offices of **Senators Judd Gregg** and **John Sununu** and **Representatives Charles Bass** and **Jeb Bradley**. Congressmen were urged to support legislation facilitating the adoption of standards for health information technology and creating financial incentives to assist health professionals in acquiring and using this technology. This was emphasized as a way of reducing cost and waste in health care while at the same time reducing medical errors and improving quality. All the legislators were in favor of long term revisions in the current flawed sustainable growth rate (SGR) formula which has resulted in recurrent threatened cuts to the Medicare physician fee schedule. All New Hampshire Congressmen favored legislation to enable professional tort reform. Through the ACP key contact program, we will continue to communicate with our Senators and Representatives on health policy concerns which impact physicians and patients.

NH SCIENTIFIC MEETING

The meeting will be held on Oct. 14, 2005 at the Courtyard Marriott, Grappone Conference in Concord.

With the assistance of **Dana Merrithew** and **Elaine Silverman**, we have come up with an excellent program. Presentations will include a discussion of Adrenal Disease in the ambulatory setting by **Donald St. Germain**, MD, Dept of Endocrinology at DHMC, and a CHF UPDATE by **Alan T. Kono**, MD, Dept. of Cardiology, DHMC. **Dr. John Seigne** of the Dept. of Urology, also DHMC, will talk "All about PSA," and **Dr. Gary Sobelson** of Concord, and president of the NHMS will speak on Medical Professionalism: Art and politics.

The afternoon session will begin with an "Update in Intensive Care" by **Thomas Higgins** MD, FACP, the director of the Critical Care Program at Baystate Medical Center, Springfield, Mass. **Surachai Supattaone**, MD, PhD, D Phil., Depts. Of Biochemistry and Medicine at DHMC, will discuss Prions. The Associates presentation will be moderated by **Dana Merrithew**, MD, FACP, Gov. Elect, NH Chapter. The day will end with a MORBIDITY & MORTALITY CONFERENCE, a legendary conference

which will be moderated by **Jonathan Ross**, MD, FACP, Dept of Medicine, DHMC.

The day will begin with registration and a continental breakfast at 7:30 a.m., with the program beginning at 8:10 a.m. There will be a mid-morning coffee break, a delicious buffet luncheon, afternoon snacks, and an end-of-day wine and cheese reception. The cost for the day is only \$35.00 for ACP members and fellows, and \$50 for non-members. This is truly one of the best CME bargains in the northeast!

We will be in contact with the Associate members of DHMC with invitations for them to participate in the Poster competition and the Clinical Vignette competitions, with cash prizes being available for both.

Please note that our College Representative will be **J. Fred Ralston**, MD, FACP of Fayetteville TN, the new chairman of the Board of Governors of the ACP.

Registration materials will be mailed out to each of you, and will be available on-line as well. PLEASE MARK YOUR CALENDARS AND PLAN TO ATTEND. TELL YOUR COLLEAGUES AS WELL.

ANNUAL SESSION

27 New Hampshire Internists attended last month's meeting in San Francisco. It was a record-breaking Annual Session, and I am told that 7,400 internists attended the excellent meetings and enjoyed the wonderful San Francisco weather and the unlimited choices of great restaurants.

UPDATE ON RECERTIFICATION

We realize that recertification in Internal Medicine is a major concern for many of you. Included below is a succinct summary which includes recent initiatives made by the College and the American Board of Internal Medicine. For those of you who are facing recertification, I believe you will find the paragraphs that follow to be helpful.

Over the past year, a collaborative working relationship between the American College of Physicians (ACP) and the American Board of Internal Medicine (ABIM) has resulted in ABIM's granting credit for an attractive new option for ACP's Medical Knowledge Self-Assessment Program 13 (MKSAP 13) to fulfill part of the requirement for maintenance of certification. In addition, starting in January 2006, a modified overall framework for Maintenance of Certification will be instituted by the ABIM, motivated by a desire to increase flexibility, reduce redundancy, emphasize assessment of performance in practice, and simplify the process for physicians recertifying in both Internal Medicine and one or more of its subspecialties. This update of the Maintenance of Certification process will provide a summary of the following specific topics: 1) the new MKSAP option; 2) the modified ABIM framework for January 2006; and 3) reduction of anxiety for candidates taking the closed-book examination. Additional information about the new MKSAP option can be found on the ACP website, and further description of the new ABIM framework can be found on the ABIM website.

The New MKSAP Substitution Option

The MKSAP substitution option was designed to offer recertifying physicians an alternative method to the ABIM Self-Evaluation Process (SEP) modules for fulfilling the maintenance of certification requirement for self-assessment of medical knowledge. By using MKSAP, candidates can simultaneously fulfill this requirement while studying for the closed book examination. In addition, the MKSAP substitution option has been designed to incorporate immediate feedback as well as education (and links to educational resources) into the self-evaluation process.

How does the MKSAP substitution option work?

The MKSAP substitution option is available to MKSAP 13 subscribers (either print or CD-ROM subscribers) as a no-cost benefit. The entire process is completed electronically. Candidates use their MKSAP subscriber privileges to access up to four question modules via the Internet, download them to their computer, answer the MKSAP question sets, and, using their ABIM candidate number, submit their responses via the Internet for ABIM recertification credit. MKSAP 13 subscribers who have registered with ABIM for maintenance of certification can initiate the process by accessing the following: <http://www.acponline.org/mksaprecert/>

Each question is presented in a way that combines self-assessment with education, and provides immediate feedback to the candidate. After the candidate reads the question, (s)he first selects and enters an answer choice for "grading" by the computer. If the submitted answer is correct, the candidate receives immediate feedback from the computer that the answer is correct, and is presented with the critique and discussion of the question. There is also an opportunity to link immediately to the relevant text from MKSAP 13 in order to obtain further educational material relevant to the question.

If the candidate answers the question incorrectly, (s)he receives that feedback immediately from the computer, and is provided with the link to the relevant MKSAP 13 text. After reading the text, the candidate has a second opportunity to answer the question. Following the second answer, the candidate receives immediate feedback about whether the answer

is correct, and is presented with the critique and discussion of the question. Candidates are not required to complete each set of 60 questions at a single sitting, but can do so at whatever schedule is convenient for the candidate.

Following completion of each 60 question module, the candidate receives two scores: a) a score based on the first answer provided for each question; b) a score based on the second answer provided for each question. Because each of the questions has been pre-tested, candidates are provided feedback about how their score compares with the scores of others who have pre-tested the examination. This information is useful to the candidate in allowing him/her to identify areas for further study in preparation for the closed book, secure examination.

Although candidates immediately receive scores based on their completion of the questions, all candidates who complete the MKSAP question sets receive the appropriate amount of maintenance of certification credit (the equivalent of 1 module of credit for each set of 60 questions). Thus, there is no threshold score that one must obtain before receiving credit. The ACP is responsible for processing the information related to completion of the MKSAP questions, and for providing ABIM with the name of each candidate who has completed the MKSAP questions for credit.

The Modified ABIM Framework

Starting January 2006, the previous requirement for completion of five ABIM SEP modules will evolve into a “point system” requirement that incorporates flexible options for self-assessment of knowledge and practice performance. Each candidate will need to complete 100 self-evaluation points as part of the maintenance of certification process. The same points are applicable to all certificates and are valid for 10 years (i.e. extra points are not needed if a candidate is applying for both internal medicine and a subspecialty within the 10 year period during which the points are valid). The required 100 points are divided in the following way: a minimum of 20 points must relate to self-evaluation of medical knowledge; a minimum of 20 points must relate to self-evaluation of practice performance; and 60 points are elective and can relate to either category of self-evaluation. Each ABIM SEP module counts as 20 points relating to self-assessment of medical knowledge, as does each MKSAP question module.

How Do I Get Credit for Self-Evaluation of Practice?

A variety of options will be available for fulfilling the 20 point minimum requirement for self-evaluation of practice, and the number of points given for each option will depend upon the amount of work involved. There are three basic components to this self-evaluation of practice: 1) measuring practice performance from data that the physician collects or receives from another source; 2) developing and implementing a plan for improvement; and 3) assessing the impact of the improvement plan. The types of options that will be available for assessing practice performance include: 1) ABIM Practice Improvement Modules (PIMs); 2) ABIM survey modules (Peer, Patient, and Practice Inventory); 3) established quality measurement and improvement programs; and 4) self-directed quality measurement and improvement. Credit for performance assessment is given with completion of one of these options; there is no grade given and thus no “passing” score. The ABIM's PIMs will count as 40 points and the survey modules will count as 20 points. The ABIM will assign points to new modules as well as tools and programs developed by others according to pre-established standards and criteria.

What is Happening During the Transition Period Before January 2006?

The new point system framework (and the need to include self-evaluation of practice) will not apply to physicians who complete the current self-evaluation module requirement (including the option for substituting up to 4 modules of MKSAP) before January 2006. If a physician still has one or more SEP modules to complete after January 2006, then the new guidelines will be in effect, and 20 Practice Evaluation points will be needed to complete the Self-Evaluation process.

Reducing Anxiety About the Secure Examination

Although a closed book examination can elicit anxiety, a better understanding of the examination and the types of questions on the examination can help allay that anxiety. As a result, the ABIM is committed to increasing communication about the examination to recertification candidates, and to clarifying what are sometimes misconceptions about the examination.

An important point of clarification is that the maintenance of certification examination is different from the examination used for certification of residents who have recently completed housestaff training. Residents typically are exposed to specialized types of inpatient problems that are primarily handled by subspecialists, and are therefore not part of the “core” practice or experiences that cut across general internal medicine as well as most subspecialties. Therefore, the maintenance of certification examination focuses on topics that are relevant and of clinical importance to all internists. At the same time, the maintenance of certification examination questions are designed to test clinical judgment, not recall of obscure facts. A Board-certified clinician should be able to answer these questions without using additional resources, since the questions are testing judgment rather than factual recall.

The pass rate for the examination is generally approximately 89 percent on the first try, whereas approximately 97 percent of candidates ultimately pass the maintenance of certification examination. The passing score is set as an absolute threshold, and is not based on a curve. Thus, there is no intent to fail a specified percentage of candidates taking the examination.

Perspective About the Recent Collaboration Between ACP and ABIM

Over the past year, ABIM has clearly demonstrated a commitment to a collaborative, cooperative working relationship with ACP. ABIM is also committed to ongoing improvement in the process for maintenance of certification, with specific goals of reducing redundancy and adapting the program for relevance and usefulness in the practice environment. And finally, ABIM and ACP are both committed to continue to work together for the best interests of our physicians, our patients, and the discipline of internal medicine.

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. However, the increase in activities at the local level has created the need for additional staff support to help manage the day to day operation of the 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.

---VISIT OUR CHAPTER WEBSITE---

<http://www.acponline.org/chapters/nh>