

Dates to Remember

2009 Chapter Scientific Meeting
February 6-7, 2009
Sheraton Iselin
Iselin, NJ

Questions? Please contact
Stacey Knowles at
stacey_a_knowles@uhc.com

In This Issue

Governors' News1
 Urban Bubble Syndrome and
 Other Observations3
 The New Electronic Death
 Registration System (EDRS):
 What NJ Physicians and
 Medical Facility Administrators
 Need to Know.....4
 ACP Awards and Masterships5
 Laureate Award Winner5
 Cultural Competency Training
 Required for Next Licensure
 Renewal.....5



Sara L. Wallach, MD, FACP
Governor, New Jersey Southern

Governor News

The American College of Physicians is the largest specialty physician organization in the United States and currently has 125,000 members enrolled. While most members are acquainted with the outstanding educational programs and resources the ACP provides, they are sometimes unaware of the ACP's reputation as an advocacy organization. On the new ACP website the college's advocacy efforts are enumerated. Under a special election 2008 tab, the candidate positions on health care are delineated.

Some of the accomplishments of our advocacy include:

- rollbacks in SGR (Medicare) cuts,
- A position paper on providing universal access to health care in the United States.
- Advocating for payment reform to prevent the collapse of primary care,
- The conceptualization of the patient centered home.

Implementation of these concepts requires working within a complex political system and has been extremely difficult in our current political environment. Health care



Eileen M. Moser, MD, FACP
Governor, New Jersey Northern

Governor News

The New Jersey Chapter Scientific Meeting, held on February 1-2, 2008, had a record-breaking number of attendees with 250 internists, residents and medical students. Each year, our Scientific Committee endeavors to select practical topics, pertinent updates, and insightful, interesting speakers. We listen to your feedback to help us shape our next annual session. Highlights of this year's meeting include:

A new addition to our Scientific Meeting, the SEP Module sessions on "2007 Update in Hospital-Based Internal Medicine" and "2007 Update in Office-Based Internal Medicine" were a success thanks to our team of knowledgeable, well-prepared leaders and an audience response system that made the event interactive and fun.

Practical workshops updated our skills in evaluation and management of IBD, orthopedics, patient-centered interviewing in a time constrained environment, ophthalmology, office based spirometry and ECG interpretation.

The plenary sessions on venous thromboembolism prophylaxis and management, neurology for the

reform requires persistence and patience. We cannot expect our efforts to bring immediate change. The New Jersey Chapter is sending a delegation to National ACP Leadership Day in May 2008 to support national ACP policy. We would like to develop similar efforts at the state level. Please contact Stacey Knowles if you are interested in working on the Health and Public Policy Committee.

Fellowship Advancement: I had the opportunity to speak to several members about becoming ACP fellows at our recent regional scientific meeting. There are four pathways to fellowship: research, educator, active ACP member, and senior community leader track. To qualify for the research pathway a physician must publish two articles after completing training. To qualify for the educator track a physician should be actively engaged in teaching or recertify or take MKSAP for score. To qualify as an active ACP member a physician must be a member for five years and attend regional/national ACP meetings or serve on the chapter council or committees. The senior physician has generally practiced for more than 25 years and provided distinguished community service. These are broad requirements and at the credentials committee discretion, pathways may be combined. Generally, if you have been an ACP member for five years, you should enquire about fellowship. Becoming a fellow is an emotionally fulfilling experience that I hope you all will achieve.

Chapter Dues: In February 2008, you were mailed a letter from **Drs. Levine** and **Bronson** concerning chapter dues. This letter states that in order to carry out ACP initiatives, chapters require secure funding sources. This year's dues statement will contain one payment that reflects both national and chapter dues. I thank you in advance for supporting the New Jersey Chapter.

It has been a privilege and honor to serve the New Jersey Chapter. I thank **Stacey Knowles** for her dedication and hard work as Governor's assistant. I look forward to working with **Drs. Eileen Moser** and **Richard Kasama** as they assume their new roles respectively as President and Vice-President of the New Jersey Chapter.

Sara Wallach

Visit the Chapter Website at
www.acponline.org/chapters/nj

internist, palliative care, dermatology for the internist, and women's health concerns including the HPV vaccine were packed with take-home pearls. "Consult Talk", presented by the witty and entertaining team, **Dr. Geno Merli** and **Dr. Howard Weitz**, will be repeated at the National meeting if you missed it or would like to hear it again.

For those of you who attended the open Breakfast Meetings, including Health and Public Policy Committee, Governor's meeting, Women's Networking, and Membership Committee, thank you for sharing your thoughts, ideas and concerns. We will continue those meetings at our next Scientific Meeting and in the interim, so please join us. If you are interested in joining the Health and Public Policy Committee, Membership Committee or Women's Networking Committee, please e-mail **Stacey Knowles** at stacey_a_knowles@uhc.com.

Besides medicine and practice updates, we learned about current ACP advocacy efforts with a look toward the future of medicine by **Dr. Joel Levine**, ACP Regent. The annual lunch meeting is a great time to bring your concerns and questions directly to the National ACP leadership.

Congratulations to the winners of the annual Resident Abstract Competition! The record-breaking number of submissions from 18 residency programs were narrowed down to 4 oral presentations and 21 poster presentations by **Dr. William Farrer** and his team of judges. The first place Oral Presentation Award was given to **Dr. Kunal Gupta** from UMDNJ- Robert Wood Johnson Medical School for his presentation "Are Automated Outpatient Appointment Reminder Systems Cost Effective?" The second place oral presentation awardee was **Dr. Radoslava Klein** from Jersey Shore University Medical Center on "A Cluster of Invasive Group B Streptococcal Disease: Changing Epidemiology or Transient Phenomenon." The first place poster winner was **Dr. Deepti Rawal** from Jersey Shore University Medical Center for a poster entitled "Primary CNS Angiitis in a 33 Year Old Diabetic Female." Second place poster winners were **Dr. Irtza Sharif** from Newark Beth Israel Medical Center for the poster "Use of Metabolic Syndrome Criteria to Screen for Undiagnosed Diabetics using Glycosylated Hemoglobin" and **Dr. Pranav Jain** from St. Peters University Hospital for the poster "Imaging in Chronic Kidney Disease (CKD): Running Out of Options". The first place oral and poster awardees will present their work at the upcoming National meeting.

The competition was fierce during the Resident Challenge Bowl, as 3 semifinalist resident teams from the 13 competing NJ residency programs tested their medical

knowledge against each other Jeopardy style. The excitement mounted during the event, and despite a double tiebreaker, two teams remained tied and were declared winners. Congratulations to UMDNJ-Robert Wood Johnson Medical School and Trinitas Hospital, Seton Hall University School of Graduate Medical Education programs. A NJ team composed of selected members from these winning teams will represent our chapter at next month's National Competition. A special thanks is given to **Dr. Ranita Sharma** and **Dr. Dennis Cleary** for their tireless work in running a successful event.

Not to be outdone, the medical students had a competition of their own. Medical student teams from UMDNJ New Jersey Medical School, UMDNJ-Robert Wood Medical School, UMDNJ-School of Osteopathic Medicine, and St George's University School of Medicine competed in the Student Knowledge Bowl, moderated by **Dr. Sara Wallach** and **Dr. Bernard Shagen**. Congratulations to the winning team from UMDNJ-NJMS!

We wish to thank **Dr. Asif Hashmi** and **Dr. Jeanine Bulan**, co-chairs of the Scientific Program as well as the Scientific Committee members for a successful meeting. Yet, as soon as one meeting is completed, planning for the next meeting begins. A new Scientific Committee has been constituted and is now planning the 2009 meeting. We hope to repeat the success of this year's meeting, and pledge to present updated and useful information that will impact on your medical practice.

Eileen Moser

Urban Bubble Syndromes and Other Observations

While recuperating after my recent transplant and chemotherapy I had the opportunity to spend time at my sister's home in San Francisco. I would take my daily local walks and had the chance to make the following observations of our modern urban behaviors

1. Cell Phone Separation Anxiety - this syndrome is evident when you walk down a busy street and see the growing number of pedestrians or automobile drivers with a cell phone stuck to their ears. A large percentage of these walk or drive without the cell phone leaving their ear. The extreme cases are the bluetooth head set multi-tasker people that look schizophrenic, appearing to be talking to themselves. You have to wonder if some of these people are actually talking to someone else. The concept is that if you are connected to someone while talking on your cell phone nobody can attack you or it can also be used to ward off people that might want to invade your space. You remain in your protected microwave bubble.
2. I-Pod fixation syndrome - actually involves any electronic device that uses ear buds and is similar to cell phone separation anxiety but in this case it is simply a way to tune out outside interference which includes the advances of panhandlers asking for money or for woman to ward off unwanted advances by men, maybe sometimes other women. This creates the safety sound bubble.
3. Standing out but standing in syndrome - these are the urbanites who want to express their individuality by displaying unusually large numbers of tattoos or piercings, odd hair colors and styles, or strange clothing. The intention is to show off their uniqueness but the results are that most people will tend to keep their distance and ignore them. These people think they are standing outside the bubble but actually stand inside the bubble they created. This is the self-repellent bubble.
4. The Starbuck addicted - has resulted in the following mathematical observation: In an urban setting the minimum distance between Starbuck franchises must be no greater than the average walking distance it takes to finish drinking a large latte. In suburban regions this formula has to be modified to equal the average driving distance it takes to consume one large coffee. Anything less would cause severe caffeine withdrawal followed by total urban chaos. This creates the coffee-chain bubble of comfort.
5. The rolling luggage walker syndrome - represents the evolution of carrying your personal belongings with you. Once satisfied with a small purse or wallet, this evolved into the larger over the shoulder bag or briefcase then progressed to the backpack. The extreme case becomes the business person with their backpack and briefcase, who also drags the remainder of their entire world, including a change of clothing, in their rolling luggage between work and home. Thus the rolling bag becomes their mobile home bubble.

6. The "I can't be comfortable with the speed of the world" syndrome - these are represented by two groups of urbanites; the first is the person wearing running clothes and shoes that pretends to be running but at a pace that is no faster than a brisk walk. These people have the sense that they are maintaining their health. The second group, however, are insecure and ride their bicycles on the sidewalk because they are uncomfortable walking on the sidewalk or riding their bicycle in the street. They don't want life to pass them by but can't risk traveling in the fast lane. These people live in their own slow motion speed bubble.
7. The internet bubble syndrome - in an urban apartment complex you can view available networks on your wireless laptop and discover dozens of signals, mostly WEP secure, operating 24-7. These people spend a large portion of their time e-mailing, chatting, or text messaging. This new electronic community of faceless anonymous participants avoids physical contact and intimacy, much like the total body condom in comedy movies. It represents a surrogate way to form phantom relationships that are fast to create and fast to break. Wham-Bam, thank you electronic friend. These people live in their electronic communication bubbles

The race to heaven syndrome - People in general are getting up earlier to beat traffic, work longer hours, eat faster, sleep less, race between stop lights in their cars while talking or texting on their cell phone, with the notion that they are accomplishing things faster. The question is where are they going or what do they do with all this "extra time"? Truth is life isn't faster in heaven and we need to slow down and cherish the good times when they come. We need to start thinking about bursting out of these bubbles.

Richard Kasama, MD, FACP

The New Electronic Death Registration System (EDRS): What NJ Physicians and Medical Facility Administrators Need to Know

**By Joseph A. Komosinski, State Registrar and Katherine Hempstead, Director, Center for Health Statistics
New Jersey Department of Health and Senior Services**

The labor-intensive, manual death certificate process is a thing of the past with the implementation of the web based NJ Electronic Death Registration System (NJ-EDRS). The NJ-EDRS allows physicians, medical facilities, hospices, nursing homes, long-term care facilities, medical examiners, funeral homes, Local and State Registrars to securely create, certify and file death certificates electronically. Physicians can now quickly and conveniently enter the decedent information. The system also supports having a staff member enter the information, which the physicians reviews and signs electronically. The NJ-EDRS is available 24 hours a day/7 days a week. If the funeral director of record identifies the physician of record, an email notification is sent to the physician advising certification of a death is required.

EDRS also allows the sharing of important death data in a timely manner between funeral homes, physicians and the state of New Jersey, thereby eliminating the need for travel, personal deliveries and filing of paper records. Automation of the death registration process for all participants involved addresses many long-standing issues, such as late-filings, partially completed or inaccurate death certificates and death certificates not meeting federal or state requirements.

Medical Examiners and Local Registrars have been trained statewide. Funeral Directors have been trained in Mercer, Hunterdon, Warren, Sussex, Middlesex, Monmouth, Ocean, Burlington, Somerset and Passaic counties.

The NJ-EDRS is currently being phased in at medical facilities across the state by the Department of Health and Senior Services.

26:8-24.1 NJ-EDRS establishes the requirement that all persons involved in the death registration process, including, but not limited to, registrars, funeral directors, Medical Examiners, and licensed physicians utilize the electronic system to register deaths. The State Registrar will send official notice identifying the date for mandatory compliance with this law, but all persons are encouraged to begin using the system now.

To access the system and available training tutorials, physicians and facility administrators can self-register on the NJ-EDRS web site at <https://edrs.nj.gov> or via the NJ-EDRS link on the Local Links & ACP Resources page of the chapter web site. The 24 hour EDRS Help Desk can be reached:

By phone: 866-668-3788 or

By email: helpdesk@doh.state.nj.us

ACP Awards and Masterships: Nominate your Heroes, Mentors, and Colleagues

The Awards Committee of the American College of Physicians invites your help in recognizing the accomplishments of distinguished individuals and organizations through the College's awards and Masterships. Nominations are now open for the 2008-09 awards cycle, which will end with the College's bestowing eighteen awards and approximately 40 Masterships during the Convocation ceremony at Internal Medicine 2009. These awards recognize outstanding contributions in the practice of medicine, teaching, research, public service, leadership, and medical volunteerism.

The updated Awards and Mastership Booklet contains criteria for the College's honors plus instructions for writing nominating and supporting letters. Please note that a minimum of five detailed supporting letters and a curriculum vitae (or equivalent) with full bibliography are required for nominations to be considered. The deadline for materials is July 1, 2008. In keeping with ACP's Diversity Policy, the Awards Committee requests that nominators consider a wide array of outstanding candidates including women, underserved minorities, other ethnic groups, and international members and colleagues.

Please note that only ACP Fellows may be nominated for Mastership, and that Masterships as well as awards are competitive—that is, the most outstanding are selected by comparison. Both Mastership and awards nominations should be handled confidentially, and individuals should not self-nominate.

For questions and for information about the status of nominations submitted previously, please contact the staff liaison to the Awards Committee, **Martha Cornog**, at mcornog@acponline.org, 800-523-1546, ext. 2696, or direct at 215-351-2696. For printed copies of the Awards and Masterships Booklet, please contact **Meghann Williams**, Coordinator, Awards-Convocation and Diversity, at mewilliams@acponline.org, ext. 2714, or direct at 215-351-2714.

Laureate Award Winner

Dr. Madhu Goyal, FACP is this year's recipient of the New Jersey ACP Laureate Award. Dr. Goyal has a private practice in South Plainfield, New Jersey, and is board certified in Internal Medicine, Geriatrics and Emergency Medicine. She is a graduate of Lady Hardinge Medical College in New Delhi, India, and completed her Internal Medicine Residency at Muhlenberg Regional Medical Center, where she also joined the attending staff in 1983. Dr. Goyal has been a member of the college for over 25 years and became a Fellow in 1996. She has been a loyal advocate for the value of ACP membership and College educational products, has served on NJ Chapter committees, and has consistently attended Regional and National Meetings. Despite her busy practice, she has been a participant in the NJ ACP Medical Student Summer Program, since inception, as well as precepted RWJ 3rd and 4th year medical students throughout the year. In fact, for the past several years, she has clocked hundreds of student contact hours toward her UMDNJ RWJ Clinical Associate Professor appointment. Dr. Goyal has also been very active in her medical community, serving as Geriatrics Section Chief and member of the Medical Executive Committee at Muhlenberg Regional Medical Center. Congratulations Dr. Goyal on your well deserved Honor.

Cultural Competency Training Required for Next Licensure Renewal

The New Jersey Board of Medical Examiners has adopted the requirement for all physicians who have not had Cultural Competency education to complete a one time Cultural Competency Training Course of at least 6 AMA PRA Category 1 Credits prior to June 30, 2009. One option is to complete your training on-line. The United States Department of Health and Human Services provides a no cost CME activity for up to 9 credits in AMA PRA Category 1 Credits. Both an on-line option and a free DVD option are available. The link is https://cccm.thinkculturalhealth.org/GUIs/GUI_AboutthisSite.asp