

New Jersey Chapter GOVERNOR'S NEWSLETTER

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

Spring 2005

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



FROM YOUR GOVERNOR

CHAPTER NEWS:

It was wonderful seeing everyone at our regional meeting in Woodbridge this past February. Kudos to our scientific chair, Diana Decosimo. We had a near record attendance; this was the first time we ran a workshop (skin biopsy) throughout an entire day and had committee meetings as part of the program. **Dr. Charles Francis**, ACP President, presented a wonderfully informative talk on cardiac disease in minorities and women. The 2006 scientific committee will start planning next year's program this month. Any comments concerning the curriculum or recommendations for speakers may be forwarded to myself or our Governor's assistant **Stacey Knowles**. We are also particularly interested in whether there is support for a separate full recertification program and/or a workshop on acquiring new skills at another time of the year.

I wish to express my warmest congratulations to **Dr. Leon Smith** who has been elected the Governor for the Northern Region; his term will commence in April 2006. In the meantime Dr. Smith has been appointed to council and will have the responsibility of planning next year's scientific program. **Dr. Frank Griffin**, our previous governor, has agreed to serve as vice-president of the council for one year to assist us in the transition. Many members have asked if we will be splitting the state into two separate chapters when we have two Governors. Under national bylaws, we are entitled to two governors because we have 4000 members in our chapter. However, it was decided by the council that it would be injurious to our efforts within the state and at the national level to split the state. The two governors will work in concert, the senior governor acting as president of the council and the junior governor assisting in running the chapter. All revenues and expenses will be shared equally. There will be one council, one scientific meeting, and one associates council. Each governor will review fellowship applications for their respective regions.

The nominations committee is meeting this month to finalize the slate of candidates for officers and council members. When you receive your ballots, please return them promptly. This will be the first election held under our new bylaws. I appreciate everyone's support and welcome comments on this process. We had the option of holding our election at the scientific meeting but this would not have permitted all of our members to participate.

Our Health and Policy Committee, under the leadership of **Dr. John Walker** and **Joseph D'Oronzio, PHD**, met during our scientific program and will also meet this month. On the agenda will be our Leadership Day activities as well as formulating an agenda for working at the state level for liability reform. One issue that will be particularly looked at is the proposed increase for the licensure fee to 600. The New Jersey Medical Society has a form letter, which you may utilize to express your concern about this increase. The computer link is www.msnj.org. Dr. Walker is available at Jwalker@umdnj.edu for further comments and concerns to be brought before the committee. Other committees, which will be formulated this spring, are the membership and medical education committees. Several members have volunteered to serve on these committees. There is room for more

members on each of these committees. The associates' council ran a program on medical liability issues for residents at the scientific meeting. It is our goal to have a representative from every internal medicine residency in the state. **Dr. Vijay Rajput**, program director at Cooper, has agreed to serve as faculty advisor. Program Directors should ask their chief residents to contact **Dr. David Murphy**, murphyd1@umdnj.edu, to discuss the next associates council's meeting and notify our chapter of the program's representative.

In December, I attended a stakeholders meeting at PRO headquarters where plans for monitoring quality indicators were unveiled. The PRO organization is looking for volunteer physicians for a pilot study. The contact information is listed on page 5 of this newsletter

NATIONAL NEWS

The Board of Governors met in Tucson, Arizona in October of 2004. Highlights of the meeting included a presentation on recertification, a review of the agreement reached between the ACP and ABIM (see the accompanying news article on page 3), a presentation on utilizing technology to improve health care and information on recruiting and retaining ACP members. Currently, only 50% of qualified New Jersey internists are ACP members. Recently, the college implemented a recruitment policy that will entitle members to \$100 off their dues for each new member whom they recruit. The college would particularly like to reach out to international graduates and minority physicians. Our chapter membership committee is charged with this responsibility.

Twenty Resolutions were passed at the Tucson meeting and were then submitted to the Board of Regents. Ten resolutions were adopted and referred for implementation. These include:

1. Opposing new Federation of State Medical Boards exams for practicing physicians
2. Changing the start of the fellowship date to allow residents time to move
3. Creating a panel of medical experts to determine the viability of liability suits
4. Refining residency working hours
5. Making maintenance of certification a high value process.

The resolutions that will be presented in San Francisco are posted on the ACP website. Please review them and email me with your comments.

Sincerely,
Sara
swallach@sbhcs.com

DR.WALKER, LAUREATE AWARD WINNER

Dr. John Alfred Walker was honored at the 2005 New Jersey American College of Physicians Scientific Meeting, as the recipient of the College Laureate Award. Dr. Walker is a graduate of Suny Health Science Center of Brooklyn and underwent fellowship training in nephrology at Albert Einstein College of Medicine. He is a Professor of Medicine at Robert Wood Johnson Medical School where he is director of the nephrology-training program. He was advanced to ACP fellowship in 1988. He has served on the New Jersey ACP council for fourteen years and in that capacity has directed our chapter's summer preceptor program for medical students. This year he was appointed chair of our chapter's health and policy committee. The Chapter Laureate Award is presented to a member, fellow, or master who has provided service to his community or chapter and demonstrates a commitment to excellence in medical care, education, and research. Dr. Walker is the embodiment of these attributes; the council congratulates him on his accomplishments.

UPDATE ON MAINTENANCE OF CERTIFICATION

The recent Board of Governors meeting in Tucson was marked by genuine enthusiasm regarding substantial progress in ACP-ABIM discussions about maintenance of certification. Over the past six months, intensive discussions between **Drs. Steven Weinberger** (ACP Senior VP for Medical Knowledge and Education) and **F. Daniel Duffy** (ABIM Executive VP) have resulted in a welcome and productive atmosphere of collaboration rather than confrontation between the two organizations, also reflected in simultaneous parallel discussions at the level of the CEOs (**Dr. John Tooker** from ACP and **Dr. Christine Cassel** from ABIM) and the Board Chairs (**Dr. Eric Larson** from ACP and **Dr. Troyen Brennan** from ABIM).

After agreeing upon a set of goals and principles that would form the framework for their discussions, Drs. Weinberger and Duffy developed initial recommendations that were endorsed by the relevant committees and boards of both organizations. These recommendations took into account the evolution of the recertification process into a 4-part Maintenance of Certification (MOC) process, as mandated by the American Board of Medical Specialties (ABMS), the umbrella organization for all medical specialty Boards. The four components of MOC are:

Part 1 - Professional Standing (demonstrated by state licensure)

Part 2 - Lifelong Learning and Self-Assessment

Part 3 - Cognitive Expertise (fulfilled by the secure, closed-book exam)

Part 4 - Evaluation of Performance in Practice

Parts 2 and 4 have so far been fulfilled by completion of 5 ABIM SEP (Self-Evaluation Process) modules chosen from several module types, without a specific requirement that one or more of the SEP modules be of a type that meets the Part 4 requirement.

What is new? Based on the 4-part MOC framework, the ABIM has agreed to accept the combination of MKSAP plus an acceptable demonstration of Evaluation of Performance in Practice to fulfill the Part 2 and Part 4 components of MOC, respectively. The MKSAP option for fulfilling the Part 2 requirement will consist of computer-based completion of pre-selected sets of questions from MKSAP 13 (and future editions of MKSAP), delivered in a way that combines self-assessment with education and immediate feedback. Three 60-question MKSAP modules will substitute for 3 SEP modules and will satisfy the entire Part 2 requirement. Part 2 credit will be based on completion of the questions and not on the candidate's score, which is provided to the candidate as a form of feedback about the candidate's level of preparation.

Given the evolving MOC framework and the growing national movement for patient safety and quality improvement in patient care, both ABIM and ACP agreed on the need for a Part 4 component of MOC, but implemented in a way that is efficient, effective, and not redundant. ACP and ABIM have started working together to develop a "wide door" and a variety of options for fulfilling the Part 4 requirement, which would be instituted at the same time the MKSAP option is available to fulfill the Part 2 requirement.

Finally, ACP and ABIM have established a joint, staff-level workgroup to examine options for improving the Part 3 component of MOC (the secure examination for demonstration of cognitive expertise). The goals are to: a) reduce the anxiety provided by a high-stakes examination; b) increase the relevance of an examination to the physician's scope of practice; and c) consider options that might allow the examination to better reflect the way in which physicians have access to informational resources in their clinical practice. The overall intent is to explore options for improving the Part 3 process in a way that would address physician concerns, but would not compromise the integrity, standards, or quality of the process.

ACP and its staff are committed to continued discussions with ABIM and exploration of innovative ways to ease the MOC process and make it as educational and attractive as possible. A collaborative approach to these discussions has been particularly effective and productive, based upon those principles and goals that the two organizations share for the betterment of the profession and for improved patient care.

FREE PATIENT EDUCATION MATERIALS

ACP offers free patient education materials at <http://www.acponline.org/catalog/campaign/> which focus on specific health problems commonly treated by internists. These include videos (with guidebooks) and brochures. All materials are free.

2005 ASSOCIATES COMPETITION

The Associates Competition had many diverse abstracts presented. There were 72 submissions from 11 programs. **Eileen Moser, MD, FACP** was the chair for the abstract competition. The programs that participated were Jersey City Medical Center, Jersey Shore University Hospital, Monmouth Medical Center, Mountainside Hospital, Raritan Bay Medical Center, Saint Barnabas Medical Center, Seton Hall, UMDNJ- RWJMS- Cooper University Hospital, Camden, UMDNJ-RWJMS- New Brunswick, UMDNJ- NJMS Newark, VA New Jersey Health Care System. There were 4 oral presentations given and 11 poster presentations.

First Place was awarded to **Dr. Davanand Doodnauth**, Mountainside Hospital, for his oral presentation on “Rapid Antibiotic Administration Shortens Length of Hospitalization in Adults with Community Acquired Pneumonia”. There was a tie this year and an additional First Place was awarded to **Dr. Ramzan M. Zakir**, UMDNJ-NJMS - Hackensack University Medical Center, for his oral presentation “Reduction in length of stay of heart failure admissions using B-Type natriuretic peptide assay in the emergency department to facilitate early identification”.

First Place was awarded to **Dr. Madhurtita Bakshi**, UMDNJ-RWJMS Cooper University Hospital, for her poster presentation on “Importance of detecting Cold Agglutinin disease prior to Coronary Artery Bypass Surgery in patients with hemolytic anemia”. Second Place was awarded to **Dr. Lakhvinder Wadhwa**, Seton Hall -Trinitas Hospital, for his poster presentation on “Valproate Related Hyperammonemic encephalopathy secondary to chronic Valproate acid therapy”.

The Challenge Bowl jeopardy game had five teams competing in the end round this year. **Dr. Ranita Sharma** was the chairperson for the game this year. The Final round was very intense and the teams: UMDNJ-RWJMS - New Brunswick, Saint Barnabas Medical Center, UMDNJ-RWJMS - Camden, Overlook Hospital, and Trinitas Hospital. Overlook Hospital is the 2005 Challenge Bowl Team winner. They will be going to the National Meeting in San Francisco to represent the New Jersey Chapter.

COLLEGE CREATES NEW AFFILIATE MEMBERSHIP CLASS FOR ALLIED PROFESSIONALS

For the first time, ACP has established a new class of membership that will be offered to certain non-physician health care professionals.

An invitation to become an ACP Affiliate has gone out to fellow members of the American Academy of Physician Assistants (AAPA), the only national organization that represents physician assistants in all medical and surgical specialties.

The creation of the new affiliate class was approved by the Board of Regents at its meeting in July. Having physician assistants as affiliate College members “is a milestone,” said ACP Executive Vice President and Chief Executive Officer **John Tooker, FACP, MBA**, in a College press release. It is the first time in ACP's 89-year history that the College is offering membership to non-physicians.

The new ACP Affiliate members will have online access to Annals of Internal Medicine, as well as to ACP Journal Club. They also will have access to PIER (Physicians' Information and Education Resource), the College's point-of-care decision support tool.

Other benefits of affiliate membership will include access to ACP Online, as well as to ACP's Practice Management Center; discounts on College programs, publications and services; and continuing medical education programs at member prices.

More information is available at http://www.acponline.org/college/pressroom/phys_assis.htm.

—VISIT OUR CHAPTER WEB SITE—

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



Physicians Needed to Participate in Electronic Health Record Pilot

PRESS RELEASE – IMMEDIATE RELEASE

Date: January 27, 2005
Contact: Cari Miller, Director of Communications
732-238-5570, ext. 2085/cmiller@njqio.sdps.org

The Doctor's Office Quality – Information Technology Project, or DOQ-IT, is a national electronic health record (EHR) initiative for physicians. It is sponsored by the Centers for Medicare & Medicaid Services (CMS) and designed to meet the following objectives:

- To foster the implementation and use of EHR systems in small- to medium-sized physician offices
- To improve outcomes for patients with chronic illnesses by using EHR systems and health information technology

PRONJ, The Healthcare Quality Improvement Organization of New Jersey, Inc., is implementing DOQ-IT in our state. PRONJ is looking for family physicians or internists whose practices include Medicare beneficiaries and who are committed to developing or strengthening computer expertise in EHR systems.

Through on-site visits and office assessments, PRONJ staff members will help participating physicians and their office staffs develop processes for EHR system implementation, as well as practice and workflow redesign. Physicians who participate and their office staffs will:

- Receive free assistance in enhancing current EHR systems, or in selecting, purchasing, and implementing one
- Hear from experts currently using these systems in their practices
- Improve patient outcomes, staff satisfaction, and practice performance measures
- Receive evidence-based guidelines for practice redesign and care management, as well as obtain suggestions and techniques on how to effectively apply these guidelines in your practice

Contact PRONJ if you're interested in joining the pilot group of physicians by going to <http://www.pronj.org/projects/3/19> and clicking on to an *Invitation to Participate in a Project to Benefit Your Practice*.

DOQ-IT should prove to be an important project for making headway in providing EHR systems that are interactive, standardized, and compatible, thereby improving the healthcare communications among medical facilities and providers. **For additional information, please contact Carolyn Hezekiah Hoitela, DOQ-IT project leader, via phone (732-238-5570, ext. 2012) or E-mail (choitela@njqio.sdps.org).**

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PRONJ

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ACP SERVICES, INC. FORMS PAC

ACP Services, Inc. has formed a political action committee to help promote internists' participation in the political process. A PAC is an entity permitted under federal law to make contributions to political candidates running for office at the state and/or federal level. More and more national medical specialty societies are forming political action committees to enhance their government relations activities and increase their political influence.

Because of its tax status as a charitable organization, ACP cannot establish a PAC. However, ACP Services, Inc., a separate and distinct organization from ACP established in 1998 to provide advocacy, practice management, and other services for internist-members, has a different tax status that allows it to establish a PAC. Members of ACP automatically are also members of ACP Services, Inc.

ACP Services PAC is governed by an 11-member Board of Directors that researches and analyzes the voting records of congressional candidates and determines who should receive contributions from the PAC. Chaired by **William Golden, MD, FACP**, from Little Rock, Arkansas, the board is composed of internal medicine leaders selected from various areas of the country by the ACP Services Board of Directors. The PAC board considers candidates' record of support on issues important to the profession, membership on key health committees, and leadership positions in the Congress, among other criteria, when deciding who to support.

The PAC will begin making donations to congressional candidates running in the 2006 election cycle, which starts in Jan. 2005.

For more information on the PAC, contact **Laura Allendorf**, ACP Services PAC Director, at Lauraa@acponline.org.