

New Jersey Chapter GOVERNOR'S NEWSLETTER

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

Spring 2006

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Governor, New Jersey Chapter

FROM YOUR GOVERNOR



Chapter News: We have a new Northern Governor elect! Congratulations to **Eileen Moser MD FACP** who will assume office at the national meeting in Philadelphia in April 2006. Dr. Moser has succeeded **Leon Smith MD FACP** in a special election which was conducted in Feb. 2006. Because of unforeseen new professional obligations, Dr. Smith resigned in November. Among Dr. Moser's new responsibilities, will be chairmanship of the chapter's Membership Committee and Co-Chairing next year's Scientific Program. I look forward to working with Eileen in her new capacity. Now that we have a new Northern Governor, it is time to initiate the process for electing a new Southern Governor who will take office in May 2008. Dr. **Francis (Frank) Griffin**, immediate past governor is the chair of the nominations committee. Letters concerning the nominations will be mailed this spring. Anyone who would like information on what the job entails may contact Frank or me. Our 2006 regional meeting was held at the Woodbridge Sheraton in early February. We had a record attendance of 280 attendees. Drs. **Richard Kasama** and **Leon Smith** deserve our special thanks for the superb content and quality of the program. Our college representative was Angeline Lazarus MBBS FACP who in addition to judging the associates research competition, also conducted a splendid workshop on the interpretation of pulmonary function tests. ..An innovation of the program was the auscultation workshop; we are looking for suggestions for future interactive workshops which augment the clinical skills of our constituents. During the scientific program one of council members **Beth Nalitt** was interviewed by the staff of Business Week. The interview focused on barriers to care patients encounter in the current health care environment. The interview aired on Feb. 13 and can be viewed at www.businessweek.com. Congratulations to Beth for showcasing a common problem that many of our patients face.

Our council will be meeting this month to discuss the chapter's response to resolutions which will be presented at the Board of Governor's national meeting. There are two proposed resolutions from the chapter pertaining to concierge medicine and the new Medicare prescription law on page two. Please review them and let me know if we should present them at the fall governor's meeting.

National News: Our reception at the Philadelphia National meeting will be held Friday April 7, 2006 at the Marriot at 9pm. It is a dessert reception with piano playing and singing. We hope to see all our new fellows there and congratulate them on their achievements. The Colleges' focus for the past year has been on improving the physician reimbursement system and working with other organizations to develop pay for performance initiatives. I am enclosing in this newsletter a copy of a letter that was printed this fall in the Asbury Park Press which addressed the issue of Medicare reimbursement. As most of you know, Medicare payments are based on an economic measurement called the sustainable growth rate. The costs of providing quality health care have surpassed what this rate allows for reimbursement. Each year the ACP lobbies congress to set aside the utilization of this ratio and restore a positive reimbursement ratio. This year we received a 1% increase in reimbursements but the vote was tight and occurred after the January 1, 2006 deadline. We all need to advocate for a permanent solution to this problem. I invite you to read **C. Anderson Hedberg's**, (President of the American College of Physician) comments on improving the Medicare payment system at http://www.acponline.org/hpp/ways_means306.pdf?hp. The American College of physicians remains committed to improving internist's abilities to provide quality care to their patients and fostering internal medicine as a career among our medicine students and young physicians

Hope to see you at annual session
Sara L. Wallach, MD, FACP

PROPOSED RESOLUTIONS FOR CONSIDERATION BY THE AMERICAN COLLEGE OF PHYSICIANS

1. Medicare Prescription Drug Coverage

Whereas the American College of Physicians supported the proposal for Medicare Prescription Drug Coverage even though it was felt to have many faults because it was considered to be the best plan that Congress would pass and the president would sign; and

Whereas, the plan as it exists offers almost no help to Medicare Beneficiaries because it is cumbersome, confusing and relies on too many private providers; and

Whereas, even the most educated elderly, including physicians themselves, are having difficulty understanding the plan, selecting a provider or deciding whether to continue their old coverage or switch to the Medicare Plan; and

Whereas, it is the desire and goal of the American College of Physicians to help patients receive the best possible medical care; and

Whereas, a large number of the patients cared for by Internists (Doctors for Adults) are Medicare Recipients; therefore

Be it resolved the Board of Governors and Board of Regents of the American College of Physicians seek to assist the Congress and President in modifying the currently approved Medicare Part D to make it more accessible and responsive to the needs of Medicare Beneficiaries; and

Be it further resolved that the ACP include in its recommendations that any plan developed includes the ability of the Government to negotiate prices with the pharmaceutical industry.

2. Concierge Medicine

Whereas specialists in Internal Medicine have been trained to care for people and not just specific diseases or problems; and

Whereas, the proper care of people is felt by many to require longer and more intensive visits than can be adequately compensated by current insurance programs; and

Whereas, one approach to the provision of this kind of care has been the provision of Concierge Medicine which has been felt by some to be very appropriate and by others to be unethical because it provides "class" medicine; therefore

Be it Resolved, The Board of Governors requests the Ethics Committee of the American College of Physicians to do a thorough study of the various types of Concierge Care and provide guidelines to members of the American College of Physicians for their participation in or rejection of Concierge Practices.

**NJ CHAPTER INVITES YOU TO JOIN US AT
ANNUAL SESSION
MARRIOTT HOTEL
FRIDAY APRIL 7, 2006
9-11PM
DESSERT PARTY!!**

—VISIT OUR CHAPTER WEB SITE—

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

ASSOCIATES COMPETITION

The Associates Abstract Competition had 151 submissions from the following programs: Atlanticare Regional Medical Center, Englewood Medical Center, Jersey City Medical Center, Jersey Shore University Medical Center, Newark Beth Israel Medical Center, Saint Barnabas Medical Center, Saint Joseph's Regional Medical Center, Saint Michael's Medical Center, Saint Peter's University Medical Center, Trinitas Hospital, UMDNJ-RWJMS Cooper University Hospital, UMDNJ-NJMS Newark, and UMDNJ- RWJMS New Brunswick. The Winner of the Oral Presentation was Madonna Azar at UMDNJ-RWJMS Cooper University Hospital, for her paper on "Inpatient Glycemic Control: What's Happening in the Real World?" The Winner of the Poster Presentation was **Zaheer Husain** at Saint Peter's University Hospital, for his paper on "Role of Wireless Capsule Endoscopy in Geriatric Population: a Comparative Study". This year we had an honorable mention for the only medical student to submit an abstract, **Gregory Tiesi** at Saint Barnabas Medical Center for his paper on "COPD Exacerbation: Do we need Guidance to Follow the Guidelines?"

The Challenge Bowl Competition was a very exciting event as always the teams competing at the finals this year were: UMDNJ-RWJMS New Brunswick, Monmouth Medical Center, Jersey City Medical Center and Trinitas Hospital. The winner of the Challenge Bowl Competition was Trinitas Hospital. Dr. Wallach will present the bowl to the winners at a special presentation at the hospital.

MEDICARE PAY CUTS CHASING DOCTORS FROM PRACTICE

Posted by the Asbury Park Press on 10/18/05

BY DR. SARA L. WALLACH

The clock is ticking on fixing a flawed and unfair system that will limit the number of physicians who may provide essential care in the future.

Medicare payments to New Jersey are scheduled to be cut by at least \$107 million beginning in January. And from 2006-2014, the cuts are scheduled to total \$5.26 billion.

These cuts are coming at a precarious time for our nation's health care. The baby boomer generation is reaching retirement age, and the number of seniors in America also is beginning a rapid rise.

The demand for physician services is growing. But the flawed Medicare reimbursement schedule is serving as a disincentive for physicians to include these patients in their practices, or for medical students to choose to go into internal medicine, family practice and other specialties that our seniors depend on for their care.

Doctors are paid for their services to Medicare patients using rates established by the federal Medicare Physician Fee Schedule. The fee schedule rates are determined using a mechanism called the sustainable growth rate formula.

A cut of 4.4 percent for each Medicare service is scheduled to go into effect this January. Future cuts are projected to decrease physicians' reimbursements by more than 26 percent over the next six years.

The formula unfairly ties the Medicare payments to an arbitrary budget target that does not take into account patient needs. As a result, Medicare payments for physician services keep decreasing while the cost for doctors to provide care keeps climbing.

Today, New Jersey has 1,219,935 Medicare patients being treated by 29,053 physicians. But 36 percent of today's physicians in the state are over the age of 55 and approaching retirement. Future doctors must be encouraged to provide care for the growing number of patients.

Nationally and within our own state, the number of physicians going into internal medicine and family practice has declined precipitously. Although many factors affect specialty choice, medical students are "voting with their feet" by rejecting the specialties that take care of the most Medicare patients.

Clearly, as the number of Medicare enrollees increases, so will their demand for physicians' services. Baby boomers, and others, likely will face a decline in the number of doctors willing to accept new Medicare patients. Due to increased numbers of patients going to doctors who do accept Medicare patients, waiting times for appointments are sure to be longer.

While the pressures of retiring doctors, growing numbers of Medicare-eligible patients, fewer young physicians going into internal medicine and family practice and the declining willingness of physician practices to accept Medicare patients are certain to increase the need for more primary care doctors to take care of Medicare patients, the federal government is driving them out by cutting payments.

On top of the strain these additional patients will place on the program, the federal government is beginning several initiatives to improve the quality of health care. These initiatives call for increased reporting of how physicians perform based on measures of good patient care, thereby increasing the time pressure on physicians. The initiatives also increase physician expenditures through the need to invest in health information technology, such as electronic health records.

Several recently published studies call attention to the need for improvement in the quality of health care. The New England Journal of Medicine published a study that showed patients were receiving only about 55 percent of recommended care for various conditions and treatments. From this statistic alone, it is easy to see why improvements need to be made. Payment cuts undermine the ability of physicians to invest the time and resources required to improve health care quality.

In a 2003 article in the Journal of the American Medical Association, New Jersey ranked 43rd in the nation in terms of the average statewide performance on provision of effective care to Medicare patients.

The projected Medicare cuts may keep internists from participating in quality improvement programs because we will not be able to afford the electronic health records systems that are needed to participate in such programs. A new study found that widespread adoption and effective use of electronic health records systems and other health information technology improvements could save the U.S. health system as much as \$162 billion annually by greatly improving the way medical care is managed, greatly reducing preventable medical errors, lowering death rates from chronic disease and reducing employee sick days.

But the same study found that electronic health records cost on average \$33,000 per physician, with a monthly maintenance cost of \$1,500 per physician. Few doctors will be able to afford the cost if the federal government goes ahead with reducing Medicare reimbursement by tens of thousands of dollars. In New Jersey, the average physician is due to lose \$22,000 per year due to the projected cuts.

The elderly and disabled patients of New Jersey expect Congress to do what is necessary to improve health care access and quality. Congress must fix the flawed and unfair Medicare payment system before it is too late.

CONGRATULATIONS TO NEW FELLOWS AS OF JANUARY 2006

William A DiGiacomo	Short Hills, NJ
Masood A Rizvi	Cedar Grove, NJ
Harish Chander	Lakewood, NJ
Awny S Farajallah	Princeton, NJ
Rameck Hunt	New Brunswick, NJ
Barkat A Jaferi	Hamilton, NJ
Jay Vida	Brick, NJ

RECRUIT-A-COLLEAGUE PROGRAM

The need for a strong voice to speak on behalf of medicine and, in particular, internal medicine has never been greater than it is today. It is critically important that we unify to address the specific needs of our medical specialty and its subspecialties. There are advocacy efforts to champion, practice management issues to simplify, and a time-honored profession to foster.

The American College of Physicians and the New Jersey Chapter encourages its members to help strengthen the voice of internal medicine by recommending ACP Membership to colleagues. And to thank you for your dedication to our organization, ACP established the Recruit-a-Colleague program that offers dues incentives to members who recruit new members. Not only would you be working toward the revitalization of internal medicine, but you also could have your national annual dues paid in full. In addition, successful recruiters are entered to win an expense-paid trip to Annual Session 2007 that includes registration, airfare, and hotel accommodations.

To learn more about the Recruit-a-Colleague program, please visit www.acponline.org/recruitacolleague.

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 website and will be available on the College website by November 21, 2005.

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 website: http://foundation.acponline.org/healthcom/ht_order.htm. Shelter Living HEALTH TiPS can be downloaded from <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.

PAY YOUR DUES ONLINE

For your convenience, you can now pay your dues online. The process of paying your dues online is easy. All you will need is your user ID and password (instructions are on the site, should you need to register). To ensure your privacy and maintain security, open your Internet browser, go to ACP Online Web site and click on the “Pay Your Dues” link.

The new online payment option is designed as a convenience for members, although all College members will still receive print bills for the upcoming year and will be able to also pay dues by mail, phone or fax. If you wish to pay by phone, please call Customer Service at 1-800-523-1546, ext. 2600 or directly at 215-351-2600 (M-F, 9:00 a.m. to 5 p.m. ET). You can also submit your credit card payment by faxing us at 215-351-2799.

UPDATE ON MAINTENANCE OF CERTIFICATION FOR ACP GOVERNORS' NEWSLETTERS

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

New Jersey Chapter American College of Physicians

The New Jersey Chapter is seeking physicians who would like to become more involved.
There are many committees that need your help.

Physician Name: _____

Office Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Office Contact Person: _____

Please indicate the areas you may be interested in:

- Membership
- Nominations
- Scientific Meeting
- Health and Public Policy
- Associates
- Medical Students
- Web Site
- Chapter Council
- Chapter Secretary or Treasurer (position to be elected)
- Other: _____

Please mail form to:

Stacey Knowles
NJ ACP
PO Box 277
Sayreville, NJ 08871

Any questions please call 732-261-2901

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 continuing to work together for the best interests of our physicians, our patients, and the discipline of internal medicine.