

Upcoming Events

Internal Medicine 2008
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Governor's Message



I am writing this as the annual state legislative session is beginning, the Governor is back in the state and the presidential primaries are heating up. The number one issue before the legislature is health care reform. Ads are appearing on television touting this or that presidential candidate's health care plan. It is clear that change is coming.

How can we influence; shape the future so that change truly benefits our patients and our profession? We can do this as individual physicians by engaging our state representatives and senators who are all up for election this fall, and by discussing our concerns and recommendations with those candidates who will be running for the three open US House and one open US Senate seat from New Mexico. But, I would suggest, that we would be even more effective if we would speak with and for hundreds or thousands of physicians who have taken thoughtful positions on reform.

We do this by joining with the New Mexico Medical Society and New Mexico ACP locally and with the American College of Physicians nationally. The Medical Society is in frequent communication with the Governor's office and legislators as

to changes needed in New Mexico. The ACP will be working with Congress and the next President to affect change on the national level. I also encourage ACP dues paying members to join the PAC. One can contribute via personal credit card online at www.acpservices.org/contribute. Or mail in a personal check to the ACP office.

**2011 Pennsylvania Ave, Ste 800
 Washington, DC 20006**

The College has evaluated the health care systems in twelve different "developed" countries. It has published recommendations based on these evaluations for health care reform here in the U.S. The Medical Society has established a set of principles for reform here in New Mexico. We have no illusions that meaningful change will be easy. But, we are committed to seeing that it is done right.

On another tack, it was a pleasure to see and meet with many of you at our annual meeting in November at the Albuquerque Marriott. It was a treat to see the interesting work of the medical students and residents while we caught up with friends and colleagues at the poster competition and reception. On Thursday evening, **George Comerci** and **Kendall Rogers** took the stage to lead us through the evidence-based update for both

ambulatory and hospitalist practice of Internal Medicine.

Friday is traditionally the heart of the academic part of the meeting and this year's session moderated by '06-'07 Chapter President **Diana Noya** was no exception. **Craig Nairn** and **Miriam Komaromy** gave fascinating presentations on chronic pain and buprenorphine. **David Garcia** led us through the current evidence on thrombosis. **David Espey** asked the thought-provoking question of whether screening could lower lung cancer mortality (the jury is still out). The day ended with a stimulating talk on Parkinson's disease, complete with intra-operative videos by **Jill Marjama-Lyons** and **Andrew Metzger**.

Ann Gateley, Internal Medicine Residency Director at UNM moderated the Associates competition Thursday, with **Matthew Bouchonville** taking the top prize for his paper. **Matt** will represent our Chapter at the National Associate competition in Washington DC in May at "*Internal Medicine 2008*."

My talk on "*New Mexico Medicine Then and Now*" started Saturday's morning session. **Richard Skee** and **Louise Abel** shared their experiences with implementing the electronic medical record in their private practices. The morning ended on a high note with **David Scrase's**, "*Thieve's Market*." A series of small group workshops led by **Mitch Simson** (Alcoholism), **Mike Lewiecki** (osteoporosis), **Bob Parsons** (Personality Disorders), and **Dave Clancy** (Hospitalist Interest Group) rounded out the formal program.

The Women in Medicine breakfast led by **Ellen Yee** drew a crowd of women representing all stages of practice, from medical student to retirement.

The Official American College of Physicians representative at the meeting, **Donald Hatton**, shared his insights on the bright future of Internal Medicine and engaged with members throughout the 3 days of the meeting.

We are already planning for this year's meeting which will be held from October 16-18 at the Embassy Suites Hotel in Albuquerque. We welcome your thoughts and suggestions for the meeting as well as how the NMACP can better serve you and our patients.

We have a great Council which truly represents our diversity as well as our unity as Internists. The Council is exploring ways to make NMACP even better. It is a pleasure to work with them who represent you.

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.

ACP ethics paper calls for increased sensitivity toward patient care in P4P programs

A new ethics paper, developed by the ACP Committee on Ethics, Professionalism and Human Rights and released in the December 4th issue of *Annals of Internal Medicine*, highlights the need for increased sensitivity toward patient care in pay-for-performance (P4P) programs. “*Pay-for-Performance Principles That Promote Patient-Centered Care: An Ethics Manifesto*,” states that pay-for-performance has the potential to help improve the quality of care, if it can be aligned with the goals of medical professionalism.

Initiatives that provide incentives for a few specific elements of a single disease/condition, however, may neglect the complexity of care for the whole patient, especially the elderly patient with multiple chronic conditions. The authors point to the need to adhere to patients’ welfare, preferences, and best interests first and foremost in the effort to improve quality and control costs. Elderly patients and those with chronic conditions are particularly vulnerable to P4P programs they say, as well as patients who might be dropped because of their inability to meet existing measures or who are unable to comply with treatment plans.

By releasing the paper, ACP hopes to move the pay-for-performance debate forward with a patient centered focus—one that puts the needs and interests of the patient first—as these programs evolve.

An abridged version of the paper was published in the December 4 issue of *Annals of Internal Medicine*, www.annals.org. The full paper is available at www.acponline.org.

ACP proposes solutions for U.S. health care based on review of other countries

ACP offers suggestions to reform the U.S. health care system, based on a comprehensive analysis of well-functioning health care systems of 12 industrialized countries in “*Achieving a High Performance Health Care System with Universal Access: What the USA Can Learn from Other Countries*,” a new evidence-based paper released on December 4th on the *Annals of Internal Medicine* website. The paper was developed by ACP’s Health and Public Policy Committee and approved by the Board of Regents in October, 2007.

The paper reflects comments received on an earlier draft from members of the Board of Governors, Board of Regents, ACP Councils, and selected expert advisors.

The paper outlines the ills plaguing the American health care system and proposes evidence-based recommendations addressing each of them, based on findings of a review of 12 industrialized countries. The paper concludes that the current U.S. health care system—which involves multiple payers without guaranteed coverage (pluralistic model) results in the U.S. lagging behind other countries on access, quality and efficiency of care. The paper proposes two different pathways to achieve universal coverage: a pluralistic system with universal coverage or a single payer system. Rather than endorsing either pathway, ACP calls on the public and policymakers to consider the strengths and weaknesses of each approach. For instance, the paper reports that single payer systems perform well on most measures of quality, satisfaction, access, and administrative costs, but are more likely to result in shortages of services subject to price controls and waiting lists for elective procedures. Pluralistic models with universal coverage do better on giving individuals the freedom to purchase additional services, but less well on measures of equity (access without regard to ability to pay) and administrative costs.

The paper identified lessons from other countries’ health care systems that could be applied to the particular political and social culture of the U.S. to achieve a high performing health care system, including achieving universal health insurance coverage for all Americans. To improve the quality of care, ACP recommends building incentives into the system for both patients and physicians, redirecting federal health care policy toward supporting a patient-centered medical home model of care, and developing a national workforce policy to ensure an adequate supply of physicians. To improve administrative cost and burden, ACP recommends creating a uniform billing system for all services, supporting HIT infrastructure with federal funds, and encouraging public and private investment in medical research.

According to **David Dale**, ACP President, as a result of extensive policy development over the past several years, ACP is uniquely qualified to inform the public debate and the presidential campaign about reforming the U.S. health care system. He notes, “a growing number of studies by health policy experts have exposed the limitations of the U.S. health care

system. Our recommendations provide evidence-based solutions to our country's many health care problems – including the appalling lack of access to affordable health coverage, the impending crisis caused by the insufficient supply of primary care physicians, rising health care costs, and excessive administrative and regulatory costs.”

In a continuing effort to inform the debate on health care reform, in December 2007, ACP co-sponsored The National Congress on the Un and Under Insured: From Practical Local and Regional Solutions to State and National Health Reform where the paper will also be presented.

The paper, in addition to an accompanying editorial by **Dr. Harold Sox**, are available on the website of Annals of Internal Medicine, www.annals.org. The paper was published in the January 1, 2008 print issue of Annals.

ACP has also unveiled a new non-partisan ACP Web tool on www.acponline.org that analyzes the health care reform proposals of the Presidential candidates, drawing on the recommendations outlined in the College's position paper. The tool will be updated continually throughout the 2008 election cycle. An online members-only discussion area is also accessible on the College's Web site.