

New Mexico Chapter GOVERNOR'S NEWSLETTER

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

Summer 2005

Robert G. (Reg) Strickland, MD, FACP
Governor, New Mexico Chapter

GOVERNOR'S MESSAGE



NMACP Governor - Elect to be chosen in September

It has been an honor and privilege to have served as your Governor over the past two years. As I reach the halfway point of my term it is time to begin the process for selecting my successor. My term will conclude in April 2007 and in April 2006 a newly elected Governor-elect will take office and work with me over the last year of my tenure learning about ACP at both the Chapter and National level. This is a great transition process and was enormously helpful to me in the year prior to my assuming the Governorship in 2003. Our National ACP office will conduct elections this September and a local nomination Committee chaired by **Howard Gogel, FACP**, former NMACP Governor is in the process of identifying two candidates willing and able to lead our chapter for the four year term following mine. This process has included a mailing to the voting members in New Mexico requesting names of potential candidates for Governor. I would encourage you all to fully participate in the election for governor-elect in September of this year.

ENHANCING THE VALUE OF NMACP TO INTERNISTS IN SOUTHERN NM

One of my goals as Governor has been to increase participation in our Chapter amongst Internists in Southern New Mexico who makeup approximately 20% of our Membership. I am pleased to report that significant progress has been made - Four internists from Southern NM are now on NMACP Council - Drs. Angel, Botts, Munoz and Webb. At last years Annual Scientific Meeting a break out meeting was held for Southern NM Internists at which goals for the southern region were established. In March I visited Las Cruces and had a lively lunchtime discussion about practice and educational concerns facing Internists there. Finally Sid Webb has planned in conjunction with our NMACP Program committee a Symposium on Border Health issues which will occur during our Scientific Meeting Nov 3-5, 2005. I hope that these initiatives have provided the basis for increased participation from Southern NM in NMACP and I look forward to seeing increased attendance from this region at the Fall Scientific Meeting.

NMACP ANNUAL SCIENTIFIC MEETING - NOV 3-5, 2004 EMBASSY SUITES HOTEL, ALBUQUERQUE

Dr. Ron Quenzer and his Committee have prepared an excellent program of Practical Updates for the Generalist covering much of General Internal Medicine. This year's Thursday night Symposium will focus on Border Health issues. Dr. Sid Webb from Las Cruces has assembled an excellent panel to discuss this significant health issue in our state. The College Representative will be **Dr. Robin Luke**, ACP Regent, and past Chair of Medicine, University of Cincinnati School of Medicine.

Our local ACP Meeting attracted increased attendance last year and we look forward to further enhancement in attendance this year. For additional information and registration details, contact Sally Blackstad at sblackstad@nmms.org.

MAINTENANCE OF CERTIFICATION (MOS) SIGNIFICANT PROGRESS OVER THE PAST YEAR

As reported in this newsletter one year ago grassroots concern of the ACP Membership about the MOS process together with persistent pressure from the Board of Governors through the resolution process resulted in the establishment of a Liaison Committee between ACP and the American Board of Internal Medicine (ABIM). The following is a summary of the accomplishments of the Liaison Group in improving the MOS process over the past year.

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 MOS 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 house staff 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 MOS examination focuses on topics that are relevant and of clinical importance to all internists. At the same time, the MOS 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 MOS 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 MOS, 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.

YOUNG INTERNISTS ARE THE KEY TO THE FUTURE OF THE COLLEGE

It is self evident that without a strong presence of young physicians in the College and its deliberations the future of our organization is in jeopardy. Disappointingly the College is losing the under 40 group of Internists in greater numbers than amongst any other age group. As a response to this challenge the College has converted what was a Young Physicians Committee at the National level to a full Council of Young Physicians, a group that will be strongly represented on both the Board of Regents and Board of Governors. At the local level your Council has endorsed the creation of a Young Physicians Committee and we have invited **Dr. Ellen Yee**, currently a NMACP Councilor to be Chapter Leader for this group. Approximately 20% of NMACP Membership (excluding Associate and Student members) are under 40 years. We welcome the input of all internists in New Mexico to help with recruitment and retention of our younger colleagues. Contact myself or Dr. Yee at Ellen.Yee2@med.va.gov.

NMACP STRONGLY REPRESENTED AT ANNUAL SESSION

A record National attendance at this year's Annual Session in San Francisco April 14-16, 2005 was mirrored by a strong turnout of NMACP members.

At the Board of Governors (BOG) Meeting preceding the Scientific sessions I presented a resolution calling for the use of opiate replacement therapy for addicted individuals in correctional Health facilities. This resolution was initially developed by **Barbara McGuire**, FACP and approved by NMACP Council. The resolution (co-sponsored by the Missouri and Washington Chapters) was passed by BOG and forwarded to the Board of Regents (BOR) for their consideration. The BOR recently referred this resolution to the Health and Public Policy Committee for study and policy recommendation. This was a fine example of how the ACP resolution process can successfully move a grass roots issue forward at the National level.

Four NMACP members gave presentations at this year's Annual Session - **Dona Upson**, **David Scrase**, FACP, **Sanjeev Arora**, FACP, and **Mike Lewicke**, FACP. NMACP Meeting poster winners (**Dr. Farzana Harji** and **Mr. Will Kaufman**) presented their work at the Resident and Student poster competitions respectively. At convocation, six new Fellows donned Academic dress and joined myself and Dr. McGuire, one of our 2004 Laureate Awardees in this impressive ceremonial event at Annual Session. They included **Mike Kaufman**, FACP, **Phil Hertzman**, FACP, **Carla Herman**, FACP, **John Redd**, FACP, **Adil Choudhary**, FACP, and **Jim Botts**, FACP.

Finally, NMACP attendees joined colleagues in the New West group of chapters (Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming) for an excellent reception honoring the New Fellows elected to the College.

Next year's **Annual Session** will be in **Philadelphia** - the home of ACP. The dates are **April 6-8, 2006** - so plan to be there and register early for significant discounts.

RALPH C. WILLIAMS, JR, FACP HONORED

Ralph C. Williams, Jr, Emeritus Professor, UNM SOM and Former Chair of the Dept. of Medicine, 1969-1988, recently received the Presidential Gold Medal from the American College of Rheumatology (ACR). The award recognizes an individual who has made major contributions to the field of Rheumatology and is the highest award bestowed by ACR. Williams has had a distinguished career as a researcher, teacher, mentor and clinician. He now lives in Santa Fe, continues to see patients in Los Alamos and is an active member of NMACP. Congratulations Ralph!

NMACP RECEIVES NATIONAL AWARDS

Each year at Annual Session the Board of Governors and Board of Regents hold an Awards Luncheon. This year NMACP received a **Chapter Excellence Award** for the fifth consecutive year and also was awarded an Evergreen Special recognition certificate for its membership recruitment efforts.

REG STRICKLAND, FACP AND DENIS MCCARTHY, FACP HONORED AT DIGESTIVE DISEASE WEEK (DDW)

Drs. Strickland and McCarthy were amongst 23 U.S. Gastroenterologists to be honored as Senior Mentors by the American Gastroenterologic Association Foundation for Digestive Health & Nutrition at DDW this year. Donations by former Fellows and colleagues raised \$670,000 to fund a research award in the Mentors names in the area of Digestive Disease.

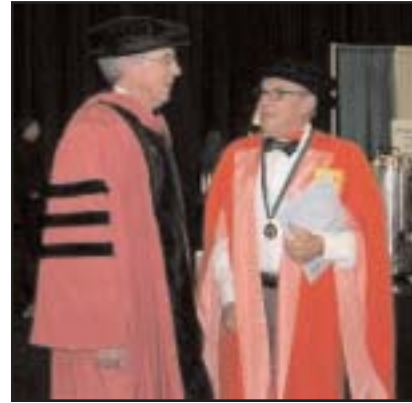
UNM RESIDENT RECEIVES ACP TRAVEL AWARD & AOA INDUCTION

Dr. Abinash Achrekar, a third-year Resident in Internal Medicine at UNM SOM was recently awarded one of only three Joseph E. Johnson travel grants from the College. This award enabled Dr. Achrekar who is the Resident representative on NMACP Council to attend ACP Leadership Day in Washington DC. Dr. Achrekar was also chosen this year as one of two Residents at UNM Health Sciences Center to be inducted into the AOA Honor Society.

PICTURE GALLERY



New Fellow inductees with Dr. Strickland and McGuire (2004 Laureate). L to R: Drs. Choudhary, Kaufman, Herman, Strickland, McGuire, Hertzman, and Redd.



Dr. Ted Harris, Governor Northern California with Dr. Strickland at Convocation.



NM Delegation with Rep Pearce at Leadership Day. L to R: Drs. Upson, Kaufman, Angel, McGuire and Achrekar.



NM Delegation with Rep Udall at Leadership Day. L to R: Drs. Honsinger, Kaufman, and McGuire.



NM Delegation with Rep Wilson at Leadership Day. L to R: Drs. Honsinger, McGuire, Kaufman, Achrekar and Upson.

–VISIT OUR CHAPTER WEB SITE–

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

LEADERSHIP DAY 2005
REPORT BY MIKE KAUFMAN, FACP,
CHAPTER LEADER FOR HEALTH & PUBLIC POLICY

ACP held its Annual Leadership Day on Capitol Hill on May 17 and 18th. Attending from New Mexico were **Dick Honsinger** (Los Alamos), **Donna Upton** (Albuquerque), **Abinash Achrekar** (Albuquerque), **Armando Angel** (Las Cruces), **Barbara McGuire** (Albuquerque) and **Michael Kaufman** (Taos). Our days were long and full (starting at 8 a.m. and 7 a.m.).

Discussions were held on our main issues:

- Repealing the Medicare fee reductions scheduled by the flawed “Sustainable Growth Rate” (SGR)
- Implementation of Health Information Technology (HIT)

as well as

- Patient Safety Legislation
- Adequate Funding for other Key Health Programs, including the VA
- Reducing the number of uninsured
- Student Loan Debt Relief
- and Medical Liability Reform

We met with Key members of Congress and Congressional Staff; with political pundit (“bitter partisanship between the Parties has never been worse”), with the head of CMS and other “significant folks.”

We were able to meet with all five of our Congressional Delegation and their staff and were able to present our positions and have meaningful discussions with them. It was very helpful that our delegation represented all three Congressional Districts as well as several career choices in Internal Medicine including the VA and the views of a Medical Resident.

The issues we are grappling with in Washington are critical to the future of Health Care in our country as well as the future of Internal Medicine. The ACP continues to play a key and trusted role in these decisions.