

Nevada Chapter GOVERNOR'S NEWSLETTER

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

Fall 2004

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Governor, Nevada Chapter

FROM YOUR GOVERNOR....



Jim Christensen

The temperature is finally dropping, the leaves are turning, school is back in session, and the political season is upon us. The coming election will define the practice of medicine in Nevada and probably have influence on the national political scene. **Now, it is critical to continue the dialogue with our patients on the importance of malpractice reform. A quick discussion supporting "yes" on question 3 and a "no" on questions 4 and 5 is needed.** A grass roots campaign will defeat the money raised by the trial bar. We must also keep in mind, that in asking patients for malpractice reform, they are giving us a lot. We must ask ourselves what we are willing to give back to them? More accountability, more time, and more attention is what they are asking for. Now many of our challenges are generated by the system of payment, but this does not excuse our current behaviors. A kinder, more gentle and personal demeanor is what we should strive for and the public is asking for.

The Fall Board of Governors meeting highlighted recertification, electronic medical records, and improving practice efficiencies.

INFORMATION TECHNOLOGY FOR THE SMALL TO MEDIUM PRACTICE

Most EMR's are stand alone enterprise entities. "We should move to a patient centered and complete integrated medical record". said **David Brailer MD, PhD, National Coordinator for Health Information Technology for CMS.** The ACP is emerging as a leader and facilitator in this transition to a new method of charting. Two challenges exist: 1) physicians have a bad experience with EMR and 2) a 50% failure rate of implementation exists. We as physicians get impaled on the issues of acquisition. There are too many vendors with too many choices and we as physicians don't know which questions to ask. We are focusing on making physicians good and smarter consumers. "Our number one goal in 2005 is to try to develop a level playing field in the development and implementation of an EMR", stated Brailer. A successful EMR will be able to align the way care is delivered and documented. "We are trying to make physicians integrate care across the continuum. Our primary focus is the primary care physician." Implementing a successful EMR involves changing a behavior and not necessarily changing technology. The Federal Government will use leverage and start with primary care and watch for integration in the specialties. Interoperability is critical to the long term success of the EMR. Personalization of the health care record is paramount from the patients view. The Federal Government will form regional initiatives (RHIOS) to organize health informatics, safety, and efficiencies into local metropolitan areas. The Nevada area would likely be linked with Utah. The Federal Government at the national level will figure out the security and communication issues, the rest will be local initiatives.

Antonio Linares, MD, is director of the California DOQ-IT project. Lumetra, in San Francisco, is the notforprofit organization chosen as the lead in developing a model for adoption of EMR's for small to medium primary care practices. This program is facilitated locally through HealthInsite. Enhancing the IT infrastructure of the outpatient environment will facilitate improved tracking and surveillance applications which are important in battling emerging public health threats.

Steven Weinberger, MD, FACP discussed competency based education. He defined the 6 core competencies: medical knowledge, patient care, practice based learning, systems based practice, communication, interpersonal skills, and professionalism. These competencies will be taught and evaluated thru a revamped educational process. I feel that we as primary care physicians need to be familiar with the changes in the educational process as there exists a “disconnect” or a generation gap within the practice of internal medicine. Closing this gap and using one voice will take us a much further distance in accomplishing the reimbursement, patient safety, and political reforms necessary to continue the specialty of Internal Medicine.

The ACP Foundation is championing a campaign to address Health literacy among consumers. A significant proportion- 90 million people- of the population is unable to accurately read or follow prescriptions. Patients have significant problems understanding and remembering medical information. Remember, “What’s clear to you is clear to you.” The current health care system relies on more self care than ever before. This is an important project and just one of four issues that the ACP foundation is tackling. Your annual dues statement has a space devoted to donation to this worthwhile foundation.

The annual **Nevada Chapter Meeting** will take place at the **Four Seasons** on **January 15, 2005**. **Dennis O’Leary MD**, the CEO of JCAHO, will present the “new shared visions pathway” for hospital accreditation. This is important topic because we have to interface with hospitals in our day to day practice. Two hours of Bioterrorism, an update on Mesothelioma, and Implementing an EMR will be the other topics presented. The town hall meeting will be conducted at noon and then we will have the informative Washington update. Please stay for the resident poster competition which will conclude the day.

As usual, I need to hear form you in order to effectively advocate for you -- please make sure that your email address is up to date. My email is: **allergyinlv2@aol.com** Spread the word, invite a colleague to join the ACP. Benefits include educational opportunities, facilitation of recertification thru the MKSAP, and the continued professionalism of our way of life.

SUICIDE AND DEPRESSION - INFO FOR DOCTORS

As you all know, we have been working on educating docs about suicide risk recognition and the link between suicide and handguns. The New York City Department of Health and Mental Hygiene has just published a City Health Information bulletin called “Detecting and Treating Depression in Adults.” The publication is an excellent tool for physicians to use when screening for suicidal risk.

For more information, visit: <http://www.nyc.gov/html/doh/pdf/chi/chi23-1.pdf>

–VISIT OUR CHAPTER WEB SITE–

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

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.



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