

# Oklahoma Newsletter Spring 2004

## Oklahoma Chapter members to be recognized at ACP Annual Session

**Dewayne Andrews and M. Boyd Shook (both from Oklahoma City) will become Masters (MACP) in the convocation on Thursday evening during the ACP Annual Session.**

### **S. A. Dean Drooby, MD (Oklahoma City) receives 2003-2004 Key Contact Award**

The ACP recently announced that Oklahoma Internist S.A. Dean Drooby has been selected as a Top Ten Key Contact Special Recognition Award winner. This awards program was implemented in 1995 as a way to recognize those individuals who have made exceptional efforts in support of the College's advocacy program. Winners are determined on the basis of quantity and quality of responses to the College's legislative and other grassroots advocacy initiatives.

Dean's most notable contributions were numerous letters sent to members of Congress in response to the College's legislative alerts and his recruitment of ten new key contacts at our Chapter's scientific meeting.

### **Residents chosen by the ACP to present abstracts in New Orleans**

Associates selected as poster finalists will compete on-site in the Associate-Medical Student Poster Area, located in Hall I - 1 of the Ernest N. Morial Convention Center. The Research Poster Competition will be held on Thursday, April 22 — 10:30 am to 12:30 pm, and the Clinical Vignette Poster Competition will be -on Friday, April 23—10:30 am to 12:30 pm.

***Birendra Lal, MD—Tulsa*** The Paradoxical Response of Nitroglycerin in a Young Patient with Myocardial Infarction Due to Coronary Arteriovenous Fistula

***Hoang-Tuan Pham, DO—Tulsa*** The Lectin-Like Transcript (LLT1) Receptor on Human Natural Killer Cells Induces Interferon-Gamma Release but Not Cytotoxicity

***Akhil Raghuram, MD—Tulsa*** A Late and Unusual Presentation of Congenital Thrombotic Thrombocytopenic Purpura

***Muhammad Ghias, MD—OKC*** Clinical Vignette—Poster Finalist.

**Dala Jarolim, MD (Tulsa) will be a speaker during the Women in Medicine forum at Annual Session in New Orleans.**

# Governor's Column

**By Mike Weisz, MD, FACP**

**The end of April 2005 marks the completion of the first year of my four-year term as Governor of the Oklahoma Chapter of the ACP. Over this year I was fortunate to work with medical leaders from Oklahoma as well as national leaders in medicine. During this year I realized the true impact we can have on affecting the health of our patients and Internal Medicine. Over the last year our chapter members were honored with several distinguished awards including two ACP Master's Awards, an ACP Top Ten Key Contact Special Recognition Award and two national resident research awards.**

We have great chapter leadership. Scott Owen, our treasurer and chairman of our Member Services and Third Party Relations committee leads a meeting every month with the medical director of Oklahoma Medicare. Other committee members include: Dewayne Andrews, Mike Butcher, Dean Drooby, MD, Eldon V. Gibson, William Hall, and Bud Oehlert. This group has been instrumental in developing a professional and collegial environment for dealing with inequities in reimbursement and providing a great open forum with Medicare representatives.

Dean Drooby and Susan Harmon have been our voice at the state and national legislative level with Dean being recently chosen as one of ten recipients of the ACP Key Contact award. Brent Brown, was the Program Director of last years outstanding Oklahoma ACP Scientific Session and Sherri Sanders is currently completing the development of our 2004 Session to be held in September in Tulsa. Ali Mohammad leads our Membership Committee and developed a unique plan to provide admission at no charge to our new members who attend our annual scientific session—an idea that is being adopted by many other chapters throughout the country. Other members of our leadership Council include Tim Young, Robert Hauger, John Krodel, Mary Zoe Baker, Rhett Jackson, Marty Jelley, Wally Love, Mike Bronze, Bob Wortmann, and Alan Bock. I would like to give special thanks to our immediate past Governor and recipient of the 2003 Oklahoma Laureate award, Eldon Gibson, for the support and advice he has given me since my election as Governor and Kay Bickham, our Executive Director, whose support and organization really holds our chapter together.

During this year I was very impressed by our national ACP leadership. The organization does an outstanding job of combining the socioeconomic strength of the ASIM with the educational strength of the ACP. The staff of the Washington, D.C. office understands the necessary steps needed to develop effective legislation and policy. Sometimes this is accomplished simply by assuring that the status quo is maintained—not very exciting, but essential. The Colleges position paper *on care of the uninsured* was the basis of a congressional bill which was introduced last year. Although this bill was not passed, it was an essential step in the discussion of this important issue for Oklahoma. Our state, as I am sure you know, has one of the highest uninsured and underinsured populations in the country.

The ACP remains the premier provider of medical education and high quality guidelines for Internists. One thing you may want to look at is a product known as “PIER” (The Physicians' Information and Education Resource) This ACP developed web-based decision-support tool contains more than 280 clinical modules. . This is a FREE benefit of ACP members and is located on the ACP website. ([www.ACPonline.org](http://www.ACPonline.org)). Additionally, through the Board of Governors and the Board of Regents, we are working diligently with the American Board of Internal Medicine to simplify the re-certification process.

The ACP has been a singular leader in involving our newest members—residents and medical students. Oklahoma was recently awarded a grant by the ACP to develop an Internal Medicine resident council. This concept has been extremely successful at the national level by developing the future leaders of Internal Medicine. Already our residents have been prominent at the state and national level—last year our small state won 10% of the most prestigious ACP national resident research awards.

It has been an honor to serve you this year. I would also like to here from you about your ideas, especially if there are things you would like to see us address at either the local, state, or national level. You can reach me through my email: [michael-weisz@ouhsc.edu](mailto:michael-weisz@ouhsc.edu).

# News from Medicare Services

## Report from the OK Chapter 3rd Party Relations Committee

By Scott Owen, MD, Chair

The committee recently met with Medicare Services and we would like to pass on the following information to our membership....

### **Physician services to hospice patients**

Physician services to hospice patients was discussed again and we have received clarification and new information. Care plan oversight services and E. & M services may be billed by physicians to Medicare Services and other carriers as long as the physician is not an employee of the hospice company. These attending physician services are coded using the GV modifier: "Attending physician not employed or paid under agreement by the Patient's Hospice Provider".

### **Separately billed breast and pelvic exams**

Separately billed breast and pelvic exams (60101) and pap smears are reimbursable by Medicare Services only every two years. If more frequent exams are performed, have patients sign an ABN.

### **Electronic claims**

Starting July 6, 2004, all electronic claims not transmitted in a HIPAA compliant format will be given the same payment floor as paper claims, which is 27 days.

### **Critical Care Workshops**

Medicare Services will be hosting Critical Care Workshops starting in May. These workshops will focus on Medical necessity issues, documentation requirements, and common billing errors associated with billing critical care services. Please check the Medicare Services website for details.

### **CPT code for mini-mental state exam**

Also, our committee has continued taking measures to have a separate CPT code assigned to the Mini Mental State Exam so that this examination can be a billable service to Medicare Services and other carriers. A draft resolution was written and is being taken by our Governor, Dr. Michael Weisz, to ACP. Hopefully, this issue will be presented soon to AMA through ACP's representative to the AMA.

# HHS GIVES SEAL OF APPROVAL TO MEDICARE DRUG DISCOUNT CARDS

### ***PROGRAM ALSO TO INCLUDE WEB SITE WHERE SENIORS CAN COMPARE DRUG PRICES***

HHS and the Centers for Medicare & Medicaid Services are aggressively reaching out to seniors and people living with disabilities to inform them of benefits available to them under the prescription drug card program. 28 private sponsors have been approved to provide seniors and people with disabilities savings on their prescription drugs, beginning June 1. With the new cards, Medicare beneficiaries will receive discounts on prescription drugs, and low-income beneficiaries may receive an additional \$600 to pay for their prescription medicines in both 2004 and 2005.

Secretary Thompson said the competition between organizations offering cards -- as well as the public display of the prices the cards offer for prescription medicines -- will help drive down prices so that seniors get the best savings on their medicines.

Starting in late April, beneficiaries will be able to compare prices of drugs offered by the drug card programs at [www.medicare.gov](http://www.medicare.gov) or by calling 1-800-MEDICARE. The card providers may charge an annual enrollment fee of up to \$30. There is no enrollment fee for people who qualify for the \$600 credit.

## Medicare Trustees Report Paints Bleak Picture

In their *2004 Annual Report*, the Boards of Trustees of the Hospital Insurance and Supplementary Medical Insurance Trust Funds paint a bleak picture that shows that the Medicare trust fund could run out of money before 2020. The trustees' report also projects that growth in Part B benefits will slow dramatically over the next 10 years because of reductions that are anticipated in physician payments over a seven-year period beginning in 2006. Cuts in physician payments, which are the result of problems with the current sustainable growth rate (SGR) payment formula, could be as steep as 5 percent each year. Overall, the trustees anticipate that Part B costs will continue increasing faster than the Gross Domestic Product (GDP).

## What Internists Need to Know About Medicare Changes for 2004

This question-and-answer document provides information on the 2004 Medicare physician fee schedule, including portions affected by the MMA; other MMA provisions that have an impact on physicians in 2004; and other Medicare changes for 2004. It is available through the ACP Practice Management Center and can be accessed online at [www.acponline.org](http://www.acponline.org).

## Legislative Update

### In Oklahoma

April 1 was a deadline at the Capitol — all bills that were still alive had to be heard in the opposite house committees or they were considered “dead” for the session. Let's look at what's left.

HB-2661, the Lawsuit Reform Bill is still working its way through the system without a title and loaded down with amendments. Which means it will for sure end up in conference committee to work out details.

HB-2660, the Tobacco Tax Bill is also still alive. There is an attempt to insert language for a state tax credit for uncompensated care.

SB-1568, the bill that established a task force to study the prescriptive authority of psychologists, did not receive a hearing in the House Public Health Committee.

Interestingly, it appears as though psychologists are also attempting to make inroads via workers' compensation laws. In H.B. 1116 the requirement for medical supervision over testimony by a psychologist would be eliminated. In this bill, a “physician” would be defined as “. . . any person licensed in this state as a medical doctor, chiropractor, podiatrist, dentist, osteopathic physician or optometrist. The Court may accept testimony from a psychologist . . .”

The next deadline is April 22, when all bills have to be heard in the opposite chamber.

**Encourage your patients to visit [www.okmed.org](http://www.okmed.org) and click on “Stop Lawsuit Abuse” for information on the need for lawsuit reform in Oklahoma and how it effects them.**

# And in other states Around the nation

## Medical liability reform

This is again being debated hotly in statehouses across the nation. Physicians continue to rally publicly for state reforms. At least 23 states have introduced legislation related to medical liability reform this year, including, **Alaska, Arizona, Connecticut, Delaware, Georgia, Illinois, Iowa, Kentucky, Maryland, Michigan, Minnesota, Missouri, Montana, New Hampshire, New York, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Virginia, Washington, West Virginia, and Wyoming.** Of these states at least twelve have introduced legislation that would place a limit on non-economic damages. In addition, five states have introduced legislation or are pursuing a ballot initiative to amend their state constitution to allow caps on damages. Following is a summary of recent state legislative activity that is of particular interest.

## Pharmaceutical Issues

### Reimportation

Since the start of the 2004 legislative session, approximately 16 states have seen the introduction of legislation addressing the *reimportation* of pharmaceuticals. This legislation ranges from urging the U.S. Department of Health and Human Services to certify the safety of Canadian drugs (Arizona), to authorizing certain programs within the state to purchase drugs from licensed Canadian pharmacies (Hawaii), to generally seeking approval for the importation of drugs from Canada (New Hampshire, Tennessee, Vermont, Washington, and Wisconsin).

### Cost Control Measures

As expected, state lawmakers have begun introducing cost containment legislation. Not only does it appear that **Alaska** officials are in the process of developing a Medicaid preferred drug list (PDL), both **Colorado** and **Connecticut** legislators have introduced legislation that would establish a Medicaid PDL program. Notably, Colorado’s legislation is based on Oregon’s PDL program. Further, **Mississippi** has two bills in its legislature that seek to expand the list of drugs covered by its existing PDL.

**Kentucky’s** is seeking to establish the Kentucky Rx Program for residents with family incomes less than or equal to 350% FPL. This legislation would require the Secretary of the Cabinet for Health Services to negotiate manufacturer rebates which would be used to provide discount prescriptions and cover administrative costs of the program.

With respect to bulk purchasing, several states are considering legislation that would require state departments to establish bulk prescription drug purchasing programs

### Prompt Payment

#### **Full Enforcement of State Prompt Pay Laws**

A positive development in Texas bolsters the AMA’s ongoing effort to clarify that states have authority to impose prompt pay requirements against ERISA plans. Nationwide, entities that pay claims for self-funded ERISA plans argue that they are not subject to state prompt pay requirements and penalties for late pay.

### Fair Contracting

The 2004 legislative session has seen several states introducing fair contracting legislation in an attempt to aid physicians in their negotiations and on-going dealings with managed care entities. The following is a summary of the bills that have been introduced thus far.

### Any Willing Provider

There is a revival of interest in “any willing provider” bills in a number of states. This renewed interest is probably the result the U.S. Supreme Court’s decision in *KAHP v. Miller*, which held that ERISA did not preempt Kentucky’s any willing provider statute

### **Assignment**

Physicians are experiencing situations in which managed care organizations ignore assignment. Rather than paying an insured's physician for providing health care services, managed care organizations may pay the insured directly. The physician is therefore tasked with having to obtain payment from his/her patient.

## **Health Policy — out of Washington**

### **The business of medicine**

#### **CMS releases long-awaited Stark II final rule with new exceptions**

The CMS late last month issued the second phase of its final Stark II rule, which addresses physician referrals for services at entities with which physicians have a financial relationship. Physicians are prohibited from referring Medicare and Medicaid patients for services to those entities, unless the Stark II statute provides an exception.

According to a CMS press release, the recently-released final rule creates several new exceptions. They include:

- investment and ownership exceptions, including one for hospital ownership;
- compensation exceptions, including ones for office space and equipment rental, personal service and employment relationships, and physician recruitment;
- new exceptions, including one on providing information technology items and services to community physicians, and an exception for free or discounted health care services offered by hospitals to medical staff members.

In drafting the final rule, the CMS adopted many of the College's recommendations to clarify the exceptions and make the regulation more flexible.

#### **House Passes 2005 Budget Resolution but Debate Drags On**

Last month, the House approved an FY 2005 budget proposal which would cut discretionary funding by \$358 million (or 1 percent) below FY 2004 appropriations levels. Most health programs fall into the discretionary spending category and are divided into non-homeland security and homeland security-related activities. In addition, all non-homeland security discretionary programs within the House budget resolution would be cut by at least another 1 percent, including funding for the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and Agency for Healthcare Research and Quality (AHRQ). In early March, the Senate passed its version of the FY 2005 budget resolution, which had NIH FY 2005 funding increases only slightly higher than FY 2004 spending levels. Thanks to an eleventh-hour amendment by Sen. Arlen Specter (R-Pa.), an additional \$771 million was provided for the NIH, raising the Senate's funding of the NIH to approximately \$29.9 billion (an overall increase of 7.2 percent). Last week, a House-Senate conference committee, which is tasked with resolving the differences between the House- and Senate-passed budget resolutions, reached agreement on an overall discretionary spending limit of \$821 billion for FY 2005. However, a number of controversial issues must be resolved before a final conference report can be filed.

#### **ACP voices opposition to Medicaid cuts**

The College joined with 19 other medical groups in opposing Medicaid funding cuts and urging lawmakers to reject such cuts in the 2005 budget resolution.

They noted that states may look to provider payment cuts and benefit reductions as a way to offset reduced Medicaid funding, which will ultimately increase the number of uninsured Americans.

The College also urged lawmakers to consider extending Medicaid's federal matching assistance program beyond June 30, when \$10 billion in temporary state relief will expire.

## **Corporate coalition launches physician, hospital report card program**

A group of 28 major U.S. companies has launched an initiative to use insurance claims data to create report cards for physicians and hospitals. The companies' goal is to create a rating system to help employees choose the providers based on quality and cost.

The initiative, called *Care Focused Purchasing*, would use data from the medical care claims records of the group's 2 million employees and their dependants, the March 25 *Modern Physician* reported. The coalition already has data-sharing commitments from several insurers, including Humana and some Blue Cross/Blue Shield programs.

Critics of the initiative point out that medical claims data do not accurately reflect the actual quality of care, because they do not adjust for illness severity or take a patient's other chronic conditions into account.

However, a coalition spokesperson quoted in *Modern Physician* pointed out that claims data would be relied on for initial measurement until more sophisticated measures could be developed. Companies involved in the initiative include Sprint Corp., J.C. Penney Co., Pepsi, Xerox and Texas Instruments.

## Public Health Issues — Obesity

Increasingly, the growing number of obese Americans is being viewed as a problem that should be addressed as a public health crisis, or even as a disease. Over the past year, a chorus of concerned voices from policymakers, private payers, employers, “disease” groups and others has grown considerably louder. The Centers for Disease Control (CDC) recently issued a report that estimates the cost of providing medical care to obese Americans at \$75 billion in 2003. On the legislative front, several states (*including Oklahoma*) are looking for ways to address childhood obesity with measures related to strengthening school physical education programs, restrictions on vending machines in schools, and through snack and/or soda taxes. As for obese adults, some states are exploring legislation that would mandate insurance coverage for treatments for morbid obesity, such as gastric bypass. The food industry, with well-financed organizations including the Grocery Manufacturers of America and the Sugar Association, will pose a challenge to many of these measures.

# *ACP Oklahoma Chapter presents — Updates in Internal Medicine*

*Annual MEETING September 24 – 25, 2004*

**FRIDAY SEPTEMBER 24, 2004**

### **8:00 WELCOME AND OPENING REMARKS**

Michael A. Weisz, MD, FACP  
Governor, ACP Oklahoma Chapter

**8:10** *The Metabolic Syndrome: Clinical Aspects*

T. Karl Hoskison, MD

**8:50** *Difficult Psychiatric Clinical Problems in General Practice: Where to go with Personality Disorders, Adult ADHD, the most Recent Trends in Substance Abuse... and more*

Gerard Clancy, MD

**9:30** *Quality Improvement and Physician Accountability in the Age of Evidence-based medicine: Closing the Quality Chasm*

Samantha L. Collier, MD, MBA

**10:10 – 10:30 BREAK**

**10:30** *Hypertension in African Americans*

Kenneth A. Jamerson, MD

**11:15** *Abnormal Uterine Bleeding: New Therapy for an Old Problem*

Howard A. Shaw, MD

**12:00** *College Update*

Jeffrey Harris, MD, FACP

**12:30** *TOWN HALL LUNCHEON AND CHAPTER AWARDS*

Michael A. Weisz, MD, FACP  
Governor, ACP Oklahoma Chapter

**1:45** *Gastroesophageal Reflux Disease*

John Fucci, MD, FACP

**2:30 – 3:20 ASSOCIATE PRESENTATIONS**

**3:20 – 3:40 BREAK**

**3:40** *Cardio-Renal Syndrome: A Nephrology Perspective*

Pranay Kathuria, MD, FACP

**4:20** *Multiple Sclerosis*

Randall M. Webb, MD

**6:00 – 8:00 POSTER PRESENTATIONS**

## **SATURDAY SEPTEMBER 25, 2004**

**7:30** *Continental Breakfast and Chapter Annual Business Meeting*

Michael A. Weisz, MD, FACP

Governor, ACP Oklahoma Chapter

**8:30** *Sleeping with the Enemy: The Cardio-vascular Consequences of Sleep Apnea*

Kevin Lewis, MD

**9:10** *Practical Evidence: Recent Articles of Interest*

Robert B. Hauger, MD, FACP

**9:50** *Reducing Medical Errors*

Timothy R. Young, MD

**10:30 – 10:45 BREAK**

**10:45 – 12:00 WORKSHOP SESSIONS**

- OPTION 1 Joint Injections—  
Craig Carson, MD
- OPTION 2 Medical Informatics—  
Sameer Badlani, MD

**12:00 FAREWELL LUNCHEON AND RESIDENT AWARDS**  
**1:30 PLICO Loss prevention Seminar**

## FACULTY

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**AMERICAN COLLEGE OF PHYSICIANS— Oklahoma Chapter  
REGULATIONS FOR SUBMISSION OF ABSTRACTS for oral and poster  
presentations**

**Clinical Vignette Competition**

**Definition:** A clinical vignette is a report of one or more cases that illustrates a new disease entity, or a prominent or unusual clinical feature of an established disease. It may include a summary of pertinent patient history, physical findings, laboratory data, or management description.

**Research Competition**

**Definition:** Submissions can report clinical and/or laboratory-based research, delineate a new investigation into mechanisms of disease, or consist of detailed review of a clinical problem. Abstracts concerned with efficiency, cost or method of health care delivery, quality of care, and medical decision-making are also encouraged.

**ABSTRACT INFORMATION AND INSTRUCTIONS**

**Abstract Eligibility:** Original abstracts that either have or have not been presented at other meetings will be considered. Presentation of original work at the chapter meeting may, however, jeopardize presentation before another society. Abstracts are eligible if they have been published; however, abstracts based upon full papers that have been published are not eligible.

**Author Eligibility:** The first author of an abstract must be an ACP Associate in good standing. Co-authors need not be ACP members. Abstracts must be signed by your Program Director. You are encouraged to write your abstract in a format similar to that used in scientific papers so that it may be cited in curriculum vitae or submitted as evidence of scholarly activity when you are preparing to advance to Fellowship in the American College of Physicians.

**Forms will be available from the Program Directors in OKC and Tulsa.**

*You are invited....*

**PLEASE JOIN YOUR OKLAHOMA COLLEAGUES**

**FOR A RECEPTION IN NEW ORLEANS**

**DURING THE ACP ANNUAL SESSION**

**FRIDAY, APRIL 23, 2004 — 5:30 – 7:00 P.M.**

**IN THE LAFAYETTE ROOM—41ST FLOOR  
OF THE NEW ORLEANS MARRIOTT  
555 CANAL STREET**

## Seeking Mentors for Young Physicians at Annual Session

The ACP's Young Physicians Subcommittee is sponsoring a networking and mentoring breakfast at Annual Session 2004 in New Orleans, on Friday, April 23, 2004, 7-9 a.m., in the Hilton New Orleans Riverside, Versailles Ballroom. The breakfast will offer personal guidance that a young physician might seek from a more experienced mentor. Mentors will be seated at tables labeled by topic, and attendees can select tables of interest to them. A continental buffet breakfast will be served. All College leaders are invited to participate as mentors at the breakfast. If you have questions, please contact Martha Cornog, Manager, Membership Services, at 800-523-1546, ext. 2696;

[mcornog@acponline.org](mailto:mcornog@acponline.org).