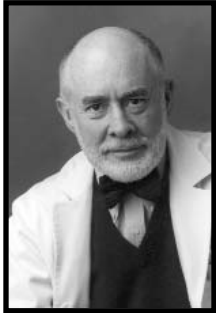


Oregon Chapter GOVERNOR'S NEWSLETTER

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

Winter 2004

Stephen R. Jones , MD, FACP
Governor, Oregon Chapter



GREETINGS FROM THE GOVERNOR

Congratulations: Robert Gluckman, MD, FACP, has been chosen by the Chapter membership as Governor-elect. Bob will assume this position at the Annual Meeting in New Orleans and then become Governor at the Annual Meeting of 2005.

Dr. Gluckman, graduated Summa Cum Laude from the University of Illinois in 1978. After attending medical school at the University of Chicago, he completed residency at Michael Reese Hospital. He was in private practice in the Sears Tower in Chicago for over six years before moving to Portland. For the last 11 years, he has been on the faculty at Providence St. Vincent Medical Center in Portland, where he currently serves as Associate Director of the Internal Medicine Residency and Director of the Department of Medicine Faculty Practice. His participation in the Oregon Chapter American College of Physicians has been extensive, and he currently serves as Chair of the Public Policy and Awards Committees. He is also a regular speaker at the Chapter's Annual Scientific Session. He brings a background of clinical practice and medical education to the role of Governor.

CHAPTER LEADERSHIP AND STAFF CONTINUE TO FOCUS ON THREE AREAS: Education, Advocacy & Policy, and Financial Management of Chapter Resources

Education:

The Annual Chapter Meeting in my estimation, may have been the best ever: great program, great audiovisual support and great company. My appreciation and thanks to the Co-Chairs, Claudia Leonard and Linda Humphrey and their Committee, and also to Mary Olhausen, our Chapter Administrative Director and Leslie Doering, of OHSU-CME for the high level of their work.

Please make your plans for 2004. For the first time in Chapter history, the Meeting will be held in Portland at the Marriott Hotel, November 4-6.

Advocacy/Public Policy:

Bob Gluckman has taken the Chapter forward in its role as advocate for the practices of Oregon internists. He has put together an expert and interested group of colleagues for the Health Policy and Advocacy Committee: Cornelia Taylor, Dan Slesinger, David Thompson, George Nelson, Heather Hue, Jim Ritzenthaler, John Santa, Keith Marton. On our behalf, Bob personally attended the 2003 Leadership Day on Capitol Hill. He and Mary Olhausen are collecting member email addresses so that we may participate in a timelier manner to urgent advocacy issues. He is working with the Oregon Medical Association, and in particular, is supporting the OMA effort for tort reform.

Financial Management:

Arthur Hayward will continue as Chapter Treasurer into Bob Gluckman's Governorship. The Chapter finances are healthy thanks to his stewardship and the previous leadership of Jim Reuler. Art is again carefully looking at optimizing the investment returns of our funds so that we can continue to support worthwhile efforts that support our mission.

CHAPTER SUPPORTS JOHN KITZHABER CHAIR ON HEALTH CARE POLICY

For the second consecutive year the Chapter Council has approved a donation of \$5,000 to The Foundation For Medical Excellence in support of the Kitzhaber Chair on Health Care Policy.

The Foundation For Medical Excellence Board of Directors created the John Kitzhaber, MD Chair on Health Care Policy at the end of 2003. They were very pleased to announce in March of this year that the first recipient of that Chair is to be John Kitzhaber, MD.

The purpose of the Chair is to create an environment for Dr. Kitzhaber to provide the vision and leadership that has made Oregon a health care pioneer. His active involvement will help the Foundation as it explores avenues for implementing the Oregon Health Assessment Project. He also will be active in research, writing and speaking on the national quest to make quality health care affordable and available to all. The Foundation believes it is important to make this a neutral spot for the former Governor in which he is not beholden to any other organization, including the Foundation itself, so that he can continue work in the area of health care policy which has the potential to dramatically impact Oregon, the Pacific Northwest and the Nation. So far, The Foundation has received contributions and pledges of approximately \$450,000 for the Chair.

ENVIRONMENTAL ASSESSMENT - EMERGING HEALTHCARE ISSUES

The Environmental Assessment (EA) - the College's new program that identifies important, emerging healthcare issues and anticipates the likely course of healthcare over the next few years, is available on line at www/ea.acponline.org. The EA contains approximately 70 summary statements along with links to supporting evidence. These statements focus on trends in medicine and health that will likely impact ACP members and the College as an organization. The EA serves as the informational foundation for the College's Strategic Plan.

ACP NET PRACTICE-BASED RESEARCH NETWORK

Solving Our Problems Together: The ACPNet Practice-Based Research Network

By William J. Hall, MD, MACP

Practice-based research has been a way of life for me throughout my professional career. I was fortunate enough to have the early mentorship of my father-in-law, Burtis Breese, MD, who published over 150 articles relating to streptococcal pharyngitis during his 50-year career as a practicing pediatrician. Over the years my colleagues and I have studied a wide variety of clinical issues ranging from our approaches to common respiratory symptoms, such as cough, to more complex issues such as the epidemiology of respiratory tract infections in the community. My partners and I have also tried to understand how we can enhance our communication methods with our patients. More recently, my interests have followed the changing medical needs of my patients, most of whom are now older adults. Now I concentrate on understanding how we can continue to provide comprehensive quality care and preventive measures to these older adults even given the enormous constraints on time and resources.

During my recent year as President of ACP, I attended regional meetings in over 25 states. I don't think I ever participated in a Chapter meeting when I wasn't impressed by the quality and import of observations of practicing internists at those meetings. The tragedy is that such insight usually remains in the local community, much to the detriment of our over 150,000 members and our patients. It is for that reason that I am so enthusiastic about ACPNet, as it provides a venue for all of us to contribute key information to improve medical care, and to enhance our intellectual life. I hope you will strongly consider having your practice join this vital network. For more information or to join ACPNet, please contact:

Peter Martelli

Website: <http://www.acponline.org/acpnet>

E-mail: pbrn@acponline.org

Fax: 215-351-2594

Phone: 215-351-2844 or 215-351-2603

REVITALIZING INTERNAL MEDICINE: CHALLENGES AND OPPORTUNITIES

**Charles M. Kilo, MD, MPH, GreenField Health, Portland, OR,
and Fellow, Institute for Healthcare Improvement, Boston, MA**

The future of internal medicine - it's the topic of extensive discussion these days. It began as a murmur several years ago, but seems to be moving higher on the ACP's priority list - with good reason. The environment of health care is in a particularly tumultuous period. Myriad forces are converging to create an environment that, especially for general internists, may soon reach crisis stage:

- Pressured economically to increase patient volume to meet practice overhead, primary care internists, and to some degree other non-procedural sub-specialists, are increasingly squeezed financially and logistically.
- The number of medical students choosing general internal medicine as a career continues to plummet, from 12.2% in 1999 to 5.9% in 2002, even as the aging population and other factors increase demand for the general internists' services.

We have also entered an era of intensified focus on what we do and how we do it, as evidenced by the Institute of Medicine report "Crossing the Quality Chasm" and the push for greater performance measurement through initiatives such as The Leapfrog Group. The intensity of focus on our actions is also growing as health care expenditures continue to escalate far in excess of the general inflation rate and an increasing number of people are left with no insurance at all. In short, there is both a professional and a societal imperative for us to be introspective now. Such times present both challenges and opportunities.

The opportunity is to revitalize internal medicine to meet these challenges head on. For the first time in history we have a convergence of both the necessary knowledge and technology to fundamentally transform our practices. The growing body of information about practice design is equipping us to improve both the way we work and the outcomes of our work; and technology such as electronic medical records and secure messaging are transforming our ability to access data and to interact with patients.

To address these challenges and opportunities, the conversation about the future of internal medicine has begun in earnest. In early November, the ACP convened a summit titled "Rewriting the Constitution of Internal Medicine" in Philadelphia gathering 100 leaders to begin developing plans to address these challenges. That summit followed on the heels of the American Board of Internal Medicine's 2003 Forum "Health Care in the 21st Century: What is Internal Medicine's Role in the New Health Care Environment?" Other organizations such as the Society of General Internal Medicine and the American Academy of Family Physicians have convened similar gatherings and are currently completing related reports.

The fact that these organizations have begun discussing the future is deeply encouraging. The task ahead is to shape the direction of that conversation so that the objectives we pursue benefit both the profession and society in general. Perhaps the biggest challenge we face is to develop the necessary leadership to guide us through these times, and to remain cohesive and supportive of that leadership. We have abdicated that leadership in the past and then spent nearly two decades cursing the managed care constraints that emerged due in large part to our lack of constructive, collective involvement. We are at a similar juncture now. We run the risk of standing on the sidelines once again if we cannot find a way to work together to address these problems. If we fail to develop that leadership and to stand behind it, it will likely be to our detriment - particularly to the general internist. We need to move beyond the insular view of our individual work toward a more cohesive view of the provision of care. If such a system is to be successful, it will have to address deeply personal issues such as physician behaviors that drive cost escalation and illogical reimbursement that so disproportionately rewards tests and procedures over the thoughtful, careful management necessary to avoid such expenditures. Are internists capable of acting cohesively to address these issues without large segments opting out in order to protect their personal and professional space and income? Will we be able to create a future that is not a win for some and a loss for others but rather a win for all?

If we wish to revitalize internal medicine, it is imperative that we stop thinking, for at least a moment, about the finances of our own practice and consider how our own actions are affecting the quality and costs of our society's health care. If there are quality problems, they are our problems. If there are cost problems, it is because we, at least in part, have created those problems. In approaching the challenges of internal medicine, I hope that we can remain sharply and cohesively focused on solving these problems.

PUBLIC POLICY REPORT

By Robert Gluckman, MD, FACP

The Public Policy Committee met via teleconference on October 8, 2003. The major issues addressed were the Chapter's support of the Oregon Medical Association's (OMA) liability reform initiative and primary care access for Medicare patients. Members of the committee felt strongly that these practices were greatly affected by premium increases and there was concern about the future availability of liability insurance. The OMA is prepared to place 4 ballot measures for the November 2004 election. These measures support a constitutional amendment to place \$500,000 cap on non-economic damages and limits on attorney contingency fees. Given the opposition of trial lawyers, an estimated \$6,000,000 is needed to support passage of this effort.

The committee endorsed the OMA's fund raising efforts and encourages Chapter members to donate \$1,000 for this effort. Donations should be sent to:

**Medical Liability Political Action Committee
Oregon Medical Association
3419 SW Corbett
Portland, Oregon 97239-3897**

The committee also discussed the crisis in primary care access for Medicare patients. In many communities, private practice primary care physicians limit or no longer accept new Medicare patients in their practices. In order to facilitate the Chapter's lobbying efforts, the committee asks Chapter members to report on access issues in their local communities. If Medicare access is a concern in your community or if you have other issues for the committee to address, please send an email to Bob Gluckman, Chair of the Public Policy Committee at robert.gluckman@providence.org.

ANNUAL SESSION TO BE HELD IN NEW ORLEANS APRIL 22-24, 2004



Make the most of Annual Session and your visit to New Orleans. In addition to the Scientific courses given, come early and take advantage of the Pre-Session courses offered (April 20-21). Then make some time to enjoy the city itself, as there are a variety of activities to take pleasure in. Over 260 sessions provide comprehensive coverage of internal medicine, the subspecialties, and issues in practice management and health care policy. Whatever your learning style or educational interest, the Scientific Program offers something for you.

After a hard day of work and learning, take some time to check out the wonderful city you are visiting. Enjoy the jazz influenced music-which is the heartbeat of New Orleans-as well as its world famous Southern food and hospitality. Additionally, New Orleans offers architecture with a Spanish and French influence, and various art galleries to enjoy. For those who are able, bring the family-there are several activities for children as well. Don't miss out! Make sure to start planning for Annual Session. Check out your brochure and sign up soon. This is one trip you don't want to miss!

UPCOMING DATES TO REMEMBER

April 22-24, 2004	ACP Annual Session, New Orleans, LA
April 30-May 1, 2004	Clinical Cardiovascular Symposium, Oregon Chapter of the American College of Cardiology
May 18-19, 2004	ACP Leadership Day on Capitol Hill, Washington DC
November 4-6, 2004	Oregon Chapter Scientific Meeting, Portland, OR
April 14-16, 2004	ACP Annual Session, San Francisco, CA
November 3-5, 2005	Oregon Chapter Scientific Meeting, Eugene, OR
April 6-8, 2006	ACP Annual Session, Philadelphia, PA

ANNUAL OREGON CHAPTER SCIENTIFIC MEETING, NOVEMBER 6-8, 2003

Program Chair's Report - Claudia Leonard, MD, FACP

The annual Oregon Chapter ACP meeting in Eugene was a resounding success. Attendance was over 200 members, representing different corners of the state. The Associates' competition was impressive with the largest participation ever (details below). There was opportunity to catch up with old friends and perhaps make new acquaintances through the Women's and The Hospitalist's Breakfast Briefings. We heard sobering statistics about the impact of HIV on Africa, but might feel some optimism about the challenging work of Dr. Merle Sande to train rural Ugandan physicians in the care of these patients. Dr. Jim Reuler gave an inspiring talk with reminders to take care of ourselves and recharge our batteries by getting involved in our communities. All the speakers were excellent, and we thank them for their work. Please mark your calendars for next year and note the meeting will be held in Portland. Look forward to seeing you then.

Associates' Competition 2003

Oral Clinical Vignettes -

1st Prize: **Imran Mohamedy, MD**
2nd Prize: **Mary A. Kovalak, MD**
3rd Prize: **Robert Hoffman, MD**

Clinical Vignette Posters -

1st Prize: **Amisha Barochia, MD**
2nd Prize: **Ian Choe, MD**
3rd Prize: **Antony Charles, MD**

Clinical Research Poster -

1st Prize: **Balaji Tamarappo, MD & Hall T. McGee, MD, MS**

Congratulations to all the participants of the competition.



Balaji Tamarappo displays his winning poster!

CHAPTER AWARDS PRESENTED AT THE ANNUAL CHAPTER MEETING

Oregon Chapter Laureate Award - Huldriek Kammer, MD

The late Huldriek Kammer, MD, was awarded the Chapter's second Laureate Award at the recent Chapter meeting in Eugene. The Laureate Award honors those in the College who have demonstrated by their example and conduct an abiding commitment to excellence in medical care, education, or research, and in service to their community, their Chapter, and the ACP. Kammer was lauded for his long-standing and loyal supporter of the College. His consulting practice at Providence Portland Medical Center included the constant participation of medical students, residents and fellows. In the Division of Endocrinology he was a fixture at their clinical conferences and other educational activities. He collaborated in several clinical trials. He became a sought-after lecturer for both medical students and CME activities. Most recently he was Associate Director of Medical Education for the Internal Medicine Residency at Providence Portland Medical Center. Dr. Kammer was remembered for his teaching and mentoring and continuing to always be an inspirational role model. He was the recipient of the Oliver Nesbitt Teaching Award from OHSU, and the Howard P. Lewis Teaching Award from the Oregon Chapter. In May 2003, the Endocrine Division at OHSU announced the creation of the Huldriek Kammer Clinical Achievement Award, which will be presented annually to "a young physician who has demonstrated enthusiasm for learning, a gift for teaching, and the generosity to share knowledge and experience with others - as exemplified by our friend and colleague, Dr. Huldriek Kammer."



James B. Reuler, MD, HP Lewis Service Award 2003 and Stephen Campbell, MD, HP Lewis Teaching Award 2003.

PEER-TO-PEER PROGRAM

Mentoring Has Its Own Rewards - And We've Just Added One More

Mentors have, at one time or another, touched us in a such a way that it would be hard to imagine what direction our lives would have taken if we hadn't met these special people.

Making this kind of an impact on a colleague's professional life is one of the goals of the College's Peer-to-Peer recruitment program. Statistics have shown that one of the most effective ways an organization can recruit new members is through social networks and personal conversations. Peer-to-Peer is a program that encourages ACP members to talk about the benefits of being a member to those who don't yet belong to the College.

As members of the ACP, you are in the best position to encourage your peers to join the College, and for every new full dues paying member you recruit, you will receive a \$100 College gift certificate. The gift certificate can be used to purchase College products as well as pay your dues. The College will provide instructions and membership packets as well as names and contact information for ABIM-certified non-member physicians to facilitate your efforts. If you are interested in becoming a Peer-to-Peer recruiter, please contact **Mary Olhausen** at omary@teleport.com, 503-494-8676.

OREGON CHAPTER ASSOCIATES- Timothy J. Thunder, MD

It has been my pleasure to assume the role of Chairperson for the Associates' Council this year. I've been impressed at the development of the Council since I was a member just over three years ago. Certainly, much of this success was due to the guidance of our outgoing Chairperson, Sima Desai MD, who has continued to provide invaluable advice.

The annual Residents' Mixer was held in the late summer, and was well received. This mostly social event is intended to build links between the residencies, and encourage ACP membership. The Council has also continued the "Career Night" dinner series. Our October session allowed Associates to meet with local physicians to discuss the various internal medicine career options, while the November meeting focused on how to prepare a CV, and the "do's and don'ts" of job interviews. After breaking for the holidays, the monthly sessions will resume with such topics as the details of medical malpractice insurance, and contract negotiation.

The Associates Competition at the annual meeting in Eugene was the largest ever. Our Associates presented 34 clinical vignette posters, 7 research posters and 6 oral presentations. Each year, the quality of these academic works continues to rise, as I'm sure those of you who could attend will agree. Our national representatives compared it to the best Associate meetings in the country, an honor due both to the hard work of the Associates, and the support of the Oregon Chapter.

The Associates' Council looks forward to another year of building camaraderie between residency programs, providing educational tools to the Associates, and encouraging active membership in the ACP, all while developing the leadership and management skills of the Council members.

NATIONAL AWARDS AND ADVANCEMENTS WILL BE PRESENTED TO OREGON CHAPTER MEMBERS AT THE ACP ANNUAL SESSION

Walter J. McDonald Award for Young Physicians - Sima Desai, MD

The Walter J. McDonald Award for Young Physicians was established by the Board of Regents of ACP in January 2003. The award recognizes outstanding achievement by a physician less than 40 years of age in the areas of leadership, including advocacy; academics, including publishing, teaching, and mentoring; and/or volunteerism. The award will be announced at Convocation with the actual presentation at the Young Physician Networking Breakfast or a similar event at Annual Session in New Orleans. Dr. Desai is the first recipient of this award.

MASTERSHIPS

The Chapter nominated, and recommended by the ACP Credentials Subcommittee for election by the Board of Regents, two Oregon physicians for Mastership:

Kathleen Weaver, MD, FACP - Portland, OR

James B. Reuler, MD, FACP - Portland, OR

FELLOWSHIPS

Below are the Oregon Members who were recommended by the Credentials Subcommittee and approved for election by the Board of Regents in July 2003 and November 2003 for advancement to Fellowship. Their advancement will take place at the 2004 Annual Meeting in New Orleans.

Martin L. Jones, MD

Clarissa Borrego, MD

Chuck M. Kilo, MD, MPH

Keith H. Bachman, MD

Melinda J. Muller, MD

OHSU MEDICAL STUDENTS

ACP Student membership has been quite busy!! The 1st & 2nd years' Internal Medicine Interest Group is headed up by **Damian Flowers** and **Emily Borod**, both MS-II's.

* In September they participated in the OHSU Student Interest Group Fair---a one-day event promoting student-run interest groups in various disciplines, where they distributed ACP student membership information.

* The ever-popular IMIG Noontime lunch series continues with much enthusiasm, featuring talks by Hospitalists, Geriatrics, Medicine Chief Residents, Community/Volunteerism, Chair of Medicine, and the ACP Oregon Chapter Governor.

* NARA Service Learning Elective

Medical students have volunteered at the Native American Rehabilitation Association (NARA), a clinic that provides services to Native Americans in Portland. From this volunteer experience, they have now coordinated to have the experience be a bona-fide elective class for credit. Faculty member, Dr. James Reuler is assisting with set up and grading. The goals of the elective are to expose medical students to cultural issues that arise when working with Native American patients, to educate medical students about health care needs of Native Americans in the Northwest, and to help medical students gain experience in basic clinical skills. Students attend two training sessions and then work in the equivalent of three clinics throughout the year. Students are awarded one clinical elective credit upon successful completion of the course--a grade of pass/no pass will be determined based on attendance and professionalism. Skills learned include taking vitals, measuring blood glucose levels, obtaining EKG's, drawing blood, placing PPD's, giving immunizations, and testing urine samples, as well as cultural competency training about working with Native Americans. The clinic offers "Diabetes Day" each month which the students participate in.



Patty Frew (left) and Emily Barod, Medical Students at NARA Elective 2003.



Matt Mundy (back) and Damian Flowers, Medical students at NARA Elective 2003.

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CHAPTER WEB SITE:
www.acponline.org/chapters/or

RECRUIT A RESIDENT PROGRAM 2003

The Chapter is pleased to announce that all four training programs in Oregon participated in the 2003 Recruit-A-Resident Program. This program is a recruitment initiative in which internal medicine residency programs are rewarded with electronic educational products for successful recruitment efforts. While all programs made strides in recruitment efforts, only one program qualifies because at least 90% of the categorical residents are members of the College.

Program	Total Program Size	Total ACP Members	Percentage
Legacy	48	46	96%
Providence Portland Med Ctr	30	18	60%
Providence St. Vincent Med Ctr	25	10	40%
Oregon Health & Science Univ	90	27	30%

ACP PATIENT EDUCATION PROGRAM

ACP is developing a new inclusive Patient Education Program for members. The College is working with Vitality Communications/Stay Well to publish a series of ACP Special Reports. These are patient education brochures focusing on specific health problems commonly treated by internists. The first in a series of special reports for patients, "Managing The ABC's of Diabetes" is now available FREE to ACP members. "Managing the ABC's of Diabetes" is an eight-page, full-color information brochure for ACP members to provide to their patients. The information will also reside on the doctors-foradults.com Web site. The content of each ACP Special Report has been reviewed and approved by ACP Scientific Policy Staff and will provide patients with valuable educational information from trusted sources. For more information about this program, or to order the brochures, please visit www.acponline.org/college/misc/pated_prog.htm.