

ACP

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

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UPDATE FROM PCIM

Editor's Note: This periodic communication to our members is supplemented by email announcements. If you are not receiving these emails, send your email address to the state office at pcim.hq@verizon.net. Your comments and suggestions are welcome anytime and in any mode.

October, 2003 Ballot Issue

Annual Meeting Set for Oct. 24 - 26 Coding Workshop Money Back Guarantee

Pennsylvania internists and residents will benefit from a fantastic line-up of scientific programs, an excellent Coding Workshop, and special events at the October 24, 25 and 26, 2003 Annual Meeting in Harrisburg. Many thanks to Program Chair Noel Ballentine and his Program Committee. Their goal was to offer a program that all internists, and especially primary care physicians, would find invaluable.

They succeeded! We are so confident you will receive real "take home" value from the program that PCIM will refund your registration fee if you do not improve your office coding within 30 days of returning home. Guaranteed! No questions asked.

Noel and his Committee recruited an outstanding faculty. They added a new feature to help each of you participate: Interactive Keypad Technology will be incorporated in each of the scientific and educational programs.

Nice job, Noel and the Committee!

A few highlights:

- **End-of- Life Care**
- **Mastering the Art of Coding**
- **Putting the Fun Back into Medicine**
- **Rediscovering Treatment of Diabetes**
- **Dermatology for the Primary Care Physician**
- **Office Diagnosis of Common Orthopaedic Problems**
- **Advocacy Report –What PCIM Is Doing For You**
- **Residents Poster Program and Medical Jeopardy**
- **Two Receptions – meet and catch up with colleagues**
- **Exhibitors**
- **Inaugural PCIM Golf Tournament**
- **13 category 1CMEs for \$195 – a bargain from PCIM**

Register Now!

PCIM SERVICES – OUR ADVOCATE REPORTS

John Nikoloff, President of Capital Associates, is public affairs consultant and lobbyist for PCIM Services, our advocacy organization. Below is his update on the many issues in state government that directly impact the practice of internal medicine in Pennsylvania.

Remember the medical malpractice crisis?

A major issue that continues to fester outside Harrisburg is the crisis in medical malpractice insurance. Despite proposals from the Governor and passage of legislation to allow the public to decide if the General Assembly can place caps on non-economic damages, the Senate has not yet fully debated the issue, nor passed legislation of its own. Senate GOP leadership and most Senate Democrats have opposed the Constitutional amendment to permit caps.

For short term relief, then-Governor Schweiker extended the time for physicians to make payments into the Mcare Fund until July 1. Governor Rendell has promised that the state will "forgive" from 50 to 100% of physicians' required payments into the fund for 2003. Recently Governor Rendell extended the payment deadline until September 15. Now, with no budget or funding in place to provide for physician payments into the fund, that deadline looms large for physicians. The Governor originally said he would fund the \$220 million in payments with money from the reserves of the state's Blue Cross and Blue Shield plans, but last month he changed his tune, and said the funding would be part of the budget negotiations. With those negotiations in limbo, so is payment of the Mcare fund liability.

And the Senate is in no hurry to take up this issue, preferring to take the summer to hold stakeholder meetings. They plan to review the med mal crisis in the fall session.

ELECTIONS FOR COUNCIL SCHEDULED

It's time to elect two Council members for the Western Pennsylvania Chapter. The bios for the four candidates, **George H. Gleeson, Elliot Goldberg, Louis Leff, and Anthony J. Maniglia** are on page 5. The ballot is on page 6.

From the Governor

Is Your Office Safe?

Since the publication in 1998 of the Institute of Medicine's report we have been inundated with article after article in the lay and medical press about medical errors and the injuries suffered by patients as they go through the health care system. The Pennsylvania legislature, in ACT 13 of 2001 created the Patient Safety Authority to, among other things, track such medical errors, publicize them and create systems to reduce their occurrence. Though errors which lead to lethal outcomes are significant in total, they are infrequent enough that they are invisible to us as individual practioners which makes them seem trivial. Many believe that bad people cause bad errors, though the reality is that competent caring people doing what other competent caring people do commit most serious medical errors. Mature safety systems accept the fact that errors will occur and find ways to intercept them and reduce their potential consequences. That's why cars have airbags.

Non-lethal injuries to patients happen frequently, like "fender-benders", but are not often discussed. We have our "near misses", breathe a sigh of relief, thank whatever power we thank that it was not more serious, and continue to practice in the same way. Indeed, most health care workers recognize flaws in the system when they or their family members are patients, but don't see the flaws when they are the providers of care.

The ACP has developed a set of educational modules addressing patient safety with emphasis on the ambulatory care setting. (You may see a summary of these on the ACP website http://www.acponline.org/ptsafety/pat_cme.htm) No one has yet implemented a regional, physician led, outpatient patient safety program. I believe physicians, not legislators or regulators are in the best position to do this. However, if we do not seize this opportunity, others will.

Your Western Pennsylvania Chapter, in collaboration with the ACP's national office and the Pittsburgh Regional Healthcare Initiative, would like to offer a half-day program to provide you with the tools to make your own office a safer place. We all know the mishaps that can occur as we write prescriptions, take and transmit telephone messages, organize charts, utilize exam and procedure rooms and communicate with each other and our patients. Stepping back and looking critically at what we do can improve all.

We need 15 individuals willing to participate in such a program for which CME credit will be provided. Are you one?

Medical Student Mentoring

A number of students with an interest in Internal Medicine are seeking opportunities to learn how our specialty is practiced in varied settings. The initial commitment would be for one or two half-days of observation at mutually agreeable times; longer term relationships are encouraged.

Please contact me (rschmelt@pitt.edu, 412-647-4545) or John Derrickson at our PCIM office (pcim.hq@verizon.net) if you are interested in either program

Ralph Schmeltz, MD, FACP, FACE
Governor, Western Chapter

Congratulations to Our New Fellows

Joseph Baar - Pittsburgh
R. Hal Baker - York
Denis M. Bane - Orwigsburg
John W. Blotzer - York
Julia B. Brody - Philadelphia
William W. Cady - Athens
Kofi Clarke - Pittsburgh
Alicia M. Conill - Ambler
Frederick B. Doerfler, Jr - Kittanning
Michael C. Dresser - Glassport
Richard E. Friedenheim - Maple Glen
Richard A. Gambescia - Philadelphia
Margarita R. Gareis - Camp Hill
Michael Gilhooley - Clarks Summit
Robert Gross - Philadelphia
Darby G. Hand - Hershey
K.M. Anwar Hussain - Johnstown
Serge A. Jabbour - Philadelphia
Ronald R. Julia - Bethlehem
Howard S. Klein - Haverford

Mark C. Knouse – Allentown
Paul G. Lacey - Harrisburg
Jeremey Levin - Devon
Harvey M. Licht -Wynnewood
Zubina Mawji - Allentown
James R. Mulinda - Philadelphia
Lazaros A. Nikolaidis -Pittsburgh
Prameela M. Palli - Media
Vincent Pearson -Philadelphia
Mohammad N. Saqib - Breinigsville
E. Joseph Schwiter -Moscow
Rajendra N. Seth -Elkins Park
Surendra Shah - Macungie
Christopher G. Skinner -Meadville
Philippe O. Szapary - Philadelphia
John M. Travaline, Jr. - North Wales
Anthony S. Vitelli – Bethel Park
Eric W. Vogel - Blue Bell
Joel D. Warshaw -Pittsburgh
Ronald J. Williams - Harrisburg

The Meaning of Fellowship

PCIM is very proud of all our members who have progressed to Fellowship. I urge all Members who have not yet applied to consider it seriously. You owe it to yourself and to the profession.

Ralph Schmeltz, MD, FACP, FACE

Fellowship in the College is an honor. It is a mark of esteem from colleagues who recognize accomplishments and achievements over and above the practice of medicine.

A physician's achievements and accomplishments could be limited by the area where he or she practices, and by the available resources. The most important considerations for Fellowship are excellence and contributions made to both medicine and to the broader community in which the internist lives and practices.

Candidates for Fellowship should be recognized for exemplifying in their professional lives the Mission and Goals of the American College of Physicians. The items listed below are considered important in indicating that individuals are ready for advancement:

- Upholding and practicing the highest clinical standards and ethical ideals
- Providing leadership at the community, regional, or national level in matters relating to health, citizenship, and social improvement
- Providing education and information to others, including students, residents, fellows in training, other practicing physicians, or allied health professionals
- Advocating responsible positions in health and public policy through work on committees, in hospitals, in other medical societies, and in the community

- Providing voluntary medical care and working on community service projects related to medicine, or in a broader arena
- Serving on hospital and medical school committees that serve the professional needs of the membership and advance internal medicine as a career
- Doing research in science and medicine; in enhancing the quality of practice, education, and continuing education of internists; in attractiveness of internal medicine to physicians and the public; and in scholarly activities in medicine
- Keeping up-to-date in continuing medical education
- Participating in ACP activities

Special Note

The College has identified a variety of pathways to attain Fellowship. Some candidates will be accepted for Fellowship by combining two or more pathways. The national Credentials Subcommittee examines the qualifications of each candidate and weighs all evidence of scholarly activities and professional accomplishments in evaluating candidates for Fellowship. Excellence is the overriding consideration.

To learn more about requirements, go to <http://www.acponline.org/college/membership/required.htm#advance>. All qualified Members are encouraged by the ACP Credentials Subcommittee to consider applying for advancement to Fellowship. Members with questions about their eligibility for advancement to Fellowship can call the Credentials Administrator at 800-523-1546, ext. 2709, or e-mail at mhotea@acponline.org.

ACP Wants to Help You Put ACASA Into Practice!

The American College of Physicians' Adult Immunization Initiative is seeking general internists in private practice in Pennsylvania for participation in an exciting study aimed at increasing adult vaccination coverage rates. Our program, *Put ACASA Into Practice!* is a team-oriented, practice-based intervention study that will allow physicians and their staff to improve the delivery of immunization services for influenza and pneumococcal disease among their patients. Our approach will address the issues at the practice level that hinder delivery of these crucial preventive services to adults.

What is ACASA? The Adult Clinic Assessment Software Application (ACASA) is a database program developed by the Centers for Disease Control and Prevention as an assessment tool for immunization providers that is available free on the CDC web site. ACASA has the capability to assess immunization levels, produce a variety of reports to help clinical staff diagnose service delivery problems and improve the quality of patient care.

What are the goals of the study? We plan to measure and report the impact of ACASA on immunization rates among participating physician practices over three years. We expect to see an increase of 25% in the practice's immunization rates as a result of the study. Just as importantly, we hope to create a positive experience wherein immunization of adults becomes the standard of care in practice.

Here's how it works: Two members from participating practices (one physician and a designated "immunization champion") will attend a one-day training session to be held at ACP headquarters in Philadelphia this fall. The cost of travel and lodging will be provided, along with a per diem to cover meals and other expenses. Participants will learn how to use the ACASA program to create a registry to determine immunization rates in the practice for influenza and pneumococcal for patients overall and for patients at high risk. This initial sample will serve as baseline data for comparison during the next two years of the study. The training will also incorporate a systems learning component that will examine the ways in which the practice environment can be tailored to best facilitate implementation and sustained use of the ACASA program in order to achieve immunization goals over the long-term.

To respond to this announcement or for more information, please contact Matt Smith at 215-351-2602, or via e-mail at msmith@acponline.org.

Meet the Candidates for PCIM's Council from the Western Pennsylvania Chapter

George H. Gleeson, MD, FACP graduated from Hahnemann Medical College in 1975, and joined the ACP during his residency training at St. Francis Hospital in Pittsburgh, Pennsylvania. He became a Fellow in the American College of Physicians in 1992. He is certified in both general internal medicine and geriatrics and has served as past president of the Western Pennsylvania-West Virginia Geriatric Society. Currently he is an active faculty member in the internal medicine/geriatric training program at UPMC Presbyterian Shadyside Hospital in Pittsburgh, where he has his clinical practice.

Elliot Goldberg, MD, FACP is Director of Medical Education and Associate Dean, Temple University School of Medicine Clinical Campus at The Western Pennsylvania Hospital. He is a graduate of Tulane Medical School and completed a rotating internship and residency in internal medicine along with chief residency, at the Mary Imogene Bassett Hospital in Cooperstown, New York. This was followed by a rheumatology fellowship for two years at the University of Miami. For a little over ten years he worked as Director of Rheumatology and Program Director of Internal Medicine at the clinical campus of State University of New York Syracuse in Binghamton. During those years he was awarded fellowship in the American College of Physicians for academic and clinical activity. Since 1989 he has been at The Western Pennsylvania Hospital in Pittsburgh, Pennsylvania. Prior to his appointment as Director of Medical Education and Dean for the clinical campus of Temple University School of Medicine, he was Program Director for Transitional Year residency. He remains very active in the practice of rheumatology with two days of practice each week along with two days of inpatient consultations. He has served on various committees for the Association of Program Directors in Internal Medicine, hospital committees and committees related to work with in the Jewish community.

Louis Leff, MD, FACP is an Internist in Pittsburgh. He earned his bachelor's degree at the University of Pittsburgh and medical degree at the University of Pennsylvania School of Medicine. Leff completed Internal Medicine residency at University of Pittsburgh Medical Center leading to ABIM certification and later, Geriatric Medicine certification and ACP Fellowship. He has great interest in medical computing, and now serves as the chairman of the statewide ACP Medical Informatics Committee. At the University of Pittsburgh he holds the position of Associate Clinical Professor of Medicine and he is an active member in PCIM, ACP, APDIM, AHME, and AAAS. Leff is the original creator of APDIM's Internet homepages, and also serves as the webmaster for AAIM, ASP, APM, CDIM and AIM: see <http://apdim.med.edu>. Additionally, he is the author and programmer of MedCalc 3000, one of the most popular Evidence Based Medicine computing tools on the Internet: see <http://MedCalc3000.com>.

Dr. Leff is an avid teacher, and has served as Visiting Professor of Medicine at the Maizuru Hospital, University of Kyoto, Japan (1999 and 2001), and at the Legacy Health system in Portland Oregon. He often lectures on the roles and limitations of computers in medicine. He has made regular presentations at APDIM and AHME national meetings, usually in the fields of medical computing, medical education, and quality in medicine.

Anthony J. Maniglia, M.D, FACP received his B.S. from St. Francis College in 1974 where he was named to the Who's Who in American Colleges and Universities and received the Mr. Frankie Award (given to the Outstanding Senior Male at St. Francis). He received his M.D. from Hahnemann Medical College in 1978 and completed his internship and residency in Internal Medicine at Presbyterian –University of Pennsylvania Medical Center from 1978-1981 where he was Chief Resident from 1980 –1981. Dr. Maniglia was certified by the American Board of Internal Medicine in September 1987.

Dr. Maniglia serves as Vice President of the Altoona Hospital Medical Staff and chairs the medical staff Executive Committee. He also serves as treasurer for the Blair County Medical Society where he was also formerly president and vice-president. He also was Chief, Department of Medicine, at the Altoona Hospital from 1995-1998 and Chairman, Department of Medicine from 1998 to 2000. He had been named Clinical Teacher of the Year by the Allegheny Family Physicians residency program. Dr. Maniglia currently serves on the Council of the PCIM.