



In This Issue

From the Governor's Desk.....	1
- Chapter Accomplishments	1
- Chapter Goals	2
BOG Resolutions	2
Legislative Day	3
Sample Letter Sent to Senator Jack Reed after Legislative Day 2008	3
The Lifespan/Care New England Merger and Health Care in Rhode Island	4
Awards.....	6
Save the Date	6
RI Chapter 2008 Annual Meeting Photo Gallery	7

Contact Information

Nancy Baker-Hobin
ACP Rhode Island Chapter
Ph: 401-725-8671
Email: NBaker4@cox.net



From the Governor's Desk

It has been an honor and pleasure to finish my first year as your Governor. We have had several notable accomplishments and several goals for the coming year. I would like to thank our members, The Executive Council and its committees, our Chapter Liaison and our chapter administrator

Nancy Baker-Hobin for the time and effort. Please allow me to highlight activities of the past six months and goals for the future. Your participation is always welcome!

CHAPTER ACCOMPLISHMENTS:

- ♦ The Chapter received an excellence award for the 6th straight year.
- ♦ We received Chapter Development Funds to promote membership and used the funds to grant our first Primary Care Resident Awards.
- ♦ We had a very informative Annual meeting, with excellent lectures, awards presentations, Associates presentations/posters and **Dr. Arnold Relman** gave a thought provoking talk on health care reform.
- ♦ Finances have improved with the change to one meeting per year, management of expenses and some increase in revenue.
- ♦ We had successful visits to Capitol Hill promoting the need for a freeze on the pending Medicare cuts and a more permanent solution to the SGR formula, the Patient Centered Medical Home, primary care access and Health Information Technology.
- ♦ We have continued representation on key state committees:
 - a. Primary Care Physician Advisory Committee (**Dr. Tom Bledsoe** and myself)
 - b. Primary Care Leadership Council (**Dr. Russell Corcoran**)
 - c. Blue Cross/Blue Shield Health Partnership Solutions Committee (**Dr. Damle**)
 - d. Rhode Island Medical Society Executive Council (**Dr. Damle**)
 - e. Quality Institute of Rhode Island (**Dr. Ejnes, Dr. Jacobs and Dr. Damle**)

These committees are an integral part of shaping the climate for internal medicine and its subspecialties in our state.

- ♦ As your Governor, I wrote position papers on Retail Based Health Clinics and the Lifespan/Care New England Merger, with corresponding letters to the Attorney General's office and the Director of the Department of Health on both issues.

- ♦ As your Governor, I wrote letters to the State's Governor, House and Senate legislators about the primary care crisis in Rhode Island.

CHAPTER GOALS for the upcoming year:

- ♦ Continue to increase membership by demonstrating value through advocacy and education at the local and national level.
- ♦ Form a Council of Young Physicians to address needs that are particular to physician's starting their careers.
- ♦ Continuing to press for reform in primary care reimbursement and interest in primary care at the local and national level.
- ♦ Promote funding and adoption of the Electronic Medical Record.
- ♦ The Education committee should have another exciting program for the spring, geared towards the practicing physician, with our Annual Awards presentations and Associate's Forum.
- ♦ Increase member participation on committees and the Executive Council.
- ♦ Encourage more members to seek advancement to Fellowship in the College.
- ♦ Increase participation in Legislative Day activities.
- ♦ The College works closely with the American Board of Internal Medicine. Governor's and Regent's have significant input on the Recertification process and we would welcome your comments and suggestions. I know this is a real "hot button" issue, so we would be very interested in your input.

There is always much work to be done and the Executive Council encourages any time that you can contribute to your profession and your personal growth in medicine. Please contact any Executive Council member or me if you are interested at any level. Also visit our Chapter Portal on the ACP website to learn more about the Chapter and the ACP.

BOG Resolutions

The resolutions process is an important part of setting the College's policy on multiple health care issues. It is a thoughtful, iterative process. The College is asked by the Executive and Legislative branches of government to comment on legislation and periodically attend hearings on various health care topics.

At the Board of Governor's meeting in Washington D.C. the following actions were taken. Please let me know if you would like details of any of the resolutions.

Recommend for adoption:

1. Developing further pathways for Recertification
2. Amending the Controlled Substance Act to permit Electronic Prescribing of Controlled Substances. This was a **Rhode Island Chapter resolution.**
3. Publicizing misleading or Fraudulent Representation by Health Insurers.

Recommended for adoption with Amendments:

1. Support Legislation to ensure Access to Veterans' Health Administration Data
2. Evaluate the impact of Preauthorization programs for Advanced Medical Imaging. This was a **Rhode Island Chapter resolution.**
3. Establishing guidelines for Compensation of Health Insurance company Executives.

These resolutions will be sent to the Board of Regents for a vote on implementation or further study by a committee.

Legislative Day

Legislative Day was a success as we met with the staff of **Representative Kennedy** and personally met with **Representative Langevin**, **Senators Whitehouse** and **Reed**.

We spoke on three issues:

- a. An 18 month reprieve on the required 10.6 percent cuts in Medicare due to be instituted on July 1 2008 (**Senator Backus's** bill) and the need for a more permanent solution to the current SGR formula for reimbursement. We asked for their support for the Save Medicare Act of 2008, introduced by **Senator Debbie Stabenow** (D-MI).
- b. The concept of the PCMH and its importance to patient care. We asked for support for a 500 million dollar national PCMH pilot in the Children's Health and Medicare Act of 2007. We also asked for support for the Geriatric Assessment and Chronic Care Coordination Act of 2007 introduced by **Senator Blanche Lincoln** (D-AR) and **Rep Gene Greene** (D-TX).
- c. The primary care crisis nationally and locally. We talked about Rhode Island and gave them specific examples of the impact on access, quality and cost to our residents.
- d. We also talked about Health Information Technology in the form of the EMR and the HIE. **Senator Whitehouse** is particularly enthusiastic about these ventures. We asked for support on H.R 1952 National Health Information Incentive Act.

Politics is a slow process of compromise and keeping the College's agenda on the radar screen of our legislators is critical.

Sample Letter sent to Senator Jack Reed after Legislative Day 2008. Similar letters were also sent to Senator Whitehouse, Representatives Kennedy and Langevin.

May 29, 2008

Jack Reed
United States Senator
728 Hart Senate Building
Washington D.C. 20510

Dear Senator Reed and Mr. Spiro:

It was a pleasure to meet with you on May 14, 2008 and discuss a number of issues of importance to our patient's and profession. We appreciate your support in this time of health care crisis and reform. Please allow me to reiterate our concerns.

We seek an eighteen-month reprieve from the scheduled 10.6 percent cut in Medicare reimbursement and a more permanent and sustainable solution to the SGR formula. The College strongly supports Senator Backus's efforts and Senator Stabenow's Save Medicare Act of 2008. We hope you can support the above legislation to assure quality and accessible care for our Medicare recipients.

The Patient Centered Medical Home is an innovation in the coordinated, long term care of patients by primary care physicians. Five hundred million dollars will be needed for a national demonstration project. Therefore we seek your support on H.R 2244, the Geriatric Assessment and Chronic Care Coordination Act of 2007 or the introduction of a similar bill in the Senate.

As you well know, primary care practice is in crisis nationally and in Rhode Island. The teaching programs in Rhode Island do not retain a significant number of physicians to practice in our state. With large medical school debt, young physicians are less likely to choose a lower paying specialty like primary care and especially in a state with thirty percent lower reimbursement than our neighboring states. We hope you will introduce legislation to revitalize an interest in primary care, to avoid an access problem for Rhode Islander's.

Our final request is for support of the National Health Information Incentive Act (H.R. 1952) or similar Senate legislation that would provide financial incentives for smaller practices to acquire Health Information Technology in the form of the electronic medical record, electronic prescribing and clinical decision support tools. Health Information Technology has been shown to decrease medical error and nationally may save up to 70 billion dollars per year in health care costs. The daunting cost of 50,000 dollars per physician for an Electronic Medical Record system prohibits the development of an HIT network and adoption by physicians.

Thank you for your time and attention to these important health care issues. Please contact me for any question or further discussion.

Best Regards,

N.S. Damle, MD, FACP
Governor
Rhode Island Chapter of the American College of Physicians
(401) 789-0283

cc: Yul Ejnes, MD, FACP
Executive Council of the Rhode Island Chapter
Bob Doherty, Senior Vice President
Governmental Affairs and Public Policy
American College of Physicians

The Lifespan/Care New England Merger and Health Care in Rhode Island

N.S. Damle MD FACP

Approximately nine months ago Lifespan and Care New England announced an interest in merging their non profit health organizations. The merger would result in two thirds of acute care hospital beds in Rhode Island under the medical care of the merged organization with annual patient revenue of 1.6 billion dollars. The two entities claim, the merger has the potential to create a nationally recognized academic medical center (in conjunction with the Brown Medical School), provide economies of scale, improve the quality of health care, research, education and promote health information technology. The request has been reviewed by the Federal Trade Commission and must be approved by the Office of the Attorney General and the Department of Health in meeting the requirements of the Hospital Conversion Act.

The announcement of the proposed merger and the recent application filing has stirred significant debate in the medical community. The competitive health care market in Rhode Island has expressed concerns about the potential for a monopoly and unfettered negotiating leverage with the state's dominant health insurer (60% of the insured market is covered by Blue Cross Blue Shield of Rhode Island).

The discussions around this proposed merger showcase the economics behind the delivery of health care. In the United States, health care is a free market enterprise, subject to the usual forces of a free market system, which includes mergers to create financially stronger organizations, improve leverage in the open market and grow service lines that yield profit margins. A free market system by design also allows for weaker players and financially less profitable organizations, or even the elimination of certain competing health care systems due to lack of market share

A central issue in this debate is the choice of a regulated, full access, insured system or the present free market system, in which hospital systems, physicians and other health care providers compete for a fixed share of the health care dollar.

Some members of the Rhode Island health care community are calling for a statewide health plan. Such a plan envisions a distribution of healthcare based on population and geographic service needs. Such a plan would regulate health resources to match demand with attention to quality and cost. A priori this would regulate the above free market by restricting entrepreneurial ventures and even setting prices.

Short of a sea change in the structure and delivery of health care to create such a "*regulated market*"; there are certain concerns, intended and unintended consequences and suggestions that deserve consideration by regulatory agencies as they consider the Lifespan/Care New England merger:

- The Federal Trade Commission may need to further study the competitive nature of this merger. At present these two organizations service primarily Rhode Island residents. Lifespan and Care New England draw 8 and 10 percent of their patients from neighboring Massachusetts and Connecticut respectively. Further, most privately insured patients in Rhode Island seek their care in Rhode Island (over 90%) and have restrictions/higher co-pays and deductibles for out of state and out of network care. One could argue that the competitive market is primarily limited to the state and not the

larger New England area.

- The formation of a monitoring board or commission to evaluate the impact of the merger on access and quality of care and service lines presently offered by non merged organizations and providers. Access may become an issue as destabilized organizations around the state become unsustainable and unable to provide care for their geographic service areas. Consumers may be affected if Lifespan/Care New England choose not to accept certain health insurance coverage or provide care for the underinsured and uninsured.
- The Insurance Commissioner's office should monitor reimbursement discrepancies within the state between merged and non merged organizations and providers. Payment rates may differ based on quality and/or efficiency factors, but should not be based on market share and bargaining power.
- The Department of Health needs to monitor the cost to consumers, since there are studies to show increased cost due to these types of mergers. Consumers of health care should be concerned about the potential for increased insurance premiums to cover higher negotiated rates for care. Non merged health organizations should be concerned about a loss in market share in certain service lines and lower reimbursements from health plans.
- Some fraction of the financial gains from the merger should flow back to the health care system to maintain a strong primary care workforce, local community services and hospitals. There are numerous studies from several first world countries which demonstrate the importance of strong primary care in providing high quality medicine with cost efficiency.
- There will need to be a transparent financial and service line structure for the new organization. Since this would be a non profit organization with its attendant tax advantages, accountability and distribution of the financial savings to the residents of Rhode Island should be a necessary condition.
- The Department of Health or the State legislature should appoint a commission to develop a statewide plan to maximize the health care dollar through efficiency, quality, a strong primary care workforce and universal health coverage.
- Recognize the importance of the primary care workforce and the community hospitals in supporting the proposed "national level academic medical center". Destabilizing these health care entities will also destabilize health care for Rhode Islanders.

The vision of this merger, with the creation of a first rate medical complex is laudable and has the potential to increase quality of care, decrease health care costs, bring new research opportunities to the state and increase employment in the health care industry. Without careful attention to the above factors there may be unintended consequences that actually fragment care, jeopardize access and result in increased costs to all Rhode Islanders.

N.S. Damle, MD, FACP is the Governor of Rhode Island Chapter of the American College of Physicians and an internist/primary care physician in Wakefield R.I. nsdamle@scim.necoxmail.com

**The ACP Rhode Island Chapter
is in the early stages of forming a
Council of Young Physicians
to address the needs of physicians starting their careers.
Please contact Nancy Baker-Hobin at nbaker4@cox.net
if interested in participating.
More information coming soon.**

Awards

2008 RI ACP Laureate Award Recipients

Edward A. Iannuccilli, MD, FACP - Irving Addison Beck Award

Kenneth H. Mayer, MD, FACP - Milton Hamolsky Lifetime Achievement Award

2008 RI ACP Governor's Award Recipient

Michael B. Macko, MD - Governor's Award

2008 Associates Forum Competition Winners

1st place - **Nicole Theodoropoulos**, MD - representing Rhode Island Hospital and The Miriam Hospital, and Warren Alpert Medical School of Brown University

2nd place - **Ravi Gupta**, MD - representing Rhode Island Hospital and The Miriam Hospital, and Warren Alpert Medical School of Brown University

3rd place - **Philip Chan**, MD - representing Rhode Island Hospital and The Miriam Hospital, and Warren Alpert Medical School of Brown University

4th place - **Anne Barbosa**, MD - representing Rhode Island Hospital and The Miriam Hospital, and Warren Alpert Medical School of Brown University

5th place - **Georg Elias**, MD - representing Roger Williams Medical Center and Boston University Medical School

6th place - **Luiz Kolankiewicz**, MD - representing Roger Williams Medical Center and Boston University Medical School

7th place - **Paras Patel**, MD - representing Roger Williams Medical Center and Boston University Medical School

2008 Best Medical Student Poster Award Recipient

Sarah Whittle, Medical Student, Warren Alpert Medical School of Brown University

2008 Senior Medical Resident Award Recipients

Cristobal Sanchez-Metz, MD - representing Roger Williams Medical Center and Boston University Medical School

Jennifer Agosta, MD and **Kathleen Doyle**, MD - representing Rhode Island Hospital and The Miriam Hospital, and Warren Alpert Medical School of Brown University

Ma Theresa Charisse DeLosReyes, MD - representing Memorial Hospital of Rhode Island and Warren Alpert Medical School of Brown University

2008 RI ACP Scholarship in Internal Medicine Recipient

David Ain - graduating senior, Warren Alpert Medical School of Brown University

Save the Date!
RI ACP 2009 Annual Meeting
Thurs., June 4, 2009
Radisson Airport Hotel, Warwick, RI.

The RI Chapter Executive Council and its associated subcommittees would be pleased to welcome new members.
Contact nsdamle@scim.necoxmail.com for more information.

Rhode Island 2008 Annual Meeting
Photo Gallery



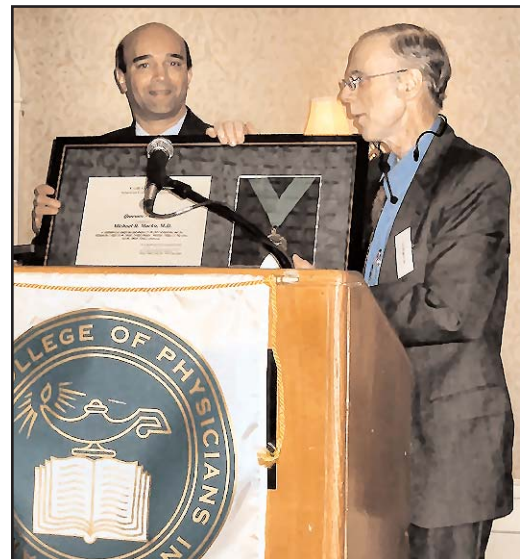
Dr. Nitin Damle (right) and **Dr. Yul Ejnes** (left) flank **Arnold S. Relman**, MD, MACP. Dr. Relman was the keynote speaker at the RI ACP 2008 Annual Meeting on April 25. He is former editor of the *New England Journal of Medicine*, and author of "Second Opinion."



Dr. Kenneth H. Mayer (left), Director of the Brown University AIDS Program, is presented with the 2008 Milton Hamolsky Lifetime Achievement Award by **Dr. Nitin Damle**, RI Chapter Governor.



Dr. Edward A. Iannuccilli (left), is presented with the 2008 Irving Addison Beck Award by **Dr. Nitin Damle**, RI Chapter Governor



Dr. Michael B. Macko (right), past president of the Providence Medical Association and the Rhode Island Medical Society, receives the 2008 Governor's Award from **Dr. Nitin Damle**, RI Chapter Governor.

There are openings on
Chapter Committees
and the
Executive Council.
If interested, please contact me at
NBaker4@cox.net

Legislative Days May 2009

Get involved in advocacy and sign up early.
Please contact me or Nancy at
NBaker4@cox.net

Visit the Chapter website at
www.acponline.org/chapters/ri/