

Rhode Island Chapter GOVERNOR'S NEWSLETTER

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

Spring 2004

Yul D. Ejnes, MD, FACP
Governor, Rhode Island Chapter

From the Governor's Desk...

As I write this column, I am approaching the middle of my term as Governor. I promise you that my half-time show will not be as controversial as the one at the Super Bowl, but it will be just as exciting. There is much to report to the members of the Rhode Island Chapter. Two scientific meetings, a new subcommittee, chapter support of medical students and advocacy, and resolutions to the Board of Governors are just some of the items that I will discuss. Two other issues, the "Revitalization Summit" and recertification, will be addressed in separate articles.

Our chapter **Regional Meeting**, which is our annual membership meeting, will be held on Wednesday, May 5, at the Radisson Airport Hotel in Warwick. The program for the meeting is on page 5 of this newsletter. The meeting will follow the same format as last year's, officially beginning at noon with a buffet lunch and finishing with a cocktail reception that ends at 8:00 p.m. In between, we will present a symposium on *Comprehensive Care of the Diabetic Patient* featuring talks on metabolic syndrome, advanced glycemic management, and nephropathy. Following the symposium, the chapter will present two awards, the Irving Beck Award and the Governor's Award. Then, our Associate members will take over the program, with oral presentations of abstracts between 4:30 p.m. and 6:00 p.m. A distinguished panel of judges will score the abstracts. The program will end with the viewing of posters presented by our Associates and students followed by the cocktail reception, where cash prizes will be awarded to the top oral presentations. This year, the chapter will also present a cash award to the best student poster.

Our College Representative this year will be William E. Golden, FACP. Bill is a member of the Board of Regents and a Past President of ASIM. He is very involved in the College's effort to work with ABIM to improve the recertification process. Bill is also well known for his work in quality improvement. This will be a homecoming of sorts for Bill, who received his undergraduate degree at Brown.

The CME cycle for Rhode Island medical licensure ends this June 30, meaning that you will need to be able to document that you have at least 60 CME hours over the preceding three years, including two hours in "universal precautions." Once again, the chapter will present two CME hours that meet that requirement, in an optional 10 a.m. – noon session preceding the Regional Meeting. The topic of the session is "Bio-defense for Bio-defenders" and will be presented by Andrew W. Artenstein, FACP. This special session is included in the full-day registration, or you can register for the morning session alone (I encourage you to spend the entire day with us, however). Registration materials are available online at www.acponline.org/chapters/ri.

While you prepare for the spring Regional Meeting, it is not too early to set aside another date, Wednesday, October 29, 2004. That is the date of the fall **Update in Internal Medicine**, which will be once again held at the Hyatt Regency on Goat Island in Newport. The theme of the meeting will be *Evidence-Based Medicine*. When the program is finalized, it will be posted on the website. I will have more about the fall meeting in the next newsletter.

Annual Session 2004 will be held in New Orleans in late April. If you read this before the meeting, please be

sure to join us on Friday evening, April 23 from 6:00 pm – 8:00 p.m. in the Rosedown Room, located in the Hilton New Orleans Riverside, 3rd Floor, where the Rhode Island Chapter will co-host a reception with the Connecticut and Massachusetts Chapters. We will honor the newly inducted fellows, masters, and awardees at this event. Come with your families to relax, eat, and drink.

In early March, the Executive Council met and discussed several important issues. We heard an update on shared care with the VA Medical Center from council member Melver Anderson, FACP, who is Chief of Primary Care at the VA. The Council discussed the challenges of shared management of patients by community internists and VA internists. Mel has made available formulary and other information that will facilitate communication among the physicians who take care of veterans. It is posted on the chapter website in the “Practice Management Issues and Resources” section. The Council also heard from Roy Poses, FACP. Roy will work with the chapter on several projects having to do with medical professionalism.

The Council took action on a few items. It approved grants to help underwrite the costs of attending Annual Session for three Brown Medical students whose abstracts were selected for the national poster competition that will be held in New Orleans. Peter Vezeridis, Charles Hebert, and Sreekanth Chaguturu will present their abstracts at Annual Session. If you’re in New Orleans, please be sure to stop by the poster display at the Ernest Morial Convention Center and lend your support to our students.

The Council also voted to support the Rhode Island Medical Society’s efforts to educate the public and legislators about Rhode Island’s practice environment and the threat that it poses to the patient-physician relationship. The Rhode Island Chapter will donate to RIMS’ Protecting Patient Access to Care Coalition (PPACC) fund.

Just before Annual Session, the Board of Governors will hold its spring meeting. On the meeting agenda is the discussion of twenty-three resolutions. The resolutions process is a way for members to influence College policy. Through their chapter, members may introduce resolutions to the Board of Governors. If accepted, the resolutions are presented to the Board of Regents for action or study. This spring, we are co-sponsoring a resolution that calls for the ACP to be prepared to develop a literature-based CME program as an alternative to the ABIM’s Continuous Professional Development (CPD) program in the event that discussions with ABIM on changing CPD do not succeed. The resolutions are available for review on the ACP Online web site. I encourage you to look at them and send me your comments.

There is much more to report, as you’ll see inside. If we’re not doing something that we should be doing, please let me know. And now, on to the halftime show...

Yul D. Ejnes, FACP

New Fellows Elected

The Board of Regents elected the following RI Chapter members to ACP-ASIM Fellowship in January:

Daniel K. Asiedu, FACP – Lincoln

Jennifer Jeremiah, FACP – Providence

Eleanor M. Summerhill, FACP – Pawtucket

We salute the new fellows and encourage members to consider advancement to fellowship.

All candidates for Fellowship who want to be

considered at the next Credentials Subcommittee meeting must submit Fellowship proposals to ACP-ASIM’s Member Records Section before June 1, 2004. Supporting letters from two current ACP-ASIM Masters or Fellows and current curricula vitae must accompany the proposals, which staff will then forward to the appropriate ACP-ASIM Governors.

For an advancement to Fellowship inquiry kit, contact the Customer Service Department at 800-523-1546, ext. 2600, or 215-351-2600 (9 a.m. to 5 p.m. EST), or download one in Adobe Acrobat format at

www.acponline.org/college/membership/fellowpro.pdf.

The Board of Regents recently approved changes to the process of applying for advancement that will reduce the necessary paperwork, using the CV as the primary source of information. The changes will be described in a future **ACP Observer**. For more information on advancement to Fellowship, contact Mariana Hotea at 800-523-1546, ext. 2709.

Advocacy News

In January, the ACP Board of Regents voted to recommend that the Board of Directors of ACP Services adopt Board of Governors Resolution 27F-03, calling for the establishment of a Political Action Committee. ACP Services is the 501c(6) sister organization that was formed by ACP for advocacy, practice management, and other activities. The Rhode Island Chapter co-sponsored the resolution. The ACP Services Board later voted to begin the planning process of forming a PAC, with a final decision expected at the Board's July meeting. If approved, the PAC could be operational within ten days.

Our chapter's Health and Public Policy Subcommittee has a new chairperson. Mark Schwager, MD will lead this important subcommittee, which is charged with serving as a liaison between the chapter and local insurers, regulators, government, and other physician organizations, discussing health policy issues on a state level, and participating in the ACP's national advocacy agenda. If you are interested in serving on the Health and Public Policy Subcommittee or have any suggestions for issues that it should address, contact Mark at mschwag@cox.net.

Leadership Day will be held on May 18-19. This year, the chapter hopes to send four members to represent us in meetings with our two Representatives and two Senators.

Finally, let us acknowledge our Key Contacts. Key Contacts are members who volunteer to contact members of Congress when important legislation is being debated. They respond to faxed or e-mailed calls to action from the ACP Washington Office or from the chapter.

Listed below are our Key Contacts. Between 2002

and 2003, our list grew by 129%. We were one of five chapters that doubled its Key Contact numbers in that time period. If you would like to add yourself to the list, please let me know or enroll at the ACP Online website at <http://www.acponline.org/hpp/advocacy/survey.htm>.

Frederick S Crisafulli, FACP	Peter A Hollmann, MD
Frank M D'Alessandro, MD	Mitchell A Pressman, FACP
Edward A Iannuccilli, FACP	Gary B Witman, MD
Yul D Ejnes, FACP	Mark E Braun, FACP
Ronald A Charles, FACP	Audrey R Kupchan, MD
Tom J Wachtel, FACP	J. Russell Corcoran, FACP
Nitin S Damle, FACP	Francis X Basile, MD
Thomas A Bledsoe, FACP	Raymond B Maxim, MD
Fred J Schiffman, FACP	Munawar M Azam, MBBS
James V Hennessey, FACP	Anthony J Lombardi, Jr MD
R Scott Hanson, MD	John S Straus, MD
Joseph J Campbell, MD	Paul F McKenney, MD
Caroline A Troise, MD	Marwan A Mustaklem, MD

Chapter Member Named to Council of Associates

Bismruta Misra, MD, a second-year resident in the Brown Internal Medicine program (Lifespan) was recently elected to the ACP's Council of Associates as a representative of the Northeastern Zone. The ACP Council of Associates (COA) was formed in 1989 to represent the needs of the rapidly growing Associate membership. It currently represents the interests of over 24,000 residents, fellows, and junior staff internists.

This fourteen-member council includes individuals from the Northeast, South, Midwest, and West regions of the United States, along with a representative each for Canada, Latin America, and the U.S. Uniformed Services. To learn more about the Council of Associates, visit http://www.acponline.org/srf/res_coa.htm.

Falling with the Snow By Edward A. Iannuccilli

I watched the snow softly falling one day and was

reminded of a time in medical school when its beauty led to my embarrassment. That was the day when my enchantment was broken by the sound of Professor Beebe's voice. "Iannuccilli," he boomed, "What diagnosis do those symptoms reflect?"

On our third year Medicine rotation, we met weekly with Dr. Beebe, the Chairman. He loved those encounters with the students and the students absorbed his wisdom. He was a wonderful teacher, regal, tall, imposing and smart, and the students were apprehensive because he expected them to be prepared, to know assigned reading, to be keen at physical diagnosis. I so wanted to prove to him that I was able.

While rounding on patients the evening before, my resident mentioned to me that the patient to be presented the following morning had pernicious anemia, one of Dr. Beebe's favorite diagnoses. It was my chance to be well prepared, so I rushed to the library to read. I was primed. I was ready. I had insomnia.

The next morning we assembled on one of the old "B" wards of the hospital. Its age reflected its beauty. The porch's outside wall was made of large multi-paned windows that transmitted a clear white light reflecting off a newly fallen snow. It was serene and an appropriate place for patients to recover. The windows permitted an encompassing view of the trees and street in front of the hospital. Albany winters were long, cold, and punctuated by many snowfalls. This morning was one of them. It started to snow.

The patient was in one of the beds on the porch. It was mid morning. My fellow student started his presentation. Seven or ten of us stood around the bed of the patient, a lovely elderly, fair lady (perfect, it was PA!). Dr. Beebe, a tall thin man with thick white eyebrows and snow-white hair wore a milk white coat. He stood by, listening, looking from above, and waiting, patiently. The presentation droned on and I became entranced by the falling snow. It was soft, white, quiet, peaceful, and beautiful. Breezes rippled the snow-laced trees. The quiet was exhilarating. It stole me away, to a place other than Ward "B."

At some point during my reverie, so I was told, Dr. Beebe interrupted the student and began to

question the patient of her past medical history. Her response was something like... "pain in the upper right side of my abdomen, nausea and then vomiting. It was awful and they rushed me to the hospital."

I awoke to "...the hospital" as Dr. Beebe said, "So what diagnosis does that bring to mind... (pause)... Iannuccilli?" Out of the whiteness of winter and to the ward I flew. I had it! I knew! I spent the night reading, so I snapped to attention, stood tall, and blurted, "Pernicious Anemia!"

Why was this reserved man smiling, on the verge of laughing? Why were my colleagues doing a dance of trying to hold back their laughter? My eyes widened and my spirits soared then fell, as he said, "No, I rather think that acute right upper quadrant pain, nausea and vomiting suggest gall bladder problems rather than PA." What a gentleman. He knew. My god, he knew. There was no place to hide. The light from the windows exposed me!

The story spread. It was a while before the class allowed me to forget, as if I ever would. They knew! Gall bladder and pernicious anemia. I had a chapter in the annals of medical school stories.

Hospitalist Subcommittee **Hector Derreza, MD** **Chair, Hospitalist Subcommittee**

A few years ago, it would have been difficult to predict the fast rate at which the Hospitalist movement would continue to expand in our nation. The Society of Hospital Medicine was founded at the end of the last century with a close relationship with the American College of Physicians. It has recruited more than 4,000 members since its foundation. It has also become the fastest growing group of physicians in the country. The Society currently has 36 chapters, some of them comprise a region and others a single city, depending on the number of programs and members. RI has been included in the innovative hospitalist movement that has proven to be an efficient care model and provides benefits to hospitals, physicians, and most importantly our patients. We have Hospitalist programs at different stages in most of the hospitals in the

state, and some of the organizations that do not have them are currently exploring this option.

By creating a Hospitalist subcommittee, we hope to create a forum of inpatient physicians that will examine the issues affecting the way we care for our patients and other areas that need close monitoring. These areas include quality of discharge documentation, sign-off to outpatient

quality of care delivered by using evidence-based medicine to improve outcomes, safety and reduce costs. I cannot emphasize enough the importance of communication between inpatient and outpatient providers to ensure safe and optimal care of our patients. The formation of a Hospitalist subcommittee in our local chapter offers another arena where we can exchange ideas and concerns.

**2004 Rhode Island Chapter Scientific Meeting
Wednesday, May 5, 2004**

- 10 – 12 noon Universal Precautions Session* - Bio-defense for Bio-defenders**
Andrew W. Artenstein, MD, FACP
**fulfills RI medical license renewal requirement for 2.0 CME hours*
- 12:00 p.m. Registration Luncheon Buffet**
- 1:00 Welcoming Remarks and Business Meeting**
Yul D. Ejnes, MD, FACP – Governor
- 1:15 College Update**
William E. Golden, MD, FACP
- 1:45 Diabetes Symposium - Comprehensive Care of the Diabetic Patient
The Metabolic Syndrome**
Robert J. Smith, MD
Advanced Glycemic Management in Type 2 Diabetes
Marc J. Laufgraben, MJL, MD, FACE, FACP
Hypertension and Nephropathy in Type 2 Diabetics: Is a Handful of ACE's Enough to Win?
Lance D. Dworkin, MD, FACP
- 3:45 Presentation - Irving Addison Beck Memorial Award**
- 4:00 Refreshment Break-** visit exhibitors and College display
- 4:30 Oral Presentations – Associate Forum Winners (6)**
Moderator: James V. Hennessey, MD, FACP
- 6:00 Break-**visit exhibitors and College display
- 6:30 – 8:00 Reception, Abstract Viewing, Presentation of Associate Forum Oral Presenter Awards**

If you need more information on the meeting, please contact Nancy Baker-Hobin at 401-725-8671, or e-mail NBaker4@cox.net

Visit the chapter web site at <http://www.acponline.org/chapters/ri> for a meeting brochure.

I am confident that a local SHM chapter will eventually be formed, and this new subcommittee is a first step towards establishing such a chapter. The support of the local ACP chapter further emphasizes the strong ties and support of the RI physician community.

Recertification Update

Many of you are asking about what ACP is doing about recertification. It seems as if we have been discussing recertification forever. Since the day it first appeared on the ACP's radar screen, many members have had to complete the SEP modules and sit for the multiple-choice examination. Others await the same fate, unless the ABIM changes the process. The College continues its efforts to improve the recertification process and make it more relevant and less burdensome, while developing products that will make it easier for members to get through the existing program.

The College is pursuing this in several ways. The Liaison Committee on Recertification (LCR) meets regularly and our representatives on that committee are promoting the substitution of alternative methods of recertification, such as taking MKSAP for score or completing a program

physicians, transition to nursing home-SNF, pharmacy-formulary issues, and reimbursement issues related to concomitant care. The organizations for which hospitalists are employed are also tremendously pressured to optimize the

of literature-based continuing education (based on a model that our chapter introduced as a resolution two years ago). Our LCR reps are also challenging the notion that a “secure” examination has to be a closed book multiple-choice exam. (Secure simply means that measures are taken to ensure that the person taking the test is the person who is supposed to take the test.) Why, they ask, can’t it be an open book exam or a test taken over the Internet from home?

In addition to the LCR, there are contacts at the staff level, such as meetings between our EVP and their CEO.

At the same time, the College is helping current participants in recertification with review courses and online resources that discuss the actual SEP module questions without actually answering them (list upcoming). One very exciting development is available on ACP Online. An aid to getting through the SEP modules provides links to College material from MKSAP, the Annals, PIER, and other references for each of the 300 SEP questions. This resource is at http://www.acponline.org/college/misc/abim_sep.htm.

Within our leadership, there is unhappiness with the slow pace of change but disagreement over how to proceed with the recertification problem. Some Governors and Regents believe that we should be more aggressive in our participation in the LCR and other discussions with ABIM. Others feel that the time to talk has passed and that ACP should develop its own recertification program. At the Board of Governors meeting in late April, we will discuss these two strategies. Whatever the decision, members who must recertify should be assured that the College has not forgotten them.

Revitalization and Medical Students

In November, I attended the “Revitalization Summit” in Philadelphia. The participants included representatives of all of the major internal medicine organizations, such as ACP, ABIM, the Association of Directors in Internal Medicine, and the Society of Hospital Medicine.

One of the topics on the agenda was the declining interest of medical students in internal medicine careers. Several reasons for this were cited. Not surprisingly, money was one of them. Fixing that problem won’t be easy. However, others that could more easily be addressed were also discussed, including increasing the exposure of students to physicians in practice. Historically, we have left that task to the medical schools. Many question whether students have received adequate exposure to what it is like to be a practicing internist. With undergraduate medical education represented at the summit and involved in the follow-up work, this deficiency in the medical school experience will hopefully be corrected. But should we wait for that to happen when the chapter has a valuable resource that can help?

A majority of our chapter membership is practicing physicians who work in a variety of settings within a short distance from the medical school. Many of them hold clinical appointments at Brown or Boston University, indicating a desire to work with students and residents. Others who are not on the faculty may share that feeling. Are there things that we can do as a chapter that will provide students with positive experiences with practicing internists?

At some of the Board of Governors meetings, I have heard about successful programs to engage students in the chapter and internal medicine. Some ideas include pairing each member of the incoming medical school class with a chapter member or hosting a dinner to introduce the students to the ACP and internal medicine. A related concept is a mentorship program where a member would be available to advise a student about internal medicine career and invite him or her to spend time in the office. An internal medicine day where practicing internists speak to students about what they do is another idea.

I realize that some of our members would find it difficult right now to encourage students to pursue careers in internal medicine. But a significant number of practicing internists still find their professional lives rewarding and could share this with students in a way that will make a difference.

If you would be willing to participate in the types of medical student activities that I described or if

you have other ideas, please let me know. You can e-mail me at Yul_Ejnes@brown.edu or call me at (401) 275-1994

Rhode Island Medical Reserve Corps

The mission of The Rhode Island Medical Reserve Corps (RIMRC) is to draw medical professionals into volunteer service, and train them to respond to the needs of the Rhode Island community, thus enhancing local emergency response efforts. The Rhode Island Medical Reserve Corps will provide reserve medical professionals at the local level to respond to local and state health needs.

These volunteers will assist local, existing community emergency medical response systems as well as provide a group of readily trained and available resources to help a community deal with pressing public health needs and improvements. Medical Reserve Corps units will vary from community to community, depending on each community's needs and the decisions made by the community's leadership and its citizens. The initiatives in all communities share the common goal of engaging volunteers in helping their communities prevent, prepare for and respond to crime, disaster, pressing public health needs and emergencies of all kinds.

For additional information, contact RIMRC at 599-C Arnold Road, Coventry, RI 02816, telephone: 401-615-9158 or 401-615-9151, or <http://www.volunteersolutions.org/vcri/org/224151.html>

[SOURCE: RIMRC brochure and web site]

MD Workforce Survey Patricia A. Nolan, MD, MPH Director, RI Department of Health Chair, SHAPE Phase II, Physician Workforce Subject Matter Expert Panel

In a few days, all physicians licensed to practice in Rhode Island will receive a survey from Harris Interactive. The purpose of the survey is to

develop a clear picture of medical practice in Rhode Island, with an emphasis on understanding supply of and demand for physicians in the state. I am writing to personally urge each of you to respond to this survey.

Many will recall the findings of the initial SHAPE study published in 2002, and the concerns that physicians expressed about those findings. That study was based on existing data, largely the licensure database, with very limited electronic information about physician practice patterns. We all felt that it over-stated the availability of physician services and under-stated the problems of recruiting and retaining physicians in the state. As a part of SHAPE Phase II, a panel of physicians and I have worked closely with Booz Allen Hamilton and Harris Interactive to create a survey that seeks answers to the many questions raised. The panel is committed to a thorough analysis and public discussion of the findings from this survey. We believe there will be important policy and practice implications in what we discover about the supply of physicians, the unmet needs for medical care and the climate of practice in Rhode Island. We need your participation, and that of your colleagues, to help us uncover these important findings.

The panel will be reviewing all analyses conducted from collected survey data. However, you can be confident that the raw data from your questionnaire will be kept **strictly confidential** by Harris Interactive and Booz Allen Hamilton. It will not be available to the panel, to SHAPE, to Blue Cross & Blue Shield of Rhode Island, or any other entity. The data will only be shared at the aggregate level.

When you receive your survey form, please complete it and return it to Harris Interactive for compilation. For your convenience, you will have the option to respond to the survey in paper format or electronically. Detailed instructions for completing and submitting the survey will be included in the survey packet.

Thank you for helping in this important effort to understand the medical practice baseline in Rhode Island, a critical step toward improving statewide medical practice and patient care.

Rhode Island Chapter of ACP Executive Council

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

Yul D. Ejnes, MD, FACP - Governor (401-275-1991)

Fred J. Schiffman, MD, FACP - Immediate Past
Governor

Mitchell A. Pressman, MD, FACP - Treasurer

Melver Anderson, MD, FACP

John R. Audett III, MD, Member

Munawar Azam, MD, Member - Chair, IMG

Subcommittee (401-456-3000)

James Burrill, MD, FACP

J. Russell Corcoran, MD, FACP

Robert S. Crausman, MD, FACP

Frederick S. Crisafulli, MD, FACP

Michele G. Cyr, MD, FACP

Mark Fagan, MD, Member - Chair, Associates

Subcommittee (401-444-5344)

Edward Feller, MD, FACP

Neal Galinko, MD, FACP

R. Scott Hanson, MD, Member

D.B. Hebb, MD, Member

James V. Hennessey, MD, FACP - Chair, Education
Subcommittee

Paul F. McKenney, MD, Member

Anthony Mega, MD, Member

Harold Sanders, MD, FACP

Mark Schwager, MD, Member - Chair, Health and Public
Policy Subcommittee

Eleanor M. Summerhill, MD, FACP

Diane Siedlicki, MD, Member

Karen Stevenson, MD, Member

Dominick Tammaro, MD, FACP

Alan Weitberg, MD, FACP

Administrative Assistant

Nancy Baker-Hobin

22 Warren Ave., #2

Pawtucket, RI 02860

Phone: 401-725-8671

Fax: 401-793-7402

E-mail: NBaker4@cox.net