

Rhode Island Chapter GOVERNOR'S NEWSLETTER

ACP
AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | Doctors for Adults

Spring 2005

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

From the Governor's Desk...

In this newsletter, we have a little of everything – humor, crime, public service, and blatant advertising. I will begin with the advertising and encourage all of you to attend the May 11 Rhode Island Chapter Regional Meeting at the Radisson Airport Hotel in Warwick. The core topic is *Maximizing Patient Adherence to Effective Therapies*. The meeting agenda is on Page 4 of this newsletter.

This meeting will feature a first-ever clinical skills module, in which rheumatologist David Kadmon, ACP Member will teach participants arthrocentesis and joint injection. Once again, we will honor two of our members by presenting the Irving A. Beck Memorial Award and a Governor's Award. Our Associates Competition will feature the high-quality research done by the residents and fellows of the Boston University and Brown Medical School teaching programs. There will be time for you to view posters while enjoying a before-dinner drink and we will once again end the meeting with a dinner reception and the presentation of awards to the winning abstracts.

At the May 11 meeting, we will be honored by a visit by C. Anderson Hedberg, FACP, who will become President of the American College of Physicians at Annual Session. Dr. Hedberg will update us on what is going on nationally at ACP. He will also be available during the breaks and receptions to answer questions and hear your feedback on how the College is doing.

Chapter meetings are a great opportunity for you to learn, catch up with colleagues, and enjoy being a physician. I encourage you to join us on May 11. If you did not receive registration materials, they are available online at www.acponline.org/chapters/ri.

On March 23, the Chapter Executive Council held its semiannual meeting at Rhode Island Hospital. Council members from all over the state (they are listed on Page 7) sat around the table to discuss chapter business, issues affecting internists in Rhode Island, and resolutions submitted to the Board of Governors for consideration at its spring meeting. The meeting reminded me of the many hours of time that chapter members give in order to make this chapter one of the most effective in the College. I would like to thank all of the members on our Council and the subcommittees, the regular contributors to the newsletter, members who write letters of support for mastership and fellowship candidates, and those of you who take the time to contact me with suggestions or comments on how the College can serve you better – for their help.

Finally, the chapter remains involved in many statewide initiatives to improve the practice environment for physicians. In earlier newsletters, I wrote about health information technology (HIT) projects under way in Rhode Island. Those efforts continue and the Rhode Island ACP is at the table. We are also represented at the Medical Society as a member of the Council, on the Public Laws Committee, and on the Executive Committee. The chapter is frequently approached by other organizations for input or participation. The volunteers that I thanked in the last paragraph are a key to our being able to be wherever our presence will

help our patients and our members. As we continue to increase our visibility within and outside the healthcare community, more of you will be asked to help as we encounter additional opportunities for the chapter to make a difference.

I look forward to seeing you on May 11 in Warwick.

Yul D. Ejnes, MD, FACP
Governor, RI Chapter ACP
Yul_Ejnes@brown.edu

New Fellows Announced

The Board of Regents elected the following RI Chapter member to ACP Fellowship in January 2005:

Joseph D. Pianka, FACP – Newport

Congratulations! We salute Dr. Pianka 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's Member Records Section eight to ten weeks before the next quarterly election on July 1. Supporting letters from two current ACP Masters or Fellows and current curricula vitae must accompany the proposals, which staff will then forward to the ACP chapter Governor.

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

Rhode Island Tobacco Treatment Program

Sharon Marable, MPH, ACP Member

Rhode Island is the seventh state in the nation to implement a smoke free workplace law which protects workers and patrons from exposure to secondhand smoke. We anticipate that this new law will drive more smokers to seek tobacco cessation services. The Rhode Island Department of Health's (HEALTH) Tobacco Treatment

Program is in place to meet this new demand. In fact, the Tobacco Treatment Program's Quitline (1-800-TryToStop) handled over 1500 calls in February 2005, twice as many as it received in three months last year when the media campaign aired. HEALTH's Tobacco Treatment Program is available to assist you in managing your patients who intend to quit smoking.

The approach of the Tobacco Treatment Program is based on scientific evidence from the Treating Tobacco Use Dependence: A Clinical Practice Guideline (USPHS, 2000) and The Guide to Community Preventive Services: Tobacco Use Prevention and Control (CDC, 2000). Please refer to www.surgongeneral.gov/tobacco/smokesum.htm for details. As you may know, the findings from this guideline indicate that the most successful interventions which help patients stop smoking are the physician advice to quit, coupled with comprehensive treatment services which include behavioral counseling and pharmacotherapy.

The Tobacco Treatment Program's 1-800-TryToStop Quitline can support your patient care efforts by providing educational materials, telephone counseling, as well as, community-based cessation services which include free person-to-person counseling, free nicotine patch, and/or free nicotine gum. We can also provide your patients and your office with our Program's free tobacco cessation materials. To order the free materials please go to www.health.ri.gov/disease/tobacco/docorderform.pdf. The materials are available in English or Spanish.

One physician colleague had this to say about the tobacco cessation materials: "It is one more simple way for the physician to encourage the patient to stop smoking. The materials are compact, and the simplicity of it makes it easy to reinforce the quit smoking message." Another

physician commented, “The materials are a convenient way to give the stop smoking message to my patients, and my colleagues think they are great and use them.”

American College of Physician member participation in this program is critical to its success, but most importantly, to creating a healthier Rhode Island. Please call Donna Levesque, Tobacco Treatment Coordinator, at HEALTH at 222-3059 if you have any questions. We look forward to working with you.

Dr. Marable is Assistant Medical Director, Division of Disease Prevention & Control, and Medical Director, Office of Women's Health, at the RI Department of Health.

College Creates New Affiliate Membership Class for Allied Professionals

For the first time, ACP has established a new class of membership that will be offered to certain non-physician health care professionals.

An invitation to become an ACP Affiliate has gone out to fellow members of the American Academy of Physician Assistants (AAPA), the only national organization that represents physician assistants in all medical and surgical specialties.

The creation of the new affiliate class was approved by the Board of Regents at its meeting in July. Having physician assistants as affiliate College members “is a milestone,” said ACP Executive Vice President and Chief Executive Officer John Tooker, FACP, MBA, in a College press release. It is the first time in ACP’s 89-year history that the College is offering membership to non-physicians.

The new ACP Affiliate members will have online access to Annals of Internal Medicine, as well as to ACP Journal Club. They also will have access to PIER (Physicians’ Information and Education Resource), the College’s point-of-care decision support tool.

Other benefits of affiliate membership will include

access to ACP Online, as well as to ACP’s Practice Management Center; discounts on College programs, publications and services; and continuing medical education programs at member prices.

More information about the new membership class is online at www.acponline.org/college/pressroom/phys_assis.htm

Free Patient Education Materials

ACP offers free patient education materials which focus on specific health problems commonly treated by internists. These include videos (with guidebooks) and brochures. All materials are free. The link to these materials is www.acponline.org/catalog/campaign.

The Curiously Quiet Case of Cooper’s Corrupt CFO *Roy M. Poses, ACP Member*

When I started searching the media for cases of mismanagement of health care organizations, it was surprisingly easy to find them. My last article described the bankruptcy of the largest health care system in Pennsylvania, the Allegheny Health Education and Research Foundation (AHERF). In this article, I will summarize its predecessor, a case lurid enough to appear in a paperback crime novel.

Cooper HealthCare, in Camden, NJ, centers around Cooper Hospital/University Medical Center. This large teaching hospital is a major component of the Camden Clinical Campus of Robert Wood Johnson Medical School.

In 1994, two powerful executives at Cooper admitted their guilt in an elaborate embezzlement scheme. In 1978, John H. Crispo, the owner of Financial Management Corporation Inc., to keep his contract with the hospital, began paying monthly kickbacks of \$2,500-\$10,000 to John M. Sullivan, the Cooper Executive Vice President for Finance. Sullivan then referred delinquent hospital accounts for collection to a new company Crispo

set up. In turn, Crispo repaid him \$340,000 in more kickbacks. Sullivan recruited Cooper's Controller, P. John Lashkevich, and the three devised a scheme to defraud the hospital using fabricated bills, established a fictitious company to launder money, and falsified tax returns. A prosecutor claimed "Mr. Sullivan blew this money on wine, women, parties, and a lavish lifestyle," which included trips with girlfriends to the Plaza Hotel, and jewelry shopping at Tiffany's. Sullivan had driven a Porsche, and lived in a \$700,000 house. The conspirators also bought cars, boats, and racehorses.

Other conspirators were also found and prosecuted. Helene Weinstein admitted to helping establish a shadow company as a conduit for Sullivan to send money from the hospital to his estranged wife, Elarba Pagan. Pagan was accused of receiving money sent by Sullivan from Cooper to another firm. Weinstein testified that Pagan carried "briefcases of cash from the hospital to shop in New York for \$1500 shoes." Also, Cooper's Vice President for Finance, Robert Schmid Jr, admitted embezzling money from Cooper to pay for home improvements. Finally, Thomas J. Damadio admitted helping launder up to \$600,000 stolen from Cooper, and evading income taxes.

Sullivan was sentenced to 55 months in federal prison, Lashkevich, 25, Pagan, eight, Weinstein, three years of probation, Damadio, six months of house arrest. Crispo died before serving prison time.

Rhode Island Chapter Regional Meeting
Scientific Program and Special Events
Wednesday, May 11, 2005

10:00 a.m. – 12:00 noon - Teaching Module – Arthrocentesis & Joint Injection
Instructor – David Kadmon, MD, FACR

12:00 noon- 1:00 p.m. Registration, Luncheon Buffet

1:00 – 1:15 p.m. Welcoming Remarks and Business Meeting
Yul D. Ejnes, MD, FACP – Governor

1:15 – 1:45 p.m. College Update
C. Anderson Hedberg, MD, FACP
President, American College of Physicians

1:45 – 3:45 p.m.
Symposium – Maximizing Patient Adherence to Effective Therapies

Behavioral Approaches to Patient Adherence (1:45 – 2:25 p.m.)
Michael Goldstein, MD

Motivating and Sustaining Weight Loss (2:25 – 3:05 p.m.)
Rena Wing, PhD

Effective Approaches to Smoking Cessation (3:05 – 3:45 p.m.)
Belinda Borrelli, PhD

3:45 – 4:00 p.m. Award Presentations
Irving Addison Beck Memorial Award, Governor's Award

4:00 – 4:30 p.m. Refreshment Break

4:30 – 6:00 p.m. Oral Presentations – Associates' Forum Winners (6)
Moderator: James V. Hennessey, MD, FACP

6:00 – 6:30 p.m. Break - visit the exhibitors and College display

6:30 – 8:00 p.m. Reception, Abstract Viewing, Presentation of Associates' Forum Oral Presenter Awards, and Presentation of Best Medical Student Poster Award

After these stories became public in 1994, Cooper's Board of Trustees established a special committee to investigate its financial operations, which included Peter E. Driscoll, Chairman of the Board, Kevin G. Halpern, Chief Executive Officer (CEO), and a local Rabbi, Fred Neulander. The hospital pledged to make its investigation public, but then fought to keep it secret. Its report was finally released in 1998, after a

discovery motion in a civil lawsuit. Prior to then, the Philadelphia Inquirer had revealed numerous financial conflicts of interest affecting Board members, including those on the special committee. For example, Cooper paid the law firm of Archer & Greiner, of which Driscoll was a senior partner, \$2.1 million over three years from 1993-96.

The report revealed that the conspiracy had bilked the hospital of at least \$21.8 million from 1987 to 1994, while "Cooper has been the victim of a massive crime wave." It stated Sullivan,

Lashkevich, and Crispo “had unrestrained and absolute control of virtually all the important financial functions at Cooper and they took full criminal advantage....” It also noted that “employees who became suspicious and questioned the accounting practices or tried to alert management were intimidated, transferred, or dismissed by the high-ranking executives.” Furthermore, it suggested “the ability to bypass or defeat controls grew from an institutional culture that delegated and outsourced too much responsibility, without developing effective controls....” The report also raised questions about how the internal investigation was conducted. It noted that Driscoll and Halpern “often locked horns with [the other] committee members....” Driscoll had objected when other board members called for an independent investigation. Halpern and Driscoll resigned their positions within days of the forced release of the report.

One member of the special committee became particularly notorious. Soon after the internal investigation was set in motion in 1994, Rabbi Neulander’s wife had been murdered. Soon after, Neulander had failed a polygraph test when questioned about it. He then resigned his clerical position after his extramarital affairs with members of his congregation were revealed. In September 1998, he was charged with hiring the “hit men” who committed the murder. In 2002, he was convicted and sentenced to life in prison.

By 1997, Cooper was in financial trouble, although none of its managers ever admitted a connection to the conspiracy and resulting losses. However, during a related civil lawsuit, Cooper officials alleged “the hospital’s general operating fund was depleted” by the conspiracy. Cooper began merger discussions with several partners, including AHERF, although none were ultimately successful. Physicians started leaving in 1997, when all but one full-time cardiologist announced their resignations. Cooper revealed a \$16 million loss for 1998, the largest ever incurred by a New Jersey hospital. Its bonds were down-graded to junk. The hospital then announced that it would stop accepting uninsured patients for elective treatments, departing from its historic mission of charitable care. Losses continued in 1999, again totaling \$16 million, leading to additional budget cuts. By 2000, the hospital had cut its work force

to 3100, from 4000 in early 1999. Only thereafter did Cooper begin posting budget surpluses.

The only published reaction to Cooper’s woes came from the related legal proceedings. The prosecutor in Sullivan’s trial claimed that his thefts were so big that they “threatened the financial stability of the hospital,” and “hurt the image of the city as a whole.” At Pagan’s sentencing hearing, Judge Joseph H. Rodriguez stated “society could not tolerate a system in which hospital executives ‘rake millions off the top’ that were intended for medical care for the poor.”

It does seem likely that Cooper’s scandals had major effects on its patient care and academic missions. Yet, I could find nothing published about such effects. Despite the luridness of this case, I also found no reaction from local or national medical groups, from academic organizations, accrediting groups, or government agencies.

The case of Cooper’s corrupt executives can be viewed as the forerunner to the even more massive bankruptcy of AHERF. One can only speculate that learning the lessons of the Cooper case could have mitigated the AHERF disaster. However, as noted in my last article, the lessons from AHERF are also not widely known. Yet, as George Santayana wrote, “Those who cannot learn from history are doomed to repeat it.”

Dr. Poses is President of the Foundation for Integrity and Responsibility in Medicine (www.firmfound.org)

ACP Services, Inc. Forms PAC

ACP Services, Inc. has formed a political action committee to help promote internists’ participation in the political process. A PAC is an entity permitted under federal law to make contributions to political candidates running for office at the state and/or federal level. More and more national medical specialty societies are forming political action committees to enhance their government relations activities and increase their political influence.

Because of its tax status as a charitable

organization, ACP cannot establish a PAC. However, ACP Services, Inc., a separate and distinct organization from ACP established in 1998 to provide advocacy, practice management, and other services for internist-members, has a different tax status that allows it to establish a PAC. Members of ACP automatically are also members of ACP Services, Inc.

ACP Services PAC is governed by an 11-member Board of Directors that researches and analyzes the voting records of congressional candidates and determines who should receive contributions from the PAC. Chaired by William Golden, MD, FACP, from Little Rock, Arkansas, the board is composed of internal medicine leaders selected from various areas of the country by the ACP Services Board of Directors. The PAC board considers candidates' record of support on issues important to the profession, membership on key health committees, and leadership positions in the Congress, among other criteria, when deciding who to support.

The PAC will begin making donations to congressional candidates running in the 2006 election cycle, which starts in Jan. 2005.

For more information on the PAC, contact Laura Allendorf, ACP Services PAC Director, at Lauraa@acponline.org

ACP Services PAC Board of Directors:

Chair: William Golden, MD
Dawn E. Clancy, MD, St. Johns Island, SC
John F. DeCarli, DO, Wilmington, DE
Larry Faltz, MD, Sleepy Hollow, NY
Mark Friend, EVP of ACP Services, Inc.,
Washington, DC
Paul A. Gitman, MD, New Hyde Park, NY
Robert A. Gluckman, MD, Portland, OR
Edward D. Harris, MD, Menlo Park, CA
Mark E. Mayer, MD, University Heights, OH
Richard L. Neubauer, MD, Anchorage, AK
Frederick E. Turton, MD, Sarasota, FL

Keeping Me Healthy?

Edward A. Iannuccilli, MD, FACP

She appeared like magic, wearing an evil- scaring gold cornu on a gold necklace around her neck.

As soon as I appeared ill, Grandma arrived, laden with heroic, valiant, Pagan remedies imported from Pollutri, in the southern province of Chieti. She assured me. I protested. I lost.

I had a sore throat. Her remedy was to separate egg whites from the yolk, beat them, and then soak a cloth (the mopine) in the foaming whites. She wrapped the wet mopine around my neck and fastened it with a large safety pin. The gooey, gummy, mushy, squishy whites was left for hours, while the mopine became as cold and as stiff as a layer of ice. My neck was immobilized, my throat no better. I lied.

Cat urine directly applied to a sty made no sense.

A cold potato on a burn made some sense.

Garlic cloves for a toothache; Octagon soap, crushed, and mixed with sugar, for a boil; weeds soaked with urine and directly applied for poison ivy; heated and melted camphor on the chest for a cough.

She feared the 'mal'occhio' ("malooka"), the evil eye, believing that someone issued a curse. The mal'occhio was a strong, severe look from someone, a curse that caused bad health and could be relieved only by "doing the malooka."

"Evil is in the air," she would say, making the sign of a cornu (inverted horn) with her first and last fingers while dropping oil on water into a shallow bowl and reading its pattern to ward off bad spirits. She made the sign of the cross. If the olive oil remained in single drops, the sickness was not from mal'occhio. If the oil spread over the water, was the proof that mal'occhio was the reason. She shifted into prayer.

"Let the mal'occhio get behind you and God bring you ahead."

Modern day Christianity eventually crept into her practice, forcing Grandma to abandon that custom in time.

"Belief in superstition will get you to Hell."

Among Italians, bowel fixations were common. A clean bowel meant good feeling and good health. She had ways.

The tonic or the laxative? Vile tasting castor oil was her favorite.... for everything; fever, pain, rashes, aches, falls, constipation, even diarrhea. It was also used as a preventive. Grandmother brought us to a local shop for an occasional dose. Pallid waifs lined up and stood rigidly with tight-pursed lips, pole like arms rigid by our sides, fists clenched, mouths open on command. Down it went, a 'gulp' followed by an 'errgh' or a 'yuk' and a total body quiver!

If that didn't work then there was The Enema: the universal cure, the worst of all, warm water (soapsuds sometimes added). If I appeared listless, Grandma felt my head with her personal, ever-accurate thermometer, the back of her hand. Her decision was final. If she paused and stared, I knew I had a fever and was in for it, or it was in for me. She ordered me to bed where I lay on my side, pants halfway down, legs curled to my chest. She smeared the nozzle with Vaseline. She raised the brown bag full of the warm effluent. She hung it on a hook on a tall bedpost. She approached. She inserted the weapon. She released the stopper on the hose. I began to fill, to fill, and to fill, ever so slowly, finally.

"I can't! No more!"

"Hold it, hold it, you need it, it's good for you, don't let go! Hold it!"

The bag took forever to empty, the urge to return the fluid stronger and stronger. Finally, thankfully, she closed the valve and pulled the nozzle. But I had one more stop, made in a rush, short steps, pants at my knees, to the bathroom, around the corner, so, so far away.

"Squeeze your cheeks; hold your pants up, hurry, run!"

Please, please let that porcelain oasis be unoccupied. Where was grandpa? I hope not in the bathroom. No. Thank god. There. Relief. It was over. I was ruined, sick with the urge to vomit, sweating, appetite gone, fearful of another offensive if the back of her hand so declared.

I survived, healthy, unharmed, I think. Family love, I suppose, Grandma's remedies among its expressions. I guess I am, should be, have to be, will be, thankful.

Edward Iannucilli is Chairman of the Board of Trustees of Rhode Island Hospital and Past Governor of the RI Chapter of ACP

Rhode Island ACP Executive Council

Yul D. Ejnes, FACP – *Governor, (2002-2006)*
James V. Hennessey, FACP – *Governor-elect (2006-2010) and Chair, Education Subcommittee*
Fred J. Schiffman, FACP – *Immediate Past Governor (1998-2002)*
Mitchell A. Pressman, FACP – *Treasurer*
Melder Anderson, FACP
John R. Audett III, ACP Member
Munawar Azam, ACP Member – *Chair, IMG Subcommittee*
J. Russell Corcoran, FACP
Robert S. Crausman, FACP
Frederick S. Crisafulli, FACP
Michele G. Cyr, FACP
Nitin Damle, FACP
Hector Derreza, ACP Member – *Chair, Hospitalist Subcommittee*
Mark Fagan, ACP Member – *Chair, Associates Subcommittee*
Edward Feller, FACP
Neal Galinko, FACP

D.B. Hebb, MD, ACP Member
Paul F. McKenney, ACP Member
Anthony Mega, ACP Member
Jennifer Ritzau, ACP Member – *Chair, Membership Subcommittee*
Harold Sanders, FACP
Mark Schwager, ACP Member – *Chair, Health and Public Policy Subcommittee*
Eleanor M. Summerhill, FACP
Diane Siedlicki, ACP Member
Karen Stevenson, ACP Member
Dominick Tammaro, FACP
Alan Weitberg, FACP

Administrator, Rhode Island Chapter of ACP
Nancy Baker-Hobin
22 Warren Ave., #2
Pawtucket, RI 02860
401-725-8671 (voice)
401-793-7402 (fax)
NBaker4@cox.net (email)