



Governor's Corner

As 2008 is well underway, it is past time for me to reflect on 2007. Of note, we had a wonderful Annual Scientific Session in Charleston. The resident and student presentations were of incredible quality and the speakers delivered thought provoking and educational talks.

One of the highlights of every annual meeting for the Governor is the opportunity to present awards to noted ACP members . . . and this year was especially special for me. The Laureate Award was presented to **William N. Boulware, MD, FACP**, Immediate Past Governor for the SC Chapter of the ACP and my mentor for the last 20 years. The Laureate Award honors those Fellows and Masters of 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 American College of Physicians. **Dr. Boulware** has done all of that and so much more. As in most cases, this award should also be shared with his wife, **Jane**, and their four sons, without whose support he would never have been able to devote so much time to the advancement of the ACP in SC.

The James MacFarland Award, an award presented to an internist, not necessarily a member of the ACP, who is involved in practicing patient care, demonstrates ongoing scholarship, is able to teach at all levels, is an outstanding clinician and teacher, and represents the values of internal medicine. This year's recipient of the James MacFarland Award was presented to **Anne Cook, MD, FACP** of Anderson, SC, our Executive Council's secretary for the last several years.

Finally we recognized the recipient of The Young Physicians Award. The Young Physicians Award was established by Executive Council in March 2006. This award recognizes outstanding achievements by a physician who is within 16 years from medical school graduation in the areas of leadership and academics, including publishing, teaching, mentoring, and/or volunteerism. This year's recipient was **Iván E. Monserrate, MD, FACP**, recognized for his numerous contributions to the ACP, including his willingness to translate portions of our newsletter and web-site into Spanish, his teaching accomplishments at the Ralph H. Johnson Veteran's Administration Medical Center in Charleston, SC, and his dedication to and tireless work for the SC Chapter of the ACP.

Patient Outreach Committee

Iván E. Monserrate, MD, FACP
Chairman, Patient Outreach Committee
Clinical Assistant Professor of Medicine
VAMC, MUSC, Charleston, SC



At this fall's Scientific Meeting the Council approved the formation of an ad hoc committee-The Patient Outreach Committee. Through this committee we hope to encourage patients to be advocates for themselves, thus augmenting our efforts once a year on Capitol Hill. With the challenges patients face everyday including their pharmacy benefit managers refusing to pay for their medications without lengthy prior authorization processes and their access to care being threatened daily as Congress plans to cut reimburse ments to their physicians, the South Carolina Council

In This Issue

Governor's Corner.....1
 Patient Outreach Committee.....1
 2008 SC ACP Scientific Meeting2
 ACP Signs on to Letter in Support of Medicare Legislation.....3
 Quality Matters3
 Who will be your doctor?4
 Why Should I Be a Member of the ACP?6
 Associate Steal the Show at SC ACP Annual Meeting7
 New Opportunity to Present: Practice Assistance.....7

believes the time has come to directly involve patients in the advocacy process rather than expecting them to depend on the paternalistic actions of a few physicians. The Council is convinced that direct patient involvement will send a more powerful message to our elected officials than that which they are presently receiving from physicians.

Initially we plan on having town hall meetings in Charleston at which time we will listen to the concerns of the attendees and will educate them on the various ways they can contact their legislators - via phone, mail, fax, or e-mail. In order to determine whether or not this program should be expanded out of Charleston we will be doing some evaluative work.

So that we could afford to conduct these focus groups, we submitted a Chapter Development Fund application to the National ACP's Chapters Sub-Committee. I am excited to report that the Chapter's Sub-Committee responded by granting us the full amount we requested, \$2,464.26. Additionally, the committee asked that we disseminate our findings as quickly as we have them as they see this program as being a potential model for National ACP. We are very excited and humbled by the faith that National ACP placed in our committee and we look forward to conducting our first focus group this summer.

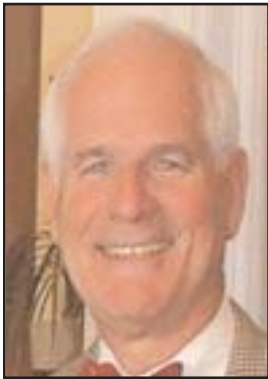
2008 SC ACP Scientific Meeting

John DuBose, MD, FACP

Chairman, Scientific Meeting Committee

Private Practice

Camden, SC



Immediately upon completion of the 2007 SC ACP Scientific session, the planning committee began working on the 2008 meeting. I am happy to say that, with your input, the topics have been chosen and most speakers have already having agreed to participate.

The 2008 meeting will be at the Crown Plaza Resort in Hilton Head Island, SC from October 17-19, 2008. This year we will be providing updates on the topics about which you indicated an interest on your evaluations at the past meeting. To whet your appetite, the following is just a taste of what is to come. There will be a Pharmacology Update by **Wayne Weart**, PharmD., of Charleston, an Update on Cardiothoracic Surgery, especially options for valvular disease and CABG by **Dr. John Sutton III** a cardiac surgeon at Providence Hospital in Columbia, and an Update on Cardiology, especially stenting and non-invasive imaging, by **Dr. Troy Bunting** of Charleston. **Dr. Sandra Weber** will update us on the evaluation and treatment of osteoporosis, **Drs. Lisa** and **Paul Baron** will hold a panel discussion on the various ways to evaluate and treat breast cancer, along with an oncologist with whom they work, and **Drs. Jeffrey Lackey** and **Richard Wunder** will update us on the most current available imaging techniques. **Drs. Robert Ball** and **Oscar Lovelace** have the distinction of being the most highly rated speakers from last year and they have both agreed to return this year. **Dr. Ball** will update us on MRSA, and **Dr. Lovelace** will update us on progress, or the lack thereof, of this year's SC Legislative session. Last, but not least, we are fortunate to have former Chairman of the ACP Board of Governors, who is also the Chairman of the Health and Public Policy Committee for national ACP, as our College Representative this year - **Dr. Fred Ralston**, a private practitioner from Fayetteville, Tennessee.

I hope that with such a diverse program, in addition to presentations from residents and students and this advance notice, that you will be able to arrange your schedule so that you can join us in Hilton Head from October 17-19 for this year's SC Chapter's Annual Scientific Session.

Visit the chapter website at

http://www.acponline.org/about_acp/chapters/sc/



ACP Signs on to Letter in Support of Medicare Legislation

Chris McLain, MD

Chairman, Health and Public Policy Committee

Private Practice

Charleston, SC

The College has signed on to a joint letter in support of the "Save Medicare Act of 2008" This legislation, introduced by **Senator Debbie Stabenow** (D-MI), would replace pending Medicare cuts in July and January of next year with positive updates to physician payments.

The letter, sent to all senators, expresses support for the bill and asks them to consider cosponsoring the legislation. Other signers of the letter include the American Academy of Family Physicians, the American College of Surgeons, the American Medical Association, and the American Osteopathic Association.

Medicare payments to physicians are scheduled to be cut by 10.6% on July 1, 2008 and by another 5% on January 1, 2009. The cuts to physicians are the result of the sustainable growth rate formula. This formula ties physician payments to growth in the overall economy rather than to the cost of providing care.

The new legislation would replace the July 1 cut with an extension of the 0.5% update that was enacted at the beginning of this year. It also provides for a 1.8% update for 2009. The joint letter points out that by providing 18 months of continuous relief from the payment cut problems, Congress will have the time needed to examine the current system and come up with a long-term solution.

I suspect that there will soon be a call for key contacts to e-mail, write, fax, or phone their legislators in support of this bill. Please be ready to do so when that call comes. To register as a Key Contact, please go to http://www.acponline.org/advocacy/key_contacts/enroll/ to sign up.

(Adapted from ACP Internist, April 8, 2008)



Quality Matters

Mike Hawkins, MD, FACP

Chairman, Committee for Quality of Care/Patient Safety

Hospitalist, Meggett, SC

In recently attending the Annual Session for The Society of Hospital Medicine (SHM) in beautiful San Diego, keynote speaker **Don Berwick**, MD. Founder, President, and CEO of The Institute for Healthcare Improvement (IHI) opened the session. As architect of the 100,000 Lives Campaign, and the 5 Million Lives Campaign, listening to his address was thought provoking and motivational about bringing positive change within our broken healthcare system.

I'd like to share with you some of his thoughts.

In the practice of medicine these days, clinical and political changes occur almost daily. Dr. Berwick challenged each of us to view ourselves as warriors in a battle of rapid, exciting, yet anxiety-provoking change. He encouraged us to get involved and make sure changes being made are the best for our patients, and not just for us. He presented slides showing multiple graphs directing our attention to the fact the only thing in which the U.S. leads the world in is the cost of care.

As I remember, anything involving quality or access to care placed us from an eye opening number 10 to number 13. His data revealed that while the U.S. does not have the BEST healthcare in the world, it does have the MOST healthcare in the world. The data also revealed that regions with the highest costs actually perform the worst in quality metrics. Before our very eyes, we saw data reflecting that simultaneous to providing our patients with the most expensive care, our country is falling in the middle of the pack on quality. **Dr. Berwick** emphasized the point that we need to create a high value care system rather than the high cost system of present.

After presenting the overwhelming preponderance of data, he challenged us all to consider the following question:

"Do you intend to solve these problems and help produce a truly high values care system?" **Dr. Berwick** indicated how we, as a profession, answer this one question, will determine our future. He encouraged us to pursue a system of healthcare that provides for **safety, effectiveness, patient centeredness, timeliness, efficiency, and equity (race and gender)** for our patients.

Berwick's strategy is that we should get systems in place such that there are no needless deaths, no needless pain and suffering, no unwanted long waits for the proper care, no helplessness among our patients, and no waste... for anyone.

Demonstrating how to develop such an ideal system, he projected the First Law of Improvement on a slide: "Every system is perfectly designed to achieve exactly the results it gets." *"Design and re-design of systems is the answer, not the heroism that being a physician was founded on," says Berwick. With the heroism mentality we tend to work ourselves into an early grave seeing large numbers of patients to maintain our incomes as the present system keeps ratcheting down reimbursement. We work longer days, working harder rather than working smarter. He advocated designing systems of care that reward quality rather than just volume of care. Dr. Berwick described work as having a "top spiral", a point after which safety and quality are compromised. Medicine presently is exceeding this breaking point more often than not, as that is the way the system is presently designed; at the expense of patient safety. As reimbursement decreases, our reaction is to see more patients. Rather than accept this paradigm, Dr. Berwick encouraged us all to embrace changes rewarding quality rather than quantity of care. Improving quality and simultaneously reducing costs may seem to be a direct conflict at first pass. However, data indicate that the highest cost regions in the U.S. actually have the poorest outcomes on various quality measures further alluding to quality and cost reductions going hand in hand; improve quality, and costs should improve; embracing systems that prevent medical errors should result in lower costs of care. In other words, improving safety should save money.*

In conclusion, **Dr. Berwick** pointed to the similarity of our healthcare system to The Tragedy of Commons depicted by **Garrett Hardin**. The commons is a field of green grass where villagers take their herds to graze. Despite there being a finite amount of grass, a villager's success is determined by the number of heads in his/her herd. This system compels each villager to constantly increase the size of his/her herd, without limit and without concern for the amount of grass on the commons. Eventually, as there will be no more grass, the one with the largest herd will be no better off than the one with a smallest herd, and all animals will eventually starve under that system. In The Tragedy of The Commons, ruin is the destination toward which all men rush. With villagers locked into a system requiring them to increase their herd without limit, the system as a whole is doomed to fail. At that point, I realized this sounded all too familiar.

Though pessimistic at that point, I experienced a glimmer of hope as **Dr. Berwick** challenged each of us to return to our practices and get busy with the task of being proactive in developing systems within our communities and hospitals to improve quality and reduce costs. I am proud, as I know that you are, that the ACP is constantly working toward these goals. Through your active participation in the ACP, you are making a difference. Remember, **the strength of the wolf is in the pack.**



Who will be your doctor?

John Black, MD, FACP

Acting Chair, Medicare Advisory Committee

Private Practice

Columbia, SC

As the match has come and gone, despite Internal Medicine having done pretty well, those students interviewed were pretty clear - primary care is not in their futures, and for reasons we all understand. If our students do not start to see primary care as a viable alternative, all of us internists, primary care physicians, sub-specialists, and hospitalists will suffer as physicians and, ultimately, as patients now and of the future.

To try and get this point across, again, I recently wrote **Dr. Tom Dean**, the only primary care physician on MEDPAC (a family practitioner) and I am including my letter here for your perusal. I have edited it a bit to be more appropriate for us.

Dear Tom Dean, MD...MEDPAC member

I see that MEDPAC is meeting. Please remember that Primary Care physicians are getting screwed.

Also, please remember that only about 5-10 % of Internal Medicine Residents are choosing non-specialty situations. They are going into Primary Care.....but, 50-75 % of these are going into the Hospitalist Specialty (2.5 - 7.5% of all Internal Medicine Residents), and the other 25-50 % (1.25 - 2.50% of all Internal Medicine Residents) are going into OUTPATIENT internal medicine. Who will be the doctor for the outpatients of the future, as we baby boomers expand? Baby Boomers---very little primary care docs---cruising for a bruising!!!

Even Family Practice Residency positions have been declining for the past 12-14 years and I think it is Duke that canceled its Family Practice Program. Canceled It!!!!

Also, think about the poor reimbursement for all internists, and Primary Care in particular. With the \$150K student loan debt of the usual medical school graduate, do we expect these students to choose Primary Care? I wouldn't. They won't.

American College of Physicians is suggesting a "Medical Home." While a laudable plan, it will take 7-10 years to sell this and make it happen. Even then, the Internist will have to invest in EMR technology, hire social workers, and hire diabetic educators/dieticians - and with what? We can barely pay our staff and ourselves now as it is.

Something needs to change now. MEDPAC acknowledged recently that the only Medicare patients unable to find a doctor are those looking for the Primary Care option.....others are not having a problem. When will MEDPAC get the message? If you want better health outcomes for patients and lower costs, as Baicker and Starfield have already proven with their studies, then more primary care physicians are needed so that the sub-specialists can actually do what they do best and the outpatient specialists can do what they do best allowing the Hospitalists to do what they do best - a win-win situation! In conclusion, PLEASE HELP PRIMARY CARE NOW, for the sake of ALL patients and physicians.

John G. Black, MD, FACP
Internal Medicine Associates
146 N. Hospital Drive, Suite 530
West Columbia, SC 29169
talldoc2@aol.com

1Baicker K. and Chandra A "Medicare spending, the physician workforce, and beneficiaries' quality of care." Health Affairs. 2004. Suppl Web Exclusives:W184-97.

2 Starfield B, Shi L, Grover A, Macinko J. "The effects of specialist supply on populations' health: assessing the evidence." Health Affairs. 2005. Jan-Jun;Suppl Web Exclusives:W5-97.

Dr. Dean's Response (on April 9, 2008):

John,

Today MedPAC passed recommendation to congress and CMS to set up a system for increasing payment for primary care services using a "modifier" added to the CPT codes relevant to primary care that would increase the payment for those services over and above the Medicare fee schedule. This would be the first time the CPT process has been used in this way. This is only the first of a number of steps MedPAC is working on to try to strengthen and enlarge the primary care base of our system which has been so seriously eroded over the last 10-20 years. I am satisfied that there is a commitment on MedPAC to deal with the undervaluation of primary care services. Unfortunately that is only the first step in the whole process and we will have to wait for Congress and CMS to do their part and there will undoubtedly be resistance from the proceduralists. I do believe, however that MedPAC has made it clear that the commission sees this as an important and urgent concern.

The next step it to lobby your people in Congress!!

Best wishes,

Tom



Why Should I Be a Member of the ACP?

John Black, MD, FACP

Chairman, Membership Committee

Private Practice

Columbia, SC

As the economy continues to take further downturns, we all are looking for ways to improve our bottom lines - both at our offices and our homes. It is very easy to look towards our memberships in professional organizations as being places to start trimming our expenses; however I would argue they are the LAST things we should be cutting out of our budgets. With all of the benefits the ACP has to offer, it is one expense for which we receive far more than we give.

In the last newsletter **Dr. DuBose** of Camden eloquently described multiple reasons why we should keep up with our ACP memberships. However I would like to offer some more reasons. Again, as the collective voice for internal medicine and its subspecialties, the ACP strives to enhance the professional development and quality of life for its members. The following outlines some more of what is available to ACP members.

Patient Care and Professionalism

Clinical Skills Programs: You can sharpen your skills in office-based procedures, physical examination, and physician-patient communication with over 30 hands-on training programs including live sessions and teaching modules available at national and chapter meetings in addition to available recordings, such as the VHS on Arthrocentesis.

Ethics and Professionalism: ACP serves its members by adhering to the highest standards of ethics and professionalism and by providing comprehensive resources to address a variety of topics, including its 5th Edition of the Ethics Manual, published in April 2005 and is available to members at a very affordable price of \$9.00.

Publications

ACP Internist is an award-winning and **FREE** member publication presenting news about clinical medicine, practice trends, the business of medicine, and national advocacy efforts for internists. Each issue features a "Disease Management" section with in-depth information on the diagnosis and treatment of a particular disease, and a "Practice Management" section with billing and coding information. Members stay up-to-date with the e-newsletter, ACP Internist Weekly, an electronic publication highlighting important breaking news for internists, and the latest in College products, services, and initiatives.

The ACP Books Program provides members with a 10% discount on ACP-published books that are high-quality, applicable, evidence-based information in attractive and easy-to-use formats through case studies, algorithms, key points, figures and tables as well as several popular medical humanities titles.

Medical Education

Internal Medicine 2008: The premier scientific meeting in internal medicine with distinguished faculty presenting over 260 educational sessions that offers a wide variety of learning formats including Updates, Multiple Small Feedings of the Mind, case-based Clinical Pearls sessions, hands-on training and countless opportunities to network with your peers. Discounted rates are available to members.

Advocacy: ACP is involved in various efforts to represent its members and the field of internal medicine. Representation and Public Policy: ACP works closely with federal and state government, health plans, medical and health-related associations and others to help shape health policy, medical education, research, and the practice environment.

AND..... the ACP has set up ways for you to easily get involved in the issues that affect you:

Key Contact Program: The College e-mails or faxes legislative alerts to those who sign up for the program, making it easy to contact members of Congress. Through its Web-based communications network, it indicates legislative issues of concern to ACP members and allows quick and easy response to current legislative alerts, federal legislator contacts, and links to compose personalized letters, e-mails or faxes to Congress.

Leadership Day: ACP members meet with their congressional delegations annually to increase visibility on the Hill and bring further awareness to issues facing internists and their patients.

And there are numerous other benefits - too numerous to fit in this issue so stay tuned for the next issue!



Associate Steal the Show at SC ACP Annual Meeting

Mary Beth Poston, MD, MSCR, FACP

Chairwoman, Associates Program Committee

Assistant Professor of Medicine

University of South Carolina School of Medicine

Columbia, SC

For Associates and Students, this year's Scientific Meeting was quite a success. We had 41 Residents and 6 Students compete and their presentations were as professional and scholarly as ever. The competition was stiff and the judges had a difficult time choosing with winners. Ultimately there were 2 Student winners and 6 Associate winners. They are as follows:

G. Daniel Grass (MUSC) - Student Oral Research

Todd Senn (MUSC) - Student Poster Clinical Vignette

Brad Sapp, MD (MUSC) - 1st Place, Resident Poster Clinical Vignette

Stephanie Reckenbeil, DO (GHS) - 2nd Place, Resident Poster Clinical Vignette

Prashanth Kamath, MD (GHS) - 3rd Place, Resident Poster Clinical Vignette

Eli Penn, MD (MUSC) - 1st Place, Resident Oral Clinical Vignette

Jeremy Byrd, MD (GHS) - 2nd Place, Resident Oral Clinical Vignette

Nichole Tripician, MD (MUSC) - 3rd Place, Resident Oral Clinical Vignette

The overall winners who will represent South Carolina at Internal Medicine 2008 in Washington, DC are: **Brad Sapp, MD** (MUSC) and **Eli Penn, MD** (MUSC).

Congratulations to all of the presenters as they are all winners due to the incredible quality of their work, as evidenced by the judges long deliberation process.



New Opportunity to Present: Practice Assistance

Shakaib Rehman, MD, FACP

Chairman, Council of Young Physicians

Associate Professor of Medicine

VAMC, MUSC

Charleston, SC

In reaching out to SC young physicians (YP) (defined as being within 16 years of medical school graduation) I ask you to consider joining the SC-ACP Chapter Council of Young Physicians (CCYP) whose goals are to enhance YPs' professional development, quality of life, and involvement in College activities.

Achieving these goals requires your active participation. Some objectives for you to consider include:

- 1) **Fostering Educational Opportunities** through working with our Governor to create chapter-meeting programs of interest to YPs, including board review courses, recertification preparation, and topics of interest to YP career development;
- 2) **Assisting in Identification of Practice Management Issues** for which the ACP can provide information to YPs as they begin practice, including practice opportunities, junior faculty development, financial advice, and contract negotiation.

The College's Practice Management Center (PMC) is a valuable benefit of membership providing timely information to succeed in today's health care environment. <http://www.acponline.org/pmc/index.html?hp>.

- 3) **Supporting Public Policy Concerns** through monitoring local and national health policies and their relation to internal medicine and physician welfare. By attending the chapter meeting YPs can discuss, develop and support our governor and council in their writing of resolutions that are presented to National ACP to assist internists and their patients.
- 4) Supporting the Young Physician of the Year Award: This will be the third year that your chapter will be awarding the Young Physician of the Year Award at the annual meeting. This award's purpose is to honor an outstanding YP's efforts to increase YP involvement in the college and the YP's contributions to Internal Medicine. Please consider nominating your colleagues for this award.

Please e-mail **Shak Rehman**, at shakaib.rehman@va.gov for any questions or suggestions