

South Carolina Chapter GOVERNOR'S NEWSLETTER

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

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Governor, South Carolina Chapter

GOVERNOR'S CORNER



The mid-term elections of November 2006 have come and gone and the results were stunning. The American people clearly voted with their hands and feet. The Democrats now control the Congress and the Republicans the White House.

What does that mean for the patient, the practicing physician, in general, and the internist, in particular? According to **Bob Doherty**, Senior Vice President, Governmental Affairs and Public Policy for the American College of Physicians (ACP), the elections altered national policy, including health care, at least during the remainder of the Bush Administration and possibly beyond.

While the political landscape in Congress appears more liberal, Mr. Doherty reiterates the ACP has always maintained a good relationship with both sides of the aisle. This is in large part due to our policies being patient-centered and not self-serving, as Congressmen view many other advocacy groups' positions. Legislators appear to respect the nobility of our goals and thus respond favorably.

Dr. **Lynne Kirk**, President of the ACP, describes in her letter to the membership that Internists experienced several positive developments during the most recent lame-duck session of Congress. Due to the "*Tax Relief and Health Care Act of 2006*" passed by the House of Representatives on Dec 5, 2006, the Senate on Dec 7, 2006, and signed into law by President Bush on December 20, 2006, Medicare's proposed 5% cut in reimbursement due to the flawed Sustainable Growth Rate (SGR) policy for reimbursing physicians was frozen at the 2006 rates - no gains but no losses. Since it is once

again a one-year fix, we will have the honor and pleasure of going to Washington yet again with hat in hand begging for our patients and their access to care this spring. (Call me paranoid, but I am starting to think this is by design.)

Another positive occurrence is the Centers for Medicare and Medicaid (CMS) services adoption of an update to the reimbursement schedule for physicians using evaluation and management (E/M) guidelines to assess their bills. Ultimately, mid-level office visits (code # 99213, the code most frequently billed by internists) will increase from a national payment of \$52.68 to a national payment of \$59.40, an increase of 12.77%, and a level four office visit code for an established patient, 99214, will increase 9%. In order to maintain budget neutrality mandated by law, some of the lower-level visits, as evidenced by all but the two highest new patient outpatient codes, will experience reductions. In general, however, most internists should see a net gain of \$5,000 to \$10,000 in reimbursements, depending on the volume of E/M codes used. Additionally, these E/M gains that have been built into the RBRVS are permanent. Not only will they result in increased reimbursements for 2007, they will impact for years as the basis for future updates. For further details:

<http://www.acponline.org/hpp/sgr2007table.xls>
To see how this may impact you and your practice go to the ACP Interactive Reimbursement Calculator at <http://www.acponline.org/private/pmc/emimpact.html>.

Other positive items included in this bill include:

1. The ACP's proposal for a medical home pilot that will provide internists participating in the pilot with a 'care coordination fee' for managing the care of patients with multiple chronic conditions and allow physicians to share in

savings realized from reduced hospitalizations resulting from effective physician-directed care management. Also referred to as the Patient-Centered Medical Home (PC-MH), the pilot is a key component to ACP's efforts to reform Medicare payments to recognize the value of care managed by a patient's personal internist in partnership with the patient.

2. Transitional and voluntary pay for performance reporting begin July 1, 2007. Physicians choosing to participate in this voluntary program will only have to report on three measures from the Physicians Voluntary Reporting Program to qualify for an additional bonus of up to 1.5 percent of total Medicare payments from July 1, 2007 through December 31, 2007 should their results meet the threshold of 80%.

Additionally, Mr Doherty's further advises of a few more things on the horizon. First, the Democrats support major adjustments in the way the government negotiates for Medicare Part D medication. Whereas the Republican controlled Congress and Administration favored market forces, through negotiation with Pharmacy Benefit Managers (PBMS), Democrats see flaws in this approach and plan to give the national government the ability to negotiate drug prices directly with manufacturers. In addition, many Democrats hope to reduce the doughnut hole, eliminate the penalties for late entry into the system, and support the reimportation of medications from Canada. These are stances that the ACP strongly supports with appropriate safe guards for imported meds, eliminating the late fees noted above, and allowing the government to directly negotiate with drug manufacturers without the PBMs.

Near and dear to this Governor's heart, a Democratic Congress is more likely to focus on access to medical care for our over 47 million uninsured. Any improvement in access, in this humble Governor's opinion, would be a win-win for us all - physicians, patients, and hospitals. Perhaps this Congress will take a more serious look at ACP's 7-year plan to cover all, mixing the best of Republican with the best of Democratic ideas introduced by Senator **Bingaman** (D) New Mexico, arguably one of our states with the greatest need for access. Since November, much has happened and much is yet to happen. How it will all end is anyone's

guess; we will have to ask Dr **Kirk** and Mr. **Doherty** to get out their crystal balls.

RECENT AWARDS

National

Chapter Excellence Award-awarded to Drs. **Boulware** and **Clancy** by Dr. **Ejnes** in recognition for fulfilling criteria thought important by the ACP for chapters to conduct chapter business in an exemplary manner.

Nicholas Davies Memorial Scholar - Charles S. Bryan, MD, MACP is receiving this award at Internal Medicine 2007 (formerly Annual Session) in San Diego, CA this year. He is the first South Carolinian to receive this prestigious award established by the Board of Regents in 1992 to honor Dr. **Davies**, a regent and President-Elect of the College killed in a plane crash.

The award focuses on the recipient's contributions to and humanism for medicine as well as his or her humanitarianism. Dr. **Bryan** exhibits these qualities daily with his students, residents, and associates. His books, Osler: Inspirations from a Great Physician, Celts, Picts, and Scots, The Goodness Sake: The seven basic Virtues, Infectious Disease in Primary Care and A Most Satisfactory Man: The Story of Theodore Brevard Hayne, Last Martyr of Yellow Fever, among others are inspirational to internists and patients, demonstrating warmth, idealism, and humanism to his patients and trainees while using poetry, prose, and history to assist patients and their families as they deal with health, illness, and death.

David E. Rogers Junior Faculty Award - Shakaib U. Rehman, MD, FACP received this award at the Society of General Internal Medicine (SGIM) 2006 annual meeting. The award was given by the SGIM council and Program Committee for his workshop '*Expanding Our Skills for Dealing with Difficult Patient Encounters*' Dr **Rehman** is a Physician Manager for Primary Care at the Ralph H. Johnson VA Medical Center in Charleston, SC, Associate Professor in the division of General Internal Medicine a member of the Council of Young Physicians for the APC, and a recently elected member to the ACP Ethics Council.

Statewide

At this year's annual scientific meeting we honored 3 key individuals. The awards included:

1. **Laureate Award - John Geist Black, MD, FACP** received the highest of awards bestowed upon a member of our SCACP Chapter. A shining example of the practice of medicine and provision of service to his fellowman, no one is more deserving of this distinction than he. Dr. Black has been in active internal medicine practice since 1979 as a private practitioner and a VAMC physician. He has served on too numerous to count (TNTC) committees at his practice hospital, Lexington Medical Center. Despite his busy activities he contributes to the SC Chapter of the ACP serving on the Medicare Advisory Council for many years fighting for the rights of internists and their patients. He attributes his need to serve directly to his parents.

2. **James A. MacFarland MD, FACP Award** - Started 3 years ago, this award honors physicians involved in academic or private practice. This year's recipient embodies what Dr. MacFarland would have appreciated in an excellent physician - knowledge, skill, and compassion. The recipient, **Joel R. Freeman, MD** certainly qualifies for this distinguished award named for one of our most cherished and beloved colleagues. Serving as an attending physician at the Medical University of South Carolina, he contributed to the education of countless students and residents. His most recent venture is his tireless work as the Director of the Harvest Free Medical Clinic in North Charleston, SC. Dr. Freeman volunteers his time and his ear to many underserved Charlestonians. All of these experiences have proven him to be well deserving of the **James A. McFarland MD, FACP Award**.

3. **South Carolina Chapter Young Physician Award** - 2006 is the first year honoring the South Carolina Chapter Young Physician of the Year. Established in March 2006, the award recognizes for outstanding achievement a physician within 16 years of graduating from Medical School in the areas of leadership and academics including publishing, mentoring, teaching, and/or volunteerism.

This year's recipient, **Mary Beth Poston, MD**, embodies all of these qualities. The mother of a teenage daughter, she has contributed tirelessly to her profession and ACP chapter.

She is responsible for the associates' meetings, always met with great success, mentors the Council of Associates, and helps run the Chapter meeting at large while pursuing her academic career.

In conclusion, no one embodies the attributes of the SC Chapter of the **Young Physicians' Award** such as Dr. Poston and we are truly honored to have her on the council.

SCIENTIFIC MEETING



This year's meeting was one of our most successful meetings to date. We had the honor of being visited by the Chair of the Board of Governors, Dr. **Yul Ejnes**, as our ACP College Representative. Not only did he update the group about College activities, he contributed to a

panel discussion on the Advanced Medical Home, touted by the ACP as a way to help internists and their patients with chronic medical diseases.

From hearing about practicing evidence-based medicine on the fly to learning how to avoid physician burnout, the program had something for everyone. For those who attended the meeting in its entirety they received 16.5 hours of CME credit, the most ever available at a SCACP meeting..

I would like to especially thank my very capable staff, Ms. **Debbie Shealy**, college liaison **Madeleine Rogatinsky**, and the members of the scientific session program committee for their hard work and dedication. **Join us this year in Charleston from October 11-14!**

HEALTH AND PUBLIC POLICY



Dr. Clancy has outlined many of the landscape changes we expect to see over the next 2 years, the most discouraging of which is the need to continue to ask Congress to fix the flawed SGR reimbursement formula. Leadership Day is just around the corner and with

Congress in session several months in advance, I am sure there will be more to discuss in the next

newsletter - stay tuned. In the meantime, please go to <http://www.acponline.org/hpp/advocacy/survey.htm> and sign up as a key contact. SC has a strong history of responding to alerts but we need more people. National will only approach you for something important about which you can make a difference. In the last year Key Contacts in SC have steadily increased, but we can always do better. Effective 9/15/06 our key contacts had grown by 14% over the year, but we must do better to advocate for our patients. I challenge each of you to enroll and sign up 3 more, tripling the number of key contacts in the state. Sign up and respond when you receive an alert, as the greasy wheel gets the oil, especially in government.

STUDENT AND ASSOCIATE ADVOCACY

Hear Ye, Hear Ye, Hear Ye all you student and associate members. The time to act and get involved to preserve yours and your patients' future is NOW! SC has an impressive record for responding when asked but, as always, we need more interested participants. As you are the future of medicine, you are your legislators' best resources to describe your plight and that of your patients, but only if you let your voices be heard.

What can you do? Legislators LOVE young constituents and LOVE to hear their stories and experiences. With your incomparable energy and enthusiasm you are more likely to reach them more than one of us. To assist you, here is a sobering fact: from 1996 to 2006 the average educational debt load for a medical student rose from \$75,000 to \$120,000, representing a 42% increase in medical school indebtedness over the last 10 years, (Source: AAMC graduate Questionnaire) and those figures do not include any college debt incurred.

South Carolina now has 3 student Internal Medicine Interest Groups (IMIG) and residency programs. Together we have a larger voice than separately. At this time, IMIGs are on the rise, with MUSC seeing a 64.4% increase in members and USC School of Medicine seeing a 15.38% increase this year. When you join as a student or an associate remember to join as a key contact. Your Congressmen and Congresswomen want to hear from YOU. To sign up as a student go to: https://www.acponline.org/atpro/timssnet/memberships/TNT_Membership.cfm

To sign up as an associate or resident member go to http://www.acponline.org/srf/res_how.htm.

Most residency programs will pay the membership fee for their residents and student registration is FREE. Key contact sign-up: <http://www.acponline.org/hpp/advocacy/survey.htm>

COMMITTEE FOR ASSOCIATES PROGRAMS AND COUNCIL OF ASSOCIATES



This year's abstract competition was one of the most successful to date. With 35 associates and 6 students presenting the judges had very difficult decisions to make. The presentations were informative, well prepared, and polished. Ultimately, there were 2 overall winners chosen to represent

SC at the national ACP meeting in San Diego: Medical Student Paul Byra, University of South Carolina Medical School, won the Clinical Vignette Poster session on "*Osteogenesis Imperfecta*", and Dr. Laurel Bailey, Medical University of South Carolina, won the Clinical Vignette Oral Session for "*Altered Mental Status and Neuromuscular Dysfunction in Post-Critical Illness Recovery*." The Chapter will send each of this bright young people to San Diego in April to compete on behalf of the SC Chapter of the ACP.

I would also like to recognize the other winners: **Christina Ball** (Columbia) - Student Oral Clinical Vignette

Jonathan Duncan (Charleston) - Student Research

Dale Young, MD (Greenville) - First Place Resident Poster Clinical Vignette

Rush Brown, MD (Greenville) - Second Place Resident Poster Clinical Vignette

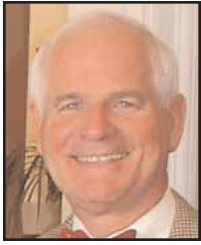
Sachin Lavania, MD (Columbia) - Third Place Resident Poster Clinical Vignette

Nene Okereke, MD (Columbia) - Resident Research

Michael Tiburzi, DO (Greenville) - Second Place Resident Oral Clinical Vignette

Virginia Taylor, MD (Columbia) - Third Place Resident Oral Clinical Vignette

MEMBERSHIP AND CREDENTIALS COMMITTEE



We continue to need more members to raise our voices in advocacy for our patients. In the next 6-8 weeks you will be receiving an updated sheet with bullet-points to discuss with your colleagues. Please

take this to heart and recruit at least 3 new ACP members over the next 6 months. As an added benefit, for each new member you recruit, up to 3, you receive \$100 on your upcoming dues and if you are able to recruit 3 new members, your dues will be paid in full for the next year. As a wise man once said, "*He, who suffers in silence, suffers in silence.*" Neither let us nor our patients suffer because of our silence.

ACP-SC Chapter Council of Young Physicians



Today's internists need to know much about business - even without owning their own practices. As a free membership benefit the ACP offers the Practice Management Center (PMC), especially for young physicians entering practice! The PMC provides a

broad range of professional guides, management tools, and personalized advice, makes practicing medicine easier at every stage of your career. The PMC is at <http://www.acponline.org/cfpi/tools.htm>.

Additionally, the ACP has established the Walter McDonald Award for young physicians. I encourage you to nominate your esteemed colleagues for consideration. And as Dr. Clancy mentioned previously, we recently awarded our first recipient of the South Carolina Chapter Young Physician Award, Dr. **Mary Beth Poston**.

COMMITTEE ON DIVERSITY



This year we held a special interest table on diversity at the Laureate reception and the Saturday breakfast. Reflective of the population of South Carolina several African Americans, Latinos,

Caucasians, and women sat at this table. Being the first time for such an endeavor, we anticipate its growth in years to come as people from diverse backgrounds realize ALL are welcome in the ACP.

Patient Safety/Quality of Care Committee

The most significant development for internists and their patients is the decision of CMS to pilot the use of quality indicators, physician chosen, that will result in increased reimbursements for physicians who are able to fulfill predetermined levels of quality for whichever 3 indicators each internist's decides. It appears that pay-for-performance is about to start. At least with this plan physicians are in the driver's seat. In the next newsletter we will outline more about the specifics. Stay tuned.

ESTIMADOS AMIGOS



Como saben nuestra conferencia científica se celebró el mes de octubre y fue un gran éxito. Los conferenciantes que invitamos al programa lograron exponer temas relevantes a nuestra práctica de medicina interna. Personalmente, quedé muy satisfecho con la participación de los residentes y estu-

diantes de medicina. Reconozco sus esfuerzos al exponer sus temas mediante carteles o conferencias las cuales siguen dándole un toque especial a la reunión científica. Los temas que presentaron fueron muy interesantes, y muchos de ellos por ser casos clínicos raros o difíciles, retaron a la audiencia y rejuvenecieron nuestra humildad.

VISIT THE CHAPTER WEBSITE AT:

WWW.ACPONLINE.ORG/CHAPTERS/SC

Este año nos reuniremos en Charleston donde espero ver a mis colegas internistas y además espero conocer a nuevos colegas de diversas culturas. Les pido mantener su apoyo como miembro del 'ACP', y que continúen participando en nuestras actividades.

Atentamente.

Iván E. Monserrate, MD FACP

ACP SERVICES PAC COMPLETES SUCCESSFUL ELECTION CYCLE

ACP Services Political Action Committee (PAC) raised a total of \$162,000 in the 2005-2006 election cycle and contributed \$131,000 to 86 candidates for the House and Senate, reports Laura Allendorf, director of the PAC. *"In 2006, we had 741 members in the PAC, nearly double last year's membership totals. Our average contribution this year was \$143,"* she said.

Over 90% of the candidates backed by ACP Services PAC were elected to Congress, according to **Rich Neubauer**, MD, FACP, chair of the PAC.

"The PAC is committed to increasing the number of candidates it supports in the 2007-2008 election cycle so we can further enhance internal medicine's presence on Capitol Hill," he said.

"The PAC is a critical part of the advocacy and government relations function of ACP Services," notes **Frederick Turton**, MD, FACP, Vice Chair of the PAC Board. *"Congress makes decisions on a daily basis that affect our practices and our patients."*

Together with ACP Services' lobbyists, the PAC advances the interests of internists on Capitol Hill by supporting candidates for Congress who agree with issues important to the specialty, such as the need for improving access to health care for all Americans and reform of the Medicare physician payment system. ACP Services PAC also works with members to build stronger relationships with their Congressional representatives. PAC members from 18 states attended 35 district fundraisers on behalf of the PAC during the 2005-2006 election cycle, according to Dr. Neubauer. *"Participation in candidate events, along with the ongoing grassroots advocacy efforts by our key contacts, has fostered strong relationships among internists and the lawmakers who will set the course on IM's priority issues next year,"* he said.

ACP Services, Inc. formed a political action committee in 2004 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. It is administered by ACP Services, Inc., which was established in 1998 as a 501 (c) (6) organization to provide advocacy, practice management, and other services for internist-members. Members of ACP automatically are also members of ACP Services, Inc. As a 501 (c) (3) organization, ACP is prohibited by the Internal Revenue Code and IRS regulations from establishing a PAC.

A 14-member Board of Directors researches and analyzes the voting records of congressional candidates and determines, with input from PAC members, who should receive contributions from the PAC. Chaired by **Rich Neubauer**, MD, FACP, from Anchorage, Alaska, 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.

For more information on the PAC, go to the website at www.acpservices.org/pac or contact **Laura Allendorf**, ACP Services PAC Director, at Lauraa@acponline.org.

ACP SERVICES PAC BOARD OF DIRECTORS

Chair: **Rich Neubauer**, MD, FACP, Anchorage, AK

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Shakaib Rehman, MBBS, FACP, Mt. Pleasant, SC

F. David Winter, MD, FACP, Dallas, TX

FELLOWSHIP

Election to Fellowship is a continuation of our tradition of honoring excellence in the practice of medicine. As an ACP Fellow, you will be authorized to use the letters FACP after your name in conjunction with your professional life as long as your membership remains current. You will also enjoy the right to hold office and propose candidates for Membership and Fellowship. Fellowship in the College is more than recognition of individual achievement; it is meant to inspire those internists yet to come. As such, ACP Fellows are strongly encouraged to become active leaders in chapter activities. We also have active committees to involve chapter members and especially Fellows in planning the meeting and other programs such as those highlighted in this newsletter.

Finally, Fellowship is a great opportunity to obtain support and encouragement in your professional life. You gain excellent access, at the local level, to all the national programs and opportunities that the College has to offer, plus continuing opportunities to develop your leadership and professional interests.

To review the pathways for advancement to Fellowship, please visit www.acponline.org. The overriding considerations for advancement are excellence in internal medicine, continued professional development, and a commitment to the profession and community. Please take a moment to review the pathways to determine which is most appropriate for you.

Your Governor is always willing to help you advance - just give her a call at 843-708-0925.

HEALTH LITERACY ALERT!

Up to one-half of your patient population is challenged in understanding health information

The ACP Foundation has tools to help you improve your patient's understanding of information they need to manage their health.

HEALTH TiPS, written at or below a 5th grade reading level, are currently available in English and Spanish for the following topics:

Pain
Hypertension
Smoking Cessation
HIV/Aids Treatment
Post Myocardial Infarction
Opioid Analgesics

In April, the ACP Foundation will introduce *HEALTH TiPS* on the following additional topics:

COPD
Dementia
Depression
PAD
Diabetes

**Stop by the ACP Foundation booth at Internal Medicine 2007
or visit here to order free HEALTH TiPS.**

Annual South Carolina Scientific Meeting

Join us at the annual scientific meeting which will be held on October 11-14, 2007 in Charleston. **Robert Doherty, Sr.**, ACP Vice-President for Governmental Affairs will be there for the entire meeting - Thursday through Sunday, so he can join the Associates for dinner on Thursday night.

For your convenience, you may register online at the chapter website.

Go to www.acponline.org/chapters/sc.

Contact **Debbie Shealy** at 803-798-6207
or debbie@scmanet.org for more information.