



Governor's Corner

It is hard to believe that it has been so long since the chapter sent out a newsletter. Time truly does seem to have flown this year. There have been a lot of changes this year. First we were going to have large Medicare cuts – then we weren't – then we were – and ultimately we are not supposed to. In fact, we are all waiting to see if primary care actually gets the positive update that has been promised to them. As the saying goes, I'll believe it when I see it.

On the national front, we have had an historic election. The first African American elected to the Presidency of the United States has just taken office, and we all are waiting to see what his plans for the future are – in many arenas but especially in that of health care.

On a more local front, our state ACP chapter also had an election – with historic results. We were fortunate to have two capable and committed candidates and having had the great honor and privilege to work with both of them, **John DuBose MD, FACP** and **Mike Hawkins, MD, FACP**, I can truly say that SC had a difficult choice to make. But, as in all elections, one ultimately has to win and this year, for the first time since the hospitalist movement began, **Mike Hawkins MD, FACP**, a hospitalist, was chosen as our Governor-Elect Designee. Congratulations to him and many thanks to **John DuBose, MD, FACP** for his willingness to serve, as well. I am sure they will BOTH be very busy in the near and distant futures, and I am thankful to have them both working with me over the past few years and in the future.

We also had a very successful fall meeting in Hilton Head. We had a hugely successful associates meeting with the most presenters ever from all three of the training programs in SC. We also heard from **Drs. Lisa** and **Paul Baron** with **Dr. Ellison** regarding the best ways to evaluate and manage breast cancer, were updated on new medications by **Dr. Wayne Weart**, heard from **Drs. Lackey** and **Wunder** on updates in imaging procedures, were updated by **Dr. Sandra Weber** on Bone Health, received timely information about the best ways to go about peri-operative evaluations, heard about travel medicine and influenza from **Dr. Robert Ball**, got a picture of the political landscape in South Carolina by former gubernatorial candidate **Dr. Oscar Lovelace**, and were updated about the national political scene and future directions of the ACP by our College Representative, former Chairman of the Board of Governors, **Dr. Fred Ralston**.

In This Issue

Governor's Corner	1
-Young Physician Awardee	2
-James McFarland Awardee.....	3
-Laureate Awardee.....	3
Words from the Governor-elect.....	4
Patient Safety Initiative/ Catheter Associated UTI Prevention	5
Newest Master of the ACP in South Carolina.....	6
Why Should You Attend the ACP SC Chapter Meeting?.....	6
Why Do You Want to Become a Fellow in the ACP?.....	7
Patient Outreach Project.....	7

Additionally, we honored the following students and associates for their presentations:

Our **Resident Oral Presentations** were by:

Justin Mitchell MD, USC-PRMH *A 20 year Vietnamese female with respiratory failure after contact with domestic ducks – First Place Winner Going to National Meeting;*

Jocelyn Renfrow MD, GHS *Herpes Simplex Virus Type 2 Pneumonia In A Nonimmuno-Compromised Patient – 2nd Place Winner,* and,

Anil Rajendra MD, MUSC *A Quick Recovery from Tachycardia-induced Cardiomyopathy – 3rd Place Winner.*

Our **Resident Poster Presentations** were by:

Amit Aravapelli MD, MUSC *Isolated Pituitary Metastasis From Small Cell Lung Cancer – First Place Winner*

Ryan Caldwell MD, USC-PRMH *Breast Adenocarcinoma presenting as Lower Extremity Weakness – 2nd Place Winner,* and

Britt Bolemon MD, GHS *Evolving and Resolving Complete Heart Block Following A Posterior Wall Myocardial Infarction – 3rd Place Winner*

Our **Student Poster Presentation** was by:

Lauren Angotti, Medical Student, MUSC *What do you do with a febrile sailor? – First Place Winner Going to National Meeting*

And our **Student Oral Presentation** was by:

Nima Aghaebrahim MS4, USC-SOM *Fatal case of Vibrio infection- First Place Winner*

Congratulations to them all!

In addition to the associate and student awardees, we had three very important awards to present to distinguished members of our chapter; the Young Physician Award, the James MacFarland Award, and the Laureate Award.

Yes, this has been a very busy year. But 2009 stands to be even busier. There will be many opportunities for you to have your voices heard by the chapter by e-mailing me and/or our Governor Elect Designee with your concerns. Additionally, I hope that you will be willing to serve should we need your help this year. So, without further ado I would like to present to you the presentations received by our awardees this year in addition to words from our Governor-Elect Designee.

***Young Physician Awardee: Christopher McLain, MD, FACP
Chairman, Health and Public Policy Committee***



It is with great pleasure tonight that I introduce this year's recipient of the Young Physician of the Year Award, **Dr. Chris McLain**. **Chris**, has been a dedicated researcher and practitioner of medicine ever since his first position as a research specialist at MUSC, a position he began upon graduating Cum Laude from the College of Charleston.

Shortly thereafter he started medical school at the University Of South Carolina School Of Medicine where we also graduated Cum Laude before beginning his Internal Medicine residency at MUSC.

While a resident at MUSC Chris became active in the S.C. Chapter of the ACP, joining our delegation to ACP'S Leadership Day in Washington DC for the last 4 years. Last year **Chris** became the Chairman of our Health and Public Policy Committee and this year he led our delegation in Washington.

Chris has also given back to the community, going on mission trips, donating his services to those less fortunate than he. He is a busy private practitioner but, more importantly, he is a devoted husband and father to his wife, **Staci**, and their two children **Emma** and **Joshua**.

With that, introduction, ladies and gentlemen, I give you our **Young Physician of the Year Award recipient for 2008, Dr. Christopher McLain**.

***James MacFarland Awardee: Mike Hawkins, MD, FACP
Chairman, Committee for Quality of Care/Patient Safety***



Our next awardee is the recipient of the James MacFarland Award, an award that is given to an internist who exhibits the devotion and love of the practice of Internal Medicine and the ACP close to that of the man for whom the award is named. This year's recipient, **Dr. Mike Hawkins**, has been an active and avid practitioner of Internal Medicine since graduating from MUSC in 1988, having experienced all facets of the practice of Internal Medicine. Upon completion of his residency, he entered solo practice in Walterboro, SC, where he had a traditional inpatient and outpatient practice. After 6 years of his traditional practice he began his career as a hospitalist, a position he continues to hold despite now being the Regional Medical Director for a national Hospitalist program.

As a member of the S.C. Chapter of the ACP's Governor's Council Mike has held many positions including chairing the Scientific Program Committee, chairing the Health and Public Policy Committee, and currently chairing the Quality and Patient Safety Committee. In addition to his busy professional career, he has had an active personal life as the devoted husband to his wife **Candi** and father to their sons.

Ladies and Gentlemen it is with great pleasure that I introduce you to **this year's recipient of the James MacFarland Award, Dr. Michael Hawkins**.

***Laureate Awardee: James Adamson, DVM, MD, FACP
Chairman, Committee for Diversity***



One of the most enjoyable duties of being Governor is making these award presentations. It never ceases to amaze me to realize that no matter how well we think we know our friends and colleagues; there is always more to the story.

Such is the case with our next awardee, **James Adamson, DVM, MD, FACP**, the recipient of this year's Laureate Award, an award that recognizes an Internist who has distinguished him or herself as an example to all of us of how Internal Medicine should be practiced and respected.

Despite knowing this year's recipient since I was in private practice in his community almost 20 years ago, I had no idea that before becoming a physician he was actually a veterinarian, serving as an active duty veterinarian in the U.S. Army's Veterinary Corp in the mid '70's. Thereafter he received his medical degree from MUSC later completing his residency at Walter Reed Hospital and serving as an active duty Internist in the U.S. Army at Fort Benning in Georgia and Fort Jackson in Columbia South Carolina, ultimately reaching the rank of Major before entering private practice in Conway, S.C. There he has continued to practice except for a brief interruption in 1991 when he reserved in the S.C. National Guard in Saudi Arabia during Operation Desert Storm.

Tonight's recipient is an active member of the S.C. ACP Chapter's Governor's Council, presently serving as a member of the Patient Outreach Committee and chairing the Committee for Diversity and Outreach. He is one of the most eloquent members of our Washington delegation to ACP's Leadership Day, never fearful of educating our Washington legislators on the facts of life of the practice of Internal Medicine.

In addition to his active practice of Internal Medicine and his active participation in the ACP, he is also very active in his community, presently serving as the President of the Conway Branch of the NAACP. He is a devoted husband to his wife, **Cheryl**, and is trying to increase the number of practicing physicians by supporting his daughter, **Mary**, as she attends Medical School at MUSC.

By now, I hope our awardee knows who he is, but I am proud to introduce him to you. Ladies and Gentleman, I give you **this year's recipient of our Laureate Award, Dr. James Adamson.**

Words from Governor-Elect: Mike Hawkins, MD, FACP



I would first of all like to thank the S.C. ACP membership for the opportunity to serve our great organization as Governor to succeed **Dawn Clancy, M.D.** at the end of her term. I am honored to have been selected to lead our Chapter, and I pledge to do so to the best of my ability. I do remind myself, however, of something that I once heard at a leadership conference. That is, if you ever see a turtle on a fence post, you know that it did not get there by itself. Having served on the Governor's Council for years now, I have had the opportunity to observe and to learn from some of the best, and to mention all of their names here would take up too much space. Suffice it to say that I am thankful for having had great mentors and examples to follow along the way, and will continue to draw upon their help and advice in order to get the

job done.

As I embark upon this journey, I have to admit that at first thought I feel overwhelmed considering the state of affairs in medicine today. Everyone is anxious as to what is in store for us with the new President and his administration. Our unemployment rate in this state is at 8.4% at this time, and is projected to be as high as 14% by summer. This is the third highest unemployment rate in the nation. As people lose their jobs, they also lose their health insurance. Many employers cannot afford to provide health insurance for employees as the insurance premiums are increasing at twice the rate of inflation. Of those employees that are fortunate enough to have health benefits, few can afford COBRA coverage between jobs (one recent article indicated that COBRA costs more than \$1,000 per month for a family of 4). At the same time, we are faced with a dwindling workforce of primary care physicians, and coupled with the fact that the baby boomers will all soon be on Medicare, we will see a tsunami of patients with chronic illnesses without a medical home. As you know, many will simply wait until they are too sick, and will flood the emergency departments for treatment. A recent newspaper article quoted the President-Elect of the American College of Emergency Physicians as saying that "...the emergency care system is a ticking time bomb." In a recent health forum in McClellanville, 30 consumers and health care professionals were asked what they consider to be the biggest problem with our health care system. The answer was that the problem is that we have no system. Fragmentation of care, inefficiency, and lack of communication between sites of care were noted as being endemic. One physician made mention of the revolving door of clinics and hospitals, and shared his experience of a family member recently seeking care. He noted that trying to get the PCP, the ED physician, and the specialist on the same page was a "Herculean" task. I could go on, but you get the picture. The point is that we know the system is broken. And, I think that we all know by now that the days are over in which physicians and their patients can simply sit back and complain, hoping that someone will fix things. We all have to become proactive like never before, and the ACP provides the unified voice that physicians and their patients need. It is my hope that each of you will accept my challenge of getting actively involved in helping shape the future of medicine through the ACP; involved not just as a dues paying members, but as professionals with innovative ideas and solutions to problems.

Despite the sad state of affairs depicted above, I am still passionate and enthusiastic that better days are ahead. We have to remain optimistic and dig in with a never say die attitude. We have to come up with great ideas and get these to our legislators. We have to present a unified front as opposed to one of complaining in the physicians' lounge. We all have to become politically involved, or we are only paying lip service to our training to be our patients' advocate. Always remember that you are your patients' advocate, and that this goes further than just the clinical care that you provide. I remember an attending in residency, years ago, burning into our brains as interns that we are our patients' advocate; they have nobody else. As the future Governor for the S.C. Chapter ACP, it will be my goal to look through the lenses of those that I lead. It will be my duty to get out to public forums of healthcare professionals and patients alike, and to communicate the needs and ideas to the larger body in order to affect positive change. It will also be my responsibility to provide you with feedback as to what the ACP is accomplishing on a state as well as a national level. Active listening and collaboration will be paramount on my part in order to represent you well. I realize that the problems that we face are impossible for one person to tackle, but with a unified voice through the ACP, we can make a difference for our patients, and for ourselves. I look forward to serving as your Governor, and with the comforting thought that I have so many bright minds to draw from in this organization, from the local to the national level, that I do not feel as overwhelmed as at first thought. Thank you for this opportunity to serve.

Patient Safety Initiative/Catheter Associated UTI Prevention

*Mike Hawkins, MD, FACP
Chairman, Committee for Quality of Care/Patient Safety
Hospitalist, Meggett, SC*

As we all know, catheter associated UTI is a significant problem throughout the country. Not only is it a patient safety issue, but it will soon become a reimbursement (meaning no reimbursement) issue as well. In the January, 2008 issue of Clinical Infectious Diseases journal, I was surprised at some of the numbers presented. Of 2790 hospitals sampled, fewer than 10% used urinary catheter reminders despite evidence of their effectiveness. 56% of hospitals surveyed had no method in place for monitoring urinary catheters. 74% of the hospitals did not monitor duration from time of placement of catheters. This is a an opportunity in which a relatively inexpensive intervention can improve patient care as well as provide significant savings financially in terms of cost avoidance. With our ACP physicians taking the lead and working with their hospital infection control committee, this could have a great impact across our state.

My proposal is that you first inquire within your hospital whether or not a plan is in place already. If no, or if there is something down on paper in a file somewhere that is not being put into action, then partner with the infection control committee, patient safety/quality committee, or other appropriate committee to organize and implement a plan. As in any process improvement initiative you should use SMART goals. That is, the goal must be Specific, Measurable, Attainable, Relevant, and Timed. For example, "we will decrease the incidence of UTIs from baseline by 50% in 6 months," or whatever you decide is reasonable based on your point of departure. Of course, it will be important to get some champion help and support from administration, colleagues, and nursing. It will also be important to partner with the emergency department as this is often where the decision is made in the first place to order a urinary catheter, unfortunately sometimes inappropriately.

Here are some ideas to consider, and I am sure that you can come up with others.

- Nursing in service prior to start regarding proper catheter placement technique
- Guidelines for staff physicians and ED physicians regarding appropriate ordering of urinary catheters
- Hardwire urinary catheter stop order by day 3 in care plans and order sets (excluding, of course, patients with urinary obstruction and ICU patients having urinary output closely monitored)
- Do not give in to nursing requests to "leave the catheter in a few more days" for convenience so as to decrease the labor involved in taking care of the patient

- Do not give in to the patient wanting to leave the catheter in because he or she simply does not want to get up out of bed to use the bathroom, or use a bed pan (they usually agree when you take time to explain to them the hazards of UTI with a urinary catheter)
 - The day the catheter is ordered, this automatically prompts a monitoring and reminder system for physicians (could use chart stickers which are inexpensive compared to the cost of treating a UTI and cost of increased LOS)
 - Assign someone to do "foley rounds" each day to determine which patients still have catheters, and which ones can probably have the catheters removed (someone will have to "own" this responsibility)
- As you can see, with some planning, organization, and with very little cost involved, any of you can champion a program within your hospital that will be helpful to your patients, and at the same time bring a smile to your administrators' faces as there will surely be significant, and measurable cost savings. Who knows, by doing so maybe the hospital will be able to afford that new piece of equipment or that additional service that you have been asking for.

Newest Master of the ACP in South Carolina: Allen H. Johnson MD, MACP

The first Mastership in the College was presented in 1923 to **Dr. James M. Anders**, who served the College as President for two terms. He was recognized for his extraordinary service to the College and for being one of the most outstanding internists and medical teachers of his day. ACP bylaws state that Masters shall be Fellows who have been selected because of "*personal character, positions of honor, contributions towards furthering the purposes of the ACP, eminence in practice or in medical research, or other attainments in science or in the art of medicine.*"

Masters must be highly accomplished individuals. Evidence of their achievements can come from many types of endeavors, such as research, education, health care initiatives, volunteerism, and administrative positions. The Master must be distinguished by the excellence and significance of his or her contributions to the field of medicine.

Dr. Johnson has certainly fulfilled and surpassed the requirements for Mastership in the ACP. During his tenure at the Medical University of South Carolina he served as the Director of the Division of General Internal Medicine, Acting Chairman of the Department of Medicine, Interim Dean of the College of Medicine, Associate Dean for Clinical Affairs all while receiving three Excellence In Teaching Awards. He also served as Governor for the SC Chapter of the ACP from 1982-1986. **Please join me in congratulating our newest Master in the College from South Carolina on his accomplishment – Dr Allen H. Johnson.**

Why Should You Attend the ACP SC Chapter Meeting?

I have been attending the ACP SC Chapter meeting continuously for several years and I thought I would share with my colleagues why I believe they should do the same. The benefits of attending include the following:

1. CME of exceptional value; we are provided with current educational information that covers both inpatient and outpatient topics,
2. Interesting oral and poster clinical presentations by residents from our Residency Programs at MUSC, USC and GHS,
3. Updates on the business of medicine and the policies that affect the practice of medicine nationally and locally,

4. A town hall style session where you can have your voice heard and various ideas shared and discussed, and
5. An opportunity to network with physicians from across the state.

I believe these are all great reasons to attend the 2009 ACP SC Chapter meeting in Charleston on October 8-10, and in the coming years. I look forward to seeing you there.

Steve P. Saunders, MBBS, FACP

Why Do You Want to Become A Fellow in the American College of Physicians?

Here is what one of our applicants answered when posed this question:

"As a loyal ACP member I have been very enthusiastic and regular with almost all chapter and national meetings. Additionally, I make sure I get as much out of (the ACP) as I can. I purchase and listen to all the sessions of the national meeting yearly and even purchase everything for my office with ACP logo! Basically, I love internal medicine, feel the ACP helps me a lot, and think it would be an honor to be a Fellow".

Hopefully if there are any of you out there with similar sentiments you will look into becoming a Fellow as well so that you, too, can have the letters of distinction, FACP, behind your name.

Patient Outreach Project

The South Carolina Chapter initiated the "*Patient Outreach Project*" early last summer by developing content for the Chapter Web site informs patients about pertinent legislative issues and allows them to easily contact their local legislators. The site also includes links to health care information for patients and a free translation service for those who do not write or speak English well. Since its inception, the "*For Patients*" section of the chapter Web site has received a lot of traffic--over 950 hits, with an average of 120 each month! Check out the site at www.acponline.org/chapters/sc/patients.htm.

Within the next few months, we will be expanding this project by visiting local libraries and other venues (particularly for the underserved) to meet with patients in person and explain the resources we have available and encourage them to get involved in fighting for their health care needs. For more information or suggestions, contact **Dawn Clancy, MD, FACP** at DrMommieC@bellsouth.net or **Ivan Monserrate, MD, FACP** at monsei@comcast.com.

Visit the Chapter website at
www.acponline.org/about_acp/chapters/sc