



## Governor's Corner

### Such an Important Time!

**T**his is truly an important time for medicine. What will happen with national health care reform? No one can deny that there is need for change. There are huge health care problems with access (47 million without insurance, and many more are under-insured); with expenses (twice as much per capita as any other country of the industrialized world); and with the primary care crisis (too few going into General Internal Medicine that will be needed to care for aging boomers).

See elsewhere in this newsletter about what happened at Leadership Day. What became so apparent to me while in Washington was that each and every one of us could make a difference. We all need to be involved in how this reform occurs.

How to do this? It is as simple as becoming a key contact for the ACP. We are asking for your input on local and National health care policy. You cannot afford to leave it up to others. Go to this link to become a Key Contact at [http://www.acponline.org/advocacy/key\\_contacts/](http://www.acponline.org/advocacy/key_contacts/).

To expand on that, come to our September meeting in Lead and meet our brilliant National ACP health care reform leader **Bob Doherty**. He is the MAIN GUY at the National ACP office in Washington, and we are so very fortunate to have him at our SD meeting.

Mark my words, when you arrive at the Golden Hills Hotel in Lead in the early evening Wed. Sept. 16, you will discover such great camaraderie and professional collegiality... but don't stay up too late because we start early Thursday morning.

Then hold on to your horses because the Thursday and Friday meeting is jam-packed. It will include two modules for re-credentialing, an audience response system, a wonderful Thursday night banquet in the newly refurbished train roundhouse next door, a bunch of "Have I Got A Case for You's", and much more. Then you are done on Friday afternoon, with batteries recharged. For a complete program go to [http://www.acponline.org/about\\_acp/chapters/sd/news\\_meet.htm](http://www.acponline.org/about_acp/chapters/sd/news_meet.htm).

You should be interested in knowing that the 2010 meeting will be in Vermillion at the Neuharth Center, and the banquet in the School of Medicine. And then the 2011 meeting will be a departure from SD soil occurring at the base of the Grand Tetons next to Yellowstone National Park. We will be joining Wyoming, Nebraska, and Alaska for this gorgeous regional meeting. There will be more on this in Lead.

Seriously, you need to be involved during this important time for Health Care in SD and the US. Please become a Key Contact with the ACP. And while you are at it, schedule yourself out of clinic for your fabulous State ACP meeting in Lead Sept. 16-18.

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## My Trip Experience

### Preetha Nair, R3



*SD Governor Rick Holm, MD and SD resident poster winner Preetha Nair at IM2009 in Philadelphia.*

Attending the National ACP Meeting in Philadelphia was one of the most memorable experiences for me. I was excited to see physicians from all walks of life gathered in one place to learn the latest developments in medicine. The 3-day meeting really helped me learn diverse topics in Internal Medicine and its subspecialties delivered in different ways like Meet the Professor, Clinical Pearls, Clinical Update, Multiple Small Feedings of the Mind etc. There were several sessions dedicated to residents and medical students. Presenting my work at the ACP meeting was a really great boost for my confidence as a physician/scientist. I had the opportunity to meet and interact with not only the Internal Medicine residents and fellows from all over the US, but also with leading researchers like **Dr. Cox**. I was honored to represent South Dakota in the National Associate Poster

Competition, which involved around 400 posters from all over the US. I would like to thank the SD ACP chapter and my residency program for providing me this opportunity. I would definitely welcome the opportunity to attend this meeting again.

## ACP Leadership Day – May 19-20, 2009

### Rob Allison, MD, FACP



*Joshua Hughes, MSIII, Matt McDougall, MSII, Representative Stephanie Herseth-Sandlin, Rick Holm, MD and Rob Allison, MD*

Year after year I ask myself why I should go to Washington DC to discuss physician issues. This year wasn't any different and I actually talked myself out of going for a short time. The work involved with preparation and time away from family and work takes its toll. But that is when I realized and reaffirmed the need to advocate for our profession. If we don't – no one will. Armed with our ACP Governor's charm and television skills (**Rick Holm**), private practice and health care system physician experience (**Rob Allison**), and two capable medical students (**Matt McDougall** and **Joshua Hughes**) we launched ourselves into the fray.

The environment in Washington DC is ripe for change. Whether you are excited or terrified about the transition of government the remaking of healthcare is going to happen. This year major changes are planned and the primary players (Hospitals, Insurance companies, Pharmaceutical companies) are already at the plate. Physician organizations need to be there as well.

The Senate Finance Committee, under **Sen. Max Baucus** and **Sen. Charles Grassley**, is doing its homework. Three large government policy option papers are being developed. The ACP with its Washington staff has been involved in key negotiations and public policy hearings. Major legislation has been developed with our input as well and will be described later.

We were fortunate to visit personally with **Rep. Herseth-Sandlin** and representatives from **Sen. Thune** and **Sen. Johnson**.

There were four main points emphasized to our representatives during our visit. The ACP is attempting to ensure that all Americans have access to affordable coverage. A lot has been learned from the Massachusetts' experiment of what can happen if coverage is expanded without expanding the primary care workforce. Ninety five percent of the people in Massachusetts have coverage but don't have access to physicians for various reasons.

The ACP is asking for a national pilot test for new Medicare payment models that re-align incentives to support effective, efficient, patient-centered coordinated care. Congress has given us an eight state test program - but we need to expand this more. The Patient Centered Medical Home (PCMH) is the model that shows tremendous promise in doing just this. The ACP proposes a mix of prospective, per patient, per month bundled care coordination with a fee-for-service component and with a performance-based component. The ACP envisions that physician practices voluntarily receive recognition as a PCMH through an independent, third party process based on national standards from the National Committee on Quality Assurance (NCQA).

Our third request was to improve Medicare fee for service system payments to make primary care competitive with other specialties. It takes seven years for a physician to work his/her way from medical school, through residency, to practicing medicine. Currently there is no financial attraction to do the care that people need. General internal medicine physicians are paid at 55% of subspecialists nationwide, students are coming out of medical school/residency with \$140,000 in debt, and residents don't see the attraction of a profession that gives 3 times more money to a surgical specialist/procedure for the same amount of work a general internist can do. (30 minutes removing a skin lesion pays more than 30 minutes addressing diabetes, emphysema, and hypertension.) Current practicing physicians are burdened with overwhelming paperwork and administrative headaches that are creating early retirement for some physicians or movement away from primary care practices. Physicians want to be paid for the value of service provided – not for the volume of procedures and visits. Without removal of the SGR and correction of primary physician incentives there will be an access issue of biblical proportions. People will have insurance but no physicians to provide the care.

The final issue the ACP is attempting to develop is a national workforce policy to ensure sufficient numbers of primary care and other physicians. Two percent of fourth year medical students plan to go into internal medicine – down from nine percent in 1990. 23% of third year internal medicine residents plan to pursue careers in general internal medicine – down from 54% when I finished residency 11 years ago. Debt for students must be reduced or eliminated by restoring the 20/220 pathway and other funding sources.

We asked all of our representatives to create or support legislation in the Senate/House of Representatives to support these concerns. **Rep. Allyson Schwartz** (D-PA) has introduced The Patient Access to Primary Care Act (H.R. 2350). It contains 98% of the solutions to the problems listed above and was generated with the help of the ACP.

We also asked for support on individual bills that contain parts of the Schwartz bill:

H.R. 956 - HealthCARE Act from **Rep. Marcy Kaptur** (D-OH);

S. 1004 - RE-Aligning Care Act from **Sen. Blanche Lincoln** (D-AR) and the same bill in the house H.R. 2307 from **Rep. Gene Green** (D-TX)

S. 646 - Medical Economic Deferment for Students Act from **Sen. Richard Burr** (R-NC) and the same bill in the house H.R. 1615 from **Rep. Vern Ehlers** (R-MI)

S. 973 – Resident Physician Shortage Reduction Act of 2009 from **Sen. Bill Nelson** (D-FL) and the same bill in the house H.R. 2251 from **Rep. Joseph Crowley** (D-NY)

In conclusion, advocacy is an art. It is also a process – a process that all physicians should go through. Washington DC will make policy this year on health care. It is a priority of our President and the Congress. We need to be at the table to create a future for primary care because the health of our profession is on life support. Send me an email on your thoughts or better yet become a Key Contact! We need an effective network of physicians to make the system work. Consider going with us to Washington DC next year as well.

## Change and Hope

**Matt McDougall, MSII**



*SD Delegates to 2009 Leadership Day*

The Obama campaign very effectively used these two symbols of opportunity to rally the youth of our nation in November of last year. Although symbolically powerful, the promise strewn in these simple semantics would prove to be nothing but misleading rhetoric without a corresponding course of action.

At this year’s Leadership Day, In Washington D.C., I could see momentum building—I was, as I had hoped, a part of the coming change; the Obama administration and senators sympathetic to the charge of the American College of Physicians (ACP), and other worthwhile entities, were beginning to lay the groundwork for a historic reinvigoration of the health care system; a reinvigoration that would

hopefully stem the tide of an emerging healthcare crisis.

This opportunity was afforded to me by the South Dakota ACP chapter and by generous donors at Sanford and Avera McKennan. I and another student, **Josh Hughes, MSIII/PhD**, were not only allowed to sit in on a potentially historic conversation—led by a special assistant to the president and key ACP leaders—we were given the opportunity to advocate our cause to the congressmen and woman of our state; we were allowed to bring South Dakota into the context of a national crisis—after all, no political formula, regardless of its societal appeal or sound development is ever guaranteed to enact meaningful change unless the guardians of our constitution are convinced of its merit.

I, in effect, was given the opportunity to become a part of the solution, and it is my hope, that the connections made, and the words delivered, will assist in changing the seed of a seemingly rhetorical promise into the life-blood of a meaningful solution.

It is truly great to be a youth of our nation.

**Visit the chapter website at**

**[www.acponline.org/about\\_acp/chapters/sd](http://www.acponline.org/about_acp/chapters/sd)**

## South Dakota Student Interest Group

Joshua Hughes, MSIII



The South Dakota ACP IMIG has had a huge resurgence in activity over the last two years. Our organization went from a few student members to 90 members, or 45% of the medical students at Sanford School of Medicine at the University of South Dakota. We have really been a fiery bunch lately trying to develop our organization beyond just our one-hour IMIG weekday lunch meetings or our 2-3 hour weekend luncheons.

In 2008 we sent one of the largest delegations of students and physicians to Leadership Day in Washington, DC. We have grown from a dwindling organization of a few student members to a thriving organization now actively involved in several projects for community service in the state.

In 2009 we have started The 2M Project, which stands for Muscles for Movement. The goal of this program is to improve the amount of exercise that patients participate in during their daily lives. Our hope is this project will decrease the number of patients suffering from diabetes and aid in the treatment of those already diagnosed.

Some research has shown that exercise alone can aid in prevention and treatment of obesity-related diseases. We will be implementing several arms of this project as we increase our funding and membership over the next several years. We have several target populations in mind:

- 1) Grade-school or middle-school age children who are still malleable and willing to learn and are not as set in their ways. We are in the process of setting up in school talks and programs with the local Boys and Girls Clubs in two communities.
- 2) American Indians on South Dakota reservations. This population is at a greater risk of many diseases in our state. We will work to educate tribal leaders and members on the benefits of exercise and nutrition.
- 3) The adult patient clinic population. We will be asking ACP physicians across the state to talk with their adult patients about the benefits of exercise and ask them to sign a contract whereby they agree to exercise for their health.

The IMIG 2M Project medical students have devised a presentation aimed at our younger population. We are also developing an exercise journal, which details pertinent educational facts on nutrition and exercise. We plan to monitor the success of our program via BMI measurements taken before the program and regularly afterwards. Results at the end of three years will be published.

The 2M Project is our largest project now and will hopefully be expanded to other states. We are happy to see the rekindling of ACP spirit at SSOM and will continue to grow with increased membership and projects. The SD ACP IMIG is an integral part of the SD ACP chapter.

## Recruit-a-Colleague Program

The need for a strong voice to speak on behalf of medicine and, in particular, Internal Medicine has never been greater than it is today. It is critically important that we unify to address the specific needs of our medical specialty. There are advocacy efforts to champion, practice management issues to simplify, and a time-honored profession to foster. There is strength in numbers.

Ask your colleagues to join ACP today. To thank you for your time and effort, we offer the following recruitment program. Between April 1, 2009 and March 31, 2010:

- Recruit one colleague and receive a \$100 credit toward your 2010-11 annual dues.
- Recruit two colleagues and receive an additional \$100 credit toward your 2010-11 annual dues.
- Recruit three colleagues and enjoy free annual dues in 2010-11.

Plus, for every Member recruited within the promotional period, you will receive an entry into a grand-prize drawing for a trip to Internal Medicine 2011 in San Diego, California that includes registration, airfare (up to \$500), and four days of hotel accommodations.

To be considered a "recruited" Member, your colleague must:

- Be a nonmember who is eligible for the "full" ACP Member category and pay \$100 or more in dues.
- Submit a Membership application, along with his or her dues payment, between April 1, 2009 and March 31, 2010.
- Write your name in the recruiter box on the top of the Membership application..

Send a recruitment e-mail to a colleague today, or download and print a Membership application to personally deliver. You may also request a Membership Inquiry Kit from Customer Service at 800-523-1546, ext. 2600, (M-F 9 a.m. - 5 p.m. ET).

## SWAN ACP Chapters to Hold 1st Regional Meeting in 2011 at Jackson Hole, Wyoming

**Kris Rahm, Regional Executive Regional Director**

The SWAN ACP Chapters (South Dakota, Wyoming, Alaska and Nebraska) are pleased to announce the first "Regional" ACP scientific meeting to be held on September 15-16, 2011 at Jackson Lake Lodge near the Grand Tetons in Wyoming. Your host Governors (**Rick Holm, MD** – SD ACP Chapter, **Eric Wedell, MD** – WY ACP Chapter, **Bob Bundtzen, MD** – Alaska ACP Chapter, and **Tom Tape, MD** – Nebraska ACP Chapter) urge you to mark your calendars for these dates, and invite you to attend this exciting event that merges the best of the best in medical knowledge for Internal Medicine physicians and offers CME credit.

Lodging reservations are being held for a maximum capacity of 250 rooms at the stunning Jackson Lake Lodge in Grand Teton National Park, so don't be late in reserving your space between April 2011 and no later than August 2011. The nearby city of Jackson, Wyoming has additional lodging facilities for those who may be unsuccessful in reserving an early space at the Lodge. In addition, there will be ample opportunity for you and your families to explore the beautiful surroundings of the Grand Teton Mountain range, the Jackson Hole region or nearby Yellowstone National Park.

This event promises to be one of the most educational and rewarding experiences for ACP participants who may be unable to attend national ACP meetings but who are looking for an experience beyond state borders in the central/western region of the United States. We look forward to seeing you there!



*The South Dakota, Wyoming, Alaska and Nebraska Chapters  
of the American College of Physicians  
announce the*

# 1<sup>st</sup> SWAN Regional ACP Meeting

**September 15 & 16, 2011**

Jackson Lake Lodge

Located in the Grand Tetons National Park, Wyoming