

Tennessee Chapter GOVERNOR'S NEWSLETTER

ACP
AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | Doctors for Adults

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Governor, Tennessee Chapter

GOVERNOR'S MESSAGE



THAT WAS THEN; THIS IS NOW

Medicine is a series of events. This patient for acute management, the next patient for prevention, and then the following patient for "*wish I knew how to help you.*" Pace is important. Not too quick or the patients and I both know their medical problems and need to see the doctor have not been addressed. Not too slow or I am unable to run an efficient office, stay on schedule, or avoid unreasonable waiting for patients. I have heard about long-ago internists who could see a few patients, do some comprehensive exams, and provide good patient care and a decent family income. That was then; this is now.

Medicine is also very longitudinal. I still see patients who I have been following for over 30 years of practice. There is a joy in knowing people could view me as their doctor for that period of time. The challenge is recognizing they are changing. Previous conditions or problems may change. They may change by the next visit. Therapy may need adjustment. Longitudinal information is powerful, but also deceiving if I am not careful. That was then; this is now.

Medical politics is both episodic and longitudinal. It truly represents That Was Then; This Is Now. When volunteers from the American College of Physicians met in Washington, DC last May for political discussions, there was some speculation that the national political balance could change. Few were predicting it. That was

then. Now, implications for internal medicine under new political dynamics are still unknown. Medicine did get a reprieve from the sustainable growth rate cut in Medicare payments. ACP members throughout the US sent almost 12,000 messages to Congress to provide information how Medicare is important to internal medicine. Most ACP members will benefit from the increased payments for office-based E/M services that became effective January 1. ACP made important contributions to calculating the work relative value units (RVUs) assigned to the E/M codes. **M. Doug Leahy, MD, FACP** of Knoxville was an important member of the committee that produced change. In addition, the final legislation introduced a pilot project for coordinating care of patients with chronic problems and a financial bonus for reporting quality measure.

Although only a few months old, all of the above should be viewed as "That Was Then." Now, we recognize that the reprieve from a Medicare payment cut was temporary. At the end of 2007, the cut will be most onerous if a longer-term adjustment to legislation is not made. Internists should not be expected to wait until the end of each year (or later) to plan how their offices are going to take care of Medicare patients. In addition, the final legislation produced a pilot project for coordinating the care of patients with chronic problems as well as providing a financial bonus to physicians for reporting quality measures. However, the coordination of care pilot has not been completely defined and the financial bonus for reporting quality measures is only authorized for July through December, 2007. For now and the future, ACP's influence in DC is needed.

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Locally, the Tennessee General Assembly will have 7 new members of the Tennessee Senate and 17 new members of the House. We have a new Lieutenant Governor. There will be other changes in the Governor's cabinet as well, one being a new Commissioner of the Department of Health, **Susan Cooper**, RN. We have some very important "this is now" issues. We must reform Tennessee's liability procedures, cover the uninsured and underinsured, make commercial insurance work for patient and doctors rather than insurance corporations, and enhance preventive medicine for our public. All of this will require our close attention. Our state will be watching the results of Cover Tennessee, the Massachusetts mandate for health insurance via employers, and the new California proposal for mandated coverage with taxation of doctors and hospitals as part of the funding. Through our collaboration with the TMA, we will persist. **Richard Lane**, MD (ACP member, Franklin) provides important leadership in the TMA as Chair, Board of Trustees, and is an important representative of internal medicine in our state.

National and state initiatives that impact on all internists require a commitment by medical organizations and ACP is one of those committed organizations. I ask for your continued commitment to ACP. It is working for you. Stay active, join us, and support our activities. ACP is your Now Organization.

IT WAS A SUPERB TENNESSEE ACP MEETING IN NASHVILLE

The annual TN Scientific Program was held last September 15 and 16 in Nashville. Thanks to **Mukta Panda**, MD, FACP the meeting was extraordinary in its scientific and personal components. **Faith Fitzgerald**, MD, MACP, a regent of the ACP from California gave an update of national issues and participated in the Town Meeting. She also engaged the audience in a challenging "*Stump the Professor*" session with a case presentation by associate **Laura Cooley**, MD of the Chattanooga program. Dr. Fitzgerald also presented the Tennessee Chapter a Chapter Excellence Award in meeting ACP standards in chapter management and an ACP Evergreen Award for membership recruitment initiatives. **Larry Churchill**, PhD, Professor of Medical Ethics

at Vanderbilt gave the special lecture on "*Medicine as Healing*."



Drs. Fitzgerald and Churchill discuss Physicians as Healers (photos by R. Vegors)

Residents in training made a major contribution to the educational program by their presentations and posters. ETSU internal medicine residents won the annual Medical Jeopardy and the poster competition.



ETSU residents Malak, Paul, Bhatia, Lambert (poster winner) and Morgan with faculty advisor Dr. Smalligan (3rd from left) accept awards

Roger Smalligan MD, FACP will be the Scientific Program chair for the 2007 Tennessee Scientific Meeting when we meet in Chattanooga at the Chattanooga Hotel on October 5 and 6. For those who make long-range office and call schedules, please put it on your 2007 calendar.

Visit the Chapter website at:
www.acponline.org/chapters/tn

IT WILL BE A SUPERB NATIONAL ACP MEETING IN SAN DIEGO

Internal Medicine 2007 will be in San Diego April 19 through 21. Registration packets have been mailed and information is available via the ACP website, www.acponline.org. It promises to be an outstanding educational event plus the opportunity to visit a very interesting community. The San Diego Bay and Zoo provide major opportunities for those who want to take family members, adult and children. The selection of sessions and workshops is outstanding and provides the best of continuing education.

CONGRATULATIONS LAUREATES OF THE TENNESSEE ACP

At the 2006 Annual Meeting, **Richard Lane**, MD of Franklin and **James G Johnson**, MD, FACP of Memphis received the 2007 Tennessee Chapter Laureate Awards for outstanding career service to Internal Medicine and to the ACP.



Drs. Johnson and Lane, Laureates of TN ACP

NATIONAL AWARDEES AS MASTERS

The national ACP's Board of Regents has selected **Phillip Bertram**, MD, FACP of Cookeville and **John Sergent**, MD, FACP of Nashville to receive Masterships of the American College of Physicians at the Annual Meeting in San Diego in April in recognition for their professionalism and contributions to internal medicine. Congratulations and thanks to Drs. Lane, Johnson, Bertram and Sergent for their professional gifts to ACP.

NEW FELLOWS IN 2006

New Fellows from Tennessee who advanced to FACP in 2006 upon appointment by the Board of Regents are:

Glenn H. Booth, MD, FACP
Nashville
William Conway, MD, FACP
Savannah
Marco A. DaSilva, MD, FACP
Kingsport
Kenneth O. Edmunds, MD, FACP
Memphis
James C. Farris, MD, FACP
La Follette
Robert D. Hoover, MD, FACP
Nashville
Hassan M. Ismail, MD, FACP
Johnson City
Ghazali A. Khan, MD, FACP
Etowah
Danny J. Lancaster, MD, FACP
Memphis
Mack R. Mathews, MD, FACP
Kingsport
Ryan D. Mire, MD, FACP
Nashville
Karen Sue Prill, MD, FACP
Bristol
J. Kirk Rogers, MD, FACP
Signal Mountain
Kurt W. Tauer, MD, FACP
Memphis
Thomas A. Tesauro, MD, FACP
Nashville
Morgan J. Wills, MD, FACP
Nashville
C. Thomas Woloshon, MD, FACP
Murfreesboro
Furhan Yunus, MD, FACP
Memphis

In addition, new Fellows selected by ACP in January 2007 are:

Todd D. Edwards, MD
Memphis
Lionel S. Lim, MD
Pikeville
William F. Owen, Jr.
Memphis
Roger D. Smalligan, MD
Johnson City
Tapan Thakur, MD
Collierville
Frances C. Walker, MD
Memphis

Congratulations to these new Fellows. Their contributions to their profession and their patients are acknowledged by this advancement. If you have been an active member for at least two years after training, you may be eligible for Fellowship. The process is outlined on the ACP website, www.acponline.org. If you reach an impasse, e-mail me at millers@methodisthealth.org or call me at 901-516-0750. I can provide an application packet and a draft of a letter you can use to help get your two FACP sponsors started.

NEW ACADEMIC LEADERS IN TENNESSEE

Tennessee ACP has been very fortunate to have two active ACP members move to our state as major leaders of their academic institutions. **Steve J. Schwab**, MD, FACP started as the Executive Dean of the College of Medicine at the University of Tennessee Center for the Health Sciences, Memphis in July. Dr. Schwab was previously Chair of the Department of Medicine at the Medical College of Georgia. **Wayne J. Riley**, MD, FACP is the new President and CEO of Meharry Medical College. Dr. Riley is the former Governor-elect of the Southern Texas chapter of ACP. He was vice president at Baylor College of Medicine in Houston. His Meharry presidency began January 1. We welcome both Dr. Schwab and Dr. Riley.

THANKS TO COUNCIL MEMBERS

An organization like Tennessee ACP cannot function without the input and oversight of a committed Council. Thanks to those who served in 2006 and continue their tenures in 2007. Those members from East Tennessee are: **Amy E. Bentley**, MD, Knoxville; **Kenneth E. Olive**, MD, FACP, Johnson City; and **Mukta Panda**, MD, FACP, Chattanooga. From Middle Tennessee are: **Tracey E. Doering**, MD, FACP (treasurer) Nashville; **G. Waldon Garriss, III**, MD, Nashville; **Ryan D. Mire**, MD, FACP, Nashville; **Ayodeji A. Oso**, MD, FACP, Nashville; and **Paul Perryman**, MD, FACP, Columbia. From West Tennessee are: **John Fowler**, MD, FACP, Memphis; **James B. Lewis, Jr.**, MD, FACP, Memphis; **Laura R. Sprabery**, MD, FACP, Memphis; and **Robert A. Vegors**, MD, FACP, Jackson. **Andrew Hart**, MD, resident associ-

ate at Vanderbilt University School of Medicine represents residents on the council. In the fall of 2007, TNACP will elect new council members from each geographical area. If you are interested in serving on the Council, please contact me or **Fred Ralston**, MD, FACP, Fayetteville, who is Chair of the TNACP Nominations Committee.

ACP'S RECRUIT-A-COLLEAGUE PROGRAM

Help strengthen the voice of internal medicine - recommend ACP Membership to your colleagues! 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. We must work together.

To thank you for your time and effort, we have established the following recruitment program:

- If you recruit one of your colleagues between March 2, 2006 and March 1, 2007, you will receive a \$100 credit toward your 2007-08 national annual dues.
- If you recruit two of your colleagues between March 2, 2006 and March 1, 2007, you will receive an additional \$100 credit toward your 2007-08 national annual dues.
- If you recruit three of your colleagues between March 2, 2006 and March 1, 2007, your 2007-08 national annual dues will be paid in full*.
- But wait, there's more. For every Member recruited within the promotional period, you will receive an entry into a grand prize drawing for an expense-paid trip to Internal Medicine 2008 in Washington, DC that includes registration, airfare, and four days of hotel accommodations. So, the more Members you recruit, the greater your chances are at winning the grand prize.

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

- Be a nonmember who is eligible for the "full" ACP Member category and pay \$99 or more in dues.
- Submit a Membership application, along with his or her national annual dues payment, between March 2, 2006 and March 1, 2007.
- Write your name in the recruiter box on the top of the Membership application**.

You may use the ACP's website at acponline.org to access information. 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).

**Please note that total dues credits earned in one yearly period can not be greater than the amount of any recruiter's national annual dues. For example, if an Associate recruits one "full" Member, national annual dues are paid in full (\$99), and no additional dues credits can be earned.*

***You can also receive credit for recruiting former Members. If a former Member calls Customer Service for reinstatement, be sure to ask that you are mentioned as a recruiter.*

SUPPORTING YOUR CHAPTER THROUGH CHAPTER DUES

Chapter dues are the backbone of local activities and vital to the success of our chapter. While we are provided some financial support from the national office, the chapter dues collected provide the majority of financial support for local activities. Educational meetings, mentoring programs for medical students, local Associates' research competitions, advocacy with state legislators, and participation by chapter leaders in Leadership Day on Capitol Hill are just some of the activities supported by your chapter dues. Your chapter dues help support the cost of local staff and provide funding for new and existing chapter initiatives. When you receive your dues notice, please remember to include the chapter dues in your payment. You will be contributing to the success of many grass roots activities happening right here at home.

THE NATIONAL SCENE

In addition to the change in political affiliations of the majority of members of the U.S. Senate and House of Representatives, Washington DC has been discussing long-range views that will eventually impact all of us and the patient care we provide (or receive). A recent report of the Association of Academic Health Centers brought some facts to my attention. It emphasized the

decreasing supply of health workers. It also noted the fragmented policymaking and need for a strategic national plan. Here are some facts. Nursing, as we have all experienced, is falling behind in the numbers needed to supply qualified professionals for the complex skills that nurses provide. However, more than 30,000 qualified nursing applicants were turned away from baccalaureate nursing educational programs in 2005. The major reason was that nursing faculty shortages reduce the nursing schools' capacities. Also, the nation's nursing faculty has an increasing average age and many faculty members are approaching retirement. Clinical training resources do not have the capacity to increase numbers to the nursing workforce.

The "Policy Agenda to Expand the Health Workforce" also noted that per capita medical school enrollment has decreased for the past 25 years. Back then, there were predictions of a surplus of physicians. With aging of the population, that predicted surplus is now definitely a gap. The Association of American Medical Colleges has asked for a 30% increase in the number of medical students over the next decade. Indiana University has announced plans to increase their medical student enrollment. However, that is only one part of a solution. Students must graduate with opportunities for Graduate Medical Education, but GME positions are capped by Medicare reimbursement formulae. Producing more US medical students without increasing residency positions will mean the same number of graduates completing training each year. Producing more medical students also does not mean that physicians will practice where they are most needed. The biggest gaps projected in physician availability are in primary care, especially primary care of older adults. Locations most in need are rural and other under-served areas.

Shortages will increase in other health professionals. By 2020, the predicted shortfall in pharmacists is 157,000 in the US. Today, no state has a surplus of pharmacists, and 35 states have moderate or greater demand for pharmacy services. Despite pharmacy schools increasing the supply of graduates by 33% since 2000, the ability to increase output is limited by 76 of 99 colleges of pharmacy reporting faculty shortages in 2005.

Related, although not identical, problems exist in public health, allied health, and dentistry. In the end, the entire educational system is a

determinant of the numbers and kinds of healthcare workers.

Too much to digest? OK - then try one bite at a time. Stay informed. ACP will provide you with information. Come to San Diego for Internal Medicine 2007 in April. Come to Chattanooga for Tennessee ACP Chapter Meeting in October. Sign up as a Key Contact.

ACP's continued success on Capitol Hill greatly depends upon year-round grassroots support. Key Contacts communicate with their members of Congress on issues of importance to medical students, internists and their patients. To enroll as a Key Contact, ACP members are not required to have existing relationships with their members of Congress. ACP gives them the tools necessary to develop and maintain relationships. The program is open to all membership categories. As key issues approach the decision-making stage on Capitol Hill, the College emails or faxes legislative alerts to Key Contacts. Legislative alerts include all of the necessary information (including sample messages that can be easily personalized) to make informative contacts with members of Congress, and ACP staff is always available to provide support and answer legislative questions. The College is continually recruiting new Key Contacts, especially where gaps exist in the program and a key member of Congress is not matched with a sufficient number of Key Contacts. When joining the program, members are asked to complete a short enrollment form that helps the College identify any special relationships they may have with members of Congress. For more information on the ACP Key Contact Program, please contact **Tracy Novak**, Supervisor of Grassroots Advocacy and ACP Services PAC, by email at tnovak@acponline.org or by phone at 1-800-338-2746, ext. 4532 or 1-202-261-4532.

The last bite would be to join us in DC in May. For more than a decade, ACP members have met face-to-face with their congressional delegations in Washington as part of Leadership Day on Capitol Hill. Leadership Day provides much more than an opportunity to meet with your legislators and staff in Washington, D.C; it provides you with briefings from White House officials as well as Hill staff and members of Congress who are key health decision-makers. You will receive an in-depth orientation on legislative priorities and have the opportunity to network with other

chapters. Leadership Day also features an optional grassroots-training module on effective advocacy and use of the news media to gain support for ACP policy positions. Leadership Day 2007 will take place on May 15-16 at the Wyndham Washington, DC Hotel and the US Capitol. It will be an action-packed, and informative two days. Please inform me if you are interested in representing TN ACP at (901) 516-0750 or millers@methodisthealth.org.

ACP AWARDS AND MASTERSHIPS: NOMINATE YOUR HEROES, MENTORS, AND COLLEAGUES

The Awards Committee of the American College of Physicians invites your assistance in recognizing the accomplishments of distinguished individuals and organizations through the College's awards and Masterships. Nominations are now invited for the 2007-08 awards cycle, which will end with the College's bestowing seventeen awards and a number of Masterships during the Convocation ceremony at Internal Medicine 2008. These awards recognize outstanding contributions in the practice of medicine, teaching, research, public service, leadership, and medical volunteerism. We are pleased to announce that the ACP Distinguished Teacher Award has recently been renamed the Jane F. Desforges Distinguished Teacher Award in honor of the first woman to receive the award.

The Awards and Mastership Booklet, which has been updated for 2007-08, contains criteria for the College's awards and Masterships plus detailed instructions for writing nominating and supporting letters. Print copies are being mailed shortly to current and past ACP Officers, Regents, and Governors; current ACP national committee and council members; all ACP Masters, and selected other leaders in medicine. In the meantime, please consult the updated booklet on ACP Online, at the link above.

Please note that five detailed supporting letters and a curriculum vitae (or equivalent) with full bibliography are required for nominations to be considered. The deadline for all materials is July 1, 2007. The Awards Committee requests that nominators consider outstanding women, underserved minorities, international members and colleagues, and ethnically diverse individuals in keeping with ACP's Diversity Policy. Nominees are especially welcome for the

Stengel Award, Loveland Award, Menninger Award, Rosenthal Awards, Claypoole Award, Outstanding Volunteer Clinical Teacher Award, and Johnson Award.

Please note that only ACP Fellows may be nominated for Mastership and that Masterships as well as awards are competitive. That is, only a limited number are given each year, and the most outstanding are selected by comparison. Both Mastership and awards nominations should be handled confidentially, and individuals should not self-nominate.

For questions and for information about the status of nominations submitted previously, please contact the staff liaison to the Awards Committee, **Martha Cornog**, at mcornog@acponline.org, 800-523-1546, ext. 2696, or direct at 215-351-2696. Or you may contact **Meghann Williams**, Coordinator, Awards-Convocation and Diversity, at mewilliams@acponline.org, ext. 2714, or direct at 215-351-2714.

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.

JANUARY 15, 2007 INTERNAL MEDICINE REPORT

It's that time again! Time to tune into the award-winning "Internal Medicine Report" video news release in the news.

The latest Internal Medicine Report was distributed on Monday, January 15, to television news stations throughout the U.S.

Review: Growth Hormone Doesn't Prevent or Reverse Changes of Aging in Healthy Elderly People and May Have Bad Side Effects
A review of published data on use of human growth hormone by healthy elderly people found that the synthetic hormone was associated with small changes in body composition but not in body weight or other clinically important outcomes, such as bone density, cholesterol levels, stamina, and longevity.

People who took GH had increased rates of unhealthy side effects such as soft tissue swelling, joint pain, carpal tunnel syndrome, and, in men, abnormal breast development and were also somewhat more likely to develop diabetes.

Authors say, "*Although GH has been widely publicized as an anti-aging therapy...scant clinical experience of GH in the healthy elderly suggests that although GH may minimally alter body composition, it does not improve other clinically relevant outcomes...(and) is associated with high rates of adverse events. On the basis of available evidence, GH cannot be recommended for use among the healthy elderly.*"

If you missed the report in the news, you can view it in streaming video on the "Doctors for Adults" website . For a copy of the study published in Annals of Internal Medicine, go to the Annals website.

If you have any questions about the Internal Medicine Report, contact Steve Majewski in the ACP Communications Department at 215-351-2514 or smajewski@acponline.org.