

Upcoming Events

American College of Physicians
 Internal Medicine 2008

Washington, DC hosts this year's premier scientific meeting for internal medicine on May 15-17, 2008.

Meet internists from around the globe and around the corner, take advantage of special networking and social events, experience the culture of America's Capital, and leave with a new sense of excitement about internal medicine.

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Governor's Corner



I am writing what may be my last newsletter as your ACP

Governor. My term will expire at the end of the Internal Medicine 2008 meeting in Washington, DC in May. It has been an honor to have this position and I have enjoyed it.

Our fall BOG meeting was in Annapolis in September and **Dr. Wedell** who will be taking over the governorship was there as well. Most of that meeting dealt with chapter management issues. We did have a talk on practice preparedness for the Advanced Medical Home model which was quite informative. The college has really placed its eggs in the basket of the medical home when looking at payment reform. It is my impression that some private employers and larger insurance companies are looking at pilot projects but Medicare is sitting on the sideline. I would urge you to keep track of this on the website but at the current time I do not see this being a reality for most of us for several years. I would urge you to move to an EMR at some time as that really is going to be necessary to provide care in that model. The highlight of the meeting was an excellent presentation on the challenges of generation Y coming into medical schools and practice. To sum it up that young generation has little in common with most of us baby boomers. Medicine is much more of a good job with lifestyle driving spe-

cialty choice and practice location. Our practice models are going to have to change dramatically to attract young physicians and we are just going to have to accept that they do not think like we did. The most frightening number I heard was that of the current crop of first year IM residents across the country only 5% are looking at traditional general internal medicine as their career choice. Everyone wants to be a hospitalist or sub specialist.

Our state meeting was in Laramie in early October and I hope others enjoyed it as much as I did. Our attendance was quite good on a percent of member basis. We had the medical students as guests for most of the meeting and our theme was professionalism in practice. The highlight of the weekend was the Laureate banquet for **Bud Davis**. I hope we garnered some interest in general internal medicine. Our college representative was **Dr. David Dale**, ACP president and that was a real honor. He was dean of the University of Washington Medical School early in the WAMI development and his insights into that program were quite interesting. As members in a small state we really do have some opportunities to know our ACP leadership personally and that does give us access. I know that my personal communications with leadership are valued. As usual after these meetings I felt some real professional refreshment and it was more fun to come back to day to day practice.

The theme of the ACP for the past few years has been the revitalization of internal medicine, which unfortunately has taken a turn in to the impending crisis in primary care. I think it is worth discussing the state of internal medicine in Wyoming. We now have 79 ACP members, down from over 100 a few years ago. National office tells me that we have 180 internists licensed in Wyoming. I have really tried to analyze that data and my numbers are frightening. At least half of those are out of state physicians who provide specialty care in the border areas. I have looked at the 79 members on our roster and the number practicing general internal medicine in a community setting is at most 25. A significant number of our members are retired; many are specialists who do maintain their membership. At least 8 members practice with the VA and a couple with a community health clinic. I have tried to find every practicing general internist in the state by looking at the hospitals in each community that would have an internist and I do find 15 general internists who are not members. This means that we have around 40 general internists to cover our rapidly aging state, and I know at least two of those are leaving the state this year. There are at most a couple of WWAMI students in residency programs that will come back to the state and their practice expectations are not what most of us are comfortable with or able to provide with current practice models. There are very few communities in the state where you can reasonably expect to live and find a well trained internist who will take care of you when you retire and need care. **Casper** and **Cheyenne** are woefully understaffed and both of those communities have tried very hard to attract internists.

I am terribly concerned about the future of good primary internal medicine care nationally and more particularly in Wyoming. Issues driving the impending meltdown are both economic and lifestyle related. Physicians, communities and hospitals are going to have to be very creative to solve this problem and I do feel that we all need to start that conversation in our communities.

As of this writing we are still facing a 10% cut in Medicare payments for next year. The national office is really working hard on this and we need to be in contact with our senators. I have spoken personally with both **Senators Enzi** and **Barrasso** and I do feel they are sympathetic to our plight but I am afraid that they do not understand the seriousness of this issue and are playing more of the Washington political blame game than I would like to see. One of the major components of the Washington meeting this spring will be Leadership day when the college will teach us lobbying skills and arrange visits on Capitol Hill. I have reserved 2 slots for Wyoming mem-

bers and the chapter has agreed to pay for the registration and extra hotel time for any of our members who are going to the meeting and would like to participate in that activity. Please let me know soon if you are interested and I will get you more information.

Our state meeting for next year is tentatively scheduled to be in Cody. As a chapter we are in the process of contracting the executive director of the South Dakota chapter to provide administrative assistance to help us with chapter management issues. My wife has done a great job for me in managing the chapter finances and doing the leg work for the Laramie meeting and I cannot thank **Bud Davis** and **Darryl Bindschadler** enough for the work they did for the CME. **Dr. Wedell** needs more help as the requirements for these things become more difficult and we hope this will be a good solution.

Once again I thank you for the opportunity to serve as your Governor. I plan on staying very active in chapter activities and I look forward to seeing you in Washington and Cody.

ACP Proposes Solutions for U.S. Health Care based on Review of Other Countries

ACP offers suggestions to reform the U.S. health care system, based on a comprehensive analysis of well-functioning health care systems of 12 industrialized countries in “*Achieving a High Performance Health Care System with Universal Access: What the USA Can Learn from Other Countries*,” a new evidence-based paper released on December 4th on the Annals of Internal Medicine website. The paper was developed by ACP’s Health and Public Policy Committee and approved by the Board of Regents in October, 2007. The paper reflects comments received on an earlier draft from members of the Board of Governors, Board of Regents, ACP Councils, and selected expert advisors.

The paper outlines the ills plaguing the American health care system and proposes evidence-based recommendations addressing each of them, based on findings of a review of 12 industrialized countries. The paper concludes that the current U.S. health care system—which involves multiple payers without guaranteed coverage (pluralistic model) results in the U.S. lagging behind other countries on access, quality and efficiency of care. The paper proposes two different pathways to achieve universal coverage: a pluralistic system with universal coverage or a single payer system. Rather than endorsing either pathway, ACP calls on the public and policymakers to consider the strengths and weaknesses of each approach. For instance,

the paper reports that single payer systems perform well on most measures of quality, satisfaction, access, and administrative costs, but are more likely to result in shortages of services subject to price controls and waiting lists for elective procedures. Pluralistic models with universal coverage do better on giving individuals the freedom to purchase additional services, but less well on measures of equity (access without regard to ability to pay) and administrative costs.

The paper identified lessons from other countries' health care systems that could be applied to the particular political and social culture of the U.S. to achieve a high performing health care system, including achieving universal health insurance coverage for all Americans. To improve the quality of care, ACP recommends building incentives into the system for both patients and physicians, redirecting federal health care policy toward supporting a patient-centered medical home model of care, and developing a national workforce policy to ensure an adequate supply of physicians. To improve administrative cost and burden, ACP recommends creating a uniform billing system for all services, supporting HIT infrastructure with federal funds, and encouraging public and private investment in medical research.

According to **David Dale**, ACP President, as a result of extensive policy development over the past several years, ACP is uniquely qualified to inform the public debate and the presidential campaign about reforming the U.S. health care system. He notes, "a growing number of studies by health policy experts have exposed the limitations of the U.S. health care system. Our recommendations provide evidence-based solutions to our country's many health care problems – including the appalling lack of access to affordable health coverage, the impending crisis caused by the insufficient supply of primary care physicians, rising health care costs, and excessive administrative and regulatory costs."

In a continuing effort to inform the debate on health care reform, in December 2007, ACP co-sponsored The National Congress on the Un and Under Insured: From Practical Local and Regional Solutions to State and National Health Reform where the paper will also be presented.

The paper, in addition to an accompanying editorial by **Dr. Harold Sox**, are available on the website of Annals of Internal Medicine, www.annals.org. The paper will also be published in the January 1, 2008 print issue of Annals.

ACP has also unveiled a new non-partisan ACP Web tool on www.acponline.org that analyzes the health care reform proposals of the Presidential candidates, drawing on

the recommendations outlined in the College's position paper. The tool will be updated continually throughout the 2008 election cycle. An online members-only discussion area is also accessible on the College's Web site.



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 and its subspecialties. There are advocacy efforts to champion, practice management issues to simplify, and a time-honored profession to foster.

The American College of Physicians and the Wyoming Chapter encourages its members to help strengthen the voice of internal medicine by recommending ACP Membership to colleagues. And to thank you for your dedication to our organization, ACP established the Recruit-a-Colleague program that offers dues incentives to members who recruit new members. Not only would you be working toward the revitalization of internal medicine, but you also could have your national annual dues paid in full. In addition, successful recruiters are entered to win a trip to Internal Medicine 2009, ACP's annual scientific meeting, that includes registration, airfare (up to \$500), and hotel accommodations.

To learn more about the Recruit-a-Colleague program, please visit www.acponline.org/recruitacolleague.

Visit the Chapter Website at
www.acponline.org/chapters/wy

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