

Michigan Chapter GOVERNOR'S NEWSLETTER

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

Spring 2005

Ernie L. Yoder, MD, PhD, FACP
Governor, Michigan Chapter

FROM THE GOVERNOR'S CORNER



Change is coming to the ACP Michigan Chapter Annual Meeting. This year's program is designed for the practicing internist. On Thursday afternoon, in addition to the usual Skills Sessions, the ABIM will be on site to provide a Self Evaluation Process (SEP) Module. Members participating in the Maintenance of Certification Program will be able to complete one module and receive CME Credit during an interactive, question-based session proctored by a Michigan Fellow who recently completed the Recertification Process. Thursday evening during an opening night reception, complete with wine and heavy hors d'oeuvres, poster research displays, and camaraderie, **Toni Flowers, RN**, will discuss Cultural Competency: Quality, Equality, Reality.

Evidence-Based Update sessions, using the "Multiple Small Feedings of the Mind" format will include: Cardiology, Endocrinology, General Internal Medicine (Pain Management, Drug Seeking, Addiction Medicine, Mental Health for the Primary Care Physician), Neurosciences, and Hematology (focus on Bleeding and Coagulation Disorders).

David Scrase, MD, FACP will make his annual journey from New Mexico to Michigan to challenge us in the "Thieves Market" and we will have a chance to discourse with our official College Representative **Ginger Collier, MD, FACP**, Regent from Christiana Care in Delaware at our Annual Town Meeting.

Of course we will provide concurrent sessions for our Resident Physicians and Medical Students, and Saturday afternoon remains unscheduled to allow time for relaxation, shopping, or visiting the local wineries. It is my pleasure to invite you to come to Traverse City to renew acquaintances, attend update/CME sessions, and relax in the beauty of the north country.

FROM THE GOVERNOR-ELECT'S CORNER

I am delighted to begin my year as Governor-Elect of the Michigan Chapter of the ACP. Dr. Yoder and I have begun meeting regularly to insure a smooth transition next April when I become Governor. Further, he and I plan to schedule several 'cracker barrel' meetings across the state to get input about how the Chapter can better meet the needs of its members. As Governor, I hope to build membership, continue to support the tradition of a strong annual meeting and seek ways to involve more practicing internists and more of our sub-specialist colleagues in the activities of the Chapter. Further, I would like to build on our electronic resources for making communication and participation across our chapter easier.

I recently attended the spring Associates meeting. I was impressed by the quality of our Associate Members, by the vigor of the residency faculty, and by the spectrum of scholarship in which they all engaged. At that meeting I spoke about the importance of maintaining satisfaction in one's life work, both personal and professional. As internists, we can and must contribute to the future in ways that build our satisfaction and make things better for patients. I hope each of you will seek to be involved in the work of the Chapter, and I look forward to hearing your ideas. Please don't hesitate to contact me at hoppe@msu.edu.

Ruth B. Hoppe, MD, FACP

CONGRATULATIONS FELLOWS MARCHING IN THE 2005 CONVOCATION

Roderick Boyes	Fikry Ibrahim	Augustine Osagie	Kenneth Tucker
Edward Christy	Samer Kazziha	Antonio Santiago-Agostini	David Young
Janet Dubeck	Halina Kusz	Tariq Shafi	
Raymond Hilu	Michael Marshall	Oscar Signori	

CALL FOR E-MAIL ADDRESSES

Your MI ACP Council has decided to make some changes to improve two-way communication between chapter officers and members. Our new home page at www.ACPMichigan.org is up and running. Our plan is to create a moderated e-mail list to inform membership of new postings on the website. This will allow you to respond to questions, share your thoughts, and improve chapter function as well as to feed opinions and information more effectively to the ACP National Offices. The e-mail list will be strictly moderated with spam protection so that we will not be inundated with messages. Please send your e-mail address to **Jan DiMarco** at the chapter office: jdimarco@providence-hospital.org or to Suri Marur (webmaster) at smarur@dmc.org.

ASSOCIATES' MEETING COMPETITION WINNERS

Doctors' Dilemma Competition

Champion -Sinai Grace Hospital/WSU
Runner Up - Michigan State University, East Lansing

Oral Case Report

1st - Aditi Swami, Beaumont
2nd - Jayasree Grandhi, Sinai-Grace/WSU
3rd - Farrukh Koraisly, WSU/DMC

Oral Research (Basic Science/Clinical)

1st - Rebecca Daniel, St. Joseph - Ann Arbor
2nd - Nenad Serafimovski, Providence
3rd - Siddhartha Agrawal, Beaumont

Oral EBM/CQI

Winner - Roberto Gamarra, Providence

Poster Case Report

1st - Nirav Mamdani, WSU/DMC
2nd - Zehra Jaffery, Henry Ford
3rd - Adriano Tonelli, Michigan State (E. Lansing)

Poster Research (Basic Science/Clinical)

1st - Vibha Nayak, Sinai-Grace/WSU
2nd - Tabarak Qureshi, Sinai-Grace/WSU
3rd - Fadi Antaki, Henry Ford

Poster EBM/CQI

Winner - Nenad Serafimovski, Providence

VOLUNTEER TO BE A KEY CONTACT

ACP depends on its 2,000 Key Congressional Contacts to communicate with their members of Congress on issues of importance to internists and their patients and report back to ACP. Key Contacts do not necessarily have established relationships with their members of Congress as ACP gives them the tools necessary to develop and maintain such relationships.

As key issues approach the decision-making stage on Capitol Hill, the College sends out Legislative Alerts to Key Contacts, which include all of the necessary information to make informed contacts with members of Congress. ACP staff is always available to provide support and answer legislative questions.

For more information on the ACP Key Contact Program, please contact: **Kathy Heabel** at 800-338-2746, x4532, or by email at kheabel@acponline.org.

AMBULATORY CARE QUALITY ALLIANCE APPROVES UNIFORM STARTER SET OF PERFORMANCE MEASURES

The consensus reached last week by the Ambulatory Care Quality Alliance on a uniform starter set of performance measures is a major milestone for ACP. The College recognized that the proliferation of performance measures, if not already, will soon have a major impact on internists' reimbursement and on our practice operations. The College's quick engagement in this issue gave internists a seat at the table and an opportunity to affect the outcome so that it benefits physicians. Many ACP members may not fully understand the benefits of this consensus among physician organizations, employers, government agencies, health insurance plans and accrediting organizations. ACP Governors have been called upon to help inform members about this issue. There are a couple of clear benefits:

- Adoption of a uniform set of national measures means that physicians will not have to satisfy multiple, and potentially conflicting performance measures.
- The initial set of measures relies on administrative and chart data that is readily available for most practices, thereby reducing the administrative burden of having to extract information from medical records, and
- Because of the College's involvement, the starter set of measures is based on valid scientific evidence and provides relevant measures for physicians, patients and purchasers
- Among the quality indicators are: Percentage of women who had a mammogram during the screening year; Percentage of adults who had an appropriate screening for colorectal cancer; Percentage of women who had one or more Pap tests during the measurement year or prior two years; Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period...

Are You Preparing to Recertify in Internal Medicine?

You can now use up to four electronic question modules derived from MKSAP 13 to replace the American Board of Internal Medicine's Self-Evaluation Process (SEP) modules. There is no extra charge for this efficient approach, provided you are a MKSAP 13 print or CD-ROM subscriber and are enrolled in the ABIM's maintenance of certification program. You will need your ACP ID number.

Reducing Anxiety About the Secure Examination

Although a closed book examination can elicit anxiety, a better understanding of the examination and the types of questions on the examination can help allay that anxiety. As a result, the ABIM is committed to increasing communication about the examination to recertification candidates, and to clarifying what are sometimes misconceptions about the examination.

An important point of clarification is that the maintenance of certification examination is different from the examination used for certification of residents who have recently completed house staff training. Residents typically are exposed to specialized types of inpatient problems that are primarily handled by subspecialists, and are therefore not part of the "core" practice or experiences that cut across general internal medicine as well as most subspecialties. Therefore, the maintenance of certification examination focuses on topics that are relevant and of clinical importance to all internists. At the same time, the maintenance of certification examination questions are designed to test clinical judgment, not recall of obscure facts. A Board-certified clinician should be able to answer these questions without using additional resources, since the questions are testing judgment rather than factual recall.

The pass rate for the examination is generally approximately 89 percent on the first try, whereas approximately 97 percent of candidates ultimately pass the maintenance of certification examination. The passing score is set as an absolute threshold, and is not based on a curve. Thus, there is no intent to fail a specified percentage of candidates taking the examination.

SAVE THE DATE

2005 MI ACP Meeting September 22-25, 2005 Grand Traverse Resort

2006 ACP Annual Session, April 6-8, 2006 in Philadelphia, PA

PATHWAYS FOR ADVANCEMENT TO FELLOWSHIP

At a recent meeting, the ACP Credentials Subcommittee approved the streamlining of the Fellowship election process. The submission and Governor's recommendation processes have both been simplified with a marked reduction in paperwork. All eligible members are encouraged to initiate the advancement process. ACP Members may advance to fellowship through one of four pathways.

1. EMPHASIS ON WRITTEN MEDICAL COMMUNICATION
 - a. Peer-reviewed journal publications (at least 2 after training is completed)
 - b. Combined with teaching, committee work, community service, CME
2. EMPHASIS ON SIGNIFICANT AND CONTINUING CERTIFICATION ACTIVITY AND TEACHING
 - a. Re-certification/Subspecialty certification
 - b. MKSAP for score
 - c. Certificates of special competency
3. EMPHASIS ON ACTIVE MEMBERSHIP IN THE ACP
 - a. Usually 5 years member and substantial participation at the chapter or national level
4. EMPHASIS ON DISTINGUISHED PROFESSIONAL ACTIVITY IN TEACHING, PATIENT CARE, OR PROFESSIONAL SERVICE OVER MANY YEARS
 - a. Senior practitioners who have not been active in ACP or ASIM
 - b. Have gained prominence and respect for contributions to medicine in their communities
 - c. Contributions to education and scholarly work are highly valued

The Meaning of ACP Fellowship

- Fellowship in the College is an honor. It is a mark of esteem from colleagues who recognize accomplishments and achievements over and above the practice of medicine.
- A physician's achievements and accomplishments could be limited by the area where he or she practices, and by the available resources. The most important considerations for fellowship are excellence and contributions made to both medicine and to the broader community in which the internist lives and practices.
- Candidates for Fellowship should be recognized for exemplifying in their professional lives the Mission and Goals of the American College of Physicians. The items listed below are considered important in indicating that individuals are ready for advancement:
 - Upholding and practicing the highest clinical standards and ethical ideals
 - Providing leadership at the community, regional, or national level in matters relating to health, citizenship, and social improvement
 - Providing education and information to others, including students, residents, fellows in training, other practicing physicians, or allied health professionals
 - Advocating responsible positions in health and public policy through work on committees, in hospitals, in other medical societies, and in the community
 - Providing voluntary medical care and working on community service projects related to medicine, or in a broader scope
 - Serving on hospital and medical school committees that serve the professional needs of the membership and advance internal medicine as a career
 - Doing research in science and medicine; in enhancing the quality of practice, education, and continuing education of internists; in attractiveness of internal medicine to physicians and the public, and in scholarly activities in medicine.
 - Keeping up-to-date in continuing medical education
 - Participating in ACP activities

---VISIT OUR CHAPTER WEBSITE---

<http://www.acponline.org/chapters/mi>

LEADERSHIP DAY ON CAPITAL HILL MAY 2005

Joe Weiss

On Tuesday, May 18, 2005, 239 ACP representatives representing 35 states gathered on Capital Hill. The occasion was Leadership Day - a time when ACP presents its political agenda for the year. Representing Michigan was **Ernie Yoder**, **Jan Rival**, and **Joe Weiss**.

The issues ACP is addressing for 2005 are:

Updating the Medicare Fee Schedule
Liability Reform
Student Loan Debt Relief
Patient Safety

Advancing Health Coverage
National Health Information Infrastructure
Financing for Health Programs

The ACP staff and invited speakers devoted all Tuesday afternoon to discussing these topics in depth and the politics behind the issues. The physician audience received valuable information on the realities of federal funding and the response we could expect from lawmakers. The audience got tips on counter replies to make in light possible arguments against change based on the cost of war in Iraq, the increasing federal debt, and the expanding expense of Medicare.

On Wednesday the Michigan delegation visited the offices of Congressman **Sander Levin** and **Senators Debbie Stabenow** and **Carl Levin**. Each office had its own response to the issues. In general, there was support for the College, but not always. For more details feel free to contact Drs. Yoder, Rival, or Weiss.

The experience of being part of basic democracy and grass roots advocacy is memorable. If you want to know if the republic is strong and your belief about the nation has validity, then become part of the ACP delegation in 2006. Your experience will likely be similar to that of 2005, and yet unique to the time and the issues.

GOVERNORS TACKLE FLAWED PAYMENT SYSTEM

No payment for coordinating care. Claims that take three months to process. No incentives to invest in information technology. These are just a few of the symptoms that the Board of Governors noted about the dysfunctional payment system at the April 2005 Board of Governors meeting.

In speaking to the Governors, **Glenn M. Hackbarth**, JD, former chief executive officer of Harvard Vanguard Medical Associates and current chair of the Medicare Payment Advisory Committee (MedPAC) observed that the dysfunctional payment system is a reflection of deeply held cultural values. Those values include the idea that clinician autonomy is more important than accountability and that all possible interventions must be done, regardless of cost. He added that there is also a widespread belief in this country that medicine and science can triumph over any illness or disability, and this belief drives higher spending on health care-often to the detriment of education, the environment and other important areas. As several of the Governors pointed out, these beliefs also adversely affect the way physicians are paid.

Three perspectives

In a series of workshops in which Mr. Hackbarth and other speakers participated, the Governors looked at the issue from the perspective of physicians, payers and patients.

"The dysfunctional payment system is oppressive, Byzantine and discriminatory," said **Cecil B. Wilson**, MACP, who led the discussion from the physician's perspective. Dr. Wilson, who has a solo practice in Winter Park, Fla., said he has more than 1,300 insurer addresses in his computer and that three-to-four month payment delays are common whenever a patient switches plans. Patients often expect their physicians to know the details of all of these plans, he added, while insurers expect doctors to be 100% accurate in their filings or face payment delays. Fear of denied or delayed payments, he added, encourages physicians to adopt tactics such as downcoding to avoid denials. Dr. Wilson listed other problems of the flawed payment system from physicians' point of view, including administrative hassles and poor communication between physicians and insurers.

From the patients' vantage point the flawed payment system doesn't work either, said MedPAC's **Mr. Hackbarth**. Patients' concerns include coverage availability, affordability, administrative complexity and a fragmented system that rewards complex, technological solutions over quality of care.

A third speaker, **Reed V. Tuckson**, MD, senior vice president of consumer health and medical care advancement at UnitedHealth Group, provided the payers' perspective, saying that while payers want to work with physicians, they are facing relentless pressure from big employers who are "terrified" about how rising health care costs are affecting their bottom line. At the same time, he said, consumer and quality groups continuously point to credible studies on medical errors and the gap between cost and quality.

Sellable solutions?

The Governors discussed the idea of the primary care physician's office as the patient's "medical home," with the internist acting as care coordinator and being reimbursed accordingly. **Dr. Tuckson** said health plans are interested in the idea, but must first see proof that such a system would reduce costs. Several Governors also suggested changes to the insurance industry, including standardizing benefits across plans and mandating individual coverage. By simplifying communication among insurers, doctors and patients, the Governors said, additional savings would be realized. Selecting an insurance plan should be more like buying a car, allowing consumers to select from a standard menu of options, said Board of Governors Chair **Frederick E. Turton**, FACP, in his summary of the workshop sessions.

According to Mr. Hackbarth, pay-for-performance programs could hold some answers by rewarding doctors for efficiently using technology and for following evidence-based guidelines. "Now we are rewarding more care and advanced care instead of quality or right care," Mr. Hackbarth said. "The current payment system discourages doctors from trying to think of innovate ways to meet patient needs."

The Board of Governors also approved a number of resolutions related to reimbursement that will be considered by the Board of Regents. Those resolutions included:

- Funding pay-for-performance rewards with new dollars created from cost savings, separate from inflationary updates in physician fee schedules.
- Increasing compensation for cognitive services by exploring changes to the current payment system. Suggested changes included changing the Medicare formula of tying fee increases to the sustainable growth rate and revising the fee-for-service-based payment methodology, which is based on acute episodic care.
- Working with the AMA to advocate for an increase in physician fees for visits to Medicare beneficiaries in nursing homes.