

Leadership Day 2012 – Another Remarkable 2-day Event for Internal Medicine

ACP's 20th annual advocacy day on Capitol Hill (Leadership Day)—held June 6-7—was attended by 358 ACP members from 44 states and the District of Columbia. Each year, the event provides an opportunity for ACP's members to accentuate and personalize Internal Medicine's concerns in our nation's Capital. Attendance included 14 members of the Board of Regents, 36 members of the Board of Governors, and 6 Governors-elect.

The two-day event provided ACP members with in-depth advocacy training; an update on the College's priority legislative issues; and briefings from members of Congress and key Capitol Hill staff; as well as opportunities to meet with their states' federal-elected officials.

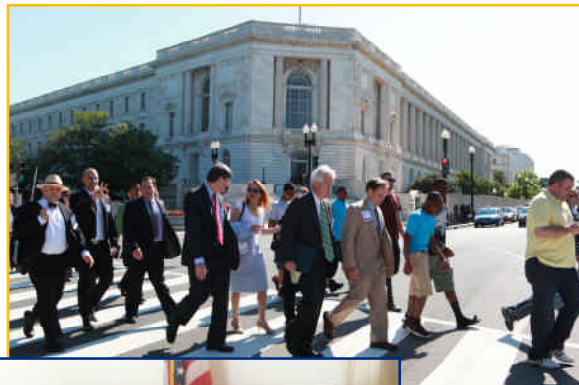
On the first day, attendees were briefed on ACP's top issues—Eliminate Medicare's Sustainable Growth Rate (SGR) and Transition to Better Payment Systems; Ensure Full Funding for Essential Health Programs; Enact Meaningful Medical Liability Reforms; Authorize and Fund a National Pilot of No-fault Health Courts; and Fully Fund Graduate Medical Education; Re-align the Program with the Nation's Workforce Needs—before delivering that personalized message on ACP's behalf to Capitol Hill.

Leadership Day materials are still available at <http://capwiz.com/acponline/home/LD>.

Student and Associate members are a big part of Leadership Day. They constituted 35 percent of Leadership Day participants. Of the 358 attendees, 56 were Student Members and 69 were Associates.

As in the past, Student and Associate members were provided with a special briefing on issues of importance to them. The session was led by ACP's 2012 policy interns Tiffany Groover, MD, Weymouth, MA, and Athanasios "Nas" Manole, MSIII, Albuquerque, NM.

See photos from Leadership Day on pages 6-7.



For more information about Leadership Day:

Web site
<http://capwiz.com/acponline/home/LD>

Contact Shuan Tomlinson
stomlinson@acponline.org

The ACP Advocate e-newsletter
June 15, 2012

<http://www.healthbanks.com/PatientPortal/NewsletterArchive.aspx?UCID={F151DAE7-AF91-4D5B-B402-126BDDEFC59F}&Date=6/15/2012>

Richard Neubauer Advocate for Internal Medicine Award Presented to Rebecca A. Andrews, MD, FACP, Canton, CT

Editor's Note: Below is the acceptance speech given by Dr. Andrews during the Leadership Day Awards session.

Thank you so much. I am both honored and surprised by this award. The fact it was unexpected makes it that much more prized. I am a physician, but first a mother which means any big news gets told immediately to my children.

When I told them about the award, my four year old gave me the requisite "Yeah, mommy," but my ten year old who understands more about the significance of the event—she dubbed me famous and insisted I take advantage of the opportunity to give an "Oscar acceptance" speech. There are only three things that are involved in an Oscar type acceptance: enthusiasm by the recipient, comments that stop before the music comes on, and you have to thank your mother.

So here we go: thanks Mom. My mother is a unique woman who encouraged me to follow my dream into medicine. She is singularly responsible for embedding in my personality the need to stand up for what you believe in. I was raised in a democratic monarchy—which I realize sounds contradictory, but it is true. I was taught at a young age to have my own beliefs (but to support them with facts) and defend them against the surely anticipated antagonist, my republican brother! So you see, my role in advocacy began very early, at the family dinner table.

The ACP, and more specifically Leadership Day, has supplied an avenue for the direction of my professional advocacy. My involvement in advocacy with the ACP, quite simply, has been a road dictated by serendipity and lined with mentors (some of



Rebecca A. Andrews, MD, FACP, accepting her Richard Neubauer Advocate for Internal Medicine Award before the Leadership Day audience.

in the audience who sees patients knows that is code for "colonoscopies." Three of these screenings turned out to be something more. They led to the detection of early cancers and translated to lives saved.

The congressman then asked if I would speak at a Town Hall meeting to tell this story. My role at these town meetings was to educate the community on the ACA and changes that would benefit patients—Rep. Courtney's role was more difficult; he had to protect me from the angry members of the crowd! One town meeting became another. These led to interviews with local news sources such as the *Connecticut Mirror*. I was asked to do an interview with *Politico*. I was naïve, I admit, to the greater political context. As can only occur in the Internet age, I was able to text my younger sister to give me some background on the organization so I could be prepared for their approach. She called me, laughing of course, and let me know just how lucky I was.

Finally, after reading an editorial that disparaged the ACA, Representative Courtney's office asked if I would be willing to write a response. Realizing the deficiency in my patients' knowledge of the changes granted through the ACA, I added writing an opinion piece to my methods for advocacy. And, if I accomplished nothing else, I at least saw my name in print.

It has been a whirlwind year of advocacy; what can only be called an absolute favorable juncture of circumstances. I have loved every minute of it. I had no idea it would be so simple to get involved in advocacy—just requiring time and interest and a generous push of encouragement from my Connecticut Governor, Rob McLean (as he is well known to do).

You are here, this week, with the ACP, an organization which took up my cause and provided me support even though I was a newer member and certainly new to this level of advocacy. So, I encourage those interested in advocacy to reach out to the organization; and I challenge you too. Go out and create an opportunity to take your passion and provide it direction. Health care surely has never needed your voice more.

Thank you again for both the opportunities I have been granted and the honor of this award. I am looking forward to another great year at Leadership Day.

PASSION AND ENTHUSIASM ONCE GIVEN DIRECTION CAN ACCOMPLISH GREAT FEATS

who are in this room today). This year has taught me that passion and enthusiasm once given direction can accomplish great feats.

It all began as a simple conversation with a congressman from our state during last year's Leadership Day. Representative Joe Courtney asked for some personal stories from our Connecticut delegation on how the Affordable Care Act (ACA) had affected our patients.

I had been fortunate enough to use the new Medicare wellness visits and develop personalized health maintenance recommendations with my patients. The new preventative visits afforded me the opportunity to convince several of my patients to have health screenings they were initially resistant to; anyone

Top Advocates from 2011

In addition to the Richard Neubauer Advocate for Internal Medicine Award, the College recognized additional Advocates who made exceptional efforts in support of ACP's advocacy program in 2011. During Leadership Day, these three individuals were recognized for their strong and consistent voices for Internal Medicine.

Emmett J. Doerr, Jr., MD, FACP - Atlanta, GA

Dr. Doerr began making a difference for patients and the future of Internal Medicine from his first days in advocacy. He has participated in Leadership Day since 2010 and quickly became an active leader for Georgia's delegation and a major advocacy force with Georgia's congressional delegation. In 2011, he made numerous contacts with his lawmakers both in Washington and in Georgia, particularly with Reps. Price (R-6th GA) and Barrow (D-12th GA). He has also been actively recruiting new Advocates and forming Georgia's legislative agenda as his chapter's new chair of its Health & Public Policy Committee.

N. H. Tucker, III, MD, FACP - Jacksonville, FL

In 2011, Dr. Tucker fostered and nurtured Florida's chapter Associates and helped engage them in Florida's strong grassroots advocacy program. He also held a chapter caucus session to educate Associates on policy issues and encouraged them to share their concerns regarding primary care. During 2011, he also made many legislative visits in DC, carrying ACP's message, spent many hours sending e-mails to Florida's members of Congress, as well as making phone calls. His persistence and leadership-by-example is one of the many reasons that he is Chair of the Florida's Legislative Committee and Advocacy programs.



Top Advocates for 2011: Emmett J. Doerr, Jr., MD, FACP, N. H. Tucker, III, MD, FACP, and Ross B. Vaughn, MD, FACP, with Thomas G. Tape, MD, FACP, Chair, Board of Governors.

Ross B. Vaughn, MD, FACP - Tuscaloosa, AL

Dr. Vaughn has attended numerous Leadership Days with the Alabama delegation and has led his chapter for the past few years. For example, he was Alabama's spokesperson with Sen. Sessions (R-AL) and has maintained a dialogue with him to this day. He has also encouraged and mentored Alabama's Associate members who have attended Leadership Day. Finally, he remains an informed Advocate and keeps chapter members informed about what is going on in Washington, DC, and how the chapter can and should get involved.

IN THE PRESS

Primary Care Docs a Good Source on Reform Law

Milwaukee Journal Sentinel

July 14, 2012

Richard E. Rieselbach, MD, MACP

Madison, WI

<http://www.jsonline.com/news/opinion/primary-care-docs-a-good-source-on-reform-law-gm62fsg-162418506.html>

The ACP Advocate Blog by Bob Doherty

<http://advocacyblog.acponline.org/>

From the Capitol to the Clinic: Taking Lessons from Leadership Day Back Home

by Preyanka Makadia, MS IV, Bensalem, PA

I expected ACP Leadership Day to be inspiring, empowering, and a way for me to share my thoughts on health reform with our lawmakers. The meeting with my Congressman this past June, however, exceeded all of my expectations. Not only was I able to advocate for patients and physicians, but I also discovered an incredible opportunity in my hometown of Bensalem, Pennsylvania.

As a constituent of the 8th district of Pennsylvania, I am represented by Congressman Michael Fitzpatrick. On Leadership Day, other members of the Pennsylvania delegation and I were able to speak to the Congressman directly about key ACP issues. Currently, I am a fourth-year medical student at Philadelphia College of Osteopathic Medicine, and am planning to pursue a career in primary care. I told Congressman Fitzpatrick about my passion for public health, community health, and working in underserved communities, and how important it was to expand federal health programs and Graduate Medical Education (GME) funding for primary care programs. The Congressman was thoughtful and listened—and then asked if I knew about the BCHIP clinic.

BCHIP, or the Bucks County Health Improvement Partnership, is the largest free clinic serving uninsured, low-income adults in Bucks County, PA. Founded in 1993 and located in Bensalem, PA, it is locally driven, and provides care to over 2,000 adults every year. I was immediately interested in learning more. And then, Congressman Fitzpatrick suggested that we visit the clinic together so I could get a closer look at community health in my own community.

Over the next few weeks, I arranged with the Congressman's district scheduler to tour the clinic with him and BCHIP's Executive Director, Sally Fabian, later in July. As I drove to the clinic that day, I couldn't believe how close to my home it was; I must have passed it dozens of times. A modest, four-room clinic, BCHIP is located near a major shopping center and operates out of space donated by the adjacent St. Mary's health system. I was eager to understand how a non-federally-funded clinic provides care.

Congressman Fitzpatrick arrived by himself and remembered me and my story. We chatted for a few minutes before Ms. Fabian greeted us and led us to the back. First, we met the staff—the social workers, nurse practitioner, and medical assistants.

The social worker described how a thorough intake interview is performed first to ensure a patient qualifies. In order to be seen at BCHIP, the patient must have an income below 200 percent of the poverty level, but not so low as to qualify for Medicaid. Thus, the average income for a BCHIP patient is approximately \$12,000 - \$22,000 annually. If the patient does not speak English, which is common since BCHIP serves a large immigrant population, interviews can be conducted via translator phone. I couldn't help but notice the shelves stuffed



Rep. Fitzpatrick (R-8th PA), BCHIP Executive Director, Sally Fabian, and Preyanka Makadia, MS IV

with manila folders behind the reception area. BCHIP still uses paper charts, but has been trying to transition to an electronic system. Lack of funding and IT infrastructure has made this a difficult process.

We took time listening to the staff discuss the many challenges they face at the clinic, especially with funding, staffing, and care coordination. To fund BCHIP, Ms. Fabian depends primarily on grants and donations—a funding stream that is not always the most reliable, and usually, not enough.

In the past year, the clinic saw 2,200 individual patients, although the demand is greater. Staffing and space, however, limit the prospect of seeing more patients. The one full-time nurse practitioner expressed regret in not being able to do more, but she is limited by her scope of practice. She relies on the help of volunteers and the few part-time physicians that can offer their services. I wondered how provisions of the Affordable Care Act might impact the clinic, but most of the staff expressed uncertainty about what the future holds.

Another major challenge the clinic faces is care coordination. Often, people with chronic diseases or other health problems wait too long before coming into the clinic. At that point, the nurse practitioner described it as “constantly trying to put out fires,” and she struggles with getting patients the care they need versus the care that they can afford. Referrals can also be an issue—the clinic can refer them to a specialist, but the patient would likely have to pay out-of-pocket for other services. For example, that morning, a Hispanic man with a hand fracture was following-up at BCHIP after being discharged from a nearby emergency room. If he needed to be referred to an orthopedic surgeon or physical therapy, he might not be able to afford it. If his hand does not recover properly, he might develop more significant problems and lose productivity down the road.

Despite these challenges, BCHIP is able to care for many individuals in the community. The clinic routinely provides preventive care, annual check-ups, and basic laboratory

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My ACP Policy Internship

by Athanasios "Nas" Manole, MS III, Albuquerque, NM

I spent the month of May at the Washington DC office of the American College of Physicians. I was honored to serve as its medical student intern for the year 2012. After meeting the DC office staff and witnessing the work they do, I was excited and proud to be part of an organization that works so hard for physicians and medical students alike.



Left: Rep. Carolyn McCarthy (D-4th NY), Nas Manole, MS, III, and Associate member policy intern Tiffany Groover, MD, Weymouth, MA. Above: Rep. Bill Cassidy, MD, FACP (R-7th LA), Dr. Groover and Nas.

I attended many events on and off Capitol Hill. During my visits with House and Senate members, I felt empowered when the members of Congress pointed me out in the crowd and chose to speak to me in the midst of high-powered executives. This also enlightened me to the fact that we as medical students and physicians have a strong voice. This is something that we must maximize to its fullest. We see inequalities in health care every day. We see the effects of limited access to care and chronic disease. Our patient stories have a tremendous power to transcend policy and politics. After all, what is more important than the health care of our nation?

We are part of a noble profession and it is our duty to safeguard the manner in which we practice. As physicians and physicians-to-be, we are in a particularly advantageous position to advocate for our patients and our peers. I have heard it said many times over that doctors are too busy to lobby for the improvement of the health care system. This is not true. You do not have to be in Washington to solicit change. With the current innovations in technology, advocating to your representatives has become as easy as ever. It is as simple as an e-mail, a patient's story, a few minutes out of our busy days

to share a story with one of our nation's leaders.

The American health care system is going through dynamic change. State, federal and medical organizations directly impact our patients and our medical education on a daily basis. The quality of patient care and medical education depends not only on competent physicians, but also rules, regulations and legislation that govern health care. As leaders in health care, we must advocate for our patients and our right to preserve the highest standards of medical education.

My experience as an intern at ACP was more rewarding than I could have ever imagined. I urge you all as medical students, residents, and physicians to stay involved with the policies that influence the way we practice and our patients' healthcare. A great way to do so is to sign up to be an ACP Advocate: www.acponline.org/advocacy/aimn/. Advocates e-mail, call and meet with their members of Congress on issues of importance to medical students, residents or practicing physicians. You will also receive e-mails updating you on emerging legislation on health policy. It's an easy way to stay involved!

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services for free. The clinic also has a Tobacco Control Program and connects patients to many other services, such as mental health care and other community support. I connected with the clinic to volunteer later in the year, and perhaps help them develop a greater Web presence.

Congressman Fitzpatrick and I spent nearly two hours at the BCHIP clinic together as a direct result of my participation in ACP's Leadership Day. As a physician or physician-in-training, I firmly believe that advocacy is powerful and necessary. We are on the front lines of health care delivery. We have

experienced firsthand the challenges of a fragmented health care system, and know the struggles of our patients. It is up to us to share these stories with our lawmakers, and be involved in the process of creating solutions. As a medical student, one can feel that his or her voice does not matter. Rather, I have found the opposite to be true. Students are the future of medicine, and people are interested in what we have to say. Getting involved as a student offers unique opportunities to potentially shape the system that we will be practicing in, and allows us to make a difference for our patients at another level.

Leadership Day 2012



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