From the Desk of the Governor

It is hard to believe one year of my term as Chapter Governor has already passed. It has been a great experience: debating resolutions at the Board of Governors’ meeting, advocating for our profession at the state level with the Connecticut State Medical Society and at the national level at ACP Leadership Day, and addressing issues of importance to our membership such as Maintenance of Certification, among other things. The next year promises even more: I have the opportunity to serve on two national committees (the Chapters Subcommittee, which focus on growth, development and effective operation of the chapters; the Postgraduate/Chapter Education Committee, which advises on ACP educational programs other than the annual meeting, and reviews the educational component of chapter and regional meetings). I am also looking forward to participating in the Quality Council for the State Innovation Model project – the state received a grant from the Center for Medicaid and Medicare Innovation (CMMI) to develop a State Healthcare Innovation Plan. The challenge is to design a model for healthcare delivery which incorporates value-based payment methodologies to be delivered to at least 80% of our population within five years. This plan must also promote the Triple Aim: better health while eliminating health disparities, improved healthcare quality and experience, and reduction of growth in healthcare costs. My fellow Governor’s Council members Keith vom Eigen (Equity and Access Committee) and Doug Olson (Practice Transformation Committee) are also participating, and past Governor and current BOR member Robert McLean has a leading role on the SIM Steering Committee. More to follow as we get further into the process.

Maintenance of Certification has obviously been a hot-button issue this year. It continues to be the major priority for the college leadership. If you haven’t already seen them, take a look at the email from EVP/CEO Steve Weinberger and also the Annals editorial in response to the statement by ABIM’s Richard Baron. As a chapter, we will aim to support you in the MOC process with assistance in completing SEP modules at our annual scientific meeting (and, if there is interest, in other settings) and a workshop on how to meet the practice

Annual ACP Connecticut Chapter Meeting

Naseema Merchant, MD, FACP
Committee Chair
We have another exciting program scheduled for the annual meeting on October 31, 2014 at the Aqua Turf Club in Plantsville, CT. Given the popularity of the format from the previous years, we will again have two simultaneous parallel tracks relevant to inpatient and outpatient medicine. Featured morning topics include Lipid Guideline Update, Dermatology for the Internist, Anticoagulant Management in the Perioperative Period, and Update on Community and Hospital Acquired Pneumonias. Our afternoon session includes two consecutive and interactive talks focusing on appropriate resource utilization for inpatient and outpatient care as part of promoting ABIM’s Choosing Wisely Campaign. We are especially excited to present a new afternoon session this year. This case based interactive workshop will be run by Yale residents and chief residents and involves students, residents and faculty, all working together in small groups to reach the clinical diagnosis using the least number of diagnostic tests. The day will conclude with our all-time popular sessions on Medical Challenge and review of an ABIM SEP module (earn credit for MOC!). This is a great event for education and networking and we hope to see you all there.

In This Issue
Council of Resident & Fellow Members ............... 2
Chapter Excellence Award............................ 2
Early Career Physician Council......................... 2
Council of Student Members............................. 3
Leadership Day 2014.................................................. 4
New Members.......................................................... 4
New Fellows........................................................... 4
Safe Opioid Prescribing in CT .......................... 5
CME Credit Using ACP Smart Medicine......... 5
High Value Care Cases’.............................................. 6
ACP Community Involvement.......................... 6
ACP Diversity Committee................................. 6
Legislative Update.................................................... 7
Save The Date.......................................................... 8

(Continued on Page 2)
Council of Resident and Fellow Members Update

Rebecca Andrews, MD, FACP

Happy spring to all the resident and fellow ACP members! We have recently returned from the national ACP meeting in sunny Orlando, FL. The University of CT categorical residency program Doctor’s Dilemma team competed with other teams from across the country. The made it to the sweet sixteen before being knocked out of the competition which is an excellent presentation of our CT residents; congratulations to them and I am already looking forward to next year. As mentioned, there are several challenges to these competitions. One is practicing with the same equipment as the national event. If possible, the state will borrow this for a short time. A second challenge has been lack of involvement of the greater academic community in creating question material. Currently, states are loading their questions into a national database to spread the burden of writing questions that have appropriate content and are well written.

Also in the state, there is a new Primary Care Education series being organized at CIPCI (the Connecticut Institute of Primary Care Innovation). The first event focused on depression, ADHD, and anxiety; it went well with a mixing of IM trainees from UConn and St. Mary’s. The next topic will probably be safe opioid prescribing: when, how, how long, and how to stop. We are aiming for a date in early June or late July.

Volunteering is often associated with providing medical care and as medical students we all performed some type of service. Because residency is filled with long hours, we have arranged a service day for resident, fellow, and early career physicians in Hartford on June 14th from 9am to 12pm. Please reach out to me, Douglas Olsen and Marilyn Katz (co-chairs of the Early Career Physician Council).

I am actively seeking names for mentors or internists that you know who have a unique type of medical career such as medical journalism, administration, policy writing, etc. I would like to get a panel of these unique individuals together for an event highlighting the breadth of options open to IM residents. Please reach out to me with any suggestions and in the meantime watch for blast messages on upcoming events.

Chapter Excellence Award

I am pleased to announce that our chapter is in receipt of the 2013 Chapter Excellence Award! The award recognizes chapters which successfully meet the standards for managing a chapter. In order to achieve the Chapter Excellence Award, chapters must meet all basic criteria and seven optional criteria. Criteria include such activities as formulating an effective Governor’s Council and committees, communicating frequently with membership, providing educational opportunities, recruiting and advancing members and celebrating membership through local awards. We would like to extend a special thanks to those chapter members who assisted me in all of these endeavors! For their hard work and dedication, we received this award.

Early Career Physician Council Update

Marilyn Katz, MD and Doug Olson, MD

The Early Career Physician Council has been busy in 2014! We held two social events – one in Hartford and one in New Haven earlier in the year to network and get ideas about future events. This was followed by a well-attended Introduction to MOC talk in Wallingford, presented by our Chapter governor, Dr. Rob Nardino. Due to the success and positive feedback of this event, we are strongly considering holding a second presentation in the fall for those who missed this event.

Looking forward...time to 1. Volunteer, 2. Lead and 3. Network and have fun!

1. Volunteer!!! There is an exciting, collaborative volunteer opportunity along with the residents and fellows members on June 14, 2014 from 9am-12noon at Auer Farm in Bloomfield. We will help provide farm-fresh fruits and vegetables to Connecticut residents who may have difficulty accessing proper nutrition. If you are interested in volunteering – please contact Doug Olson atolson. douglas@gmail.com.

2. Physician Leadership!!! Interested in honing your leadership skills, and learning how to improve them with other physicians here in CT and across the country? If you have interest in this or similar topics – such as strategic thinking, financial decision-making, managing physician performance, marketing, ethics, and more - please visit the website of the ACP Leadership Academy (http://www.acpe.org/portals/acp). We will plan events to improve ECP’s leadership skills in the upcoming year, and this will let you see what we are thinking. We welcome ideas and feedback!

3. Our next Happy Hours are scheduled for Sept 16th in Hartford and the 23rd in New Haven. Details about when and where will be forthcoming. Mark your calendars now!

From the Governor’s Desk

(Continued from Page 1)

One of my aims for my term as Chapter Governor is to promote participation and advancement in ACP. My goal is to help people advance to Fellowship. A relatively easy way to get involved with the chapter is to serve as a judge for the resident poster competition held at our annual scientific meeting (October 31, 2014 this year) - if you are interested, please contact our Executive Director, Nancy Sullivan, at ctacp@comcast.net. For a little more involvement, think about joining one of our committees: Health and Public Policy, Diversity, Membership, Chapter Meeting Planning, for example.

Finally, with the help of Kirsten Kirby, our chapter liaison from ACP, I started a blog this year to spread information about issues relevant to internal medicine; it has admittedly been a little slow, but I hope to keep expanding it. It is simple to subscribe (thanks to the 16 people who have done so already!). Please go to http://ctgovacp.wordpress.com and check it out. It would be great to create more discourse. Thank you for all of your support and have a great summer.
Hao Feng

Council of Student Members Update

As the sun sets in warm and sunny Orlando on the last day of ACP’s annual Internal Medicine meeting, my exit out of the Orange County Convention Center was bittersweet. It was hard to believe that my term as the Chair of the ACP Council of Student Members (CSM) has come to an end. The year has been a special one that I will remember and cherish for the rest of my life, and I simply did not want it to end.

Being Chair and working closely with 12 other medical student council representatives from across the country has been a real privilege. The level of excitement, wealth of innovative ideas, and palpable sense of teamwork and camaraderie within the Council was remarkable. The CSM was established specifically to serve the needs and represent the interests of medical students and communicate regularly through in-person meetings, webinars, and email. This year, we continued to fulfill our mission by staying in touch with our constituents, arming them with resources to be successful, voicing their opinions and needs on the national level, and providing them with the opportunity to be involved in advocacy. We also implemented new programs and changes to better enhance their experience and the resources available at their fingertips.

The CSM instituted an Internal Medicine Interest Group (IMIG) leader orientation webinar to provide newly elected leaders with information on best practices and ways that the ACP can help them. It was received with overwhelmingly positive feedback from attendees and will be offered again this summer. The popular and useful IMIG Resource Guide and ACP Chapter Resource Guide written by the CSM a few years back were both updated and revised to reflect new ideas and resources offered. Several changes were made at the annual Internal Medicine meeting in Orlando to improve and enhance the student experience. First, a new Student Welcome Center was set up in the convention center that offered student attendees a place to find resources, sign up for mentoring breakfast, obtain information on social events, meet CSM representatives, and learn more about the ACP and the CSM. Second, the format of “Stump the Professor” was modified to include both long clinical cases and short, image-based cases. Third, the format of the Student Mentoring Breakfast was modified to allow for increased facilitation between students and mentors. Fourth, social events were planned in the evening for students to interact with each other, have fun, and build friendships. The changes were effective and received well by the attendees.

These improvements could not have been possible without the collaborative work among council members. Our interactions were not merely professional in nature. I know the strong relationships and friendships that were built will continue to last a lifetime. These CSM representatives will help shape and lead medicine, and I hold them in high regard. The opportunity to lead, work with, and learn from these talented individuals and future leaders was extraordinary.

Another obligation and privilege of serving as the CSM Chair is to represent medical students on the Board of Regents (BOR), the main decision making body of the College. The BOR is filled with high character, passionate, forward-thinking, and innovative individuals who care deeply about the field and the practice of medicine. Sitting among the “giants” of the field on the BOR can be intimidating. Fortunately, despite their impressive pedigrees and accomplishments, my fellow Board members were extremely welcoming and took me under their wings. During Board meetings, I actively participated in rich discussions on a myriad of diverse topics including health policy, strategic planning, membership concerns, and innovative technologies. It became very apparent early on that the ACP and College leadership truly appreciated and actively sought the opinion of medical students.

As the sole medical student on the Board, I had the responsibility and obligation to represent my colleagues across the country. As you might imagine, it was not an easy task for several reasons. First, it was impossible for me to know the thoughts of every medical student member, so I relied on my CSM representatives to be the eyes and ears on the ground to know what the student members are thinking. Second, it was important for me not to introduce my own individual bias and perspectives into discussions and I tried to maintain my input as objective as possible. Third, the opinions and thoughts are not necessarily uniform among students. However, I felt it was important to communicate the diversity of perspectives as to not slight any student segment. Fourth, I needed to maintain a delicate balance of being a student advocate while fulfilling my fiduciary responsibility to the College. Although the interests of both parties align the majority of times, a broad perspective on ACP resources and strategic mission was important.

The College wants to serve its members, provide resources, and advance the profession. This was extremely evident in the quality of the discussions and questions posed, which were truly second to none, during the BOR meeting. Everyone at the table was devoted to making a difference and had very well thought out ideas. The fervent discussions would continue even during breaks and after the meetings in the form “side bar” conversations, which would often carry late into the evening. For me, it was a real privilege to contribute to the discussions, tap into the minds of internal medicine’s leaders, and learn from these role models.

Overall, I am beyond grateful for the opportunity to lead the CSM and to represent the student constituent as a voting member of the BOR. This opportunity would not have been possible without the support of many wonderful individuals on the ACP Connecticut Chapter Governor’s Council. I am especially grateful to Drs. Robert McLean, Robert Nardino, and Barry Wu for their support every step along the way. Although Connecticut is not the biggest or most populous state, we are extremely well represented on the national ACP leadership. I am confident that Dr. McLean and Dr. Ali Khan (Chair, Council of Residents and Fellows) will represent Connecticut well on the Board of Governors, as will Dr. Nardino and Dr. Rebecca Andrews (Chair-Elect, Council of Early Career Physicians) on the Board of Governors! We should be proud! Thanks again for all your support, participation, and idea over the years. Please continue to stay involved and let us work together to improve internal medicine and our profession.
Leadership Day 2014

On May 22, ACP conducted its annual visit to Washington DC to advocate for internal medicine on Capitol Hill. The CT Chapter delegation included Health and Public Policy Committee chair Keith vom Eigen, Early Career Physician Council co-chair Doug Olson, PGY1 Jackie Olsen (UConn), medical students Kayleigh Herrick-Reynolds (Yale), Neal Nolan (Yale), Fludi Naka (UConn), ACP health policy intern, Jorge Ramallo (Yale)and chapter governor Rob Nardino. Connecticut legislators are largely supportive of the main positions for which ACP is advocating, while acknowledging that the political climate may preclude movement on related legislation. We met with the health policy aides for all 5 Representatives and both Senators.

We were emphasizing the following 4 issues:
1) repeal SGR - you are probably aware that there was, for the first time, bipartisan and bicameral support for legislation that would do away with SGR, and at the 11th hour it was scrapped for yet another patch. It is unlikely to come up again for vote until after the election;
2) continuing the Medicaid pay parity provision that is due to expire at the end of 2014 - there is evidence that in CT this resulted in more physicians accepting Medicaid-covered patients, leading to better access. If it expires, states return to pre-ACA levels of reimbursement which in CT means 71 cents compared to the Medicare dollar;
3) GME/Workforce: improving GME funding - prevent the 2% cut to GME funding mandated by sequestration and protect IME (indirect medical education) adjustment dollars from cuts (as put forth in the president's budget), and introducing finance reform that would hold all payers accountable for GME funding; advocating for support of legislation that would increase training positions in primary care specialties, and emphasizing the need to continue successful programs like the National Health Service Corps and the Training in Primary Care Medicine grants;
4) address liability reform by supporting HR 4106, “Saving Lives, Saving Costs Act”, which would provide safe harbor protections from medical liability lawsuits if physicians document adherence to clinical practice guidelines; also, enacting legislation for a pilot of health courts (see http://www.acponline.org/advocacy/where_we_stand/medical_liability_reform/ for more information on liability reform).

All-in-all, it was a good experience, especially for our younger colleagues. If you think you might be interested in attending Leadership Day 2015, let me know (rnardinoacp@comcast.net).

Welcome to New Members!

Congratulations to those Connecticut physicians who joined ACP in the past 6 months:

Joshua Croen, MD – Avon
Racquel David, MD – Branford
Joseph Donroe, MD – Hamden
Daphne Elaine Evans, MD – Hamden
Anita Kelsey, MD – Simsbury
Rafael Yitzhak Lefkowitz, MD – New Haven
David J. Lobo, MD – Bridgeport
Neha Malik – Stamford
John J. Nelson – Stonington
Maura Sparks, MD – Wilton
Collins Adu Brako Tabiri – North Haven

Welcome to New Fellows!

Congratulations to those Connecticut physicians elected to ACP Fellowship in the past 6 months:

Patrick Asiedu, MD FACP – New Haven
Alfred Bircaj, MD FACP – Stamford
Jonathan S. Bogan, MD FACP – Madison
Kerstin E. Calla, MD FACP – Madison
Rina L. Garcia, MD FACP – Middletown
Seonaid Hay, MD FACP – Madison
Stephen R. Holt, MD FACP – Cheshire
Manisha Juthani-Mehta, MD FACP – Southport
Kristine M. Lisi, MD FACP – Monroe
Ellen O. Nestler, MD FACP – Hartford
Emily A. Nolfo, MD FACP – Branford
Sina Raissi, MD FACP – Middlebury
Christopher B. Sankey, MD FACP – New Haven
Peruvamba R. Venkatesh, MD FACP – Hartford
Benjamin Yeboah, MD FACP – Cheshire
**Safe Opioid Prescribing in Connecticut**

*Daniel G. Tobin, MD, FACP*

In Connecticut, as in many other states throughout the country, more people die each year as a result of unintentional drug overdoses than motor vehicle accidents. According to Connecticut’s Department of Public Health statistics, in the 12 year period from 1998-2010 a yearly average of 272 people ages 20-64 died in Connecticut due to unintentional overdose, while the average number of deaths due to motor vehicle accidents in that same period was 201. These statistics highlight the epidemic of opioid misuse in our state and Connecticut physicians can no longer ignore the need to get involved.

On the other hand, chronic pain is common and epidemiologic studies show that more people suffer from chronic pain syndromes than from heart disease, diabetes, and cancer combined at a cost of up to $635 billion each year. Furthermore, there is a paucity of access to pain specialists so primary care providers take on the majority of pain management. Unfortunately, very few physicians have any formal training in the management of chronic pain and many under-prescribe because they fear falling victim to a scam that leads to the diversion or misuse of controlled substances. Many also fear legal consequences or action by medical boards. As a result, people still suffer from undertreated chronic pain.

At first glance, these two problems may seem to suggest the need for contradictory interventions, but the answer is far more nuanced. Categorically refusing to prescribe opioids or severely restricting opioid therapy for patients in severe pain is shortsighted and arguably unethical. Similarly, being a “loose” prescriber in the spirit of reducing suffering may be well-intended but equally problematic. So what is Connecticut, and we as its providers, to do?

The first step, as with nearly all challenges in Internal Medicine, is the acquisition of knowledge and skills to allow for safe prescribing. To this end much is going on throughout the state. For example, in March the Connecticut State Medical Society (CSMS) and the Connecticut Pain Society hosted a roundtable conference entitled “Effective Regulation of Controlled Substances: Balancing Patient Care & Public Safety” that was excellently done. In the near future (probably in November) I will be helping to implement an even more robust half-day course entitled the “Safe and Competent Opioid Prescribing Education (SCOPE) Course” developed at Boston University under the leadership of Dr. Dan Alford (www.scopeofpain.com). This course will offer extensive and state-specific teaching relating to the safe use of chronic opioid therapy; more on this to come! ACP members have been opinion leaders in this field and we need to continue that trend.

Second, Connecticut law is slowly catching up to the need for more aggressive risk-management and we need to educate ourselves about the changing requirements. For example, did you know that on June 21, 2013, Connecticut Public Act 13-172 was signed into law requiring that all prescribers in possession of a Connecticut Controlled Substance Practitioner (CSP) registration issued by the State of Connecticut, Department of Consumer Protection, must now register as a user with the Connecticut Prescription Monitoring and Reporting System (CPMRS)? If you haven’t done so yet you must immediately; go to www.ctpmp.com to register. This fantastic system allows you to search for all controlled substances dispensed to patients from anywhere within Connecticut (and multiple other states) and provides detailed information about the prescription and the prescriber. In my opinion this is a great first step and the Connecticut Department of Consumer Protection should be proud of this accomplishment; but there is far more to be done. The data collected can be used to identify providers who grossly under or over-prescribe relative to their same-specialty peers, and required registration doesn’t do much good if nobody actually uses the program; I suspect mandated use may not be far behind.

There are other areas where Connecticut law is sorely lacking or progressing lethargically. For example, did you know that as of today Connecticut first responders are not allowed to carry and administer Narcan (naloxone) to victims of drug overdose? In fact, until 2012 licensed physicians in CT couldn’t prescribe it either. Legislation was finally signed into law by the Governor on May 28, 2014 to provide protection from legal liability for first responders who administer the drug, but that will not go into effect until October 1, 2014. Narcan will certainly not prevent opioid misuse or abuse, but it will absolutely save lives as we struggle to implement other policies that might promote prevention. Connecticut seems to finally be getting that message. Along with periodic “Drug Take-Back” collection days and medication “Drop-Box” programs to allow for the safe disposal of unused medication, our state is finally moving in the right direction.

To its great credit, Connecticut has recruited a champion for the safe and responsible prescription of chronic opioid therapy in its DPH Commissioner, Dr. Jewel Mullen. Along with other public health officials, Dr. Mullen has moved the discussion forward and partnered with other states to review best practices. Dr. Mullen recruited me as a physician member of a task force working with the Association of State and Territorial Public Health Officials (ASTHO), as well as leaders from the Connecticut AIDS Resource Coalition and the Governor’s Prevention Partnership. I have been endlessly impressed by the commitment these opinion leaders have demonstrated. The safe and rational use of opioid therapy among prescribers is not impossible with education and a commitment to patient safety.

It’s time for Connecticut physicians, and the ACP in particular, to lead the charge. Will you join me?

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**Did you know?**

You can get CME credit for time spent using ACP Smart Medicine. The only clinical decision support tool developed by a professional society, ACP Smart Medicine provides original content specifically developed for internal medicine. Smart Medicine automatically tracks which modules you read; you can claim free CME by answering a short 2 question evaluation for each module. And it is free for ACP Members! Start today at: [http://www.acponline.org/clinical_information/smart_medicine/](http://www.acponline.org/clinical_information/smart_medicine/)
ACP Launches 'Online High Value Care Cases'

In case you missed it, a series of free online cases and questions addressing high-value care is available to help clinicians weigh the benefits, harms, and costs of tests and treatment options for common conditions in order to improve health and eliminate waste.

Each topic can be completed in 30 to 60 minutes on a desktop, laptop, tablet or smartphone. These interactive cases offer clinicians the opportunity to earn free CME credits and ABIM Medical Knowledge (MOC) points.

The five topics are:
- Avoid Unnecessary Testing
- Use Emergency and Hospital Level Care Judiciously
- Improve Outcomes with Health Promotion and Disease Prevention
- Prescribe Medications Safely and Cost Effectively
- Overcome Barriers to High Value Care

To learn more about ACP’s High Value Care initiative and access other helpful and free materials, visit the website.

ACP Involved in the Community

On Saturday June 14, the collaborative efforts of three ACP committees: the Early Career Physicians, Residents and Fellows, and Diversity Committees - combined forces to volunteer working for a day at Auer Farm in Bloomfield, CT. Auer Farm is one of several sites that provides food to the Connecticut Foodshare (www.foodshare.org) to feed those with barriers to obtaining fresh, healthy food. A group of over a dozen people [with families!] worked in the garden planting vegetables, weeding, mowing lawns, and even spending some time with the farm animals that are there. All in all, a successful event...with another volunteer event being planned for everyone!

ACP Diversity Committee

Naseema Merchant, MD, FACP
Committee Chair

The diversity committee is charged with education of its members on the subject of diversity in health care, health care delivery, understanding the issues of and advocating for physicians with diverse backgrounds, providing mentorship for advancement to fellowship with the ACP and promoting events to support these ideas for all its members. The Diversity committee is looking for new members. The commitment is very limited and almost all committee work is being been done via emails and conference calls. Interested members please contact Naseema B Merchant, MD at Naseema.merchant@yale.edu.
Legislative Update
Keith von Eigen, MD, FACP
Health and Public Policy Committee Chair

As usual, there are several health policy issues at both the state and national levels that are of interest to ACP and its members.

State Level Issues
The state legislature has completed its session. The governor has signed some significant bills:

- APRN Independent Practice – This issue came up again after multiple failed attempts by the Nurse Practitioner organization to get approval for practice independent from physician supervision. ACP, CSMS and other physician groups opposed this legislation, as they have in the past. ACP policy favors APRN participation in physician led team based care, rather than independent practice, which could affect patient access to physician expertise. It is unclear whether NP independent practice will increase access to primary care or help keep costs down. One possible outcome is excessive referral to specialists, and further reductions in physician availability for primary care. The impact of this bill remains to be seen, but we should continue to track this.

- For-Profit Hospital Ownership – Previously state law did not allow for-profit hospitals to employ physicians which has hindered major for-profit hospital purchases in the state so far. The legislature passed and the governor signed legislation that would make these conversions easier. At this point, Sharon Hospital is the only for-profit hospital in the state, however there are several proposed for-profit conversions. Tenet is moving ahead with plans to purchase Waterbury and Bristol Hospitals, as well as Eastern Connecticut Health Network (Manchester and Rockville Hospitals). Tenet and Yale made an agreement for Yale to provide physician services to ECHN. A public meeting has been announced regarding the ECHN purchase.

State SIM Grant – Connecticut has submitted its State Innovation Model grant proposal, which could provide approximately $50 million in funding for transformation of the health delivery system in Connecticut. Currently the steering committee is putting together an implementation grant request. Dr. McLean is serving on the steering committee for the proposal development, and several other ACP members are serving on other advisory committees. CSMS is coordinating physician members on these committees. There was a meeting earlier this evening of the steering committee at which they discussed several issues of interest to us. One issue of direct interest is the standard for designation of Medical Homes under state programs, and the conversion of practices to the PCMH model of care.

There have been ongoing services cuts around the state. St. Francis has been cutting various primary care services. IOL is eliminating its Schizophrenia program. Hartford Health is cutting 350 positions around the state. These staffing cuts are generally explained as efforts to control costs while maintaining services, however they may have effects on access to care, especially for low income, vulnerable populations. With ongoing consolidation there are threats to access as hospitals and systems focus on high profit services and markets consolidate. We need to keep an eye on this. Members can contact me if they are aware of other potential access issues that arise.

ACA implementation – Several of the Exchange plans have asked for rate increases next year, while one has proposed a decrease (Healthy CT). The OHA has asked for public hearings on the issue. There was a recent data breach from Access Health CT, but it appears accidental and low impact. They are making changes to prevent further breaches.

National Issues
At the national level, there are several health policy issues of ongoing interest, although partisan gridlock and budget constraints continue to dominate the political process in Congress. We had a successful Leadership Day on 5/22/14, with several students accompanying our group in meetings with Congressional staffers. The key issues we discussed include:

- Medicare Payment/SGR Issue – The SGR was pushed out again to the end of the year (after the election) ACP and other groups advocating for elimination of the SGR are hopeful that it may finally be possible this year. The budget cost is projected to be lower than in previous years, and the involved committees have been able to work towards legislation needed to replace the SGR with an alternative payment plan. However, there has been no agreement on budget offsets that will be needed to eliminate the SGR. So even if there is bipartisan agreement to eliminate the SGR, it may be put off yet again. ACP favors elimination of the SGR and transition to a new payment system that will reward high value care.

- ACA implementation – The ACA (“Obamacare”) is still drawing opposition from Republican legislators despite ongoing implementation. After initial problems with enrollment websites, especially on the federally run exchange, enrollment has been picking up. Implementation of the Connecticut exchange has been relatively smooth. Lack of Medicaid expansion in some states (mainly Republican controlled) will be one of the significant factors hindering more universal insurance coverage. There are continuing legal challenges, and future political campaigns are likely to raise it as a major issue. A shift to Republican control of Congress or the Presidency may pose a threat to ongoing implementation. Going forward, the cost of policies on the exchanges and in the private market may determine whether this program can provide sustainable near-universal health insurance coverage. ACP favors extension of the Medicaid pay parity for primary care services through at least 2016.

- GME Funding – Graduate Medical Education funding may become a more contentious issue this year. The President’s recently released budget proposes additional funding for primary care residency slots and other primary care training programs, with some funding being shifted from current hospital based GME funding. Physician groups, such as AAFP and ACP have come out in support of the increased funding for primary care training, and better alignment of GME funding with workforce needs. However ACP and other organizations such as AAMC and hospital associations are opposing cuts to hospital based training programs. Although it is unlikely that the divided Congress will pass the President’s proposal as it is, GME funding may be subject to other legislative action going forward.

- Medical Liability Reform – The current medical liability system is failing to meet its goal of compensating patients when they are injured due to negligent care, and reducing the need for compensation by incentivizing physicians and systems to provide better care. Although medical liability systems are controlled at the state level, ACP supports national legislation to provide funding to states to implement and test alternative strategies such as Health Courts, and to promote Safe Harbor laws that protect physicians who can document that they are following guidelines in providing care. In Connecticut, ACP is working with CSMS and other organizations to promote patient safety measures and a more effective system for compensating injured patients.
SAVE THE DATE!!!

ANNUAL ACP CT CHAPTER MEETING

Enhance your clinical knowledge and skills
Earn CME credit
Network with colleagues

Aqua Turf Club – Southington, CT
Friday, October 31, 2014
7:00 AM to 4:00 PM

For more information: Nancy Sullivan
Phone: (860) 349-8995 • E-mail: ctacp@comcast.net

To learn more about the chapter, please visit the chapter web site:
http://www.acponline.org/about_acp/chapters/ct/news_meet.htm