Dear ACP Member,

1. **MOC Changes**

The national ACP office has been working with the ABIM to make the program more “user-friendly” as well as improve the program and process. On July 28th, the ABIM confirmed to the ACP the following additional changes to the MOC:

**Secure exam.**

- ABIM’s Board agreed to create a year “grace period” for those who have attempted but failed to pass the MOC exam. A diplomat who takes an exam before his/her examination is due and fails will get an additional year to pass before being reported as “Not Certified” or “Not Meeting MOC Requirements” (assuming all other MOC requirements are met).

- First-time MOC retake fees (for physicians who have failed the secure examination) will be reduced from $775 to $400 beginning in 2015.

- ABIM will charter a committee and explore options for offering psychometrically rigorous and clinically relevant modular exams.
Governor’s Greetings
(Continued)

The “Patient Survey” requirement will be changed to a “Patient Voice” requirement (Part 4).

- There will be at least 4 different pathways to meet this requirement and they will be rolled out before the 2018 deadline for meeting the requirement. Surveys will be one option to meet this requirement. There will be other options which will not require physicians to share any data survey information with ABIM.

- These pathways will also support retroactive credit, so an approved activity completed between 2014 and 2018 will meet the requirement.

- ABIM’s new specialty boards (there is a “specialty board” for internal medicine and for each of the subspecialties of internal medicine) will begin to address the question of what are the appropriate patient voice options in each discipline and practice type. The boards are charged with acting as a liaison with the medical societies in their clinical domains.

- ABIM created a committee to discuss the issue of reporting “clinically inactive” status publicly and modifying or eliminating practice assessment (Part 4) requirements for physicians who are no longer clinically active.

Certification options.

- ABIM will charge each specialty board with addressing the question of whether underlying certifications are required in each tertiary specialty (e.g., Interventional Cardiology; Transplant Hepatology) and conjoint boards (e.g., Hospice and Palliative Medicine); decisions are expected by 2015 for the boards which ABIM administers.

- A newly formed ABIM committee will examine expanding MOC options for clinically inactive (and less clinically active) physicians, including researchers, academics, and administrators.

Clarification: Maintenance of Licensure. ABIM clarified that it does not believe that MOC should be required for Maintenance of Licensure, but it does believe that a physician who chooses to engage in MOC should be exempted from any additional MOL requirements.
Governor’s Greetings
(Continued)

2. Kansas Chapter Annual Meeting

Our annual chapter meeting will be held Thursday, October 2, and Friday October 3rd at the Hotel Sorella (newest hotel on the Country Club Plaza). Check on the brochure on the Kansas ACP website - http://www.acponline.org/about_acp/chapters/ks/news_meet.htm

The agenda is interesting and diverse with a number of special speakers. We are pleased to have Dr. Robert McLean, Regent who will share a number of topics. Friday morning at 11:00, Mr. Bob Doherty, Senior Vice-President for Governmental Affairs and one of the most knowledgeable persons in Washington on current health policy, will present an excellent, informative session.

We will also present the Critical Care SEP module for MOC Friday afternoon. We also encourage any member contemplating applying for fellowship advancement to attend. We can assist those seeking Fellowship by acting as seconders to their application. Many of you can qualify for ACP Fellowship!

3. New Kansas Chapter Governor-Designate

I am pleased to inform you that Isaac Opole, MD, PhD, FACP will serve as our Governor-Designate this year, Governor-Elect next year and then Governor of the Kansas Chapter. Congratulations to Isaac! He is currently an Associate Professor of Medicine in the General Internal Medicine Division at KU. He is extensively involved in education of all learners, especially medical students and residents. Please extend your welcome to him.

Message from Governor-Designate
Isaac Opole, M.D. PhD, FACP

It was a pleasant surprise to learn that the Kansas Governors’ Advisory Council and the Board of Governors had provisionally approved my nomination to Governor-Elect for our chapter. I am humbled and greatly honored by the opportunity to serve in the footsteps of great Kansans, including Drs. Max Allen and Gerry Kerby. I am also relieved that we have a deep bench of previous Governors who have also been my mentors, such as Donna Sweet, Garold Minns and Sue Pingleton. This is a time of seismic changes in healthcare nationwide, and physicians need to be at the forefront of these changes, while also engineering the changes to the benefit of our patients. Locally, we face significant challenges in caring for a dispersed population with limited resources. Our chapter needs a strong voice to advocate for the best quality of care for our patients, and I hope to add to that voice during my tenure as Governor. I am excited and eager to get going, but will rely on the counsel of my predecessors as I learn the ropes over the next year. I look forward to meeting and working closely with all of our members to strengthen our chapter.
This year the Kansas Delegation to Leadership Day in Washington D.C. was comprised of Dr. Donna Sweet, Dr. Diego Lim, and myself. We represented academic medicine from a faculty and resident perspective, traditional practice and both rural and urban practices. We visited with staff in the offices of Senator Moran, Senator Roberts, Rep. Jenkins, Rep. Huelskamp, Rep. Pompeo and Rep. Yoeder. We shared with them ACP’s four key priorities for this year.

The first, and top priority, is repealing the Sustained Growth Rate (SGR). There have been 17 patches to this system since it’s inception in 1997. The Spring congress was closer than ever on repealing the system with a bipartisan, bicameral agreement reached among chairs and ranking members of the Medicare Committees and finding a fix for the payment model. However, the challenge comes in how this will be funded. It is believed that in the lame duck session if progress can be made in the budget, with enough focus and support, a full repeal could occur. The second issue was extending expiring Medicaid payment policy for primary care services that is to go into effect 1/1/2015. Currently, the Medicaid Pay Comparability program will expire at the end of the year, but there has not been adequate time to explore if the improved reimbursement has actually improved access to care for Medicaid recipients. The third ACP priority is preserving funding for GME and increasing the number of GME training positions (especially in primary care specialties) in order to address physician workforce shortages. We urged congress to consider introducing legislation to support GME financing reform through transparency but also requiring that all payers, not just Medicare, contribute to GME funding. Finally, enacting bipartisan medicaid liability or “Safe Harbor” legislation and initiating a pilot program on health courts is an ACP legislative priority.

This was my first experience at Leadership Day and it was both rewarding and informative. I am not one to follow political topics or legislative priorities as much as some, but felt that each of the priorities applied personally in some fashion to my traditional, private practice. Experiencing the “process” of how lawmaking occurs was educational and a reminder that each time Mr. Doherty comes to our Scientific Chapter meeting to talk he is not just talking about business in our capitol that is miles away, but issues that relate to my care of patients and the business of my practice each day.
Donations Appreciated  
Kris Rahm, Executive Director

**DID YOU KNOW.....** That through the generosity of several members donations have been a terrific boost to the annual budget over the years. Given the limited number of revenue sources (primarily dues and annual meeting earnings) operating expenses can be significantly defrayed by such charitable, tax-deductible gifts.

Please consider such a gift. It can be made with registration for the chapter meeting, on National ACP dues statements, or at anytime through the year. We guarantee it will be used with great care as we manage the budget as carefully and as conservatively as we think our members would expect.

**And here is one other idea** – if anyone has airline frequent flyer miles in abundance, and would be willing to “gift” a ticket to our chapter, this could be used to cover costs for students, residents, or early-career physicians traveling to Leadership Day next May. Simply let me know (at krisrahm@me.com or 605-339-9804) if you would be in a position to provide such a gift.

**Smart Medicine**

Smart Medicine, a point of care resource developed by ACP, based off a platform from DynaMed, is free to all ACP members. Since then additional revisions have been made, and this process of revision and improvement will be ongoing for some time. The ultimate goal is to provide a resource as useful, or of even greater ease of use, than popular (expensive) products such as Up-To-Date. This would then be a terrific benefit to ACP membership.

Please check it out through links at:  [http://www.acponline.org/clinical_information/smart_medicine/](http://www.acponline.org/clinical_information/smart_medicine/). Once again, comments for improvement in both content and style are welcome.
MEET YOUR KANSAS CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS EARLY CAREER PHYSICIANS COUNCIL MEMBERS

**Sam Antonios MD, FACP, Chair KS ACP Early Career Physicians Council**, is a hospitalist at Via Christi Health in Wichita. He also serves as senior administrator for Medical Information. Areas of interest/expertise include:

- Hospital Medicine, particularly Cardiology
- Clinical Documentation and ICD-10
- ARRA and Meaningful Use
- Medicare and CMS Compliance

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**David Becker, MD**, is a general internist specializing in inpatient care at the University of Kansas Hospital in Kansas City. He is active in medical student education as an Internal Medicine assistant student clerkship director as well as involvement with several School of Medicine committees. Outside of medicine, Dave is family focused and maybe too heavily invested in all things Jayhawk.

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**Segen Chase, MD, FACP**, is a general internist in a traditional practice in Manhattan, KS. She is Chief of Staff for Mercy Regional Health Center and a founding member of the KS ACP Early Career Physicians. She has interest in women's health, hospice and palliative care, work/life balance, and fostering ACP involvement and career support at the early career physician level.

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**Bassem Chehab, MD**,

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Alana Longwell, DO is a general internist with Cotton O’Neil practicing outpatient and inpatient medicine in Emporia. She serves as chair of the Utilization Review Committee at Newman Regional Health. She has recently started a clinic managing obesity. Areas of interest include:
- Women’s Health
- End of Life Care
- Access to care issues
- Obesity Management
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Jennifer Jackson is the Associate Program Director for Internal Medicine at KU in Wichita. She splits time between hospital ward service and the outpatient resident clinic. She is the CEO of Sunflower Partners in Health LLC working with Harry Hynes Hospice and as the medical director for Via Christi Hospitals transitional care programs, pulmonary rehabilitation and heart failure disease management program. Jennifer and her family recently started a small agricultural business raising grass fed beef, free range chicken eggs and honey.
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Gilbert-Roy Kamoga MD, FACP is an internist in a hospital based traditional internal medicine practice in Hays. Areas of interest include:
- Health care access
- High value cost effective care
- Medical education/proctoring
  - Chronic disease management
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Johanna McCullagh, MD, is a nephrologist at the Nephrology Center of Western Kansas in Hays, Kansas, and is medical director of the acute dialysis program at Hays Medical Center. Areas of interest include:
- Polycystic kidney disease
- Geriatric nephrology and hypertension
- Home renal replacement therapy, and palliative care
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Ky Stoltzfus, MD, is an Assistant Professor of Internal Medicine at the University of Kansas School of Medicine. He is the medical director for the Patient Blood Management program and the chair of the Blood Utilization Committee at the University of Kansas Medical Center. Dr. Stoltzfus practices primarily as an Internal Medicine hospitalist.
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Kansas 2014 Annual Scientific Meeting
Kansas City, MO
October 2-3, 2014

Details:
http://www.acponline.org/about_acp/chapters/ks/news_meet.htm

Critical Care
SEP Module for
ABIM Maintenance
of Certification

This education activity has been designated for 7.75 CME credits.