



# Michigan Chapter

## SPRING/SUMMER 2018 CHAPTER NEWSLETTER



**MARTHA GRAY, MD, FACP**  
**GOVERNOR, MICHIGAN CHAPTER**  
**2018-2022**

Dear Colleagues,

Happy Summer Days from your ACP Michigan Chapter! We are past summer solstice and now it is time to enjoy yourselves. I am also relaxing but would like to share a few updates:

Please read our new “Relevant Resolutions” posting regarding our 3 new Chapter Resolutions to be discussed at this Fall’s Board of Governor’s Meeting in Seattle. Our Governor’s Council reviewed these resolutions and they support new efforts in office patient care and reimbursement for the Tdap vaccine which, strangely enough, is currently not a covered benefit under Medicare. A first glance at our fall resolutions shows exciting changes in primary care since many of them will push National ACP to do more to promote and protect the office based clinician in areas of reimbursement, representation and ‘paperwork’ burden.

Congratulations and thank you to our Leadership Day team of physicians: Drs . Ryan Bean MD, Jayne Courts MD FACP, William Dillon DO, Michael Kern MD, FACP, Marina Maraskine MD and our students; Jessica Misich and Tyler Trahan who had just graduated! We met in May 22-23, in Washington DC, to lobby for our patients with more than 12 Michigan legislators leaving behind our ACP talking points including: Opiate crisis intervention solutions and reducing pharmaceutical pricing for patients. Other topics discussed were stabilizing the insurance market, reducing unnecessary administrative burden on physicians and patients, reducing firearms, and making graduate medical education funding more effective. If you are interested in joining our Leadership Day in May 2019 please let me know. Our new Health and Public Policy Chapter Committee will be in charge of organizing our next group for Leadership Day. If you are new and interested in speaking out on behalf of your patients please consider joining the group. Your expenses are covered completely so it is a fun way to see DC and represent your ACP College.

Trends in career plans for Internal Medicine Residents continue to dwindle down to 19% nationally in 2017 for general internal medicine practice while 62% of medicine residents chose a subspecialty and 16% chose Hospitalist Medicine. The ACP College is looking at why this trend continues downward and just like our multiple comorbidity patients there are many factors causing this change from 54% of medicine residents in 1998 choosing general internal medicine now

down to 19%. Without more medical students choosing general Internal Medicine we will not have enough physicians to care for future patients. Our ACP College continues to look at this problem and our fall resolutions reflect ideas for needed change. Control over practice and clinical medicine with less nonclinical burden is mandatory including more reimbursement for cognitive services which has stayed too low for too long. Furthermore, many medical students never see happy office-based internists who are nonvisible in today's medical school clinical rotations so apprenticeship is lacking and debt is too high for medical students to consider a general internal medicine career. Nurses and Physician Assistants may attempt to help buffer this problem though they are not equal to the task of complex disease management in challenging adult patients.

All internal medicine physicians need to support each other in this need for increased revenue for cognitive reimbursement. More voices are underscoring the need for higher esteem for the office clinician who knows the patient best and can avoid expensive high utilization efforts that may not add much value to a patient's outcome despite the attractive technology and the financial lure of 'a la carte' medicine. Some patients are demanding and fearful and feel better if tests are done, no matter the cost or outcome. We need to be gentle though firm while communicating clearly and while watching liability risk. Who said our job was easy! Hard work pays off when your patient tells you 'thank you, you helped and stood with me all the way.' That is why we work so hard for our patients.

All of these concerns sound dire but the good news is that we are a strong group of 150,000 internal medicine members nationally, including 5000 in the Michigan Chapter, and we can find solutions to these problems if there is a will and a group voice. National ACP exists for us as individuals and as chapter members to proactively work together on behalf of our patients. Therefore, it is for our patients that we focus on answers that will work for all internists. Please offer me any ideas you have and get involved in your communities and here at our Michigan Chapter where we have openings on committees that will fit your passion for your patients.

I look forward to hearing from you. Relax and enjoy your summer!

Kindest regards,

**MARTHA GRAY**

Martha Gray, MD, FACP

Governor, Michigan Chapter

American College of Physicians

## UPCOMING MEETING EVENTS

<b>Abstract Submission Open for Residents and Medical Students for MI ACP Annual Fall Scientific Meeting 2018</b>	<b>Abstract Submission closes on Sunday, July 14, 2018 at 5:00 PM</b>
<b>Registration Open for the MI ACP Annual Fall Scientific Meeting 2018</b>	<b>Monday, July 30, 2018</b>
<b>ACP Board of Governors Meeting – Seattle, WA</b>	<b>September 27-29, 2018</b>
<b>MI ACP Annual Fall Scientific Meeting Grand Traverse Resort, Acme, MI</b>	<b>Saturday, October 13 – Monday, October 15, 2018</b>
<b>ACP Board of Governors Meeting Philadelphia, PA</b>	<b>April 9-10, 2019</b>
<b>IM 2019 National Meeting Philadelphia, PA</b>	<b>April 11-13, 2019</b>
<b>Residents Day/Medical Student Day 2019, Wyndham Gardens Sterling Inn</b>	<b>May 3, 2019</b>

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# RELEVANT RESOLUTIONS

## OUR CHAPTER WORKING FOR YOU!

### ACP ADVOCACY

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In this new posting I will share our Chapter's work on new resolutions that we craft and send to National ACP Board of Governors. Resolutions are reviewed, voted on, rereviewed by the Board of Regents and, if acted upon, go forward into ACP policy or turn into lobbying points for changes in law at the federal level. ACP also works with the AMA and state societies to promote changes on behalf of internists and our patients. This is advocacy and it is hard work transforming an idea into policy.

This year our Chapter sent 3 resolutions:

1. Reimbursing Tetanus Vaccinations for Better Patient Care
2. Paying for Physician Performance Rather than Patient Performance
3. Improving Cognitive Reimbursement for Cognitive Services

The first resolution is obvious. Currently CMS does not reimburse for either the vaccine (TDAP or TD) or the administrative fee. This is odd since many of the payors measure a check list of vaccines and reimburse physicians under 'pay for performance' criteria regarding the success of immunizing patients. Though the vaccine is not too costly some patients cannot afford even the administrative fee which is on average \$31.00. It seems realistic to expect full coverage of safe effective vaccines and ACP in the past has set this as policy though it has never been implemented. Time to restate the obvious to CMS.

The second resolution came out of my frustration that no matter how hard I try to make a difference, patients are free to choose the path they wish, so why do I need to lose if my patient refuses to comply with a well communicated educated clinical recommendation. It is easier to track a billing claim for a test than it is a recommendation for a test within the EHR/medical record, thus payors chose to measure a simpler tracking method (a claim) and not to measure what advice the physician gave to the patient (non-structured data in an EHR). Since the physician has less control over a patient's behavior and can feel frustrated by a patient's lack of cooperation, now the frustration gets personal; meaning the physician loses income if a patient does not comply or does not get their blood pressure down or their LDL cholesterol lower or their A1C < 8%. I thank Jayne Courts, MD, FACP, who did all the word smithing on this resolution. She teased out the detailed work in this resolution to show how we first work with each patient as much as possible to obtain compliance with clinical recommendations. We need to support patients and their rights to choose wrongly if they wish, as long as we have done our best to communicate the goal of care.

The third resolution relates to underpayment for cognitive services in the internist office. No matter how long I spend with a complex patient most CPT coding will not be higher than 99214 (receipt \$110.00 average from all payors). Due to increased demand on clinicians and the number of patient questions, complexity, disease management, telephone feedback, testing oversight, communication, review of consultations, pharmacy interaction and medical record charting time and detail, this reimbursement is impossibly low. Therefore, I have proposed that either reimbursement goes up or I do less at point of service for each patient. No one is attempting to abandon any need for patient care but the list of 'to dos' with each patient, especially my elderly, complex patients, is too complex for this low reimbursement.

Our new Health and Public Policy Committee will be meeting this summer and the fall resolutions will be reviewed and also new ones formatted for the spring 2019 Board of Governors Meeting. The process for resolution development, research, and review by ACP national staff is bulky and time consuming so a subcommittee of our Health and Public Policy can do some of the crafting of new resolutions. If you have ideas or problems you want to turn into a resolution please forward your ideas to me. We will have time at our Fall Chapter meeting during our annual Advocacy session to discuss the resolution process and help internists find solutions to today problems.

Please put our Fall Chapter meeting In Traverse City on your calendar; October, 13-15, which will be a busy 2 day conference but you will feel enlightened and stimulated. Our Program Committee has this conference well organized and will offer CME for opiate education which now is mandated by our state. Registration begins soon so stay involved and we hope to see you in Traverse City in October!

*Martha Gray, MD, FACP*

Governor

## Advocacy in Action – Leadership Day 2018



### **YOUR LEADERSHIP DAY TEAM IN ACTION**

**Michael Kern, MD, FACP, Jayne Courts, MD, FACP, Marina Maraskine, MD, Member, Jessica Misich, M-4, St. George's University, William Dillon, MD, Member, Tyler Trahan, M-4, Central Michigan, Martha Gray, MD, FACP**



**Jayne Courts, MD, FACP**



# Michigan Chapter Residents Day / Medical Student Day 2018 Resident and Medical Student Abstract Winners

## Residents Winners

### *1<sup>st</sup> Place*

*Oral – Clinical Vignette*

Dr. Laith Jacob

Allegiance Health

Potentially Lethal Doses of Insulin in Otherwise Normal Persons can be Helpful in the Management of Refractory BB & CCB Toxicity

### *2<sup>nd</sup> Place*

*Oral – Clinical Vignette*

Dr. Anfal Fahim

Sinai Grace Hospital - DMC – Detroit

Left Atrial-Esophageal Fistula with Cerebral Air Embolism – A Devastating Complication of Atrial Fibrillation Ablation!

### *3<sup>rd</sup> Place*

*Oral – Clinical Vignette*

Dr. Elisa Quiroz

Beaumont Hospital – Royal Oak

Primary Cardiac Lymphoma

### *1<sup>st</sup> Place*

*Oral – Research*

Dr. Sarah Hartkop

Beaumont Hospital – Royal Oak

The Impact of a 30-day Digital Personalized Recovery Support Intervention (Workit) on Patients Indicating Substance Abuse

### *2<sup>nd</sup> Place*

*Oral – Research*

Dr. Kaitlin Liroff

Beaumont Hospital – Royal Oak

The Impact of Anxiety and Depression on Frequency to Follow Up

### *3<sup>rd</sup> Place*

*Oral – Research*

Dr. Yanal Alnimer

Hurley Medical Center/MSU – Flint

The Effect of Perioperative Bevacizumab on Disease Free and Overall Survival in HER-2 Negative Breast Cancer

**1<sup>st</sup> Place**

**Poster – Clinical Vignette**

**Dr. Amreeta Sharma**

**St. John Hospital and Medical Center - Grosse Pointe**

**Autoimmune Uveomeningeal Syndrome Triggered by Mosquito Bites**

**2<sup>nd</sup> Place**

**Poster – Clinical Vignette**

**Dr. Fatima Fayyaz**

**St. Joseph Mercy - Ann Arbor**

**Ipilimumab and Nivolumab Associated Tenosynovitis in Metastatic Renal Cell Cancer (RCC)**

**3<sup>rd</sup> Place**

**Poster – Clinical Vignette**

**Dr. Mohamad Taha**

**Sinai Grace Hospital - DMC – Detroit**

**Reactivation of Resolved HBV Infection: A Potential Fatal Complication of Direct Acting Antiviral Therapy**

**1<sup>st</sup> Place**

**Poster – Research**

**Dr. Hiba Obeid**

**St. John Hospital and Medical Center - Grosse Pointe**

**The Prevalence and Management of Vitamin D Deficiency in an Urban Primary Care Practice in Michigan**

**2<sup>nd</sup> Place**

**Poster – Research**

**Dr. Mingxue Arguello**

**Henry Ford Health System – Macomb**

**Does Strict Glycemic Control Lead to Better Outcomes in Non-ICU Type II Diabetic Patients with Sepsis?**

**3<sup>rd</sup> Place**

**Poster – Research**

**Dr. Maxwell Cretcher**

**Sinai Grace Hospital - DMC – Detroit**

**Indications and Complications of Midlines**

**Overall Winner – Oral or Poster**

**CQI/EBM**

**Dr. Matthew Wilkins**

**St. John Hospital and Medical Center - Grosse Pointe**

**Use of a Standardized Scoring System to Predict Mortality Rate Among Patients Admitted to a Tertiary Care Center with Febrile Neutropenia**



# Medical Student Winners

*1<sup>st</sup> Place Medical Student*

*Research/CQI/EBM*

Abdula Nasser

St. George's University School of Medicine

Clinical Vignette Poster

Disseminated Thrombosis as a Complication of Primary Familial Polycythemia

*2<sup>nd</sup> Place Medical Student*

*Research/CQI/EBM*

Erin Dunneback

Michigan State University - College of Human Medicine

Quality Improvement Poster

Assessing Wasteful and Unnecessary Medical

Tests and Treatments Incorporating Choosing Wisely Guidelines

*3<sup>rd</sup> Place Medical Student*

*Research/CQI/EBM*

Jared Patel

Michigan State University - College of Osteopathic Medicine

Research Poster

Biosand Filtration: Sustainable Purification of Amazon River Water

**CONGRATULATIONS TO  
Our four final winning teams in our  
Doctor's Dilemma™ Competition  
At Residents Day 2018**

***Central Michigan University  
St. Mary's Mercy-Livonia  
St. John Hospital-Grosse Pointe  
Michigan State University***

**Final Competition between these four teams  
will be held at the MI ACP Annual Fall  
Scientific Meeting**

**The final winning team will represent the  
Michigan Chapter at the National Doctor's  
Dilemma™ Competition at IM 2019 in  
Philadelphia!**

**PROUD TO ANNOUNCE**  
**THE MICHIGAN CHAPTER**  
**RECEIVED**  
**THE CHAPTER EXCELLENCE AWARD**  
**AND**  
**JOHN TOOKER EVERGREEN AWARD!**

**The Chapter Excellence Award is given to Chapters who meet National ACP criteria for excellent overall management of the Chapter**  
**This National ACP Evergreen Award is given to Chapters for outstanding efforts and activities at the local level for implementing innovative and collaborative activities**

**Our Submitted Nomination:**

**Medical Student Day Sponsored by the Michigan Chapter of the American College of Physicians and the Michigan Chapter of the Society of Hospital Medicine**

