GOVERNOR’S MESSAGE

Greetings!

I saw many of you at the ACP Annual Meeting this year in San Francisco. The ACP Meeting remains one of the premier learning opportunities for internists in the country. This year’s attendance in San Francisco set a record.

North Carolina was well represented with many new Fellows marching in the convocation:

- Clyde L. Harris / Wilmington
- Ahmad A. Kashif / Charlotte
- Daniel M. Kaplan / Durham
- Susan T. Weaver / Raleigh
- John E.R. Perry, III / Raleigh
- Kenneth W. Wilkins / New Bern
- Sam R. Fulp / Charlotte
- Walter S. Morris / Pinehurst
- Manal Abdelmalek / Durham
- Amer Adam / Cary
- Benjamin O. Akiwurrt / Wilmington
- Rushad D. Shroff / Raleigh
- Mohammed A. Hann / Fayetteville
- Raja S. Vadamudhi / Clemmons
- Mirmohd M. Hossain / Fayetteville
- Faisai A. Daud / Cary

Achieving Fellowship is a level of distinction awarded to those internists to document their continual quest for excellence. It has to do with continuing education, academic responsibilities, and research or excellence in clinical practice. Nomination is made by their peers. The four pathways are:

1) The published academician;
2) The physician with a multiple or advanced certificates or degrees;
3) The active ACP Member; and
4) The senior physician.
I encourage those of you who qualify to apply. Please refer to the ACP website (http://www.acponline.org/membership/) for the criteria, application and process to do so. In addition to submitting an application, you will need to provide two letters of sponsorship from ACP Fellows. Contact the Chapter office (ncacp@ncmedsoc.org / 919-833-3836) if you need sponsorship assistance.

At our spring meeting in San Francisco, Internal Medicine 2013, the Board of Governors received an update form Bob Doherty, the ACP’s Senior Vice President for Governmental Affairs and Public Policy. His astute and timely observations on the political and legislative climate facing physicians are always on target. His message this year was: “Turbulence ahead! Fasten your seatbelts!” He said that there’s no plausible scenario where the ACA will be repealed, but the law doesn’t command broad public support. In fact, state engagements/resistance may determine the law’s effectiveness in expanding coverage. Approximately half the states have rejected Medicaid expansion and state insurance exchanges, including North Carolina.

This leads me to an underlying theme throughout the meeting and that is the concept of teamwork and the physician as part of the team. The current changes in health care management have caused physicians no longer to be self-employed or employees through small group partnerships. Most now are employees of larger corporations and are finding many differences in the expectations of management.

Now most of us face decision-making by non-physician “higher-ups” who are determined to control our schedule and productivity. We face constant review by either individuals or agencies that have less certification and training than we have, and they expect compliance. In today’s medical environment who is the leader of the team? In these discussions, that remained unclear. In the ensuing uncertainty, many rules and regulations are sprouting at both national and local levels which seem to be the driving force changing the practice of medicine. I challenge you to pay attention to these changes, to determine who is the team leader and how medicine can be best delivered, and how we as physicians can maintain the professionalism inherent in being an internist.
Finally, I attended **ACP Leadership Day on the Hill**, May 22. Accompanying me were Dr. Douglas Kelling of Concord, Dr. Neema Kapadia and Dr. Kristin Mills, both from the Moses Cone Internal Medicine residency program, and Alan Skipper, NC,ACP Executive Director. We were able to visit both NC senators’ offices and ten Congressional offices to advocate for the ACP’s legislative agenda. Briefly, there are four priorities on the legislative agenda this year. First, there is the need for the **repeal of the SGR** (sustainable growth rate). Since the increase in health care expenditures for Medicare last year was at the lowest rate in 15 years, all of the legislators were responsive to a change this year, and hopefully we have a real opportunity to eliminate the onerous Medicare SGR. Secondly, we encouraged legislative support to ensure a **sufficient supply of physicians**, particularly in primary care, internal medicine and those subspecialties in short supply. Currently, there is pending legislation to increase the number of GME training positions - HR1180 and S577/Resident Physician Shortage Act, and HR1201/Training Tomorrow’s Doctors Today Act. Please encourage our members of Congress to support these bills. The third topic was about reversing **sequestration cuts** in vital programs, such as payment for cancer drugs. We want to support HR 1416/The Cancer Patient Protection Act sponsored by Representative Renee Ellmers to avoid Medicare’s cut to cancer care services and drugs by two percent. Finally, we could not leave the Hill without encouraging our legislators to enact meaningful **medical liability reform**. We reminded them about how successful NC was with medical liability reform in 2011 and encouraged them to being open to innovative solutions such as health courts.

Sincerely,

Byron Jay Hoffman, Jr., MD, FACP
Governor, North Carolina Chapter

---

**MARK YOUR CALENDAR**

**2014 NC,ACP Annual Meeting**
February 28 - March 1, 2014
Grandover Resort & Conference Center / Greensboro, NC
YOUR 2013 CHAPTER COUNCIL

OFFICERS

Governor  Byron Hoffman, Jr., MD, FACP / Siler City
Secretary-Treasurer  Michael R. Towarnicky, MD / Pollocksville

COUNCIL MEMBERS

Dawn Brezina, MD, FACP / Hillsborough  Peter Lichstein, MD, FACP / Winston-Salem
Paul Chelminski, MD, MPH, FACP / Chapel Hill  Michael Norins, MD, FACP / Greensboro
Scott Furney, MD, FACP / Charlotte  Carol Rubin, MD / Durham
Nancy Henley, MD, FACP / Durham  Jasvinder Singh, MD, FACP / Elizabeth City
John Hodgson, MD, FACP / Whiteville  Lalit Verma, MD, FACP / Chapel Hill
Larry Klima, MD, FACP / Greensboro  Richard Wardrop, MD, FACP / Raleigh
Suzanne Kraemer, MD, FACP / Greenville  Johnathan Williams, MD, FACP / Gastonia

ASSOCIATE REPRESENTATIVE

Magdalena Greene, MD / Winston-Salem

ACP CALL FOR NOMINATIONS

Do you have a mentor, chief resident, colleague or peer deserving recognition? A person who challenges you to work at your highest level and constantly inspires those around him or her? The Awards Committee of the American College of Physicians invites your assistance in recognizing the accomplishments of distinguished individuals and organizations through the College's Awards and Masterships Program. The College offers 20 awards and a number of Masterships to recognize outstanding contributions in the practice of medicine, teaching, research, public service, leadership and medical volunteerism.

**Step 1:** Visit [www.acponline.org/awards](http://www.acponline.org/awards) to review the various awards ACP offers to recognize accomplishments in leadership, teaching, volunteerism and service, advocacy, medical humanities, and contributions to ACP.

**Step 2:** Identify a qualified nominee (see website for exclusions).

**Step 3:** Collect support letters from four others who feel strongly about your nominee. With few exceptions, almost anyone can write nomination and support letters, even a patient.

**Step 4:** Submit your nomination letter, four supporting letters, a brief biographical sketch of the nominee and the nominee’s curriculum vitae by July 1 at [www.acponline.org/nominations](http://www.acponline.org/nominations).

What happens next?

**January - July**
ACP staff receives and processes awards and Mastership nomination materials.

**July-August**
ACP staff forwards all completed nominations to the Awards Committee to review.
September
The Awards Committee meets to review and discuss each nominee’s qualifications and strengths with respect to the criteria established for the specific award. Those candidates selected by the Committee for College awards and Masterships are presented to the Board of Regents for approval.

October - November
ACP staff invites ACP Governors to contact winners in their chapters to share the good news. Once all winners have formally accepted their awards and Masterships, announcements are made on ACP Online, Internist Weekly, and via the Governors Information Center, Regents Information Center, and Chapter Leader Network. Email notification is sent to all who wrote nomination and support letters with the list of winners.

December-February
ACP staff obtains information from those receiving national awards and Masterships to be published in the Convocation Program.

April
New Masters and national award winners receive their awards at the Convocation Ceremony held during ACP’s annual Internal Medicine meeting.

Nominations are now invited for the 2013-2014 awards cycle, which will end with the bestowing of awards and Masterships during the Convocation ceremony at Internal Medicine 2014 in Orlando, Florida. Please contact Meghann Williams, Administrator/Awards Program at awards@acponline.org with any questions.

LEGISLATIVE UPDATE – ITEMS HEADED FOR STUDY
By Amy Whited, MPA, Director/Health Policy, NC Medical Society

Every legislative session a number of bills, usually controversial in nature, are amended to become opportunities for legislative study rather than immediate changes to the law. This year has been no different. Following the May 16th “crossover deadline,” a number of legislative proposals, including several affecting medicine, were converted to study bills prior to receiving House or Senate approval.

These issues include:

HB 693/SB 675 – Eliminate Exceptions/Medical Treatment of Minors
This bill originally proposed to prohibit physicians from providing health care services for venereal disease, drug and alcohol abuse, mental illness or emotional disturbance or pregnancy to unemancipated minors without written parental consent. This bill failed to pass either chamber prior to the May 16th crossover deadline; however, the changes proposed may be discussed in a larger study authorized by HB 711 regarding the role of parental rights in North Carolina.

HB 109 – Require Safety Helmets/18 and Under
This legislation originally proposed to allow anyone over the age of 18 to ride motorcycles on public roads and highways without a safety helmet. The legislation was later replaced with language authorizing only a study of the issue by the Joint Legislative Transportation Oversight Committee.
**HB 177 – Amend Certificate of Need (CON) Laws**
Rather than making broad changes to the state’s current Certificate of Need law, this bill now authorizes the Legislative Research Commission to study federal and state barriers to a market-based health care delivery system, to compare hospital-based operating rooms and ambulatory surgical centers as a venues for the provision of surgical services, and to study NC’s CON program compared to other states.

**HB 204 – Update and Modernize the Midwifery Practice Act**
In the final days leading up to the May 16th crossover deadline, House Bill 204, which proposed broad expansions to the scope of practice of Certified Nurse Midwives (CNM), was converted to a study proposal directing the Joint Legislative Oversight Committee on Health and Human Services to study whether CNMs should be given more flexibility in the practice of midwifery. However, this study bill failed to meet the May 16th crossover deadline.

---

**M.O.S.T. FORM FACILITATES END-OF-LIFE CARE**
*By Elaine Ellis Stone, Director/Communications & Marketing, NC Medical Society*

End-of-life care and ensuring patients’ wishes with regard to treatment at the end of life affects all of us in one way or another. North Carolina is fortunate to have a portable medical order that facilitates those discussions and enables medical providers to follow those wishes. That tool, which the North Carolina Medical Society helped develop, is called the *Medical Orders for Scope of Treatment* (MOST).

Adoption of MOST has been widely variable across the state. In an effort to educate more physicians and health care professionals about this tool, an e-learning course, which can be taken at one’s convenience and for which CME and CEU credit is available, has been developed. The course is free to the first 250 participants, and only $5 to those who take it after the first 250. More information on the course and registration instructions are available [here](#). For more information about MOST and other tools to facilitate health care decision making, click [here](#).

---

**TOWARD ACCOUNTABLE CARE**
*By Melanie Phelps, JD, Deputy General Counsel, NC Medical Society*

The Toward Accountable Care (TAC) Consortium and Initiative was launched in the spring of 2012. The purpose of TAC is to provide the medical community with the knowledge and tools needed to effectively participate in, lead and succeed in a value-driven health care system. The reason for forging the Consortium was to expand the reach of the initiative to educate and engage physicians and their teams in revolutionizing how care is delivered, so that together, we can help build a better health care system that is clinically-driven, physician-led and patient-focused. The Consortium membership currently stands at 37 (and growing) NC medical professional organizations and other interested health care entities that have joined together to carry out the common mission. The NC.ACP was one of the first specialty societies to join the TAC Consortium.
A Physician Advisory Committee (PAC) provides guidance and direction to the project staff. Members of the TAC PAC include: Grace Terrell, MD; Allen Dobson, MD; Nancy Henley, MD; Perrin Jones, MD; and Steve Wegner, MD. The TAC is staffed and supported by: the NCMS, the Smith Anderson Law Firm, the Physicians Foundation, and CCNC. TAC deliverables are disseminated to TAC Consortium member representatives for dissemination to their members or constituents.

**Major deliverables to date include:**

- Announcement Explaining the TAC
- Notice of Initial and Subsequent Grant Awards from Physicians Foundation
- Introductory Article: *Physician Involvement in ACOs - The Time is Now*
- **The Physician’s Accountable Care Toolkit**, which is the foundational white paper
- **Accountable Care Legal Guide**
- Formation of the NC ACO Collaborative (current and aspiring ACOs), which meets quarterly and is hosted by a different ACO each quarter
- Panel discussion for CME: *Value-driven Health Care: Physician-led Innovations in North Carolina*
- Article: *Fixing Health Care Right Here at Home*
- NC ACO Feature: Cornerstone Health Care
- NC ACO Feature: Child Health Accountable Care Collaborative
- Webinar: *ACOs - What They Are and How NC Physicians Should Approach Them*
- Multiple speakers provided on accountable care for TAC Consortium members as requested
- Miscellaneous notifications

**Major deliverables forthcoming:**

- New TAC website: [www.tac-consortium.org](http://www.tac-consortium.org) to be launched in mid-June
- ACO feature articles and short video spots: CCNC, Coastal Carolina, Wilmington Health, Key Physicians, Triad Health Network, Pinehurst Accountable Care Network
- Video of panel discussion from 2012 NCMS Annual Meeting: *Value-driven Health Care: Physician-led Innovations in NC*
- Shared Savings Distribution Guide
- Physician’s Guide to Negotiating Bundled Payments
- Specialty Specific Toolkits (total of 25)
  - Purpose: To create a road map for specialists in value-based arrangements, including assisting CCNC on-board physicians with their medical home model – a key to increased savings
  - Anesthesiologists and Family Physicians toolkits completed
  - Neurology, Emergency Physicians, Radiology, Psychiatry, Urology Toolkits under development
  - Developing process to expedite completion of new toolkits
  - Prioritizing specialties based on: impact; TACC participation; willingness
  - Toolkit Team: Bo Bobbitt (SA), Frank Benzoni (SA), Nancy Henley MD (CCNC), Melanie Phelps (NCMS), Specialty Accountable Care Workgroups (4-5 physicians)
  - Next cohort of specialty toolkits: Ob/Gyn; Cardiology; Oncology; Orthopaedics; Hospice and Palliative Care
  - Specialties that are interested in developing a toolkit should contact Melanie Phelps at mphelps@ncmedsoc.org.

For more information, please contact Melanie Phelps at mphelps@ncmedsoc.org.
Nancy Henley, MPH, MD, FACP has been selected to participate in the North Carolina Medical Society’s Leadership College. Dr. Henley is a scholar in the College’s 2012-2013 class.

The Leadership College is an intensive leadership development course designed to orient and train physicians and physician assistants for potential future leadership positions at the county, state and potentially the national level. A select group of 15-18 scholars is chosen to participate annually in the program, representing all regions of the state and varied medical specialties. The class size is intentionally small so that scholars may receive highly personalized training by faculty and mentors, and participants.

The Leadership College combines the elements of mentoring, organizational education, skills training and guided experiences which cover the “three P’s” of leadership - the philosophy of leadership, the principles of leadership and the practice of leadership. While the program concentrates on leadership at the state level, the skills and principles learned benefit the entire medical profession.

This year’s NC,ACP Annual Scientific Session was held at the Washington Duke Inn and Golf Club in Durham. Of the 192 attendees, 85 were residents and students. The Chapter invites residents and students to attend the meeting free of charge each year. The program provided 10.25 AMA PRA Category 1 credits™ and featured clinical presentations on opioid prescribing, concussion, glomerulonephritis, cardiology, and hospitalist medicine. Chief residents from the seven internal medicine residency programs gave presentations as well, and six teams participated in a lively Medical Jeopardy competition. Congratulations to the Duke team on its victory in the Medical Jeopardy competition! Nonclinical topics included bringing meaningful use to private practice, the accountable care initiative, and an advocacy update. Many thanks to Paul Roman Chelminski, MD, MPH, FACP, for his work as Program Chair this year.

The associates’ and students’ poster competition was another highlight of the meeting. All of the 118 abstract submissions were published in a booklet and provided to attendees. Of the 58 posters presented, the following were recognized as exemplary at the Friday evening banquet.
**Best Overall:** James Gentry, MD (Duke)
**Best Clinical Vignette:** Charles Austin, MD (UNC)
**Second Place Clinical Vignette:** Matthew Chung, MD (Duke)
**Third Place Clinical Vignette:** Afreen Shariff, MD and Jennifer Stahl, MD (ECU/Brody)
**Best Clinical or Basic Research:** Bernard Tawfik, MD (WFU)
**Best QI:** Jessica Hildebrand, MD (SEAHEC)
**Best Student:** Rita Kuwahara, MIH (UNC)

Also at the banquet, the following awards were presented to two individuals for their contributions to internal medicine.

**Volunteerism Award - Animita Saha, MD, FACP**

The Chapter Volunteerism and Community Service Award was initiated to honor members who have distinguished themselves in voluntary service in the area of medicine and are eminent as true humanitarians. Awardees must be Masters, Fellows, Members, or Associates of the College. Service must have been performed on a voluntary basis and not required for the completion of teaching, training, or position requirements. Volunteer work must have been done as a physician and be medically related.

![Animita Saha, MD, FACP](2013 Volunteerism and Community Service Award Recipient)

**Laureate Award - James Osborne, MD, FACP**

The Laureate Award honors those Fellows or Masters of the College who have demonstrated by their example and conduct an abiding commitment to excellence in medical care, education, or research, and in service to their community, their Chapter, and the American College of Physicians.

![James Osborne, MD, FACP](2013 Laureate Award Recipient)
Finally, we also want to recognize the organizations listed below that supported the meeting. Their support enables the chapter to keep the registration fees at a more affordable level.

*Gold Level Exhibitor:* Otsuka America Pharmaceutical

*Exhibitors:*  
- Astellas Pharma US  
- Carolinas Healthcare System  
- Disability Determination Services  
- Hospital Physician Partners  
- MAG Mutual Insurance Company  
- Mensh Insurance  
- NC Medical Society  
- Old Vineyard Behavioral Health Services  
- Optimer Pharmaceuticals  
- Spartanburg Regional Healthcare System  
- US Army Healthcare Recruiting

---

**PRI-MED EVENT RETURNS TO N.C.**

PRI-MED will again host an event in North Carolina this year. This complimentary three-day CME conference is scheduled for **October 24-26** at the **Raleigh Convention Center** in Raleigh, NC.

Course details and registration information is available online at:  

Seating is limited, so you are encouraged to register early.

---

**GUILTY UNTIL PROVEN INNOCENT – MEDICARE AUDITS**

In 2008, Eastern Carolina Internal Medicine received a notice from the Centers for Medicare and Medicaid Services (CMS) indicating that ECIM had received an overpayment in Medicare reimbursement. This started a multiyear ordeal that stretched the practice to the financial breaking point. ECIM’s experience with a Medicare audit has been documented and can serve as a wake-up call to physicians and practices of all specialties.

The NC Medical Society produced a documentary on the ECIM audit experience, which can be viewed online at: [http://www.ncmedsoc.org/blog/index.php/archives/17658](http://www.ncmedsoc.org/blog/index.php/archives/17658)
The ACP's **High Value Care (HVC) initiative** is a comprehensive program that connects two important priorities - helping physicians provide the **best possible care** to their patients and **reducing unnecessary costs** to the health care system. Because of the critical importance of this initiative and the collaborative approach that the ACP is taking, a new website has been dedicated specifically to the topic of High Value Care - [hvc.acponline.org](http://hvc.acponline.org).

As part of this initiative, ACP believes there is an opportunity to shape the habits of future physicians during their medical education experience and has developed a *Curriculum for Educators, Residents and Students* to demonstrate the significant impact they can make to the future solvency of our healthcare system. Visit [hvc.acponline.org](http://hvc.acponline.org) to access the curriculum along with a wide range of other tools, resources, and information to help you deliver high-value care.

**Initiative highlights:**

- ACP's clinical recommendations educate **physicians and patients** on how to **pursue care together** in order to improve health, avoid harm, and eliminate wasteful practices. [http://hvc.acponline.org/clinrec.html](http://hvc.acponline.org/clinrec.html)

- How can you implement **high value care in your practice**? ACP provides a wealth of resources. [http://hvc.acponline.org/physres.html](http://hvc.acponline.org/physres.html)

- **Interactive curriculum** helps future internists learn about & implement high value care principles. [http://hvc.acponline.org/curriculum.html](http://hvc.acponline.org/curriculum.html)

- **Patients should feel empowered** to ask questions about their healthcare treatment plan. [http://hvc.acponline.org/patres.html](http://hvc.acponline.org/patres.html)

- ACP has long been advocating for **legislative reforms** that would enhance the delivery of care while reducing costs. [http://hvc.acponline.org/pubpolicy.html](http://hvc.acponline.org/pubpolicy.html)
MEDICAID - NEW SYSTEM

All Medicaid providers should have been receiving notices from the NC Department of Health and Human Services about the transition to the new reimbursement system, effective July 1. On that date, NCTracks will replace several legacy systems currently in use.

In order for Medicaid claims to be successfully processed and paid through the new NCTracks system, all Medicaid providers must be registered as a Currently Enrolled Provider (CEP). The registration process also requires that providers obtain an NCID number and re-submit their bank account information. That information will not be transferred from the legacy systems automatically.

Be sure to refer to the NCTracks website - http://ncmmis.ncdhhs.gov/ - for additional information.

THANKS . . .

. . . for your support of the American College of Physicians and the North Carolina Chapter/ACP