Governor’s Greetings

Bill Shiffermiller, M.D., FACP, Governor

Dear Colleagues,

It has been a productive year for the ACP.

Resolutions from the Spring Board of Governors meeting that were adopted and referred for implementation were a) advocating for studies to assess financial collaboration between long-term care facilities and hospitals to reduce cost and improve care; b) conveying membership dissatisfaction with maintenance of certification processes; c) requiring education and training in team base care for undergraduate medical education; d) studying the impact of underinsurance, and; e) updating the colleges policies on healthcare disparities to include LGBT patients.

Resolutions for implementation after amendments include: a) studying the feasibility of implementing alternative certification methods; b) seeking collaborative partnerships to study the impact of duty hour limitations on residents performance, and; c) updating ACP policy on the regulation of electronic nicotine delivery devices. One resolution was adopted as reaffirmation of college policy to support changes in graduate medical education funding to address projected physician shortages.
Governor’s Greetings
(Continued)

I want to remind members that the ACP Leadership Academy is now available in partnership with the American College of Physician Executives and is available online. It replaces the Leadership Enhancement and Development (LEAD) program whose credits can be transferred to this new offering.

The ACP Leadership Academy provides early-career internists with the skills and knowledge necessary to become leaders in medicine. The program includes formal live and online courses offered in partnership with the American College of Physician Executives (ACPE), the nation's largest leadership training organization for physician leaders. Online courses are offered as self-study or faculty led and includes topics such as strategic thinking, financial decision-making, managing physician performance, marketing, ethics, quality management and more.

All courses are eligible for CME credit through the ACPE. They were selected to provide episodic leadership training for members who want to brush up on a specific content area or to earn credits toward the Certified Physician Executive (CPE), a nationally recognized leadership certificate from the ACPE. Credits may also roll into an advanced degree program from selected accredited universities. ACP members receive a 15% discount on approved courses.

In addition, the ACP Leadership Academy is currently accepting registrations for a series of FREE (non-CME) webinars on a variety of leadership topics. Topics currently scheduled include “Core Tenets of Leadership” on October 21, “Team Based Leadership for Hospitalists” on December 2 and “Personal Financial Planning for Physicians” on March 17 next year.

More information, including a list of courses and LEAD transition information, is online at: http://www.acponline.org/education_recertification/resources/leadership_development/

As I am sure you are aware a new logo and tagline (see first page) that we can be proud of is now available and being marketed.

I hope everyone is having a good summer and look forward to seeing you at the Nebraska Chapter meeting on October 23 and 24th at the CenturyLink Conference Center in Omaha.
Maintenance of Certification Update  
Micah Beachy, DO, FACP, Chair, NE ACP Early Career Physicians Council

Colleagues,

The Nebraska chapter ACP recently held a dinner in Omaha reviewing the changes in Maintenance of Certification (MOC). The event was sponsored by the chapter’s Early Career Physician council and featured Drs. Abby Shiffermiller and Kelly Caverzagie. They reviewed changes to the MOC process, how to get the necessary MOC points, and helped navigate the MOC website. ACP recorded this event and we are happy to be able to make it available to those members who weren't able to attend at https://vimeo.com/102240803?email_id=Y2xpcF90cmFuc2NvZGVkfDhhNTE2NzZlODMzNTI1ZjEyNzUzYzhmY2E0MmY1ZTQzMjIU5fDMwNzAwMDQ1fDE0MDY4MjMwNjJcMQ%3D%3D&utm_campaign=7701&utm_medium=clip-transcode_complete-finished-20120100&utm_source=email. The presentation is just over an hour long. No CME is available for this session.

While this was the most up-to-date information at the time of the presentation you have no doubt seen several emails from Dr. Steven Weinberger outlining ongoing changes. ACP has had, and continues to have, an ongoing relationship with ABIM. The recent emails underscore the issues that ACP is attempting to address. Included below are the keys points of Dr. Weinberger's most recent email.

- ABIM’s Board agreed to create a year “grace period” for those who have attempted but failed to pass the MOC exam. A diplomate 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.

- There will be at least 4 different pathways to meet the “Patient Survey” 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.

- 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.
Each year, ACP Services, Inc. organizes an advocacy event in Washington DC that helps ACP members connect with their Congressmen (and Congresswomen) on issues important to internal medicine. For those of you not familiar with ACP Services, this is a separate professional membership association created in 1998 to provide advocacy and other services to internist-members. This year’s Leadership Day took place on May 22nd. Nebraska internists were well-represented at the event. Our group consisted of two traditional practice internists, three academic internists of whom two are hospitalists, one private hospitalist, and two UNMC residents. The group included our Governor, Dr. William Shiffermiller, and ACP Regent, Dr. Thomas Tape. I continue to be proud of our attendance and the dedication it reflects, but it would help make our visit with Representative Smith a little less awkward if we had a representative from district 3.

Elimination of the Sustainable Growth Rate (SGR) formula as a method for controlling health care costs was again at the top of ACP’s priority issues. In unprecedented fashion, Congress crafted bipartisan legislation this year that would replace the SGR with an ACP-supported system that uses a period of stable increases in physician reimbursement to pilot alternative payment methods. Despite a large decrease in the estimated cost of SGR repeal down to about $125 billion, however, Congress could not come to an agreement on how to pay for it. They did pass another patch which basically keeps physician reimbursement at current levels through March of 2015 at a cost of only $16 billion. Because a patch had already been passed, we were reluctant to bring this issue before Nebraska’s Senators and Representatives. On the other hand, this is closer than Congress has ever been to repealing the SGR and if estimates for the cost of repeal increase next year, the window for palatable changes may pass. There is still a small chance that the SGR Repeal and Medicare Provider Payment Modernization Act (H.R.4015/S.2000) might be rekindled in the lame duck session. If that does occur, please consider writing to our Senators and your Representative. Representative Terry happens to be a co-sponsor of this legislation.
An issue that might be more likely to gain favor in the lame duck session is extension of the expiring Medicaid Pay Comparability program. Prior to 2012, Medicaid reimbursement for primary care services in Nebraska was only 76% of Medicare reimbursement. The pay comparability program has brought Medicaid rates up to 100% of Medicare. In the current fiscal environment and given that this program was part of the Affordable Care Act (ACA), it was a tough sell for us on Capitol Hill. We highlighted the importance of the Medicaid reimbursement issue by explaining how vital primary care is to the proper functioning of our health care system.

Using a similar strategy, we lobbied our Senators and Representatives to re-align the graduate medical education financing system with the nation’s need for primary care physicians. This effort focused on expanding residency slots and delegating those spots to primary care. Several bills have been introduced this year that would do just that (S.577/H.R.1180, H.R.1201). We also asked that the 2% cut to resident salary support under sequestration be ended.

The issue that got the most interest from Nebraska’s Congressional offices was medical liability reform. We asked for their support of safe harbor legislation (H.R.4106) that would protect physicians who are practicing in accordance with an established clinical guideline. We also asked our Senators and Representatives to work with ACP to develop a bill that establishes no-fault health courts. A similar bill was introduced last year without success. ACP has drafted a framework on which a bill creating a national health court pilot could be based. The framework outlines a process by which timely and fair compensation would be provided to injured patients. It achieves this by using expert health care judges and impartial expert witnesses without a jury and by eliminating the need to prove negligence. ACP believes such a system would decrease the cost of the medical liability system and provide valuable information for quality improvement.

Overall, it was a good Leadership Day. Congress seems to be moving on ACP’s priority issues and we all have some stories to tell. I am optimistic about the developments that the coming year brings and I’m looking forward to next year’s trip. If you are interested in attending Leadership Day in 2015, especially if you live in district 3, please contact me at: jshiffermiller@unmc.edu.
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/. Once again, comments for improvement in both content and style are welcome.
Nebraska 2014 Annual Scientific Meeting
Omaha, NE
October 23-24, 2014

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

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of Certification

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