Dear New Jersey ACP Members, Fellows, and Masters:

As in past years, our colleagues in clinical practice, those in residency and fellowship training, a number of our academic medicine leaders, and a cohort of New Jersey medical students rated highly the learning experience and overall experience at our NJ Chapter Annual Scientific Meeting. Internal Medicine physicians from across New Jersey came together on March 7 to connect with longtime friends, mentors, former trainees, and peers.

Bill Farrer, MD, FACP and his team worked tirelessly to select the best of the best Associate’s Research submissions. Those selected to present did an outstanding job to start our day of education. The morning plenaries include Dr. Joan Von Feldt’s thorough update in rheumatology, a timely panel on navigating healthcare reform that included Assemblyman Herb Conoway, MD, Michael Renzi, DO, FACP, and Mr. Larry Altman, followed by the consistently superb Geno Merli, MD, MACP who presented on peri-operative risk assessment.

Our afternoon workshops addressed neurology for the Internist taught by Mitra Assadi, MD, difficult to manage hypertension with Dr. Andrew Bomback and a panel that I moderated for residents and students on career options in medicine featuring Bruce Fisher, MD, FACP, Nick Fitterman, MD, FACP and Todd Gruber, MD, FACP. The afternoon also had SEP Modules for ABIM recertification taught by Nayan Kothari, MD, MACP, Sunil Sapru, MD, FACP, Sara Wallach, MD, FACP and Vijay Rajput, MD, FACP.

The day concluded with the always spirited, competitive, and entertaining Resident and Student Challenge Bowls. Thanks to Brian Gable, MD, FACP for moderating he student challenge bowl and thanks to Gina LaCapra, MD, FACP and Ritesh Patel, MD, FACP for moderating our resident challenge bowl.

This year’s winner of the student challenge bowl was Cooper Medical School of Rowan University and our residency program winner was Cooper University Hospital.

A noted of thanks and appreciation to our 2014 Program Planning Committee:

Saba A. Hasan, MD, FACP, Van Holden, MD, Shuvendu Sen, MD, Ranita Sharma, MD, FACP, Jonathan Shammash, MD, FACP, and Sara Wallach, MD FACP.

I encourage each of you that attended to spread the word and for those of you that did not join us to join us in 2015. Dr. Jon Shammash is Chair of the Planning Committee for our 2015 meeting. We anticipate another outstanding program.

See you on March 6, 2015!

Steven

Steven R. Peskin, MD, MBA, FACP
Governor, NJ Chapter Southern
2014 Leadership Day

Attending Leadership Day for my 10th year has again taught me that Doctors are invaluable to the Health Care System and their patients and should not be facing the threats they are exposed to in their pay-ments year after year. I urge our membership to get involved in advoca-cy locally in their state government and federally to protect our position with our patients. Key priority issues address on Capitol Hill this year revolved around workforce, payment, and delivery system reform. Our team included our Heath and Public Policy chair Dr. George DiFerdi-nando, our Treasurer, Dr. Amit Tailor, our residents in training Dr. Van Holden and Dr. Andrew Parziale and medical students Rebecca Com-mito and Darshan Patel. Visiting DC invigorates me every year to try harder, advocate more and continue until we meet again in DC next year 2015.

Beth Nalitt, MD, FACP
Governor, NJ Chapter Northern

NJ Chapter representatives for leadership day 2014:
Drs. Tailor, Holden, Parziale, Nalitt, DiFerdiando. Medical Students Rebecca Committo and Darshan Patel
In response to numerous concerns and complaints expressed by ACP members about the Maintenance of Certification (MOC) requirements from the American Board of Internal Medicine (ABIM), ACP leaders have made the MOC issue their number-one priority. Here is an overview of recent steps taken by the College to address members' concerns: 1) ACP convened a meeting on March 12 with leaders from the internal medicine subspecialty societies to complement the feedback that we have been receiving from our members with feedback from the subspecialty societies; 2) ACP’s Chair of the Board of Regents, President, and Chair of the Board of Governors published an editorial in *Annals of Internal Medicine* on May 13; 3) the elected leaders and the CEOs of ACP and ABIM had a meeting on May 13 to discuss the concerns and complaints about MOC; and 4) ACP’s CEO made a presentation to ABIM’s Board of Directors on June 9 to summarize the concerns, stress the urgency for addressing the concerns, and outline recommendations for change.

ACP is committed to addressing the issue and achieving the best outcomes for members and their patients. An overview of recent activities was communicated to members via email from the CEO/EVP on June 5 that can be read in its entirety online.
The purpose of the Student Council is to nourish medical student interest in Internal Medicine through the advancement of IM-focused scholarship, mentoring and education. Students representing Rutgers– Robert Wood Johnson Medical School, Rutgers– New Jersey Medical School, Rowan– Cooper Medical School, Rowan– School of Osteopathic Medicine and St. Barnabas came together to set the purpose into action. We have the good fortune of being mentored by Dr. Bruce Fisher, who played a critical role in helping us imagine, articulate and carry out our goals this year. Some highlights of our recent activities are:

- **Scholarship:** Students were well represented at the annual Scientific Meeting. We had the opportunity to present our research, attend a panel discussion on alternative career paths, compete in the Medical Student Challenge Bowl, and meet other students.

- **Mentoring:** The Student Council established the IM Engaged mentoring program and have connected medical students with FACP mentors. A resident shadowing program is also being developed.

- **Education:** WebEx meetings were held for students interested in matching into IM. It featured a program director, a resident and a fourth year medical student. Other WebEx meetings, including one designed to help students prepare for the IM clerkship, are forthcoming.

Please contact me at Lorestal@rwjms.rutgers.edu if you are interested in participating in the Student Council.

Alexander Lorestani
Chair, NJ Chapter ACP Student Council
Food For Thought....

Colleagues:

Governor Christie related a heartfelt and poignant story at the Medical Society Advocacy Conference about a personal tragedy about a close friend that died from addiction. I imagine that most of us will have had a similar experience with patients that you have treated, as friends, or as family.

Chris Christie’s close friend from law school was the standout in his group of four with best grades in their law school group. He married a wonderful woman, a physician, who was the Governor's personal physician and they had three beautiful girls. He was a rain maker in a big law firm.

The Governor and the other 2 close friends in their study group were asked by the friend's aging mother to do an intervention. He was addicted to prescription opioids washing pills down with vodka. Eight years later and he was found dead in a West Orange Hotel room just a few weeks ago, estranged from his family for 4 years (had no contact with his children). All of the friend's opioids were obtained legally from multiple licensed prescribers. One of thousands of tragic stories that we could share.

So far, twenty percent of physicians in New Jersey have signed on to the Prescription Monitoring Program that allows physicians to see all of the controlled substances (and Growth Hormone) that have been prescribed to an individual. I urge each of you to register and to reference the PMP.

Steven

Steven R. Peskin, MD, MBA, FACP
Governor, NJ Chapter Southern
Information Hand-off and Clinical Outcomes of Critically Ill Patients Transferred Between Facilities

Michael Usher, Christine Fanning MD, Dana Herrigel MD, Di Wu MD, Karen Balonze MD, Amay Parikh MD, MBA, MS

RWJ-Rutgers Medical School

Background: Transitions of care, whether within or between institutions, are an important source of medical errors, inefficiency, and unnecessary cost. Multiple studies have demonstrated that improving the information quality of patient hand-offs during care transitions is associated with more efficient and less costly care, with improved outcomes, and with improved patient satisfaction. An understudied area of transitions of care involves patients transferred between facilities. Inter-hospital transfers face multiple unique challenges including uncertainty of when the transition will take place, differing information systems, and geographical distance, which is compounded by patient acuity and complexity. This study is designed to investigate whether the quality of patient hand-off impacts outcomes for patients transferred between facilities. Methods: The Inter-Hospital Transfer study (IHTS) is a retrospective observational study of all consecutive patients transferred to Robert Wood Johnson University Hospital (RWJ) MICU, SICU, CCU from December 2011 through December 2012. Patient records were scored for the presence and completeness of discharge summary, history and physical, progress notes, consultations, images, and medication reconciliation (0 points if absent, 1 point if incomplete, 2 points if complete). The final transfer score was a percentage of the total possible points following two independent reviews. The primary outcome was in-hospital mortality. Secondary endpoints included adverse outcomes, a measure of overutilization (that included patients being transferred to another service within 24 hours and duplicated labor), and length of stay. Severity of illness was adjusted by MPM0-III, and statistical significance was inferred with a p<0.05 by multivariate logistic regression. Results: 328 patients were transferred to RWJ ICUs from 37 outside hospitals between December 2011 and December 2012. Patients were transferred with documents containing on average 66 pages with a median transfer score of 60 out of a possible 100. When controlling for severity of illness, patients transferred with higher transfer score had significantly decreased mortality by logistic regression (p=0.022, 95% CI -2.73 to -0.21). Similarly, higher transfer scores were associated with decreased adverse events within 24 hours (p<0.001, 95% CI -3.60 to -1.41) and over-utilization (p=0.001, 95% -3.18 to -0.80). These results remained significant when controlling for each individual unit they arrived. Multivariate logistic regression showed that by itself, the transfer of images was an independent predictor of reduced in-hospital mortality (p=0.017). Discussion: These data highlight the impact of information quality on outcomes during the transfer of critically ill patients between facilities. Currently, there are no guidelines detailing how to coordinate information during inter-hospital transfers. The significance of the transfer score demonstrates EMTALA forms and verbal sign-out are not sufficient on their own. Systematic improvement of the hand-off process in these cases has the potential to improve patient important outcomes and provide higher value care.
Can the time course of SIRSS predict future organ failure in Acute Pancreatitis?

Akshat Kumar, Suresh T. Chari, Santhi S. Vege

Drexel - St. Peter's

Introduction: Systemic Inflammatory Response Syndrome Score (SIRSS) (possible score 0-4) is an easily measured bedside tool. In patients with Acute Pancreatitis (AP), we aimed to precisely quantify the association between SIRSS at day 1 and persistent SIRSS at day 3 with the various adverse outcomes of AP. Further, we analyzed SIRSS patterns for the first 14 days for any prognostic significance. Methods: We prospectively identified patients admitted to Mayo Clinic on day 1 of AP. All patients with positive SIRSS on day 1 were further followed up with daily measurement of SIRSS and organ failure status for 14 days or until discharge, whichever came first. We then correlated positive SIRSS (>2) on day 1, persistent SIRSS on day 3 and the time course of SIRSS with the development of organ failure. Results: SIRSS and persistent SIRSS were associated with all the adverse outcomes of AP with a high sensitivity and negative predictive value, ranging from 73.1 to 100.0%. Persistent SIRSS at day 3 added significantly high specificity to this association (71.7 to 80.0%). All the patients who developed late onset organ failure (3) had the highest possible value of cumulative SIRSS. Conclusions: SIRSS of <2 on day 1 has a high negative predictive value for complications of acute pancreatitis. 80% of patients with persistent SIRSS on day 3 will develop at least one adverse outcome of AP. A new variable "Cumulative SIRSS" was identified that has the potential of reliably predicting late onset persistent organ failure.

References
Interesting Links ......

ACP advocates for Patients and Internists: Explore “Where We Stand” on multiple issues by accessing the link: http://www.acponline.org/advocacy/where_we_stand/

For MOC (maintenance of certification) updates visit:
http://www.acponline.org/education_recertification/recertification/

New Jersey Chapter Counsel

Get Involved in our New Jersey Chapter Committees!

- IM Student Interest Group
- Associates (residents and fellows) Subcommittee:
- Council of Young Physicians (CYP: any member who is within 16 years of medical school graduation and no longer in training)
- Cultural Diversity/ Membership Committee
- Health and Public Policy Committee

Contact: Stacey Knowles at Stacey_a_knowles@uhc.com

New Jersey Chapter Website:
http://www.acponline.org/about_acp/chapters/nj/