



Governor's Message

Dear Colleagues:

With the new administration in Washington comes a renewed call for reform in the delivery of medical care. Part of the impetus to change or modify is cost and there are at least 47 million without insurance and a multitude under insured;

change is inevitable; let's work to make those changes good for patient care and user friendly. I am pleased to tell you that the ACP, the largest medical specialty group in the US, has the ear of **President Obama** and his policy shapers. The former President of ACP, **Dr. Jeff Harris**, was among the attendees at a White House gathering of medicine leaders. I am told that framers of a revamped system to deliver medical care request input from ACP leadership. Now more than ever, we need to support ACP with our membership and volunteerism. ACP is our collective voice for Internal Medicine and it is my understanding that this voice is being listened to in a serious manner.

Of course, this does not mean we will obtain all that we would like. But we have a reasonable change of obtaining some crucial elements, such as "Patient Centered Medical Home" and more primary care physicians.

I hope the above will dispel any doubts some of you may have had about sustaining your membership. We need to speak and be heard as one voice for Internal Medicine.

I attended the Board of Governor's (BOG) meeting April 20-22 in Philadelphia. Immediately following the BOG meeting, Internal Medicine (IM) 2009 was held (April 23-25). At the BOG meeting we discussed and debated some 29 Resolutions. Heavily debated was a resolution not to accept any Pharma financial support. There was strong support for this resolution. As an initial small step in that direction, the College eliminated any Pharma advertising or labels on the traditional bags given out at IM 2009. In my opinion, shunning all Pharma support is idealistic and possibly suicidal. For us to have Pharma support does not necessarily mean that Pharma has our unfettered support.

A Resolution defining an Internist was introduced by **Dr. Dean Drooby**, one of my classmates and Governor from Oklahoma. Our class (2011) went on to sponsor this resolution. The language is being fine-tuned and has a reasonable chance of being accepted by the Board of Regents.

I do not have the time nor space to discuss all the resolutions but I do want to take this opportunity to thank **Dr. Robert Croke** and the members of the Resolutions committee for reviewing and critiquing the proposed resolutions. Dr. Croke put a lot of time and effort into this and his input was very valuable. As the disposition of these resolutions become final, **Roberta** will pass the results on to you by e-mail. Which reminds me, if you have changed your e-mail address let Roberta know. If you never informed us of your e-mail I would suggest you do so to keep up to date with ACP news because the ACP, including our chapter, anticipates using the Internet more in the future.

We have been discussing the association of ACP with Pri-Med. The BOR believes it has reached an equitable agreement with Pri-Med, free of outside influence. The BOR, which carries the fiduciary responsibility for ACP, explained that the ACP needs the financial support Pri-Med offers. To me this is substituting one potential external influence (Pharma) for another. **Dr. Evins, Roberta** and I are trying to work with Pri-Med to see if we can organize our annual meeting with them. We will keep you posted.

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The Internal Medicine 2009 meeting was jam packed with all types of lectures, demonstrations, Meet the Professors and Hands on instructions. There is virtually something for everyone. The annual ACP meeting usually lasts three days. This is a terrific way to obtain about 30 CME's. There are activities for significant others and kids.

This year it was my privilege to present **Dr. Yekaterina Khronusova** for Fellowship. We all marched cap, gown and hoods, in Convocation and Dr. Khronusova took the oath of Fellowship. Again, my congratulations to Dr. Khronusova. I want to encourage our members to apply for Fellowship. There are four Pathways and one can even mix the Pathways to some extent. Fellowship carries a certain amount of prestige that could be useful in participating in insurance plans. For those of you who have never attended Convocation, I would recommend you experience this event at least once. It is impressive and emotional. There is lots of pomp and circumstance, of course, but in addition, the speakers are inspiring.

Each year during Internal Medicine meeting, Nevada Chapter has a reception for Nevada contingency. This year we combined our meeting with Colorado and New Mexico. It was cheaper and noisier. Join us next year and help make some noise.

Like everyone else these days, the financial depression has affected the ACP budget. The Chapters are asked to make up about \$250,000.00 budget deficit. The BOG is in the process of prioritizing where those savings may be derived. One source is a 10% decrease in Governor's allowance, (These are funds issued by ACP to the Chapters to help run the Chapter). I hope this will not have a material effect on our chapter. We still plan to have our local annual meeting. We are still considering eliminating any registration fees for members for next years meeting. We had to charge a registration fee last year because we decreased our membership fee from \$120.00 to \$90.00. But a number of members expressed their criticism of charging a registration fee. We are looking at this very carefully.

Our annual local meeting was held on January 10 at the Golden Nugget. For those of you who attended our annual meeting 2008 & 2009 have met Nevada State requirements for ethics CME, one CME each year. **Dr. Warren Evins**, the Chairman of our Planning committee has an article elsewhere in the newsletter and he will give you details about the meeting.

Dr. Alka Rebentish and **Dr. Gilbert Nyamuswa** have agreed to co-chair the all important membership committee. National ACP has asked all chapters to add at least one new member a month to offset the budget deficit. Please contact Dr. Rebentish, Dr. Nyamuswa Roberta or me if you know someone who wants to join or direct them to our website www.acponline.org.

I was surprised to learn that percentage wide, more subspecialists than general internists are members of ACP in Nevada. We are delighted to have these subspecialists as members. But for general internists the ACP is their only voice and I would have thought more would support this organization. There are a number of other reasons to be a member of ACP, reasons that directly or indirectly benefit the member or his or her patients. I hope to leave this discussion to Drs Rebentish and Nyamuswa in a future newsletter.

As a final word, we are at a critical crossroad. Like it or not change is in store for us. We must join forces to safe guard patient care and protect the high ideals of the practice of medicine. We can do more by within the system than bucking it. On behalf of Nevada ACP, I ask for your support and help. Long live the ACP!

Respectfully,

Gene

From the Executive Director

Greetings ACP members. Other than blast e-mails and phone calls you have not heard from me directly so I am taking this opportunity in the July Newsletter to share with you my experience at the recent IM2009 in Philadelphia, April 23-25, 2009.

IM2009 was a first for me as was Philadelphia. What a bustling city, and with IM2009 it was apparent the city was full with almost 7000 in attendance, according to the ACP Staff, which is higher than IM2008.

My first day in Philadelphia I wanted to be at the convention area early to see first hand what IM2009 was all about. I had received a program ahead of time and already knew the vast amount of lectures that were available to attendees along with hands on presentations, workshops, etc. however I must confess, nothing prepared me for the throng of people exiting the opening ceremony presentation. I stood back against the wall for fear that I would be trampled, people just kept coming and going. It was impressive and inspiring to see so many people at one function all for the same reason. To learn, to network, interact with peers, or more importantly, maybe march in Convocation to be recognized as a fellow.

The Exhibit area was one of the largest I have seen, very well mapped out and the exhibitors very eager and willing to demonstrate or educate you about their products.

I met ACP Chapter Staff that up until this time had only communicated via e-mail or phone, so it was very nice to put a face to a name.

Dr. Eugene Speck, ACP Nevada Chapter Governor marched in Convocation and recognized **Dr. Yekaterina Khronusova** as a new fellow representing Nevada.

I encourage all members who are eligible to march in Convocation to seriously consider it for 2010. It is a spectacular event, both for you and for representation of Nevada.

The Nevada Chapter reception was held on Friday evening along with Colorado and New Mexico. In addition to Dr. Speck, his wife, and myself, there were three Nevada ACP members in attendance. It would have been nice to have more as Colorado and New Mexico had excellent attendance. Overall it was well attended and the food was very pleasing to the palate.

Please let this article serve as a reminder that ACP Nevada Chapter needs YOU, it's members. I am here to help in what ever way I can. Should you have a request, a suggestion, or simply want to communicate something, I am here to listen.

Communication will go out shortly to advertise the Nevada Chapter ACP meeting, and also Internal Medicine 2010. These conferences offer much education, CME, interaction with peers and give YOU, the member a chance to voice what is on your mind.

Many of you have communicated recently that more advertisement is necessary for you to block time or be reminded of conferences, it is my goal to make sure this happens and that it produces record breaking attendance for our Chapter meeting and Internal Medicine 2010.

I look forward to hearing from you.

Roberta Again

From the Chair of the Planning Committee

Warren Evins, M.D., FACP

The 2010 Annual Scientific Meeting and Resident and Student Poster Competition of the Nevada Chapter ACP will occur in January 2010. The date, place, and speakers are not yet finalized. The deadline for students and residents to submit abstracts for the Poster Competitions will be midnight on November 1, 2009. Copies of the abstracts must also be submitted to **Roberta Again**, Executive Director, Nevada Chapter American College of Physicians, at email address: Rae7773@cox.net.

We will again have two Poster Competitions, one for ACP Nevada Chapter Associate Members (Resident Physicians) and one for Medical Students at Touro University—Nevada and the University of Nevada School of Medicine (UNSOM). Each competition will have two categories: Research posters (presentations of original research conducted to a significant extent by the Poster presenter, possibly with help from others) and Clinical Vignettes (clinical presentations of an interesting or unusual patient's disease or medical problem(s) seen by the Poster presenter with a bibliography researched to show the uniqueness and/or educational value of the situation). There will be no limit on the number of entrants in the Research competitions. However, this year each Resident Program (UNSOM-Las Vegas, UNSOM-Reno, and Touro-Valley Hospital) will be limited to a maximum of seven (7) entrants in the Clinical Vignette (CV) competition. This may require the Residency Program Director

or designee to hold an Abstract competition to select the final seven entrants CV entrants before the November 1, 2009 deadline for Abstract submission.

We are again planning monetary awards to the first, second, and third place winners in each of the four categories. Each Poster Competition entrant will also receive a gift from the Nevada Chapter. The first place winners in each of the four categories will be given financial support to attend either the April 22-24, 2010 Toronto, Ontario, Canada, National ACP Associate Poster Competition or the ACP Student Member's Poster Competition. Winner's names will be forwarded to the National ACP, but students who are interested in attending the National Competition may have to pre-register for the Student Competition as the deadline occurs before our Chapter's meeting. Student entrants to the National Competition who are not winners on the Chapter level can then cancel their registration if they don't have the financial resources to attend.

This year National ACP has had serious financial problems. This has resulted in budget cuts for our Nevada Chapter, including the elimination of funding for the attendance of a College Representative (CR) to our Annual Chapter Meeting. Because we at the Nevada Chapter think that the attendance of a CR is extremely helpful to our students, resident physicians and ACP membership, that the information that the CR presents in the CR talk, and that the personal interaction between our members and the CR is so important, we are investigating the possibility of the Chapter funding the CR visit.

For financial reasons, in part, the ACP has entered into a relationship with Pri-Med, an educational company that sponsors CME for primary care physicians. Pri-Med used to present Las Vegas meetings with free CME twice a year lasting two days each and co-sponsored by the Clark County Medical Society and Blue Cross. These meetings ceased in Las Vegas about 18 months ago, although they used to attract around 800 physician attendees.

Pri-Med is planning to restart meetings in Las Vegas both on their own and co-sponsored with ACP. In the co-sponsored meetings, called Pri-Med Access with ACP, ACP will be given a stipend to determine the program's content and speakers. National ACP would like Chapter meetings to be run concurrent with the Pri-Med Access with ACP meetings, but this will not be compulsory. Pri-Med has already scheduled a December 2009 meeting without ACP in Las Vegas, but has yet to schedule any 2010 meetings. The Nevada Chapter might hold a concurrent meeting with Pri-Med in 2011, but we would have to be invited to do so by Pri-Med and find the meeting time to be appropriate for our Annual Meeting and for the Poster Competitions (whose winners have to be chosen by a date given by National ACP so that the winners can be admitted to the National ACP Poster Competition).

ACP members who would like to volunteer for the Program, Planning, Awards, or Poster Competition committees or to be Speakers at the January, 2010 Annual Scientific Meeting can contact **Roberta Again** at the above email or **Warren H. Evins, MD, PhD, FACP** at wevins@yahoo.com.

The 2009 Annual Meeting was very successfully held at the Golden Nugget Hotel and Casino on January 10, 2009. **Jeffrey Harris, MD, FACP**, the current ACP President arrived on January 8th with his wife and appeared on Channel One News at 9 pm with Jeff Gillan to talk about the Patient centered Medical Home. The next day, Dr. Harris appeared on KNPR's "State of Nevada" with Ian Millcrest and **Dr. Eugene L. Speck**, the Governor of the Nevada ACP Chapter. Later that day, **Drs. Harris, Speck, Warren H. Evins, MD, PhD, FACP**, Program Chair for the Nevada Chapter, and **Scott Craigie**, Nevada State Medical Association's Chief Lobbyist (who arranged the editorial board meetings) met with the editorial boards of the Las Vegas Review-Journal and the Las Vegas Sun for about one hour each session. **Drs. Harris, Speck, and Evins** and **Mr. Craigie** then met with Touro University—Nevada Medical Students in the Internal Medicine club.

On Friday, January 9, 2009, Dr. Harris met with residents, medical students, and faculty at the UNSOM-Las Vegas campus in the morning and with residents, medical students, and faculty at the Touro University—Nevada Valley Hospital residency site. All of the Speakers attended the Speaker's Dinner at the Golden Nugget Hotel and Casino's Vic and Anthony's steakhouse.

There were 9 hours of CME credit available for attendees of all of the Annual Scientific Session and the Poster Competitions. We heard reports from **Dr. Jeff Harris**, ACP President and the College Rep on the state of the ACP and on the Patient Centered Medical Home. **Bob Doherty**, the ACP Senior Vice President for Government Affairs updated us on the state of Washington D.C.'s medical politics. We also heard a great hour of Medical Ethics from **Jerry Calvanese, MD**, the Nevada State Board of Medical Examiners consultant and reviewer, and talks about pain control in geriatric patients from UCLA's **Dr. Brandon Koretz**, office based coding from UMC's **Dr. Iyad Houshan**, dermatology lesion recognition from Las Vegas' **Dr. Johnnie Woodson**, MRSA from international expert **Dr. Amar Safdar** from M. D. Anderson Cancer Treatment Center, and an update on the Endoscopy Clinic mess in Las Vegas from the Southern Nevada Health District's **Dr. Larry Sands**.

The Poster Competition was very successful, despite no entries from medical students. First place prizes were awarded to two UNSOM-Reno associate/resident members, who also received a monetary prize and financial support to present their posters at the Philadelphia National ACP meeting in April, 2009. First place winner in the Clinical Vignette poster category also was a prize winner at the National ACP Poster Competition, **Dr. Beheshteh Nakhaee**. The first place winners in the Research category was **Dr. Saad Jahangir** whose topic "*Preservation of Fat From Mass in Overweight Patients Experiencing Rapid Weight Loss*" and **Saman Hayatdavoudi's** topic "*Effect of the implementation of a protocol employing vassopressor restrictive and fluid liberal strategies on the survival of the sepsis*". We again had superb Judges of the Poster Competitions: **Scott Litin, MD, MACP**, and **Gary Schwartz, FACP**, both from The Mayo Clinic, Rochester, Minnesota.

We also held a successful Town Hall meeting and Awards luncheon. **Drs. Speck, Evins, Harris** and **Mr. Doherty** spoke and answered attendees questions at the Town Hall meeting. **John Ellerton, MD, FACP**, a former Nevada Chapter Governor who initiated the Annual Scientific Meeting and Poster Competitions, was the first recipient of the Nevada Chapter Laureate medal. **Warren H. Evins, MD, PhD, FACP**, the Chapter's Planning & Program Chair and a member of the Governor's Council and other committees received the Volunteerism and Community Service Award.

ACP Leadership Day on Capitol Hill 2009

Mitchell D. Forman, D.O., FACR, FACOI, FACP

As the designated representative of **Eugene Speck, M.D., PhD, FACP**, the Nevada Chapter Governor, I am happy to summarize the events surrounding ACP Leadership Day on Capitol Hill 2009. **Scarlet Sparkuhl Delia, MS IV** from Touro University Nevada and I joined 420 ACP state representatives and 110 medical students for a meeting to identify, discuss and disseminate critically important issues regarding national health care, upcoming legislation and our planned meetings with our national representatives (House of Representatives and Senate). The National ACP Office coordinated a full day interactive program on Tuesday, May 19, 2009, that provided a valuable opportunity for selected members of their respective state chapters to interact with ACP leadership, members of Congress or their senior staff, and health care advisors to **President Obama**. The meeting culminated with an opportunity for Scarlet and I to meet as a team with all of our Representatives (**Reps. Dean Heller, Shelley Berkley, & Dina Titus**) and **Senator John Ensign**. **Senator Harry Reid** was not available but we met with his Senior Health Counsel, **Kate Leone**, on Wednesday, May 20th. We reinforced the message that the Nevada Chapter of the ACP and its members are available to them as resources of medical information and health care issues.

More than 10,000 bills are submitted over the 2 year session. Ultimately 4% pass deliberation and voting, and 33% of those involve the renaming of post offices and federal buildings. Our national representatives may not have in depth knowledge of specific health care issues or the specific health care legislation that comes before them. This is a unique opportunity for the ACP and its membership to inform and educate our national representatives and their staff regarding key health care issues and to remind them that the ACP and its regional membership is an important informational resource to them. This was one of the important messages that Scarlet and I left for our representatives.

Bob Doherty, Senior Vice President, Governmental Affairs and Public Policy, set the tone for the question of “how will health care reform occur?” by describing some sobering statistics. Currently, there is a shortage of at least 16,000 primary care physicians and it is anticipated that up to 40,000 more primary care physicians may be needed. 17% of US medical graduates consider primary care as a career choice, and 2% of US medical graduates now pursue general internal medicine. The cost of medical education often leaves debt in excess of \$150,000 for medical school graduates and they chose career paths that appear to be more lucrative. The current health care system rewards volume more than quality. Allied health care professionals (NPs & PAs) are beginning to pursue specialty care services. Understanding the specific health care issues, and the ACP position, and coordinating our efforts is an effective way to influence health care policy and decisions.

One of the more interesting discussions was by **Robert Kocher, MD**, Special Assistant to the President (or other high ranking member of the White House staff). He reinforced that **President Obama’s** major issue is health care. The goal being to: (1) decrease the cost to families, businesses and government, (2) provide an increase in the choice of doctors, insurance plans and hospitals; and (3) increase incrementally a change in the quality of health care. Currently, the cost of health care in decreasing order is: outpatient care > hospital care > medication > administration. Most of the effort in the past has been aimed at reducing medication and administrative costs. The plan is to place more effort on reducing outpatient and hospital costs. However, this change in policy must acknowledge that U.S. medication costs are 70% greater than in other countries and there is a 17% increase in cost based on research and development (R&D). Some of the changes discussed by the Obama Administration are insuring that third party payers provide accurate information regarding payments at the time of the visit. Payments to hospitals will be based on some form of outcome measure. For example, if a patient is discharged too soon and is readmitted shortly afterwards, hospitals may not be compensated for the second admission. Clearly, this will be a very complex and confrontational issue. There was a discussion of quality issues being considered including: establishing standards and objectives (priorities and goals) for chronic disease management; collecting data on treatment and outcomes; analyzing & understanding outcome variation; identifying trends and correlations including reasons for variation from what is expected; reporting and disseminating these outcomes; synthesize, format and share data and findings through targeted channels (similar to the quality of care surveys many companies now utilize); and influencing stakeholder decisions.

Concerning patient choice in a possible national health care plan, Dr. Kocher summarized the administration’s discussions:

1. If you like what you have, keep it
2. Patients can choose their doctors
3. Remove pre – existing conditions clauses
4. Support continuity of care
5. Reduce medical cost for your patients and insurance companies by making patients healthier (perhaps by allowing for initiatives such as patient centered medical home)
6. When jobs change, maintain current insurance despite the distortion between insurance costs between small and large businesses.

Where will the money come from to provide greater reimbursement to primary care physicians? Theoretically, healthier patients will be less expensive to manage. If you reduce specialty reimbursement/salaries by 1%, you get a corresponding increase in primary care payment of 10%. Obviously, this is a controversial and adversarial issue. Two of Nevada’s congressional representatives specifically stated they were against this method of reallocation.

Visit the Chapter website at
http://www.acponline.org/about_acp/chapters/nv

The following are some of the topics discussed at the meeting and that represent priority issues for the ACP:

1. Ensure that all Americans will have access to affordable coverage
 - a. Provide sliding scale subsidies based on income to buy coverage from qualified plans
 - b. Qualified plans must meet certain quality standards
 - c. Expand Medicaid to cover all persons below the Federal Poverty Level & ensure payments to participating physicians
 - d. Responsibility for financing should be shared by individuals, employers and government
2. Pilot test new Medicare payment models that re-align incentives to support effective, efficient, patient-centered coordinated care.
 - a. Priority to models designed to support the value of primary care physicians as well as models that create incentives to improve quality, effectiveness & efficiency of care provided.
 - b. The Patient – Centered Medical Home should be among the models selected. There is specific legislation being considered (HR 2350 – Preserving Access to Primary Care Act).
3. Improve Medicare fee for service system payments to make primary care competitive with other specialties (included in HR 2350)
 - a. Direct the Secretary of HHS to conduct a market analysis to determine how much payments for primary care should be increased to make primary care physicians competitive with other specialties within 5 years.
 - b. Replace the Sustainable Growth Rate (SGR) formula with a system that provides fair, predictable, and stable updates for physician services.
4. Establish a national workforce policy to ensure sufficient numbers of primary care and other physicians.
 - a. Establish a national workforce commission to recommend national goals relating to the numbers and distribution of physicians and other health care professionals, including increasing the supply of primary care physicians
 - b. Increase the number of Medicare – funded GME positions available each year in adult primary care specialties.
 - c. Provide new loan repayment and medical school scholarship programs in exchange for primary care service in critical shortage health facilities, or in critical shortage areas of the country.
 - d. Increase funding for scholarships and loan repayment program under Title VII as well as increase funding for the National Health Services.
 - e. Provide new practice – entry bonus for scholarship or loan repayment award recipients who remain in underserved communities after completion of service obligation.

Leadership Day is one activity in our chapter's year – round plan to create and maintain relationships with members of Congress. I encourage the Nevada Chapter of the ACP and its membership to:

1. become more aware of the local, state and national health care issues,
2. be aware of the ACP policies and positions regarding health care,
3. utilize the resource of the Nevada Chapter and our National offices to become more educated regarding health care issues,
4. recruit our non – member internal medicine colleagues to join our organization. In numbers there is power!

5. Contact your state and national representatives in supporting health care legislation that promotes the ACP health care policy and the health of our patients.

Senator Harry Reid

Bruce R. Thompson Courthouse & Federal Building, 400 S. Virginia St, Suite 902, Reno, NV 89501

Senator John Ensign

Bruce R. Thompson Courthouse & Federal Building, 400 S. Virginia St., Suite 738, Reno, NV 89501

Representative Dean Heller

400 S. Virginia St, Suite 502, Reno, NV 89501, 775-686-5760

Representative Shelley Berkley

2340 Paseo Del Prado, Suite D-106, Las Vegas, NV 89102, 702-220-9823

Representative Dina Titus

8215 S. Eastern Avenue, Suite 205, Las Vegas, NV , 89123, 702-387-4941

Mitchell D. Forman, D.O., FACR, FACOI, FACP

Dean & Professor

Touro University Nevada College of Osteopathic Medicine

874 American Pacific Drive

Henderson, NV 89014

(702) 777-1785

mitchell.forman@tun.touro.edu