

Upcoming Events

National Internal Medicine 2009:
 April 23-25, Philadelphia, PA

MI Chapter Associates Meeting:
 May 8, 2009, sponsored by the
 WSU Sinai Grace Program
 to be held at
 Sterling Inn, Sterling Heights, MI

MI Chapter 2009 Annual Meeting:
 September 25-27
 Grand Traverse Resort
 Acme (Traverse City), MI

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Governor's Corner



Is there value to ACP membership? This is a question that has occupied me during the fall, having participated in both our annual Chapter meeting and soon thereafter in Minneapolis the meeting of the Board of Governors of the ACP. At a time when our trainees are incurring heavy debt and many of our practitioners are struggling with level or falling incomes, we must ask this question, of our national leaders and of ourselves.

I am convinced that most of us do not understand the wonderful job being done by the ACP on our behalf, both in terms of the products and services it offers and in terms of the advocacy work being done. We got a hint of this at our Dearborn meeting when **Robert Doherty**, the ACP's Senior Vice President for Governmental Affairs and Public Policy delivered his keynote speech *"Will the Election Create a Mandate for Health Care Reform?"** and when the visiting Regent, **Dr. Barbara Turner** reviewed the products and services provided by the ACP. We heard about the ACP's credibility on Capitol Hill and its central role in bringing key messages such as the collapse of primary care to the attention of lawmakers. The ACP is active in thinking about new models of care delivery that will respond to concerns of patients and physicians alike (see article which follows about the Patient Centered Medical Home). And, we have entered an era of accountability that is thrusting measurement of performance to the forefront. The ACP is participating in key groups such as the National Quality Forum which are building the science of measurement "on the fly". Finally, the ACP is working to assist internists in achieving the practice transformation that will be required regardless of which reimbursement reforms are adopted (see article on Quality Initiatives within). All this on top of the tried and true products such as MKSAP and the high-quality national meeting. As one of our members put it, "As a longstanding "in the trenches" physician I was very impressed with the amount of work that the ACP is doing on my behalf. I was unaware of the scope, breadth and commitment of the organization" As your Governor, I can only concur and pledge to try and bring to you as much information as possible about what the ACP is offering its members. In my view, it's quite a bargain. But the ACP is continuing to ask itself, "where is the value" and to revise its products and services accordingly.

I think we have to also raise the question of value at our Chapter level too. Our Chapter meeting has traditionally been of very high quality, spread over 2-3 days, with an array of educational offerings. It also offers us the opportunity to connect with colleagues from across the state, enjoying the warmth and support of lifelong professional friends. There is a spirit and passion in our meetings that is quite wonderful. This year was no exception: some feel perhaps it was our best meeting ever. But, despite its quality, we attract only a very small number of the

internists in Michigan to our meeting. Costs of putting on the meeting continue to rise, having to do with travel support for speakers, a/v costs, support staff costs and meal costs. Costs to membership are steep as well for registration, lodging and travel. Are we delivering a product of value to our membership? Are we attractive enough to new members who join our meeting in very small numbers? Is pricing an issue threatening the vitality of our Chapter? I think the Chapter leadership has a responsibility to review such questions periodically and I pledge to do this. I have asked our District Representatives to talk to colleagues in their communities and bring advice to our next Council meeting. I plan to involve you all in discussion of these issues using the new FORUM tool on our website (see article within). We have a wonderfully strong and vibrant Chapter - and we need to keep it that way, by delivering value to our members.

** slides of Mr. Doherty's presentation are available at the Chapter website www.acpmichigan.org*

ARE YOU A KEY CONTACT?

After the US presidential election, hopefully there will be much activity directed at health care and workforce reform. Thus, it is likely to be a very important year for us to maximize input to our congressional representatives and senators. The easiest way to do that is to become a KEY CONTACT for the ACP.

ACP's continued success on Capitol Hill greatly depends upon year-round grassroots support from the College's over 5,000 Key Contacts. Key Contacts communicate with their members of Congress on issues of importance to medical students, internists and their patients, and report the results back to ACP. To enroll as a Key Contact, ACP members are not required to have existing relationships with their members of Congress. ACP gives them the tools necessary to develop and maintain relationships. The program is open to all membership categories.

As your Governor, I urge you to become a Key Contact and to make your opinions known to our leaders. To enroll in the Key Contact program, go to www.acponline.org. Select Advocacy (top right) and then select Key Contact Program (left).

HAVE YOU CHECKED OUT THE NEW CHAPTER WEBSITE?

After many months of deliberation and planning (we are, after all, internists!) we have decided to go with a separate Michigan Chapter website, rather than rolling it all into the national Chapter website. We did this for several reasons, but primarily because we wanted to have a very dynamic website with links to the Michigan State Medical Society and other sites for advocacy purposes, and because we wished to create a long-asked-for communication device which is now up and running. We call it the FORUM and it essentially is a blog for our chapter. We have created categories of topics (events, residency-related, health policy, etc) and invite you to log on and raise issues of interest or concern. From time-to-time we will direct you to this site via email, inviting your reaction to various ideas and issues. We have set up interchange with the ACP's national website on our website, so as to offer 'one click' shopping. **So enter www.acpmichigan.org into your browser.**

Here's how you get started: go to acpmichigan.org, click on Forum (left corner of the page). In the center, at the top, click on REGISTER. Click 'accept' regarding rules of usage, and set up a username and password. After that you can click on the Forum to get into the site, log-on and then look for the topics that interest you. **Please try this out and let us know your views about our new forum.**

What's Up with the Patient-Centered Medical Home (PCMH)?

The answer is 'LOTS', both nationally and within Michigan. Formerly known as the Advanced Medical Home, the PCMH is getting quite a bit of attention as a concrete response to the some of many problems that beset our health care system: the impending collapse of primary care, the escalating costs and volume of services, the poor access to care, a dysfunctional payment system, excessive administrative costs, and no link between cost and quality. While the PCMH is only part of a larger health care reform agenda, it IS a vision of health care as it should be and a model to test, improve and validate.

What is the PCMH? It is a coordinated delivery system that has primary care at its core. It has been demonstrated that as primary care increases, there are associated decreases in hospital admissions, ED visits and surgeries, along with

improved outcomes and reduced costs. The PCMH will feature a physician-led team delivering high quality care with a whole-person orientation. It will require improving access and communication across the system, organization of office structure and processes to achieve disease management, and use of evidence-based guidelines, patient self management techniques and measurement to achieve quality improvement.

The PCMH proposes not only a new model of care, but a new model of reimbursement: the provision of monetary incentives to physicians on top of fee-for-service reimbursement. Such incentives have to pay for the increased cost of providing better coordinated care, team services and disease management. But they also have to achieve better incomes for primary care physicians. If payments are at a level of say, \$3 per member per month, this will yield very little additional income to physicians and will be unlikely to incentivize physicians to take necessary steps. Further, it will result in incomes that are grossly insufficient to make a career in primary care attractive to our young trainees, only 2% of whom are currently contemplating careers in general internal medicine. On the other hand, if such incentives can support needed changes in practice structures and processes AND result in meaningful income augmentation for generalists, then the PCHM has a chance to succeed or at least spawn improved models that themselves can succeed.

There are many pilot studies of various types of PCHM's underway nationally, and the ACP is actively engaged in helping to address the many devilish details. Not only is the ACP lobbying for funding for pilot studies, it has organized an Office of Practice Advocacy and Improvement, headed by Senior VP, **Michael Barr, MD, MBA, FACP**. In Michigan, Blue Cross Blue Shield has launched its own pilots that hopefully can shed light on reforms that can be good for doctors AND payors. The Michigan Chapter is participating in the Michigan Primary Care Collaborative (MPCC), a locus for key major stakeholders to address the need for reform of primary care delivery in Michigan.

In early October, **Ruth Hoppe, MD, FACP** and Chapter Governor, represented our Chapter at a meeting sponsored by the Michigan State Medical Society to bring leadership of the state's generalist physician organizations together to discuss the PCMH. There were representatives from pediatrics, family medicine and the osteopathic profession. It was agreed that the organizations would collaborate on creation of a flexible communication device addressing the primary care and workforce situation in Michigan, and how the PCMH is viewed as a hopeful response. We envision taking this message statewide to many professional and lay groups. Stay tuned.

What is Practice Transformation? Is It Necessary?

One hears a lot these days about "practice transformation". What is it? There is a growing consensus that our usual ways of caring for patients require change. This is based on evidence that shows our delivered outcomes of care are not meeting our own expectations and further, that costs bear little relationship to quality of care. There have been many calls to change our office routines, particularly those dealing with chronic conditions - the bread and butter of internal medicine. The Institute of Medicine has identified six categories of change that practices need to accomplish in parallel:

- **Self-Management:** Effective self-management is very different from telling patients what to do. Patients have a central role in determining their care, one that fosters a sense of responsibility for their own health.
- **Decision Support:** Treatment decisions need to be based on explicit, proven guidelines supported by at least one defining study.
- **Clinical Information System:** A registry - an information system that can track individual patients as well as populations of patients - is a necessity when managing chronic illness or preventive care.
- **Delivery System Design:** The delivery of patient care requires not only determining what care is needed, but clarifying roles and tasks to ensure the patient gets the care; making sure that all the clinicians who take care of a patient have centralized, up-to-date information about the patient's status; and making follow-up a part of standard procedure.
- **Organization of Health Care:** The effort to improve care should be woven into the fabric of the organization and aligned with a quality improvement system.
- **Community:** Community programs and organizations that can support or expand a health system's care for chronically ill patients and prevention strategies are often overlooked.

It is likely that evolving reimbursement policies will reflect these notions of better outcomes with chronic disease at lower or at least slowed incremental costs. Yet, change is difficult and until strong incentives emerge to support difficult

change processes, wholesale alterations in business-as-usual are unlikely. It would seem that the current task is to carefully think through what changes ARE possible, and to set about trying to make progress. Our colleagues in Family Practice have taken practice transformation to heart and are providing practitioners with tools to incrementally accomplish change in office routines (see www.aafp.org/online/en/home/practicemgt/transformation.html).

Our Chapter has started a series at its annual meeting titled "Office Practice Workshop" in order to bring practical and achievable ideas that relate to practice transformation to membership. We intend to continue this now-regular feature of our meetings.

THE DEARBORN MEETING LOCALE WAS A SUCCESS

In early September, we held our annual meeting in Dearborn, continuing our new practice of rotating around the state. In addition, we tried out Saturday-only registration for the first time. Both of these new ideas seemed to work. Over 415 participants registered (8% for Saturday only), including 42 medical students, 197 Associates, and 152 Members, Masters and Fellows plus some non-members and guests. Numbers in each category are up from recent years and many participants commented on the exceptional quality of the programs and presentations.

As one participant put it, *"In all the years I have been a member, I must admit I had never before attended a conference. The sessions were very informative. I especially enjoyed the luncheon talks of Dr Eagle and Mr. Doherty. I was also very impressed during the ACP conference by the passion, clarity of vision, and leadership qualities of our members!"*

Kudos to Program Chairman **Sean Kesterson** and others on the Program Committee (**Drs. Mike Barnes, Paul Grant, Martha Gray, Raymond Hilu, Scott Kaatz, Anna Lukowski, Mary Nettleman, and Nicole Rocco**) for their hard work in creating such a successful meeting. Next year we will return to Traverse City at the Grand Traverse Resort on Friday through Sunday, September 25-27, 2009. SAVE THE DATE! And the year after that we return to Kalamazoo on September 29-October 2, 2010.

DO YOU NEED TO RECERTIFY? INTEREST IN ABIM SEP MODULES FOR MOC CONTINUES TO GROW

At our meeting in Dearborn, we again conducted Self Evaluation Modules (SEP) developed by the American Board of Internal Medicine (ABIM). This year we embedded two 10-point modules into our meeting rather than schedule a separate pre-course. **Drs. Khaled Imam and Penelope Barker** from the Division of Geriatrics at Beaumont Hospital conducted one module on Geriatrics, followed by **Drs. Anna Lukowski, Kelly Caverzagie, Ellen Hummel, Heidi Gunderson, and David Paje**, from Henry Ford Health Systems who led a review of Hospital Medicine. The modules had 45 and 68 registrants respectively, with about half of the participants receiving points toward ABIM Maintenance of Certification (MOC).

MICHIGAN INTERNISTS ARE HONORED IN DEARBORN

Two leaders in Michigan internal medicine were given the ACP Laureate Award this year, bestowed at the September meeting in Dearborn. These included **Mary Nettleman, MD, MACP** and **Boy Frame, MD, MACP**. The Laureate Award honors fellows or masters of the colleges who have demonstrated an abiding commitment to excellence in medical care, research and medical education along with service to their community and to the ACP. Dr. Frame's award was given posthumously and **Rick Frame, MD** accepted the award on his father's behalf.



Mary Nettleman, MD, MACP receiving award.



Rick Frame, MD accepting award for his father, Boy Frame, MD.



Thomas Alguire, MD, FACP was awarded the Chapter's Volunteerism and Community Service Award for his work in helping establish a Hospice program in his community of Grand Haven and for his commitment to participation as a volunteer teacher in both the Chapter and National meetings of ACP.

Ponan Dileep Kumar, MD, FACP was given Governor's Award by Governor Ruth Hoppe for his leadership of the Doctor's Dilemma competition which has become a regular feature of both our fall and spring meetings.



*And finally, two ACP Lifetime Achievement Awards were given, one to **Fred Whitehead, MD, MACP** and another to **Richard Judge, MD, FACP**. For their long and distinguished service to medical education in Michigan and contributions to the Michigan Chapter*

Fred Whitehead, MD, MACP



Drs. Sean Kesterson, Richard Judge and Kim Eagle

IS THERE AN OUTSTANDING INTERNIST IN YOUR COMMUNITY WHO DESERVES RECOGNITION?

We have many wonderful internists in Michigan who are deserving of recognition, either by the Chapter or at the national ACP level and we need to identify them. The Awards Committee for the Michigan Chapter for 2008-09 is being chaired by past-Governor **Ernie Yoder, MD, FACP** and includes **Larry Feenstra, MD, FACP**, **Ruth Hoppe, MD, FACP**, **Jan Rival, MD, FACP**, **Louis Saravolatz, MD, MACP**, **Richard H. Wakulat, MD, FACP**, **Michael Zaroukian, MD, PhD, FACP** and **Ved Gossain, MD, FACP**. Send your ideas to these folks or simply contact **Marty Muth** at muthm@msu.edu.

ASSOCIATES MAKE AN IMPRESSIVE MARK AT DEARBORN MEETING

The Dearborn meeting again saw many poster and oral abstracts submitted by our strong programs in Internal Medicine and Med-Peds. The winners were:

Research

Saad Sirop, McLaren Regional Medical Center	1st Place (Oral)
Sudipto Mukherjee, William Beaumont Hospital	2nd Place (Oral)
Radhika Dhamija, Kalamazoo Center for Medical Studies/MSU	3rd Place (Oral)
Saad Sirop, McLaren Regional Medical Center	1st Place (Poster)
Sreenivasa Chandana, Michigan State University, East Lansing	2nd Place (Poster)
Teena Chopra, Wayne State - DMC	3rd Place (Poster)

Case Report

Deepti Bhandare, Wayne State - DMC

Jaspreet Grewal, St. Joseph Mercy Hospital, Ann Arbor

Anita D'Souza, William Beaumont Hospital

Anjan Chakrabarti, University of Michigan

Eva Gupta, St. John Hospital and Medical Center

Abhijeet Basoor, St. Joseph Mercy- Oakland

1st Place (Oral)

2nd Place (Oral)

3rd Place (Oral)

1st Place (Poster)

2nd Place (Poster)

3rd Place (Poster)

CQI/EBM

Anjan Kumar, Oakwood Hospital and Medical Center

Saad Sirop, McLaren Regional Medical Center

Winner (Oral)

Winner (Poster)

On Thursday evening four Michigan residency programs competed in the Doctor's Dilemma finals, organized again by **Dileep Kumar, MD**. Participating programs included teams from St. Joseph's Oakland, Hurley Medical Center, Michigan State in E. Lansing and Henry Ford Health Systems. This year the Hurley team took away the honors. **Drs. Raminder Singh, Raghu Gowda, and Santhi Arikati** will represent the Michigan Chapter at the National Dr's Dilemma Finals at Internal Medicine '09 in Philadelphia next April.



MEDICAL STUDENTS ALSO SHINE AT SEPTEMBER MEETING

We were delighted to host over 42 medical students representing all of the state's medical schools, including the MSU College of Osteopathic Medicine. A new element of this year's student program was presentation of their invited posters, abstracts and creative pieces (short narratives, poetry, etc). Over 40 submissions were entered and all students participated in a feedback session led by **Drs. Dianne Levine, MD, FACP** and **Nelia Afonso, MD** at Wayne State University School of Medicine. We have selected some of these presentations for posting on our web site over the next several months. Please go to www.acpmichigan.org and check these out. We have some very special students in our midst! This winter Dr. Levine and colleagues will be sponsoring a special student meeting, financially assisted by a small grant from ACP National (we had hoped to initiate this meeting last year but were unable to, so are reprising the idea for 2009). Details will soon be available on our website.

NEW GOVERNOR'S COUNCIL MEMBERS

Each year a third of the representatives to the Governor's Council have their terms expire and an election is held to fill these seats. This year **Mark McQuillan, Davoren Chick, Laura Carravallah, Ved Gossain, Joyce Leon, John Sheagren** and **Carl Hammerstrom** were elected. **Drs. Caravallah, Gossain, Hammerstrom** and **McQuillan** have served on the Council previously. New Council members include **Drs. Chick, Leon, and Sheagren**. If you are interested in running for a seat on the Governor's Council or know someone who would, please contact **Marty Muth** (muthm@msu.edu).

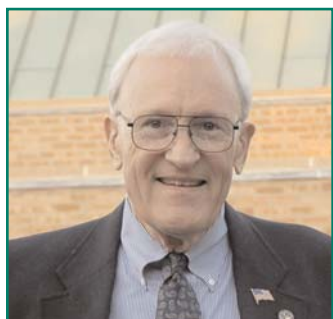
MEET MICHIGAN INTERNISTS



Nicole Rocco, MD, a clinician educator from Henry Ford Health Systems, was born and raised in Farmington Hills, MI. She graduated from the University of Michigan with a degree in chemistry and followed by receipt of her M.D. degree from Wayne State University School of Medicine. In 2007 she completed residency training in Internal Medicine at Henry Ford Hospital and subsequently joined the General Internal Medicine academic medicine group there. Nicole sees patients in the outpatient clinic at Ford, and participates in inpatient rounding on the teaching service as well, plus serving as an attending in the resident clinic.

In January 2008, she became the Clerkship Director for Internal Medicine. As a resident Nicole was very active in the Michigan ACP and for the past one year has been serving as a member of the Michigan Chapter Program Committee for the annual Chapter meeting.

Nicole is married to **Vito Rocco**, who is an Emergency Medicine physician at William Beaumont Hospital at the Royal Oak campus. Nicole and Vito both come from Italian families that remain at the core of their lives. Nicole loves to run and has completed several marathons. She and Vito also love to travel and to share good food with family and friends.



John N. Sheagren, MD, MACP was born in northern Illinois, attended Carleton College, graduated from Columbia University's College of Physicians and Surgeons in NYC, completed Internal Medicine Residency at the Massachusetts General Hospital in Boston and fellowship training in Allergy and Infectious Diseases at the NIH in Bethesda, Maryland. From 1971 to 1989 Dr. Sheagren was a faculty member at Howard University and George Washington University School of Medicine in Washington, D.C. followed by 12 years of service at the University of Michigan Medical School where he served as Chief of the Medical Services at the Ann Arbor V.A. Medical Center and Professor and Associate Chairman of the Department of Internal Medicine. In 1989, Dr. Sheagren became Chairman of the Department of Internal Medicine at the Illinois Masonic Medical

Center (IMMC) in Chicago. In late 2007, Dr. Sheagren moved to Grand Rapids, Michigan where he now functions as a Special Assistant to the President of the Grand Rapids Medical Education and Research Center, an Associate Program Director of the Internal Medicine Residency, and a Professor of Medicine at the Michigan State University College of Human Medicine.

Dr. Sheagren has won many student and resident teaching awards and has a long history of service to the ACP, running for Governor of ACP Chapters in Michigan and Illinois. He received a Laureate Award from the Illinois Chapter and in 2005 was elected to Mastership in the ACP. This year he was elected to the Governor's Council of the Michigan ACP. Dr. Sheagren has been married for 50 years to **Victoria Anne Kneever's Sheagren**, whom he met at Carleton College. The Sheagrens have three children, six grandchildren and four great grandchildren. Welcome back to the Michigan ACP, John!

Visit the chapter website at
www.acpmichigan.org

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