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In Memoriam



Ben Henderson, DO, age 65 of Mobridge passed away August 17, 2007 in Sioux Falls. Dr. Henderson was a Clinical Professor with the Dept. of Internal Medicine, was an active participant and Fellow in the ACP and was our 2004 SD Chapter Laureate Award winner.

From the Governor



It is with both some sadness and relief that I write my last newsletter.

The major contributor to and editor of the Summer, 2008 missive will be our new Governor, **Rick Holm, MD, FACP**. **Rick** has vast experience in print and broadcast journalism so I'm confident future editions will be even more informative, educational and uplifting!

It has been an honor, privilege and pleasure to serve as South Dakota Chapter ACP Governor the last four years. Chapter activities require a team effort, and my term would not have been pleasurable or in any way successful without the tremendous and consistent efforts of many committed chapter members who wished to make a positive contribution to the medical profession, and Internal Medicine specifically, by advancing both locally and nationally the American College of Physicians' many agendas. These include, in part, planning, promoting and presenting excellent CME events, encouraging medical students to pursue Internal Medicine, supporting and mentoring IM residents and our younger colleagues in practice, and advocating reforms that expand patient access to high quality longitudinal care and recognize the essential roles Internists, as generalists, hospitalists, or sub-specialists, play. As space allows for the remainder of this letter, I will therefore try to highlight some of our recent Chapter accom-

plishments and thank, by name, those members who made major contributions. I will not be able to acknowledge everyone who participated in our committees, presented at, or attended our state or national scientific sessions, or made other donations in time or treasure to support our chapter activities, but please understand that every gesture of support has been vital and greatly appreciated!

My first big THANK YOU must go to **Kris Rahm**, our Chapter Executive Director, who has been essential in organizing committee schedules and agendas, helping with all aspects of our annual meeting planning (hotel, meeting rooms, audiovisuals, food, entertainment, registration, speaker confirmations, etc., etc., etc.), collating our newsletters (which typically have multiple contributors), many letters, minutes, Evergreen Awards and grant applications, and our Chapter Annual Report, and especially motivating the Governor to stay focused and on task! As a result, the South Dakota Chapter received the ACP Chapter Excellence Award for meeting seven basic and seven of twelve optional standards for successful chapter management in 2005, 2006 and 2007! Integral to this were also the efforts of our chapter Executive Council members: **Drs. Richard P. Holm**, Governor-Elect; **Cathy Gerrish**, Council Chair; **Robert Suurmeyer**, Council Chair-Elect; **Thomas Braithwaite**, Treasurer,

William O. Rossing, Chair, Awards & Nominations Committee; **Ashok Kumar**, Chair, Finance Committee; **Robert Allison**, Chair, Health & Public Policy Committee; **Cathy Leadabrand**, Chair, Membership Committee; **Cindi Pochop**, Chair, Program Committee; **LuAnn Eidsness**, Chair, Sanford USD Internal Medicine Department; and **Robert Talley**, Sanford USD Internal Medicine Residency Director. THANKS TO ALL! Also essential were the efforts of our committee members:

Awards & Nominations

Chair: William Rossing
Members: Jack Barker
Don Humphreys
Rick Holm

Finance

Chair: Ashok Kumar
Members: Tom Braithwaite, Treasurer
Rick Holm

Health & Public Policy

Chair: Rob Allison
Members: Mike Davies
Cathy Gerrish
Rick Holm
Bob Suurmeyer

Health & Public Policy

Chairs: Chad Hanna (2004 - 05)
Cathy Leadabrand (2006-07)
Members: LuAnn Eidsness
Rick Holm
Bob Suurmeyer
Bob Talley

Program

Chair: Cindi Pochop
Members: Rob Allison
Priscilla Bade
Tom Braithwaite
Ashok Kumar
Ben Henderson
Travis Henderson
Phil Hoffsten
Rick Holm

Several of our chapter initiatives were submitted for consideration for the National Evergreen Award. The results were as follows:

- 2005: Innovative Fellowship Breakfast - winner
- 2005: Student Award Program - encouraged to resubmit with more information
- 2006: Physicians' Public Health Education Project - non-winner; encouraged to re-submit
- 2007: Boost the Budget - encouraged to resubmit with more information
- 2007: A Multifaceted Initiative to Improve Member Participation In, Attendance Of, and Satisfaction With the South Dakota Chapter, American College of Physicians Annual Scientific Meeting - Honorable Mention

We also have high hopes for our two Evergreen applications for 2008:

- "On Call" Sponsorship
- Increase Resident Membership

The 2007 Evergreen application related to many changes in our Chapter Annual Scientific Sessions, from the schedule (no Saturday time), to adding a spouses program, and some really interesting venues and entertainment (Fishback Mansion, SDSU Marching Band Serenade, Crazy Horse Memorial Reception and Dinner; Mt. Rushmore Banquet, Governor's Mansion Reception, Capitol Rotunda Awards, etc.). Happily our meeting attendance has been increasing and the feedback has been very positive! Thanks so much to our local program hosts!

2004 - Spearfish - 37 attendees

Thank you to **David Sandvik**

2005 - Brookings - 49 attendees

Thank you to **Rick Holm & Matt Bien**

2006 - Keystone - 64 attendees

Thank You to **Ashok Kumar**

2007 - Pierre - 50 attendees

Thank you to **Cindi Pochop & Rob Allison**

The 2006 meeting was a joint venture with the Wyoming Chapter, something we hope to intermittently repeat in the future. Thanks to Wyoming Governor, **Tom Niethammer**, MD, FACP for his assistance in program planning and support!

Also, thanks in advance to **Drs. Cathy Gerrish** and **Cathy Leadabrand**, our local hosts for the 2008 meeting in Watertown, September 11 and 12, 2008. Please plan to attend. It will be another fantastic opportunity to learn,

renew old friendships, make new ones, and have LOTS OF FUN!

We have been fortunate to have many Chapter members who, as exceptional internists and ACP members, were nominated for and/or received awards at the state and national levels. These include our chapter Laureates:

2004- **Ben Henderson**, MD, FACP

2005- **Loren Tschetter**, MD, FACP

2006- **Brian Hurley**, MD, FACP

2007- **David E. Sandvik**, MD, FACP

Young Physician of the Year nominees were Drs. **Robert Allison**, **Travis Henderson**, **Matt Bien**, **Aman Khurana**, **David Evans**, **Eric Larson**, **Michael Hein**, and **Cathy Leadabrand**. 2006 winners were **Rob Allison** and **Matt Bien**. 2007 winners were **Cathy Leadabrand** and **Travis Henderson**.

Other notable instances of national recognition for chapter members included:

Lisa Ellis - Joseph E. Johnson Leadership Award

Rob Allison - Top Ten Key Contact Special Recognition Award

Cathy Gerrish - Featured in ACP Observer article on boosting lipid screenings

Recipients of other South Dakota Chapter awards included:

Jerry Freeman - Humanism Award

Rick Holm - Volunteerism Award

Tom Braithwaite - Best Artistic Philanthropic Endeavor Award

We commend highly those members who advanced to Fellowship 2004-2007:

Anwar U.L. Haq, MD, FACP

Steven D. Brooks, MD, FACP

Cindi J. Pochop, MD, FACP

David W. Zeigler, MD, FACP

Candace N. Zeigler, MD, FACP

Richard A. Jensen, MD, FACP

John A. Adams, MD, MPH, FACP

Marina K. Petukoff, MD, FACP

Min-Hwa Chow, MD, FACP

Michael O. Robinson, MD, FACP

Turi A. McNamee, MD, FACP

Khiem T. Tran, MD, MHA, FACP

I would also like to recognize the three SD members who are Masters of the ACP:

Donald W. Humphreys, MD, MACP

Robert Talley, MD, MACP

Edward Zawada, MD, MACP

I wish to thank our Fellows and Masters for their past and invaluable ongoing contributions to our chapter activities!

It would be a serious omission not to acknowledge and thank Regents of the ACP who have made their contributions to our chapter annual scientific sessions:

2004 - **Jamie Barken**, MD, FACP

2005 - **Angeline Lazarus**, MD, FACP

2006 - **Angeline Lazarus**, MD, FACP

2007 - **Angeline Lazarus**, MD, FACP

2007 - **Donna Sweet**, MD, MACP

Also again thanks to **Elizabeth Prewitt**, Washington representative (1988 - 2006) and our new very affable representative **Patrick Hope**. Finally, I would especially thank the following internists who have made multiyear commitments to vital chapter program:

Phil Hoffsten - Have I Got A Case For You! Organizer and moderator

Jack Barker - Chapter Historian

Reuben Bareis - Newsletter contributor

Don Humphreys - Resident Competition Judge

Advancing to some very recent chapter initiatives, I am happy to report that **Cathy Gerrish**, **Bob Suurmeyer**, **Rick Holm**, **Kris Rahm** and I were able to meet with medical students in Vermillion and Sioux Falls and 26 new student members were recruited. Also, a Medical Student Internal Medicine Interest Group has been resurrected, funded through a \$1,000 grant from National ACP. The student group leaders are **Joshua Hughes**, MSI; **Tina Clausen**, MS2; **Carl Dean**, MS3; **Sarah Keupp**, MS3; and **Marci Medalen**, MS3.

Those who missed our September 2007 meeting in Pierre may not be aware that the chapter Adopt-A-Resident Program was a total success. All 27 Internal Medicine Residents from Sanford School of Medicine at the University of South Dakota are now ACP Associate members. Their \$99 per resident annual dues were funded by chapter members who agreed to contribute to and mentor a resident, as a tangible way to promote the growth and vitality of Internal Medicine. Thanks to **Bob Talley**, MD,

MACP and spouse **Katherine** for hosting a reception in August that helped get this ball rolling, and especially to **Dr. Gerald Hepnar** and **Dr. Gregory Smith** who recruited a large number of donor volunteers.

On the national level, we can be a little relieved that Congress reversed the planned very large Medicare physician reimbursement cuts called for by the "flawed SGR formula" and instituted a 0.5% increase (whoopie!) as a stop-gap measure. Unfortunately the publicly funded component of healthcare delivery is not financially viable and major structural reforms are necessary. The ACP published a position paper "Achieving a High Performance Healthcare System with Universal Access: What the USA Can Learn From Other Countries". This appeared in the December 4, 2007 Annals of Internal Medicine and was based on a comprehensive analysis of "well-functioning" healthcare systems in 12 industrialized countries. The press reported that in this paper the ACP endorsed a "single-payer" system. Thankfully, this was not accurate! The paper proposes two different pathways, pluralist or single-payer, and outlines the strengths and weaknesses of each. The ACP did not endorse either pathway, but calls for system changes that restructure incentives for both physicians and patients, redirect federal healthcare policy toward supporting a patient-centered medical home model, develop a national workforce policy to address the critical shortages in primary care, and support a uniform billing system and Health Information Technology infrastructure to reduce administrative and regulatory costs.

I sense within the ACP leadership (Governors and Regents) the same lack-of-consensus on the best means to achieve these goals that pervades our political parties and general populace, although I suspect those of us who favor less Federal control and intervention are in the minority! This concludes my editorial comments forever. Rick Holm has much better political instincts than I, and will likely enlist our Chapter's participation in the National ACP resolutions process and policy development initiatives to a far greater degree, and that would be a good thing!

A few additional miscellaneous comments:

- 1) ACP unveiled a new non-partisan ACP web tool on www.acponline.org that analyzes the healthcare reform proposals of Presidential candidates and will be continually updated through the 2008 election cycle. Check it out!
- 2) A sample letter to state legislators asking for support, through Medicaid and SCHIP restructuring, for the patient centered Medical Home is appended. Please review it!

3) Fall 2007 BOG resolutions are listed. Please review them:

4) Please plan to attend Internal Medicine 2008 in Washington, DC with pre-courses and Leadership Days May 13-14 and the annual meeting May 15-17, 2008. This will be our biggest and best one yet!

In closing, I would like to thank my dear spouse, **Julie**, for her patience and support during the frequent absences for ACP events. And, again, let me thank all the committed ACP Masters, Fellows, Members, Associates and Student Members for making our South Dakota ACP Chapter one of the best!

Adults and the Young Physician Practice Management

The Board of Regents established the Council of Young Physicians (CYP) in June 2005 to enhance the professional development and quality of life for young physicians, foster their involvement in College activities, and ensure their needs are being met. A Young Physician is defined as a physician member of ACP who is within sixteen (16) years of graduating medical school and who is not a Student Member or Associate Member of ACP. The intent of this definition is to identify Members who are early in their professional development, such as those Members who are younger than 40 years of age and those Members who have entered the medical profession by a nontraditional professional development pathway. Additionally, the Council will work to ensure that the views of Young Physicians are reflected in all College deliberations and discussions.

The first Young Physician Practice Management Survival Handbook was compiled in 1999 by the CYP's predecessor, the Young Physicians Subcommittee, to provide young physicians with information about setting up and managing a practice, including resources that the College has to offer.

For more information, you may go online to obtain the 7th Edition of the Pocket Guide to Selected Preventive Services for Adults and the Young Physician Practice Management Survival handbook. It is located at http://www.acponline.org/private/committees/pracman_survival.p.

Patient-Centered Medical Home - Restructuring Medicaid/SCHIP to Emphasize Care Coordination and Prevention Paper

The (STATE) Chapter of the American College of Physicians (ACP), (STATE'S) largest medical specialty organization representing (####) physicians of internal medicine and medical students, urges the (STATE LEGISLATURE/GENERAL ASSEMBLY) to reform our health care delivery system (Medicaid and SCHIP) to emphasize prevention, care coordination, health information technology, and quality. This new model of care is called the patient-centered medical home and has been proven to improve patient care and reduce health care costs.

(STATE) CHRONIC CONDITION FACTS

Chronic Condition	Health Statistic
Diabetes	Prevalence ____: death rate per 100,000__
Heart Disease	Death rate per 100,00 ____
Asthma	Percent of adults ____%
Obesity	Adult overweight/obesity rate ____

Source: Henry J. Kaiser Family Foundation (www.statehealthfacts.org)

Treatment for individuals with the most prevalent chronic conditions account for billions of dollars annually. According to the Agency for Healthcare Research and Quality (AHRQ), more than 4 million hospitalizations potentially could be prevented each year by improving the quality of primary care, enhancing patients' access to effective treatments, and getting more Americans to adopt healthy behaviors. Billions of dollars could also be saved by avoiding the need to hospitalize patients for health problems that, in most cases, can be prevented or if already present, kept stable by high-quality care in physicians' offices.

These potential savings are based on AHRQ's estimate that hospitals spend on care for preventable conditions in adults:

- Uncontrolled diabetes without complications (\$201 million).
- Short-term diabetes complications such as hypoglycemia (\$764 million).
- Long-term diabetes complications such as kidney damage (\$2.6 billion).
- Diabetes related foot or leg amputations.
- Congestive heart failure (\$8.3 billion).
- Asthma (\$1.4 billion).
- Chronic obstructive pulmonary disease (\$3.4 billion).

These estimates are also based on spending for pediatric conditions:

- Short-term diabetes complications (\$61 million).
- Asthma (\$326 million).

Studies from across the globe have validated the medical home delivery model. Examples from the U.S. Veterans Administration (VA) medical care system transformation, states such as North Carolina and Louisiana, foreign nations such as Denmark and other areas indicate that patient-centric models of care result in lower hospitalization rates, lower rates of death for heart disease, cancer, and stroke, and reduced rates of medical errors – which has also shown to improve quality, increase patient satisfaction, and cost efficiency.

The Medical Home Puts the Needs of the Patient First

- Creates an environment where patients have a relationship with a doctor who knows them, their medical history and their family;
- At the center is a personal physician who partners with the patient to coordinate and facilitate all medical care needs;
- Each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care;

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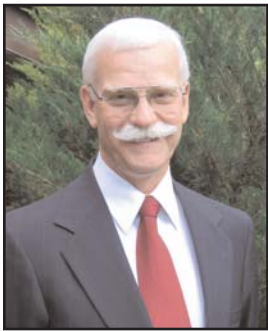
The Medical Home Links the Use of HIT to Patient-Centered Care

- Technology is an essential component to monitor patient’s health care needs, communicate with patients effectively and efficiently, coordinate care with other physicians and health care professionals, and provide evidence based clinical approaches to medical care.
- The use of patient registry systems to track patients with chronic disease, secure email exchanges with patients for care outside the practice, open scheduling and group visits to expedite the delivery of care, and the use of personal health records for patients to monitor their care leading to a fully functional, interoperable electronic health record that provides the opportunity for physicians to participate in quality measurement and reporting programs.

What We Are Asking the (STATE LEGISLATURE) to Do: • Propose and pass legislation that seeks to redesign (STATE’S) SCHIP and Medicaid programs to support the elements of a Patient-Centered Medical Home;

- Include a care management fee for health care professionals to provide care in such as way that emphasizes care coordination, prevention and encourages the use of HIT;

For more information on this issue or other positions from the (STATE) ACP, please visit the Advocacy section of (STATE) ACP Online, [http://www.acponline.org/chapters/\(State\)](http://www.acponline.org/chapters/(State)).



2007 South Dakota Chapter Laureate Winner David E. Sandvik, MD, FACP

David, a native of South Dakota, grew up on the family farm near Colton. He attended St. Olaf College earning a degree in Philosophy in 1966. He continued his education at Union

Theological Seminary with a MA in Literature and Religion in 1968. David taught school and worked briefly as a social services caseworker in Harlem before decided to pursue a career in Medicine in 1971. He started with his Pre-Med at Baylor University and continued at the University of Texas Southwestern Medical School in Dallas, graduating in 1976. He did his Internal Medicine residency at Henry Ford Hospital from 1976-1979.

In 1979, David and his new bride Linda moved to Rapid City. There he began his career in Internal Medicine with the Rapid City Medical Center. At the time, there were only 80 doctors in the area. In 1984 Dr. Sandvik opened a smaller office with several partners in Rapid City, which eventually lead to his association with University Physicians and the USD School of Medicine.

In 2005, after serving his primary care patients for 25 years, Dr. Sandvik closed his outpatient office practice in order to pursue Geriatrics with the USD School of

Medicine. It was an emotionally difficult transition to close relationships with patients of over twenty years. He considered being a primary care physician a real privilege that gave him much personal satisfaction.

Dr. Sandvik has a real passion for caring and education, especially in the field of Geriatrics. He has served as the medical director for Beverly Healthcare for over 20 years and Good Samaritan Nursing in New Underwood. His love for Geriatrics comes from growing up in a family where Grandpa lived with them and drove the tractor till the day he died. In 1988 David received his Geriatrics certification and now serves as Director of the South Dakota Geriatrics Institute and is Chief of Geriatrics for the USD School of Medicine. He is Medical Director of Geriatrics for Regional health and is an active member of AMDA. He has served on the Governor's Long Term Care Taskforce, the White House Conference on Aging (1995) and was Project Director for the South Dakota Geriatric Forum from 1993 to the present.

During his busy professional life David has been a loving husband and father to his three children, Lars (35), Liz (25, and Christie (23). His family has enjoyed many wilderness and travel adventures including canoeing the boundary waters, long distance bicycle trips, fishing, hunting and camping.

The ACP has been a defining organization for Dr. Sandvik since he began his career in 1979. The collegial professional environment he found in the ACP has rejuvenated

nated him when the burdens of primary practice were heavy and helped him to continue to move forward to improve care and processes that affected everyday primary care doctors. He was privileged to serve as ACP Governor for five years during which he traveled and met internists from all over the United States and South America.

Medical education in the field of Geriatrics, setting up model programs for Geriatric Assessment and comprehensive, quality care for the elderly from primary care to systems support are all a part of **Dr. Sandvik's** mission at this point in his career. His current work as the Director of SD Institute of Geriatrics is setting the stage for improved care for the elder

BOR ACTIONS ON FALL 2007 BOG RESOLUTIONS

Adopted and Referred for Implementation:

1-F07. Monitoring for a Possible Conflict of Interest in Minute Clinics

The Board of Regents voted to adopt and refer Resolution 1-F07 to the Health and Public Policy Committee for implementation with input from the Ethics, Professionalism, and Human Rights Committee.

2-F07. Investigating Public-Private Partnerships to Reduce Student Debt for New Physicians Entering Primary Care

The Board of Regents voted to adopt and refer Resolution 2-F07 to the Health and Public Policy Committee for implementation with input from the Education Committee, the Council of Student Members, and the Council of Associates.

6-F07. Urging the CMS to Proactively Assure that Medicare Carriers Meet Application Processing Standards

The Board of Regents voted to adopt and refer Resolution 6-F07 to the Medical Service Committee for implementation.

9-F07. Developing and Expanding Programs, Products, and Services Directed at Procedural Education for Trainees and Internists

The Board of Regents voted to adopt and refer Resolution 9-F07 to the Education Committee for implementation with input from the Council of Associates.

10-F07. Working with the ACGME to Address Preventive Health Care for Trainees

The Board of Regents voted to adopt and refer Resolution 10-F07 to the Education Committee for implementation with input from the Council of Associates.

20-F07. Posting the Treasurer's Report on the ACP

Web Site

The Board of Regents voted to adopt and refer Resolution 20-F07 to Finance staff for implementation.

Referred for Study and Report Back:

3-F07. Devising a Formal Mechanism to Provide Input from Practicing Internists to the Practice Management Center (PMC)

The Board of Regents voted to refer Resolution 3-F07 to the Medical Service Committee for study and report back.

4-F07. Analyzing the Impact of the Requirements to Achieve Patient Centered Medical Home Certification

The Board of Regents voted to refer Resolution 4-F07 to the Medical Service Committee for study and report back.

5-F07. Working with the AMA to Establish Efficiency Benchmarks for Health Insurance Companies

The Board of Regents voted to refer Resolution 5-F07 to the Medical Service Committee for study and report back with input from the Health and Public Policy Committee.

8-F07. Developing Policy on the Composition of the Relative Value Update Committee (RUC)

The Board of Regents voted to refer Resolution 8-F07 to the Medical Service Committee for study and report back.

11-F07. Expanding Affiliate Membership to Include Nurse Practitioners who Work alongside ACP Masters, Fellows, or Members

13-F07. Adopting Policy that ACP Discuss with Governors Future Issues Regarding Collection of Chapter Dues

14-F07. Providing Additional Financial Support for Lost Chapter Dues Income

15-F07. Making Legal Counsel's Opinions, Memoranda, and Advice Relating to the Dues Statement Changes Available to ACP Chapters

16-F07 Standards for Chapter Fee Structuring

17-F07. Changing the ACP Bylaws to Require Dues-paying Membership at the Chapter Level

190F07. Approving and Initiating Per Member Payments as a Recruitment Incentive and for Financial Support

Accepted as Reaffirmation of Current ACP Policy:

7-F07. Urging Medicare and Private Insurers to Develop an EquitaSchedule for Telephone and E-mail Consultations

18-F07. Recognizing Chapter-Initiated Membership Recruitment