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2001 ANNUAL MEETING: A LOOK BACK

**DISPARITIES THEME
DEFINES ANNUAL MEETING**

Eileen E. Reynolds, MD, and Carol M. Mangione, MD

Competing for top honors at the recent 2001 Annual Meeting were the dedication and spirit of the membership, the theme of Disparities in Health, the inspirational addresses by Drs. David Satcher and Reed Tuckson, and the great host city of San Diego.

A full 60% of SGIM members attended the Annual Meeting, held May 2-5, 2001 (were you there?), coming within about 10 of the landmark number set last year in Boston.

With a record number of submissions (over 1,200 for all categories combined), we knew that there would be terrific content presented in all areas—precourses, workshops, abstracts, vignettes, and innovations. What we weren't prepared for was the overwhelming response the membership showed to the theme, "Addressing Disparities in Health: Roles for General Internists." With the theme category accounting for large numbers of submissions, it is clear that our membership cares deeply and works actively in this area. The theme was apparent throughout the meeting, from the opening abstract of the plenary session, given by Giselle Corbie-Smith on "Distrust, Race and Research," through one of the last presentations, the Clinical Crossroads case discussed by Steve McPhee, who summarized cultural, structural, and biomedical disparities and issues in the care of Vietnamese-Americans.

Another session, on a different subject, brought out the passion and dedica-

tion of SGIM's membership. A special meeting with Council was held, in response to controversy around their decision to accept funding from a pharmaceutical firm to support a thromboembolism research registry. After a brief introduction by Sankey Williams and position statements by Council members representing both sides of the debate, the membership was invited to the microphone to make comments (which were recorded). Dozens of members spoke up, including senior leaders, past presidents, and relatively new members. The statements were thoughtful, articulate, and deeply felt; many have commented that the session renewed the sense of commitment we all feel to the Society. Council has taken the comments, which represented a broad spectrum of opinion, under advisement.

Two new awards were inaugurated in 2001: the John M. Eisenberg National Award for Career Achievement in Research and the Horn Scholars Program. Named after its first recipient, the Eisenberg Award was created to mirror the National Award for Career Achievements in Medical Education, which has been given by the Society for some time. Dr. Eisenberg was honored during the Opening Plenary Session for his leadership in research and for his vision and advocacy in the funding of research. He made remarks that reflected on the "serendipity" and satisfaction of his career, from his days as a medical resident at Penn to his cur-

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Members Speak Out About ATRC

Eric B. Bass, MD, MPH

The SGIM Council invited members attending the Annual Meeting in San Diego to attend a special, 90-minute session to discuss the Council’s decision to form an Anticoagulation-Thromboembolism Research Consortium (ATRC) using a grant from AstraZeneca, a pharmaceutical company. The stated purpose of the session was to “provide SGIM members the opportunity to speak directly with SGIM’s Council about its decision and the larger issues raised by the decision, including SGIM sponsorship of research initiatives and industry support for these initiatives.” As a non-voting member of the Council, I took notes while each speaker spoke. A total of 29 members addressed comments to the Council. After the session, I reviewed the notes and tried to identify the issues and concerns that were raised by each speaker. I then grouped related issues and concerns into specific categories that are summarized below. Those voiced by more than one speaker are marked with an asterisk (*).

Concerns about the decision

1. * Diversion of efforts and opportunity costs (including legal costs)
2. * Conflict between the mission of SGIM and the mission of a pharmaceutical company
3. * Importance of supporting members’ professionalism
4. * Desire for informing members about the issue and conducting a ballot on the decision
5. * Concern regarding adequate safeguards and rules
6. * Divisiveness of the issue
7. * Message that it sends to trainees
8. * Ability to grow without accepting money from a pharmaceutical company
9. * Credibility of the organization
10. * Why couldn’t this be done

through a university (or foundation) instead of a professional society?

11. * Concerns about inadequate decision making process

12. Competition with members

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President Forms External Funds Task Force

Lorraine Tracton

SGIM’s President, Kurt Kroenke, has appointed Council Member Michael Barry to lead a nine-member External Funds Task Force. The task force includes three additional Council members (Harry Selker, Eileen Reynolds, and Brent Petty), the Chairs of the Ethics, Research, Education, and Development Committees (Lisa Rubenstein, Ken Covinsky, Catherine Lucey, and Jack Peirce), and an additional Ethics Committee member (Matt Wynia). The task force will review SGIM’s current policy regarding external funding (*Policy on Acceptance and Disclosure of External Funds*) and make recommendations for revisions or clarification if needed.

Council approved the current policy document in December 1999, after considering revisions recommended by the Ethics Committee. This document was the product of extensive research and was built on the purpose and values expressed in a previous policy document, dated 1994. The current policy clarifies ambiguities in the 1994 document. It also differs by stating that it is intended as both an external document, for reference by any who wish to do business with SGIM, as well as an internal expression of clear

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YIN AND YANG

Kurt Kroenke, MD

It is common after an Annual Meeting to reminisce about all the reasons one enjoyed the event and returned to work rejuvenated. I have attended regularly since my first meeting in 1984, and many of the post-meeting feelings have not changed. There is the renewal of my belief in generalism through a support group of colleagues who, like me, spend most of their year in institutions where specialization is still the favorite child. There is the immersion in abstracts and workshops on medical education, clinical research, and primary care that inspires me to continue these endeavors for another year. There are the SGIM friendships, for which the meeting is a once-a-year reunion. In some cases, we can only chat for a few minutes between sessions or say “hi” in the corridors. However, like the Christmas cards I receive from old college friends, even a brief booster restores my sense of connectedness. San Diego was no different. The tonic I received in May will hopefully last me until Atlanta.

It is not the old feelings I want to focus on, however, but rather my new appreciation for differences. SGIM has always had them. The very nature of generalism suggests heterogeneity more than homogeneity, pluralism rather than monism. We are a big tent, a melting pot, a mosaic. There are the left brains (medical decision making, clinical epidemiology, the “hard sciences” of health services research) and the right brains (doctor-patient relationships, qualitative analysis, biomedical ethics). There are the teachers, investigators, clinicians, and administrators. There is regional, demographic, and institutional diversity. Each of us is characterized in some way by each of these variables, so that the permutations in a Society of 3,000 members not only encourages multiple

subgroups but, in fact, mandates them.

In *Looking in the Mirror*, a classic book on the sociology of churches, Lyle Schaller writes about seven different sizes of a congregation. SGIM would qualify as mid-size, at which point a successful volunteer or member organization retains its relevance by providing opportunities for members to aggregate in smaller subgroups linked by common interests. As opposed to a smaller organization, where “the focal point is concentrated in one place,” the mid-size organization is “marked by diversity and



by many activities occurring concurrently in several different places.” The organization remains the home within which there are many rooms. Although many rooms are not new in SGIM, their salience for me this year was, surprisingly, an epiphany. I will give two

examples of how differences challenged my thinking as I departed San Diego.

First, there was the meeting theme, “Addressing Disparities in Health.” This has not been an area in which I have been particularly knowledgeable nor—I say this with some sense of embarrassment—passionately interested. Like many, I’ve had my own foci in research

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Published monthly by the Society of General Internal Medicine as a supplement to the *Journal of General Internal Medicine*. SGIM Forum seeks to provide a forum for information and opinions of interest to SGIM members and to general internists and those engaged in the study, teaching, or operation for the practice of general internal medicine. Unless so indicated, articles do not represent official positions or endorsement by SGIM. Rather, articles are chosen for their potential to inform, expand, and challenge readers' opinions.

SGIM Forum welcomes submissions from its readers and others. Communication with the Editorial Coordinator will assist the author in directing a piece to the editor to whom its content is most appropriate.

The SGIM World-Wide Website is located at <http://www.sgim.org>

Glaser Award Goes to Bob Fletcher

Ann B. Nattinger, MD, MPH

The Robert J. Glaser Award is the Society's highest award. It is given to an individual who has made outstanding contributions to research, education, or both in generalism in medicine. It is supported by grants from the Henry J. Kaiser Family Foundation and the Commonwealth Fund, and by individual contributors. This year's Glaser Award Committee included JoAnn Elmore, Gustavo Heudebert, Wendy Levinson, Gene Rich, and Bill Tierney. I am grateful to each of them for their assistance in making a difficult choice from among the outstanding candidates nominated for this award.

On behalf of the committee and the Society, I was privileged to present the 2001 SGIM Robert J. Glaser Award to Robert H. Fletcher, MD. Bob Fletcher received his medical degree from Harvard Medical School, did his residency training at Stanford and at Baltimore City Hospitals, and was a Carnegie-Commonwealth Clinical Scholar at Johns Hopkins Medical School. He has served on several medical faculties, including McGill University and the University of North Carolina at Chapel Hill. He is presently Professor of Ambulatory Care and Prevention at Harvard Medical School.

Bob's contributions to generalism are numerous, and I will touch only on the highlights. As pointed out by his nominators, Steven Simon, Thomas Inui, and David Sackett, Bob has distinguished himself as a pioneer and leader in clinical epidemiology research and primary care education. He is the lead author of, and internationally known for, the textbook *Clinical Epidemiology: the Essentials*, now in its third edition and published in eight languages. He was a leader in the development of the International Clinical Epidemiology Network, a program for training medical faculty

from developing countries in clinical epidemiology. For over a decade, Bob directed the Robert Wood Johnson Clinical Scholars Program at UNC and, since arriving at Harvard, has served as co-director of the Harvard General Internal Medicine Faculty Development and Fellowship Program. Through these programs, his nominators estimate that Bob has overseen the training of one eighth of the United States' clinical epidemiologists and one quarter of the clinical epidemiologists in developing countries internationally. This does not even count the many additional trainees who have learned from his book, a masterwork in the area.

In addition to the dozens of articles



Bob Fletcher proudly displays his Glaser Award, presented by Secretary Ann Nattinger, who chaired the selection committee. PHOTO BY L. SIRMOPOULOS

he has written with trainees, Bob has been a prolific writer himself, performing cutting-edge investigation integrating epidemiologic methods into the

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John Eisenberg Receives First National Award for Career Achievement in Research

Sankey V. Williams, MD

Last year, I asked Ann Nattinger and a group of colleagues to review our awards, because selection procedures were not uniform and because it was uncertain whether we were giving all the right types of awards. Ann recommended the creation of a new award, to be called the National Award for Career Achievement in Research, to balance an existing award called the National Award for Career Achievement in Education. SGIM's Council agreed to create the award and decided that this year's recipient should be John Eisenberg.

John was raised in Memphis, Tennessee. He went to Princeton as an undergraduate to study history, and he received his MD degree from Washington University in St. Louis. He then became an intern and



President Sankey Williams presents the first National Award for Career Achievement in Research to former President John Eisenberg, for whom the award is to be named. PHOTO BY L. SIRMOPOULOS

resident at the University of Pennsylvania, where he stayed for the next 20 years. While at Penn, John started the

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RANDY BARKER IS RECIPIENT OF MEDICAL EDUCATION AWARD

Allan H. Goroll, MD

At this year's Annual Meeting I had the pleasure of presenting the National Award for Career Achievements in Medical Education to Lee Randol Barker, MD, of Johns Hopkins University. Randy was born in Baltimore and went to college at Harvard before returning to Baltimore for medical school at Johns Hopkins. He did his residency training at Bellevue Hospital in New York City. Randy then did an infectious disease fellowship at the National Institutes of Health and Johns Hopkins, where he was also a Robert Wood Johnson Clinical Scholar and MPH student. He then served as chief resident at Baltimore City Hospital. Upon completion of training, Randy joined the faculty at Hopkins as Director of the Medical Housestaff Clinic and Director of the

Medical Clinic at Bayview Medical Center, positions he continues to hold to this day. In 1979, he became the first Director of the Division of General Internal Medicine at Bayview. He also established the General Internal Medicine Faculty Development Program at Hopkins. In 1995, Randy received a Fulbright to serve as senior lecturer in Barcelona, Spain. That same year he was promoted to Professor of Medicine at Hopkins.

Those whose professional lives have been touched by Randy know him as a model clinician, a teachers' teacher, a selfless and devoted mentor, a serious student of medical education, and a fine textbook editor/author, whose textbook, *Principles of Ambulatory Medicine*, is one of the leading books in our field.



Randy Barker accepts the National Award for Career Achievements in Medical Education from Allan Goroll, last year's winner. PHOTO BY L. SIRMOPOULOS

Randy's career story reveals the richness and gratification of a career as a clinician educator. His example continues to inspire all those who come to study with him. **SGIM**

Rhodes Award Presented to Mark Linzer

David R. Calkins, MD, MPP

This year's recipient of the Elnora M. Rhodes SGIM Service Award is Mark Linzer, MD. The Rhodes Award was established in 1997 to honor Elnora Rhodes, SGIM's first Executive Director. The Award recognizes outstanding service to SGIM and its mission of promoting patient care, research, and education in general internal medicine. The Award is supported by contributions from SGIM members and memorial donations from friends and family of Elnora Rhodes.

Mark Linzer is the fifth recipient of the Rhodes Award. He is a graduate of Oberlin College (BA, 1973) and Johns Hopkins School of Medicine (MD, 1977). He was a resident in social medicine (internal medicine) at Montefiore Medical Center in the Bronx, where he also served as chief

resident and later as a faculty member. His subsequent career has taken him to three other institutions: Duke (1985-1989), where he was Chief, Division of General Internal Medicine, and Director, Residency Program in Primary Care Internal Medicine; Tufts (1989-1993), where he was Director, Office of Primary Care Education; and the University of Wisconsin (1993-present), where he is Chief, Section of General Internal Medicine.

Mark has been a member of SGIM since 1979. He has made many contributions to the organization. Most notable has been his leadership of the Task Force on Career Choice and, more recently, the Research on Careers (ROC) Interest Group. The Task Force on Career Choice gave rise to the Career Satisfaction Study Group



Mark Linzer accepts the Rhodes Award from Peter Ubel. PHOTO BY L. SIRMOPOULOS

(CSSG) and to the Physician Worklife Study, one of SGIM's first externally funded research projects. The Physician Worklife Study, supported by a grant from the Robert Wood Johnson Foun-

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JAMES R. GAVIN RECEIVES NICKENS AWARD

Lisa A. Cooper, MD, MPH

Established in 1999, the Herbert W. Nickens Award honors an individual or representative of an organization who has demonstrated exceptional commitment to cultural diversity in medicine. The Nickens Award is named in honor of the late Herbert W. Nickens, MD, former Director, Office of Minority Health, Department of Health and Human Services, and the first Vice President and Director, Division of Community and Minority Programs, Association of American Medical Colleges. Dr. Nickens devoted much of his career to establishing programs that address the critical need for training physicians from underrepresented ethnic minority groups.

This year, the committee selected James R. Gavin III, MD, PhD, Senior Scientific Officer, Howard Hughes Medical Institute to receive the Nickens Award. Among his many achievements, Dr. Gavin has served as Director, Minority Medical Faculty Development Program, Robert Wood Johnson Foundation since 1993. Prior

to assuming the role of Director, Dr. Gavin served as a member of the National Advisory Committee for the Program since its inception in 1983. The Program's objective is to increase the number of minority faculty who can achieve senior rank in academic medicine and who will encourage and foster the development of succeeding classes of minority medical students. Under Dr. Gavin's leadership, the number of peer-reviewed awards going to underrepresented minority fellows and junior faculty in academic medical centers increased by 20 percent. The Program now offers 12 awards per year. Importantly, the Program has embraced the general area of health care delivery, including the fields of clinical epidemiology and health services research, applied to all specialties of medicine, including general internal medicine. Several members of SGIM have received awards.

Dr. Gavin's leadership has had, and will continue to have, a tremendous impact on cultural diversity in academic



James R. Gavin III receives the Nickens Award from Lisa Cooper.

PHOTO BY L. SIRMOPOULOS

medicine, including general internal medicine, because the Program provides career development awards and training for a future generation of diverse faculty in academic medical centers.

The committee thought it was most fitting that Dr. Gavin's long-standing commitment be distinguished with the 2001 Herbert W. Nickens Award. Congratulations, Dr. Gavin! **SGIM**

Chinazo Cunningham Named First Horn Scholar

Carole Warde, MD

At the recent Annual Meeting in San Diego, I had the pleasure of announcing SGIM's first Mary O'Flaherty Horn Scholar in General Internal Medicine. The Horn Scholars Program demonstrates a new career model for clinician educators by funding half of a full-time position. The Horn Scholars Program seeks to provide role models and mentors who balance personal, professional, and social responsibilities by working half time. It is SGIM's hope that the Horn Scholars Program and the work of the Personal-Professional Balance Interest Group will help clinician educators across this country find the



Horn Scholar Chinazo Cunningham (fourth from left) is surrounded by her family and family and colleagues of Mary O'Flaherty Horn at this year's Annual Meeting. Carole Warde (right) presented the Horn Scholar Award.

PHOTO BY L. SIRMOPOULOS

priorities of their heart and the resources, both personal and professional, to be able to live by those priorities.

The Horn Scholars Program is modelled after a former SGIM member, *continued on page 15*

Health Policy Committee Addresses HCFA Regulations

Robert Blaser and John D. Goodson, MD

Since 1995, the Health Care Financing Administration (HCFA) has been seeking to establish a single mechanism for assigning value to physician work. This effort has proceeded in fits and starts. The original guidelines for the documentation of evaluation and management (E&M) services, published in 1995, proved to be cumbersome, overly detailed, and administratively awkward. The physician community objected vigorously. As a result, revisions were released in 1997, but there were few substantial changes. Thus a third version was unveiled in the summer of 2000 with the intent of simplifying the guideline process, reducing the administrative burden imposed, and allowing consistent and equitable review.

Aspen Systems, HCFA's designated contractor for the current revision process, has released for comments clinical examples of what it believes to be the appropriate documentation of E&M services for 16 specialties, including internal medicine, across the full range of services. Though SGIM will not be allowed to comment formally on these clinical examples, we are working very closely with our colleagues at ACP/ASIM to be sure that the perspective of the general internal community is fully articulated.

The Primary Care Cluster of SGIM's Health Policy Committee has generated comments that address issues relevant to primary care physicians as follows:

- ◆ The clinical examples need to be expanded to include material that recognizes the broad range of responsibilities of the primary care physician (PCP), such as database management and care coordination.
- ◆ The PCP's role in the comprehensive review of multiple and interacting patient needs to be recognized. PCPs

spend much of their time on preventive and disease management activities; the value assigned to the work of PCPs must recognize the breadth of their responsibility.

- ◆ The PCP's role in the psychosocial care of the patient needs to be accounted for in a way that acknowledges the complexities of these issues and values them appropriately.
- ◆ The content and value of activities that address medical issues without direct patient contact, such as interval care management between outpatient visits by telephone or e-mail contact, must be recognized.
- ◆ Clinical examples should not weigh the documentation narrative too highly. If longer narratives are the only way to achieve higher levels of coding, it will invite the use of meaningless templates.
- ◆ Clinical examples should appropriately account for the complexity of outpatient care, not just inpatient care.

Comments on the clinical examples for E&M documentation guidelines were due to Aspen Systems by July 3, with actual implementation of the guidelines themselves not expected to occur for at least another year.

On a separate but related issue, SGIM has joined with other professional organizations to support Congressional passage of the Medicare Education and Regulatory Fairness Act (MERFA). Companion bills were introduced on March 6, 2000, in the House (H.R. 868) and Senate (S. 452) respectively by Representatives Bill Toomey (R-PA) and Shelley Berkley (D-NV) and Senators Frank Murkowski (R-AK) and John Kerry (D-MA). These bills would:

- ◆ Offer physicians faced with government audits new appeal options,

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Jane Geraci Named Regional Coordinator

David R. Calkins, MD, MPP

Jane M. Geraci, MD, MPH, has been named to succeed Bruce A. Chernoff, MD, as Regional Coordinator. In this role, Jane will serve as an *ex officio* member of the Council and as a liaison between Council and regional leaders. Jane's goals as Regional Coordinator are to increase member involvement in regional meetings and other regional activities, and to standardize the administration of regional programs.



Jane is a graduate of the University of San Francisco (BS, 1982) and the Medical College of Wisconsin (MD, 1986). She completed a residency in internal medicine at the Medical College of Wisconsin and a fellowship in general internal medicine at Boston University, where she also received an MPH. From 1991 to 2000 Jane was an assistant professor of medicine at Baylor College of Medicine. Last year she was appointed Assistant Professor of Medicine, Department of General Internal Medicine, The University of Texas M.D. Anderson Cancer Center, Houston, Texas.

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2001 ANNUAL MEETING: A PHOTO ALBUM

Members Arrive Early for Precourses



Catherine Lucey (right) reviews a videotape with participants in the precourse “Developing Teaching Skills II: When the Basics Aren’t Enough.” PHOTO BY L. TRACTON



Pam Charney demonstrates the use silicone breast models in the precourse “Breast Health Across the Life Cycle.”

PHOTO BY L. TRACTON



The Cyber Café was a popular attraction during breaks. PHOTO BY L. TRACTON



Tom Byrne immobilizes a volunteer in the precourse “Primary Care Orthopedics: Basic Splinting.” PHOTO BY L. TRACTON



Bob Centor (gesturing) opens the Management Institute, sponsored by the Association of Chiefs of General Internal Medicine. PHOTO BY L. TRACTON



Angela Jackson, Rich Saitz, and their daughter, Isabella, made the Annual Meeting a family affair. PHOTO BY L. TRACTON

Meeting Begins with Opening Plenary Session, Research Awards



Eileen Reynolds, Chair, Program Committee, welcomes members to the Opening Plenary Session.

PHOTO BY L. SIRMOPOULOS



Eliseo Perez-Stable and Rod Hayward, Chair and Co-Chair, Scientific Abstracts, preside over the Opening Plenary Session.

PHOTO BY L. SIRMOPOULOS



JudyAnn Bigby meets with Dora Lynn Hughes during the One-on-One Mentoring Program.

PHOTO BY L. TRACTON



Giselle Corbie-Smith presents her abstract, "Distrust, Race and Research," during the Opening Plenary Session.

PHOTO BY L. SIRMOPOULOS



Regional leaders gather for dinner during the first day of the Annual Meeting.

PHOTO BY L. TRACTON



Wendy Levinson receives the award for Best Published Research Paper from Ken Covinsky.

PHOTO BY L. SIRMOPOULOS

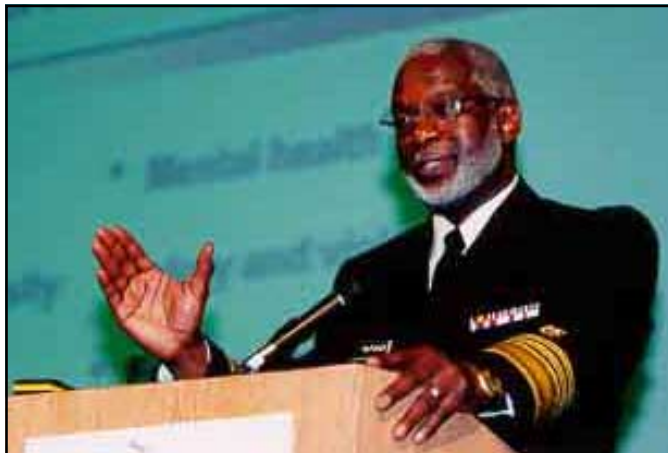
Second Day Opens with Theme Plenary Session, Closes with Peterson Lecture



Eliseo Perez-Stable and Nicole Lurie preside over the Theme Plenary Session. PHOTO BY L. SIRMOPOULOS



Eugene Oddone presents his abstract, "Race, Patient Preferences and Use of Carotid Endarterectomy," during the Theme Plenary Session. PHOTO BY L. SIRMOPOULOS



Surgeon General David Satcher offers a prescription for eliminating disparities in health during his Plenary Address. PHOTO BY L. SIRMOPOULOS



Judith Walsh and Karen Freund discuss recent research findings during the Update in Women's Health. Nancy Dolan (not pictured) also participated. PHOTO BY L. SIRMOPOULOS



The Program Committee gathers during the Friday dinner.

PHOTO BY L. SIRMOPOULOS



Reed Tuckson urges members to face the challenges of disparities in health during his Peterson Honor Lecture. PHOTO BY L. SIRMOPOULOS

Meeting with Council, Awards Luncheon Highlight Final Day



Tony Komaroff offers his opinion on external funding during an open meeting with the Council. PHOTO BY L. TRACTON



Allan Prochazka describes findings of the 2000 Member Needs Assessment during the Annual Business Meeting.

PHOTO BY L. SIRMOPOULOS



Deborah Kwolek and Michael Greene display their awards for Innovation in Medical Education. Deborah Burnet (not pictured) also was honored. PHOTO BY L. SIRMOPOULOS



Stephen Salerno receives the Milton W. Hamolsky Award for outstanding scientific presentation by junior faculty from Bob Wigton. Peter Kaboll and Steven Simon (not pictured) also were honored. PHOTO BY L. SIRMOPOULOS



Stavroula Chrstopoulos receives the Clinical Vignette Award from Redonda Miller. Amjad Al-Mahameed (not pictured) also was honored. PHOTO BY L. SIRMOPOULOS



Outgoing President Sankey Williams passes the gavel to incoming President Kurt Kroenke. PHOTO BY L. SIRMOPOULOS

DISPARITIES THEME DEFINES MEETING*continued from page 1***The theme was apparent throughout the meeting, from the opening abstract of the plenary session...through...the last presentations.**

rent position as Director of AHRQ.

The Mary O'Flaherty Horn Scholars program is a new program to promote scholarship, advocacy, and creativity in the balance of work, family, and social responsibility. The awards support individuals to spend 50% of their time away from work in caring for dependents; Chinazo Cunningham was named the first awardee.

Finally, Elnora Rhodes was remembered and celebrated in pictures, words, and in spirit, by Steve Fihn, Ollie Fein,

past presidents, by her brother, nephew, and by the entire membership. We all miss her presence, but her work lives on in SGIM.

San Diego treated us to beautiful weather, and later in the week sunburns could be spotted among the membership. Outings to

the San Diego Zoo, Sea World, and Legoland were most popular, and some serious cultural learning was done at the Cinco de Mayo festival on Saturday night. Though the two-tower geography at the hotel was a mild annoyance overall, it also provided a great excuse for a stroll through the marina.

Despite our continuing struggle with the technology of online submissions, we did have several major "tech"-related successes. The abstract vendor's database supported searches by author

and by institution, so mentors and friends could find sessions of interest. We continue to debate the merits and costs of LCD projectors for abstract sessions, but offered them to all precourses and workshops. Twelve computer terminals supplied e-mail and internet access, as well as on-line meeting evaluations. We are looking forward to seeing the formal meeting evaluations, which give us real data about what you thought of the meeting; those results will be summarized in an upcoming issue of the *Forum*.

Already, the 2002 Program Committee is planning for next year's Annual Meeting, SGIM's 25th, to be held in Atlanta, May 2-4, 2002. If you would like to volunteer, contact Sarajane Garten at the National Office (garten@sgim.org; 1-800-822-3060), or Program Chair and Co-chair Jeff Jackson and Ellen Yee. See you in Atlanta! **SGIM**

EXTERNAL FUNDS TASK FORCE*continued from page 2*

rules by which the Society governs itself. In addition, it states specifically what donors can and cannot get in return for contributions and includes a formal process by which to handle exceptions.

However, as Council began applying the current policy to recent funding proposals, it became apparent that there were still some unanswered questions. Thus the new task force has been asked to address the following "core" questions or issues:

- ◆ What are the respective roles of the Research, Education, Development, and Ethics Committees in reviewing new proposals?
- ◆ Should different types of funding sources, such as the pharmaceutical industry, other for-profit companies (e.g., producers of educational products), federal agencies, or foundations, be handled differently?

- ◆ Does how the funder is identified make a difference? Possibilities include: (a) an openly competitive process, such as an RFA generated by a federal agency or a foundation; (b) a funder specifically approaching SGIM as a whole or an SGIM individual or interest group; (c) SGIM (as a whole or as an individual or interest group) identifying a funder.
- ◆ When is competition with members an issue? How does one define and resolve it? How is SGIM to balance the benefits to many members versus the needs of a few?
- ◆ How may SGIM respond expeditiously to time-sensitive proposals?
- ◆ When should SGIM allow its actual name to be used on a proposal? Will this lead to an excessive number of requests for this use?

In addition to the goal of improving the policies and processes governing

acceptance of external funds, the Council is committed to communicating effectively with members about its progress in these efforts. Council will not finalize the revised policy until there has been a period for review and comment by the entire membership. **SGIM**

**V I S I T
T H E
S G I M
W E B S I T E**

<http://www.sgim.org>

RESEARCH AWARD

continued from page 4

Division of General Internal Medicine and was its first Chief.

In 1992 he became the Chair of Medicine at Georgetown University. Five years later, he was named Director of what is now the Agency for Healthcare Research and Quality (AHRQ), the source of federal support for some of our research and the intellectual home for much more of it, a position he still holds today.

The Council decided to give John this award for three reasons. One reason is that his research career has been extraordinarily productive. He has published well over 100 articles in peer-reviewed journals describing original research about how doctors make decisions and especially about how economic issues affect those decisions. Most people recognize him as the world's leading authority in these areas.

We also are honoring John for his role as a research teacher and career mentor. Through his work in research programs at Penn and Georgetown, his involvement with the Robert Wood Johnson Clinical Scholars Program, Generalist Physician Faculty Scholars Program, and the International Clinical Epidemiology Network, and his leadership at AHRQ, John has made a difference in the lives of hundreds of students, residents, fellows, and junior faculty at critical points in their research careers.

The third reason we chose to honor John was for his leadership. John has been an articulate and effective spokesman for academic General Internal Medicine and its research programs at critical times. Let me give you two examples. He was one of a handful of people who imagined this Society, arranged for foundation support to create it, and shepherded it through its initial years. Also, when he became Director of AHRQ, the Agency was under political attack, its budget had been slashed, and many people were predicting it would soon go out of business. Under John's leadership, the Agency's budget has been restored, new

programs are being started, and the future looks bright once again.

SGIM's Council was so impressed with John's accomplishments that they decided not only to give him this year's award but also to permanently name the award for him. Therefore, henceforth this award will be known as the John M. Eisenberg National Award for Career Achievement in Research. I am very pleased that John is its first recipient. **SGIM**

GLASER AWARD

continued from page 4

conduct and reporting of clinical research. He has examined the methodologic flaws of published clinical research and carried out an important series of investigations relevant to the publication process. Indeed, he has been particularly influential in the area of publication of clinical research through his roles as founding Co-Editor of our own *Journal of General Internal Medicine* and as Co-Editor of the *Annals of Internal Medicine*.

Bob served as this Society's President in 1991–1992. He has received the Abraham Lilienfeld Award from the American Public Health Association and is a Master in the American College of Physicians. Although he has been recognized by other prominent societies, Bob has remained very active with SGIM. He has touched the careers of hundreds of academic general internists through his ongoing participation and mentoring roles, and I think must be one of the most accessible senior members of our Society. He has been a role model for balancing work and achievement with family and personal commitments. He has shared many of his accomplishments with his wife, Suzanne Fletcher, a previous recipient of this award. As further evidence of his commitment to this Society, Bob generously donated his monetary award back to SGIM. **SGIM**

MEMBERS SPEAK OUT

continued from page 2

Potential reasons to support the decision

1. * Much to gain in addressing important questions that could help patients
2. * Need to respect differences of opinion and learn from the experience
3. * Support clinician-investigator members and promote collaborative research
4. * Decision made after an extensive process
5. Web registry could be low risk
6. Confidence in SGIM's ability to uphold its principles
7. Increase SGIM resources
8. Steering Committee serious about addressing the concerns raised by members

I had some trepidation about trying to summarize the comments, because this is a situation where it is difficult to avoid being influenced by personal opinions. When I shared this summary with the Council, however, the Council recommended publishing it in the *Forum* as soon as possible, so that all members could hear about the types of comments that were made at the meeting. **SGIM**

Editor's Note—A complete transcript of the meeting with Council will be posted on the SGIM website (www.sgim.org).

Calendar of Events

Annual Meeting Dates

25th Annual Meeting

May 2–4, 2002
Hyatt Regency Hotel
Atlanta, GA

26th Annual Meeting

May 1–5, 2003
Vancouver Convention and
Exhibition Centre
Vancouver, BC, Canada

27th Annual Meeting

April 21–24, 2004
Sheraton Chicago Hotel
and Towers
Chicago, Illinois

YIN AND YANG
continued from page 3

I believe that we require opposites for completeness. Diversity is, paradoxically, our Society's glue.

and teaching, but disparities has not been one of them. The nature of this particular issue, however—the associated social and moral implications—reminds me this is something I need to be passionate about. Reed Tuckson gave one of the most inspirational Malcolm Peterson addresses I have ever heard, and David Satcher's call to arms was delivered in a different style but proved just as motivating. I know there have been many in SGIM who have been ardent about this issue. While I'm sure the San Diego meeting further galvanized them, it is probably members like me who experienced the steepest growth curve in terms of knowledge as well as feelings.

A second experience for me was the meeting with members on Saturday morning to discuss the Anticoagulation-Thromboembolism Research Consortium (ATRC) and the start-up funding provided by industry to establish a registry for collaborative research among SGIM members with a common interest. This issue stimulated considerable debate within the Council over a six-month period, which is well chronicled in the January and February 2001 issues of the *Forum* (available on the SGIM website [www.sgim.org]). SGIM has explicit policies that allow acceptance of external funds for education and research and has received modest amounts of industry funding for activities (predominantly educational) over the past decade. Nonetheless, this particular issue demonstrated a strong divergence of opinions at the meeting with members. Many members came to the microphone to express intense feelings, referring to SGIM as a home and concerned we not take actions that

might disrupt the delicate balance that maintains a functional family. The themes that emerged on both sides of the issue were noted by Eric Bass and are summarized elsewhere in this issue of the *Forum*.

Some believe that on certain core issues SGIM should “speak with one voice,” that actions taken by an organization invariably reflect on each individual within the organization. Others argue that differing voices are inevitable, and even healthy, within pluralistic societies such as the U.S. government, academic institutions, and professional organizations. This view would hold that dissidence need not be synonymous with divisiveness. As Tom Inui said, “let us hold our differences.”

In the next six months, the following will be happening. First, an External Funds Task Force (described elsewhere in this issue) will be revisiting SGIM's current policies for acceptance of external funds for research and education. Members who are interested can find these on the SGIM website. Second, the Council's “winter” retreat will be held earlier than usual this year (October 17–19) to deliberate on these issues in considerable depth. Third, SGIM will be determining the best mechanism for soliciting input from the entire membership. Fourth, there will be a monthly update in the *Forum* as this process unfolds. Fifth, there will be a follow-up open meeting with members at the Annual Meeting in Atlanta next spring to provide an update of where we are at that point. Sixth, the Council will spend additional time in dialogue and decision making on this issue in Atlanta and at its June 2002 retreat.

Some readers may be familiar with the Taoist symbol for yin and yang, which has interwoven white and black half circles completing a full circle, with a small black circle in the midst of the white half circle and a white circle in the midst of the black half circle. In the

words of Huston Smith, this signifies that “life finds its fulfillment in the center of its opposite, and that life as a whole requires opposites for completeness.” Hadrian expressed the same concept in his injunction: “When two ideas are in contradiction, be ready to reconcile them rather than cancel one by the other; regard them as two different facets, or two successive stages, of the same reality; a reality convincingly human just because it is complex.” H.L. Mencken once said, “every complicated problem has a simple solution, which is invariably wrong.” I believe that we require opposites for completeness. Diversity is, paradoxically, our Society's glue. **SGIM**

RHODES AWARD
continued from page 5

dation, brought together general internists, family physicians, pediatricians, and social scientists to explore career satisfaction among practicing physicians and the implications for career choice among medical students. The CSSG conducted a national survey of practicing physicians to obtain both quantitative and qualitative data bearing on these issues. Their work generated more than a dozen publications, including several in the *Journal of General Internal Medicine*. Many SGIM members participated in the CSSG, including JudyAnn Bigby, Martha Gerrity, and Mark Schwartz. Elnora Rhodes was CSSG's administrative leader. According to Mark, “Elnora energized us, mentored us, and connected us with SGIM all the while.”

The work of the Task Force on Career Choice, CSSG, and now the ROC Interest Group touches on issues important to all SGIM members. Mark's leadership has been critical to the success of these activities. It is, therefore, most appropriate that he has been chosen as the recipient of the 2001 Elnora M. Rhodes SGIM Service Award. **SGIM**

HORN SCHOLAR

continued from page 6

Mary Horn. Mary, with the help of her family, colleagues, and university, was able to have a productive, happy career as a clinician educator, working with full-time commitment half the time. She is a role model for us all.

The Horn Scholars Program demonstrates a new career model for clinician educators by funding half of a full-time position.

Many people have helped make the Horn Scholars Program a reality: Mary's family, including her mother, Louise O'Flaherty; her husband, Darwin Horn; and her brother and sister-in-law, Michael and Tina; Mary's department chief, Peter Barrett; SGIM's former President, Seth Landefeld; SGIM's Development Committee Chair, Jack Peirce; the Horn Scholars Selection

Committee; SGIM's Development Director, Bradley Houseton; SGIM's Executive Director, David Karlson; and the many friends and colleagues who have contributed their support, wisdom, and encouragement over the two years

that it has taken to get this program together. I also want to acknowledge the applicants for this award. My wish is that your program chairs, colleagues, and SGIM can help you make your dreams of a half-time position come true.

Our first Mary O'Flaherty Horn Scholar

in General Internal Medicine is Chinazo Cunningham of Montefiore Medical Center and Albert Einstein College of Medicine. Personally, Chinazo is passionate, energetic, and committed. She has three children under the age of five, and her husband is committed to a full-time business career. Chinazo's whole family was with her in San Diego when she received this

award. Professionally, Chinazo's students love her as she teaches courses in physical diagnosis, evidence-based medicine, and community-oriented primary care. Her commitment to social responsibility is demonstrated by her caring for homeless AIDS patients in the Bronx, where she has set up a program to meet their health care needs.

Balancing personal, professional, and social responsibilities is an integral part of Chinazo Cunningham's life. It is, therefore, most appropriate that she is SGIM's first Mary O'Flaherty Horn Scholar in General Internal Medicine. **SGIM**

REGIONAL COORDINATOR

continued from page 7

Jane has been a member of SGIM since 1990. She was founder of the Evidence-Based Medicine Teachers' Interest Group and has served on the Nominations Committee. She is currently President, Southern Region. **SGIM**

HCFA REGULATIONS

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- ◆ Prevent HCFA from collecting overpayments while appeals are pending,
- ◆ Prevent HCFA from suspending payments,
- ◆ Curtail HCFA's use of extrapolation (i.e., drawing error rates from a small sampling of claims, projecting them to a physician's entire claims volume, and increasing financial penalties accordingly),
- ◆ Devote a greater share of HCFA funds to education about compliance,
- ◆ Adjust the sustainable growth rate (SGR) to cover the costs to physicians of complying with new regulations, and
- ◆ Prevent HCFA from implementing new rules before it has issued a final regulation.

These bills enjoy bipartisan support in both chambers, and both should move quickly through the committee process. Passage by the full House and Senate is more difficult to predict. The Health Policy Committee and Primary

Care Cluster will continue to advance SGIM's interests with respect to E&M documentation guidelines project and the MERFA legislation, and will keep the membership apprised of developments on these matters. **SGIM**

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Positions Available and Announcements are \$50 per 50 words for SGIM members and \$100 per 50 words for nonmembers. These fees cover one month's appearance in the *Forum* and appearance on the SGIM Website at <http://www.sгим.org>. Send your ad, along with the name of the SGIM member sponsor, to SGIM Forum, Administrative Office, 2501 M Street, NW, Suite 575, Washington, DC 20037. It is assumed that all ads are placed by equal opportunity employers.

CLINICIAN-INVESTIGATOR, WASHINGTON, DC. Division of GIM at Walter Reed Army Medical Center is seeking a fellowship-trained (or experienced) researcher for full-time position; 50–75% protected time (or more, commensurate with grant support and research productivity); rich clinical and teaching opportunities available for both inpatient and outpatient resident and student activities; would also participate with GIM fellowship; faculty appointment at the Assistant to Associate Professor level with the Uniformed Services University. Salary and benefits competitive. Position available July 2001, but willing to wait for quality applicants. Contact: Patrick G. O'Malley, MD, MPH at 202-782-5638 or patrick.omalley@na.amedd.army.mil.

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