Society of General Internal Medicine

TO PROMOTE IMPROVED PATIENT CARE, RESEARCH, AND EDUCATION IN PRIMARY CARE AND GENERAL INTERNAL MEDICINE

SGIM FORUM

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Contents

2003 ANNUAL MEETING

GENERALIST PHYSICIANS AS AGENTS FOR CHANGE: VANCOUVER 2003

Helen Burstin, MD, MPH

The energy and creativity were palpable in Vancouver, BC—the site for the SGIM 2003 Annual Meeting. We were very pleased to hold our first annual meeting in Canada, in collaboration with the Canadian Society of Internal Medicine (CSIM). Our Canadian colleagues, including David Naylor, Wendy Levinson, David Sackett, and our CSIM liaison, Anita Palepu, were very receptive to our collaboration. And without a doubt—Vancouver was an amazing meeting destination. Even when the weather was grand, we still had remarkable attendance at the meeting. Truly a testament to the hard work of the annual meeting program committee!

Martin Shapiro's President's Address reflected on the challenges of access to care, as well as generalists' unique abilities to care for patients with complex illnesses and positioning in an area where most medical decision making occurs.

The meeting theme, *Generalist Physicians as Agents for Change*, set the tone for the meeting. There was a sense that this meeting was somehow different from other SGIM meetings. The research and workshops were top-notched, as expected from an SGIM meeting, but there was an added sense of passion about the current state of the US health system and how it could be improved. Our Peterson lecturer, Dr. David Naylor, offered an important Canadian perspective on health and equity. Though a professional meeting, the patient's perspective was heard loud and clear. Dr. Martin Shapiro used a remarkably personal lens through which to examine the health care system in his President's address. Dr. Lisa Iezzoni's plenary session also gave voice to some of our most vulnerable patients.

The lively discussion on the "Future of General Internal Medicine" offered an important chance for self-reflection on the future of our discipline. Based on the record-breaking number of meeting attendees, abstracts, clinical vignettes, innovations, and workshop

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AHRQ: Present, Past, and Future

Harry Selker and Jenn Brunelle

It has been a tumultuous year for the Agency for Healthcare Research and Quality (AHRQ). As is well known by SGIM members, the Agency suffered a tremendous loss on March 10, 2002 when John Eisenberg, MD, MBA, Director of AHRQ, passed away. A founding member and former President of SREPCIM/SGIM, Dr. Eisenberg had led AHRQ since 1997, during which time he enhanced the Agency's role as being the place where key issues of health care delivery and quality were studied. During his tenure, AHRQ's role as the most important funder of health services research was restored, and he greatly enhanced the agency's visibility in Congress and in the public and private sectors. Although his leadership and friendship are missed, the Agency and health services researchers were very fortunate that in February of this year, SGIM member Carolyn Clancy, MD was named AHRQ Director by Department of Health and Human Services Secretary Tommy Thompson. She has served as acting Director since Dr. Eisenberg's death. Dr. Clancy is an accomplished health services researcher and active general internist. She held a variety of leadership roles at AHRQ since joining in 1990 and had represented the Agency and its mission very well on Capitol Hill and widely. SGIM was active in supporting her appointment.

The Administration's meager budget proposal for AHRQ in 2003 was a startling wake-up call…

The Agency's leadership was not its only challenge this past year. Early in 2002, the Bush Administration proposed a 16 percent cut to AHRQ's funding for FY 2003, which would have translated into a 50 percent cut to all non-patient safety grants and would allow for no new grants. SGIM and other organizations worked very hard to make the case to the Administration and to Congress that this would be devastating to health services research in this country, and would represent orders of magnitude greater losses in improvements in health care delivery than the cuts would save. Fortunately, these cuts were restored by Congress, and in the end, AHRQ received an approximately two percent budget increase for FY2003.

The Administration's meager budget proposal for AHRQ in 2003 was a startling wake-up call after years of steady increases to the Agency's budget. Just as the enhanced role of the general internist a decade ago brought on by managed care had given us a newfound sense of confidence, recent years' events had perhaps engendered too much optimism. The November 1999 release of the Institute of Medicine report on medical errors captured the public's attention and supported a major funding increase at AHRQ to fund research in ways to reduce medical errors. The Agency's national leadership in addressing patient safety and the influx of funding was a major boon. At nearly the same time, the Agency replaced its Practice Guideline efforts with a new Evidence-Based Practice Center (EPC) program, thereby eliminating a source of Congressional controversy while preserving the Agency's central role in the translation

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LESSONS FROM ROSE'S LETTERS

JudyAnn Bigby, MD

Rose* is a patient I inherited from one of the residents graduating from our primary care program about 13 years ago. She had diabetes and many social problems. Married, with three sons, she paid more attention to the health of her two youngest boys than to her own problems. The youngest son was born with several congenital heart defects and underwent two cardiac surgeries. The middle son was hyperactive and on Ritalin, having problems in school, and was emotionally immature. Rose frequently cancelled her appointments but sent me letters (real letters, not e-mail) to explain why, to let me know how the boys and her husband were doing, and to ask me to send prescription refills.

June 1991—"Billy is working in a pet store but doesn't have any benefits yet. If he makes it to manager he'll get insurance. The boys are doing good [sic]. Bobby's last surgery was a success. Good for us! Please send prescriptions for insulin and syringes. I decreased my insulin to once a day. I think it's OK. When Billy gets insurance I'll make an appointment for my pap."

February 1992—"I'm glad you liked the Christmas decorations the boys made for you. Billy lost his job so that's why I missed my appointment. We're trying to get Medicaid. I had my blood pressure checked at a health fair and it was ok. Please send a prescription for my new blood pressure medicine."

July 1995—"Billy and I lost our Medicaid again. Billy is working in a shoe store and makes too much money. We're trying to see if we can make our share of the health insurance [the employee's share of the premium payment] he gets from work. I cancelled my mammogram. I'll get it next month when we get insurance. I guess I'm doing pretty good except the boys are out of school and boy do they keep me going. Please send prescriptions for insulin, syringes, and my blood pressure medicine."

March 1999—"Thanks for coming to see me at Mass General when I had my emergency hysterectomy. Boy was I sick. Medicaid is going to pay for every thing. You wouldn't believe the bills. Please send prescriptions for my insulin, hormones, and blood pressure medicines. I have an appointment to see you next month but I don't want to run out."

September 2002—"I know you want me to come in to get my cholesterol checked again but it will have to wait until next month. The boys are doing good. Bobby is really growing now and his heart is fine. Billy finally stopped smoking because his doctor told him he has emphysema. Can you send prescriptions for my 2 blood pressure medicines, my cholesterol medicine, and insulin. Did you know I have to pay $15 every month for every medicine you give me?"

Rose's letters always sound upbeat,

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* The names of the family and the description of some of the medical problems have been changed to ensure privacy.

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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**

2003 Annual Meeting: Award Recipients

SGIM Honors Colleagues at 2003 Meeting

Melissa McNeil, MD, MPH

One of the highlights of any annual meeting is the presentation of SGIM's traditional awards, the SGIM Career Achievement in Medical Education Award, the Glaser Award, and the John M. Eisenberg Award for Career Achievement in Research. The following article profiles this year's winners and provides excerpts from the nomination letters for each of the three outstanding individuals honored this year. *SGIM*

SGIM Career Achievement in Medical Education Award: David E. Kern

Nominated by Scott M. Wright, MD

David E. Kern, MD, MPH, was chosen as this year's award winner. Dr. Kern's career goal has been to improve the teaching and practice of primary care internal medicine. His accomplishments in this area are amazing. In 1979, just out of fellowship, he developed the Johns Hopkins General Internal Medicine Residency Program. He served as Director of this program and was project director (and principal investigator) on associated USPHS grants from 1990-1999. The program has gained national recognition for leadership and excellence in primary care residency education. Under Dr. Kern's leadership, the program succeeded in expanding ambulatory continuity practice training in internal medicine to include training in community-based practices and training in a home care program. Dr. Kern served as a leader and facilitator of the development of curricula that are part of the GIM Residency Program, such as interviewing skills, and the psychosocial domain of medical practice, evidence-based medicine, managed care and practice management, and ambulatory training in relevant medical and non-medical specialties. In 1987, he collaborated with other members of his division to establish the *Johns Hopkins Faculty Development Program for Clinical Educators*, which has trained over 300 participants in its 10 month, 1/2 day per week Teaching Skills Program, almost 150 participants in its 10 month, 1/2 day per week Curriculum Development Program, 1,500 participants at over 20 institutions in its Special Programs Consultation Service, and 15 participants in its Facilitator Training Program. Graduates of these programs include not only faculty, fellows, and chief residents at Johns Hopkins but over 50 faculty from other academic health centers throughout the region. Finally, Dr. Kern has recently taken the initiative in creating and is the first director of a new center called the *Center for Educational Excellence in General Internal Medicine*. The goal of this center is to raise funds for, promote research and development, and influence public policy in areas of physician education critical to the public trust.

David Kern was presented with SGIM's Career Achievements in Medical Education Award by Education Committee Chair Catherine Lucey.

(C. Jewall)

It should now be clear that Dr. Kern's educational accomplishments are built upon a combination of program development and administrative skills, scholarship, dedication to this mission and the needs of society, and an ability to work effectively with and bring out the best in others. They constitute an integrated body of work that has advanced education and scholarship in primary care internal medicine. His programs, teaching, and publications have influenced and inspired countless clinicians and clinician educators. SGIM is pleased to present him with this well deserved SGIM Career Achievement in Medical Education Award. *SGIM*

SGIM Glaser Award: Thomas L. Delbanco, MD

Nominated by Russell S Phillips, MD; Mark Aronson, MD; Lisa Iezzoni, MD, MSc

This year's award winner for SGIM's highest honor is Dr. Thomas Delbanco. Dr. Delbanco is the founding chief of the Division of General Medicine and Primary Care and is the first individual at Harvard to hold a chair in Primary Care Medicine. He was a founder and member of the first SREPCIM Council and as President 10 years later he shepherded the Society's independence from the American College of Physicians and fought successfully to establish SGIM's current name.

Dr. Delbanco led the General Medicine Division at Harvard for 30 years, and in that role was tireless in his efforts to create a true partnership between patients from all walks of life and their clinicians. He created a first class, one-class primary care practice—an effort that today has been replicated nationwide. He launched one of the first primary care residency programs in general internal medicine and this too spread across the country. In 1979, with Dr. Robert Glaser's support, he created and led Harvard's General Medicine Fellowship Program, which has since graduated more than 180 fellows. Many now have prominent positions in academic general medicine teaching and research.

In 1987, he led the development of the Picker/Commonwealth Program for Patient Centered Care, forerunner of the Picker Institute, which he chaired between 1994 and 2000. These not for profit efforts are devoted to learning from patients by watching "through the patient's eyes"

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Thomas Delbanco accepts the Robert J. Glaser Award for outstanding contributions to research and education from selection committee chair Nicole Lurie. *(C. Jewall)*

John M. Eisenberg Award for Career Achievement in Research: Daniel E. Singer, MD

Nominated by Michael J. Barry, MD and Nancy A. Rigotti, MD

Dr. Singer is Professor of Medicine at the Harvard Medical School, Professor of Epidemiology at the Harvard School of Public Health, and Chief of the Clinical Epidemiology Unit in the General Medicine Division of the Massachusetts General Hospital. His record of research is truly remarkable in terms of high quality, innovative applications of epidemiologic designs to common medical problems, and impressive in its impact on the daily practice of medicine.

The nomination for this award focused primarily on his research in preventing stroke in atrial fibrillation (AF). This problem ranks among the most common and important issues in general medicine and geriatrics, as ten percent of individuals over age 80 have atrial fibrillation. No other investigator has so effectively addressed the many aspects of optimizing prevention for stroke in AF. His efforts also illustrate creative application of the full repertoire of epidemiologic designs. When he began his work in the early 1980's, it was unclear whether or not anticoagulants would work or be safe. As a result of his work, anticoagulation is now the standard of care for the treatment of AF.

Dr. Singer's work on AF represents two decades of

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Daniel Singer received the John M. Eisenberg Award for Career Achievement in Research. Laura Petersen, who chaired the selection committee, made the presentation. *(C. Jewall)*

2003 ANNUAL MEETING PHOTO ALBUM

The Women's Caucus was among the scores of Interest Groups meeting in Vancouver. (L. Tracton)

Imposing totem poles brought First Nations spirit to the registration area. (L. Tracton)

Meeting Chair and Co-Chair Helen Burstin (left) and Linda Headrick describe new meeting features. (C. Jewall)

Anita Palepu (fourth from left), who served as liaison to the Canadian Society of Internal Medicine, prepares to lead a tour of St. Paul's Teaching Hospital. (L. Tracton)

Poster sessions, expanded to present more research than ever before, were well-attended. (L. Tracton)

Research and Education Mentorship Award Selection Co-Chairs Harry Selker (right) and Preston Reynolds (third from right) congratulate mentor and mentee pairs John Peabody and Karen DeSalvo, and Clarence Braddock and Bruce Ling (left to right). (L. Tracton)

Many students, Residents, Fellows, and First Time Attendees enjoyed a special Reception to find out about interesting programs and meet SGIM's President and Council. (L. Tracton)

Regional Resident Presentation Award winners Blase Polite, Maple Fung, Karen Lin, Sushma Komakula, Michael LeMay, and Jennifer Gibson (left to right) share kudos from Juhee Kothari, Director of Regional Services, (right) and Jane Geraci, Regional Coordinator. (second from right). Michelle Iandiorio is not shown. (C. Jewall)

2003 ANNUAL MEETING PHOTO ALBUM...CONT.

In her Theme Plenary keynote address, Liza Iezzoni encouraged the audience to tell their patients stories, in order to become agents for change on their behalf. (C. JEWALL)

Jim Sossman presents Heidi Crane with the 2003 Lawrence S. Linn Award that will provide funding for her research on the health-related quality of life for HIV patients. (L. TRACTON)

The Peterson Lecture had David Naylor exploring "Universal Health Insurance: Necessary but Not Sufficient for Equity in Health Care and Health Status." (C. JEWALL)

Saturday's Plenary Session, conducted by Eric Larson, offered attendees the opportunity to ask questions about, and provide feedback on the Future of General Internal Medicine Task Force report. (C. JEWALL)

Judith Bowen accepts the award for Scholarship in Medical Education (Educational Methods and Teaching) from selection committee chair Mark Levine. (C. Jewall)

Mark Levine (center) presents the award for Scholarship in Medical Education (Clinical Practice) to Steven Simon. (C. Jewall)

Executive Director David Karlson (left) congratulates Martin Shapiro on a productive year as President. (C. Jewall)

Past and present students who benefited from his efforts at Yale University showed up en masse to cheer Stephen Huot when Wally Smith (far left) presented him with the Herbert W. Nickens Award for commitment to cultural diversity in medicine. (C. Jewall)

ACGIM Column

STRIVING TO BE THE BEST

James Byrd, MD

A consistent theme of the Chief's Group is improvement—improvement as managers and leaders, improvement of our divisions and our faculty. Since few chiefs received explicit training for their positions, we devour literature that will help us do our jobs better. Each year, at our dinner gathering at the SGIM Meeting, among other things, we share pertinent literature that we have read in the previous year.

Recently, I read a remarkable book, *Good to Great*, by Jim Collins, published by Harper Business in 2001. This book has value for institutions, leaders and the rank and file. While intended for business leaders, it has a good fit for medical institutions, even junior faculty members who belong to SGIM. *Good to Great* is an evidence based evaluation of over 1,400 companies that appeared on the Fortune 500 list over a period of 30 years. Collins, a former distinguished Stanford School of Business educator, is director of a management laboratory in Boulder, Colorado. Among various activities, his firm conducts multi-year research projects. *Good to Great* was the culmination of five years of work by 21 investigators who reviewed over 6,000 articles and conducted hundreds of interviews with executives in the firms that met the criteria for success.

...do not aspire for competence, strive to be the best Division within the Department...

The purpose of the project was to find out how average companies became great companies. To be included in the study, a company had to: 1) have a 15 year cumulative stock return at or above the market average; 2) have a defined transition point; and 3) have a 15 year cumulative and industry specific stock return that was three times the market average. They identified 11 companies which outperformed the market by 6.9 times over the study period. The book is an in-depth study of these companies and 17 others from similar industries that had not fared as well. Familiar corporations make the list, such as Kroger, Circuit City, Gillette, Abbot, Walgreens, and somewhat unfortunately, Philip Morris.

What were the findings? How are the findings applicable to individuals or Divisions of General Internal Medicine? Like good investigators with an open mind, Collins and his team had unexpected findings. You do not have to be in a great industry to have great results; most turnarounds do not occur overnight; a unique strategy does not separate the good from the great. In an interview in Fast Company, Collins noted that the CEOs of the good-to-great companies were mostly anonymous, and their companies were unheralded. The leaders combined personal humility with strong professional will.

The consistent findings included leadership where a culture of discipline mixed with a spirit of entrepreneurship permeated the companies. The number one priority is to hire and retain the right people, or as Collins says, "put the right people on the bus." Then, there is the "Hedgehog Concept." Hedgehogs are simple animals that according to Isaiah Berlin, who wrote an essay *The Hedgehog and the Fox*, focus on the "one big thing," actually two things, food and housing. The concept for great companies is to focus on what you can be passionate about, what you can be best in the world at, and what can drive your economic engine.

How do these lessons apply to academic divisions of General Internal Medicine? First, you do not have to be at Harvard, UCSF, Penn or Washington to be successful. Second, as Collins notes, do not aspire for competence, strive to be the best Division within the Department, the best course director or Clerkship director. Change takes time. Outstanding faculty who are disciplined and creative can take a good GIM Division and make it great. Good luck. *SGIM*

James Byrd is president of the ACGIM

Calendar of Events

Annual Meeting Dates

27th Annual Meeting
April 21–24, 2004
Sheraton Chicago Hotel and Towers
Chicago, Illinois

28th Annual Meeting
May 11–14, 2005
Sheraton New Orleans Hotel
New Orleans, Louisiana

29th Annual Meeting
April 26–29, 2006
Westin Bonaventure Hotel
Los Angeles, California

30th Annual Meeting
April 25–28, 2007
Sheraton Centre Toronto
Toronto, Ontario, Canada

Research Funding Corner

Shannon Mejri and Joseph Conigliaro

Cancer Control Career Development Awards for Primary Care Physicians

The American Cancer Society annually offers more than $130 million in grants that support cancer research projects, training opportunities, and career development for scientific investigators and health professionals working in a variety of disciplines. The Society's research program focuses on beginning investigators, a program of targeted research, and an enhanced commitment to psychosocial and behavioral, health services, health policy, epidemiological, clinical and cancer control research.

Through the Cancer Control Career Development Awards (CCCDA) for Primary Care Physicians, the American Cancer Society seeks to encourage and assist in the development of primary care physicians who will pursue academic careers with an emphasis in cancer control. The CCCDA provides opportunities for promising individuals to acquire skills in primary care practice, education, and research activities related to cancer control. Awards are made for three years with progressive stipends of $50,000, $55,000, and $60,000 per year. Up to $10,000 additional per year for support of mentor.

For more information, eligibility requirements, and application procedures, visit the American Cancer Society's web site at www.cancer.org. At the home page, go to the "Professionals" section and make the following selections: "Research Programs; Funding Opportunities; Index of Grants." Program Director: Virginia Krawiec, MPA — 404-329-5734 or **Ginger.Krawiec@cancer.org.** 2003 CCCDA Recipients are Mary S. Beattie, M.D. from the University of California, San Francisco and Israel De Alba, M.D., M.P.H. from the University of California, Irvine.

Women's Mental Health In Pregnancy And The Postpartum Period

RELEASE DATE: June 6, 2003
PA NUMBER: PA-03-135
EXPIRATION DATE: May 2006

Recognizing that the consequences of severe untreated postpartum depression and psychosis can be devastating for individuals, families, and communities, the National Institute of Mental Health (NIMH), the National Institute of Drug Abuse (NIDA), and the National Institute of Child Health and Human Development (NICHD) are looking to fund research on women's mental health in relation to pregnancy and the postpartum period. This PA will support research on perinatal mood and other mental disorders in one of four areas: (1) clinical course, epidemiology and risk factors; (2) basic and clinical neuroscience; (3) interventions; and (4) services. Research is encouraged both on perinatal non-psychotic mood disorders and on psychotic disorders. Proposals for this PA can use the NIH Research Project Grant (R01), Small Grant (R03), and Exploratory/Developmental Grant (R21) mechanisms. More information can be obtained at **http://grants1.nih.gov/grants/guide/pa-files/PA-03-135.html.**

Please contact **joseph.conigliaro@med.va.gov** for any comments, suggestions, or contributions to this column. *SGIM*

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PAST, PRESENT, FUTURE

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We urge you to help the SGIM Health Policy Committee advocate for an increased budget level for AHRQ.

of the best medical evidence into practice. The sense of a new, more positive Congressional attitude was reinforced when the Agency was reauthorized in 1999, when "policy" was removed from its old name (the Agency for Health Care Policy and Research or AHCPR), and in its new name came its formal designation as the federal agency for healthcare quality.

However, this year, the wake-up call has been received; it is understood that nothing can be taken for granted. We now are well aware of the crucial need for continuing support for the Agency's role and budget. Indeed, *the Administration has proposed an FY2004 AHRQ budget that would allow for no new grants and would cut all non-patient safety grants by 15 percent*. In response, SGIM and the more than 80 organizations in the Friends of AHRQ coalition support a $390 million budget for AHRQ. Although the Administration's intended cuts for FY2003 were reversed, the changed focus of the nation and Congress and increasing fiscal pressures make the situation very serious. It will be critical that we maintain momentum built last year in supporting the Agency. We urge you to help the SGIM Health Policy Committee advocate for an increased budget level for AHRQ. Please spend one minute to contact your members of Congress using SGIM's Advocacy Action Center. You can access it at: **http://www.capwiz.com/sgim/home/, or from the SGIM webpage, http://www.sgim.org,** click on "Advocacy," and "Advocacy Action Center." Also, we welcome those interested in joining the Health Policy Committee's Health Services Research Cluster, please contact **hselker@tufts-nemc.org.**

Although we must focus on the FY2004 budget to be sure the Agency's role as the primary supporter of investigator-initiated health services research is preserved, the Health Services Research Cluster of the SGIM Health Policy Committee also has longer-term goals. An argument could easily be made that AHRQ's mission easily warrants a budget on the same scale as the National Institutes of Health (NIH). However, given that its budget is currently one percent of the NIH, we are first focusing a more modest, but still substantial, improvement in its funding: "billionization." The cluster is currently developing the specifics of a strategy to put AHRQ on the path to reach this goal. The current strong staff and leadership at AHRQ will help ensure that the Agency continues to thrive. It is up to health services researchers and all SGIM members, who best understand the importance of this work, to spread the word about how AHRQ's research saves thousands of lives and millions of dollars more than its actual budget each year. We look forward to the help of all SGIM members in mobilizing national support for this goal, using the web-based approach described above, by direct Congressional contact, by participation in the Health Services Research Cluster, and by many other means. ***SGIM***

AGENTS FOR CHANGE

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submissions—the state of general internal medicine is quite robust! With the incredible response to the call for abstracts and workshops, we tried hard to accommodate additional workshops, posters, and presentations. There was also a renewed focus on mentoring and networking for junior investigators. The highly successful one-on-one mentoring program offered a new opportunity for long-term, long-distance mentoring. We also experimented with sessions designed to facilitate networking and collaboration. As usual, the common areas and hallways at the SGIM meeting were abuzz!

Based on the record-breaking number of meeting attendees… the state of general internal medicine is quite robust!

Vancouver created a magical venue for the SGIM annual meeting and our membership came through again with incredibly highly creative offerings of the highest scholarship. We hope that the meeting offered new knowledge, skills, and tools to our colleagues who went home with a renewed passion for our unique role as change agents. Special thanks to Linda Headrick, the meeting co-chair, Sarajane Garten at SGIM, and the whole program committee. See you in Chicago in 2004!

Helen Burstin, MD, MPH, served as Chair of the SGIM 2003 Annual Meeting.

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As is well known, the uninsured are more likely than not to be working families.

although the day-to-day struggle to keep things together comes through loud and strong. Her family is always on the edge of financial disaster. In spite of outreach and many attempts at case management, education about diabetes and the importance of self-care, and her obvious capability, she has had significant difficulty with diabetes self-management. She thought she was being quite responsible just trying to keep her prescriptions up to date. Even though Rose has poorly controlled diabetes, hypertension, and hyperlipidemia, her medical record may contain more letters to me than visit notes.

Rose and her husband were frequently among the uninsured in Massachusetts. She resisted applying for coverage through the Massachusetts Uncompensated Care Pool. This just didn't seem like real insurance to her. It was important to her to have insurance before she or her husband would access medical care. As is well known, the uninsured are more likely than not to be working families. Even with insurance and a job, however, her family is financially at risk due to their out of pocket medical costs and low wages. The potential for economic catastrophe is just one illness away. Insured or not, she struggles with how to manage out of pocket medical expenses. In Massachusetts the co-pays for medications for Medicaid recipients like her children have increased from 50 cents per prescription to $2.00 per prescription and are slated to go up to $3.00.

According to an analysis in the *New York University Law Review*, more than half a million middle-class families declared bankruptcy following an illness in 1999. This represents nearly half of all personal bankruptcies. Women who are heads of families and the elderly were the most likely to file for bankruptcy due to medical related costs. In 2002 the *Harvard Women's Law Journal* reported that bankruptcy filings by women have increased by nearly 800% in the last 20 years and half of these are due to medical costs. The Commonwealth Fund reported that in 1999 one in five working adults was contacted by a collection agency about unpaid medical bills. A staggering one in three families with incomes less than $20,000 per year was contacted.

According to an analysis in the *New York University Law Review*, more than half a million middle-class families declared bankruptcy following an illness in 1999.

I recently participated in the development of the Massachusetts Health Economic Sufficiency Standard issued by the Women's Education and Industrial Union (WEIU). WEIU is a Massachusetts based advocacy organization that for 125 years has promoted economic self-sufficiency for women and their families. As a member of the Board of Directors I encouraged the organization to do an analysis of the economic burden of medical care and care giving on Massachusetts families. The estimated burden is significant. For the ideal American family of two adults and two children the economic burden ranges from about $4,000 per year for the employee's share of the health insurance premium, out of pocket medical expenses and long-term disability insurance. If the family does not have employer-based insurance and the wage earner has fair or poor health the economic impact on the family is about $15,000 for a non-group health insurance premium, out of pocket medical expenses, and lost income due to illness. For a single mother and a child with a chronic illness such as asthma, the economic impact ranges from $2,700 to $11,000.

Rose does not work outside the home. Clearly her job is taking care of her sons and husband and holding the family together through difficult times. She is resourceful and resilient. She is grateful for her health care and the care her children have received. We are working together to find a way for her to take better care of herself and address the real threat that poorly controlled diabetes presents. She has begun to exercise, to modify her diet to the point where one of the boys calls her a vegetarian, and is currently up to date on all preventive screenings. She does use the computer at home and has found an on-line discussion group for women with diabetes and families to care for. I fully expect however that she will continue to write to me in long hand, inadvertently illustrating the true costs that our irrational and deteriorating health care system has on her family. ***SGIM***

GLASER AWARD

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and working with patients to improve care. He was also responsible for the development of "Clinical Crossroads," a monthly series in JAMA, supported by the Robert Wood Johnson Foundation. A modern day CPC presented at grand rounds in several clinical departments at Harvard, Clinical Crossroads focuses on patients and clinicians facing difficult decisions. These remarkable teaching conferences and publications exemplify Dr. Delbanco's fascination with bringing the patient as a full partner into the care process.

The Koplow Tullis Professorship created for Dr. Delbanco summarizes his accomplishments. It stipulates that, "those chosen to hold this professorship shall have demonstrated fervent dedication to the dignity, involvement and perceptions of all patients, with particular concern for the needs of the underrepresented, under-served and economically disadvantaged. They shall have manifested considerable energy and creativity as teachers and mentors. In addition they shall have conducted and sponsored research that proved provocative in challenging convention and opening new areas of inquiry." These words well describe Dr. Delbanco and why he is deserving of SGIM's highest award. SGIM

JOHN M. EISENBERG AWARD

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consistent and creative effort that has changed the practice of medicine. His work has been widely recognized. He has written editorials on the subject for the New England Journal of Medicine and other leading journals, written numerous reviews, advised HCFA (now CMMS) on guidelines for AF, given invited presentations to NIH conferences, American Heart Association symposia, and other award lectures. He has co-authored the chapter on AF in recent ACCP Consensus Conferences on Antithrombotic Therapy and is the Chair of the AF chapter being prepared for the next edition of these internationally renowned guidelines.

In sum, Dr. Singer is an outstanding candidate for the John Eisenberg Award. His record of research is notable for its productivity, creativity, and excellence. He has enhanced the intellectual spirit of general medicine research and has imbued in his many fellows and colleagues enthusiasm and respect for their research efforts. As much as any general medicine researcher, he has changed practice and improved patient care. SGIM

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.sgim.org. Send your ad, along with the name of the SGIM member sponsor, to tractonl@sgim.org. It is assumed that all ads are placed by equal opportunity employers.

FACULTY DEVELOPMENT TRAINING. The Stanford Faculty Development Center is accepting applications for its 2004 month-long, facilitator-training program in Contemporary Practice. Training prepares faculty to conduct a faculty development course for faculty and residents at their home institutions. The Contemporary Practice curriculum addresses issues pertinent to 21st century medicine, focusing on both the individual physician-educator and systems of care. Topics include: the current healthcare environment, decision making, quality management, shared decision making, and physicians as change facilitators. Contemporary Practice Program dates: February 2–27, 2004. Application deadline: November 1, 2003. For information: visit http://sfdc.stanford.edu or contact Merlynn Bergen, PhD at bergen@stanford.edu.

INTERNIST. Piedmont/Triad Metro. Mid-size, private practice in Piedmont/Triad Metro, NC seeking Internist. Average 20-25 patients/day (95% scheduled) and perform 20-30 office procedures/month. Call 1:5. Privileges in one hospital (large regional hospital). Competitive salary guarantee, bonus, partnership, and comprehensive benefits. Popular city, all amenities. Toll free 888-273-4628 or E-mail Tammy@Berendtmedical.com. No J-1's, please.

INTERNIST. Southern California. We are looking for an Internist or Family Practitioner with an interest in Geriatrics to become part of a solo practice located in beautiful Ventura County, Southern California. Spanish speaker a plus. First year guarantee. State of the art facility. Area offers beautiful beaches, great schools, cultural activities, and multitude of family activities. E-mail CV: Lyodkovi@chw.edu, Fax : 805-981-4440, Attn: Leila Yodkovik.

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James M. Haley, MD
Chairman, Department of Medicine
Unity Health System
1555 Long Pond Road
Rochester, NY 14626
FAX: 585-723-7834

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Provider Recruitment Administrator
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