

NEW EDITORS FOR JGIM SELECTED

Melissa McNeil, MD, MPH

The Society of General Internal Medicine is pleased to announce the appointment of Martha S. Gerrity, MD, PhD and William M. Tierney, MD as the next Co-Editors of the *Journal of General Internal Medicine (JGIM)*. JGIM is the official peer reviewed scientific publication of the Society. As such, the Journal promotes improved patient care, research, and education in primary care and general internal medicine through articles focused on topics such as epidemiology, prevention, health care delivery, curriculum development, and numerous other non-traditional themes, in addition to classic clinical research on problems in internal medicine.

Drs. Gerrity and Tierney were chosen from a number of outstanding candidates who applied for the position. All candidates were invited to the SGIM Council winter retreat and were interviewed by the Council at length. The Society was fortunate to have such wonderful applicants and the decision was difficult. After much deliberation, the decision to appoint Drs. Gerrity and Tierney as the new editors was finalized.

Dr. Gerrity is an Associate Professor of Medicine at the Oregon Health & Science University School of Medicine and a staff physician at the Portland VA Medical Center. Her main academic interests are medical education, measurement methodology, and provider behavior change; and she has been an active SGIM volunteer leader on projects such as the Innovation in Medical Education (with Dr. Lisa Rubenstein) and Evidence Based

Medicine Task Forces.

Dr. Tierney is a Professor of Medicine and Chief of the Division of General Internal Medicine and Geriatrics at the Indiana University School of Medicine and a Senior Scientist in the Regenstrief Institute, Inc. His main interests are health services research, medical informatics, and international health, and he has served as President of SGIM (1996-1997) as well as led the Society's Electronic Communications Task Force and Publisher Search.

The following is an excerpt from their Editorship Proposal submitted to the Council:

"Our mission is to make JGIM the best general medical journal in the world among general medical journals not in the "first tier" (e.g., *NEJM*, *JAMA*, *Annals of Internal Medicine*, etc.).

Our vision for JGIM rests on two closely related basic principles: (1) JGIM should be the main vehicle for publishing peer-reviewed articles for SGIM members, reflecting SGIM's diverse members and their tripartite academic missions of clinical care, teaching, and research; and (2) JGIM should serve our patients and their community by publishing the highest quality articles reflecting important advances in clinical care, the delivery of health services, and educating their physicians.

Our vision is based on two underlying values: (1) peer review, although not infallible, is the best existing method for assuring SGIM and JGIM's readership

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One-on-One Mentoring Program at the Annual Meeting and the Year-Long Mentoring Program

Marshall H. Chin, MD, MPH and Eric J. Thomas, MD, MPH

We encourage you to sign up for one of SGIM's mentoring programs. Collegiality, collaboration, and mentorship are hallmarks of the SGIM culture. The One-on-One Mentoring Program and the Year-Long Mentoring Program at the Annual Meeting in Chicago provide valuable opportunities for SGIM members to benefit from the experience and wisdom of more senior colleagues.

Participants in the One-on-One Mentoring Program at the annual SGIM meeting frequently state that it

requests. Are you looking for someone to review your CV in a constructive way? Do you need help meeting key individuals in your field of interest? Do you need advice on a specific project or paper? Do you have a conflict in your current setting that an outsider can evaluate objectively? Are you at one of the natural transition points in your career and need some advice about which path to explore? What further training and skills do you need for your career path? How can you negotiate for the time and opportunity to pursue your

interests? How can you be more efficient? What academic goals should you establish as a clinician-educator? How can one raise a family and achieve one's professional goals? As a person of color, how do you motivate your institution to address some of your unique

concerns? When is it time to consider changing institutions? These are the types of questions you can bring to the SGIM One-on-One Mentoring Program.

The [Mentoring Programs]... provide valuable opportunities for SGIM members to benefit from the experience and wisdom of more senior colleagues.

was one of the best things they did at the meeting. This program gives students, residents, fellows, junior faculty, or mid-career faculty the opportunity to develop one of the many relationships with a senior mentor that can help shape their careers. Mentors and mentees are matched based upon mutual interests and expectations. The mentor-mentee pair meets in-person during the annual meeting, with the option of continuing the relationship beyond that time. Past participants in SGIM's program have found this opportunity to be worthwhile and important in helping them sort out important career decisions and dilemmas.

Mentees should prepare for their meeting with their mentors by developing a clear agenda for the session. Clarity will enable mentees to avoid vague, general responses to their

Year-Long Mentoring Program for Faculty

SGIM also offers a longitudinal Year-Long Mentoring Program to faculty who would like to benefit from regular contact with a senior SGIM mentor from another institution over the course of one year. The program is open to faculty with any career focus including clinical care, education, administration, and research. The Mentoring Program is also appropriate for faculty who would like to discuss balancing family and work. The goal of the program is to provide substantial mentorship for

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MORE THOUGHTS ON GENERAL INTERNAL MEDICINE: COORDINATING CARE OR PROVIDERS?

JudyAnn Bigby, MD

This academic year has been a busy one for internal medicine organizations. The future of internal medicine is a topic of concern for all internal medicine organizations. In addition to the SGIM Domain of General Internal Medicine Task Force report on *The Future of General Internal Medicine*, the American Board of Internal Medicine Foundation sponsored a meeting on the Role of Internal Medicine in the New Health Care Environment in August of 2003 and the American College of Physicians sponsored a summit to "rewrite the constitution of internal medicine" in November 2003. In both of these meetings and on conference calls with the leadership of other internal medicine organizations, the role of the general internists is a frequent topic of discussion. In my journals where I have kept notes and impressions from my year as SGIM president, I noted the following quotes from various speakers, generalists, and subspecialists alike.

"The role of the general internist is to educate the public about what their health insurance coverage means."

"General internists are care coordinators and co-decision makers."

"It's time to allow the unbridled use of non-physicians for chronic disease management."

"Nurse practitioners can coordinate care for patients better than physicians."

"General internists take care of trivial rather than significant problems."

The discussion about the role of general internal medicine over the last few months certainly highlights the importance of the Task Force Report on the Future of General Internal Medicine. The report emphasizes "expertise in the care of adult patients, especially those with complex and chronic illnesses" as the hallmark of general internal medicine. This role seems not

to be understood or shared by all. Several recent reports and studies highlight the importance of understanding and solidifying the role of the general internist as a coordinator of care and as coordinator of providers.

Chronic medical conditions are increasing among all Americans. Currently 22% of all Americans have multiple chronic medical conditions. Sixty-five percent of Medicare beneficiaries, 22% of Medicaid beneficiaries, and 17% of privately insured have multiple chronic medical conditions (Chronic Conditions: Making the Case



for Ongoing Care, Partnerships for Solutions, 2002). By 2010, 141 million Americans will have chronic medical conditions. According to an October 2003 briefing from Partnerships for Solutions, 60% of 18 to 44 year olds with hypertension have other co-morbid conditions, as do 81% of 45 to 64 year olds.

According to a December, 2003 briefing from Partnership for Solutions, 100% of persons with 5 or more chronic conditions saw a physician in 1999, but only 25% saw primary care physicians for more than half their visits. In fact, they made twice as many visits to specialty physicians as they did to

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SGIM FORUM

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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>

ACGIM Management Institute Features Crimson Group, Research and Faculty Development, and Chief Issues Briefs

William P. Moran, MD, MS and Valerie Weber, MD

The Association of Chiefs of General Internal Medicine (ACGIM) is pleased to announce an exciting ACGIM Management Institute “Critical Issues in a Critical Time” to be held on Wednesday, May 12, 2004 in Chicago at the Westin Hotel. The goals of the Institute are to build leadership and management skills among current and future leaders in General Internal Medicine, as well as to communicate and inform chiefs of emerging critical challenges and solutions to meeting their mission and leadership roles. The institute is expanding to a full day this year, and the agenda responds to the issues identified as critical to both new and experienced chiefs based on feedback from last year. Four nationally recognized leaders in health care management, leadership, and research development have agreed to speak at the all-day Institute. In addition, two new features have been added to the Institute this year: “Chiefs Issues Briefs,” which will highlight emerging issues critical to the success of chiefs and sections/divisions of General Internal Medicine, and “Chief Mentors,” a lunchtime focus on bringing together new and experienced chiefs in a mentor relationship. As in past years, the ACGIM business meeting and dinner will follow the Institute.

David Young, MA, DBA, nationally recognized Professor of Accounting and Control at Boston University School of Management and the Crimson Group, will focus on accounting and financing skills for chiefs of Sections/Divisions of General Internal Medicine. Martin P. Charns, DBA., Professor and Director of the Program on Health Policy and Management at Boston University, and the Director of the Management Decision and Research Center in the Health Services

Research and Development Service of the Department of Veterans Affairs, will discuss management challenges within complex organization such as AMCs. Janet Bickel, MA, President, Janet Bickel & Associates, a nationally recognized Faculty Career and Diversity Consultant and former Associate Vice President for Medical School Affairs and Director, Women in Medicine Program, AAMC, will address the challenge of building and supporting gender and ethnic diversity within GIM leadership. Finally, one of our own, Harry Selker, MD, MSPH, Chief

The new feature ...will focus on emerging issues for GIM

of the Division of Clinical Care Research and Professor of Medicine at Tufts University School of Medicine, will discuss his experience in developing a thriving research program within General Internal Medicine.

The new feature for this year, “Chief Issues Briefs,” will focus on emerging issues for GIM, many of which have been topics on the ACGIM listerv

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“Cover the Uninsured” Week—Calling Again for Grassroots Action

Laura Sessums, MD

Cover the Uninsured (CTU) Week is back for a repeat performance in 2004 and SGIM is again a National Supporter! The week this year is May 10–16 (the week of the SGIM Annual Meeting in Chicago). To build on the successes of last year’s CTU Week, SGIM encourages you to get involved in this year’s events.

By many measures, CTU Week 2003 was successful in raising the awareness of the general population about the problem of the uninsured. Nearly 900 events occurred across the United States during the week. The week generated more than 3,000 media stories (in print, radio, and TV). Over 160 National and 700 local organizations supported CTU Week and it received bipartisan support from over 190 elected officials.

This initial attempt to raise public awareness of the problem of the uninsured did not solve the problem, of

course. In fact, the number of uninsured in the U.S. has grown since last year to 44 million. To build on what is hoped to be a ground swell of concern about this issue, the Robert Wood Johnson Foundation has decided to repeat the week in 2004. CTU Week’s focus on the insured is even more important this year as the debate and media attention it generates could affect the course of the Presidential election and the Senate task force recently established by Senator Frist to focus on increasing access to health care.

As in 2003, CTU Week will kick-off with a press conference. Town Hall meetings, health fairs, on-campus, inter-faith and business events will follow. In addition, CTU Week will include other events to generate awareness such as sponsorship of community health center fundraisers and sporting events. This year, all types of events may occur on

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RESEARCH FUNDING CORNER

Joseph Conigliaro, MD, MPH

Occupational Health and Safety Research (R01)

PA Number: PA-04-038

Centers for Disease Control and Prevention (CDC)

National Institute for Occupational Safety and Health (NIOSH)

National Institutes of Health (NIH)

The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) invite grant applications for research related to occupational safety and health to develop knowledge that can be used in preventing occupational diseases and injuries and to understand their underlying pathophysiology using the NIH R01 award mechanism for awards of up to five (5) years.

NIOSH seeks investigations on the relationships between hazardous working conditions and associated occupational diseases and injuries; to develop means of evaluating hazards at work sites and early markers of adverse health effects and injuries; to develop new protective equipment, engineering control technology, and work practices; and to evaluate the technical feasibility or application of new or improved occupational safety and health procedures, methods, techniques, or systems. NIH agencies include the National Cancer Institute (NCI), the National Heart, Lung and Blood Institute (NHLBI), the National Institute on Aging (NIA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), the National Institute on Deafness and Other Communication Disorders (NIDCD) and the National Institute of Environmental Health Sciences (NIEHS).

The full RFA can found at <http://>

grants.nih.gov/grants/guide/pa-files/PA-04-038.html

Colorectal Cancer Screening in Primary Care Practice

PA Number: PAR-04-036

National Institutes of Health (NIH)

Agency for Healthcare Research and

Quality (AHRQ)

Letter of Intent Dates: January 23, 2004; September 22, 2004; January 24, 2005; May 23, 2005

Application Receipt Dates: February 23, 2004; October 22, 2004; February 23, 2005; June 23, 2005

Colorectal cancer (CRC) is the second leading cause of cancer death in the United States. Using the both the R21 and R01 mechanism the National Cancer Institute and Agency for Healthcare Research and Quality are interested in promoting research to improve colorectal cancer screening delivery, utilization, and outcomes in primary care practice. The objective of this Program Announcement is to encourage health services, social and behavioral,

and outcomes researchers to increase the knowledge base for enhanced translation of effective colorectal cancer screening techniques into community practice. Research topics to be supported are those falling within areas of assessing the delivery, utilization, and short-term outcomes of colorectal cancer screening in primary care practice. A few examples include the development of appropriate interventions, mechanisms, or systems to

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Position Opening Assistant or Associate Professor

Center for Primary Care and Outcomes Research Stanford University School of Medicine

The Center for Primary Care and Outcomes Research (PCOR) at Stanford University School of Medicine (<http://healthpolicy.Stanford.edu>), in conjunction with the Departments of Medicine and of Health Research and Policy, seeks an assistant or associate professor in the tenure line with expertise in medical outcomes research.

PCOR is closely affiliated with Stanford's Center for Health Policy and works with multiple departments throughout the university. We are seeking individuals with demonstrated interest in outcomes research and related areas such as health policy and health economics. Applicants should have a Ph.D. degree or an M.D. with Ph.D.-level expertise in a discipline related to outcomes research, such as economics, statistics, medical decision sciences, or epidemiology. Physician candidates should be board-certified or board-eligible in internal medicine.

PCOR is a multidisciplinary group with programs in Primary Care Policy and Practice Advancement, Medical Practice Guidelines and Decision Analysis, Medical Outcomes, and Medical Technology Assessment. The successful candidate may participate in any of these programs and in the Center for Health Policy but is expected to focus on the outcomes research program. Further information about PCOR and the Center for Health Policy can be found at <http://healthpolicy.stanford.edu>. Stanford University is an equal opportunity, affirmative action employer.

To be considered for this position, please send a letter describing your interest, your curriculum vitae, and the names and addresses of three references to:

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HOW WILL THE NEW MEDICARE LAW IMPACT GENERAL INTERNAL MEDICINE?

David R. Calkins, MD, MPP and Jenn Brunelle, MASI

As you know, Congress approved and the President signed into law this fall a bill that reforms the Medicare program and creates a Medicare prescription drug benefit. As the dust settles and the federal government begins implementing the “Medicare Prescription Drug, Improvement and Modernization Act of 2003,” or DIMA, we look at several of the ways the 1,000 plus-page law will impact the practice of general internal medicine and our patients.

The law is not perfect, and there surely will be efforts in this session of Congress and for years to come to modify it. In particular, many have reservations about the design of the prescription drug plan, which does not go into effect until 2006.

Starting on April 1 of this year, Medicare beneficiaries can sign up to use prescription drug discount cards to receive discounts of 15% or more on prescription drugs. In 2004 and 2005, low-income beneficiaries will receive a \$600 annual subsidy to help reduce prescription drug costs.

Then in 2006, a voluntary prescription drug benefit will be established under a new Part D of the Social Security Act. Beneficiaries who enroll in either a stand alone private drug plan or a private health plan that offers drug coverage will receive standard coverage with a \$250 deductible and \$35 per month premium. The coinsurance for prescription drug costs between \$251 and \$2,250 will be 25%. Beneficiaries will receive no coverage on costs between \$2,250 and \$3,599, commonly referred to as the “doughnut hole.” Once the beneficiary’s out of pocket costs reach \$3,600, coverage will resume with a 5% co-insurance for individuals above 150% of poverty. Low-income beneficiaries below 135% of poverty will have no co-payment above \$3,600,

while those between 135–150% of poverty will have \$2 to \$5 co-payments.

“Dual eligibles,” those seniors who qualify for both Medicare and Medicaid, will receive prescription drug coverage under Medicare starting in 2006. Dual eligibles with income up to 150% of poverty will have cost sharing and premium assistance and no gap in coverage. Dual eligibles with income below 100% of poverty will have a \$1 co-pay for generics and \$3 for brand names. The law provides tax incentives for employers that offer

retiree drug coverage.

Under the law, Medicare will be required to cover initial preventive physical examinations for individuals whose coverage begins on or after January 1, 2005. The program will cover preventive services, including covering screening tests for diabetes and cardiovascular disease.

Many other aspects of the law will impact the work of general internists. Physicians faced a 4.5% cut in payment as of January 1, 2004 under the Medi-

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Clinical Updates: Ready for Primetime

Preetha Basaviah, MD

Are you having a tough time seeing over the growing stack of journals? Are you craving some concise, clear assessments of controversies in the literature? Never fear—Clinical Updates are here. The Clinical Update sessions have become a popular component of SGIM annual meetings since their inception six years ago. These sessions provide a venue to hear experts’ discussions on what topics are hot and what are not—which innovations are ready for prime time and which ones need additional study.

Come whet your appetite for literature highlights in any or all of seven areas, including Updates in: General Internal Medicine, Clinical Preventive Services, Perioperative Medicine, HIV Medicine, Geriatrics, Women’s Health, and Hospital Medicine. A distinguished and diverse cadre of speakers has been assembled in each of these areas to critically review and evaluate articles as to their design and strength of evidence. By rating articles published in 2003–2004 as to impor-

tance and clinical relevance to the practicing internist, presenters pay particular attention to papers that will impact and inform patient care.

Past attendees have appreciated the focused discussions highlighting topics that may change clinical practice and experts’ opinions on new controversies. The goal of these sessions will be to teach the attendee relevant take home points that can be applied to their practice and teaching. The comprehensive presentations, summary bottom lines, and high quality take home materials are key strategies to making the updates successful. Although sessions are primarily didactic, time is allotted for discussion and questions from the audience.

So come learn, discuss, and query others during these exciting sessions. No matter your role—clinician, educator, investigator or health care policy maker—you are sure to enjoy and learn a great deal during the Updates. See you in sizzling Chicago! **SGIM**

ONE-ON-ONE MENTORING

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faculty that goes beyond what can be provided during the typical one-time meeting of the SGIM One-on-One Mentoring Program. For example, the mentor-mentee pair may choose to work on a research project together or else develop and evaluate a new curriculum. Mentors and mentees will meet at the national SGIM meeting and possibly the regional SGIM meeting. Additional contact throughout the year will occur by phone and email. While the frequency of contact will vary depending upon the needs of the mentee and availability of the mentor, we expect

that on average contact will occur monthly. An additional resource for section chiefs is a mentoring and networking resource under the auspices of the Association of Chiefs of General Internal Medicine (ACGIM). The ACGIM program can complement the new Year-Long Mentoring Program for those who are section chiefs. Contact ACGIM for more information on the section chief mentoring program.

Sign Up

Don't be shy. Almost all of us can benefit from mentoring. Look for the

application materials for the two mentoring programs in the annual meeting program announcement package or check the SGIM web site (www.sgim.org). Many enthusiastic, generous mentors are eager to get to know you! If you are interested in being a mentor contact Sarajane Garten (gartens@sgim.org) in the national office to receive the appropriate materials. **SGIM**

COVER THE UNINSURED

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Whether or not you live/work in a targeted city, CTU Week needs your help.

any day during the week and some on-campus events will occur before CTU Week to reach students before they leave for summer break. In a departure from last year, CTU Week will provide an Issues Guide summarizing current policy proposals for covering the uninsured to be distributed to all who attend CTU Week events. Because of tax laws affecting the Robert Wood Johnson Foundation (the creator of CTU Week), the Issues Guide will not advocate for any one particular proposal.

Currently, sixteen cities¹ are targeted to have "on the ground" planners to help generate media attention and plan events. Discussions are ongoing to add additional cities. Whether or not you live/work in a targeted city, CTU Week needs your help.

SGIM is promoting members involvement in CTU Week as follows:

Mark your calendar now to participate in events during the week, whether you help organize an event, give a

speech or merely attend. As events are planned, information will be available at www.covertheuninsured.org.

Join with other SGIM members to develop curricula for

SGIM members to use at on-campus events around the country.

If you were involved in successful events during CTU Week 2003, act as a resource for other members elsewhere.

Participate in the Forum on Health Care Reform at the SGIM Annual Meeting, and help organize an informal event in Chicago during the meeting.

Please contact Laura Sessums (Laura.Sessums@na.amedd.army.mil, phone 202-782-0298) if you are willing to participate, have questions about the week, or seek more information. You may also contact CTU Week planners directly at 202-572-2928. **SGIM**

¹The sixteen cities are Albuquerque, NM; Chicago, IL; Denver, CO; Detroit, MI; Houston, TX; Los Angeles, CA; Nashville, TN; New Orleans, LA; New York, NY; Portland, OR; Sacramento, CA; Salt Lake City, UT; St. Louis, MO; San Francisco, CA; Seattle, WA; Washington, DC.

ACGIM COLUMN

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over the past year. ACGIM members including Drs. Carlos Estrada, Jean Kutner and Valerie Weber, will present on issues such as:

- ◆ Funding streams for academic GIM
- ◆ Estimating downstream revenue from primary care
- ◆ Integrating Academic hospitalists into GIM
- ◆ The value of ACGIM site visits to new chiefs

The annual Chiefs dinner will be held after the Institute at 6 PM. Come ready to share the title and author of a recent book that had an impact personally or professionally.

ACGIM is committed to developing leadership diversity, and does not want cost to be a barrier for emerging leaders in General Internal Medicine who consider attending the Institute. A limited number of scholarships (for Management Institute registration fee only) are available, and women and underrepresented minorities are especially encouraged to apply. Nomination by current ACGIM member is recommended. Please see ACGIM website for more information.

See you in Chicago! **SGIM**
Editor's Note—William P. Moran and Valerie Weber are Program Co-Chairs for the ACGIM Management Institute.

COORDINATING CARE OR PROVIDERS

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primary care physicians. As the number of chronic medical problems increases, the percent of persons (with insurance) who receive the majority of their care from primary care physicians decreases. Regardless of age, when adults have chronic conditions they have fewer visits to primary care physicians than to specialists.

Specialists often cite published research that demonstrates specialists deliver superior care for individual medical conditions as evidence that they provide better care than primary care physicians. Research that focuses on the management of an acute complication of a chronic illness (e.g. acute MI in a person with CAD) does not really provide the type of data that are necessary to understand how to best care for persons with chronic disease. One study by Wolff et.al. in the Archives of Internal Medicine reports that 10% of hospitalizations in 1999 among Medicare recipients with chronic conditions were due to ambulatory care sensitive conditions and were potentially preventable with appropriate care in the primary care setting. A smaller percent of hospitalizations were due to preventable complications. Asch et.al. reported in JAMA significant under use of care among elderly Medicare recipients, especially black and poor elderly, for conditions such as acute MI, diabetes, congestive heart failure, and breast cancer. Clearly there is more than enough care to be delivered by general internists and specialists alike and much room for improving the quality of care.

Anderson reports in the Archives of Internal Medicine that 13% of patients with chronic disease report that one of their top 3 concerns is not getting adequate care or getting good care. Less than 50% of patients and physicians thought that people with chronic conditions receive adequate medical care. Patients also report receiving duplicate tests, different diagnoses, and contradictory information about their medical conditions.

Physicians believe that patients suffer adverse outcomes such as medication errors, unnecessary hospitalizations, inadequate pain relief, inadequate resolution of psychosocial issues, and unnecessary nursing home placement as the result of lack of coordination of care (Chronic Conditions: Making the Case for Ongoing Care, Partnerships for Solutions 2002).

Coordinating care and managing chronic disease are important roles for general internists and when it is done well it can lead to improved patient satisfaction and quality of care and potentially decrease costs. We in internal medicine need to get away from the pejorative view of coordinating care and recognize it for the intellectually challenging, difficult, and important task that it is.

The healthcare delivery system is not oriented to this sort of care. Primary care physician payment is only one of the major problems reflecting the inadequacy of the system. In spite of everything we have learned about primary, secondary, and tertiary prevention, our system of care is still oriented toward episodic care of acute problems.

We should not be arguing about the role of the general internist given today's health care needs but instead should be pooling our intellectual and

other resources to come to agreement about the best way to coordinate care, define outcomes that demonstrate improved quality of care (including for example appropriate medical management, increased function, delayed disability, and decreased disparities) and reorganize the health care system to achieve these goals. Internal medicine leaders have begun an important process in coming together to openly discuss these issues. It has been remarkable to learn how much we don't understand about our own specialty but it is encouraging to know that there are leaders who are willing to move forward. **SGIM**



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BAYSTATE MEDICAL CENTER
SPRINGFIELD, MASSACHUSETTS**

Baystate Medical Center (BMC) seeks an outstanding academic physician to be Medical Director of High Street Health Center, the medical center's south campus. HSHC has a \$3 million annual budget and over 30,000 adult patient visits each year. It serves as the ambulatory teaching site of Baystate's Medicine Residency Program with 55 residents, 8 clinician-educators, 3 nurse practitioners, and many subspecialty programs. Applicants must be ABIM certified and qualified for faculty appointment at the Assistant/Associate Professor level. The successful candidate will have demonstrated excellence in clinical care and medical education, experience in clinical practice management, and the skills to expand academic opportunities within the Department of Medicine.

Baystate Health System is one of New England's largest integrated healthcare delivery systems. BMC is the health system's flagship hospital, affiliated with Tufts University School of Medicine, with 650 beds, a new basic science research facility, 3 community health centers, and training programs in many specialties and subspecialties. Springfield is located in the scenic Connecticut River Valley at the foothills of the Berkshires, with convenient access to the coast, all-season recreation, and to metropolitan Boston and New York.

The area is culturally diverse, with numerous universities and colleges. Interested applicants should submit a CV and cover letter to:
**David N. Rose, MD, Chief, Division of General Medicine & Geriatrics,
 c/o Claudia Roberts RN, Baystate Medical Center, 759 Chestnut Street,
 Springfield, MA 01199. Fax: (413) 794-3325.
 Email: Claudia.Roberts@bhs.org.**

EOE/AA

www.baystatehealth.com

NEW EDITORS FOR JGIM

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that published articles are relevant to JGIM's mission, vision, and values and reflect high quality methods and scholarship; and (2) each article submitted to JGIM, whether ultimately accepted or rejected, should be im-



Martha S. Gerrity, MD, PhD

proved by the peer review and editorial processes.

We hope to further improve JGIM's service to its readership and the consumers of the scholarship it publishes. We therefore have four specific goals for our editorship: (1) substantially decrease the time from manuscript receipt to first author notification to a median of 45 days or less; (2) increase the total number of peer-reviewed articles published by 15% with no increase in published pages; (3) substantially increase the number of articles on medical education and doctor-patient interactions, and (4) enhance the development and use of the Internet-based electronic version of JGIM.

We see JGIM as first serving SGIM's members, who are predominantly members of academic divisions of general internal medicine and comprise a sizable majority of directors and associate directors of internal medicine residency and clerkship programs. Hence, JGIM should publish more content related to medical education than most (if not all) general medical journals. General internists are

more often involved in quality improvement and other health systems issues than are other academic physicians. Hence, JGIM should maintain more health services research articles than most general medical journals. We therefore see JGIM's niche (which can also mean "alcove" or "nook" or "slot", a concept too confining for academic general internists) as being more of an intersection between clinical medicine, clinical care research, health services research, and medical education.

JGIM is at the crossroads of clinical medicine, critical care research, health services research, and medical education. This intersection is filled with highly topical and controversial topics (ie-patient safety, health system reform) that are likely to receive wide attention and citation. We will be dedicated to publishing articles that other clinicians, scientists, educators, and administrators will find useful and will cite in their own manuscripts."

The editorial office for JGIM will be in the Health Services Research and Development Center of the Indianapolis VA Medical Center. A talented corps of more than 15 Deputy Editors with diverse backgrounds and interests will

NEW MEDICARE LAW

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care physician fee schedule. The law halted the 4.5% cut and another unspecified cut in 2005, providing physicians with a payment increase of at least 1.5% instead.

The law makes participating in the Medicare program less burdensome for general internists by enacting reforms organized medicine has sought for years. It improves carrier education and performance. It prohibits Medicare from collecting overpayments until completion of an evaluation by an independent party. It limits extrapolation, the process by which CMS assumes a mistake on a filing indicates the same mistake on other filings. It requires pilot-testing of

maintain the quality and timeliness of manuscript reviews that authors have come to expect from the Journal. The Co-Editors will strive to maintain JGIM as one of the top journals publishing articles of interest to general internists



William M. Tierney, MD

and academic physicians. Their goal is for JGIM to be the most effective vehicle for publishing the scholarly work of SGIM's members and other clinicians, teachers, and scientists committed to improving the health care of adults. **SGIM**

alternatives to evaluation and management documentation requirements. The law preserves CPT as the physician coding system. It provides various incentives to providers who move towards electronic prescribing.

Finally, the law increases payments for indirect medical education (IME) for several years. In October 2003, the IME payment went from 6.5% to 5.5% as scheduled by law. From April 1, 2004 till the end of the year, the IME adjustment will be set at 6.0%. Payments would then go to 5.8% for 2005, 5.55% for 2006, 5.35% for 2007 and 5.5% from 2008 forward. **SGIM**

General Internal Medicine Geriatrics Health Services Research

Geisinger Health System is seeking candidates for a Clinician-Researcher position in the Dept. of General Internal Medicine and Geriatrics. This position offers a joint appointment at Geisinger's Center for Health Research and Rural Advocacy, and combines support for outcomes research activities with clinical practice.

Our electronic medical record (EMR) database, including a longitudinal geriatric database, combined with the large, predominantly rural aging population in our region offers unique opportunities for chronic disease epidemiology and health services research. We are specifically seeking candidates with public health training in epidemiology or health services research who have an interest in pursuing a career in clinical and outcomes research combined with clinical practice in general internal medicine or geriatrics. Candidates should be either fellowship trained or board certified. Those with a MPH degree are especially encouraged to apply.

Geisinger is a large, integrated, physician-led health system that serves nearly one-third of Pennsylvania. Geisinger Medical Center, in rural Danville, houses 75 medical and surgical specialties and operates a 457-bed regional tertiary/quaternary care medical center. Geisinger offers a competitive salary and excellent benefits including 401K, health insurance, vacation and CME plans and full medical malpractice coverage.

Interested candidates contact:

Valerie Weber, MD, Director
Department of General Internal Medicine and Geriatrics
100 N. Academy Avenue, Danville, PA 17822-1401
Tel: (570) 271-6164
E-mail CV to: vdweber@geisinger.edu



Apply online at www.geisinger.org/docjobs

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CLASSIFIED ADS

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 tractonl@sgim.org. It is assumed that all ads are placed by equal opportunity employers.

ACADEMIC GENERAL INTERNIST: The University of Kentucky, Department of Internal Medicine is recruiting clinically oriented general internists for the Division of General Internal Medicine at all ranks in the Division's University and VA clinical faculty practices. Physicians recruited will have full clinical faculty appointments, competitive compensation and benefits and the advantages of practice in our academic multidisciplinary group. Candidates must be board eligible or board certified in internal medicine. Send CV to Shawn Caudill, M.D., Chief, Division of General Internal Medicine, University of Kentucky, 740 S. Limestone Street, K512 Kentucky Clinic, Lexington, KY 40536-0284 (859) 257-5499. THE UNIVERSITY

OF KENTUCKY IS AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER.

FELLOWSHIP—GENERAL INTERNAL MEDICINE. Mount Sinai Medical Center, Division of General Internal Medicine offers a two-three year Fellowship program in preparation for a career in academic general internal medicine, in either research or education. While not restricted to these areas, current and past fellows, have had focuses in women's health, health services research, informatics, palliative care, care for the home bound, access to care for minority and undeserved urban populations, and evidence based medicine. All candidates receive masters from the department of community medicine, Mount Sinai School of Medicine. Inquiries to Dr. Thomas McGinn, Thomas.McGinn@msnyuhealth.org or Dr. Ethan Halm, Ethan.Halm@msnyuhealth.org.

FELLOWSHIP—GENERAL INTERNAL MEDICINE. The Johns Hopkins University seeks candidates for fellowship in Clinical Research (emphasizing epidemiology, prevention, community & minority health, technology assessment, quality of care, health economics/policy, ethics, behavioral medicine, genetics, AIDS) or Medical Education (emphasizing teaching skills, curriculum develop-

ment, education research, and patient-centered care) starting July 2004 or 2005. Contact Eric B. Bass, MD, 1830 E. Monument St., Rm 8068, Baltimore, MD 21287; ebass@jhmi.edu.

MASTER EDUCATOR FELLOWSHIP—GENERAL INTERNAL MEDICINE AT NEW YORK UNIVERSITY/BELLEVUE. NYU's Division of Primary Care 2-year Fellowship Program has openings for candidates for academic year 2004–2005. Fellows prepare for academic general internal medicine careers through formal training and practical, mentored experience in clinical research and medical education, including courses on research methods, clinical epidemiology, health policy, clinical teaching, curriculum design, leadership, psychosocial medicine, cross-cultural medicine/immigrant health and quality improvement. Fellows will earn a Masters of Medical Education Degree. For inquiries: Dr. Mark Schwartz, Mark.Schwartz@nyu.edu. For applications: Cecily.Griesser@med.nyu.edu or 212-263-8895.

ACADEMIC HOSPITALIST. The Division of General Internal Medicine at the New York University School of Medicine is recruiting outstanding physicians to join our new academic hospitalist
continued on next page

Forsyth Medical Group

WINSTON-SALEM, NORTH CAROLINA

Forsyth Medical Group has openings for BE/BC internists to join our growing practices in the Winston-Salem area. We offer a competitive salary based on credentials and experience, plus an opportunity to earn an incentive bonus, as well as an excellent benefits package.

Forsyth Medical Group is part of North Carolina's largest integrated healthcare system and is affiliated with Forsyth Medical Center, a 905-bed tertiary care center. Located within 2 hours of the mountains and 4 hours of the beach, Winston-Salem is a family-oriented community with many cultural and athletic opportunities in the Piedmont Triad of NC.

For immediate considerations, send CV to mjdavis@novanthealth.org; or mail to Mimi Davis, Forsyth Medical Group, 2085 Frontis Plaza Blvd., Winston-Salem, NC 27103 or fax to 336-277-9164.

RESEARCH FUNDING CORNER

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monitor the completion of and improve compliance with colorectal cancer screening and follow-up such information technologies or computerized patient records; strategies to improve physician and patient informed and shared decision-making regarding colorectal cancer screening options; and an assessment of the feasibility and acceptability of conventional and emerging screening technologies from the patient and/or provider perspectives, in community practice.

The full RFA can found at <http://grants.nih.gov/grants/guide/pa-files/PAR-04-036.html>

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

CLASSIFIED ADS

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program. Opportunities for house staff and student teaching and research. Strong teamwork skills necessary. Board certification or eligibility in internal medicine, and NY State licensure or eligibility required. Salary and faculty rank commensurate with experience. Send CV to: Marc N. Gourevitch, MD, MPH, Director, Division of General Internal Medicine, New York University School of Medicine, Department of Medicine, 550 First Avenue, OBV-618, New York, NY 10016. NYU School of Medicine is an Affirmative Action Equal Opportunity Employer.

ASSISTANT/ASSOCIATE PROFESSOR. The Brody School of Medicine at East Carolina University is seeking a strong clinical internist with expertise in teaching students and residents. Responsibilities include direct patient care and teaching in the General Internal Medicine practice, consultation service, and in-patient service. Tenure or non-tenure position is available. An Equal Opportunity/Affirmative Action University. Accommodates individuals with disabilities. Applicants must comply with the Immigration Reform and Control Act. Send CV to: Carlos Estrada, MD, MD, Division Chief, General Internal Medicine, The Brody School of Medicine at East Carolina University, Department of Internal Medicine, GIM, 600 Moye Boulevard, Pitt County Memorial Hospital Teaching Annex, Greenville, NC 27834.

CHIEF, GENERAL INTERNAL MEDICINE - Lehigh Valley Hospital (LVH), a large academic community hospital in southeastern Pennsylvania's Lehigh Valley, seeks a Chief of GIM. Position entails clinical, administrative, educational and research responsibilities and reports to Chair of Medicine. Oversee geriatrics, GIM and hospitalist programs; participate in freestanding IM and transitional residency and medical student programs and lead division's clinical research. LVH is a major teaching affiliate of Penn State, where Chief will have faculty appointment. Division has 94 active medical members with 11 full-time physicians. The Lehigh Valley, with over 700,000 people, has numerous colleges and good schools; located 1 hour north of Philadelphia and 1.5 hours west of New York City. Email CV: Tammy.Jamison@lvh.com, phone: (610) 402-7008.

CLINICIAN-EDUCATOR FACULTY POSITION. DIVISION OF GENERAL INTERNAL MEDICINE, UCHSC, DENVER, CO. The Division of General Internal Medicine, Department of Medicine at the University of Colorado Health Sciences Center is seeking a clinician-educator to begin approximately July 1, 2004. Candidates should be board certified or board-eligible in internal medicine and interested in a career as a clinician, practicing and teaching general internal medicine. The physician will practice eight or nine half-

days, with the opportunity for one half-day attending for primary care residents' clinical education. The physician will practice at either the University Medicine Clinics in either Aurora or Denver. The clinician-educator's role offers full-time faculty status and opportunity for academic promotion judged on criteria of demonstrated excellence as a clinician/educator/scholar. Starting salary is commensurate with experience. Teaching activities include attending one to two months annually on the general medical inpatient services, and teaching in the housestaff and/or medical student ambulatory care program.

The faculty shares the responsibilities for night, weekend, and vacation coverage with other members of the group practice and will participate in decisions regarding the practice operation. These clinician-educators may collaborate with other faculty in clinical research projects, but are not expected to be clinician-researchers. Contact Jean S. Kutner, M.D., Head, Division of General Internal Medicine, University of Colorado Health Sciences Center, 4200 East Ninth Avenue, Campus Box B180, Denver, Colorado 80262. Fax 303.372.9082 or e-mail at Jean.Kutner@UCHSC.edu. The University of Colorado is committed to Equal Opportunity and Affirmative Action.

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