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2004 ANNUAL MEETING

**SHAPING THE FUTURE OF
GENERAL INTERNAL
MEDICINE—CHICAGO 2004**

Nancy L. Keating, MD, MPH

The 2004 Annual Meeting once again provided a fantastic opportunity for SGIM members to share their work, hear about the work of others, and catch up with old friends and new. An all-time record 1,846 clinicians, educators, and researchers came to Chicago this year from across the United States and nine other countries.

The meeting theme, *Shaping the Future of General Internal Medicine*, followed from last year's meeting, when the Task Force on the Future of General Internal Medicine presented its report, and allowed us as an organization to critically examine our role in this task. In her President's Address, JudyAnn Bigby thanked those who challenged the status quo of the organization and spurred us to do things in a new way. She challenged SGIM members to think about how we can change the health system, counter the forces working against good primary care, and refocus attention on the patient rather than on the health care payer. Expressing concern about students choosing careers in areas other than primary care—because that's where they feel they can make a difference—Dr. Bigby emphasized the need to better communicate the values and strengths of general internal medicine and primary care to the larger society. She concluded by explaining that the meeting is all about creating a roadmap to the future. And she encouraged us to

“shoot for the moon” because “even if we fail, at least we end up among the stars.”

In the theme plenary session, three scientific abstracts were presented, highlighting the ability of quality measures to predict survival among the vulnerable elderly, the feasibility and reliability of measuring patient-reported experiences with their primary care physicians, and clarifying just how little we know about providing culturally competent care. Following the abstracts, Carolyn Clancy, Director of AHRQ, and Tom Inui, President and CEO of the Regenstrief Institute commented on the forces and trends at work that shape the future of general internal medicine, and challenged SGIM members to “put on our overalls” and share our visions of the future and our ideas about how to get there.

This year's Peterson Lecturer, Karen Davis, President of The Commonwealth Fund, offered “A Patient's 2020 Vision for Primary Care.” Dr. Davis shared a personal experience of difficulty accessing health care, and then provided some ideas about how we can improve access to health care while maintaining the parts of the American health care system that so many physicians and patients value.

Other meeting highlights included the first annual Visiting Professor of Geriatrics, Eric Larson, who gave a keynote lecture, participated in numerous geriat-

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2004 ACGIM Management Institute Breaks New Ground in Chicago

Valerie Weber, MD and Bill Moran, MD

One of the missions of the Association of Chiefs of General Internal Medicine (ACGIM) is to provide leadership training and networking opportunities for GIM chiefs. With this in mind, the ACGIM Institute, held on May 12, 2004 at the Westin River North Hotel in Chicago, expanded to a full day program. The Institute broke new ground by including a roster of nationally recognized speakers in leadership and management, and was attended by a record-setting 56 participants, including chiefs, associate chiefs, and even a few Chairs!

Chiefs' activities were kicked off on Tuesday evening with a Networking Dinner for new Chiefs at a nearby restaurant. In this informal setting, "new" chiefs were hosted by the ACGIM Executive Committee, in order to expose these new chiefs to more "seasoned" colleagues.

The Institute itself, the cornerstone of ACGIM activities at the Annual Meeting, began with an important topic: building diversity in our Divisions. Issues related to mentoring and leadership development for women and ethnic minorities were discussed by Janet Bickel, MA, Career Development Coach and Faculty Career and Diversity Consultant. Chiefs discussed how a lack of role models for these faculty and lack of institutional support and mentoring stand in the way of career development. Dr. David Young, DBA, Professor of Accounting and Control, of Boston University School of Management and the Crimson Group, presented a framework for understanding budgeting and cost control within Departments of Medicine in Academic Medical Centers. Dr. Martin Charns, Director of Health Policy and Management at Boston University, and also of the Crimson Group, presented an interactive case which involved discussion on

implementing and leading change in complex organizations.

Several Chiefs addressed activities within ACGIM or their individual divisions. Valerie Weber, Chief at Geisinger, summarized the ACGIM Site Visits which took place in 2003 at three institutions; Albert Einstein, USC, and Geisinger; and discussed future plans for the ACGIM Site Visit program. Jean Kutner, Chief at the University of Colorado Health Sciences Center presented data collected from the ACGIM Listserve summarizing current trends in institutional financial support for GIM Divisions. Carlos Estrada, Chief at East Carolina University, discussed the concept of calculating downstream revenue funding as a way to garner additional institutional support for GIM. Harry Selker presented strategies for research program development within GIM divisions. The institute concluded with a presentation and discussion regarding Hospitalist Divisions in GIM, led by Larry Bergstrom Chief at Mayo Clinic.

At the ACGIM Business meeting which followed, the new ACGIM officers were introduced, including President, Bill Moran of Wake Forest University, Secretary-Treasurer, Valerie Weber of Geisinger, and President-Elect Gary Rosenthal of the University of Iowa. Mark Linzer was recognized for his service to ACGIM since its inception, and Jim Byrd for his service this past year as President of our organization.

The ACGIM Dinner concluded the formal ACGIM program. As in past years, the dinner was the highlight of the day for many. Connections were made between new chiefs (one chief present had been chief for only 7 days!) and more experienced chiefs. All present shared a significant book,

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INEFFECTIVE ERYTHROPOESIS

Michael J. Barry, MD

"Ineffective erythropoiesis is defined as anemia with increased numbers of erythroid precursor cells in the bone marrow..."

—Cecil Textbook of Medicine, 22nd Edition

Having started this column with a shameless plug for my Department Chair's textbook (other Division Chiefs will understand), I'd better explain myself. The U.S. healthcare system produces mediocre results in terms of quality, safety, equity, and efficiency...in other words, in terms of outcomes, it's anemic. But as The Bride notes in "Kill Bill" regarding Bill's failure to kill her at her El Paso wedding (his success would have made for a short one-volume film, even for Quentin Tarantino), it's not for lack of tryin'. Our health care system is marked by ceaseless high-level activity, to the tune of close to 15% of GDP, similar to the churning bone marrow accompanying myelodysplasia, the megaloblastic anemias, and the thalassemias. In both cases, though, all the frenzied activity results in a suboptimal end result.

Why are health outcomes so undistinguished in a country that spends so much on health care? There are numerous reasons, and I'll highlight but a few important ones. First, we have a fragmented system (or perhaps a non-system) that makes aligning health care expenditures with improved health outcomes for people and populations very difficult. This system is marked by high administrative costs that represent dollars that cannot possibly benefit patients directly, and only tenuously benefit them indirectly. Second, we have trouble restricting ourselves to practicing evidence-based medicine and delivering it well. Medicine based on pathophysiologic rationale, profit-based medicine, and tradition-based medicine

all vie to be the key alternate paradigms to evidence-based medicine in the day-to-day practice of American healthcare. We have particular trouble evaluating and implementing new diagnostic and therapeutic technologies in ways that clearly improve outcomes patients care about. New technologies are often generalized well past the indications for which they are initially proven effective. And finally, and perhaps most importantly, we have trouble making care patient-centered...making sure that patients are informed about the



care they receive and delivering only interventions they need and want, after careful thought and reflection. I'll be expanding on these problems over the next few president's columns.

There is a delicious paradox in the near future of American health care.

Most project that U.S. health care costs will continue to grow to consume around 20% of GDP over the next 10 years or so. That's a marginal annual cost of around \$500 billion by 2015, even in the unlikely event there's no expansion in the overall economy—more than enough to cover the uninsured, achieve reasonable and equitable

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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>

2004 ANNUAL MEETING: AWARD RECIPIENTS

SGIM Glaser Award: Eric Larson, MD

Nominated by:

C. Seth Landefeld, MD

Simply put, Eric Larson has achieved the highest level of contribution to generalism in medicine. His contributions have been absolutely outstanding in both research and education, and he has made an extraordinary contribution on a higher, more synthetic level for the field. I will address these contributions in turn.

In research, Eric's clinical epidemiologic studies have provided novel insights into the frequency and causes of common diseases. His work on dementia has been especially important. His studies have provided new information about the incidence of disease in diverse populations, the methods for determining the presence of disease taking into account sociocultural factors, social and biologic determinants of disease, and how outcomes can be improved by practical strategies involving exercise and behavioral management. His work demonstrates an exceptional track record, with well over 200 peer-reviewed publications, including over 30 papers in the *New England Journal*, *JAMA*, or *Annals of Internal Medicine*.

In education, Eric has done more than any other physician to advance training in internal medicine in the care of older persons, especially those who are most frail and vulnerable. Beginning in the 1980's, Eric wrote and spoke out about the gaps in our attending to the needs of our older patients. In the 1990's, he played a major role in bringing attention to the "silent epidemic" of dementia, and in 1999 he led a retreat of leaders in academic general internal medicine that resulted in SGIM's current initiative, "Increasing Education and Research Capacity to Improve Care of Older Americans." I can only marvel at Eric's effectiveness as a hands-on teacher: his students and

mentees include many who are now leaders in general internal medicine, including individuals like Steve Fihn and Gil Welch, who have built preeminent academic programs themselves.

Finally, I would like to speak to how Eric has advanced generalism in medicine and its values more broadly at a critical as internal medicine faces its greatest crisis in its 100-year history. In 2001, he addressed the field's crisis in his *Annals* article, "General Internal Medicine at the Crossroads of Prosperity and Despair." He pointed out that in



Susana Morales presents the Glaser Award, SGIM's highest honor, to Eric Larson.

the context of a growing population of older persons with complex chronic diseases, "general internists are ideally suited to the integrated care of elderly patients with multiple problems, research opportunities are enormous in the geriatric population, and the teaching of geriatrics requires a

high level of generalist skills." Last year, Eric Larson argued in his article in the *American Journal of Medicine*, "Medicine as a Profession—Back to Basics," that preserving the physician-patient

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John M. Eisenberg Award for Career Achievement in Research: Richard A. Deyo, MD, MPH

Nominated by:

Stephan D. Fihn, MD, MPH; Ronald T. Ackermann, MD, MPH; David E. Arterburn, MD, MPH; Steven J. Atlas, MD, MPH; Edward J. Boyko, MD, MPH; Katharine A. Bradley, MD, MPH; David R. Calkins, MD, MPP; Carolyn M. Clancy, MD, David C. Dale, MD,

Karen DeSalvo, MD, MPH, MSc; Andrew K. Diehl, MD, MSc; Joann Elmore, MD, MPH; Thomas S. Inui, ScM, MD, Catherine Kim, MD, MPH; Eric B. Larson, MD, MPH; Daniel S. Lessler, MD, MHA; Joseph O. Merrill, MD, MPH

Dr. Deyo clearly fulfills the requirements for this award as one of the preeminent clinical investigators in the membership of SGIM. He has a sustained and important record of research contributions that have garnered international stature. Dr. Deyo came to focus on

several major areas, most prominently the epidemiology, diagnosis and management of low back pain. Probably more than any other investigator in the world, Dr. Deyo has brought a sense of order and cohesion to the common and complicated morass of clinical low back

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SGIM Career Achievement in Medical Education Award: James Woolliscroft, MD

Nominated by:

David T. Stern, MD, PhD

I first met Dr. Woolliscroft at a national meeting of the American Education Research Association, where we were two physicians among 10,000 elementary, secondary, and higher education experts. He was giving a plenary speech to this group of national experts in education on the novice-to-expert transition in medical education. His understanding of the complex principles of cognitive psychology and adult learning theory were adroitly applied to real-world examples of how education could be adapted to the service of students in the professions. He has achieved this expertise not through formal coursework, but through diligent self-study, independent initiative, and determined effort. He is

without question among the brightest self-educated “medical educators” nationwide.

He has excelled not only in research, but also in changing educational policy. He is widely credited (by the Director of the Accreditation Council for Graduate Medical Education, among others) for being the force behind the new nationwide “outcomes” movement



James Woolliscroft proudly accepts the Career Achievements in Medical Education Award from selection committee chair Joyce Wipf.

in graduate medical education. Having served on the Advisory Council for the ACGME, the AAMC Research in Medical Education Committee, and numerous other organizations, his ideas have perme-

ated the day-to-day lives of physicians and students.

Closer to home, he has been a
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Elnora Rhodes SGIM Service Award: David R. Calkins, MD, MPP

Nominated by:

Stephan D. Fihn, MD, MPH

Dr. Calkins has been a member of SGIM since its formation as SRPCIM in 1978. During that quarter century he has served in a variety of capacities for the Society and richly deserves recognition for his selfless contributions.

Dr. Calkins has been intimately involved in the health policy efforts of the Society since their inception. He has served nearly continuously on the Health Policy Committee for the last 20 years having two stints as Chair, from 1982 to 1987 and 2003 to the present as well as an intervening stint as Associate Chair from 2001 to 2003. As you well know, the Health Policy Committee is one of our most active and time consuming commitments. Among his many contributions have been shepherding our efforts in support of

Title VII legislation. He has also been a major force in our policy efforts related to health insurance and care for the underserved.

Dr. Calkins served on the SGIM Council from 1999 through 2002 during which time he was liaison to the Communications Committee and led the Task Force on Job Descriptions for Clinician Educators and Clinician Investigators. He has also served as an important liaison from SGIM to a number of other organizations. He has been a member of the AAMC for the past eight years where he served on the Executive Committee



David Calkins, Rhodes Award winner, with Carole Warde.

of the Central Group on Educational Affairs and the Advisory Committee for the Medical School Objectives Project. He also served as Associate Editor of the SGIM Forum in 1995 and as regular Editor from 1999 to 2002.

Those who have worked with David know him to be a diligent, conscientious and committed individual who rarely seeks attention for his efforts

but focuses on the task at hand. His efforts are uniformly collegial and inclusive and embody the spirit that makes SGIM the organization we

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Herbert W. Nickens Award: Gerald E. Thomson, MD

Nominated by:

Olveen Carrasquillo, MD

Dr. Thomson is the Lambert and Sonneborn Professor of Medicine (Emeritus since last year) at Columbia University's College of Physicians and Surgeons (P&S). Dr. Thomson was born and raised in the Harlem/ Washington Heights communities of Northern Manhattan and in 1959 graduated from Howard University College of Medicine. Following internship, residency, chief residency and nephrology fellowship at Kings County Hospital. In 1970, Dr. Thomson moved to Harlem Hospital Center (P&S' public hospital affiliate) to head a new renal division. Just a few months after he arrived he was asked to become Director of Medicine. During the subsequent 15 years, when Harlem's high disease and death rates made it one of the sickest communities in the country, Dr. Thomson directed a medical service with 40 full-time faculty and more than 100 residents and fellows. During this period, he became focused on control of hypertension and instituted innovative community control and hospital treatment programs for hypertension. At a time in which community oriented primary care was in its infancy, he directed programs which as he describes as "checking blood pressure on street corners, in stores—anywhere....we trained nurses to find and treat cases of hypertension." In addition he served on numerous advisory committees on hypertension for the National Institutes of Health and the New York Heart Association.

He found his struggle not only to be educating members of the Harlem community on their health, but also educating the medical community and policy-makers on the health of Harlem. "Back then, to be an advocate you had to be an activist," he says. "With all that need during the '70s, we were actually losing facilities and support." He fought loudly for Harlem's medical needs and became a vigorous advocate

for public hospitals in New York and other communities. He was the co-founder and president of Urban Physicians, a group of several hundred senior attending physicians from New York City's public hospitals which lobbied for improved funding, more nurse staffing and overall improvement in conditions at New York City's public hospitals.

In 1985 Dr. Thomson left Harlem Hospital to become chief medical



Wally Smith (left) and Patrice Desvigne-Nickens (right) co-presented the Herbert W. Nickens Award to Gerald Thomson.

officer and executive vice president for professional affairs at P&S. During this time, he also directed the Ambulatory Care Network Corporation, and opened the Medical Center's first four community primary care centers. From 1991-until his retirement last year, he served in the P&S Dean's Office as Dean of Minority Affairs and Senior Associate Dean.

Although his work at Columbia kept him busy, Dr. Thomson remained heavily involved with national leadership in internal medicine and health care policy. He served for several years on the Board of Directors of the American Board of Internal Medicine, being the first African American to serve as Chairman (91-92). On two separate occasions he also chaired the Federated Council for Internal Medicine, which includes all the leading organizations involved with internal medicine. In addition from 1995 to 1996, Dr. Thomson became the first

African American to become President of the American College of Physicians, the nation's largest specialty society with over 110,000 members. In 1996 he was elected to the Institute of Medicine of the National Academy of Sciences. As evident in his CV, Dr. Thomson has received numerous awards including an honorary fellowship in the Medical College of South Africa.

Yet, he is proudest of his achievements related to minorities in medicine. In 1986, he helped found and later became president of the Association of Academic Minority Physicians. Until last year he was also principal investigator for the Robert Wood Johnson Minorities in Medicine Education Project (MMEP) at Columbia, the national program which was founded by Dr. Nickens. This program provides enrichment training to nearly 100 undergraduate students interested in pursuing medical school. In addition, and a large part due to his personal efforts, P&S has long been a leader among Ivy League institutions in minority faculty recruitment and promotion. At present, African-Americans and Hispanics made up 14% of the faculty, comparing favorably with the nation-wide average of less than 5% for medical schools. Most notably, when the minority house-staff at Columbia University decided to organize themselves, it was quickly agreed that the organization should be named in his honor; the Thompson-Lindenbaum society.

In summary, throughout his career Dr. Thomson has clearly demonstrated exceptional commitment to pursuing his lifelong agenda of both improving minority health and increasing the number of minority members entering the medical profession. **SGIM**

VA Sponsors Symposium on Implementing Health Services Research Findings in Practice Settings

Jeff Whittle, MD and Ellen Yee, MD

How can research findings be translated clinically to improve care? This was the focus of the Department of Veterans Affairs Health Services Research and Development-sponsored symposium entitled “Implementing Health Services Research Into Clinical Practice: Lessons from the VA and other Leaders” at the 2004 national meeting of the Society of General Internal Medicine. The symposium occurred in two lively 90-minute sessions that provided the opportunity for discussion of barriers and facilitators to this type of translational activity. Senior VA Health Services Research and Development (HSRD) leadership attending the symposium included: Dr. John Demakis, Director of the HSRD; Dr. Shirley Meehan, the Deputy Director; as well as former Director of Research, Dr. Jack Feussner.

Translational research is often viewed as moving basic science advances into the clinical arena, as in the development of designer chemotherapeutics based on understanding of mechanisms of malignant transformation. In the context of health services research (HSR), translation refers to the introduction into routine clinical practice of approaches that have been shown to improve quality and/or efficiency of care in one or a few sites in the context of a research effort. Thus, when system changes designed to improve the emergency room management of community acquired pneumonia are demonstrated to decrease admission rates and improve quality of care in the context of one or a few hospitals, there is a need to demonstrate that these changes will improve efficiency when the resources, excitement and oversight generated by a funded research initiative are not present. This type of translational activity is widely perceived to be a weak

link in the flow of information from scientists to practitioners that is needed if the nation is to reap the benefits of the growing federal investment in health services research.

At the first session of the symposium, VA researchers from the Seattle (Dr. Stephan Fihn) and Ann Arbor (Dr. Rod Hayward) Health Services Research Centers of Excellence, and Robert Reid of the Center for Health Research at Group Health Cooperative of Puget Sound described efforts to move “proven” HSR innovations into general use. Dr. Fihn focused on the importance of senior leadership support of efforts to change patterns of care for ischemic heart disease (IHD). Specific innovations to be used for IHD are being selected based on a perceived urgent need, in part driven by a perception of inadequate care. Dr. Hayward presented five principles to guide health system approaches to improve outcomes. These include: 1) targeting high risk groups; 2) rigorous evaluation of interventions before widespread implementation; 3) understanding causes of adverse events; 4) considering the “human” response to rules; and 5) working cooperatively with both patients and clinicians. Dr. Reid described Group Health efforts to implement chlamydia screening practices shown to reduce rate of pelvic inflammatory disease by over 50% in a randomized trial. He emphasized the importance of basing interventions on a conceptual model, in his case the Precede—Proceed model (which posits that predisposing, enabling and reinforcing factors all affect organizational behavior change). The next step is using implementation tools that address multiple points in the model. Finally, measuring clinically and policy relevant outcomes to ensure acceptance both at

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RESEARCH FUNDING CORNER

August 2004

Joseph Conigliaro, MD, MPH

Reducing Barriers to Symptom Management And Palliative Care

Release Date: May 26, 2004

RFA Number: RFA-CA-05-013

Letter of Intent Receipt Date:

August 24, 2004

Application Receipt Date:

September 24, 2004

Historically, a number of studies have focused on describing symptom prevalence and testing new interventions to ameliorate one or more symptoms, most notably pain, depression, and fatigue, among cancer patients undergoing treatment. Many of these studies have shown efficacy, but because of patient, provider, and health system-related barriers, the larger cancer community is not adopting these findings. Common strategies to disseminate evidenced based practice guidelines have been ineffective in changing or improving clinical practice. Therefore this RFA seeks to encourage translational research proposals to develop and test interventions that implement these evidenced based practices and reduce or overcome barriers in the delivery of symptom management and palliative care for patients suffering from disease and/or treatment-related complications into routine clinical care.

Using the NIH R01 and R21 (exploratory/developmental grant) award mechanisms proposals that target patient, family, or informal caregiver barriers; research related to health care providers; and research related to the health care system are requested. Particular attention should be given to the cultural, ethnic, and developmental aspects of the population in designing interventions. Validation of established assessment guides in low literacy and non-English speaking populations could also be considered as part of an inter-

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2004 ANNUAL MEETING PHOTO ALBUM



Mark Linzer takes time out to enjoy the river scenery.



Juhee Kothari, Director of Regional Services (second from left) joins winners of the Annual Regional Resident Presentation Awards.



Association of Chiefs of General Internal Medicine members Harry Selker, Wishwa Kapoor, and Karen DeSalvo socialize after a successful ACGIM Management Institute.



Richard Saitz visited Jack Peirce at the SGIM Membership booth with his daughters Tatiana (right) and Isabella.



Karen Davis, President of the Commonwealth Fund, gave the Peterson Lecture, "A Patient's 2020 Vision for Primary Care."



The Cyber Café was a popular feature, where SGIM members could fill out their surveys online.



Opening Plenary Session.



JudyAnn Bigby, Nancy Keating, and Mitchell Feldman prepare to convene the Opening Plenary Session.



JudyAnn Bigby, opening Plenary Abstract session, Q&A.



Redonda Miller encourages members to contribute to the Make A Difference Campaign.



Rebecca Harrison, winner of the 2004 Horn Scholars Program grant, introduces her family to Louise O'Flaherty, whose daughter, Mary O'Flaherty Horn inspired the program's creation.



Oliver Fein presented results of the SGIM Member Survey on Health Care Reform at a special Forum. Steffie Woolhandler, Claudia Fegan, David Calkins, and Humphrey Taylor (left to right) also spoke.



JudyAnn Bigby passes the President's Gavel to Michael Barry.



Jim Sosman presents the Lawrence S. Linn Award to Ahmed Bayoumi.



Carolyn Clancy and Tom Inui commenting on the Theme Plenary presentations.



Lipkin and Hamolsky Award winners with Bob Wigton (far right).

NEXT REGIONAL COORDINATOR NAMED

Lorraine Tracton

Council has named Mitchell Feldman, MD, MPhil, to succeed Jane Geraci as SGIM's Regional Coordinator. Mitch is an Associate Professor of Medicine at UCSF and is co-chairing this year's Annual Meeting with Nancy Keating, MD.

Dr. Feldman has a long history of service to SGIM, and a deep affection for and appreciation of its mission and values. He served as President of the California Region from 1998–2000 and was Chair of the area's Regional Meeting two times during his tenure. He was also Chair of Clinical Vignettes for the 2003 Annual Meeting and was a reviewer for clinical vignettes in 2002. As well as being a participant and teacher in many annual meetings, Dr. Feldman has been active in several SGIM ad-hoc committees and interest groups. He has also served as a reviewer for the *Journal of General Internal Medicine (JGIM)* and an Associate Editor for the *JGIM* Theme Issue on Education to be published this May. In addition, he was awarded the SGIM CA Region Clinician-Educator of the Year Award in 2003 and the SGIM National Award for Innovation in Medical Education in 1998.

Regarding education, Dr. Feldman has, "a passionate commitment to faculty development, particularly to junior clinician-educator faculty." He was a co-director of a HRSA funded faculty development program at UCSF,

and started and directed a mentoring program for DGIM faculty that serves as a model for the rest of the UCSF Department of Medicine. Currently he is Director of the Fellowship in AIDS Care at the UCSF/AIDS Research Institute, a program for minority



Mitch Feldman addressing the Annual Meeting.

medical students interested in careers in HIV/AIDS. Concurrently he is Director of Quality Improvement for the Division of General Internal Medicine; and Principal Investigator and Director of an RWJ funded program,

Depression in Primary Care: Linking Clinical and System Strategies. In this position, he leads a large clinical and research team whose main objective is to demonstrate the feasibility and effectiveness of combining best practice treatment of depression in primary care with financial and non-financial incentives for changing systems of care.

When asked why he ran for the Regional Coordinator post, Dr. Feldman responded, "I am interested in main-

taining my involvement with SGIM after the 2004 Annual Meeting is completed and feel that the position of Regional Coordinator would be an appropriate and exciting next step. By strengthening the regions, SGIM can help insure that it continues to grow and thrive in the coming years. "

Dr. Feldman took office at the SGIM Annual Meeting this May, and his responsibilities include the following:

- ◆ Representing the regions to the national council and vice-versa
- ◆ Participating in regional leadership development
- ◆ Organizing opportunities for regional officers to communicate with each other and with national council members
- ◆ Acting as a liaison representing regional interests to national SGIM committees

SGIM's officers would like to thank the Regional Nominating Committee headed by Jane Geraci for conducting the search. Heartfelt thanks also go to Jane for doing such a great job these last three years as Regional Coordinator. The regions continue to thrive, and under Dr. Feldman's leadership they will no doubt continue to do so.

To read more about Regions, please go to <http://www.sгим.org/regions.cfm>. **SGIM**

Lorraine Tracton is the Director of Communications for the SGIM.

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EISENBERG AWARD*continued from page 4*

pain. In the process, he has published literally dozens and dozens of studies too numerous to recount in detail. Among his important contributions has been a systematic cataloging of the value of various historical and physical findings in the evaluation of patients. He has conducted numerous randomized controlled trials of both conventional and unconventional therapies. In 1986 he published a landmark article in the *New England Journal* demonstrating that the common approach at that time, prolonged bed rest, actually increased disability and retarded improvement. Four years later, again in the *New England Journal* he reported the ineffectiveness of transcutaneous electrical nerve stimulation for low back pain. This latter study led to the decertification of this therapy by Medicare. He and colleagues have since examined a variety of interventions including chiropractic, massage, pharmacotherapy, exercise, several surgical procedures and various educational activities. Because of his research, the panoply of therapies for both acute and chronic low back pain are far better understood in terms of their outcomes and cost.

In recent work, Dr. Deyo has examined the effectiveness of spinal fusion and found that in the majority of cases, this invasive procedure appears to increase costs without improving

function. In fact, he has shown that outcomes may actually be worse in many patients undergoing spinal fusion in comparison with those who do not. Results such as these have incurred the enmity of established economic forces in medicine such as the manufacturers of orthopedic appliances and professional organizations of orthopedic surgeons. Nonetheless, Dr. Deyo has persisted courageously with this work despite threats of losing funding and public censure.

Another important area has been the measurement of health and function. Long before the advent of the SF-36 or the SF-12, Dr. Deyo was conducting studies with the Sickness Impact Profile and other health status questionnaires. He performed one of the earliest, if not the first, study of feeding health status information back to clinicians. Yet another critically important methodologic contribution has been in the measurement of comorbidity. Using an index developed by another SGIM member, Mary Charleson, Dr. Deyo demonstrated that administrative data, as opposed to information gleaned from chart abstraction, could be used. The Deyo modification of the Charleson Index has been widely used and shown to be robust in a variety of circumstances.

Needless to say, Dr. Deyo has published articles on a variety of other

important topics. He has been enormously prolific having published or in press 216 articles in peer-reviewed journals plus 23 book chapters and 40 other articles in non peer-reviewed periodicals. Eighty of his articles in peer reviewed journals are first-authored and he is listed as last or senior author on another 40. His articles have typically appeared in some of the most prestigious and high profile journals including *JAMA* (six articles) and *New England Journal* (nine articles).

In summary, Dr. Deyo is an absolutely stellar investigator whose work has advanced science and improved the lot of patients. His research is methodologically rigorous and has addressed important, though often thorny, clinical questions. There is probably not a member of SGIM whose clinical practice has not been influenced by Dr. Deyo's research findings. **SGIM**

RHODES AWARD*continued from page 5*

cherish. During the past year, Dr. Calkins has continued his loyal service to the Society despite overwhelming personal obstacles that would have deterred almost anyone else. David Calkins fits into this tradition of individuals who place service above self, as did Elnora. **SGIM**

ACHIEVEMENT IN MEDICAL EDUCATION AWARD*continued from page 5*

tireless advocate for junior faculty, particularly those in the arena of medical education and ethics. Through his efforts, the Roll family has allocated funds to the University in support of junior faculty, like myself, who needed institutional support early in our careers to allow us the space and time to develop our ideas and our careers. Successful general medicine faculty supported by this fund over time have included Susan Goold, Monica Lyson, and Rajeesh Mangrulkar.

Dr. Woolliscroft has been instrumental in obtaining two endowed chairs in medical education for the medical school, having helped us obtain the Roll Chair in 2001, and the Macy Professorship in 1997. During the competitive process for the Macy chair, Dr. Woolliscroft and the University of Michigan were compared against this nation's best institutions, and best medical educators nationwide. He was named the first Macy Chair of Medical Education for his excellence in research,

his national leadership, ability to mentor junior faculty, and his ability to create an environment conducive to medical education at the University of Michigan. He currently serves as the acting Dean of the University of Michigan Medical School.

His achievements in research, practice, and leadership make him an outstanding example of how a career in medical education can be a success in general internal medicine. **SGIM**

VA SPONSORS SYPOSIUM

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the bedside and in the boardroom is essential.

Dr. Becky Yano, a researcher at the VA Medical Center in Sepulveda opened the second session with a description of the reorganization of services that increased the emphasis on primary care within the VA over the last 10 years. She also highlighted the concomitant improvements in quality measures that occurred during this time. Dr. Mike Miller, the medical director of one of the Veterans Integrated Service Networks (VISN 1), spoke of the approaches he has taken to enhance adoption of health services research advances in that setting. He noted that in his network, which encompasses VA medical centers in Maine, New Hampshire, and Vermont, financial incentives encourage the introduction and testing of innovative delivery approaches. Moreover, support of innovation at all levels of senior leadership is part of the institutional culture.

In the final formal presentation, Dr. Eugene Rich, Chair of Medicine at Creighton University School of Medicine, commented on the implementation issues he saw in his role as medical director for UniNet, a large physician hospital organization operating in Omaha. Primary care providers struggling to pay for current administrative overhead may be unable to pay for the staff and information systems needed to implement innovative practice improvements. This is exacerbated when providers are not paid for the inter-visit or non-physician activities that are often the most efficient way to enhance quality of care. In the less structured private practice environment it is not easy to identify the person responsible for certain care processes. Dr. Rich also noted the need for both initial and ongoing investment of resources in quality improvement at the system level, and described steps that UniNet has taken to fund that ongoing investment. He argued that pressure from payers to document quality eventually would ensure that such funds are allocated, but acknowledged that

resistance will persist in the short term.

During one of the discussion periods, an audience member noted the apparent contradiction between focusing on the subset of individuals at highest risk for morbidity due to their chronic disease, and the public health observation that most morbid events occur in the large number of individuals with moderate disease. Dr. Hayward questioned the correctness of that observation, at least in the case of microvascular disease complications in older diabetics and glucose control. He maintained that the vast majority of older diabetics with moderate elevations of HgbA1c will never develop such complications, but a few individuals (younger persons with very poor control) are at substantial risk. Other attendees asked for advice for those in the situation described by Dr. Rich, as well as for those who seek to introduce behavior change in settings that are resource rich but where senior leadership is not as convinced of the need to support the introduction of practice innovations with resources. In both cases, panelists advised the creation and presentation of locally relevant data, but emphasized that patience will be required to bring about a change of organizational culture.

The spirited discourse at the symposium demonstrated the benefits of using the close VA—SGIM link to enhance efforts by members and units in both organizations to implement changes that will enhance patient care. Plans are under way to develop related activities that build on complementary strengths and interests. VA HSR and D will be sponsoring a future JGIM special issue on Translational Research. Other events at the 2004 national meeting that took advantage of this relationship included the inaugural meeting of the VA Health Services Research Interest Group, and both an information booth and a research methods workshop developed by METRIC, a Houston based, VA funded resource for measurement instruments. *SGIM*

RESEARCH FUNDING CORNER

continued from page 7

vention. Biological and behavioral variables should be included as appropriate to the research question. Collaboration across disciplines and the inclusion of community and primary care givers on the research team are considered essential elements to the success of the project.

More information can be found at <http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-013.html>.

NIAID Career Development Awards in Epidemiology and Outcomes Research

Release Date: June 4, 2004

Notice: NOT-AI-04-033

National Institute of Allergy and Infectious Diseases (NIAID)

NIAID is seeking submissions of Mentored Research Scientist Development Award and (K01) and Independent Scientist Development Award (K02) applications to build the capacity for research in epidemiology, outcomes research and modeling in allergy, immunology, transplantation, microbiology, and infectious diseases, including AIDS. More information can be found at <http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-033.html>

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

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SHAPING THE FUTURE*continued from page 1*

rics-related sessions, provided feedback to oral and poster presenters, and offered mentorship through the one-on-one mentoring program to those interested in geriatrics. The Veterans Administration sponsored a symposium on translating research into practice, which allowed attendees to reflect on the past, present, and future of quality improvement. The Meeting with Members featured the Task Force on Reforming Internal Medicine Training presented a draft report on their work. SGIM welcomes comments on the report (please send by email to Sarajane Garten, SGIM Director of Education, at GartenS@sgim.org.) And the Forum on Health Care Reform, facilitated by the SGIM Health Policy Committee, featured Oliver Fein presenting results of the SGIM Member Survey on Health Care Reform; Humphrey Taylor, Chairman of the Harris Poll, on “Health Care Reform: How far are we from the tipping point?” and Claudia Fegan, President of Physicians for a National Health Program on “The Physicians’ Proposal for Single-Payer

National Health Insurance.”

In another first this year, SGIM collaborated with the American Board of Internal Medicine (ABIM) to offer a special session to assist with the ABIM recertification process. Meeting attendees used time at the SGIM annual meeting to complete one of the ABIM Self-Evaluation Process (SEP) modules that is part of the ABIM Continuous Professional Development (CDP) Program for recertification. About 50 participants completed the Clinical Skills module in a session led by 4 talented SGIM clinician educators. The program was a great success, and will likely be expanded at next year’s meeting, allowing SGIM attendees to work towards their recertification in an ongoing manner.

The precourses, workshops, abstracts, vignettes, and innovations were all well-attended, and early feedback suggests that they were better than ever, as were the Meet-the-Professor session and the Clinical Updates. The one-on-one mentoring program continued, as did the newer

opportunities for long-term, long-distance mentoring. A new addition to the meeting this year was the opportunity for oral abstract presenters to receive feedback from more senior SGIM members.

It was terrific to return to Chicago, the site of the 1998 meeting. The city was centrally located and offered plenty of fun activities, and the hotel was well-suited for our group. The weather finally cleared up by Saturday, just in time for those spending the weekend in the city to enjoy the outdoors. Special thanks to Mitch Feldman, the meeting co-chair, the SGIM staff, especially Sarajane Garten, and the whole program committee.

See you in New Orleans in 2005! **SGIM**

Nancy Keating, MD, MPH, served as Chair of the SGIM 2003 Annual Meeting.

INEFFECTIVE ERYTHROPOESIS*continued from page 3*

reimbursement for cognitive services, and cover mental health care adequately, to name but three pressing problems. But the expenditures at the margin won’t be *directed* in any way that maximizes health...they’ll *just happen*. In fact, proposals to address these key problems along the way will likely be rejected as “too expensive,” while the non-proposal to just spend lots more money on health care in general is implicitly and tacitly accepted. The lack of coordination and planning for this growth is truly mind-boggling, if one has time to stop to think (and who does these days?).

What’s the lesson of this story for general internists? Every anemic patient should get a bone marrow biopsy? No. Never get married in El Paso? Certainly

not! I believe general internists and their primary care colleagues in other disciplines can help improve the linkage between how medical care resources are used and the health of people and the populations they make up. Better coordination of care, particularly for older, chronically ill patients, might be to the American healthcare system what an injection of B12 is to patients with a deficiency of that vitamin as the cause for their ineffective erythropoesis—the missing ingredient. I believe that in an increasingly complex medical world, patients will want and need a well-informed physician coach with fewer conflicts-of-interest in what tests and procedures they get than most specialists. Not a gatekeeper, but a trusted advisor who, in contrast to the

situation in the recent capitated care era, does not personally profit from the delivery of less care. And I believe that kind of coordinated care will ultimately be of higher quality and safer. Frankly, we don’t even have to reduce costs to convince our audiences of our value...simply *slowing the rate of growth* of health care costs would be considered a major success! My vision is that academic general medicine, including SGIM and ACGIM, can devise the experiments to show this kind of care is a “better mousetrap” than what we have now. To try and fail is understandable, given the magnitude of the problem, but not to try is simply unacceptable. **SGIM**

Director of Medical Education Programs

The Department of Medicine at Northwestern University Feinberg School of Medicine is seeking candidates for Director of Medical Education Programs. This position will be responsible for leadership in carrying out the department's mission of educational and curricular development and evaluation. This position will report to the Vice Chairman of Medicine and work closely with the Internal Medicine Residency Program Director and Director for Undergraduate Education. The department's educational mission and programs encompass medical students in all four years of their training, internal medical residents and subspecialty fellows, as well as faculty development and continuing medical education efforts. PhD in Education, Educational Psychology, or related field with significant expertise in curriculum development required. Interested candidates should email their letter of interest and CV to Nicole Frank at nfrank@nmh.org.

BREAKING NEW GROUND

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movie, or personal experience from the past year that held special meaning, a tradition that was described as “quirky, but fun” by one of the first-time attendees. Later in the week, Deborah Burnet and the Division of GIM at the University of Chicago graciously hosted a dinner at Phil Stefani's. This gave Chiefs another chance to network and capped off a week filled with opportunities for Chiefs to learn from each other.

Already planning for next year, the ACGIM Executive Committee is interested in receiving feedback on the Institute and ideas and suggestions for future speakers and topics. We will see you next year in New Orleans! **SGIM Editor's Note**—Bill Moran and Valerie Weber were Program Co-Chairs for the ACGIM Institute.

Special Offer from *UpToDate* for Training Groups

UpToDate is making available a special program for groups of trainees who begin their subscription during the months of July and August 2004.

To help trainees continue to provide patients with high quality care, trainee groups ordering ten or more subscriptions of *UpToDate* can save an additional \$50 each per person – that's a 25% discount off the normal trainee subscription price of *UpToDate* and 70% off the regular new subscription price of *UpToDate*. During this special promotion trainees who subscribe to the service will receive a personal user name and password for *UpToDate* online, as well as three CD-ROM updates throughout the year and access to *UpToDate* for the Pocket PC (by request) for only \$145 plus shipping and handling.

To take advantage of this special offer organize the residents or fellows in your program (especially those who are about to graduate) and go to www.uptodate.com/trainee for more information and to download an order form. Please note, this special group rate is only to

trainees and available through August 31, 2004 and proof of status is required.

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SGIM FORUM

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GLASER AWARD

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relationship is essential to the public health as well as to preserving medicine as a profession. Eric's creativity and contributions to generalism in medicine are perhaps best indicated by the report, "The Future of General Internal

Medicine," written by the task force he chaired for SGIM last year. By articulating the state of general internal medicine, its core values, and its uncertain future, and in recommending eight steps by which the profession can create a

promising future, Eric has taken concrete action to keep generalism alive at a time it is threatened by many forces in the health care marketplace. **SGIM**

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.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.

FULL TIME ADULT PRIMARY CARE position at a Neighborhood Health Center in Boston. BC/BE Internist or Family Practitioner. Provide care to a uninsured/underinsured, diverse patient population. Position available July 1, 2004 start date. Interested candidates please forward or fax CV to: Harbor Health Services, Inc., 398 Neponset Ave, Dorchester, MA 02122 Attn: Human Resources, Fax (617) 282-7928, or Email to [\[harborhealthinc.org\]\(http://harborhealthinc.org\). Equal Opportunity Employer](mailto:jtranford@</p></div><div data-bbox=)

GENERAL INTERNIST. Seeking a Board Certified General Internist to join a small (3 provider) Midtown Manhattan Primary Care practice at Columbia Presbyterian Eastside, a modern, full-service medical facility. Competitive salary, benefits, 1 in 8 call, and wonderful teaching opportunities. Interested? Call Dr. Rebecca Kurth 212-326-8745 or fax resume to 212-326-8746.

GERIATRIC PHYSICIAN. Full time position available immediately at a Boston PACE program. Provide primary care at home, facilities or clinic to geriatric population including routine health maintenance, management of chronic conditions and acute illness. Interested candidates please forward or fax CV to: Harbor Health Services, Inc., 398 Neponset Ave, Dorchester, MA 02122 Attn: Human Resources, Fax (617) 282-7928, or Email to jtranford@harborhealthinc.org. Equal Opportunity Employer

VISITING PROFESSORSHIP IN MEDICAL EDUCATION AT THE UNIVERSITY OF TOKYO. Japan's leading medical school seeks candidates for a visiting professorship in the International Center for Research in Medical Education. The incumbent will collaborate with faculty to advance teaching/learning methods, educational resources, faculty development, and curriculum evaluation. Special emphases include population health and clinical clerkships. The profession must be a physician less than 61 years old at the time of the visit. A minimum of three consecutive months' stay is required, but six months' stay is optimal. The visit should take place during the interval April-December, 2005. Personal financial support, office, and assistance with the logistics of living abroad are provided. If interested, respond with a letter and CV to Thomas Inui, MD (President, Regenstrief Institute, tinui@iupui.edu).