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INNOVATIONS IN PRACTICE MANAGEMENT RETURNS

Haya R. Rubin, MD, PhD and Rachel Murkofsky, MD, MPH

Now in its sixth year, the Innovations in Practice Management session will be held at our 28th SGIM annual meeting in New Orleans. In maintaining the tradition of responding to the needs of the SGIM membership, we will include topics that are relevant to the complex practice issues facing internists in 2005 and beyond. This is a terrific opportunity to present your work to colleagues with an interest in improving clinical practice.

The goals of the Innovations in Practice Management are to:

- ♦ Provide a setting for SGIM members to present, discuss and receive national and peer-reviewed academic recognition for scholarly work in practice management or quality improvement. Given the realities of practice, these may not be formal research projects. However, measures of the success of implementation and impact on outcome are encouraged.
- ♦ Advance the national healthcare quality improvement agenda by promoting quality and practice management improvement by SGIM members and attendees.
- ♦ Allow attendees to learn from each other about effective and feasible qual-

ity and practice improvement strategies, which may assist them in implementing or advocating with organizational leaders for similar innovations in their own settings.

The types of topics generally presented include:

- ♦ Community Outreach to improve disease prevention and chronic disease management
- ♦ Information Technology to improve safety, continuity, efficiency or quality of care (e.g., electronic medical record applications, web-based interventions such as order entry systems, computerized reminders, decision support; outcomes of interest include reduction of complications as well as reduction of inappropriate care)
- ♦ Financial Incentives or other policies to improve provider adherence to guidelines or provider organization efforts to improve this
- ♦ Care Coordination (e.g., disease or care management staff or programs; feedback programs, provider or payer incentives)
- ♦ Guideline Adherence Interventions (clinician-friendly strategies to facilitate implementation of evidence-based

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ACGIM COLUMN

Chiefs' Activities: ACGIM Institute and Mentoring Track

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Opportunities for GIM Chiefs to network and learn from their peers will abound at this year's Annual Meeting, to be held during the week of May 11–15, 2004, at the Sheraton New Orleans. Activities for Chiefs will begin on Tuesday, May 11th, with the ACGIM Management Institute. Last year, the Institute was expanded to an all day program, with a record 57 attendees. Building on the success of last year (and heeding suggestions from our membership) the decision was made to hold the Institute a day prior to the SGIM precourse day. This will avoid conflict with precourses and other activities on Wednesday and to offer expanded opportunities for Chief networking throughout the meeting. In addition we have altered the Management Institute format to offer more opportunities for networking with peers and interactive learning in the form of case presentations and panel discussions.

Morning activities will center on leadership development, with a workshop led by Mario Moussa, PhD, MBA, Principal, Center for Applied Research and Co-Director of the Essentials of Management Program in the Aresty Institute at the Wharton School of Business. Dr Moussa will lead the group through exercises highlighting essential skills necessary to succeed in leading GIM divisions. The Institute will continue with a "working lunch," with discussion roundtables on the following topics: Productivity Models in GIM, Part-time Faculty in GIM Divisions, Career Development Funding, Faculty Compensation Plans, New Chiefs Networking, and Using data for support and expansion of Hospitalist programs. Experienced GIM Chiefs will lead these discussions. Afternoon activities will begin with a panel on Chief-Chair relationship building and negotiation,

led by two former GIM Division Chiefs who are now Medicine Chairs, Dr. Mary Nettleman of Michigan State University, and Dr. Jack Feussner of Medical University of South Carolina. The afternoon's activities will conclude with another panel presentation entitled, "Building Research in Divisions of GIM" with presentations by Wishwa Kapoor, Division Chief at the University of Pittsburgh; Larry McMahon, Division Chief at the University of Michigan; and Jim Bailey, Division Chief at the University of Tennessee. Participants will have the opportunity to identify needed resources for building successful research in GIM divisions, as well as strategies for overcoming barriers to building GIM research.

The Institute has proven a valuable experience for Chiefs, Associate Chiefs, Section Directors, Administrators, and others who lead in Divisions of GIM. Chiefs are encouraged to attend, actively participate, and consider bringing along a colleague from their Institution who would benefit from attendance.

At the conclusion of the Institute, a Report to the Membership by the ACGIM Executive Committee will take place to review accomplishments during the past year and goals for the future year. ACGIM members will be invited to assist leadership in continuing to build our organization. The evening will conclude with a networking dinner for Chiefs, at which Chiefs will have the opportunity to introduce themselves, along with sharing a recent book, movie, or experience with the group.

On Wednesday, two special opportunities for Chiefs are available. One is an all day precourse entitled, "Building and Sustaining a Research Shop" lead by Jean Kutner, MD, Interim Division Chief at the University of

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WORK IN PROGRESS

Michael J. Barry, MD

"Well begun is half done."
—Aristotle

The SGIM Council held its winter retreat in New Orleans on December 8–10. The Council now holds its mid-year retreat in the same city as the upcoming annual meeting, and a long-term contract with the Sheraton Hotels makes this arrangement very attractive for the Society from a financial perspective (every little bit helps)! Our main agenda item was to review the progress on our annual plan, as reflected in reports from our Executive Director, committees, and task forces. Our briefing binder was filled to bursting! The details of our annual Strategic Plan for 2004–2005 can be found on our web site (www.sgim.org) under "Society Information," and I'll highlight progress on just some of our new and ongoing initiatives in this column.

First, we have formed a new Clinical Practice Task Force that will be led by Dr. Greg Rouan. Our recent membership survey, expeditiously fielded and reported by Dr. Tom Gallagher and our Membership Committee, indicates that while many of our members participate in teaching and research, clinical practice in GIM is by and large the "common denominator" that binds us together. Moreover, our teaching and research are not ends themselves, but means that hopefully will lead to better patient outcomes. However, in a dysfunctional health care system, achieving those better outcomes is more challenging than it needs to be. The Clinical Practice Task Force will provide the infrastructure for SGIM to weigh in more effectively on clinical issues, and a nexus for collaboration with other organizations that share many of our goals in the arena of clinical practice, particularly the American College of Physicians. Once

the Task Force has been fully constituted, a retreat will be held to lay out a "road map" indicating how the better health care system outlined in our "Future of GIM" report can be realized!

A related effort that carries over from last year is a systematic review of the literature on the outcomes of generalist, specialist, and collaborative care for various medical problems. This effort, under the umbrella of the Research Committee and led by Dr. Jerry Smetana, will not only tell us what the current published literature reflects,



but perhaps more importantly, identify gaps in our knowledge that should provide a research agenda for the future. A key question is whether high-level coordination of care by a general internist, in the inpatient or outpatient setting, can improve quality, reduce costs, or

both; particularly for patients with multiple chronic diseases. While many of us believe, "both," we will need to prove it to a skeptical health care system that currently thrives on supplier-induced demand. A summary of the findings will be presented at the upcoming annual meeting.

The Research Committee, led by
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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>

ASSOCIATES' CORNER

WHAT'S HAPPENING FOR STUDENTS, RESIDENTS, AND FELLOWS

Kavita Patel, MD

The coming months bring a wealth of exciting opportunities for students, residents and fellows. For those of you who haven't registered for the national conference or don't really know what it is about, rest assured that SGIM has made a huge effort to integrate Associate issues into this year's meeting in New Orleans (May 11–14, 2005)

Highlights for Associates Include:

- ◆ Special Sessions on Finding a Job
- ◆ One-on-One Mentorship opportunities with senior SGIM members
- ◆ Fellowship hints and advice
- ◆ Hospitality Area specifically for students, residents and fellows
- ◆ Off-Site social activities in the evening to get acquainted with other associates
- ◆ Orientation to the Annual Meeting for first-time attendees
- ◆ Poster sessions with opportunities to network and learn about the latest research in GIM
- ◆ Leadership training- your chance to see how you can get involved at all levels of SGIM leadership without any firm obligation!

The deadline for submitting an abstract has passed, but have no fear, there is plenty to do and plenty of reasons to come even if you are not presenting. Many past attendees have said that they learned of residency and fellowship opportunities as well as career options at the SGIM Annual Meeting. If you are unable to attend, then there are still plenty of ways to benefit from the valuable information disseminated at the Annual Meeting. We will be working to post publications, abstracts and handouts that are relevant to students, residents and fellows on the SGIM website.

Can't Afford the Conference?

Many Associates share your dilemma.

There is a select group of rooms that SGIM has devoted to Associates which are priced at a deep discount over the conference rate, but these go fast. We are also hoping to help link associates interested in either sharing a room or driving together if that is an option. Never forget that you should ask the SGIM contact at your institution for some advice on whether or not there are any supporting funds to help you get there. Don't know who is an SGIM contact at your institution? Email us at

ovingtonk@sgim.org or kavitapatel@mednet.ucla.edu.

Career Corner

From time to time we would like to keep associates informed of new career trends, research opportunities and other ways to network with like-minded internists. This month, we are highlighting research in the Veterans Affairs (VA) Healthcare System. There is a group of SGIM members who have been

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DISPARITIES COLUMN

The Annual National Minority Health Leadership Summit in Pittsburgh: Bringing the Community to the Researchers

S.A. Ibrahim, MD, MPH

The effort to address racial/ethnic disparities in health and health care is gathering steam nationally. Numerous academic, public and private initiatives have come to the forefront in this campaign during the past several years. The most notable among these initiatives are the Department of Health and Human Services' National Initiative to Eliminate Racial and Ethnic Disparities in Health by 2010; the Institute of Medicine's landmark report in 2002, *Unequal Care: Confronting Racial/ethnic Disparities in Health Care*; the establishment of the VA's Center of Excellence for Health Equity Research and Promotion, and most recently, the establishment of the National Center on Minority Health and Health Disparity of the NIH.

With all of these efforts, there is a compelling need to bring together representatives from federal, state, and local government and private founda-

tions, as well as health care providers and payers, academics, research participants, and opinion leaders from minority communities to gauge progress in this national campaign. Traditionally, scientific meetings such as the SGIM annual meeting, the AcademyHealth annual meeting, etc, play an important role in showcasing academic progress in this area. However, there are relatively fewer forums where racial/ethnic minority communities and aforementioned stakeholders in the national effort to "Close the Gap" in racial and ethnic disparities in health and health care can all come together to exchange ideas and to challenge each other. Since January 2001, the Center for Minority Health in the Graduate School of Public Health at the University of Pittsburgh has hosted the Annual National Minority Health Leadership Summit to provide one such forum. The

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Improving Diabetes Care: What Can We Learn from the VA Experience?

Eve A. Kerr, MD, MPH and Sarah L. Krein, PhD, RN

Type 2 diabetes affects about 17 million people and contributes to more than 200,000 deaths each year in the United States. However, despite many cost-effective treatments, diabetes care remains suboptimal. More than 800,000 patients with diabetes receive care through the VA healthcare system. VA has made tremendous strides in improving diabetes processes of care (e.g., annual hemoglobin A1c [A1c] testing and retinal screening) and intermediate outcomes (e.g., metabolic control). For example, the mean A1c level decreased from 8.3% in 1996 to 7.4% in 2001. Further, in 2002 only 17% of VA diabetes patients were under very poor control (i.e., A1c's \geq 9.5%) or had not had an A1c measured. These improvements have been fostered by collaborative efforts of many different branches of VA operations and research: the VA Office of Quality and Performance monitors performance on key diabetes quality indicators; VA Patient Care Services helps disseminate evidence-based diabetes clinical guidelines; and the Office of Information has developed and implemented a system-wide sophisticated electronic medical record.

VA's Quality Enhancement Research Initiative for Diabetes Mellitus (QUERI-DM), funded in 1998, has worked collaboratively with many VA stakeholders to define gaps in optimal diabetes treatment and develop novel interventions to improve care. QUERI-DM is part of the broader VA QUERI effort to enhance the quality, outcomes and efficiency of VA health care by systematically implementing evidence-based practices and findings into routine clinical care.¹

As part of this research effort, QUERI-DM investigators were funded by the VA Health Services Research and Development Service to collaborate

with investigators funded through the Centers for Disease Control and Prevention on the Translating Research into Action for Diabetes (TRIAD) study. This was the first study to compare the quality of diabetes care among patients in the VA and commercial managed care (CMC) organizations using comparable sampling, data collection, and quality measurement methods.² Investigators conducted cross-sectional patient survey and retrospective review of medical records for patients who received care at one of five VA medical centers (N=1285), or from one of eight CMC organizations (N=6920). VA and CMC facilities were in five matched geographic regions. Quality of care measures were compared for 7 diabetes processes of care (e.g., annual A1c test and eye exam), 3 diabetes intermediate outcomes (e.g., blood pressure and cholesterol control), and 4 dimensions of satisfaction (e.g., getting needed care, how well doctors communicate). Measures used to adjust for patient differences included demographic and clinical characteristics, as well as the number of doctor visits and the date of survey completion.

Findings from this study show that VA patients had better scores than CMC patients on all assessed process measures and 2 of the 3 intermediate outcomes. For example, VA patients had higher rates of A1c testing (93% for VA vs. 83% for CMC), aspirin counseling (75% vs. 49%), eye exams (91% vs. 75%), and foot exams (98% vs. 84%). Blood pressure control was poor in both groups (52-53% with blood pressure < 140/90 mmHg), but VA patients had better control of low density lipoprotein cholesterol (LDL-c) and hemoglobin A1c. Interestingly, VA facilities reported higher utilization of managed care strategies for diabetes. For example,

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Research Funding Corner

Joseph Conigliaro, MD, MPH

Chronic Fatigue Syndrome: Pathophysiology and Treatment

PA Number: PA-05-030

National Institutes of Health (NIH)

Expiration Date: November 2, 2007

Chronic fatigue syndrome (CFS) is a debilitating and complex syndrome involving multiple body systems and characterized by profound fatigue often exacerbated by physical or mental stress. Other than having been well characterized neither a specific cause(s) nor any specific diagnostic test(s) have been identified. Although existing data suggest that CFS occurs 3 to 4 times more often in women than men and 10 times more often in white Americans than in Americans of other racial/ethnic groups further epidemiological data remains limited.

For these reasons the Office of Research on Women's Health (ORWH) and cosponsoring Institutes and Offices of the NIH are seeking proposals to support research on the epidemiology, diagnosis, pathophysiology, and treatment of chronic fatigue syndrome (CFS) in diverse groups and across the life span.

Some suggested areas of research include but are not limited to:

- ◆ Define the prevalence of the CFS and identify distinct subgroups
- ◆ Explore the role of age, sex, developmental period and racial/ethnic background on pathogenesis and pathophysiology
- ◆ Describe the epidemiology of CFS in older adults and explore the relationship of CFS to general complaints of fatigue and exhaustion in the elderly.
- ◆ Develop/refine objective measures for fatigue or sleepiness and severity of associated sleep disturbances
- ◆ Develop and validate techniques for linking biomarkers to behavioral responses associated with CFS

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WORK IN PROGRESS*continued from page 3*

Our plan is to develop a curriculum for clinical quality improvement that can be implemented at the student and resident level.

Dr. Tom Gill, is working on a project that resulted from a challenge made by Dr. Carolyn Clancy, an SGIM member and Director of AHRQ, in her plenary address at our Chicago meeting last year. Our plan is to develop a curriculum for clinical quality improvement that can be implemented at the student and resident level. Dr. Haya Rubin will lead the working cluster on this project, assisted by Dr. Eric Bass as co-chair.

Initial tasks include a literature review and needs assessment, with the plan to develop a proposal to obtain external funding for this project in the fall.

Another new initiative, being led by Dr. Stewart Babbott and the Education Committee, is to facilitate the development of a research network in medical education. Facilitating high-quality, generalizable, and adequately powered studies to look at the outcomes of different medical educational strategies could be greatly facilitated by such a network. Our colleagues in the Association of Program Directors in Internal Medicine are also very interested in the long-term outcomes of residency training, and we

are pursuing a spring meeting so both organizations can collaborate to advance jointly the cause of “outcomes research” in medical education.

The Health Policy Committee, headed by Dr. David Calkins, is working with the Council to negotiate the renewal of our contract for advocacy services. As our strategic plan is arguably more “outward looking” than in previous years, the work of this committee and our advocacy services provider will be even more important than ever. We are also completing the search for a new Forum Editor, and laying the groundwork for the renewal of our publishing contract; both efforts being led by Dr. Jeff Jackson and the Publications Committee.

Our Development Committee, under the leadership of Dr. Redonda

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Challenging Leadership Opportunity — Director — Office Of Biostatistics And Epidemiology

DEPARTMENT OF HEALTH & HUMAN SERVICES • FOOD AND DRUG ADMINISTRATION • CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

The Center for Biologics Evaluation and Research (CBER) is searching for a Director for its Office of Biostatistics and Epidemiology (OBE). OBE's expert staff of statistical, epidemiological and risk assessment scientists is integral to both premarket and postmarket review processes, assessing and monitoring the safety and effectiveness of critical public health products including preventive and therapeutic vaccines, blood and related products, and cellular, tissue and gene therapies. OBE conducts statistical and epidemiologic analyses and research related to this mission. The position, located in Rockville, Maryland, affords exciting opportunities:

- Lead a dynamic organization with a highly skilled and dedicated workforce committed to advancing innovation through sound policy, regulation and research
- Make significant contributions to U.S. and global public health, in a collegial and intellectually stimulating environment, and with opportunities for collaboration with colleagues in FDA, NIH, CDC, and academia.
- Represent CBER and provide and seek expert input to and from governmental, international and other organizations.
- Contribute to policy and regulatory decision-making related to product assessment, in areas of critical national importance, from public health, to bioterrorism preparedness, to emerging infectious diseases, to novel technologies.
- Oversee research programs designed to develop and maintain a scientific base related to biostatistical and epidemiological methodologies and evaluation of product safety and effectiveness

Qualifications: Candidates must possess 1) an M.D. or Ph.D. in statistics, epidemiology or a related field, with relevant training and professional experience; 2) ability to provide essential statistical and epidemiological evaluations to help determine the safety, efficacy, and public health significance of biological products; 3) strong leadership and managerial ability; and 4) excellent interpersonal skills, to deal effectively with interdisciplinary collaborative teams and diverse stakeholders.

This position is offered under the Title 42 Excepted Service Appointment and provides outstanding salary and benefits, depending on qualifications and experience.

How to apply: 1401 Rockville Pike, HFM-123
 Rockville, Maryland 20857
 Attention: Arnetta Courtney
 OR email application to: recruitment@cber.fda.gov.



Applications must be received by March 15, 2005.

FDA is an Equal Opportunity Employer and has a Smoke-Free Environment.

WORK IN PROGRESS

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Miller, recently held a retreat to develop a strategic plan for SGIM's development activities going forward. They are putting the finishing touches on a strategic plan for the Council to guide our efforts to obtain external funding in a way that is consistent with our policies going forward. And on a related note, I will be leading the required three-year review of our SGIM External Funding Policy after the annual meeting, with the help of Redonda and Dr. Seth Landefeld, Chair of our newly reconstituted Ethics Committee.

We have formed a new standing committee focused on mentoring and career development, to be chaired by Dr. Martin Shapiro. This committee will take ownership of a number of our ongoing activities in this area, such as our long-distance mentoring program. As importantly, they will brainstorm

All the effort by our volunteers across our committees and task forces is truly inspiring.

about new ways that SGIM can be maximally effective at supporting members in their diverse careers.

Our collaborative projects with the VA, led by Dr. Lisa Rubenstein, continue to go very well, with two special issues of *JGIM* planned on women's health and implementation of research in practice, as well as a host of activities scheduled for the annual meeting. Dr. Seth Landefeld, leader of our John A. Hartford Foundation funded initiative, "Increasing Education and Research Capacity to Improve the Care of Older Americans," conducted a very successful retreat last month focused on what had been accomplished with the project and what yet needs to be done going forward. Many opinion leaders and organizations involved in the care of older people were active

participants. In a similar vein, our Improving Doctoring for Elder Americans (IDEA) task force, led by Dr. Chris Callahan, is planning a second Visiting Professor program in Geriatrics and Gerontology for the upcoming annual meeting. They are also planning a retreat on improving the geriatric training of practicing generalist physicians this spring.

The Evidence-Based Medicine Task Force, headed by Dr. Eduardo Ortiz, is continuing to enhance the SGIM EBM website that was launched this summer, and is preparing two workshops for the annual meeting. They are also developing a proposal for external funding for an on-line EBM curriculum.

Our CME Committee, headed by Dr. Steve Hillson, is working hard with our regional leaders to be sure we meet all requirements to offer CME credits across our regional meetings. And our Disparities Task Force, chaired by Dr.

Valerie Stone, is preparing two manuscripts for publication covering principles of care and medical education to address and eventually eliminate unwanted health disparities.

Our President-Elect, Dr. Barbara Turner, has also been working with a group of SGIM leaders to revamp our policies for membership and leadership on committees and task forces, with the dual aims of ensuring more seamless transitions in leadership, as well as making sure committees welcome a diverse group of new members on a regular basis. In fact, for the first time, we had an open call for members interested in the new Clinical Practice Task Force, which elicited a great response! Another "first" for SGIM occurred when we welcomed our first Associate Member representative, Dr.

Thanks to everyone who contributes their time, energy, and enthusiasm to make SGIM so productive!

Kavita Patel, to the Council this year. Working with Kavita, we hope to strengthen Associate Member participation at every level of the Society, particularly on our committees and in our regions.

Given space constraints, I have not done justice to any of the ongoing activities I have mentioned in this column, and I have not been able to mention others at all (for example, the work of the annual meeting committee, from whom you'll hear directly in upcoming issues). All the effort by our volunteers across our committees and task forces is truly inspiring. In addition, our aggressive agenda for this year has put quite a strain on the staff at our Washington office, without whose dedication we'd accomplish very little. My thanks to David Karlson and all his staff for supporting all these projects! Although we're off to a great start, there's still plenty more to do during the second half of the year. Thanks to everyone who contributes their time, energy, and enthusiasm to make SGIM so productive! **SGIM**

DISPARITIES COLUMN*continued from page 4*

2001 Summit theme was “Mapping a Course for Community Action and Research;” the theme for 2002 was “The Impact of Discrimination on Health Status;” the 2003 theme was “The Role of Community Based Participatory Research;” the 2004 theme was “The Role of Health Communication;” and this year’s theme is “The Role of Race, Genes and the Environment.”

The Pittsburgh Summit receives funding and endorsements from various private and public institutions. Federal sources of funding and endorsement include the Office for Civil Rights of the US Department of Health and Human Services, the Veterans Administration Health Services Research and Development Service, the National Cancer Institute, the National Center on Minority Health and Health Disparity, the National Institutes of Health Office of Disease Prevention and Health Promotion. Private sources of funding include the University of Pittsburgh Medical Center, the Maurice Falk Medical Fund, the Pittsburgh Foundation, the Heinz Endowments, and the Jewish Healthcare Foundation.

During this two-day summit, under the cold January weather in Pittsburgh, PA, local and national experts on racial/ethnic disparities in health and health care and community activities exchange ideas and research findings under the gaze of an audience that is diverse in interest, scientific background, and ethnic/racial composition. During this meeting, it is not uncommon to witness community activists with no research background engaged in a discussion with leading individuals in health disparities research on how to define an issue, how to study it and what it means for the communities involved. These debates, although unsettling to some researchers who are more accustomed to presenting scientific findings to a gathering of similarly minded individuals, often bring to the floor a rich mix of feelings and ideas. Each year, the proceedings of this summit along with invited research manuscripts on the

summit theme are peer-reviewed and published in a dedicated issue of the *American Journal of Public Health*.

For the national campaign to reduce or eliminate racial/ethnic disparities in health and health care to succeed, it is important to take research efforts and findings to the communities affected by these inequities in health care. If taking researchers and the

research findings to the community proves challenging, as it often is, we should consider bringing the community to the researchers. The Pittsburgh summit provides one such a model that others around the nation could adopt and build on. For more information about the Pittsburgh summit, please visit the following website: (<http://www.cmh.pitt.edu/home1.html>). **SGIM**

INNOVATIONS*continued from page 1*

- medicine or practice guidelines)
- ◆ Alternative Healthcare Delivery Models (e.g., web, email PDA software)
- ◆ Quality or other Management Indicators (e.g., practical ways for physicians and managers to gain ready access to information regarding measures of healthcare quality, utilization, and related issues)
- ◆ Patient-Centered Care Interventions (e.g., providing patient education and information, shared medical record access, personal health records, participatory decision-making interventions, culturally-competent patient learning centers/programs)

The authors of the four most highly rated submissions will be invited to give an oral presentation, with plans for

another to be presented at a plenary session. The remainder of the accepted submissions will present in a “story board format” during the regularly scheduled poster sessions. This means that this year, all IPM posters will be integrated with the other scholarly work of the membership at the Annual Meeting.

We anticipate building on the success and enthusiasm of the previous five sessions and look forward to another crop of terrific presentations. **SGIM**

Editor’s Note—Drs. Rubin and Murkofsky serve as the Chair and CoChair respectively of the 2005 Annual Meeting Innovations in Practice Management.

IMPROVING DIABETES CARE*continued from page 5*

3 of the 8 CMC health plans maintained a diabetes registry, 2 of the 8 health plans generated automated feedback to providers on quality of care, 3 of 8 generated patient reminders, 5 of the 8 used guidelines, and 4 of 8 had diabetes management programs in place. At the regional healthcare system level in the VA, 80% to 100% of the 5 healthcare systems had these same 5 care management activities in place.

These results suggest that a federally sponsored national healthcare

organization can provide care that is equivalent to or better than that provided by high performing CMC plans. Further, VA QUERI and RAND researchers recently found that the quality of VA care significantly exceeded that received by patients in a national sample for chronic diseases (including diabetes) and preventive care, with the greatest advantage in areas where VA has monitored performance.³ While there is still room for

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RESEARCH FUNDING CORNER

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- ◆ Conduct longitudinal studies and studies with multiple sampling points to capture the progression of CFS symptomatology
- ◆ Identify environmental and other precipitants and geographic correlates of CFS

This PA will use the NIH R01, R21 and R03 mechanisms and encourages the integration of basic research with clinical observations. There is a strong reference to wanting collaborative and multidisciplinary approaches.

Retirement Economics

National Institute on Aging (NIA),
(<http://www.nia.nih.gov/>)

PA Number: PA-05-036

Expiration Date: November 2, 2007

Retirement is now considered an extended phase of life for most Americans thanks to increasing longevity and a trend toward younger retirement. As a result the period of life spent in retire-

ment is expanding. Therefore the National Institute on Aging (NIA) invites applications for research on retirement economics. The research objectives of this PA include, but are not limited to: (1) the determinants of retirement behavior, (2) the variation in work patterns in later life, (3) the evolution of health and economic circumstances of individuals through retirement and into later life, (4) time use and life satisfaction before and during retirement, (5) the implications of retirement trends, (6) retirement expectations, (7) international comparisons of retirement and (8) the development of innovative retirement modeling techniques. This PA will use the NIH R01, P01, R03, and R21 award mechanisms.

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

WHAT'S HAPPENING

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involved in VA Research Initiatives within SGIM and they are interested in having an Associate involved with monthly conference calls or activities in some other capacity. A career in the VA is a very rich and exciting opportunity to link with a vast array of national resources, including fellowship opportunities, career awards and centers of research excellence. There are numerous SGIM members at all levels who work as clinicians, researchers, educators or all of the above. Some VA Hospitals also have individual training programs in internal medicine. Several Annual Meeting sessions will focus on VA initiatives and VA research and they are a perfect opportunity for you to talk to physicians of all ages about their experiences.

If you are curious or interested in participating, please contact kavitapatel@mednet.ucla.edu or eyee@unm.edu. **SGIM**

IMPROVING DIABETES CARE

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improvement in VA care, many of the current achievements are due at least in part to the transformation of the VA Healthcare System, well chronicled in the November and December issues of SGIM Forum, and in a recent paper in the American Journal of Managed Care.⁴ However, several important questions about the transformation have yet to be answered. For example, which organizational management strategies were most important in driving quality improvements? Do the benefits of these strategies outweigh the costs? How can other health care organizations learn from the VA experience? Which elements of the transformation are transportable to other settings? To begin to answer these questions, QUERI investigators will lead a workshop (sponsored in part by VA HSR&D) at the 2005 SGIM National Meeting, entitled "Improving Quality in

Healthcare Systems: Does the VA Experience Translate to Other Healthcare Settings?" Featured speakers at the workshop will include Dr. Thomas Garthwaite (Director, Health Services for Los Angeles County and former Undersecretary for Health, VA); Dr. Joseph Selby (Director, Division of Research, Kaiser Northern California); Dr. Joseph Francis (Associate Director for VA QUERI); and Dr. Stephen Fihn (Acting Director for VA Research). We hope to see you there! **SGIM**

References:

1. Francis J. "Promises and Pitfalls of Implementation Research: Insights from VA QUERI." SGIM Forum 2004;27(11):5-8.
2. Kerr E, Gerzoff R, Krein S, Selby J, Piette J, et al. "A Comparison of Diabetes Care Quality in the Veterans Healthcare System and Commercial

Managed Care." *Annals of Internal Medicine* 2004;141(4):272-281.

3. Asch S, McGlynn E, Hogan M, Hayward R, Shekelle P, Rubenstein L, Kessey J, Adams J, Kerr E. "Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample." *Ann Int Med* 2004;141(12):938-945.

4. Perlin J, Kolodner R, Roswell R. "The Veterans Health Administration: Quality, Value, Accountability, and Information as Transforming Strategies for Patient-Centered Care." *Am J Manag Care* 2004;10(part 2):828-836.

CHIEFS' ACTIVITIES*continued from page 2*

Colorado, with presentations by leaders in multiple institutions who are experienced in building research agendas in GIM Divisions. This will provide an opportunity for those who wish to explore the issue in greater depth.

This year, a new Chiefs Mentoring program will be rolled out. We plan to pair new Division Chiefs with more experienced colleagues. This program will be structured similarly to the SGIM year long mentoring program. Mentors and protégés are being asked to interact regularly (face to face at SGIM meetings, during site visits, and electronically) over a one-year period. By mutual agreement the mentoring arrangement can be extended. Division Chiefs are being recruited by the ACGIM office.

To jump-start the program, an

extended workshop will be held at the SGIM meeting during the afternoon of the Precourses, Wednesday, May 12. The three and one-half hour workshop is entitled, "Maximizing Your Effectiveness as a Division Chief: Negotiation for Advantage." "Negotiation is an integral component in the lives of all academic physicians, even more so for Division Chiefs. Chiefs regularly negotiate to achieve the goals and aspirations of the individuals in their divisions.

The Workshop will be led by Lars Larsen, MD, the Associate Dean for Academic and Faculty Development at the Brody School of Medicine. Partici-

This year, a new Chiefs Mentoring program will be rolled out.

pants will receive materials in advance (book, readings, conflict management instrument) to lay a common negotiation foundation which will allow everyone to maximize their time in the interactive workshop. More information about this workshop can be found on the ACGIM web site. **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.sгим.org>. Send your ad, along with the name of the SGIM member sponsor, to lencoskik@sgim.org. It is assumed that all ads are placed by equal opportunity employers.

CLINICIAN-EDUCATOR/FACULTY POSITION, UCHSC, DENVER. Division of GIM seeks clinician-educator beginning July 2005. Must be board certified, interested in career as clinician, practicing and teaching general internal medicine. Practices 8-9 half-days per week, w/opportunity for half-day attending primary care residents' clinical education. Full-time faculty, with academic promotion opportunities w/criteria of demonstrated excellence. Salary and faculty appointment commensurate with experience. Teaching may include attending 1-2 months on GIM inpatient services. Faculty shares responsibilities for after-hours call w/ other members of group practice. Physician may collaborate in research projects w/other faculty members, but not expected to be clinician-researchers. Applications review begins 10/30/04, position remains open until filled. CV's to KGray, Division of GIM, UCHSC, 4200 E. 9th Avenue, B180, Denver, Colorado 80262; Fax 303-372-9082 or e-mail

Kathryn.Gray@uchsc.edu. University of Colorado Health Science Center is committed to diversity and equality in education and employment.

FELLOWSHIP—GENERAL INTERNAL MEDICINE AT MOUNT SINAI MEDICAL CENTER, New York. Mount Sinai's Division of General Internal Medicine offers a 2 year fellowship with a focus on either clinical research or medical education starting July 2005. Curriculum includes MPH courses, research methodology seminars, a mentored research project, teaching and patient care activities. Areas of expertise include: clinical epidemiology, health services research, quality of care, health disparities, women's health, medical errors, geriatrics, palliative care, medical informatics, doctor-patient communication, evidence-based medicine, and medical education. All candidates are eligible to receive a MPH. Competitive salary, benefits, and tuition provided. Inquiries to Dr. Ethan Halm (ethan.halm@mountsinai.org) or visit <http://www.mssm.edu/medicine/general-medicine/fellowship/introduction.shtml>

MEDICAL DIRECTOR, DEPARTMENT OF MEDICINE, YALE SCHOOL OF MEDICINE. The Department of Medicine is recruiting a Medical Director for the Medical Service of Yale-New Haven Hospital. The Medical Director will be expected to oversee the Quality Assurance, Performance Improvement, and interdisciplinary processes of care on the Medical Service. The Director will also be expected to serve as an inpatient

attending on the teaching service and to lead the Department's instruction in patient safety and quality assurance. Successful candidates must be Board certified, and will be expected to have inpatient clinical and teaching experience, and expertise and experience in patient safety initiatives, quality assurance, and performance improvement. The position will require substantial clinical, administrative and interpersonal skills. The Director will be appointed as a member of the full-time faculty of the Department of Medicine, Yale School of Medicine and salary support will be provided by Yale-New Haven Hospital and the Department of Medicine. Academic rank will be commensurate with experience and achievement. Yale University is an Affirmative Action/Equal Opportunity Employer. Qualified women and members of under-represented minority groups are strongly encouraged to apply. Please direct inquiries to: Patrick O'Connor, M.D., Chief, Section of General Internal Medicine, CB2041, Yale School of Medicine, 333 Cedar Street, P.O. Box 208025, New Haven, CT 06520-8056 by January 31, 2005.

ACADEMIC GENERAL INTERNIST OR GERIATRICIAN. Mount Sinai School of Medicine Seeking applicants at the assistant or associate professor level with strong interest in caring for homebound patients. The Mount Sinai Visiting Doctors program, jointly sponsored by the Division of General Internal Medicine and the Department

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of Geriatrics, cares for a large cohort of homebound patients and plays critical roles in medical student, resident, and geriatric fellow training. There is also a strong emphasis on clinical and educational research. In addition to home visits, current faculty members participate in a wide variety of scholarly and educational activities within the medical center and school. Appointment to the clinical educator or research track. Interested applicants should send a CV and cover letter to: Jeremy Boal, MD Associate Professor of Medicine and Geriatrics Director, Visiting Doctors Program The Mount Sinai School of Medicine, Box 1216 One Gustave Levy Place, New York, NY 10029

CLINICIAN RESEARCHER. The Division of General Internal Medicine, Mount Sinai School of Medicine, NY is seeking a fellowship-trained clinician researcher at the Assistant or Associate Professor level. Areas of research could include: clinical epidemiology, health services research, quality of care, health disparities, chronic disease, medical errors, patient safety, women's health, hepatitis, diabetes, obesity, mental health, substance abuse, or bioterrorism. Salary and rank commensurate with experience. Send letter and cv to Ethan Halm, MD, MPH, Mount Sinai School of Medicine, Box 1087, One Gustave Levy Place, NY, NY, 10029 or email: ethan.halm@mountsinai.org. Mount Sinai is an equal opportunity/affirmative action employer.

ACADEMIC GENERAL INTERNIST: MOUNT SINAI SCHOOL OF MEDICINE. The Division of General Internal Medicine is seeking a full time General Internist for a Clinician-Educator position. The successful candidate will participate in patient care, scholarly activities and precepting residents in both the inpatient and ambulatory care settings. A strong interest in clinical and educational research is encouraged. Candidates must be board certified or board eligible in Internal Medicine and fellowship training is desired. Faculty members participate in a wide variety of clinical and academic activities in the community and within the medical center and school. Interested applicants should email (preferred) or mail a CV and cover letter to: David C. Thomas, MD, Associate Professor of Medicine, Medical Director, Ambulatory Services, Division of GIM, Mt. Sinai School of Medicine, One Gustave Levy Place, Box 1087, NY, NY 10029, david.thomas@mountsinai.org.

PREVENTIVE MEDICINE GIM FELLOWS. John Stroger Hospital of Cook County (formerly Cook County Hospital), the largest public hospital in Chicago, offers a fellowship position for July 2005. Our goal is to train internists to become leaders in cardiovascular and cancer prevention in accordance with national public health goals to increase quality and years of healthy life and to eliminate health disparities. The program includes training in clinical, research, teaching, and administrative dimensions of preventive medicine. Fellows will receive

an MPH and will be board eligible in Preventive Medicine. To inquire about the program, contact David Goldberg, MD, 312-864-4429, dgoldber@rush.edu.

CLINICAL RESEARCH FELLOWSHIP. The Department of Medicine of Cook County, one of the largest public health systems in the U.S., offers 2 two-year fellowship positions for July 2005. Our goal is to train internists in clinical epidemiology and research with an emphasis on underserved populations and health disparities. Fellows have the (recommended) option of obtaining a master's degree. Graduates will have prepared and be ready to submit a competitive career development grant application. To inquire about the program, contact Arthur Evans, MD, MPH, 312-864-3680, aevans@cchil.org.

CLINICIAN-EDUCATOR AND INVESTIGATOR. positions available in the Division of General Internal Medicine, University of Tennessee Health Science Center, Memphis, TN. BC/BE in Internal Medicine required. Academic rank (Instructor to full Professor) based on qualifications. Excellent benefits package. Send CV/cover letter to James E. Bailey, MD, MPH, Division Chief (Phone 901/448-1529, Fax 901/448-3937, email jeb@utmem.edu). The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services.

GENERAL INTERNAL MEDICINE. Michigan State University, College of Human Medicine, Division of General Internal Medicine is seeking a board certified/eligible MD/DO at the Assistant Professor level for a fixed term faculty position. The position will involve the practice of inpatient and outpatient medicine; teaching medical students and residents. Academic appointment and salary commensurate with qualifications. MSU is an equal opportunity/affirmative action employer; women and minorities are encouraged to apply. Interested candidates should send a curriculum vitae and names of three references to Gary Ferenchick, MD, Chief, Division of General Medicine, B338 Clinical Center, Michigan State University, E Lansing, MI 48824. Applications will be taken until the position is filled.

HEALTH SERVICES RESEARCH FELLOWSHIP AT MONTEFIORE MEDICAL CENTER, BRONX, NY. New program will train fellows to produce scholarship in Health Services and Outcomes Research, using Montefiore Medical Center's administrative clinical information system. Potential areas of exploration include: guideline implementation and uptake, hospital epidemiology, medical errors, disparities in health care, changing physician behavior, screening strategies, and use of electronic medical records. Fellows will participate in the Clinical Research Training Program (CRTP) of

the Albert Einstein College of Medicine (AECOM), and application for the fellowship will be coincident with application to the CRTP (<http://www.aecom.yu.edu/crtp> <<http://www.aecom.yu.edu/crtp>>). Graduates of the CRTP receive a Master's Degree in Clinical Research Methods. Prospective fellows must have demonstrated aptitude for clinical research. Applicants are encouraged to send a letter describing their interest in the fellowship, and a detailed CV, to Dr. Julia Arnsten (jarnsten@montefiore.org).

GENERAL MEDICINE DIVISION, DIRECTOR OF WOMEN'S HEALTH AND CLINICIAN EDUCATOR. Case Western Reserve University School of Medicine, Department of Medicine, seeks a full-time clinician educator for an ambulatory care leadership role as the Director of the Women's Health Programs in the Cleveland Veterans Affairs Medical Center, Wade Park Division. Responsibilities focus on administration and teaching in the VA system, supervision residents, mid-level practitioners, and medical students, and actively participating in Medical Education and patient care in both the outpatient and inpatient setting. Send, fax or e-mail CV to Daniel Wolpaw, MD, Associate Chief, Medical Service, 111(W), 10701 E. Boulevard, Cleveland, OH 44106, fax number: 216-231-3289, e-mail: Daniel.Wolpaw@med.va.gov. Diversity and EOE.

GERIATRIC MEDICINE FACULTY OPPORTUNITY: CLINICIAN EDUCATOR. The Division of Geriatric Medicine at the University of Massachusetts Medical School in Worcester, Massachusetts is seeking a full time clinician-educator at the Assistant or Associate Professor level. The ideal candidate will be a highly skilled and effective clinician and teacher. Responsibilities will include an active Geriatric practice with six other Geriatricians. The position also includes leadership in developing innovative educational programs for medical students and residents. Minimum qualifications include board certification in Internal Medicine, fellowship training in geriatric medicine, and a current Certificate of Added Qualifications in Geriatrics or eligibility for the CAQ. The University of Massachusetts is an affirmative action/equal opportunity employer with a strong commitment to fairness and diversity; accordingly, UMass actively seeks and encourages applications from all individuals, independent of gender, race, ethnicity, culture, sexual orientation, age, or disability. Please send CV or email and a letter describing qualifications/interests to: David R. Fields, M.D., University of Massachusetts Medical School, Division of Geriatric Medicine, Biotech Four, Suite 315, 377 Plantation Street, Worcester, MA 01605-2324, e-mail: fieldsd@ummc.org

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