Society of General Internal Medicine

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

SGIM FORUM

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Contents

FROM THE REGIONS

NEW ORLEANS: DOCTORS WITHOUT HOSPITALS

Karen DeSalvo, MD, MPH, MSc

Karen DeSalvo is Chief, Division of General Internal Medicine, at Tulane University. A long-time SGIM leader and chair of last year's annual meeting, Dr. DeSalvo was on vacation as Hurricane Katrina hit the Louisiana shore but returned quickly to help her city and her hospital rebuild.

Hurricane Katrina roared ashore in the early hours of August 29, 2005, and swept away the health care infrastructure of our city. While many patients have left the area and are receiving care elsewhere, many physicians have been left with dramatic personal property losses and severe disruption of their professional lives. This situation is particularly complex for the faculty of the academic health centers like Tulane University School of Medicine, whose salary lines and activities are so closely intertwined with the devastated hospitals. At present, we are "doctors without hospitals."

The Medical Center of Louisiana at New Orleans (Charity) has been a key training, research, and clinical care partner of Tulane for 170 years. Prior to the storm, it provided care to the vast majority of the under- and uninsured patients in the New Orleans area. Charity has been "condemned" due to flood damage and is awaiting FEMA's determination of whether the necessary federal resources will be available to rebuild. The current plan for recovery relies on acquisition of temporary facilities until the hospitals and clinics can be rebuilt or refurbished. So far at Charity, one outpatient facility capable of handling HIV and adult primary care has been opened.

Another major partner is the Tulane University Hospital and Clinic (TUHC), a subsidiary of the Hospital Corporation of America (HCA), a for-profit health care system that owns and operates all of the private practice facilities associated with Tulane. The TUHC main campus was badly damaged by flooding, but a massive effort to clean and refurbish affiliated HCA facilities has enabled reopening of Lakeside Hospital and the Metairie and Uptown clinics. The TUHC Emergency Room is scheduled for a limited opening in December, with a goal of providing full service by February 2006.

The VA of New Orleans (VANO), our third major partner, sustained wind damage and severe flooding. The current VA recovery plan is to lease space in Hammond, Slidell, and La Place to serve as satellite primary care clinics and to open outpatient clinics in New Orleans at the main hospital facility. VANO also plans to lease inpatient beds locally for the next three to five years until they can refurbish or rebuild their facility.

Our medical students have been tem-

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Abstractions

Publish or Perish: Foibles of Book Writing for Lay Audiences

Jeff Jackson, MD

***Abstractions typically looks back at work presented (often in abstract form) at an SGIM national meeting. This month, the column takes a minor detour, as Jeff interviews Robert Wachter and Kaveh Shojania, authors of the book,* Internal Bleeding: The Truth Behind America's Terrifying Epidemic of Medical Mistakes.**

Do you have any advice for SGIM members thinking of publishing a book?

Bob: It was our view that, in writing a lay-oriented book, it was important to aim for "a sweet spot"—to write something that was dramatic and engaging enough that someone who's not a relative would consider buying and reading it, while making it honest, evidence-based, and consistent with our values. The idea for this book began when a publisher approached us after a *New York Times* piece described our *Annals of Internal Medicine* series, "Quality Grand Rounds." That was lucky. For my prior book on the politics of AIDS (*The Fragile Coalition: Scientists, Activists, and AIDS*), I went through a more typical process—I had an idea, looked at what was already out there, developed a proposal, drafted a couple of chapters, then found a publisher, after receiving lots of rejection letters. This was much easier.

Kaveh: One of the main problems was figuring out what the hook would be. We wanted to convey that there weren't easy answers to this problem, as some safety advocates and others were saying, but uncertainty isn't much of a hook. We were lucky that our cases of medical errors were really intrinsically interesting. **Bob**: In the book world, they talk about your "elevator schpiel": picture getting into an elevator and someone asks, "Tell me about your book." You need to be able to articulate the answer before the door opens. That's tricky for academicians. We're used to explaining ourselves in 3000 words… **Kaveh**: and being frustrated even with that. **Bob:** Even after lining up the publisher, there were still bumps in the road. We drafted the first few chapters, emailed them to the publisher. We were proud of them, thinking, "We're pretty good writers for docs. They'll love this." We got back an email from the publisher three days later; its tag line was "I hope you're sitting down." What followed was three pages of diatribe about how we were being far too academic and far too careful. "Every line in the book was dripping with caution," he wrote. "You guys either have to do this from the heart or don't bother." **Kaveh**: Bob doesn't quite capture the tone. You've never seen a rejection letter like this from any journal. It was really like a producer throwing a script in the face of its writer. It was tough to take, but eventually we came to a middle ground that we all liked, and the feedback actually made it a better book. **Bob:** Even then, we still had conflict over the title. "Internal Bleeding" was the publisher's idea. We both liked it a lot,

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California Dreaming: The 2006 Annual Meeting in Los Angeles!

Barbara Turner, MD, MSEd

You know the old saying: "All work and no play…." We are all acutely aware of the many weighty issues confronting general internists, but rather than standing on my soapbox and ranting about the challenges that we face, let me propose something entirely different. In addition to an annual meeting packed with outstanding educational activities, you'll find that LA offers nourishment for the sporty, artsy, family-oriented, gastronomic, and star-struck sides of your psyche. To take advantage of a terrific setting with swaying palm trees and pleasant spring temperatures, we are even planning an SGIM cocktail party under the stars.

For the sports-minded, swimmers can take a dip in the ocean—yes, it's clean(er) and beckoning. Roller skaters can glide along with all those buff kids on the Venice Beach boardwalk. Golfers can ring their clubs and head out to nearby Griffith Park Golf Course. If you prefer to watch sports, you can't beat seeing the Dodgers or the LA Lakers even if you're going to root against them. And don't forget the Angels and the Clippers.

Classical music aficionados can stroll from our hotel—the Bonaventure—to the massive, sparkling swirls of metal that form the Disney Center, designed by Frank Gehry, where the fabulous LA Philharmonic will be playing Beethoven's Fifth Symphony at the time of our meeting. If you're a flower child of the Sixties or even a member of Generation X, consider seeing the incomparable Ravi Shankar, who is playing the Festival of India II.

Perhaps you prefer plays? "The Black Rider" is an international hit that "transports us to a hilarious, fantastical wonderland where nothing is what it seems—the devil sings, animals talk, the walls become woods, and bullets have minds of their own." Another alternative is Solo Mania, which offers a hip-hop perspective on the Iraq conflict based on the lead's actual experience during two tours of duty at the front in Iraq. "Witness" is an acclaimed play from the vantage point of an Austrian farmer in 1943 who was persecuted by the Nazis for his refusal to serve in the army of the Third Reich.

Maybe you need a good laugh. The Improv in Hollywood is the place to go for comedy where folks like George Carlin and Jerry Seinfeld can appear unexpectedly along with a long list of incredibly funny youngsters.

How about engaging in retail therapy? You can check out Macy's Plaza (SGIM has discounts), the Jewelry District, the Garment District, and for the high rollers—Rodeo Drive. For those of you who enjoy exploring neighborhoods and cultures, Little Tokyo and Chinatown are both located less than a mile from our hotel and offer great sightseeing, shopping, and food.

The family-oriented attractions in LA are unparalleled so you really need consider bringing the family. We can get you discount tickets to Universal

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Policy Corner

Health Services Research Funding: Is There Hope for More Federal Money?

Mark Liebow, MD, MPH

This month: the future of funding for health services research, an area in which many SGIM members work.

While the Federal government spends billions on basic science and clinical research, far less is spent on health services research (HSR). The funding gap has worsened in the last few years because the budget of the National Institutes of Health (NIH) has doubled while the budget of the Agency for Healthcare Research and Quality (AHRQ), the agency that supports health services research, has not. The budget for AHRQ has gone up only modestly in four years, increasing from $269 million to $319 million, while the NIH budget went from $20.3 billion to $28.4 billion.

Much of AHRQ's budget is committed to surveys and contracts rather than grants. The budget request for new grant funds this year was for only $10.7 million, down from $26.3 million in FY 2005. The request for total grant funds was also down to $89 million from $102.3 million in FY 2005. Moreover, in the last few years, Congress has directed AHRQ spending into certain areas, such as patient safety. This, combined with AHRQ's use of Requests for Applications rather than program announcements, has led to a larger share of research monies going to for-profit companies than in the past. These trends have made it exceptionally difficult for academic general internists to receive investigator-initiated grants, even though such grants often lead to important findings.

SGIM has advocated for years to raise the AHRQ budget to at least a billion dollars a year, but little progress has been made. AHRQ does not have the glamour of the NIH and is much more vulnerable to "flat funding" or cuts when the budget is tight. The Bush administration has proposed cuts in the AHRQ budget several times, but Congress usually provides modest increases during the appropriations process.

Fortunately, the NIH may be a better source for health services research funding than in the past. A recent Sounding Board by Elias Zerhouni, MD, the NIH Director, suggested that the NIH would commit increased resources to "translational" research (*NEJM* 2005; 353(15):1621–3). The huge budget of the NIH means that even if only 1% of NIH funds were dedicated to health services research, Federal money available for health services research would increase by more than 250%. The October announcement of this initiative was quite general, and many details need to be clarified. Also, the NIH review process will need to be reconsidered so that it is more hospitable to health services research proposals. This may involve changing the membership of study sections.

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This Month in *JGIM*

Integrating Mental Health into Primary Care: Innovation and Application

Adam Gordon, MD, MPH

The author speaks with Dr. David Oslin, an associate professor at the University of Pennsylvania and the Philadelphia VA Medical Center, about his article "Screening, Assessment, and Management of Depression in VA Primary Care Clinics: the Behavioral Health Laboratory," which represents a unique model of care for mental health disorders in generalist settings.

Patients with mental health problems often present to generalists in primary care settings. Screening, treating, and monitoring mental health disorders in these settings can be challenging.

Initially funded by the VISN 4 Mental Illness Research, Education, and Clinical Center (MIRECC), the Behavioral Health Laboratory (BHL) is a telephone-based clinical service that provides assessments for primary care patients who may need mental health care. Using a special software system, the BHL conducts health tests, interprets findings, and reports test results back to the referring provider. Dr. Oslin relates, "The lab was set up as a tool to help the internist. We know that seeing patients in multiple visits over a short period of time is very difficult in most practices. The laboratory was set up to help assist providers in both initial assessment and monitoring of disease. It was established as an adjunct to care to assist the decision support of providers."

Dr. Oslin reports that the BHL provides advice to patients: "Most of the interviews generated a report back to the patient encouraging them to engage themselves in their care. For instance, if they have sleep problems, the letter that comes to them will

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Ask the Experts

When to Say Yes and When to Say No

Marshall H. Chin, MD, MPH

This month's expert is Marshall Chin, associate professor of medicine at the University of Chicago.* Forum *Associate Editor Nina Bickell asked Marshall for his advice on aspects of academic time management.

Invitations will come your way. Maybe you will be asked to be on the medical school admissions committee or hospital quality improvement committee. Perhaps you will be invited to be on a grant review study section, your local Institutional Review Board, or a SGIM committee. You have already automatically replied, "Thank you for inviting me. Let me think about it and get back to you." Now with time to reflect, how can you determine whether something is an opportunity or a burden?

To decide when to say "yes" and when to say "no," I have found it useful to ask seven sets of questions about the opportunity:

1) Does it fit your mission and agenda? Is it interesting to you? Most fundamentally, the opportunity needs to be something that you are excited or passionate about. Time is your most valuable resource, and your projects must be important to you.
2) What impact will you have? Do you have skills and perspectives that will be valuable? Will you have the authority, resources, and backup to get something done, or are you being set up for failure?
3) What is the time commitment? Can you offload undesirable parts of the job? Will you have administrative support? Can you divide responsibilities to match each participant's interests?
4) Can you make it more academic? Is the opportunity purely service or are there academic possibilities? For example, on a medical education committee, can you negotiate buy-in from the Dean of Students or Dean of Medical Education for interviews or surveys of students to inform your group's work and lead you to a publication opportunity? Can you add novel elements to a quality improvement effort that are worth studying? Aim for half of your service commitments to have academic value.
5) Can you say no or negotiate the responsibility? We all should be good citizens. Are you pulling your fair share of the weight? Has someone given you a hand and now it is your turn to return the favor? Is there an alternative service obligation that more closely fits your interests or provides an opportunity to learn new skills? Junior faculty members trying to prepare academic portfolios for promotion face special challenges when asked by their chiefs or chairs to perform service obligations. Can you negotiate a specific time in the future or establish objective criteria for when you are ready to take on more service obligations? Try to align the incentives so that successes in your academic ventures are also perceived as important successes for your bosses (e.g., leading, teaching, and evaluating a program that is important to your institution).
6) How stable is your research program and/or funding streams? The stronger your base, the more you can do. The weaker your funding and power base, the more you need to concentrate upon shoring this up before taking on new responsibilities. This is one of the reasons why junior faculty generally need to focus on their own core work more than senior faculty do.
7) How stable is your family/personal situation? Have you just had a baby? Are your parents ill? Do you need to spend more time with your spouse or partner? More professional opportunities will come down the pike later. I am not aware of anyone who regretted choosing family over career when family needed the time. ***SGIM***

In Memoriam

SGIM mourns the recent passing of Samuel Putnam, MD, who died on October 4, 2005. Dr. Putnam's distinguished career in general internal medicine was marked by many important contributions to the field. He was cofounder of the American Academy on Physician and Patient and a national leader in the development of courses to train physicians on how to communicate effectively with patients. Last year, Boston University recognized him with its Excellence in Teaching Award as the outstanding teacher among 100 community-based clinician-educators. *Forum* plans a more extended tribute to Dr. Putnam in March.

VA Research Briefs

VA Research Update

Shirley Meehan, PhD, MBA, Acting Director, HSR&D

New Leadership

A few months ago, Joel Kupersmith, MD, was appointed the Department of Veterans Affairs' new Chief Research and Development Officer (CRADO). As CRADO, Dr. Kupersmith oversees the Office of Research and Development's (ORD) four research and development services: biomedical laboratory, clinical science, rehabilitation, and health services. He also sets VA research priorities and manages all aspects of the national research program with a budget of more than $400 million. ORD supports veteran-focused research involving more than 3,000 investigators at 115 VA facilities across the country. Dr. Kupersmith brings a breadth of talent, expertise, and enthusiasm to his new position as CRADO.

In November 2005, Joseph Francis, MD, MPH, was appointed Acting Deputy Chief Research and Development Officer (DCRADO). Dr. Francis joined the VA's ORD in 2004 as Associate Director of Health Services Research and Development (HSR&D) and Director of the VA's Quality Enhancement and Research Initiative (QUERI). With his guidance, QUERI has continued to focus on system-wide implementation of evidence-based practice. In addition to his new responsibilities as Acting DCRADO, Dr. Francis will continue to lead the QUERI program.

Six New HSR&D Priorities

HSR&D programs and initiatives examine the effects of organization, costs, and management on the quality of veteran health care. Activities cover an array of diseases and conditions and span the continuum of health care research and delivery – from basic research to the dissemination of research results and through the application of findings to clinical, managerial, and policy decisions designed to provide the best and most cost-effective care for veterans. Recently, HSR&D announced six new priority areas for research: equity, implementation, mental health, long-term care, women's health, and research methodology. These priority areas underscore the VA's commitment to areas of great importance to veterans and their unique health concerns.

New Queri

Another area of great importance to the health care of veterans, particularly new veterans, is research that focuses on combat-related injuries and conditions. For example, as a result of the changing nature of modern warfare, as well as improvements in body armor and surgical stabilization at the front-line of combat, more war-wounded are returning with complex, "polytraumatic" injuries.

In response, a new QUERI Coordinating Center for the Implementation of Practices in Polytrauma and Blast-Related Injuries will focus on identifying and implementing evidence-based practices to meet the challenges of modern warfare and managing the transition from the Department of Defense (DoD) to VA care for veterans.

Journal on Implementation Science

Researchers regularly produce and validate new findings and clinical innovations, but they are not often translated into health care practice in a timely manner. *Implementation Science*, an exciting open-access, online journal, will be the first journal to focus exclusively on this critically important and relatively new field. VA HSR&D is one of the supporting organizations of this new journal to be published by BioMed Central in early 2006. The journal will focus on the study of methods to accelerate the implementation of evidence-based clinical practices in routine health care settings. Additional information and updates, including submission instructions for authors, are available at: **www.hsrd.research.va.gov/for_researchers/journal-information.cfm**. We hope that this journal will be a complement to SGIM's *Journal of General Internal Medicine*.

As you can see, the VA's ORD and HSR&D are continuously striving to develop new programs, initiatives, and publications that will help to provide the best care possible for our veterans. With a renewed focus on veteran-centric health care, VHA is becoming the provider of choice rather than necessity. ***SGIM***

Calendar of Events

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

Submission Deadlines:

Abstracts, Vignettes and Innovations: January 12, 2006

*Check the SGIM website (**www.sgim.org/am06**) for more information!*

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

Letter to the Editors

To the Editors:

I write in response to the article, "The Future of Minority Training at the NIH: Reversing the Little Progress That Has Been Made," by Drs. Carrasquillo and Corbie-Smith, published in the November 2005 issue of the *SGIM Forum*.

I was puzzled by the article's "call to arms" over the change in interpretation of "under-represented minorities" (URM) by the NIH. I was expecting to read that the NIH had simply abandoned aims to expand diversity. Instead, we learn that the new NIH definition includes individuals who are "underrepresented for reasons other than race and ethnicity," including disabled persons, first-generation college graduates, and those from low-income families. The authors decry the new policy that states that "individuals from social, cultural, or education environments…that inhibited participating in a research career are now also considered as underrepresented."

I was expecting to read that the NIH had simply abandoned aims to expand diversity….

What is wrong with this newly expanded definition? It would seem that rather than focusing solely on ethnicity, the new criteria attempt to more specifically target disadvantaged applicants. An URM who came from a well-to-do background and who attended solid schools, might be less disadvantaged than would be someone of any ethnicity (including URM) who grew up poor, attended inadequate inner city (or rural) schools and was the first from their family to finish college.

The old and new polices certainly have much overlap, and achieving greater diversity among NIH funded researchers is a worthy goal. The question is what constitutes diversity. A strict definition based on race/ethnicity alone is not the only answer.

William Rifkin, MD
Cross River, NY

In Reply:

The elimination of racial and ethnic disparities in health is a national priority.* After extensive reviews of the existing literature, numerous scientific bodies have identified increasing the number of underrepresented racial and ethnic minority groups (URM) in both the clinical and research workforce as specific strategies to achieve this national objective.* Among the numerous compelling reasons to increase the number of URM in medical research: 1) URM scientists are disproportionately more likely to focus their research on issues of critical importance to minority communities; 2) URM investigators' general knowledge and understanding of their communities can provide unique insights into the causes of such problems and about the barriers to their prevention and eradication; and 3) URM faculty and scientists at educational institutions are crucial in attracting URM medical students* (who are disproportionately more likely to provide care to URM communities). Unfortunately, the NIH's rationale for revising their inclusion criteria was not based on existing science but rather a fear of lawsuits.*

…broadening eligibility criteria without increasing, and in some cases decreasing, available funding will decrease the number of awards to URM.

We agree that enhancing diversity of all types is an important goal for our field. However broadening eligibility criteria without increasing, and in some cases decreasing, available funding will decrease the number of awards to URM. Thus, regardless of criteria used, this new federal policy will not attain the stated goal of a more diverse investigator workforce. Instead, whether intentional or not, it will be a significant setback to the health of minority communities and initiatives to eliminate health disparities.

Olveen Carrasquillo, MD, MPH
New York, NY
Giselle Corbie-Smith, MD, MSc
Chapel Hill, NC

**Editor's Note—References are available on request from the authors.*

Looking Backward

Moving Apart

Joel D. Howell, MD, PhD

In this occasional column, the* SGIM Forum *invites a senior SGIM member to reflect on something meaningful. In this issue, Joel Howell, professor of medicine and history at the University of Michigan, shows how lessons on leaving a mentor may come from an unexpected source.

SGIM members often discuss mentorship but usually talk more about finding a mentor than about leaving one. I clearly recall finding a mentor—but I recall leaving one perhaps even more vividly. Not that so doing was rancorous. Instead, it was hearing someone once a mentor, now a colleague, tell me that I had chosen a path he would not have taken. Seeking to understand such transitions—indeed, seeking to understand any of life's profundities—we can do far worse than turn to great art, including opera. For opera offers us not only beautiful musical moments but also metaphorical lessons about mentorship, our careers, our families, our life.

Separating from a mentor arrives in full force near the end of *Siegfried*, the third of the four evenings that make up Richard Wagner's monumental *Der Ring des Nibelungen*. Near a rocky crag the brash Siegfried confronts the all-knowing Wotan, his grandfather and mentor. Wotan is old and serious. Siegfried is young and brave, and very, very foolish. Seeing not the king of the gods but only a foolish old man blocking his path, Siegfried shatters Wotan's spear, and Wotan disappears into darkness, not to be seen again. Siegfried moves on to fame and glory on the mountaintop. And that is how it should be; that is how it must be. If mentees only become as their mentors, both have failed. The new order can only come with the passing of the old. While most mentors are not the king of the gods (and most mentees can go their own way without the mentor disappearing into darkness), thinking about Siegfried's tale can help mentees realize the importance of leaving a strong, supportive mentor to pursue their own career goals.

But mentors gain from the relationship, too, and they need to have the courage to encourage their mentees to go. A stunningly beautiful scene in Richard Strauss's *Der Rosenkavalier* teaches us about both separation and about passion. A sophisticated older married woman, the Marschallin, has been enjoying the company of a younger man, Octavian. She lovingly teaches him about the ruthless passage of time, about the fleeting nature of the moment. Yet, while she has much yet to offer him, she knows she ought not always to stay with him. So, when the young Sophie arrives, the Marschallin gracefully takes her leave in a spine-tingling trio that becomes a duet as she exits stage left.

Some people resonate to opera, some to other types of music, some to poetry, some to visual arts. We all need to carve the time out of busy lives to enjoy humankind's masterworks. For great art can not only offer visits to lands of transcendent beauty, it can also offer metaphorical insights into themes that are part of our day-to-day work. Mentees can learn from Siegfried, who is unafraid to leave his mentor, even though that mentor be the king of the gods. And although a mentor with a productive mentee may want to keep that person around a little too long, the Marschallin knows that when Sophie arrives, perhaps representing a new area of interest, perhaps just the need to separate, that the truest love is that which knows when it is time to end the relationship. *SGIM*

FROM THE REGIONS

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Those currently in New Orleans have been part of a rich experience of rebuilding clinics from the ground up.

porarily relocated to Houston, where we are taking advantage of the hospitality of the Baylor College of Medicine. Most will remain there for the remainder of the academic year. With our principal training sites closed, the Tulane Internal Medicine Residents have relocated around the country, although many are clustered in Houston, Alexandria/Pineville, and two HCA hospitals in New Orleans. We are exploring other options for inpatient training while our pre-Katrina partner facilities recover. Those currently in New Orleans have been part of a rich experience of rebuilding clinics from the ground up.

So what does the future hold? Our timeline for the next few months is closely intertwined with the recovery of the hospital systems but focuses on restoring educational and clinical experiences that meet not only regulatory requirements but also the needs of our trainees and patients. We do know that we will be able to resume graduate medical education and patient care at two of our affiliates by late winter. This will enable us to bring home those of our faculty and residents who are currently displaced. Having "the family" in close proximity will be a big boost for morale, as well as for our educational and research programs.

Tulane University remains committed to the city of New Orleans, her people, and to the rebuilding process. We are actively engaged in statewide strategic planning (**www.stayhealthyla.org**), health policy initiatives, and implementation. The opportunities for participation in the process and for leadership training abound for everyone, at all levels of the organization. So, despite the rocky road ahead, we believe it is a unique opportunity to build a world class health care and educational system on the clean slate left by Katrina. ***SGIM***

Editor's Postscript—*As* Forum *went to press, Tulane University announced layoffs of a third of the medical school faculty, including seven people from Dr. DeSalvo's core GIM group. She writes: "Despite our sadness, we remain intent on renewal."*

ABSTRACTIONS

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but the subtitle ("The Truth Behind America's Terrifying Epidemic of Medical Mistakes")—Kaveh and I nearly quit over the word "terrifying." But the publisher was adamant, and the title and cover art is pretty much theirs to do unless you're John Grisham. So we sucked it up. **Kaveh**: We were gratified when many reviewers noted that, while the title and cover are a bit sensational, the content is balanced, engaging, and dramatic. **Bob:** Another thing to consider is the publishing house. My first book was for a huge publisher (St. Martin's Press)—it felt like the book just went out there to sell or not. This publisher's commitment was to do a relatively small number of books per year, but to really focus on each of them and aim for lots of media attention. They were successful, getting me on CNN, Imus, "Good Morning America"—and that's what sold the book. Another thing they did was to engage a developmental editor, who was a wonderful coach. One day he said, "You guys write well, but you have a focal length that's about six feet, you see things from a doctorly distance." He taught us to change our lens, to zoom in to tell the reader, "What would the patient's or doctor's face look like at that moment?" and then to zoom out to explain some of the big picture stuff, like how it could be that hospitals have such terrible computer systems. He also helped us with some of the chapter-to-chapter transitions, which are tricky for those of us used to writing articles or textbook chapters. **Kaveh:** Overall**,** it was a lot more work than I was expecting. **Bob:** The experience was terribly gratifying, but it's a very hard way to make a living. I think we're both glad we have a day job. ***SGIM***

POLICY CORNER

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Most people who have reviewed Federal research spending agree that we don't spend enough on health services research and that spending more would improve the efficiency and effectiveness of medical care in the United States. However, it has been difficult to convince legislators of that. Some think that pay-for-performance initiatives will lead to more support for health services research as we struggle to define what good performance is, but early legislative moves toward pay-for-performance in Medicare have not led to significant increases in the AHRQ budget. Given these political pressures, improving funding for health services research is likely to remain a priority for SGIM's legislative advocacy efforts. ***SGIM***

PRESIDENT'S COLUMN
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Studios, a "must see" for all families. Experience an earthquake (thankfully not the real kind that they have there) or sit in the middle of a wild west TV show. The newest additions to the park include the original "War of the Worlds" sets and the Revenge of the Mummy ride. At least one day is recommended to see most of these attractions. To really do it justice, I would tack it on at the end of the meeting. Another premier family entertainment spot in the nation, Disneyland, is only a short ride away. Or how about MGM studios? Have your kids seen Graumans' Chinese Theater or the Hollywood Walk of Fame?

On the artsy side, my personal favorite is the Getty Museum despite the current furor about how they got their art. If you haven't seen the new Getty, you haven't lived. It features Modernist buildings with vast windows and Travertine stone spectacularly perched on a hillside overlooking breath-taking gardens. You'll love it even if art is not your thing. You might even bump into my eldest daughter, Genny, who volunteers there on weekends. Closer to our hotel, the LA County Museum boasts an outstanding collection of modern art. Similarly, the Museum of Contemporary Art has two branches within a stone's throw of our hotel. For those who would prefer museums that have nothing to do with art, Exposition Park includes the Science Center and IMAX, Natural History Museum, and California African-American Museum.

There are also gastronomic delights! Many restaurants within five blocks of our downtown hotel serve up first-rate Latin, Fusion, Asian, and Italian fare, among others. For more detailed information about all that LA offers, I recommend that you visit the web site **http://www.lacvb.com/visitor/jsp/itineraries.jsp**. It has links and itineraries for family friendly things to do; calendars for events in sports, arts, and theater, and personalized community itineraries for African American, Asian, Latino, and Jewish visitors. The 2006 annual meeting promises to be scientifically stimulating but also re-energizing. So you should toss the stethoscope in a drawer, pull the plug on the computer, and join 1,500 or more of your close colleagues to have some fun. If you don't take advantage of this opportunity, I suggest you seek some recreational mentoring. *SGIM*

THIS MONTH IN JGIM
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There was a true misunderstanding among the behavioral health services of how many patients with mental health problems are seen in primary care settings.

reference their sleep problem and provide some recommendations about what they can do about it."

The objectives of Dr. Oslin's *JGIM* paper were to assess the utility and feasibility of the BHL in the context of primary care practice. Dr. Oslin evaluated mental health screening results and the findings of the 580 BHL evaluations conducted over six months. Results indicated that when the BHL was instituted, more patients screened positive for depression, 740 referrals were made to the BHL, and more than 76% of patients referred to the BHL completed a comprehensive assessment.

Implementation Barriers

The genesis of the BHL came from a surprising source: the generalists. In preliminary studies, the primary care providers indicated that the thing they could really use most was a means to facilitate getting patients into different types of mental health treatment.

Dr. Oslin points out that he was surprised by behavioral health clinicians' reactions to the BHL. "The barriers to the project were from behavioral health care rather than primary care. Initially, behavioral health clinicians worried that the BHL would funnel more patients into behavioral health care. But the laboratory really did the opposite; it allowed for better management of mental health problems in primary care, and fewer patients actually went to behavior health care services."

Dr. Oslin was surprised by several of his findings, "I did not expect the laboratory itself to be so well integrated into practice. The other thing that surprised me was that the providers actually read the reports and paid attention to the suggestions. Providers get a lot of grief for not paying attention to advice, and I think we found out that it was not the case."

Implication & Application

Dr. Oslin found that the BHL offered a practical, low-cost method to assess, monitor, and plan treatment for patients identified with primary care mental health problems.

Since implementation, Dr. Oslin has assisted in installing a similar program at other sites, and the BHL has generated interest from insurers. Dr. Oslin notes that the investigators' next steps are to build upon the monitoring process, develop protocols for the cognitively impaired, and create means to encourage patient monitoring of mental health problems. *SGIM*

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MEDICAL DIRECTOR FOR AMBULATORY CARE: The Department of Medicine at Atlantic Health System / Morristown Memorial Hospital seeks energetic, preferably fellowship-trained general internist to join twelve academic internists to provide leadership for the Family Health Center of Morristown, the principal teaching clinic for the UMDNJ-New Jersey Medical School-affiliated internal medicine residency program. Responsibilities include administrative oversight of the clinic's medical services; designing, implementing and monitoring QI plans for the clinic; and coordinating and providing ambulatory education to internal medicine residents. Opportunities also exist for research and direct patient care on either inpatient service or in newly renovated outpatient offices. Located just 30 minutes from NYC, MMH is a 637 bed, Level II trauma center with a nationally recognized cardiovascular program and cancer center among its many resources. We offer excellent salary, CME, and employee benefits. Fax / Send CV to Dr. Stanley Fiel, Chairman of Medicine, at 973-290-8325 or Department of Medicine, Morristown Memorial Hospital, 100 Madison Avenue, Morristown, NJ 07962. ATTN: Stanley Fiel MD. EOE.

HEALTH SERVICES / POPULATION HEALTH RESEARCH FACULTY POSITION: The Division of General Internal Medicine of New York University School of Medicine seeks to recruit an accomplished physician investigator with a focus on health services, clinical outcomes/effectiveness, and/or population health. Strong record of quality scholarship and extramural funding, mentoring skills, and interest in urban health essential. Remarkable research opportunities exist, with three hospital systems (public, VA, and private), extensive and varied ambulatory services, close relationships with large public and private care systems, and potential for multidisciplinary collaboration across NYU's schools. Board certification or eligibility in internal medicine, and NY State licensure or eligibility required. Salary and faculty rank commensurate with experience. Send cover letter and CV to: Marc Gourevitch, MD, MPH, Director, Division of General Internal Medicine, NYU School of Medicine, 550 First Avenue, OBV A 618, New York, NY 10016, or e-mail: nicole.gardner@nyumc.org. NYU School of Medicine is an Affirmative Action Equal Opportunity Employer

FELLOWSHIP: General Internal Medicine at Mount Sinai School Of Medicine, NY. Mount Sinai's Division of General Internal Medicine offers a 2 year fellowship with a focus on clinical research or medical education starting July 2006 or 2007. Curriculum includes MPH courses, research/medical education seminars, mentored research projects, teaching, and patient care activities. Areas of expertise include: clinical epidemiology, health services research, health disparities, quality of care, medical errors, doctor-patient communication, health beliefs, adherence, medical education, evidence-based medicine, women's health, chronic disease management, public health, geriatrics, palliative care, and informatics. All candidates are eligible to receive a MPH. Competitive salary, benefits, and tuition provided. Contact Dr. Ethan Halm (ethan.halm@mountsinai.org) or visit http://www.mssm.edu/medicine/general-medicine/fellowship/introduction.shtml.

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, disparities, chronic disease, medical errors/patient safety, diabetes, obesity, hepatitis, mental health, substance abuse, bioterrorism, hospital medicine, and housecall medicine. 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.

CHIEF OF PRIMARY CARE: Providence VA Medical Center seeks a Chief to develop further research, clinical, and teaching activities in Primary Care, and participate in its HSR&D Targeted Research Enhancement Program. Candidates must demonstrate excellence in Internal Medicine, Primary Care and/or Ambulatory Geriatric patient care, research and teaching; experience in administration is required. The incumbent will enjoy the rich collaborative research environment in HSR, GIM, geriatrics/gerontology and behavioral medicine at Brown. Research interest in geriatric and/or health services research is preferred—50% protected research time is available to qualified investigators. Candidates must have a commitment to academic medicine and qualify for an academic appointment at the assistant or associate professor level at Brown Medical School. Candidates at the associate professor level must have a national reputation. Review of applications will begin immediately and continue until the position is filled or the search closed. The Providence VA Medical Center is an EEO/AA employer and actively solicits applications from minorities and women. Please send CV to: Peter D. Friedmann, MD, MPH, Chair, Search Committee: peter.friedmann@med.va.gov or fax (401) 457-3311.

GENERAL INTERNIST: The Indianapolis VA Medical Center is recruiting a Board Certified/Eligible General Internist for an immediate opening to practice full time in the outpatient clinic. Additional responsibilities include 1-2 months/year of inpatient wards. The Indianapolis VA is affiliated with the Indiana University School of Medicine. Only US Citizen or permanent resident applicants will be considered. Please send CV to Medicine Service (111), RLR VA Medical Center, 1481 West 10th Street, Indianapolis, IN 46202. The VA is an affirmative action, equal opportunity employer.

MEDICAL DIRECTOR, PRIMARY CARE RESIDENCY CONTINUITY CLINIC, YALE SCHOOL OF MEDICINE: The Yale Primary Care Residency Program is recruiting a Medical Director for the Chase Outpatient Center at Waterbury Hospital. The center is the primary site for the program's resident and core faculty practices. Responsibilities include overseeing clinic operations, curriculum development, precepting residents, primary care practice, and scholarship in ambulatory education. Preference will be given to applicants with general medicine or medical education fellowship training, previous directorial roles, and experience in quality improvement. The Medical Director will be appointed as a member of the Yale faculty and 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: Michael Green, MD, Associate Director for Ambulatory Education, Department of Medicine, Primary Care Residency, Yale University School of Medicine, P.O. Box 208033, New Haven, CT 06520-8033 or michael.green@yale.edu by 1/20/06.

CLINICIAN-INVESTIGATOR: Division of General Internal Medicine, Albert Einstein College Of Medicine, And Montefiore Medical Center, Bronx, NY. The Division of General Internal Medicine, Albert Einstein College of Medicine/Montefiore Medical Center, is seeking a fellowship-trained clinician-investigator at the Assistant or Associate Professor level. Areas of research include: clinical epidemiology, health services research, substace abuse, HIV, hepatitis C, health disparities, diabetes, obesity, or chronic disease management. Salary and rank commensurate with experience. Contact Julia Arnsten, MD, MPH, Chief, Division of General Internal Medicine, 111 East 210 Street, Bronx, NY, 10467 or arnsten@aecom.yu.edu. Albert Einstein College of Medicine is an equal opportunity/affirmative action employer.

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