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New Fellows since Jan. 1, 2015:

Nancy M Denizard-Thompson, MD FACP
Simanta Dutta, MD FACP
Maria Eapen, MD FACP
Nkechinyere Emejuiwe, MD FACP
Kirsten B Feiereisel, MD FACP
Ronald F Halbrooks, MD FACP
Jose Jacob, MD FACP
Edward S Kim, MD FACP
Marion M McCrary, MD FACP
Gregory K Pennock, MD FACP
Michael G Ribadeneyra, MD FACP
Nitin P Shenoy, MD FACP
Godwin O Uzomba, MD FACP

What You Need to Know In The Post-SGR World:

- [MACRA Summary](#)
- [Implementation Timeline](#)

Welcome New ACP Governor Dr. Peter Lichstein



Photo: Dr. Lichstein (right) with the Immediate Past Governor Byron J. Hoffman, Jr., MD, FACP (left).

NC, ACP members welcomed **Peter R. Lichstein, MD, FACP** (Winston-Salem) as its new Governor at the NC, ACP 2015 Annual Scientific Session in February, but Dr. Lichstein's promotion was not official until May when he was sworn in at the Internal Medicine Meeting 2015 in Boston, Mass. As Governor, Dr. Lichstein will serve as the official representative of the College for the North Carolina Chapter, providing a link between members at the local level and leadership at the national level. The term of office is four years. To learn more about Dr. Lichstein, [read his bio online](#).

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What's the Big Problem with Commercial Insurance Carriers and Corporate Managed Care?

NC Medical Society President **Robert E. Schaaf, MD**, reminds readers that the provider community is poised to improve the long-term health of North Carolinians *and* the state's Medicaid budget woes in a [June 5, 2015, News & Observer Op-Ed](#). As Medicaid reform is discussed more frequently now within the context of the state's budget, there is an increasing urgency to remind legislators of the impact that commercial carriers and corporate managed care policies have on your ability to provide sound medical care as well as the very positive experiences you may have had with provider-led solutions right here in North Carolina.

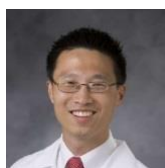
Share your experiences with us! Send comments about your experiences with commercial carriers, corporate managed care and/or ACOs to us so that we may better inform state policy-makers during this critical time. We want to hear from physicians and practice managers about how your practice and patient care are impacted. Email Denna Suko at dsuko@ncmedsoc.org.

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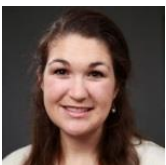
Provider-Led Collaborative Care Model Increases Appropriate Use of Primary Care by NC Medicaid Patients, Reduces Costs



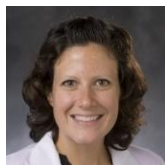
Adrienne Belasco Klement MD^{1,2}



Alex Cho MD, MBA^{1,2}



Claire Kappa MD^{1,2}



Natasha Cunningham MD^{1,2,4}



Marigny Manson RN^{2,3}

On behalf of the Duke Outpatient Clinic (DOC) Redesign Group

1. Department of Internal Medicine, Duke University School of Medicine
2. Duke Outpatient Clinic, Duke University Hospital
3. Department of Community and Family Medicine, Duke University School of Medicine
4. Department of Psychiatry, Duke University School of Medicine

As senior residents and soon-to-be internists, we recently had the opportunity to visit the US Congress in Washington, DC with the American College of Physicians to advocate for improving access to outpatient care on behalf of our patients. During our visit on the hill, we provided an example of a cost-saving, mental health-primary care collaborative care model that was implemented at our resident continuity clinic in Durham, NC. This program, called "HomeBASE," was started in response to the

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ineffective utilization of healthcare resources by our patients with high rates of co-morbid psychiatric conditions and ED visits. It is designed to shift medical and psychosocial care from emergent settings back to our clinic and community.

The team consists of a full-time, clinic-based RN care manager who has frequent contact with providers, a physician dually trained in internal medicine and psychiatry, an NP with extensive knowledge of community resources, and an LCSW already located within the clinic. After patients are identified for enrollment, the care manager performs a detailed chart review identifying patterns of utilization and potential areas for intervention. The team then develops an individual care plan and places it on the patient's electronic medical chart, visible to any provider in our health system caring for the patient (e.g. in the ED). The care manager proactively reaches out to the patient to cooperatively address individual barriers to medical care and drivers of ED utilization. Additionally, the team receives real-time notification when enrolled patients arrive in the ED and can coordinate care with ED providers. Enrolled patients are provided enhanced walk-in access to the clinic, and are frequently co-managed by a resident PCP and the NP. The team holds biweekly meetings to discuss patients and identify unmet needs.

To date, 50 of the highest-utilizing DOC patients have benefited from this intensive psychosocial care model, including home visits, face-to-face and telephone contact with our care manager, post-discharge phone calls, and timely visits with our clinic providers. Pre and post measures found significant decreases in ED utilization and hospitalizations over time. As a partial result of this model, direct costs of inpatient and ED care were reduced by more than \$600,000 in the first year alone. This model demonstrates one way in which providers can lead better, more cost-effective care, when given the chance.

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Strong Participation by NC Members at the ACP 2015 Leadership Day, May 20-21

Twelve North Carolina internal medicine physicians attended the American College of Physicians' Leadership Day, May 20-21, in Washington, D.C., to discuss issues of concern to physicians with federal policy-makers. Legislative issues discussed included the recently repealed Medicare sustainable growth rate (SGR) payment formula, reauthorizations of the Medicare primary care incentive program, Medicare primary care pay parity, and funding of graduate medical education. Learn more about the [ACP Legislative Priorities](#) (PDF).

Leadership Day is an annual advocacy day in Washington, DC. This event provides an opportunity for ACP members to increase our specialty's presence in Washington and bring visibility to issues of common concern. Participants receive a comprehensive orientation and briefing on ACP's top legislative priorities and then have an opportunity to meet with legislators and the staff on Capitol Hill. **The North Carolina delegation included:**

- Adrienne N. Belasco, MD
- Sarah W. Cater, MD
- Kenton Dover, MD
- Erik Christian Hoffman, DO
- Claire M. Kappa, MD

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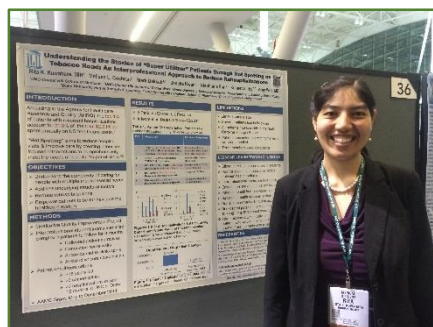


- Lawrence D. Klima, MD, FACP
- Rita K. Kuwahara
- Michael E. Norins, MD
- David Peritz, MD
- Samaya J. Qureshi, MD
- Sharon S. Rubin, MD, FACP
- Richard M. Wardrop, III, MD, PhD, FAAP, FACP
- W. Alan Skipper, CAE



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UNC Medical Student Wins National Poster Competition



Congratulations to **Rita Kuwahara** from the UNC Chapel Hill School of Medicine, who was a winner in the High Value Care/Quality Improvement/Patient Safety category at the Internal Medicine 2015 Abstract Competition. Her poster title was *"Understanding the Stories of Super-Utilizer" Patients through Hotspotting on Tobacco Road: An Interprofessional Narrative-Based Approach to Reduce Rehospitalizations and Provide High Value Cost Conscious Care*".

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The [ACP Centennial Video](#) includes cameo appearances of NC's **Drs. Byron Hoffman** and **Sharon Rubin**! Look for their smiling faces at 1:37.

Duke Team Ends Run in the Semi-Finals of Doctor's Dilemma

The NC,ACP was represented in the 2015 ACP Doctor's Dilemma Competition by a Duke University team comprised of **Drs. Nick Turner, Paul St. Romain** and **Peter Hu**. The Duke team took us all the way to the semi-final match at the Internal Medicine Meeting 2015 in Boston last month, before missing their chance at the finals by just one point in final jeopardy. The team from Albert Einstein Medical Center (Philadelphia, Pa.) won the competition.



Also known as Medical Jeopardy, [ACP Doctor's Dilemma](#) is held each year at the scientific Internal Medicine meeting. Up to 50 teams of residents from around the world compete for the title of national champion. The same style questions used in the competition are now available in an online game. Doctor's Dilemma is also offered in a mobile version and as an iPhone app.

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A Message from the ACP Council of Early Career Physicians

from Richard M. Wardrop III, MD, PhD, FAAP, FACP

The Council of Early Career Physicians (CECP) was established by the ACP in 2005 to enhance the professional development and quality of life for early career physicians. The council is a very diverse group composed of 11 members including our Chair, who serves on the Board of Regents, a Chair-Elect, who serves on the Board of Governors and 9 at-large members selected with consideration given to the College's Diversity Policy as well as specialty and years out of training.

All members must be early career physicians at the time of selection to the Council. An early career physician is any internal medicine physician less than 16 years out of training.

At a national level the Council is responsible for:

- Developing courses and networking opportunities for early career physicians at the Annual meeting
- Ensuring the views of early career physicians are reflected in all College deliberations and discussions
- Engaging early career physician activity and stimulating advocacy at the chapter level

The Council also responds to requests from the Board of Regents, committees and staff for review of programs, products and services and also to advise the Board of Regents on a variety of issues including

- Enhancing professional development for early career physicians
- Fostering their involvement in College activities
- Increasing the value of ACP membership for early career physicians

- Strengthening chapter level councils and activities
- Aligning council activities with the College's Strategic Plan

I was recently elected to the ACP council of Early Career Physicians as one of the 11 national members. I wanted to make the NC Chapter Membership aware of this wonderful group within the ACP Governance structure and to spur ideas and programs at our chapter level. As a National CECP member and our Chapter Early Career Physician Representative, I look forward to serving our chapter and the National CECP for the next three years.

Please feel free to contact me or the NC ACP Council Leadership with ideas for programming and events for Early Career Physicians within or state as well as Student/ Resident / Fellow members. Other states have had great success with seminars and social events ranging from financial planning seminars, dealing with career burnout and social outings to local sports venues and eateries.

Sincerely,

Richard M. Wardrop III, MD, PhD, FAAP, FACP
Richard_wardrop@med.unc.edu

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Meeting Professionals International Recognizes NC,ACP's Nancy Lowe for Excellence



The NC,ACP congratulates Associate Director for Meeting & Education Services Nancy Lowe, CMP for being recognized with the Hall of Fame Award on Monday, May 18, by the Meeting Professionals International - Carolinas Chapter (MPI-CC). The chapter Hall of Fame Award recognizes and rewards members who exemplify excellence and enduring service to MPI.

Nancy has demonstrated those qualities (and more!) throughout her nearly 25 years of active membership. She has served in many leadership positions, including MPI-CC Board of Directors (1992-94) and chair positions on the Meeting Planning Committee and Public Relations Committee, among other committee posts. Nancy has made significant contributions to the meeting planning industry as a panelist and guest speaker, and she has contributed articles to industry publications. Nancy also is an active member of Association Executives of North Carolina and makes regular contributions of her time, talent and treasure to charitable organizations. Congratulations, Nancy!

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Membership Update – Will You Recruit a Colleague for the ACP's 2015-2016 Membership Year?

Let's win some cash and prizes by participating in the ACP's Recruit-a-Colleague Program! Your NC Chapter is seeking volunteers to participate in the ACP's Recruit-a-Colleague program, and you can earn significant membership dues discounts (plus cash for our NC,ACP Chapter). At last count, more than 1,400 internal medicine physicians in our state were not ACP members. We need your help to introduce

non-members to the many benefits of ACP membership and our thriving NC,ACP community. To participate,

1. Review the [program details, resources and incentives](#) – really great \$\$\$ incentives!
2. Let us know that you are participating in an email to Denna Suko, dsuko@ncmedsoc.org.
3. Start recruiting!

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Physicians Mobilize to Maintain Health Care Quality in NC

The NC,ACP, in partnership with the North Carolina Coalition to Protect Patients, urges you to **[TAKE ACTION TODAY](#)** in response to recently introduced legislation that would remove the physician supervision requirements for many non-physician practitioners. Multiple bills filed at the North Carolina General Assembly this session would do just that.

Among the most aggressive of these proposals is one introduced by Senator Ralph Hise, [SB 695, Modernize Nursing Practice Act](#), which enhances the already broad authority of the North Carolina Board of Nursing. SB 695 proposes to include adding advanced practice registered nurse (APRN) licensure for nurse practitioners, certified nurse midwives and clinical nurse specialists. Here's a snapshot of the bill text ----->

The highlighted section, "Collaborating with other health care providers," equates to independent practice! The value of physician supervision and the contributions to patient safety made by physicians are being questioned. **Please [contact your legislator](#) and tell them the important role of physician supervision in protecting patients in our healthcare system.**

[Take Action Now >>](#)

- (7) ~~The "practice of nursing by a registered nurse" consists~~ Practice of nursing by a registered nurse or RN. – Consists of the following 10 components:
- a. Assessing the patient's physical and mental health, including the patient's reaction to illnesses and treatment regimens.
 - b. Recording and reporting the results of the nursing assessment.
 - c. Planning, initiating, delivering, and evaluating appropriate nursing acts.
 - d. Teaching, assigning, delegating to or supervising other personnel in implementing the treatment regimen.
 - e. Collaborating with other health care providers in determining the appropriate health care for a patient but, subject to the provisions of G.S. 90-18.2, ~~not prescribing a medical treatment regimen or making a medical diagnosis, except under supervision of a licensed physician-patient.~~
 - f. ~~Implementing the treatment and pharmaceutical regimen prescribed by any person~~ authorized by State law to prescribe the regimen.
 - g. Providing teaching and counseling about the patient's health.
 - h. Reporting and recording the plan for care, nursing care given, and the patient's response to that care.
 - i. Supervising, teaching, and evaluating those who perform or are preparing to perform nursing functions and administering nursing programs and nursing services.
 - j. Providing for the maintenance of safe and effective nursing care, whether rendered directly or indirectly.

When it comes to protecting North Carolina patients, there's no sense arguing over who can provide the highest quality of care. The best solution is for healthcare professionals to continue working together under the leadership and supervision of a trained physician. That's why the NC,ACP and nearly a dozen physician specialty societies have formed the [North Carolina Coalition to Protect Patients](#).



NC COALITION TO PROTECT PATIENTS
Physician Supervision Promotes Quality Care

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CSRS Redesign Launched

To help tackle a growing epidemic of opioid abuse, the state's Drug Control Unit launched its redesigned Controlled Substances Reporting System (CSRS) on March 17, 2015. The new web-interface is intended to provide prescribers and pharmacists with more intuitive control of the site. It also provides new convenient features like password reset, profile update, and prescribing history. In addition, the new system provides easy to read reports that include new information like MME (morphine milligram equivalents) conversion and method of payment. An online, 9-minute WebEx training video is available to allow prescribers and pharmacists to become familiar with the new interface. [Go to the CSRS training video](#).

The following is a statement from the Drug Control Unit on the CSRS redesign.

The Drug Control Unit is committed to improving the CSRS system in order for it to become a far more valuable clinical tool for patient care while significantly increasing utilization through the continuum of care.

Background

Housed within the DMH/DD/SAS, the North Carolina Controlled Substances Reporting System (CSRS) monitors the prescribing and dispensing of Schedule II-V controlled substances (CS) information including most commonly used opioid analgesics. The CSRS makes comprehensive patient CS prescription history information available to healthcare providers that prescribe or dispense CS.

Challenges

Data disclosure to providers takes place through the CSRS's website. The current web-interface creates some challenges for prescribers and dispensers while trying to reset their passwords, accessing their prescribing history and managing their delegate accounts.

Solution

The Drug Control Unit has developed a new web-interface that provides prescribers and pharmacists a more intuitive control of the site. It also provides new convenient features like password reset, profile update and prescribing history. In addition, the new system provides easy to read reports that include new information like MME conversion and method of payment.

Prescription drug and heroin abuse have risen to epidemic proportions and are a significant public health concern. The U.S. House of Representatives Energy and Commerce Committee, Subcommittee on Oversight and Investigations has opened a series of hearings to understand what steps the states are taking to combat opioid abuse and to explore how state and federal policies can maximize and expand evidence-based practices in their communities. The series continues on Thursday, May 21, with a hearing titled, "*What are the State Governments Doing to Combat the Opioid Abuse Epidemic?*" A transcript and video of the hearing are available on the [Energy and Commerce Committee website](#).

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DHHS Announces Leadership Changes

The [NC Department of Health and Human Services \(DHHS\) announced May 21](#) that Deputy Secretary for Health Services and Medicaid Director **Dr. Robin Gary Cummings**, is leaving the department to become Chancellor of the University of North Carolina at Pembroke. His last day at DHHS was June 5. DHHS Secretary **Dr. Aldona Wos** made the announcement at a May 21 press conference in Raleigh. Dr. Wos also announced that Dave Richards will replace Dr. Cummings as Deputy Secretary of Medical Assistance and **Dr. Randall Williams** (Raleigh), an obstetrician/gynecologist, will become the Deputy Secretary of Health Services. Dr. Williams will oversee the Division of Public Health and the Office of Rural Health and Community Care.

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CPEP Meet-and-Greet in Raleigh, June 29

CPEP, the Center for Personalized Education for Physicians, is holding a Meet-and-Greet event at its office in the NC Medical Society building (222 North Person Street in Raleigh) on June 29th from 5:00 PM – 8:00 PM. Active physicians interested in consulting opportunities with CPEP are invited to stop by to learn about CPEP's mission, chat with CPEP representatives, and take a tour of their new offices. Light hors d'oeuvres and beverages will be served and there will be a drawing for three \$250 gift cards to Ruth's Chris Steakhouse for those present.

To RSVP, please contact Amanda Besmanoff at abesmanoff@cpepdoc.org or by calling 303-577-3232. CPEP consultants conduct structured clinical interviews with re-entry physicians in order to gain insight into their experiences, thought processes and clinical judgment. To learn more about consulting opportunities with CPEP, please visit <http://www.cpepdoc.org/about-us/work-at-cpep/128-physician-consultants-raleigh>.

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