

MAC 2004

SHOW AND TELL

Susan Fleischman, Medical Director of the largest free clinic in Los Angeles, started by volunteer physicians, still relying on volunteers. Most patients are Latino, many are homeless. We have 100,000 visits per year. Operating budget in \$15,000,000 and \$5,000,000 in kind. All of the hospitals donate diagnostic services. Full scope of primary care and some specialty care. We operate a Head Start program. Over 400 physicians volunteer services. A few efforts in political advocacy – can we fix the bigger system problems, and that venue is the California Primary Care Association, currently serving as the president. With CMA we have a ballot initiative to add a surcharge on the phone bill to raise \$500,000,000 to preserve the ER network. Recent graduate of the Medial Leadership program. Two very young children.

Jane Henney, celebrated 29 wedding anniversary, which is most important. Served at NCI, and finished as deputy director for the last 5 years, and then went to the U of Kansas, where she became Dean of the School of Medicine for 18 months, and then she decided to stay in the academic track when she got a call from David Kessler. Went to FDA. Then she went to the University Health Sciences Center in New Mexico as the vice president for the Health Sciences campus. Then returned to be the Commissioner of FDA to oversee many folks that she had helped recruit. Left FDA to do what she wanted to do, and she returned to University of Cincinnati where there was a track record of 10 years of growth, but so much left to be done. Now have a state of the art human genomic center. Partnerships with major businesses. Just received a major grant to support computational medicine. Next steps will be to consolidate clinical trials. Will probably double the pharmacy school. Will increase school of allied health. Worked under Clinton in very difficult times – when he was facing impeachment. Took the job with elimination of politically appointed legions – settled on one in a non-line authority slot. There had been as many as 17 politically appointed positions.

Bob Graham, CPTR, AHRQ, recovering CEO, spent most of my career in the public health service or with the AAFP. In 2000 went to DC on a sabbatical, and at the end of the year joined CPTR, AHRQ, working with John Isenberg, and has been in the leadership there ever since. It is a wonderful place to work to support health care research and to impact public policy. Advocacy of evidence based medicine. Now trying to support use of information technology use. Medicare Modernization Act has brought new challenges. The agency is very small – and very under-funded. The Secretary of HHS has 32 direct reports – and whatever happens with the next administration, the fact that it is an agency with only 300 people will be a threat.

Andrew Dennis McBride, went to Cuba with Mick and an old activist friend from the Student American Medical Association days. They went with supplies. Health and literacy rates in Cuba are head and shoulders above Latin America. The American embargo is considered to be genocidal assault against Cuba. Music everywhere. Housing and transportation are very difficult sectors in the Cuban economy. There are no secrets in Cuba. Folks in neighborhoods

know each other. At the beginning of the AIDS epidemic, folks were incarcerated, but that is not done anymore. (See Mick McGarvey's narrative for the second half of this report.)

David Tillman, trained in internal medicine and infectious disease, started at an internal medicine training program, and became chairman of a training responsibility at UCLA. Enrolled at UCLA School of Public Health, and took a course with Dr. Torrens. Since then he has been involved in hospitals and medical care systems. He was the CEO of St. Mary Medical System. Now he is at the Motion Picture and Television Fund, a charity that provides health and social services to the members of the entertainment industry. The breadth of services is amazing, beginning as a relief fund in the 20's. Annual provision of about \$1,000,000 of direct financial assistance. Los cost housing provided on a 27 acre campus including independent housing and assisted living, a 250 bed hospital, most of which are for long-term care, with a small medical unit, 5 outpatient centers, and contractual relationships with specialists and medical centers. Issues include IT, easy access to good care and the sharing of information of the care given in a distributed system. Last 5 years the average age has gone from 75 to 85. Now trying to find ways to improve the quality of lives in the last 10 years before folks choose to move to the campus.

David Allen continues to be committed to stirring the pot with respect to the epidemic of obesity among the youth of America. He shared slides from the Obesity Summit that had been sponsored by the Robert Wood Johnson Foundation with ABC News and Time magazine. The most exciting extracurricular event was the chance to be the host to the Kentucky Derby to Roy and Pat Chapman, the owners of Smarty Jones, the horse that won this year's Kentucky Derby! On the personal side he is delighted to report that he has moved into the ranks of grandparenthood. The Mighty Quinn Joseph O'Connor, grandson #1 was born on Carol Ann's 60th birthday, and the grandparents were able to fly to Atlanta to be in the delivery room for the birth! We have slides and even a video for anyone who has a great interest in such a blessed event!!

Bob Newman retired as CEO of Beth Israel Medical Center and has been able to maintain an excellent relationship with the continuing leadership of the hospital. Perhaps because of studious avoidance of involvement in anything but personal advocacy to addiction treatment he is still a welcome guest staff member with an office in the hospital. My main focus has been on methadone treatment of heroin addiction. New York laws are an outrage – but noting has changed in the laws despite apparent surface agreement that they all must be changed. We have had terrible lack of success in expansion of treatment in the US, but there have been dramatic changes in Europe. In Germany there have been marvelous improvements. Has been working with a member of the Rothchild family who gave millions. Recent involvement in eastern Europe and central Asia, where there is an enormous need for addiction treatment.

Jack Lewin is now working out – to fit in with Arnold. He is a remarkably popular man, and if he gets behind an issue he can support it with his own personal wealth. He must pay homage to the party and the chamber of commerce, but as he builds his base he will become a very interesting leader. Dick Jackson was hired (from CDC) to start a new public health agency. California leadership in public health has almost disappeared, but there is a commitment to re-

invent a new one. His attempt to slash the Medicaid budget by 10% has been enjoined by CMA through the courts. One thought is to tax high fructose syrup and trans-fatty acids. CMA is looking at the changing environment in the doctors' offices. Pressure continues on paper work, uninsured, less time with patients – all of which can have very negative consequences. CMA looked at RICO suggesting that the insurance companies could be sued because of their obstructive approach to pay claims – 800,000 doctors are now behind the RICO suits --- Aetna and Cigna have “settled” their part of the suits. CMA tracks problems with claims per insurance company, and instead of 700 complaints per month against Aetna, it is now down to zero. Instead of retrospective settlement agreed to create a foundation to look at patient safety, and the fund will go to \$500 million. Patient Safety Institute is a software product that will allow doctors, laboratories, hospitals, and pharmacies to talk with one another about specific patients. This is a 501©3. Headquarters have moved from San Francisco to Sacramento, which was frustrating for the staff, but it makes a big difference in political clout. CMA is looking at the electronic medical record systems, and one of the best systems has been developed from Walter Reed, which might be made available to doctors across the country to do disease management. Thought is that you could save \$50 per ER visit if you could get earlier records without having to repeat all of the studies at each ER visit. CMA is concerned about the presence – or absence – of AMA.

Mick McGarvey reported that many aspects of the trip to Cuba were striking. No malnutrition. No beggars. Streets are clean – may need repair. Almost never see a pregnant woman. Under the days of the Soviet Union Cuba was paid significant subsidies through the excessive prices for sugar and through other subsidies. Cubans are still on rations for rice, meat, eggs, soap. Basic philosophy: nobody gets nothing, everybody gets something. Folks were very open to talk politics. Current energy is being devoted to the topic of succession planning. As long as Castro lasts he will be supported. National Ballet of Cuba in Hansel and Gretel, involved 300+ kids. Ballet school costs \$2.50 per week. The children are well taken care of. There are now 22 medical schools – there was one medical school at the time of the revolution – and tuition is free, plus room and board for the students. There are 81 Americans in Cuban medical schools, and those students need placements for residency training – the majority were African-American and Latino. Cuban medical students are sent all across the Latin American world for 2 years in the outback settings. Their approach to public health and acute medical care is a continuum, not a divided system. American medical students in Cuba were bright, apparently committed to helping the poor – and not there on a political agenda.

Paul Torrens continues at the UCLA School of Public Health in his 32nd year, and California continues to be a wonderful, awful place to live. Most of the time is spent teaching in the masters program. UCLA is facing many issues. Less than 20% of it's budget comes from the state. The graduate school tuitions will now float to be in parallel with the private universities. Policy allows professors to “buy out” of teaching, if they are doing enough research. The heart and the soul of the great public universities is being lost as the university faculties are being “bought” by the great pharmaceutical companies. On the board of Blue Shield, a non-profit insurance company, and also on the board of xxx, which is addressing the mental health issues. At one time Leon Panetta asked how many of their insureds died – and we do not know. Insurance companies gather premium information, but do not gather demogr4aphics. Possible closure of public hospitals is a major public policy issue – Harbor sees 100,000 ER visits per

year, and 75% of those visits are uninsured. So there is now a coalition of the private and public hospitals to keep Harbor open. At the moment about 1/3 of the population is uninsured. California has had an employer mandate pass. Involved in setting up training programs in China. Extraordinary things are going on there. His brother, a Jesuit priest, now lives in the same city, and Paul has some difficulties with the Pope. The challenge is how to evade the opinions of the leader of the church when caring for dying people.

George Bo-Linn is now working with a hospital company that is making money – after a \$1 billion loss 4 years ago. HIPAA issues are physician issues, and information interchange between hospitals and doctors for quality of care issues are HIPAA issues. In Nevada and Arizona there are physicians leaving the state because of absence of reasonable malpractice insurance. We are rolling out an electronic medical record, and will invest \$151,000,000 for the first deep drink from the trough. It is possible that it will cost \$500,000,000 million over the next 5 years. The legal department is concerned about the dramatic increase in exposure because now we will know more about the care of the patients – and possible holes in the system. The biggest issue is charity care (bad debt) coupled with costs of maintaining the cost-exempt status. Second, is the mandated nursing ratio. It is estimated that 39% of all hospitals are out of compliance. There are simply not enough nurses to staff at the current requirements. Final issue is the potential conflict with medical staff on the on-call requirement. In some hospitals the entire orthopedic staff has refused to take call. There are hospitals where doctors have refused to come to the ER to see any patients who do not have insurance. The hospitals are now paying some doctors to come in to see the indigent.

Con Hopper is chairing a steering committee to plan for the evolution of the Charles Drew Medical School and the King Hospital (The King/Drew Medical Center). Drew is a partner with UCLA in the training of 25 undergraduate medical students per year. Drew, in partnership with LA County, also trains over 300 residents. Several of the residency programs have been de-certified and the ACGME has put the Medical Center on probation. As we were reminded yesterday, Institutions go through periods of mission drift and outmoded leadership, etc. This is the circumstance that KDMC finds itself in at the present time.

LA County asked Dr. David Satcher to look at the whole problem of the partnership between Drew and the county, and he drew attention to a long list of problems, with a special focus on the jeopardized residency training programs and made a number of far-reaching recommendations.

In keeping with the Satcher recommendations, Con and his Steering Committee requested the Drew Board of Directors to downsize and go through a major refocusing, the first step of which could be happening as we are meeting. A review of the finances of the hospital and of Drew is also underway. A new Faculty Practice Plan is in development. At the time of the founding of Drew in the late 60s and early 70s, the Watts community was 70% black and 30% “other”. Now the community is 70% Hispanic and 30% other. Drew, a historically Black institution, is still trying to come to grips with the new demography.

Bob Tranquada is now retired but is doing service on 8 boards. The Clairmont University Consortium is one of the most exciting. One of the most challenging is LA Care. LA Care is

charged with providing medical care to the Medicaid recipients of LA County. Initially it was thought that they would have 1,000,000 members, and the question was how to contract with providers to arrange for care delivery. With a capitation of \$96/patient/month services are being provided. Special emphasis has been placed on language and cultural differences. Currently we have a surplus of \$90,000,000. Also, we have \$110,000,000 which can be devoted to see that every child in the county will have medical insurance. One of the major problems is the lack of registration into state and federal programs for which the children are already eligible. The notion is that if LA County can do it, along with 3-4 other big counties in the state, it ought to be do-able all across the state.

Ruth Covell reported that life is still very exciting in California. The State/UC is raising fees on all medical schools, and that financial shift will impact the diversity issue. She resonates strongly with Vladeck's dinner message - don't shoot the goose that laid the golden egg.

San Diego County now has over 3,000,000 people, and yet the county has the least amount of money made available for mental health services. The Community Health Improvement Partners (CHIP) that she chairs is a collaboration of all health care systems, the county, community clinics etc. It has developed promontora-community health worker system; behavioral health component in the neediest schools; houses a 2-1-1 system (non 911) help line for health and social services, going "live" 2005; connects people with medical homes. The Hispanic community clinic for which I wrote the first grant in the early 70's is doing very well; I still serve on its board. Also doing interesting work as chair, California Program on Access to Care.

John Petersen joined MAC 33 years ago, and I am delighted to observe that this meeting is a turning point in the history of the organization. The meeting is an opportunity for renewal. Over the years I could always turn to someone in MAC to help with special problems I encountered in medical administration. Currently I am on 6 boards and commissions. Milwaukee County Government established a center for international health training 20 years ago. In this time we have trained over 3,000 people, and have been involved in over 20 years. This has been done with partnerships with hospitals, community clinics and the medical school. Given the state of the world, we need to reach out across the historical divides and build understanding and relationships. Most of my work has been in the Caucasus region where in the Republics of Georgia and Armenia there is no clear replacement to the economic engine that dropped out when the Soviet Union collapsed. There economy is grim. People who come for medical care have no way to get medications. Also working now in China where there is an absence of the universal trained nurse. Plans underway from Wisconsin nursing schools to help Chinese universities develop schools of nursing. The family of 5 children and 8 grandchildren is doing very well.

Gordon MacLeod has been a member for only 31 years. Raised as a Catholic, but now a non-believer, who wants to say "Amen" to what John said. In the early 60's helped the Harvard community Health Plan, which went to New Haven, which moved to Washington to help set up the national community health program. Now working in the international arena. Working on a program of medical education creating an educational track. In Scandinavia they have incorporated the humanities into the delivery of health care. Spoke to the Chinese Academy of Sciences focused on the debate between creating a system of for-profit versus not-for-profit.

The most interesting board is IRICTA, a board addressing the problems of addiction. Currently president of the medical history society at the University of Pittsburgh. On a committee looking at 100,000 iatric deaths per year. Wife is now retired. One son getting a PhD in Edinburgh. Second son is an architect who builds houses.

Carl Mankowitz, now in his 25th year, entering his 15th year as a consultant. In the last 18 months he has had two fascinating engagements. One was at his alma mater at Einstein.

Carl was asked by the Einstein Board to conduct a financial feasibility study for a new research building. One of the key elements of the analysis was to assess the risks in the environment. Carl noted that the rate of increase in NIH funding is slowing down, that a number of top tier schools have built a lot of research space, and so there will be increasing competition for star and established investigators, driving the cost of recruitment up. He pointed to a set of “best practices” for top tier schools, including having faculty achieve high salary coverage, disciplined management of space, and attention to under-productive faculty.

Carl also conducted a project at a major Ivy League medical school looking at IT supports for education. There is a trend to digitization of curriculum using course management tools, greater use of simulation, inter-institution data repositories, and increasing emphasis on evaluation of students and faculty using digital tools.

Carl also reports he and his wife Lisa will be shortly celebrating their ninth anniversary, and the seventh birthday of their son, Zachary, who is thriving in day school.

Jack Reynolds is finishing his 7th year as a private practitioner in New York. The practice is mostly done with house calls to the frail elderly. He continues to interact with the political world in Albany to try to promote the idea that a physician-directed, capitated delivery system can work. Plans to continue for a while. I have four sons, and two step-sons. First son is a resident at Mass General. Second son is in his second year at Mt Sinai. One of my twins is an actor, in and out of work. Last son is “hanging out” in Chicago.

Heather Palmer finishing 5-year grant to deal with quality care of newborns dealing with jaundice and follow-up care (MAJIC).

One lesson learned: improvement requires dealing with the external environment and the larger picture in order to encourage or permit changes in the local environment. Two contacts from Mac facilitated national level changes in MAJIC’s work to improve newborn care. E.g., since serial bilirubin levels are done in different labs, it is problematic that lab results are not well standardized from lab to lab. John Petersen put Heather in touch with an old friend of his who is a world-class expert on neonatal serum

bilirubin testing; MAJIC facilitated a meeting with this expert and the College of American Pathologists (CAP) and American Academy of Pediatrics (AAP) which led CAP to launch a lab standardization campaign for neonatal serum bilirubin that will benefit newborns everywhere in the US. Also, reimbursement currently, fails to cover the appropriate care from 24 to 120 hours after birth. Mick McGarvey consulted to MAJIC to assist the AAP in figuring out how to approach insurers (National Blues specifically) to remove reimbursement barriers to good post-birth bilirubin surveillance and treatment.

Another major activity has been The Physician Consortium, led by the AMA (set up by Bill Jesse 10 years ago). Now that there is great interest in measuring performance of individual physicians, there are questions facing the Consortium. Can it persuade the Boards to join if it is still convened by the AMA? Heather's hope is there the organization will survive as a physician led consortium committed to quality improvement. Son is working in computational biology. Daughter is working in stroke rehabilitation. There is now a granddaughter who could grow up bilingual – English and Mandarin. Heather and Philip will be celebrating their 40th wedding anniversary tomorrow.

Error! Reference source not found. is still with Kaiser – now in 4th year. He is responsible to be the “insurance guy”, in a massive organization. It is approaching a 60th anniversary, and is returning to a commitment to an integrated partnership with physicians. One third of their \$27 billion in revenue is Medicare. There are 6 locations of Kaiser service outside of California. George Halverson replaced David Lawrence 2 years ago has substantially re-directed the development of electronic medical records. Kaiser has selected EPIC in as the system for all facilities in all regions. All members will have web access to all of their records. Members will be able to message all of their providers through this system. Improvement of population health can be addressed with this information technology. The wrapper for sales of the product portfolio is the construction of deductible products. In California there is an individual product with deductibles. For the first time there is a \$ figure assigned to the doctor visit. As the market swings to job creation in the small employer environment, Kaiser must become the total replacement carrier. Four kids from 6 to 14 are doing all of the things kids in those ages should do. Wife Beezie is doing OB-GYN and enjoys it – delivering 175 babies a year. Kaiser has 850,000 Medicare members, and 400,000 are outside of California. The phase in of risk adjustment is welcome. It is questioned whether the drug act will be helpful, but there are problems with the donut hole. Kaiser must think much more carefully as a retailer because of the customer service requirements of the higher deductible and co-pay.

Wade Aubry is proud to announce that the new HEDIS measure is on the xxx web site. Currently doing forecasting on classes of technology for a host of health plans. What is the expected impact on facilities, work-force, outcomes, etc.? this is of particular importance to hospitals planning for future needs for OR's, etc. One of the founders is David Brailer, who is now at HHS doing We are also doing reports on clinical focus for service line managers. What will the role be of drug eluting stents, etc. We will be doing an obesity panel in the fall, which will include a look at bariatric surgery. Working on the California health benefits review program. The state legislature is looking at a careful study before they consider a state mandate. There is a web site at: We have done studies that are up on the web about Medical director for the US Jr Amateur Golf championship. Four daughters from 14 to 23.

Ed Martin has 2 teen-age kids who are doing well. Looked towards retirement, but with corporate re-organization, has decided to continue with an even bigger responsibility. The military electronic medical record, national health infrastructure, and informatics associated with clinical trials.

We run the NCI infrastructure at Frederick Maryland and are increasingly involved in NIH research informatics. We are also interested in bringing new therapeutic modalities to the patient more quickly. Secretary Thompson is doing an amazing job in HHS in regards to infrastructure and informatics. I am extremely concerned with what could happen to Medicaid, moving to block-grants - we could return to the old Reagan plan of 1981. Community health will be challenged tremendously in the next two years.

George Xakellis

Stephen Keith had invested in a vaccine company which was bought out at a price that made everyone who had done the background work lost everything, and then went to a second vaccine company – and had to leave that because Then he went to a venture capital company and encountered Now working with an investment bank here in New York working to find money for cutting edge companies. Pharmaceutical companies are making lots of money, but products would not move forward without that carrot incentive. Society will have to balance how much we should pay. A 9 year old is playing lacrosse. Middle daughter is traveling the world. Oldest daughter is Currently on the board of the National Medical ... creating scholarship support for minority students. The other is the alternative to the United Way, the In Washington we are seeing a melt-down of the United Way.

Brian Biles is a professor at George Washington University. His research focuses on Medicare and managed care.

This past year has been an interesting to watch the legislative process with respect to Medicare Rx drug legislation that enacted in December as the Medicare Modernization Act of 2003.

The managed care policies in the bill are like a second marriage – a triumph of hope over experience in the expectation Medicare beneficiaries will want to enroll in to managed care plans.

Medicare is now paying more in every county in the nation for beneficiaries enrolled in managed care plans than for beneficiaries in the fee-for-service system. The amount of extra payments in 2004 averages 8.4% nationally with total costs of \$2.7 billion.

Medicare plans have no defined benefit package. There are now plans with \$200 per day cost for hospital care. The traditional wisdom that plans are cheaper is now being proven not to be the case. The expansion of the role of managed care plans continues to be a long-term Republican strategy for Medicare.

Most observers expect that there will be a reconciliation bill next year and Medicare will be front and center.

GW is now building a program in health policy studies for a master's degree with about 30 new students each year. Wife of 27 years is Diane Rowland, the executive director of the Kaiser Family Foundation. She works on Medicaid, uninsured and other health services issues.

Prentiss Taylor is here for the second meeting. He is the medical director for Amerigroup, which focuses on Medicaid managed care. One of the things I do is review books for JAMA. One of the interesting books is "The Future of Primary Care". Amerigroup is now partnering with groups interested in following the same mission. The health plan wants federally qualified health plans to follow HEDIS, where they may have a greater interest in following JAHCO. Childhood obesity is of great interest. We are giving tools to whole families on exercise and nutrition. It is a new program with no outcomes yet. We are testing new case management models. We are interested in standards that improve levels of care. My oldest daughter is in a school of architecture.

Frank Davidoff left academic medicine in 1987 to go to the American College of Physicians where he was in charge of their education programs, including CME.

CME is a mixed bag: not very efficient in changing practices, but probably important in maintaining professional identity. The influence of pharmaceutical money on CME is huge, further complicates the picture.

Editing *Annals of Internal Medicine* required significant staff restructuring and development. This included creating the on-line version of the journal – several orders of magnitude different from setting up the average website. The *Annals* editor belongs to a loose group of about 11 editors (the International Committee of Medical Journal Editors, or ICMJE) that includes the editors of *JAMA*, *New England Journal of Medicine*, *Lancet*, *BMJ*, and some non-US journals. Over the years, they've mostly spent their time developing the so-called Uniform Requirements for Submission of Manuscripts to Biomedical Journals. Four or five years ago they woke up to some serious problems with publication of clinical research. As a result, they announced that all their journals would refuse to consider papers unless the investigators had maintained complete access to and control of all the data, and the decision to publish. More recently they're considering a policy of not publishing clinical trial results unless the trial has been included in a registry.

Currently doing editing for Institute for Health Care Improvement. Also on the Board (and Vice President) of Physicians for Human Rights – which shared the Nobel Peace Prize several years ago for its work in banning landmines. It's now involved with a wide range of programs (e.g., asylum, juvenile justice, forensics, torture, HIV/AIDS, etc.), all dealing with the health aspects of human rights and rights violations. Serving on an FDA committee on OTC drugs.

Bill Munier has 3 children. Twins have just graduated from college, and the daughter will be a senior in high school. Last year he was buying a practice management company, and battling Quest. After 2 years he was not able to win with Quest, but Bill Jessee and AMA attorneys won that one. Wang was sold to someone who was already integrated. Now looking for another opportunity. The electronic medical record business is really heating up, and the tipping point has been reached where there is enough success to make it reasonable for doctors to invest in

such a system. I think universal data sets will come along, but there is no incentive for the operators to buy into common definitions. It is one thing for a system to be converted to another, but the transfer of patient information from one system to another is a nightmare. Bill is looking for the next opportunity in clinical information systems, disease management, or related areas.

Helen Smits and Roger LeCompte To all our friends at MAC:

We have been in Mozambique for two and a half years now—teaching, working with the Ministry of Health on AIDS, generally enjoying ourselves. We love the country and the people and have come a long way on our Portuguese. We will come home—at least for a while—in October and are looking forward to joining you in Washington next year. There’s really too much to tell so we’ve put together a short slide show for anyone who would like to see it. Our best to everybody.

Son Theo had a long period of unemployment which has now happily ended in his becoming “advance” for the political campaign. He worked for Clark last fall/winter (see picture in The Sweater) and is now working for Kerry. I’m happy to report the campaign pays for health insurance even though advance people are on a daily rate rather than a salary. His goal is a White House job which of course we strongly support. We have yet to find anyone, of any nationality, here who supports Bush; one Swedish friend gives us loving and detailed descriptions of Kerry’s best speeches.

William Jessee wrote: Per request, I'm sending along a personal update.

I regret that I was unable to attend the New York meeting since it conflicted with an MGMA Board meeting---and the day job has to take priority, at least some of the time.

I'm finishing my fifth year as the CEO of MGMA, after a checkered past that included (after serving in USPHS with Goran, Munier, Graham and a number of others) six years on the faculty at the UNC School of Public Health; seven years as an officer of JCAHO; three years with Humana experiencing for-profit healthcare and another two in Louisville as CEO of an integrated delivery system organized by three competing not-for-profits that lost interest once Kentucky repealed its health care reform legislation (that one will provide the material for a book some day...); and three years leading AMA's quality initiatives.

MGMA is enjoying increased success and visibility as we provide information and tools to help medical groups (ranging from 3 doc single specialty groups to Mayo, Cleveland, Virginia Mason, etc.) cope with an increasingly difficult environment. Our members now manage practices in which more than 237,000 physicians practice. I also serve with Jack Lewin on the Board of the Patient Safety Institute, as well as on the board of the National Patient Safety Foundation. Here in Denver, I chair the Quality Committee of the Board of Exempla Healthcare, a three hospital system that is doing a great job of walking the talk in its commitment to Safety and quality.

On the personal front, Sally and I celebrate our fiteenth anniversary this year. After 20 years in

public relations and marketing, she is now a doctoral student in audiology---and I have to admit to having a degree of vicarious enjoyment from her return to the cloisters of academe, as well as a lot of pride in having a spouse who is courageous enough to make that kind of career change at a time when many others are starting to wind down.

We are enjoying living in Denver immensely, after a number of years in Chicago and Louisville. We escape from time to time (when we need a humidity fix) to a vacation home we built a few years ago on Fripp Island, SC.

My three sons are all doing well. The oldest (33) lives in San Francisco, and married a delightful young woman from Brazil last winter. The middle one (27) teaches high school at the Carolina Friends School in Durham, NC, and the youngest (22) is a student at UNC in Chapel Hill.

I hope to be able to join the group next year in DC (if I don't run into another conflict with my own Board meeting). Best regards to all.

Cary Sennett wrote:

This seems an opportune time to let you all know of a change that is imminent for me.

I will be joining the American Board of Internal Medicine as Senior Vice President for Research and Development, beginning October 4th.

I've had a great year at Ingenix, but the opportunity to play a leadership role at ABIM, at a time when there is keen interest in advancing its methods for assessing physicians and more effectively connecting its work with the work of other organizations that are moving the physician assessment and improvement agenda forward, was one that I simply could not let pass by.

My e-mail at ABIM will be csennett@abim.org.

Look forward to catching up with you all at MAC next year in DC.