**DEVIIL CAN BE IN THE DETAILS FOR DME REQUESTS**

Fulfilling Medicare patients’ requests for durable medical equipment (DME) can be time-consuming for physicians. New rules under the Affordable Care Act require written documentation before delivery to show why a patient would benefit from certain types of DME, as well as an in-person assessment within the 6-month period before the DME is ordered. Further complicating matters, some DME requests come in without a patient’s knowledge or the patient places a DME order without first discussing it with the physician. Our cover story on page 1 offers more details about DME, as well as suggestions on how to streamline processing of requests in your practice.

Our second page 1 story takes an in-depth look at screening for stage 1 to 3 chronic kidney disease. Last year, ACP released new clinical guidelines on screening, monitoring, and treating the disorder, with one recommendation stating that asymptomatic patients should not be screened. The American Society of Nephrology, however, disagreed. But one thing both groups agree on is the need for better criteria to diagnose early chronic kidney disease in adults. Our story looks at the current state of the evidence and guidance and examines what internists need to know about this discussion.

Our Conference Coverage section in this issue is from Digestive Disease Week 2014 and the American Academy of Neurology’s annual meeting, held this spring in Chicago and Philadelphia, respectively. Page 10 features an in-depth discussion of colonoscopy and its current and potential future place in screening for colorectal cancer. On page 11, learn how telemedicine was used at 13 hospitals across the U.S. to help improve timely stroke care. And on page 13, a neurology expert offers advice on accurately diagnosing and treating meningitis, including tips on how to tell viral and bacterial cases apart.

The College’s annual Leadership Day took place in May, allowing ACP physician and medical student members from all over the country to visit Washington, D.C., and make their voices heard. The failure to fix the sustainable growth rate (SGR) was a frequently discussed topic this year, along with physician workforce issues and medical liability reform. Turn to our story on page 9 to learn more.

Finally, this issue also profiles Larry Crook, MD, FACP, president and co-founder of the Thai Burma Border Health Initiative, which he started after retiring from 20 years in the Indian Health Service and then working in Thailand as part of Doctors Without Borders. Crook’s group is currently providing medical treatment to refugees and helping them provide care for chronic disease as well as preventive medicine.

Have you taken our MKSAP 16 test yet? If not, now is the time to do so. It is a great opportunity to improve your knowledge and skills in internal medicine. See page 11 for more information.

Ready to test yourself? Try our Test Yourself section on page 12. Do you know what you’re eating? Our Vertical Clue of the Week includes a fun food puzzle. You can also find a crossword puzzle on page 11 and a numerology puzzle on page 12. Find them all in the Test Yourself section, and check next week’s issue to see if you were correct.

**Cartoon Caption Contest**

Put words in our mouth

ACP InternistWeekly has compiled the results from its latest cartoon contest, where readers are invited to match wits against their peers to provide the most original caption. This issue’s winning cartoon caption was submitted by Monica K. Martin, MD, ACP InternistWeekly’s executive editor. Thanks to all who voted! The winning entry captured 40% of the votes.

Captions and voting are conducted through ACP InternistWeekly. If you’re not already receiving ACP InternistWeekly, visit www.acpinternist.org/subscribe; contact Customer Service at 800-523-1546, ext. 2600, or direct at 215-351-2600 (M–F, 9 a.m. to 5 p.m. EST); or send an e-mail to custserv@acponline.org.

Sincerely,

Jennifer Kearney-Strouse

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**Test Yourself**

**MKSAP Quiz: 6-month history of exertional dyspnea**

A 49-year-old woman is evaluated for a 6-month history of exertional dyspnea and nonproductive cough that had an insidious onset. She has not noticed any particular triggers for her cough. She has no history of asthma, airway disease, reflux, or aspiration. She has never smoked. She has had no chemical or industrial exposures, has not been in contact with birds, has not been in a hubot lab recently, and has not had recent travel. She works as a computer programmer. She has no family history of atopy or asthma, and she takes no medications.

1. On physical examination, temperature is 37.6°C (99.7°F), blood pressure is 122/76 mmHg, pulse rate is 84/min, and respiratory rate is 16/min; BMI is 24. Auscultation reveals clear lung fields. She has no wheezing. She is not on oxygen.

2. On auscultation, she has bilateral crackles.

3. She is略塔 a 6-month history of exertional dyspnea.

4. She has no history of atopy or asthma, and she takes no medications.

5. She has no history of chronic lung disease.

6. She has no history of allergic rhinitis.

7. She has no history of EoE.

8. She has no history of allergic rhinitis.

9. She has no history of allergic rhinitis.

10. She has no history of allergic rhinitis.

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**Crossed Words**

**Barking up the right tree**

By Justin Vader, MD, ACP Resident/Fellow Member

Answers to clues are placed horizontally in rows to reveal an answer written vertically. Unlike the familiar acrostic puzzle format, the final answer can be in any column.

**Horizontal clues**

1. Temperature preference of *Nagleria fowleri*, a problem for southern swimmers

2. Mainstay treatment for atopic dermatitis

3. The basic unit of muscle, from Z-line to Z-line

4. Crotalidae polyvalent immune fab takes its poop possibly perpetrates putrification.

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To order the most current edition, go online to www.acponline.org/mksap16.