AMERICAN COLLEGE OF PHYSICIANS
FY 2014-15 Strategy

Approved by the Board of Regents
June 5, 2014

Mission
To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

Goals
1. To establish and promote the highest clinical standards and ethical ideals
2. To be the foremost comprehensive education and information resource for all internists
3. To advocate responsible positions on individual health and on public policy relating to health care for the benefit of the public, our patients, the medical profession, and our members
4. To serve the professional needs of the membership, support healthy lives for physicians, and advance internal medicine as a career
5. To promote and conduct research to enhance the quality of practice, the education and continuing education of internists, and the attractiveness of internal medicine to physicians and the public
6. To recognize excellence and distinguished contributions to internal medicine
7. To unify the many voices of internal medicine and its subspecialties for the benefit of our patients, our members, and our profession

Priority Initiatives
The ACP Board of Regents identified the 10 initiatives below (in no particular order) as particularly high priorities for FY 2014-15, in addition to other projects and operations, and expects time and financial resources to be allocated to support progress.

A. Discuss with the American Board of Internal Medicine (ABIM) reform of the Maintenance of Certification (MOC) process; and develop and implement a MOC Navigator and associated communications that will help members (a) understand the requirements of the ABIM’s MOC process; and (b) identify the best resources to meet MOC requirements in a way that is optimal for their specific FY and needs. [Goal 4]

B. Help ACP members experience more joy in their professional lives by (a) advocating reducing the unintended consequences of administrative mandates and other complexities for both physicians and their patients; (b) providing information and developing tools and resources to decrease administrative complexities, increase practice efficiency, and decrease professional isolation; and (c) encouraging initiatives that increase satisfaction and fulfillment derived from clinical practice. [Goals 3, 4 and 5]

C. Expand ACP’s reach internationally, through local partnerships and using evidence based and financially viable strategies tailored to specific countries and that specify metrics to determine success. [Goals 1, 2, 6 and 7]

D. Increase knowledge and use of High Value Care (HVC) by effective coordination among physicians and other members of the care team; addressing system-level elements that reduce inappropriate and support appropriate use; refining and increasing the use of the HVC curriculum and online cases; developing faculty development programs; and building assessment of HVC into certification and MOC. [Goals 1, 2, 3 and 4]

E. Increase the impact of ACP Smart Medicine through greater use among members and institutions, expanded content, integration with electronic health records, and partnership with other medical societies. [Goals 1, 2 and 4]

F. Increase ACP’s visibility in academic centers/institutions to demonstrate the value of ACP to the academic departments and their faculty; to increase membership among academic physicians; and to facilitate an early-career commitment to ACP among internal medicine residents and subspecialty fellows. [Goal 2, 5, 6, and 7]

G. Support implementation of the Affordable Care Act and advocate for refinements that address potential obstacles to optimal care, such as the impact of narrow networks and restrictive drug formularies and related issues on patient choice, access and continuity of care; ensuring fairness and due process for clinicians and patients, including improvements in federal and state regulatory oversight of qualified health plans; and increasing state expansion of Medicaid. [Goal 3]

H. Improve the utility, safety, and quality of Electronic Health Records through collaboration and advocacy, focusing on usability and interoperability; refining use and implementation requirements (“Meaningful Use”); and integration with registries and other reporting mechanisms. [Goal 4]

I. Facilitate transitions to value based payment and delivery models through advocacy, including working toward elimination of the SGR; and the development of partnerships and ACP resources, such as ACP Practice Advisor and ACP Quality Connect programs. [Goals 3 and 4]

J. Support effective partnerships among patients, families and care teams through development and provision of culturally and educationally appropriate patient resources, collaborations, and engaging patients in the design of practice and delivery systems. [Goals 2 and 3]