

American College of Physicians Strategic Plan

Board of Regents Approved - January 12, 2008

VISION

“To be the recognized leader in education, advocacy, and enhancing career satisfaction for internal medicine and its subspecialties”

MISSION

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

COLLEGE GOALS

- I. To establish and promote the highest clinical standards and ethical ideals;
- II. To be the foremost comprehensive education and information resource for all internists;
- III. 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;
- IV. To serve the professional needs of the membership, support healthy lives for physicians, and advance internal medicine as a career;
- V. 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;
- VI. To recognize excellence and distinguished contributions to internal medicine; and
- VII. To unify the many voices of internal medicine and its subspecialties for the benefit of our patients, our members, and our profession.

BACKGROUND

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 124,000 internal medicine physicians (internists), related subspecialists, and medical students. Internists specialize in the prevention, detection and treatment of illness in adults.

ACP is dedicated to the advancement of internal medicine so that its members can provide the best quality care for their patients. A nonprofit organization founded in 1915 and based in Philadelphia, its mission is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

ACP is governed by an elected Board of Regents. The Board is advised by a network of ACP committees and by the ACP Board of Governors, which is composed of popularly elected Governors in chapters and regions of the U.S., Canada, Central and South America, and Japan. ACP sponsors the Council of Subspecialty Societies, which represents 25 subspecialty societies and national internal medicine organizations. ACP is represented in the American Medical Association, the Federated Council for Internal Medicine, the Council of Medical Specialty Societies, and other organizations. An affiliate of ACP, the Society of Hospital Medicine, is the leading resource and voice for hospitalists.

ACP's core values—leadership, excellence, respect, compassion, professionalism, and responsibility—are consistent with its mission and inspire its planning.

ACP's formal strategic planning process addresses four perspectives to support its Vision, Mission and Goals: (1) delivering value to members; (2) financial stability and growth; (3) core business strategies; and (4) the organization's internal operations. Objectives for the first three perspectives are developed by committees and councils with oversight by the Strategic Planning Committee. Once approved by the Board of Regents, these objectives guide staff's planning and budgeting. Objectives for the organization's internal operations are developed by senior management. Objectives are systematically reviewed and revised annually, based on current events in the healthcare environment, to refocus or reaffirm the College's strategic priorities.

STRATEGIC THEMES AND OBJECTIVES

A. Assure that the number of specialists in all fields of internal medicine is congruent with the number needed to effectively meet healthcare needs in the US.

A-01 Develop, promote, implement, and assess reforms to graduate medical education (GME) including: (a) improving the quality of and increasing the focus on ambulatory training; (b) focusing on team-based care; (c) developing new models for teaching, faculty recognition and faculty development; (d) improving residents' experience in the hospital and making the hospital a more effective learning environment; (e) affirming the importance of well-being and balance in life; and (f) emphasizing the new practice of population-based management and performance reporting. (7/1/2006 - 6/30/2009)

A-02 Increase the recruitment of medical students choosing internal medicine residencies. (7/1/2006 - 6/30/2009)

A-03 Reduce the burden of debt on students going into primary care fields including general internal medicine. (7/1/2006 - 6/30/2009)

A-04 Improve the attractiveness of careers in internal medicine by influencing the policies of other medical organizations and adoption of public policies. (7/1/2006 - 6/30/2010)

- A-05 Enable internists to receive fair, appropriately valued payment for their services by improving the Resource Based Relative Value Scale (RBRVS) process. (7/1/2007 - 6/30/2009)
- A-06 Create more opportunities for and encourage personal connections between medical students, residents, fellows, and practicing internists. (7/1/2007 - 6/30/2009)
- A-07 Develop and promote healthcare workforce policy that will meet the needs of patients and the healthcare team, particularly those delivering care in the context of a Patient-Centered Medical Home (PCMH). (1/1/2008 - 6/30/2009)
- A-08 Reduce the public and private sector administrative burden of healthcare delivery by streamlining regulations and processes. (7/1/2008 - 6/30/2009)
- A-09 Provide career information, educational resources and ACP membership information to medical students and physicians in training through increased communications. (7/1/2006 - 6/30/2010)

B. Improve access to care and eliminate disparities, with a focus on expanding health insurance coverage.

- B-01 Publicize and advocate for implementation of ACP's Plan for expanding access to care. (7/1/2008 - 6/30/2010)
- B-02 Build support among membership and presidential candidates and policy makers for achieving universal health insurance coverage. (1/1/2008 - 12/31/2009)
- B-03 Support state and ACP Chapter initiatives to expand health insurance coverage. (7/1/2008 - 6/30/2009)
- B-04 Enhance physician understanding and practice of patient-centered and culturally competent care (a) through increased recognition of barriers between communities and healthcare systems and patients and healthcare providers; (b) by promoting research on distributive justice and strategies to reduce disparities, such as use of patient navigators; and c) through presentations made at ACP's annual Internal Medicine meeting. (7/1/2008 - 6/30/2010)
- B-05 Provide resources and programs to educate medical students, Associates and young physicians about improving access to and eliminating disparities in health care. (7/1/2008 - 6/30/2010)

C. Develop and implement effective models of health care delivery and financing, such as the Patient-Centered Medical Home (PCMH).

- C-01 Test the attributes of the Patient-Centered Medical Home (PCMH), through pilot or demonstration projects, develop a plan to share data and outcomes with participating practices, and disseminate PCMH model implementation strategies. (7/1/2007 - 6/30/2010)
- C-02 Promote the Patient-Centered Medical Home (PCMH) model among public policymakers, employer groups, private health plans, other medical organizations and other stakeholders. (7/1/2007 - 6/30/2010)
- C-03 Reform the healthcare delivery and financing system a) to better meet the needs of patients and physicians, focusing on providing appropriate preventive services and optimizing care of the chronically ill; b) to promote patient safety, quality improvement and efficiency; (c) to support performance improvement; (d) by removing the Sustainable Growth Rate formula; and (e) to provide fair reimbursement to specialists in all fields of internal medicine. (7/1/2007 - 6/30/2010)

- C-04 Increase members' adoption of electronic health records (EHR) by ensuring that electronic health record system functionality requirements are consistent with the needs of specialists in all fields of internal medicine (facilitating use of best evidence at the point of care), informing members regarding their EHR purchasing options, and providing guidance to members who want to take transitional steps toward full EHR adoption. (7/1/2007 - 6/30/2010)
- C-05 Increase Associates' and young physicians' involvement in and knowledge of quality improvement innovations. (7/1/2006 - 6/30/2010)
- C-06 Enable specialists in all fields of internal medicine to succeed in a pay for performance (P4P) environment by facilitating members' quality improvement efforts, including increasing transparency of price and other health information to patients, and advocating for programs to be consistent with ACP policy. (7/1/2007 - 6/30/2010)
- C-07 Assure that ACP Policies explicitly consider the financial impact on small and/or rural practices. (7/1/2007 - 6/30/2009)
- C-08 Promote the importance of the patient-physician relationship, and sustaining trust in the relationship, as a core part of the Patient-Centered Medical Home. (7/1/2008 - 6/30/2009)
- C-09 Increase recognition of the importance of patient-physician communications, collegiality and teamwork among physicians and other health professionals. (7/1/2008 - 6/30/2009)

D. Increase the number of new members and improve retention among current members, focusing on involving members in College programs.

- D-01 Increase the number of Chapter Councils of Young Physicians (CCYP). (7/1/2007 - 6/30/2010)
- D-02 Increase retention of young physicians and Associate members, including those transitioning to full Membership, with an added emphasis on subspecialists. (7/1/2006 - 6/30/2010)
- D-03 Expand the College's portfolio of programs, products, and services focused on young physicians, such as offerings at the annual Internal Medicine meeting. (7/1/2006 - 6/30/2010)
- D-04 Expand ACP's contact with young physicians, including focused promotions, featured articles, and contact with Chapter Councils of Young Physicians (CCYP) leaders. (7/1/2006 - 6/30/2010)
- D-05 Increase young physician, Associate and medical student members' awareness of and involvement in ACP's advocacy efforts. (7/1/2006 - 6/30/2010)
- D-06 Increase membership in the Member class 2% annually by retaining more Members and increasing de novo Members. (7/1/2008 - 6/30/2010)
- D-07 Increase and support medical student membership. (7/1/2008 - 6/30/2010)
- D-08 Increase recruitment, retention, and support of chief medical residents and program directors. (7/1/2008 - 6/30/2010)
- D-09 Increase the number of Members who transition to Fellowship each year. (7/1/2008 - 6/30/2010)
- D-10 Develop programs at the national and local level to increase the number of diverse members, with an added emphasis on Asian-Pacifics, Hispanics, and African Americans. (7/1/2008 - 6/30/2010)

D-11 Implement and support a leadership development program to cultivate new ACP leaders at national and chapter levels with emphasis on diversity. (7/1/2006 - 6/30/2010)

E. Enhance the effectiveness and vitality of ACP Chapters.

E-01 Expand chapter level programming for students, residents, fellows, and new members. (7/1/2006 - 6/30/2010)

E-02 Determine the necessary level of financial support for chapters to enable them to carry out the mission and goals of the College at the local level. (7/1/2008 - 6/30/2009)

E-03 Determine methods and resources to increase professionalism and effectiveness of local chapter staff. (7/1/2008 - 6/30/2009)

E-04 Help equip ACP Chapters to better analyze membership opportunities within their region and to carry out more effective membership retention and recruitment campaigns. (7/1/2008 - 6/30/2009)

E-05 Develop a cohesive, succinct message that clearly defines the combined advantages of ACP national and Chapter membership. (7/1/2008 - 6/30/2009)

F. Develop and deliver innovative education and information resources that are essential for specialists in all fields of internal medicine, with an emphasis on professionalism.

F-01 Increase publication of ACP Books with niche titles, titles with longer sales life, titles with renewable markets; and expand development of complementary electronic products and/or integrated ACP content. (7/1/2006 - 6/30/2009)

F-02 Implement and evaluate the change of ACP Journal Club format to an electronic physician updating service, with key updates also published monthly in the Annals of Internal Medicine. (7/1/2006 - 6/30/2009)

F-03 Develop, enhance, and disseminate educational products specific to the hospital-based practice of internists, including ACP Hospitalist. (7/1/2006 - 6/30/2009)

F-04 Enhance the value of ACP's practice management and medical laboratory evaluation resources focusing on improving revenue streams and reducing regulatory burden. (7/1/2007 - 6/30/2009)

F-05 Expand ACP's quality improvement resources a) to clinical scenarios beyond diabetes; b) for continuing medical education (CME), and; c) for fulfillment of Part 4 of the American Board of Internal Medicine's Maintenance of Certification (MOC). (7/1/2008 - 6/30/2009)

F-06 Develop and disseminate guidelines and educational materials to medical students, internists in training and practice that focus on challenges to professionalism posed by changes in health care delivery and payment. (7/1/2006 - 6/30/2009)

F-07 Increase public and professional awareness of the social contract of medical professionalism. (7/1/2006 - 6/30/2009)

F-08 Develop and provide continuing medical education (CME) that emphasizes information delivery at the point of care, including electronic resources for residency training and ongoing education. (7/1/2006 - 6/30/2009)

F-09 Develop new and re-engineer existing educational materials and resources that will support physicians practicing in a Patient-Centered Medical Home (PCMH). (7/1/2008 - 6/30/2009)

F-10 Increase educational opportunities for medical students in the areas of physician ethics and professionalism. (7/1/2008 - 6/30/2010)

F-11 Develop policy on the ethical aspects of practicing in a Patient-Centered Medical Home (PCMH). (7/1/2008 - 6/30/2010)

G. Increase international collaborations that foster learning from other perspectives and expansion of educational resources, health care delivery innovations, and membership beyond the US.

G-01 Increase membership of specialists in all fields of internal medicine outside of the US across all member segments. (7/1/2006 - 6/30/2010)

G-02 Develop live and enduring continuing medical education (CME) activities in South America, Asia, Canada and other areas of the world. (7/1/2008 - 6/30/2010)

G-03 Increase publication of ACP Books relevant to an international audience. (7/1/2008 - 6/30/2010)

G-04 Increase international sales and distribution of ACP publications in foreign languages, particularly Spanish. (7/1/2008 - 6/30/2010)

G-05 Establish international sales and distribution of podcasts based on ACP content, particularly content from Annals, in foreign languages, including Japanese and Chinese. (7/1/2008 - 6/30/2011)

G-06 Develop programs and materials for internists outside of the US that are culturally sensitive and which lead to increased engagement in ACP activities. (7/1/2008 - 6/30/2009)