

The Capitol Key

The ACP Advocacy Newsletter for Key Contacts



February / March 2004

WHERE WE STAND IN 2004: ACP's ADVOCACY AGENDA

The passage of the Medicare prescription drug law signified a short-term victory for internal medicine in 2003. If the Medicare bill had not passed, the cut in physician payments scheduled for 2004 would have been the fifth such decrease since 1991. Medicare implementation issues and payment methodology reforms remain on the ACP agenda and there are other crucial issues to be addressed. In January, the College released its third annual report on "The State of the Nation's Health Care." The report concluded that despite the limited progress made in 2003, the overall state of the nation's healthcare has not improved and, by some measures, is worse. The College plans to use the momentum of the 2004 election year to advocate for a comprehensive new policy framework that incorporates the following four essential elements:

(1) Expanding Access for the Uninsured – According to the Census Bureau, the percentage of the population without health insurance increased from 14.6% in 2001 to 15.2% or 43.6 million in 2002 (the most recent year for which data is available). The College calls on President Bush and Congress to agree on legislation that will ensure all Americans have health insurance before the end of the decade. A pluralistic approach that combines tax credits with improvements in safety net programs is most likely to achieve bipartisan support. These reforms are among the bipartisan provisions included in the HealthCARE Act of 2003 (S.1030 /H.R.2402), which is largely based on the College's Seven Year Plan to provide access to all Americans by the end of the decade;

(2) Reducing the time spent on paperwork – Reduced time for patient care is important both because of the practical limits it places on what can be accomplished during and outside the encounter, and for the time pressures it creates to the detriment of the physician/patient relationship. The College believes that Congress, the administration, and health insurers should institute reforms to drastically reduce the time that physicians spend on completing paperwork for third party payers, with the goal of reducing by half the average amount of time physicians spend on paperwork as of January 1, 2007;

(3) Electronic Health Infrastructure – Electronic health records, computer provider-order entry systems, e-prescribing, patient registries, and other information technology have potential to greatly improve patient care. The College calls on Congress and the administration to provide the resources and policy framework needed to encourage a speedy but voluntary

transition from paper-based systems to patient-and-physician-friendly computer-based information technologies to improve patient care;

(4) Revitalization of Internal Medicine – Over the past four years there has been a marked decline in the number of physicians entering internal medicine due in large part to concerns that the overall practice environment is not supportive of primary care practices. This decline is occurring even though demographic trends suggest that more general internists and primary care physicians will be needed to manage the care of older patients with chronic disease. The College believes Congress and the administration should develop and implement policies to address the need for an adequate supply of physicians in the primary care specialties of internal medicine, family practice, obstetrics/gynecology and pediatrics, with particular attention to assuring that there are enough internists to take care of an aging population.



GRASSROOTS SPOTLIGHT:

SHE'S AT IT AGAIN! SOUTH CAROLINA CHAPTER DOUBLES KEY CONTACT MEMBERSHIP FOR 2ND TIME

At Leadership Day last year, Dr. Dawn Clancy was presented with the College's Key Contact of the Year Award. Among her many advocacy-related achievements throughout the year, Dr. Clancy had doubled the number of South Carolina key contacts – increasing chapter enrollment from 11 to 23. Six months later, at the South Carolina Chapter's annual meeting Dr. Clancy adopted a "peer-to-peer approach" to recruit more key contacts - she went into sessions and personally asked everyone in the room if they were a key contact. She then provided a sign-up sheet to those who were not key contacts. Also, "at pretty much every opportunity," Dr. Clancy plugged the key contact program in open forums, including meetings with Senator Lindsey Graham and Congressman James DeMint. Dr. Clancy's efforts resulted in the recruitment of 18 new key contacts, including one internist from Virginia! Since she became the College's Key Contact of the Year in May 2003, Dr. Clancy has again more than doubled the number of South Carolina key contacts, bringing the total to 51. Dr. Dawn Clancy is pictured above with ACP President, Dr. Munsey Wheby, at Leadership Day 2003.



**IMPORTANT UPCOMING EVENTS:
STATE HEALTH POLICY MEETING, APRIL 21ST**



As you make plans for the Annual Session in New Orleans, please remember to include the State Health Policy Networking Session in your schedule. It will be held on Wednesday, April 21st from 2:30pm-4:30pm at the Ernest N. Morial Convention Center, Room 287. The State Health Policy Networking Session is an annual policy forum for Governors, Governors-elect and chapter Health and Public Policy Committee (HPPC) members to learn about key state issues and to share information and ideas about common concerns. For more information, please contact Shuan Tomlinson at 1-800-338-2746, ext. 4547 or stomlinson@mail.acponline.org.

LEADERSHIP DAY, MAY 18-19TH



The twelfth annual Leadership Day on Capitol Hill will take place May 18th and 19th at the Washington Court Hotel. In addition to the one and a half-day program that includes briefings on the College's legislative priorities and meetings with federal legislators, there will be a new advocacy and media training pre-course on Tuesday morning for first time attendees and those who would like a grassroots refresher. Last year, chapters came very close to

meeting the goal set by the Executive Committee of the Board of Governors to increase the number of participants by 50 and include at least one participant from each state – 187 members participated from 40 states and the District of Columbia. This year, the College is again urging all chapters to participate and enlarge their delegations to include more key contacts. For information on serving as a chapter delegate to Leadership Day, please contact the Governor of your chapter.

UPDATE -- KEY CONTACT PROGRAM ENROLLMENT

In December 2002, the Executive Committee of the Board of Governors (ECBOG) set a goal to increase the number of key contacts from 2,000 to 4,000 by 2004. Currently, the College has just over 2,800 members enrolled in the key contact program. In order to meet the ECBOG's goal by the year's end, each chapter must have roughly 4% of membership enrolled in the program. Even if your chapter has surpassed the target 4%, the College still needs your help recruiting new key contacts – every new recruit brings us closer to achieving the ECBOG goal. The chart below provides a breakdown of chapter enrollment in the key contact program since December 2002. For further information or assistance recruiting key contacts, please contact Kathy Heabel at 1-800-338-2746, ext. 4532 or kheabel@acponline.org.

	Dec.'02	Feb.'04	% Change	Total # members in Chapter	% Membership in Key Contact Program		Dec.'02	Feb.'04	% Change	Total of members in Chapter	% Membership in Key Contact Program
AL	28	36	+ 29%	1,412	2.5%	MT	10	17	+ 70%	244	7.0%
AK	7	100	+ 1,329%	136	73.5%	NE	15	25	+ 67%	845	3.0%
AZ	20	28	+ 40%	1,621	1.7%	NV	10	17	+ 70%	451	3.8%
AR	21	24	+ 14%	596	4.0%	NH	18	23	+ 28%	432	5.3%
CA	181	219	+ 21%	9,626	2.3%	NJ	67	87	+ 30%	4,041	2.2%
CO	28	37	+ 32%	1,278	2.9%	NM	19	34	+ 79%	655	5.2%
CT	44	49	+ 11%	1,947	2.5%	NY	174	221	+ 27%	10,388	2.1%
DE	16	41	+ 156%	369	11.1%	NC	43	62	+ 44%	2,891	2.1%
DC	14	19	+ 36%	1,799	1.1%	ND	9	21	+ 133%	222	9.5%
FL	109	183	+ 68%	5,457	3.4%	OH	55	87	+ 58%	4,048	2.1%
GA	45	61	+ 36%	2,535	2.4%	OK	44	54	+ 23%	808	6.7%
HI	3	8	+ 167%	657	1.2%	OR	32	52	+ 63%	1,171	4.4%
ID	5	7	+ 40%	199	3.5%	PA	103	128	+ 24%	5,948	2.2%
IL	71	98	+ 37%	5,322	1.8%	RI	14	32	+ 129%	602	5.3%
IN	28	34	+ 21%	1,804	1.9%	SC	23	51	+ 122 %	1,060	4.8%
IA	22	27	+ 18%	1,002	2.7%	SD	11	18	+ 64%	247	7.3%
KS	23	26	+ 13%	898	2.9%	TN	35	52	+ 49%	1,917	2.7%
KY	16	24	+ 50%	1,208	2.0%	TX	97	144	+ 48%	5,840	2.2%
LA	32	39	+ 22%	1,739	2.2%	UT	20	22	+ 10%	486	4.5%
ME	16	20	+ 25%	494	4.0%	VT	15	19	+ 27%	358	5.3%
MD	54	76	+ 41%	1,825	4.2%	VA	74	111	+ 50%	3,090	3.6%
MA	54	79	+ 46%	3,409	2.3%	WA	36	59	+ 64%	1,847	3.2%
MI	42	60	+ 43%	3,730	1.6%	WV	15	20	+ 33%	681	2.9%
MN	26	33	+ 27%	1,884	1.8%	WI	36	38	+ 6%	1,929	2.0%
MS	17	21	+ 24%	717	2.9%	WY	4	7	+ 75%	98	7.1%
MO	36	40	+ 11%	2,226	1.8%	Total	1,937	2,813	+ 45%	104,189	2.7%