Fall 2023 BOG Resolutions

Resolution 1-F23. Allocating Resources to Create Awareness of the CPT and RUC Process
(Sponsor: Delaware Chapter)

Resolution 2-F23. Extending National ACP Efforts to Improve the Preauthorization Process
(Sponsor: District of Columbia Chapter)

Resolution 3-F23. Improving the Effectiveness of EMR Notes by Discouraging the Use of "Cut and Paste" in Progress Notes
[ACCEPTED AS REAFFIRMATION -- NO DEBATE]
(Sponsor: District of Columbia Chapter)

Resolution 4-F23. Developing Policy to Support Hospital-at-Home Care Models
(Sponsor: Wisconsin Chapter; Co-sponsors: Maryland and New York Chapters)

Resolution 5-F23. Educating Physicians about Resources to Aid in Reducing Office Staff Shortages
(Sponsor: District of Columbia Chapter)

Resolution 6-F23. Developing Resources to Educate ACP Members about Fertility and Family Planning
(Sponsor: Council of Resident/Fellow Members; Co-sponsors: Council of Early Career Physicians and Council of Student Members)

Resolution 7-F23. Revising the Policy of Cancellation Fees for ABIM Certification Exams
(Sponsor: Michigan Chapter)

Resolution 8-F23. Phasing Out Pharmaceutical and Other Industry Sponsorship of ACP's Annual Internal Medicine Meeting
(Sponsor: Washington Chapter)

Resolution 1-F23. Allocating Resources to Create Awareness of the CPT and RUC Process

(Sponsor: Delaware Chapter)

WHEREAS, ACP is heavily involved in CPT editorial and RVS Update Committee (RUC) meetings. There are three CPT editorial panel meetings a year and three RUC meetings per year; and

WHEREAS, ACP represents internal medicine physicians at the CPT and RUC meetings; and

WHEREAS, the CPT editorial panel and RUC determine the value of physician services and the physician fee schedule within Medicare Part B, which impacts the fee structure of Medicare Advantage and commercial plans, and there is minimal awareness of these CPT and RUC processes by the ACP membership at large; and

WHEREAS, ACP depends on member survey data to advocate and respond to CPT editorial panel and RUC requests about specific CPT codes for services that internal medicine physicians provide; and

WHEREAS, the response to ACP member surveys is historically low despite circulating 8500 surveys per code; counseling codes receive 8 responses per code and screening codes receive 15 responses per code; and

WHEREAS, low survey responses make it difficult for ACP staff and physician representatives to advocate and respond to inquiries from the CPT editorial panel and RUC about CPT codes for services that internal medicine physicians provide; therefore be it

RESOLVED, that the Board of Regents allocate resources to allow Governors, Governor elects, and Chairs of the Councils of Early Career Physicians, Residents/Fellow Members, and Student Members to attend CPT and RUC meetings as guests if they so wish to observe the process and educate their chapters.

Resolution 2-F23. Extending National ACP Efforts to Improve the Preauthorization Process

(Sponsor: District of Columbia Chapter)

WHEREAS, National ACP on numerous occasions has expressed its concerns about the preauthorization process which has become an increasing burden on physicians and has impeded physicians in their efforts to provide optimal medical care to their patients; and

WHEREAS, it is a Goal of the ACP to establish and promote the highest clinical standards, to advocate responsible positions on individual health and on public policy relating to health care for the benefit of our patients, and to serve the professional needs of the membership; and

WHEREAS, despite ACP's efforts to convince insurance companies to improve the preauthorization process, the problem persists and, in fact, seems to be worsening; and

WHEREAS, this burden on physicians is recognized as one of the primary challenges to primary care physicians as noted in the recent 2022 Survey of American's Physicians (1); therefore be it

RESOLVED, that the Board of Regents designate a day in 2023 as a national preauthorization information day where ACP will provide printed informational packets it prepares to national media regarding the problems associated with the current preauthorization process, as well as provide such printed materials to our members with advice as to how to share this information with their congressional representatives and local media thereby broadening efforts to modify the preauthorization process; and be it further

RESOLVED, that the Board of Regents will share its plan to hold such a national preauthorization day effort with other national medical organizations and encourage them to join us in this process.

Footnote:
1. 2022 Survey of American's Physicians. Part Three of Three: Assessing the State of Physician Practice and the Strategies to Improve it. The Physicians Foundation.

Other references:
https://www.acep.org/globalassets/new-pdfs/advocacy/emergency-department-boarding-crisis-sign-on-letter-11.07.22.pdf

News Release: (Dec. 2022) https://www.acponline.org/acp-newsroom/internal-medicine-physicians-welcome-improvements-to-prior-authorization-processes

Letter: Harmonious standard for preauthorization practices (March 2022): https://assets.acponline.org/acp_policy/letters/letter_to_onc_regarding_electronic_prior_authorization_standards_implementation_specifications_and_certification_criteria_requests_for_information_march_2022.pdf

Letter: Streamline Prior Auth for Medicare patients (August 2022): https://assets.acponline.org/acp_policy/letters/letter_improving_seniors_timely_access_to_care_2022.pdf

Resolution 3-F23. Improving the Effectiveness of EMR Notes by Discouraging the Use of "Cut and Paste" in Progress Notes

[ACCEPTED AS REAFFIRMATION -- NO DEBATE]

(Sponsor: District of Columbia Chapter)

WHEREAS, the ACP has already published at least one major policy paper and has shared position papers with national leaders on electronic medical records (EMRs) in order to improve this crucial means of sharing clinical information among physicians (especially in the hospital setting); and

WHEREAS, the ACP is committed to the establishment and promotion of the highest clinical standards, to advocating responsible positions on individual health and on public policy relating to health care for the benefit of our patients; and

WHEREAS, the widespread use of "cut and paste" to populate progress notes has resulted in much redundancy in the medical records which impedes physicians from efficiently consulting progress notes and being able to "home in" on that information which is most important in the effective and safe care of patients; and

WHEREAS, the ACP has already stated in a policy paper that "essential data should be readily available and not buried in unnecessarily lengthy progress notes," but has not been specific in directing attention to the negative role that excessive "cutting and pasting" plays in facilitating effective flow of information to physicians from progress notes; therefore be it

RESOLVED, that the Board of Regents will include in its policy on EMRs that the excessive and routine use of "cut and paste" by physicians be discouraged and that national ACP encourage medical student program directors and internal medicine residency directors to teach proper use of and discourage the use of "cut and paste" in progress notes by medical students, internal medicine residents, and fellows; and be it further

RESOLVED, that the Board of Regents will share information about its efforts in this regard with other national medical organizations.

References:

Letter: ACP Response to AHRQ RFI re: Person-Centered Care Planning for Multiple Chronic Conditions (2022) Page 5, https://assets.acponline.org/acp_policy/letters/acp_response_to_ahrq_rfi_person_centered_care_planning_for_multiple_chronic_conditions_2022.pdf

Resolution 4-F23. Developing Policy to Support Hospital-at-Home Care Models

(Sponsor: Wisconsin Chapter; Co-sponsors: Maryland and New York Chapters)

WHEREAS, the American College of Physicians (ACP) approved policy in 2017 for a "Prescription for a Forward-Looking Agenda to Improve American Health Care" including among seven key elements the principles of expanding access and coverage; bringing greater value for the dollars spent; and leveraging technology to improve patient care (1); and

WHEREAS, an ACP goal is "to advocate responsible positions on individual health and on public policy related to health care for the benefit of the public, patients, the medical profession, and our members" and core values include professionalism, leadership, excellence, compassion, equity and justice; and

WHEREAS, internal medicine physicians are at the forefront of innovative health care delivery that intersects with health policy, demonstrated by both growth and challenges facing the care delivery model of Hospital-at-Home; and

WHEREAS, Hospital-at-Home as a means to treat acute illness requiring increased medical services otherwise delivered in a brick-and-mortar hospital setting has been adopted widely on an international basis and in the U.S. for over 20 years (2,3,10); and

WHEREAS, Hospital-at-Home care models in the U.S. have demonstrated equal or improved outcomes on mortality, length-of-stay, readmission rates, complications, and patient satisfaction (3,4,5); and

WHEREAS, studies of Hospital-at-Home care models demonstrate reduced cost of care, which can help address growing challenges facing acute care in the U.S. health system including cost and capacity (3,5,13); and

WHEREAS, barriers to the uptake of Hospital-at-Home care models in the U.S. include limited financing mechanisms for innovative care delivery through government and private health insurers; the need for upfront investment in technology and staffing; logistical barriers including geography and availability of broadband internet; concerns about caregiver burden; and uncertainties about balancing remote and in-person monitoring for patients (3,4,10,13); and

WHEREAS, in the United States in response to the COVID-19 pandemic and the associated strain on hospital inpatient capacity, the Centers for Medicare and Medicaid Services (CMS) in March 2020 eased regulatory restrictions on where inpatient care could occur and in November 2020 created the Acute Hospital Care at Home waiver during the public health emergency for which hospitals and health systems can apply to allow Hospital-at-Home care after meeting requirements (including ongoing measurements of quality and safety), resulting in expansion of Hospital-at-Home programs to over 110 programs throughout the country (3,10,12,13); and

WHEREAS, the CMS Acute Hospital Care at Home waiver was extended by Congressional action in December 2022 to last through December 2024, with anticipated further growth in Hospital-at-Home programs (2, 9,12,13); and

WHEREAS, health equity concerns in the implementation of Hospital-at-Home programs have been raised, including responsiveness to varied needs in different communities; reduced access to Hospital-

at-Home in rural areas; barriers to access by patients with limited caregiver or community support; the exclusion in some states of Medicaid reimbursement for Hospital-at-Home; and lack of adequate infrastructure such as poor internet or cellular capability in some geographic areas (9,13) therefore be it

RESOLVED, that the ACP Board of Regents develop a policy statement in support of permanent payment structures, best practice guidelines that achieve high-value care, and ongoing outcomes research for Hospital-at-Home care. Policy should include:

- **support for permanent CMS funding guidelines for Hospital-at-Home care;**
- **support for universal Medicaid coverage in all states, including removal of state regulatory or legislative barriers;**
- **support of policies that promote equity in access to Hospital-at-Home including access across all demographic groups and geographic settings including rural and underserved areas; and**
- **support for ongoing research in Hospital-at-Home care including inclusion and exclusion criteria, caregiver burden, liability concerns, cost, patient care outcomes, safety, and patient and family satisfaction.**

References

1. American College of Physicians Policy Compendium, https://assets.acponline.org/acp_policy/statements/forward_looking_policy_agenda_2017.pdf?
2. Rangarajan S, Jenq G, Inpatient Notes: The Future of Hospital-at-Home care, Ann Int Med, Annals for Hospitalists 2022; 175:HO2-HO3; https://doi.org/10.7326/M22-3159
3. Wong J, Cohen J, Hospital Care at Home: Better, Cheaper, Faster? Ann Int Med 2020; 172: 145-146. https://doi.org/10.7326/M19-3714.
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5. Levine D, Ouchi K, Blanchfield B, Saenz A, et al. Hospital-Level Care at Home for Acutely Ill Adults. Ann Intern Med 2020; 172:77-85. 4
6. Federman AD, Soones T, DeCherrie LV, Leff B, Siu AL. Association of a bundled hospital-at-home and 30-day post acute transitional care program with clinical outcomes and patient experiences. JAMA Intern Med 2018; 178(8):1033-1040. https://doi.org/10.1001/jamainternmed.2018.2562
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8. Gorbenko K, Baim-Lance A, Franzosa E, Wurtz H, et al. A national qualitative study of Hospital-at-Home implementation under the CMS Acute Hospital Care at Home waiver. J Am Geriatr Soc 2023; 71(1): 245-258. https://doi.org/10.1111/jgs.18071
9. Brody A, Dorfman E, Caspers C, Sadarangani T. What's next for Hospital at Home programs in the United States: A clarion call for permanent, person-centered solutions. J Am Geriatr Soc 2023; 71:11-14. https://doi.org/10.1111/jgs.18089
10. Liao J, Navathe A, Press M. Hospital-at-Home Care Programs - Is the hospital of the future at home? JAMA Intern Med 178(8): 1040-1041. https://doi.org/10.1001/jamainternmed.2018.2566
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12. Hospital at Home Users Group. https://www.hahusersgroup.org/
13. Ouyang, H. Your next hospital bed might be at home. New York Times Magazine 1/26/2023. https://www.nytimes.com/2023/01/26/magazine/hospital-at-home.html

Resolution 5-F23. Educating Physicians about Resources to Aid in Reducing Office Staff Shortages

(Sponsor: District of Columbia Chapter)

WHEREAS, the ACP regularly develops and provides informational and resource materials to its members and, in fact, does have some information on its national website on office staffing issues and has at times published articles in the *ACP Internist* regarding staffing issues; and

WHEREAS, the mission of the ACP is to serve the professional needs of the membership and to be the foremost comprehensive information resource for all internists; and

WHEREAS, the recent 2022 Survey of American's Physicians found a very large number of physicians reporting shortages in almost all types of staff positions thereby impeding their ability to practice medicine as efficiently as possible and provide optimal care to their patients; therefore be it

RESOLVED, that the Board of Regents work to educate physicians about resources already available on the ACP website on staffing issues, disseminate to interested physicians informational materials which may aid them in reducing staff shortages (this information should include suggestions/ideas on how to improve recruitment methods and retain staff), as well as provide information on businesses/organizations that exist to provide help in finding new staff; and be it further

RESOLVED, that the Board of Regents provide a session at its next national meeting and/or a webinar for physicians who are looking for help in staffing their offices.

References:

ACP Internist. January 2008: Staffing can make or break a small practice.
ACP Internist. April 2019: Simple conversations help strike staffing balance.

Resolution 6-F23. Developing Resources to Educate ACP Members about Fertility and Family Planning

(Sponsor: Council of Resident/Fellow Members; Co-Sponsors: Council of Early Career Physicians and Council of Student Members)

WHEREAS, studies indicate that 2% of physicians have children prior to completing medical school[1]; and

WHEREAS, due to years spent on school and training, female physicians are more likely to undergo childbirth after the age of 37, which places an increased risk in adverse fetal-maternal outcomes[1]; and

WHEREAS, fertility treatments, such as egg or sperm cryopreservation, in vitro fertilization (IVF), and surrogacy are available alternatives to childbirth[2]; and

WHEREAS, as of 2022, fertility insurance coverage is only available in 20 states, with 14 of those laws including IVF coverage and 12 of those states including fertility preservation[3]; and

WHEREAS, the costs associated with one cycle of IVF can be upwards of $20,000 with an average amount of cycles to produce successful childbirth being six cycles[4]; and

WHEREAS, the costs associated with one cycle of egg freezing can range between $4,500 and $8,000 and may also require multiple cycles for successful outcomes[5]; and

WHEREAS, the costs associated with surrogacy are estimated to range between $100,000 and $200,000[6]; and

WHEREAS, burdensome costs for these services are a major barrier for physicians seeking alternatives to childbirth; and

WHEREAS, infertility being prevalent among physicians often forces physicians into making an unnecessary choice between starting a family or engaging within their career[7]; and

WHEREAS, qualitative data suggests that the average physician possesses knowledge deficits regarding fertility treatments due to a lack of well-established resources which makes knowledge of these resources an additional barrier[8]; and

WHEREAS, the Women's Health Policy Position Paper published by the American College of Physicians establishes that it is essential for women to have access to affordable and comprehensive health care coverage[9]; therefore be it

RESOLVED, that the Board of Regents, along with appropriate stakeholders, develop resources to educate ACP members on the process, time requirements, and financial implications of obtaining fertility treatments, including but not limited to egg freezing, in vitro fertilization and surrogacy, in order to empower physicians to better plan and prepare for the process of starting a family.

References

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3. Insurance coverage by state. Resolve. June 6, 2022. Accessed May 25, 2023. https://resolve.org/learn/financial-resources-for-family-building/insurance-coverage/insurance-coverage-by-state/.
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7. Marshall AL, Arora VM, Salles A. Physician Fertility: A Call to Action. *Academic Medicine*. 2020;95(5):679-681. doi:10.1097/acm.0000000000003079
8. Smith KS, Bakkensen JB, Hutchinson AP, et al. Knowledge of Fertility and Perspectives About Family Planning Among Female Physicians. *JAMA Netw Open*. 2022;5(5):e2213337. doi:10.1001/jamanetworkopen.2022.13337
9. Daniel H, Erickson SM, Bornstein SS. Women's Health Policy in the United States: An American College of Physicians Position Paper. *Annals of Internal Medicine*. 2018;168(12):874. doi:10.7326/m17-3344

Resolution 7-F23. Revising the Policy of Cancellation Fees for ABIM Certification Exams

(Sponsor: Michigan Chapter)

WHEREAS, the existing policies for certification fees for examinations conducted by the American Board of Internal Medicine (ABIM) only offer a refund of 70% for cancellations made from the date of scheduling until 48 hours of the examination date, "with no consideration of extenuating circumstances"[1]; and

WHEREAS, the American College of Physicians(ACP) aims to serve the professional needs of the membership, support healthy lives for physicians, and advance internal medicine as a career[2]; and

WHEREAS, the ACP aims to achieve a just, equitable, and inclusive culture[2]; and

WHEREAS, trainees who become pregnant or who encounter unexpected or extenuating life circumstances, including, but not limited to, illness, family death, or personal emergency, before an ABIM certification examination may need to change or cancel their certification examination date; and

WHEREAS, the clause "with no consideration of extenuating circumstances" creates an inequitable and non-inclusive environment for trainees preparing for examinations[1]; and

WHEREAS, the median educational debt for a medical school graduate is between $200,000 and $215,000, with a greater portion of debt falling to trainees considered underrepresented in medicine (UIM)[3]; and

WHEREAS, the current ABIM policy of a maximal 70% reimbursement creates financial difficulties for trainees who become pregnant or who encounter unexpected or extenuating life circumstances before taking an initial ABIM certification examination, especially trainees who identify as being socioeconomically disadvantaged; and

WHEREAS, the current ABIM policy creates financial and professional inequity between trainees who have the financial means to cancel an examination and trainees who may not have the financial means to cancel an examination due to the ensuing financial consequences, with trainees having to absorb 30% of the examination cost in lost fees, approximated as being up to $898.50 for ABIM certification examinations; and

WHEREAS, the testing center fee stated by ABIM for a 10-year MOC exam is less than the 30% cancellation/rescheduling fees withheld for several IM subspecialty certification examinations[4]; therefore be it

RESOLVED, the ACP Board of Regents advocate that the fees for cancellation/rescheduling an initial ABIM certification exam not exceed the financial loss for the ABIM, especially given the financial pressures faced at the completion of training by those seeking initial board certification.

References

[1] Initial Certification Exam Fees. American Board of Internal Medicine. Updated 2023. Last accessed March 18, 2023. https://www.abim.org/certification/exam-information/exam-fees-refund-policies

[2] Mission, Vision, Goals & Core Values. American College of Physicians. Last Updated November 19, 2021. Last accessed March 18, 2023. https://www.acponline.org/about-acp/who-we-are/mission-vision-goals-core-values#:~:text=To%20recognize%20excellence%20and%20distinguished,to%20physicians%20and%20the%20public

[3] Hanson, Melanie. "Average Medical School Debt" EducationData.org, November 22, 2022, https://educationdata.org/average-medical-school-debt

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Resolution 8-F23. Phasing Out Pharmaceutical and Other Industry Sponsorship of ACP's Annual Internal Medicine Meeting

(Sponsor: Washington Chapter)

WHEREAS, ACP's mission is to foster "professionalism in the practice of medicine" and its vision is to be recognized as a leader in promoting quality patient care and advocacy [1]; and

WHEREAS, a core tenet of professionalism and leadership for a medical society is to provide the public with recommendations that are for the public good and are free of commercial bias; and

WHEREAS, contrary to this goal of avoiding commercial influence, ACP solicits and accepts payments from industry as *exhibitors* and *symposia sponsors* for its annual Internal Medicine Meeting, including promoting exposure to "6000+ physicians" and "Exclusive access to **key leaders**" in internal medicine;[2] and

WHEREAS, ACP co-locates industry exhibitors with important meeting content, including the ACP Resource Center, Additional Learning Opportunities, Coffee Breaks, Medical Student Posters, and Networking Lounges [3]; and

WHEREAS, ACP advertises "Complimentary Brand Promotion" by listings in the Onsite Industry Guide, the Interactive Exhibit Hall Floor Plan, the Meeting App, and the daily meeting news [3]; and

WHEREAS, ACP's exhibitors and symposia sponsors include pharmaceutical industries,[4 5] despite the need to serve the public in an impartial manner; and

WHEREAS, ACP's position paper pertaining to physician-industry relations recommends that "medical education providers and medical professional societies should avoid all industry interactions that might diminish, or appear to others to diminish, their objectivity or concern for patients' best interests", or risk endangering the organization's integrity and public confidence;[6] therefore be it

RESOLVED, that the Board of Regents adopt the standard that the annual ACP Internal Medicine Meeting be free of all financial relationships with pharmaceutical companies and other organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients;[7] and be it further

RESOLVED, that the Board of Regents develop and implement a plan to phase out these relationships—including exhibitor booths, special symposia, and advertising space—within 10 years or less.

References

1. ACP website, About ACP, "Who We Are", accessed online 9/6/2022 at: https://www.acponline.org/about-acp/who-we-are

2. ACP brochure, "Why Exhibit?", accessed online 9/6/2022 at: https://annualmeeting.acponline.org/sites/default/files/documents/exhibitors-sponsors/2023-why-exhibit.pdf

3. ACP IMM 2023 Exhibitor Prospectus, accessed online 9/6/2022 at: https://indd.adobe.com/view/446a2503-48ca-4e1d-bda9-20a134078ec8

4. Alphabetical Exhibitor List, as of March 1, 2022, for the 2022 Internal Medicine Meeting, accessed online 9/6/2022 at: https://annualmeeting.acponline.org/sites/default/files/documents/exhibitors-sponsors/2023-who-exhibits.pdf
Note this list includes Abbott, AbbVie, Amgen, Bayer, BelAir Pharmaceuticals, GlaxoSmithKline, Janssen Pharmaceuticals, Merck & Co, Novartis, Otsuka Pharmaceutical Development & Commercialization, Pfizer, and Urovant Sciences/Sunovion Pharmaceutical, and others.

5. 2022 Onsite Industry Guide, ACP Internal Medicine Meeting 2022, accessed at: https://www.nxtbook.com/tristareventmedia/ACP/onsite-industry-guide-acp-imm-2022/index.php
Note that Symposia were sponsored by Biogen/Eisai, Janssen, Horizon Therapeutics, Merck, Amgen, Lilly, Bristol Myers Squibb, Pfizer, Abbott, Bayer, GlaxoSmithKline, and others. These symposia occurred in either the same convention center complex or an adjacent hotel.

6. Coyle SL. Physician-industry relations. Part 2: organizational issues. Ann Intern Med. 2002;136:403-6. [PMID: 11874315].

7. These organizations are defined as per ACCME's types of organizations that cannot be accredited in the ACCME system. Standards for Integrity and Independence in Accredited Continuing Education. Accreditation Council for Continuing Medical Education. December 2020. Accessed online 9/12/2022 at: https://accme.org/sites/default/files/2022-06/884_20220623_Standards%20for%20Integrity%20and%20Independence%20in%20Accredited%20Continuing%20Education.pdf