

# The American College of Physicians

# The College and You

# OBJECTIVES

- Brief overview of the College
- Focus on issues of interest
- Questions

# ACP Mission

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

# ACP Vision

To be the recognized leader in quality patient care, advocacy, education and enhancing career satisfaction for internal medicine and its subspecialties

# ACP Core Values

## **Leadership**

We provide guidance and inspiration through education, information, policy development, and advocacy for patients.

## **Excellence**

We set and maintain the highest ethical and professional standards for ourselves and our programs.

## **Respect**

We embrace the dignity and uniqueness of every human being.

## **Compassion**

We are sensitive and empathetic to the needs of others.

## **Professionalism**

We work with expertise, commitment, and diligence, serving others before ourselves.

## **Responsibility**

We maintain healthy personal and professional lives to most effectively serve our patients.

# 159,000 Members Strong

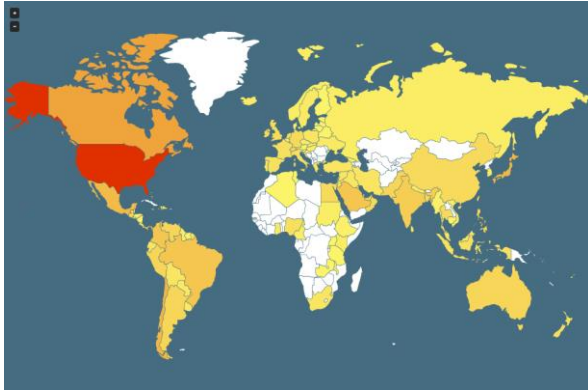
Leveraging the collective voice of our community to create a better place *for our patients, our profession and ourselves*, through medical education, practice transformation, advocacy, and engagement.

## How ACP Defines Internal Medicine

Internists apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

- Established in 1915
- A diverse global community of internists united by a commitment to excellence
- Includes internists, internal medicine subspecialists, residents and fellows in training, and medical students

# ACP: A Global Community

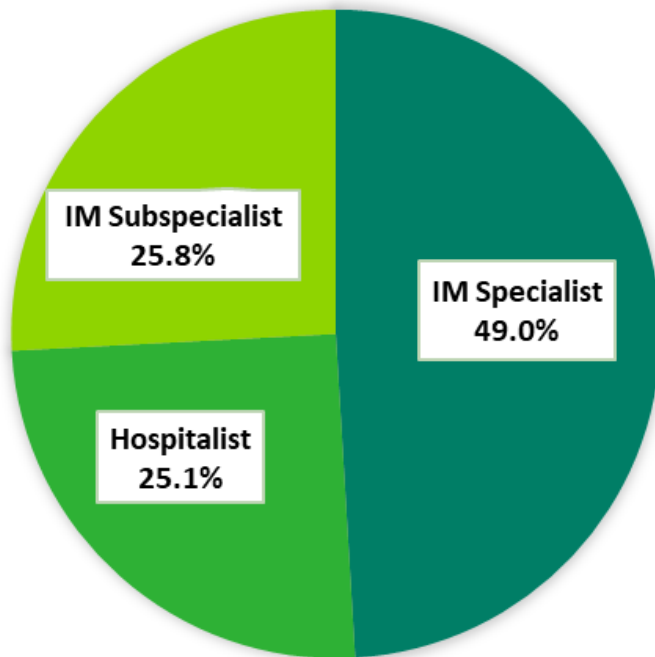


- **More than 16,000 ACP members reside outside the United States**
- International chapters: Bangladesh, Brazil, Canada, Central America, Chile, Colombia, India, Japan, Mexico, Saudi Arabia, Southeast Asia, and Venezuela

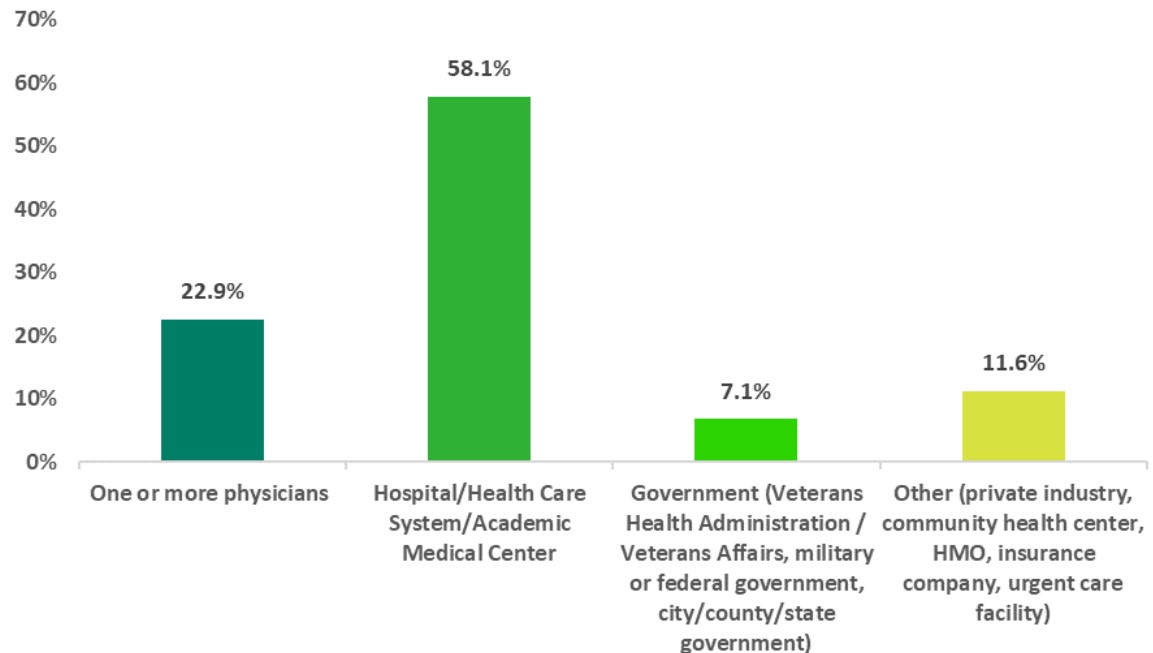


# ACP Member Trends

## ACP Member Type



## Practice Ownership



Source: 2019 ACP Member Survey

# ACP's Priority Themes

INNOVATION	ENGAGEMENT & INCLUSION	COMMUNICATION	IDENTITY
<i>Use nimble, creative and unique approaches to identifying, responding to, and meeting member needs</i>	<i>Engage members in local, regional, and national College activities across their career, welcoming and hearing all voices, and demonstrating ACP's relevance and connection to what's important to them</i>	<i>Convey ACP's broad mission, activities and value to members, the greater community of IM, and other stakeholders using leading-edge modalities, platforms and technologies</i>	<i>Create shared enthusiasm and pride about being an internist and ACP member</i>
<p>Develop a new vision for the future of health care policy</p> <p>Expand ACP's Quality Connect programs into a learning collaborative guided by expert physician coaches</p> <p>Evolve MKSAP into the premier essential individualized learning program for lifelong learning</p> <p>Publish a new online peer-reviewed journal for case reports and case series</p>	<p>Implement Task Force recommendations for enhancing ACP's local presence</p> <p>Develop group and joint membership structures</p> <p>Publish new online peer-reviewed journal for case reports</p>	<p>Raise awareness of ACP's regulatory and payment related efforts and resources</p> <p>Utilize social media and other multi-media approaches</p> <p>Create a dedicated communications channel for Resident/Fellow members</p>	<p>Create an identity of "master clinician" for ACP members and recognition as a master clinician within their community and College</p>

# ACP's Priority Theme

## ■ Innovation

Use nimble, creative and unique approaches to identifying, responding to, and meeting member needs

- Develop a new vision for the future of health care policy
- Expand ACP's Quality Connect programs into a learning collaborative guided by expert physician coaches
- Evolve MKSAP into the premier essential individualized learning program for lifelong learning
- Publish a new online peer-reviewed journal for case reports and case series

# ACP's Priority Theme

## ■ Engagement and Inclusion

Engage members in local, regional, and national College activities across their career, welcoming and hearing all voices, and demonstrating ACP's relevance and connection to what's important to them

- Implement Task Force recommendations for enhancing ACP's local presence
- Develop group and joint membership structures
- Publish new online peer-reviewed journal for case reports

# ACP's Priority Theme

## ■ Communication

Convey ACP's broad mission, activities and value to members, the greater community of IM, and other stakeholders using leading-edge modalities, platforms and technologies

- Raise awareness of ACP's regulatory and payment related efforts and resources
- Utilize social media and other multi-media approaches
- Create a dedicated communications channel for Resident/Fellow members

# Miscommunication...



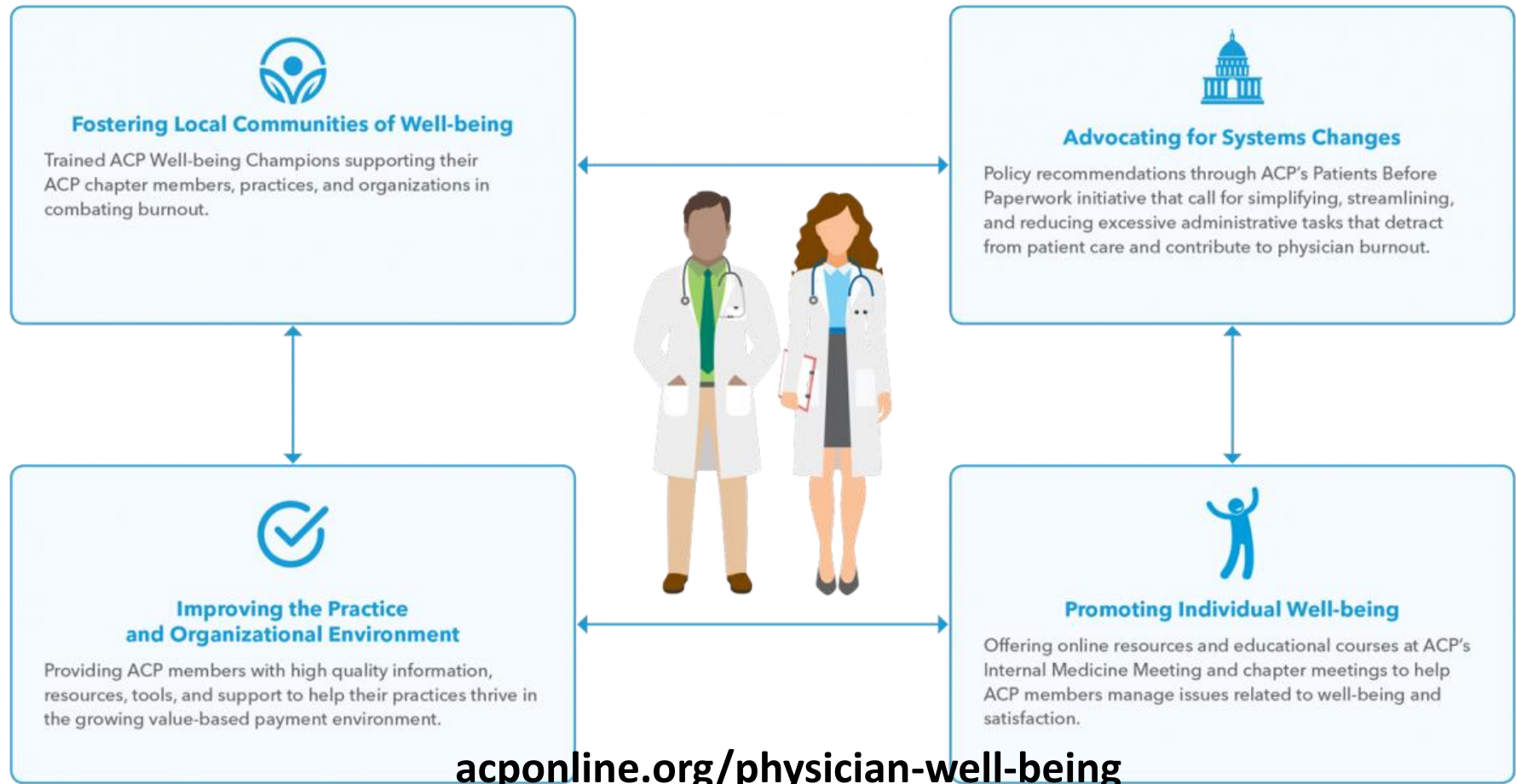
# ACP's Priority Theme

- Identity: We are physicians, not 'providers'

Create shared enthusiasm and pride about being an internist and ACP member

- Create an identity of “master clinician” for ACP members and recognition as a master clinician within their community and College

# ACP's Physician Well-being and Professional Satisfaction Initiative





# At the Pediatrician's Office: Where's My Doctor?



© 2011 Thomas Murphy, MD  
Source: JAMA 2012;307:2497-8  
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# Patients Before Paperwork Initiative



## What is Patients before Paperwork?

ACP's Patients Before Paperwork initiative's goal is to reinvigorate the patient-physician relationship by reducing administrative complexities and eliminating unessential tasks that detract from patient care and contribute to physician burnout.



## Policy Development

ACP policies provide a cohesive framework for identifying and evaluating administrative tasks, and offer detailed recommendations to analyze administrative tasks to determine whether they need to be challenged, revised, or eliminated entirely.



## Tools You Can Use

Resources and tools help physicians put ACP's policies into practice. They include resources that assess practice efficiencies and resources on physician well-being and professional satisfaction.



## Collaborating with Stakeholders

ACP engages with key regulatory agencies and stakeholders to help streamline regulations imposed by insurers, federal regulators and other external entities to reduce administrative burdens for physicians.



## Advocating for Internists

ACP has long identified reducing administrative complexities or burdens as a priority. ACP works to advocate for changes in our health care system that simplify excessive administrative burdens that put a strain on physicians and patient care.

[acponline.org/patientsbeforepaperwork](http://acponline.org/patientsbeforepaperwork)

# Improving Physician Satisfaction and Patient Outcomes by Reducing Unnecessary Burdens

**Unnecessary burdens lead to limited time with patients, too much paperwork, and work/life imbalance.**

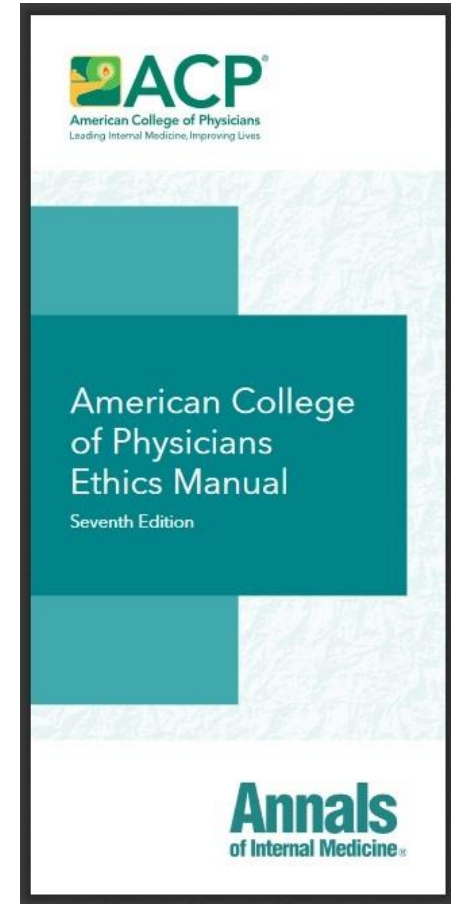
**ACP addresses these issues by:**

- Seeking improvement to systems and documentation requirements
- Identifying and prioritizing burdensome administrative tasks
- Assessing tasks for impact on outcomes
- Developing policy recommendations to enact change
- Engaging in ongoing outreach and stakeholder engagement

# Ethical Guidance

- ACP released the Seventh Edition of *ACP Ethics Manual* with new and expanded sections this year
- Position paper “Physician Impairment and Rehabilitation: Reintegration into Medical Practice” discusses the professional duties and principles for responding to physician impairment was released
- “Issues in Delivering Patient-Centered End-of-Life Care and Responding to a Request for Physician-Assisted Suicide” toolkit released

**[acponline.org/ethics](http://acponline.org/ethics)**





# Advocating for affordable access to quality care and important public health issues

Annals of Internal Medicine

POSITION PAPER

## Improving the Patient Protection and Affordable Care Act's Insurance Coverage Provisions: A Position Paper From the American College of Physicians

Ryan A. Crowley, BSJ, and Sue S. Bornstein, MD, for the Health and Public Policy Committee of the American College of Physicians\*

The coverage reforms of the Patient Protection and Affordable Care Act have fundamentally changed the U.S. health care system. The law's health insurance regulations, which include protections for persons with preexisting conditions, have made health insurance more accessible. The premium tax credit and cost-sharing subsidies have made nongroup coverage more affordable. The essential health benefit package and coverage for preventive services without cost sharing have made insurance more comprehensive. Perhaps most important, the Medicaid expansion extended coverage to millions of low-income adults. Despite these gains, more needs to be done to bring the United

States closer to achieving universal coverage. In this position paper, the American College of Physicians recommends action to enhance and expand eligibility for health insurance financial subsidies; stabilize health insurance marketplaces; provide sustained funding for outreach, education, and enrollment assistance activities; test and implement a mechanism to encourage enrollment; expand Medicaid in all states; and establish a public insurance option to increase competition.

*Ann Intern Med* 2019;170:651-653. doi:10.7326/M18-3401  
For author affiliations, see end of text.  
This article was published at [Annals.org](http://Annals.org) on 16 April 2019.

The American College of Physicians (ACP) has long endorsed policies to achieve universal health insurance coverage (1) and supported passage of the Patient Protection and Affordable Care Act (ACA) in 2010. The ACP has since offered recommendations on how to improve the law and has strongly opposed its repeal. The ACA has extended comprehensive health insurance coverage to millions of persons, but many remain uninsured or underinsured. This position paper reviews the ACA's progress, identifies its shortcomings, and offers official policy recommendations on how the law may be improved. This executive summary provides a synopsis of the position paper. The entire background and rationale may be found in the [Appendix](#) (available at [Annals.org](http://Annals.org)).

The ACA was signed into law in 2010, and the major provisions for expanding coverage took effect in 2014. In 2016, the uninsured rate reached a historic low of 8.8%, with Medicaid expansion states experiencing the deepest reductions; in 2017 and early 2018, the uninsured rate remained at 8.8% (2-4). Roughly 10.6 million persons selected or reenrolled in a 2018 plan through the health insurance marketplace and paid their first month's premium, a slight increase from 2017 (5). More than 12 million newly eligible persons were covered by Medicaid in September 2017, the most recent data available (6). Despite impressive improvements in insurance status, access to care, and economic security measures, the ACA is imperfect and several repeal efforts and poor stewardship threaten to exacerbate the law's problems.

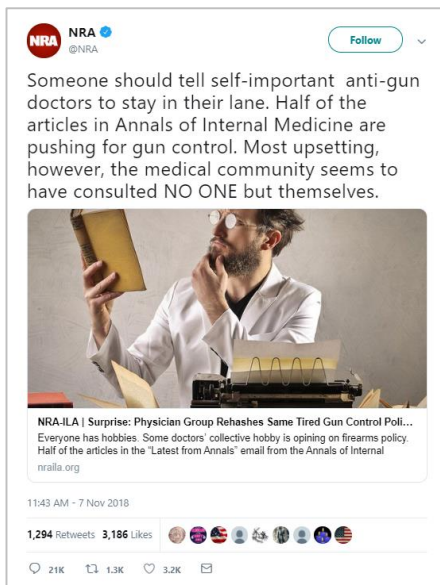
The ACA faced several problems in its early years. The rollout of the online federal health insurance marketplace was fraught with technical issues (7). Underfunding and the temporary nature of 2 risk stabilization programs led to premium spikes and contributed to the demise of Consumer Operated and Oriented Plans (also known as CO-OPs) in many states (8), and the Government Accountability Office raised concerns about premium tax credit enrollment fraud (9). Recent actions that may have a pernicious effect on the law include elimination of the individual mandate penalty starting in 2019, regulations to expand the availability of insurance products that are not required to abide by the law's market regulations, exemptions to the contraceptive coverage requirement for entities with religious and moral objections, and continued uncertainty about the fate of cost-sharing reduction (CSR) payments. The federal government also approved Medicaid waivers that require enrollees to work or be otherwise engaged in the community, which could force sick and economically vulnerable enrollees out of the program and create new administrative and paperwork burdens for physicians and their patients (10). Other problems are a product of the law's design, including limits on premium tax credit and CSR eligibility. Although a recent report indicates that the number of uninsured persons remained steady in the first 3 months of 2018 (4), the Congressional Budget Office (CBO) projects that the number of uninsured will rise from 32 million to 35 million during 2019 to 2028 (11).

- Opioids Epidemic
- Prescription Drug Pricing
- Immigration
- Climate change
- Firearms safety

\* This paper, written by Ryan A. Crowley, BSJ, and Sue S. Bornstein, MD, was developed for the Health and Public Policy Committee of the American College of Physicians. Individuals who served on the Health and Public Policy Committee and contributed to the paper at the time the paper was approved by the committee were Sue S. Bornstein, MD (Chair); Jen K. Carney, MD (Vice Chair); Thomas G. Cooney, MD; Lee S. Engel, MD; Heather E. Gortner, MD; Tracey L. Henry, MD; Joshua D. Lenchut, DO; Bridget M. McCandless, MD; Molly B. Southworth, MD; Fatima Syed, MD; Alexandria Valdirighi, BA; Jacob Quinton, MD; and Mary Anderson Wallace, MD. Approved by the ACP Board of Regents on 3 November 2018.

# ACP Firearms Policy Sparks Movement #ThisIsOurLane

In response to ACP policy recommendations in 2018 on reducing firearm-related injuries and deaths published In *Annals*, the NRA tweeted physicians should “stay in their lane.” ACP and physicians were quick to respond...



# The Future of MOC (Continuing Certification)

- ACP is pleased that ABIM is taking initial steps to develop a continuing certification option that will support lifelong learning by emphasizing education, feedback and the convenience of being self-paced.
- ABIM's plans to develop a longitudinal assessment as an option in addition to their point-in-time examinations align with recommendations put forth by the American Board of Medical Specialties' Continuing Board Certification: Vision for the Future Commission and with ACP's comments submitted to the Commission.
- ACP is committed to ongoing professional development and lifelong learning and to representing our members' needs for continuing certification programs consistent with our professional accountability principles.
- We look forward to supporting ABIM in developing options that emphasize learning, offer flexibility and choice, and that meet the needs of internal medicine specialists and subspecialists as well as the patients they serve.

For more detailed information, visit <https://www.acponline.org/cme-moc/moc/learn-more-about-moc/acps-role-professional-accountability>

# A New Vision for American Health Care Policy

“Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it *takes a willingness to try.*”

Atul Gawande



# Longevity and Zip Code



# Tribute to Dr. Clark Fincher

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Is healthcare a right?

# Show Your IM Pride



[acponline.org/IMProud](https://acponline.org/IMProud)

Let the world know that you're proud be an internist. Use the #IMProud hashtag and tag ACP with @ACPInternists on social media.

# Thank you . . .

**...for your continued support of ACP and your  
commitment to internal medicine.**

