

2017 Upcoming Events

- February 21-22, 2017
Sacramento Leadership Day—Sacramento, CA
- March 28-29, 2017
Spring Board of Governors Meeting—San Diego, CA
- March 30-April 1, 2017
Internal Medicine Meeting—San Diego, CA
- May 23-24, 2017
Washington Leadership Day—Washington, DC

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**Chwen-Yuen Angie Chen,
MD, FACP, FASM and
President CA-ACP Services
Chapter**



Dr. Chen presented the 2016 Annual Report to membership during the Northern and Southern California Scientific Annual Meetings .

2016 ANNUAL REPORT OF THE ACP CALIFORNIA SERVICES CHAPTER

By Chwen-Yuen Angie Chen, President

Angie Chen, President, welcomed members and presented the Annual Report of the ACP (c6) California Services Chapter during the Southern and Northern California Scientific Annual Meetings. The presentations were held October 23, 2016 in San Diego and November 20, 2016 in San Jose, respectively, and included valuable learning sessions and networking opportunities.

REPORT HIGHLIGHTS

- Status of CA ACP membership reflected an overall state *increase* of 2.03% . Members consist of Masters, Fellows, Members, Resident/Fellows, Medical Student Members and Affiliates. The four ACP California chapters are focused on growing chapter and member involvement.
- CA ACP continues its work with grant partners on the *Choosing Wisely*[®] campaign to reduce use of unnecessary tests and treatments. The three-year grant period ends March 2018.
- Fiscal year highlights FY 2015 Actual-FY 2016 Budget. The fiscal year period is July 1, 2015 to June 30, 2016. Approximately \$203,860 in reserves. FY 2016 increase in expense for advocacy activities (Sacramento and Washington Leadership Day(s) and retaining a Legislative Lobbyist.
- A breakdown of c6 expenditures FY 2015 –2016 shows the leading expense in the Advocacy category, followed by Administration costs, Accounting/Legal, Board of Directors and Office Expenses.
- Board actions were taken during the fiscal year to approve acceptance of the 2017 budget to increase advocacy spending limits, *especially for additional trainees*; invited Clarence Braddock, ABIM Chair, to address the Board of Directors on Maintenance of Certification (MOC); Appointed a Financial Investment Task Force to explore options to invest reserves; approved holding its first Board of Directors Strategic Planning Retreat on October 21, 2016.
- Instrumental in advancing legislation through our Health and Public Policy and Medical Practice and Quality Committees:
 - AB 1719 CPR in Schools
 - AB 72 Out-of-Network
 - AB 1763 Colorectal Screening
 - Various bills on Tobacco Legislation
 - SB 177 Physician Wellness
- *Advocates for Internal Medicine Network (AIMn)* total over 15,000 nationwide. AIMn contacts communicate with their legislative representatives on issues of importance to medical students, Internists and their patients and report results back to ACP. The program is open to all membership categories.
- CA ACP's continued vision for the future:
 - Increase value to membership through state and national advocacy reflecting *your voice*
 - Provide more interactive forums for our members
 - Continue supporting participation by medical students, residents and early career physicians
 - Continued collaboration with other health and policy related organizations
 - Ensure the continued fiscal stability of CA ACP by maintaining a corporate reserve account invested
 - Recruit and mentor new leadership
- For Comments/Questions:
Ashley Ruby, Executive Director/CA ACP Services
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Members in Action 2016 ...

*Making Time
to Make a Difference!*



CMA's Annual Legislative Day

Large presence of UC Davis medical students attend first-time advocacy event



CA/Hi Reception @ IM 2016

L-R: Angie Chen, Soma Wali, Congressman Ami Bera, Mark Noah, Raminder Gill



CMA Council on Legislation

Tiffany Leung MD, MPH, FACP



Sacramento Leadership Day

Attendees w/Ed Hernandez, Senate Committee Chair on Health



Northern California Scientific Annual Meeting

L-R: Darin Latimore, Gordon Fung



CMA HOD President's Reception & Awards Dinner Gala

L-R: Susan Sprau, Senator Richard Pan, Angie Chen, Suzanne Trompeter, Ashley Ruby

Northern California Scientific Annual Meeting

L-R: Ashley Ruby, Darin Latimore, Carmelina Raffetto and Lorna Cooper



IN REMEMBRANCE OF DR. JEREMIAH TILLES

On behalf of CA ACP Chapters
By Alpesh Amin, MD, MBA, MACP, Governor ACP Southern California, Region II and
Immediate Past President, CA ACP Services



Dr. Tilles Presents 2016 Tilles Award
L-R: Soma Wali, Dr. Tilles, Tiffany Leung, Angie Chen

It is with great sadness that we announce the passing of former associate dean and Professor Jeremiah Tilles, MD.

Dr. Tilles was the quintessential “triple threat” physician who was instrumental in the development of the UCI School of Medicine into the institution it is today. Arriving at UCI from Harvard in 1971 as chief of the division of infectious diseases, Dr. Tilles brought that unit to national prominence and created the UCI Fellowship in Infectious Diseases. Three years later, he became UCI’s second chair of the department of medicine, a position he held for 18 years.

During his tenure as chair, he helped strengthen each of the department’s divisions, created a new division of emergency medicine and later oversaw the transitions from divisions to departments for emergency medicine, dermatology and neurology. In addition, he built a strong residency program in internal medicine and combined the two previously separate units at the UCI Medical Center and the Long Beach VA Medical Center into a single high-quality program.

Despite his administrative commitment to building the highest quality academic programs, Dr. Tilles remained devoted to patient care and teaching. For example, as attending physician he mentored new infectious disease fellows each July for more than three decades. Dr. Tilles left the department of medicine for the dean’s office in 1991 and became first associate dean for students and later associate dean for clinical faculty, an appointment he held until recently.

Dr. Tilles also contributed his many talents to national organizations. He was a past governor of the American College of Physicians and was chairman of the ACP’s Government Liaison Committee for many years, organizing annual trips to Sacramento and Washington to keep legislators informed on issues critical to medicine. His passion was contagious and inspired many physicians in their journeys forward. These outstanding achievements led the ACP to establish an annual Tilles Award to recognize physicians that foster education, career growth and innovative programs. He was also a fellow of the Infectious Diseases Society of America.

Dr. Tilles was an outstanding academic physician with numerous publications and grants. He contributed major publications to infectious diseases and AIDs research and many of those articles remain as standards of care today. He will be remembered as an outstanding and much-loved teacher, clinician and administrator whose mark will long be felt here at UC Irvine and in the American College Physicians.

On behalf of CA ACP Chapters, friends and colleagues, we convey our sincerest and heartfelt condolences to Jerry’s wife, family and friends.

2016 Legislative Year-End Review

by Tom Riley, Lobbyist to CA ACP Chapters

CA ACP members supported and opposed a broad range of 2016 legislation and prevailed in nearly all instances. The good: An unprecedented package of smoking and vaping legislation passed; after years of no alternative path for physicians with addiction problems, a physicians' wellness bill was passed by the legislature and signed into law; school kids will be trained in the use of CPR and AEDs; nurse midwives, nurse practitioners and naturopathic doctors were not able to convince lawmakers that the scope expansions they sought were warranted by expanded access claims or breadth of training; and primary care physicians received more than a reprieve from the \$60 million graduate medical education cuts previously slated. The Bad: Controversial "surprise billing" legislation was signed into law and potentially life-saving colorectal cancer screening legislation supported by CA ACP members was vetoed by Governor Brown. Of greatest interest to CA ACP members were:

- **Smoking/Vaping:** CA ACP members supported several enacted bills that were brought up in a special session of the legislature and which went into effect in June of 2016: [AB 7X2](#), [AB 9X2](#), [AB 11X2](#), [SB 5X2](#), [SB 7X2](#) [SB 5 X2](#) (Support/Enacted) Closes loopholes in the state smoke-free workplace law, Requires all schools to be tobacco-free, Increases licensing fees on tobacco businesses, Adds e-cigarettes to existing tobacco products definition, and increases the age of sale for tobacco products from 18 to 21.
 - **Balance Billing:** CA ACP members unsuccessfully opposed [AB 72](#) (Oppose/Enacted) and its predecessor, [AB 533](#) (dead) intended to "protect" patients from "surprise billing" that occurs when a patient receives care at an "in-network" treatment facility (one that agrees to accept the insurer's fees) only to find out later that some aspect of the insured's care was provided by an "out-of-network" provider at the "regular" rate. This can result in an unexpected bill that, in some cases, can be substantial. Enactment of the bill triggered a [law suit](#) by one physician group in October and became the focus of much debate at this year's CMA House of Delegates meeting.
 - **Language Interpreting:** [AB 635](#) (Support/Enacted), supported by CA ACP members, will require the state and stakeholders to conduct a study, make recommendations and establish a pilot program to improve medical interpretation services for limited English proficient Medi-Cal beneficiaries in up to four sites.
 - **Nurses Practicing:** Among other provisions, [AB 1306](#) (Oppose/Failed) would have authorized some nurse midwives, absent California's bar on corporations employing them, to manage a full range of gynecological and obstetric care services for women from adolescence beyond menopause, without physician supervision or protocol in some settings (including, "but not limited to," home settings).
 - **Student CPR:** [AB 1719](#) (Support/Enacted) This bill would require, commencing with the 2018-19 school year, the governing board of a school district or the governing body of a charter school that requires a course in health education for graduation from high school to include instruction in performing compression-only cardiopulmonary resuscitation.
 - **Colorectal Cancer:** [AB 1763](#) (Support/Failed) This bill would have required health plans to provide coverage without cost sharing for colorectal cancer screening (including colonoscopies, exams and lab tests for enrollees between 50 and 75 years of age) if the individual is at high risk for colorectal cancer.
 - **Laboratory Simplification:** [AB 1774](#) (Support/Failed) The intent of this bill was to simplify and reduce redundancies in clinical laboratory oversight by state and federal regulators by repealing the laws requiring a clinical laboratory to be licensed by the California Department of Public Health (CDPH), including the licensing fee. The bill attempted to recast the inspection role of the CDPH to involve inspection and monitoring of specific issues for clinical laboratories that are not accredited by an accrediting organization approved under CLIA, investigation upon complaint, and sanctions.



- GME Funding: [SB 22](#) (Support/Funded) Roughly \$100 million of the \$300 million this legislation would appropriate from the General Fund for the purpose of funding new and existing graduate medical education physician residency positions and supporting training faculty was appropriated as part of the 2016-17 state budget act. This includes a *General Song-Brown Act Augmentation* of:

- \$62 million in new funding to be spent over six years to help support existing primary care residencies (family medicine, pediatrics, internal medicine, OBGYN).
- \$10 million in new funding to be spent over six years to support the creation of new primary care physician residency programs.
- \$10 million in new funding spent over six years to fund new primary care residency slots at existing residency programs.
- \$17 million in new funding to be spend over six years to support existing Teaching Health Center (THC) primary care residencies.
- \$1 million to fund the State Loan Repayment Program (SLRP).

- Nurse Practitioners: [SB 323](#) (Opposed/Failed) would have permitted Nurse Practitioners (NPs) to practice, without being supervised by a physician, if the NP has met specified requirements including possessing liability insurance and holding national certification.

- [SB 538](#) (Oppose/Failed), in its final version, would have expanded the scope of naturopathic doctors by authorizing them to independently administer, furnish, order, or prescribe Schedule V controlled substances and any drug approved by the federal Food and Drug Administration and labeled "for prescription only," except chemotherapeutics.

- [SB 1177](#) (Support/Enacted) authorizes the Medical Board of California to establish a Physician and Surgeon Health and Wellness Program for the early identification of, and appropriate interventions to support a physician and surgeon in his or her rehabilitation from, substance abuse, and establishes the Physician and Surgeon Health and Wellness Program Account within the Contingent Fund of the Medical Board of California. The bill would require the board to adopt regulations to determine the appropriate fee for a physician and surgeon to participate in the program and requires these fees to be deposited in the Physician and Surgeon Health and Wellness Program Account for the support of the program. Subject to appropriation by the Legislature, the bill would authorize the board to use moneys from the Contingent Fund of the Medical Board of California to support the initial costs for the board to establish the program, except the bill would prohibit these moneys from being used to cover any costs for individual physician and surgeon participation in the program.

As we round the corner into 2017, CA ACP will be grappling with many new and returning issues. These are likely to include:

- California's budget and policy responses to Trump administration Medicaid, Medicare, ACA policies
- New immigration policies and the affect they have on healthcare
- Legislation that addresses the rise in prescription opioid and illegal narcotic addiction including 2016 CURES law ([SB 482](#)) implementation
- Renewed providing, prescribing and admitting authority expansion efforts
- Indirect efforts to undermine Corporate Bar protections
- Procedure "cost" notification requirements (similar to [SB 1252](#))
- Implementation of policies recently approved by CA voters, including recreational Marijuana
- Gun and Environmental regulation that may place CA policy at odds with federal
- Graduate Medical Education funding/implementation
- Renewal of interest in "hybrid" HSAs
- Drug pricing
- Specialty and primary care network availability (including combined residency expansion)
- Tele-health, e-health and multi-state health insurance/services
- Concierge medicine and "direct primary care" models

GET INVOLVED!

Opportunity to serve on CA ACP Advocacy and Medical Practice Committees and More

The American College of Physicians California Services Chapter invites interested individuals to consider getting involved and participate in its medical practice committee and/or advocacy programs. The time commitment is minimal and participation in committee meetings is primarily by phone conference with meetings scheduled in the early evening hours.

Health and Public Policy Committee (HPPC) addresses issues affecting the health care of the American public and the practice of internal medicine and its sub-specialties. With the pending future of the Affordable Care Act (ACA), and other issues such as implementation of the Medicare Access & CHIP Reauthorization Act (MACRA) that repealed the flawed SGR payment system, 2017 is shaped up to be another challenging year. HPPC is active on many fronts, including efforts to ramp up participation for leadership events at the state and federal level, engaging up and coming advocates, such as medical students and residents; helping them to better understand the political process and the impact legislation can have on the medical industry. Last year's attendance at its annual Sacramento and Washington Leadership Day(s) exceeded expectations, and the committee will continue to support efforts to grow and groom newcomers to these events. The committee works in conjunction with the CA ACP (c6) Board of Directors, Medical Practice and Quality Committee (MPQC), and Subcommittee on Legislative Issues., with outreach to ACP national to carefully evaluate positions on various legislation.

Medical Practice and Quality Committee (MPQC) meets intermittently (usually on a quarterly basis) on issues relating to practice and practice management. While it overlaps and interacts with the Health and Public Policy Committee, it mainly focuses on practice issues, insurance and other reimbursement issues, hassle factors, and legislation that effect practice. The committee supports communication and collaboration with other state ACP Medical Practice Committees for the purpose of identifying issues of common concern and working together when appropriate. The committee is also interested in hearing from ACP members regarding any hassle factors they may encounter and invites them to contact CA ACP Executive Director [Ashley Ruby](#).

Subcommittee on Legislative Issues is a small group that was formed to track and weigh-in on California legislation that affect internists and our patients. The subcommittee is an extension of the HPPC and meets approximately 3-4 times a year as needed . Its main purpose is to review legislative bills, share perspectives with the CA ACP lobbyist and make recommendations to the HPPC .

Advocates for Internal Medicine Network (AIMn) is a program for ACP members interested in participating in federal advocacy. It is designed to help members engage with their federal lawmakers on policy issues important to ACP and internal medicine, using a platform that is user-friendly. As key issues approach the decision-making stage on Capitol Hill, the College emails or faxes legislative updates and alerts to AIMn members, who we call *Advocates*. Legislative alerts include all of the necessary information (including sample messages that can be easily personalized) to make informative contacts with members of Congress, and ACP staff is always available to provide support and answer legislative questions. [Enroll Now](#) and join more than 15,000 colleagues in the *Advocates for Internal Medicine Network (AIMn)* in advocating for the interests of internal medicine in Washington, D.C.

Questions/Comments: CA ACP Executive Director [Ashley Ruby](#) / 916.589.0678



California Assembly Member

Dr. Joaquin Arambula (D) — District 31

Physicians in the Legislature

... *Making a difference to improve patient care*

After winning a special election in April, California ACP welcomed Dr. Joaquin Arambula (D-Fresno), the first Latino physician ever elected to the State Assembly. Prior to running for office, Dr. Arambula served as Medical Director of California Emergency Physicians at Adventist-Selma Hospital. Under his leadership, the Selma Emergency Department was recognized as one of the most efficient emergency departments in the state and won several awards.

Dr. Arambula also serves as a mentor for the UCSF Fresno Doctor's Academy, helping to encourage local students to pursue careers in the health professions. He said that, as a member of the State Assembly, he will use his experience as an emergency physician to advance the precept that health care is a fundamental human right.

Dr. Arambula attended medical school with the goal of serving rural communities like the one he grew up in. "After medical school, I returned to the Valley and began serving patients from many small, rural farm-working communities," he said.

During his first six months in office, he held two public hearings about the shortage of doctors in the Central Valley. To help this shortage in rural communities, Dr. Arambula has been a vocal advocate for the establishment of a medical school in the San Joaquin Valley, hopefully encouraging more trained medical professionals to remain in their communities.

As a doctor, Dr. Arambula has been on the frontlines of some of the most serious challenges and has seen the issues that impact the lives of Valley residents.

He said these experiences galvanized his commitment to ensuring that everyone, regardless of their social or economic status, receives the care they deserve. Dr. Arambula said that years of seeing patients in emergency rooms taught him that investment in preventative care is key to building healthier communities.

Communities in the district Dr. Arambula represents are some of the most disadvantaged, with some of the highest poverty rates and highest exposure to environmental pollution. To that end, he has been working with Governor Brown to ensure that funds generated by pollution prevention programs are being spent in the areas most impacted by greenhouse gases and other pollutants.

Dr. Arambula said he also intends to spend his next 10 years in the Assembly increasing access to care, improving medical technology, and expanding the availability of medical translators.

He was born and raised in the San Joaquin Valley and his parents instilled in him a commitment to hard work and public service, as well as a dedication to making the Central Valley a better place to live, work and raise a family. Dr. Arambula said that he and his siblings learned from their parents the importance of giving back to the community: "They instilled in us a deep commitment for helping those less fortunate."



Report on the California Medical Association (CMA) House of Delegates (HOD) - 2016

By Susan Sprau, MACP

The California Chapter of ACP Services (CA ACP) sent 7 delegates to the annual CMA House of Delegates held in Sacramento, CA October 14-16, 2016. Darin Latimore, FACP (Vice-Chair CMA Council on Legislation) and Angie Chen, FACP (President of CA ACP) represented Northern California chapter. Chester Choi, MACP, and myself represented Southern CA Region 1. Mel Sterling, MACP, represented Southern CA Region 2. Susan Trompeter, FACP, and Paul Speckart, MACP, represented Southern CA Region 3.

In addition there were many additional ACP members representing geographic districts and modes of practice including Art Lurvey, FACP, Fred Russo, FACP, Lee Snook, FACP (incoming Speaker to CMA HOD), Steve Larsen, FACP (outgoing President to CMA HOD), Roz Shorestein, FACP and Gordon Fung, FACP (Governor No. CA ACP). Tom Riley, CA ACP legislative consultant/lobbyist, and Ashley Ruby, CA ACP Executive Director supported our delegation as well.

At our Internal Medicine Caucus we coordinated with Rachel Ekarai, a third year medical student from San Francisco, who will be working with Ashley Ruby to increase medical student internal medicine interest groups involvement in CA ACP. She indicated that medical students are very interested in mentorship opportunities with practicing internists/internal medicine subspecialists. Anyone interested in working as a mentor should contact [Ashley Ruby](#).

There were 4 major topics of discussion: MACRA, Physician Burnout, MOC, and the State of California's 5 year Public Health Plan. It was agreed that the proposed rule for MACRA issued just before the start of the meeting is an improvement, but that there still needs to be changes to adequately protect the solo-small practice physician in underserved areas from penalties. There was a general consensus that lack of interoperability and poor quality electronic health record systems (EHR) are a major obstacle to providing high value patient care and that the current EHRs substantially contribute to physician burnout. The President of ABMS spoke and attempted to defend the changes currently in progress for MOC; Paul Tierstein, MD, an interventional cardiologist from La Jolla, presented a rebuttal which was well received. It was generally agreed that ABIM remains one of the most restrictive boards with regards to MOC despite the changes that are being made with pressure from national ACP. It was suggested that the 5 year public health plan should place greater emphasis on the control of emerging disease and antibiotic resistance. In addition, there was discussion regarding CMA's non-opposition to AB 72, recent legislation that caps fees for out-of-network physicians.

Darin Latimore completed his term of President of the CMA Specialty Society Delegation and Angie Chen was elected to the CMA Specialty Delegation Board of Directors.

The Academic Physician Delegation organized an inaugural poster session for medical students/residents. One of the winning posters surveyed 159 medical students at UC Irvine and found that "medical students are more likely to approach and discuss a medical error or unethical behavior with a classmate or nurse rather than a doctor".

Membership in CMA for medical students and residents is free and we encourage our student members and residents to join CMA. Instructions can be found on the CMA [website](#). We encourage all ACP practicing physicians to join CMA as well. If you need assistance in completing the application, Ashley Ruby (email above) can assist.

Any ACP member interested in becoming more involved with ACP advocacy activities within CMA should contact Ashley Ruby (email above) or [myself](#).

Longtime CA ACP member, leadership figure, and UC Davis physician accepts new position at Yale Medical School



Darin A. Latimore, M.D., associate dean for student and resident diversity at the University of California, Davis School of Medicine has accepted a position of Inaugural Chief of Diversity at Yale Medical School beginning in January.

During his tenure at UC Davis his vision for the Office of Student and Resident Diversity was to create a climate where individuals from diverse backgrounds feel included and respected, produce a physician workforce that reflects the diversity of the state of California, and achieve educational and clinical standards of cultural competence that ultimately reduce health disparities and provide the best care for all patients.

To meet these goals, he developed initiatives to increase the pipeline of socio-economically disadvantaged medical students, residents, and faculty and has spearheaded programs to support and empower underrepresented students who are interested in attending medical school.

Over the years, Dr. Latimore has been consistently involved in the legislative process to advocate for improved patient care, including working with the California American Lung Association in the “Doctors for Climate Change” campaign. Earlier this year he was recognized by ACP national for efforts made in support of ACP’s advocacy program and received the 2016 *Advocate for Internal Medicine* award. As past-president of the American College of Physicians CA Services Chapter (CA ACP), he was instrumental in working with key medical organizations to secure a grant with Covered California. Most recently, his efforts along with other industry leaders resulted in securing a grant to advance ABIM’s *Choosing Wisely* campaign to reduce the overuse of tests and treatments. Dr. Latimore has served tirelessly on numerous CA ACP committees and councils to help advance its vision and mission. He has been a member of the California Medical Association (CMA) and the Sierra Sacramento Valley Medical Society (SSVMS) since 2000, serving in a number of leadership positions, including chair of the CMA House of Delegates, vice-chair of the CMA Council on Legislation and a member of the SSVMS Board of Directors. He has also served on many local, state and national working groups dedicated to diversity, equal opportunity and medical education and has helped permanently change the face of California medical education.

Dr. Latimore’s passion for promoting diversity and inclusion stems from his own background as one of the few African-Americans on campus and even fewer students from his socioeconomic background. After obtaining his medical degree at UC Davis School of Medicine and completing his residency in internal medicine at UC Medical Center, he worked as a physician specializing in HIV care with The Permanente Medical Group in south Sacramento where he also trained medical students and residents. His transition to academic medicine began with his appointment as associate program director for the UC Davis internal medicine residency program.

In his new role at Yale, Dr. Latimore will be responsible for developing and implementing a comprehensive plan for furthering diversity, equity and inclusion at the school, including a robust recruitment, development, and retention program.

ACP CA Chapters congratulate Dr. Latimore on his well-deserved new role at Yale and extends appreciation for his exemplary leadership and support throughout the years.

The Inaugural California Council of Student Members (CCSM)

By Pooja Jaeel / Keck School of Medicine at USC, MD Candidate 2017

I first became involved with ACP as a part of the national Council of Student Members (CSM), a 13-member student group that coordinated medical student activities with ACP throughout the country. During my time on the CSM and the Ethics, Professionalism, and Human Rights committee, I have had the privilege of getting to know the ACP. I have met many inspirational members and leaders, attended regional and national conferences, participated in creating ACP policy stances, and lobbied congressmen on Capitol Hill. I continue to be inspired by how this large organization stays true to all of its many and varied constituents. Even as a medical student, there are events for me, eager mentors to advise me, and opportunities to learn the clinical and humanistic side of medicine. Most significantly, I always feel that my voice is heard and respected.



Throughout my time with the ACP, however, I was disappointed to note how few Californian medical students are engaged with the ACP compared to students in other states. In the current school year, only 26% of all total eligible medical students have an ACP membership. Only a small portion of those enrolled actually take part in ACP affiliated events. While the Internal Medicine Interest Group (IMIG) at each school are great to introduce students to internal medicine, the quick turnover of leadership within the 2 pre-clinical years makes it hard for clubs to start and maintain any meaningful collaboration and activity with the ACP.

In order to meet this need, we have launched the **inaugural California Council of Student members (CCSM)**. The Council is comprised of one student from each of the California medical schools. Each council member also holds a leadership position in their respective IMIGs to ensure constant communication between the council and the individual schools. Additionally, council members sit on their respective region's Governor's Advisory Council.

The council's major objectives are to:

- Increase networking for students interested in internal medicine
- Increase collaboration with regional and state ACP
- Serve as a resource for IMIG leadership
- Increase student participation at regional, state and national events

In addition to being our inaugural year, 2017 is important to our group because California will host the national ACP IM meeting. We believe that this is a great opportunity for our group to motivate and energize medical students from all over California to attend a national conference. Building on that momentum, we believe we can inspire increased attendance to the state and national leadership days that follow IM 2017.

We are very excited to get to work on our mission to connect students interested in IM to each other, to mentors, and to ACP. However, as a new council I recognize that our largest challenge this year will be to ensure sustainability for this group for years to come. I am so grateful for the tremendous support from our regional governors and executive directors thus far. I also welcome any interested residents and physicians to become mentors and help us make this a lasting part of the California ACP!

Pooja Jaeel / Keck School of Medicine at USC, MD Candidate 2017
Founder and President, ACP California Council of Student Members / jaeel@usc.edu

ACP Council of Student Members 2016-2017:

President: Pooja Jaeel – USC

Vice President: Brendan Kim—California Northstate University

Secretary: Fiona Scott—UC Davis

Priya Patel—Western University

Nina Gertsvolf—USC

Rahul Chug—Tuoro University

Sarah Takimoto- UC San Francisco

Jacqueline Kulwin—UC Irvine

Amira Barkal—Stanford University

Nadia Faiq—UC Los Angeles

CA ACP Member Survey Response on “Perceptions of Choosing Wisely and Drivers of Overuse”

by Ashley Ruby, Executive Director / CA ACP Services

In May 2015, CA ACP partnered with healthcare organizations as part of a three-year grant in the *Choosing Wisely*® campaign. The effort is an initiative of the ABIM Foundation to reduce waste and overuse in our nation’s health care system. CA ACP’s primary role in the grant is provider engagement to foster professional values consistent with the culture of *Choosing Wisely* and ACP’s *High Value, Cost-Conscious Care Initiative*.

In that capacity, CA ACP distributed several case focused member communications and solicited responses on best practices and barriers to address antibiotics for viral URI’s; antibiotic overuse for UTI’s (infection versus colonization or inadequate specificity of testing); and antibiotic use for pharyngitis and sinusitis. Additional case studies will soon release to address overuse of diagnostic tests in both inpatient and outpatient settings—testing for non-specific headache and low back pain.

During the Southern and Northern California Scientific Annual Meetings, eighty-two attendees served as a focus group and provided feedback after participating in a *Choosing Wisely* survey. The survey titled “Physician Perceptions of *Choosing Wisely* and Drivers of Overuse” was previously published by the American Journal of Managed Care. CA ACP received permission to use the data from survey developers and authors Carrie H. Colla, PhD; Elizabeth A. Kinsella, BA; Nancy E. Morden, MD, MPH; David J. Meyers, MPH; Meredith B. Rosenthal, PhD; and Thomas D. Sequist, MD, MPH.

The survey was designed by researchers at Brigham and Women’s Hospital, Dartmouth, the Harvard School of Public Health, and Partners Healthcare System to “investigate physicians’ knowledge of, awareness of, and feelings toward *Choosing Wisely*, and the integrally related concerns about malpractice, perception of patient demand, discomfort with uncertainty, and cost-consciousness. Where possible, validated survey instruments to examine potential determinants of overuse were used”.

Section I of the survey centered on Costs and Utilization to address perceptions regarding health care costs and utilization. Section II - Uncertainty and Malpractice addressed clinical uncertainty and malpractice concerns.

Our focus group response for CA ACP is based on eighty-two respondents including primary care physicians, hospitalists and specialists.

Question:

- Doctors need to limit unnecessary tests: 78% Strongly Agree
- It is unfair to ask physicians to be cost-conscious and concerned with patient welfare: 34% Moderately Disagree
- There is currently too much emphasis on costs: 30% Moderately Agree
- I feel pressure from patients to order more tests and procedures: 43% Moderately Agree
- I should be devoted to patients’ interests, even if expensive: 37% Strongly Agree
- I understand the cost of tests and procedures to the health system: 34% Moderately Disagree
- Decision support tools would be useful: 50% Strongly Agree
- I try not to think about costs during treatment decisions: 43% Moderately Disagree
- I feel financial pressure to order fewer tests: 33% Moderately Agree
- Cost is only important for out-of-pocket: 48% Strongly Disagree
- Doctors are too busy to worry about cost: 38% Moderately Disagree
- Cost to society is important in my decisions: 48% Moderately Agree

Continued... CA ACP Member Survey Response on “Perceptions of Choosing Wisely and Drivers of Overuse”

- Physicians have responsibility to control costs: 54% Strongly Agree
- Physicians should be aware of /adhere to clinical guidelines: 63% Strongly Agree
- Physicians should adhere to guidelines that discourage interventions with small benefit but high cost: 55% Strongly Agree
- Physicians across different specialties are like-minded in their commitment to reducing unnecessary treatments: 35% Moderately Disagree
- I feel pressure from patients to refer them to consultants: 46% Moderately Agree
- Risk of unnecessary tests is important in my decision to refer patients for consultation: 46% Moderately Agree
- Uncertainty involved in patient care disconcerting: 50% Moderately Agree
- I order tests/consultations to avoid appearance of malpractice: 41% Moderately Agree
- Relying on clinical judgment over technology is becoming riskier due to malpractice concerns: 41% Moderately Agree
- I ask consultant opinions to avoid being sued: 35% Moderately Agree
- I feel pressured by the threat of malpractice: 34% Moderately Disagree
- I am concerned I will be involved in a malpractice within 10-years: 40% Moderately Agree
- Are you aware of the Choosing Wisely Campaign? 51% Yes, very aware
- Do you View the Choosing Wisely Campaign as a legitimate source of guidance regarding the use of unnecessary tests and procedures? 55% Yes, absolutely
- Has the Choosing Wisely Campaign empowered you to reduce the use of unnecessary tests and procedures? 46% Moderately Agree

Overall, the survey results indicate a majority of respondents have knowledge of the Choosing Wisely Campaign and regard it as a “legitimate source of guidance” with most agreeing it has empowered them to reduce the use of unnecessary tests and procedures.

As stated in the article featured in [American Journal of Managed Care](#), “Reduction of overuse will require more than just engaging physicians, as the behavior of patients, regulators, and other stakeholders also contributes to the consumption of low-value services. Improving the value in the U.S. healthcare system will require a multi-faceted approach in which all stakeholders’ beliefs and objectives are taken into consideration so that incentives are aligned for the elimination of the use of low-value services across stakeholder groups”.

CA ACP will continue outreach efforts to engage and inform members about the many resources available through the ABIM Foundation and through ACP’s High Value Care, which can help physicians better educate patients and help make wise decisions based on a patient’s individual situation.



“Incredible night for lung health”

On Election Day, California voters overwhelmingly passed Proposition 56, a \$2 tobacco tax increase. It was an “incredible night for lung health” and a victory for the health of all Californians. We are grateful to ACP member, Darin Latimore, MD, for his [Op Ed](#) in *Capitol Weekly*. Read the full [Election Night statement](#) from Olivia Diaz-Lapham, President and CEO of the American Lung Association in California.

Now is a great time to talk to your patients who may be motivated to quit smoking. The Lung Association has many resources to help you and your patients! In September, we unveiled [Freedom From Smoking® Plus](#) to help smokers quit for good through a new highly engaging online platform that includes activities, videos, quizzes and more.

If you would like to offer a Freedom from Smoking program in your community, check out a [local training near you](#) or contact Zoila Reyna at Zoila.reyna@lung.org to learn more.

Lung champions needed!

The American Lung Association in California is looking for patients with lung disease or families touched by lung disease to join us in our fight for healthy air and lungs. With a new administration, we need advocates to help us protect the progress we’ve made in tobacco control, healthy air, lung disease research funding, and access to healthcare.

There are many ways to get involved—becoming a spokesperson, being a part of the program or event committee, meeting with elected officials, and more. If you

have patients who would like to help us in our critical lung health work, please contact Erin.Reynoso@Lung.org.

Zero emission vehicles could save Americans billions of dollars each year

A new report by the American Lung Association in California [Clean Air Future: Health and Climate benefits of Zero Emission Vehicles](#), finds over-reliance on petroleum-based fuels for transportation costs 10 U.S. states \$37 billion in health expenses and climate costs every year with California costs alone hitting \$15 billion. The health prescription? Moving to emission-free vehicles as quickly as possible to save lives and money.

The report received nationwide media attention including articles in [WIRED Magazine](#), the [Fresno Bee](#), and the [Riverside Press-Enterprise](#).

“I see the toll traffic pollution takes every day in my practice,” said Dr. Afif El-Hasan, a pediatrician serving Southern California, who also serves on the California Lung Association’s Governing Board. “When we talk about zero-emission vehicle policies, we must not forget that air pollution makes people sick. That includes everyone from little children to family breadwinners. Pollution can even kill. Slashing vehicle emissions through the ZEV program can save lives.”

Read the [full report](#) and review a [fact sheet on the California benefits](#).