

# The American College of Physicians

Working for You and With You:  
Improving the Lives of Internists and Their Patients

*Fall 2020*

# Content Overview

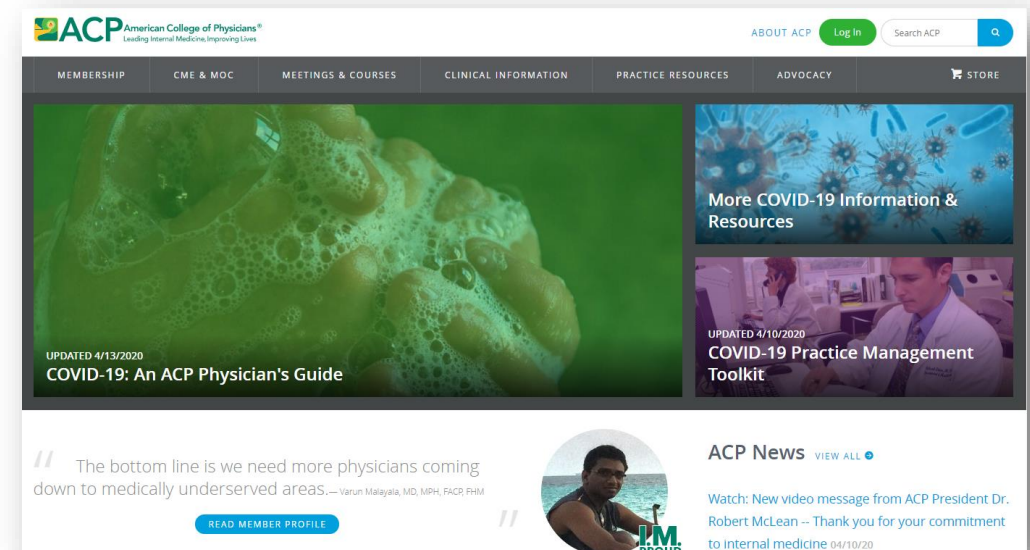
- COVID-19 Pandemic: Supporting Members and the Internal Medicine Community: Slides 3-18
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- Excellence in Educational Resources: Slides 41-54
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- Involvement, Engagement, and Opportunities to Connect: Slides 62-70

# COVID-19 Pandemic

How ACP is supporting members and the internal medicine community during this public health crisis

# Supporting Internal Medicine During COVID-19 Pandemic

- Created comprehensive COVID-19 Resource Hub: [www.acponline.org/novel-coronavirus](http://www.acponline.org/novel-coronavirus)
- Development and real-time updating of clinical, practical tools and information
- Development of new ACP policies to address new situation and circumstances
- Vigorously advocating to address ACP member and patient needs
- Webinars: practical advice from front lines; implementing telehealth
- Podcasts
- Frequent publication of new *Annals* content
- Member discussion forum
- Regular Update emails to ACP members



# COVID-19 Resource Hub: A Collection of COVID-19 Resources

## Ethical Considerations from ACP

STATEMENTS

- ➔ Internists Say Harassment Based on Race or Ethnic Origin is Never Okay
- ➔ Internists Say Prioritization, Allocation of Resources and Stewardship Must Not Result in Discrimination During COVID-19 Emergency

ETHICS MANUAL, SEVENTH EDITION

- ➔ The Patient-Physician Relationship and Health Care System Catastrophes
- ➔ Medical Risk to Physician and Patient

CASE STUDY

- ➔ Stewardship of Health Care Resources: Allocating Mechanical Ventilators During Pandemic Influenza

## Stay Informed with Podcasts

### Infectious Diseases Society of America Podcasts

ACP is supporting the Infectious Diseases Society of America (IDSA) on their weekly podcast series to keep members informed regarding the COVID-19 situation.

LATEST EPISODE (6/20/2020)



Infectious Diseases Society of America (IDSA) - COVID-19: Conversations with Experts (6/20/2020)

Listen to this episode

### ACP Podcasts

➔ Surge Modeling for COVID-19  
Published April 30, 2020

➔ Practical Tips on COVID Risks  
Published April 10, 2020

➔ COVID-19 is Changing the Answer  
Published April 9, 2020

➔ Protecting Health Care Workers from COVID-19  
Published March 31, 2020

➔ Understanding the Spread of COVID-19  
Published March 17, 2020

## Webinars Presented by ACP

### UPCOMING WEBINARS

#### Resident Well-Being During the COVID-19 Pandemic

Date/Time: Wednesday, July 22, 2020, at 10:00 p.m. ET

The COVID-19 pandemic has brought about new and stressful challenges for residents. To help support your well-being during this unprecedented time, Irene Aluen Metzger, MD, FACP, and Matthew MD, FACP, and Benjamin MD, MSBS, FACP, explore how the pandemic is impacting residents emotionally and physically, as well as how it is affecting their training and career goals. Learn strategies and discover resources to help support your well-being during the COVID-19 pandemic.

Register Now

### PAST WEBINAR RECORDINGS

➔ Innovations in the Care of Outpatients with COVID-19 **CME AVAILABLE**

➔ Addressing and Supporting Physician Mental Health during Challenging Times **CME AVAILABLE**

➔ Revving Up Your Telemedicine Practice in the Time of COVID-19

➔ COVID-19: Practical Advice and Support from Internists on the Front Lines **CME AVAILABLE**

## Additional Information



Center for Disease Control and Prevention



World Health Organization



Infectious Diseases Society of America



ECRI

More resources from internal medicine subspecialty societies

Discuss COVID-19 with other ACP members.

Join the Conversation

## Coronavirus Disease 2019 (COVID-19): Information for Internists

### COVID-19: An ACP Physician's Guide

LAST UPDATED: JULY 8, 2020

This ACP-produced resource can be easily accessed on handheld devices and provides a clinical overview of infection control and patient care guidance. CME credit and ACP points available.

Access Guide



ACP is working to support the internal medicine community during this global pandemic by providing practical tools and information, and vigorously advocating to address the needs of ACP members and their patients.

### COVID-19 Practice Management Resources

This toolkit is intended to help practices now and in the coming weeks make adjustments due to COVID-19.

View Resources

JUMP TO SPECIFIC SECTION:

- ➔ Infection Control and Patient Care Guidance (Updated 6/20/20)
- ➔ Practice Management Resources (Updated 6/20/20)
- ➔ Practice Management Resources (Updated 6/20/20)

### Incorporation of Telemedicine into Your Practice

ACP's new online CME program provides crucial information to physicians looking to begin or expand the use of telemedicine during the COVID-19 outbreak. It includes guidance about coding and using telehealth. CME/ACME is free to ACP members.

Start Activity

MORE ON TELEMEDICINE:

➔ Telemedicine: Setting Up Your Telemedicine Practice for the Time of COVID-19

## Policies & Guidelines

### ACP PRACTICE POINTS

- ➔ Use of N95, Surgical, and Cloth Masks to Prevent COVID-19 in Health Care and Community Settings
- ➔ Evidence Does Not Support Chloroquine or HCQ Use Alone or in Combination with Azithromycin as Prophylaxis for COVID-19

### CLINICAL AND PUBLIC POLICY

- ➔ Partial Resumption of Economic Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity



### Latest from Annals of Internal Medicine

- ➔ Clinical Validity of COVID-19 Serum Antibodies **IF**  
7/8/2020
- ➔ Obesity and COVID-19 in New York City: A Retrospective Cohort Study **IF**  
7/6/2020
- ➔ Qualitative Assessment of Rapid System Transformation to Primary Care Video Visits at an Academic Medical Center **IF**  
7/6/2020
- ➔ Regulatory Calls for Treating Patients with COVID-19 and Acute Respiratory Distress Syndrome: Two Case Reports **IF**  
7/6/2020

### Latest Advocacy from ACP

- ➔ Internists Urge Withdrawal of Executive Order to Suspend Investigation, Citing Harm to U.S. Health Care System
- ➔ ACP Urges CMS to Extend Health Plan in the Quality Payment Program Due to the COVID-19 Crisis
- ➔ Internists Encourage Several Major Health Insurers and Associations to Keep Telehealth and Other Flexibilities in Place After the COVID-19 Health Crisis Ends
- ➔ Internists Say Penalties for Telehealth and Other Regulatory Measures Should be Extended After COVID-19
- ➔ ACP Leaders Support Using "New Vision" to Guide U.S. Health Care Reform during and after COVID-19 Pandemic
- ➔ Internists Call on HHS to Make a Targeted Allocation of Funds to Keep Primary Care Practices from Closing
- ➔ Internists Urge Enforcement of Protections in HHS's Act to Support Physicians and Patients, Call for Reserving Primary Care for Access
- ➔ ACP Offers Clinical and Public Policy Guidance on "Partial Resumption" of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk
- ➔ CMS Announcement of Pay Rate for Telephone Care Announces a Top ACP Priority

# COVID-19: An ACP Physician's Guide

Online, mobile-friendly clinical overview of infection control and patient management guidance that is updated frequently and continuously.



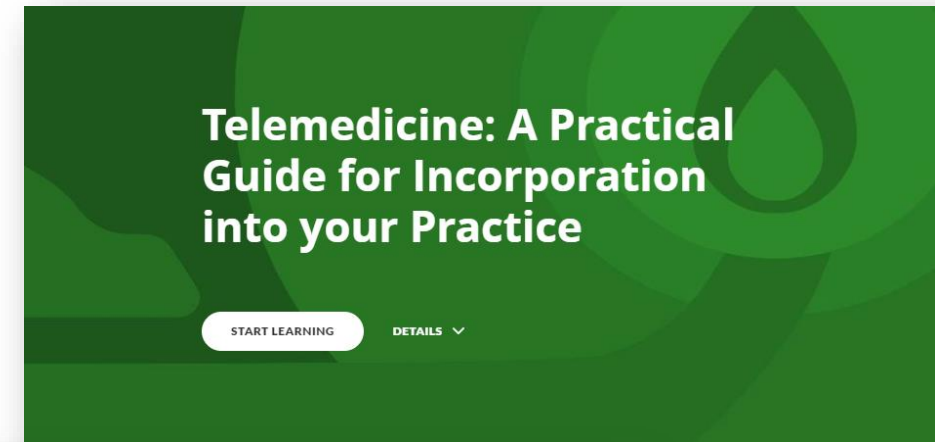
**March 2020-July 2020**

Page views 114,627

Users 31,897

# Telehealth & Telemedicine Resources

- Online interactive CME program to help physicians implement telemedicine. Includes information about patient care during pandemics and public health crises.
- Resources for telehealth coding and billing during COVID-19
- Information on telehealth coverage rules, technology options for telehealth, and more



## Telehealth Resources

Telehealth, or telemedicine, is the use of technology to deliver care at a distance.

ACP supports the expanded role of telemedicine in the primary care setting and has put together the following resources breaking down a physician's telehealth options, the applicable billing codes, and ACP policy guidance.



Get a look at ACP's existing and planned telehealth resources.

## Telehealth Coding and Billing During COVID-19

**IMPORTANT:** During the COVID-19 public health emergency, all telehealth coding and billing information, whether COVID-19 related or not, can be found at the below link.

[Telehealth Coding & Billing](#)

## Technology for Telehealth

Here are some short-term and longer-term solutions you can use in your practice to conduct telehealth with your patients.

### HIPAA-Compliant Technology Options

A number of vendors supply HIPAA-compliant video communication products. These include:

Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts Meet.

### Temporary Options for Video Visits (Non-HIPAA-compliant)

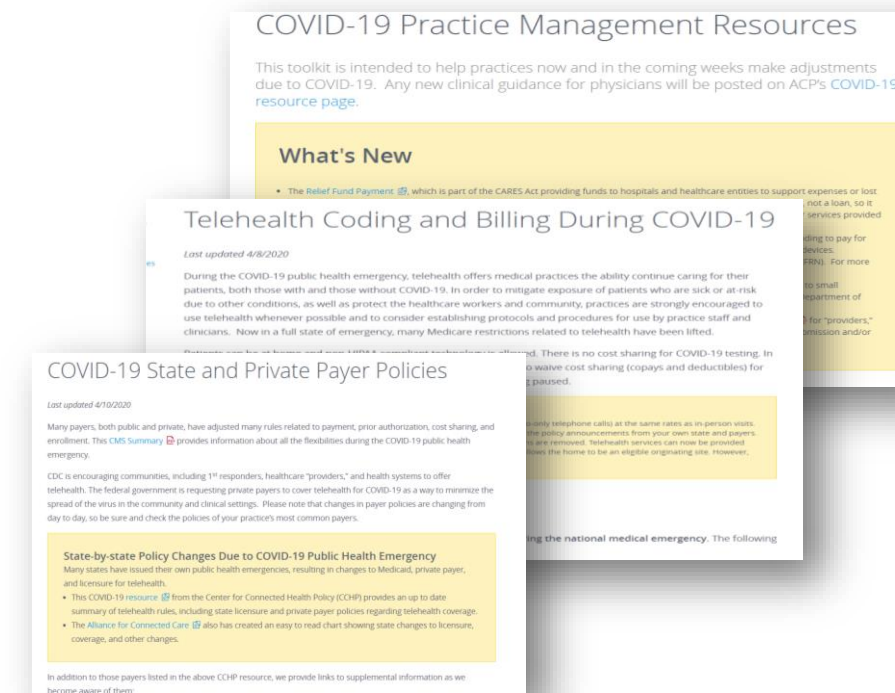
During the current COVID-19 public health emergency, CMS is not enforcing the requirement that the technology used for a video visit between a physician and a patient be HIPAA-compliant. This allows physicians to use commonly available video chat solutions such as Apple FaceTime, Skype, or Facebook Messenger video chat.

### Privacy and Security Disclaimer

Physicians are encouraged to notify patients that these third-party applications potentially introduce privacy risks and encourage them to use the applications with caution and awareness of these risks.

# COVID-19 Practice Management Resources

- New resources to support members and their practices, including:
  - **Coding and Billing for both Telehealth and Telephone Calls**—guidelines for using CPT and ICD10 codes, modifiers, allowed technologies, testing, and more
  - **Payer Policies**—information about payer and state-specific policy updates and flexibilities related to phone calls, testing, cost sharing, prescriptions, and enrollment
  - **Practice Financial & Management Issues**—tips for accessing financial assistance, managing personnel shortages, and other issues
  - **COVID-19 Immunization Resources**- including workflows to promote immunizations and how to safely administer vaccines during the COVID-19 pandemic
  - PPE Partnership with Project N95 to secure PPE for ACP Members



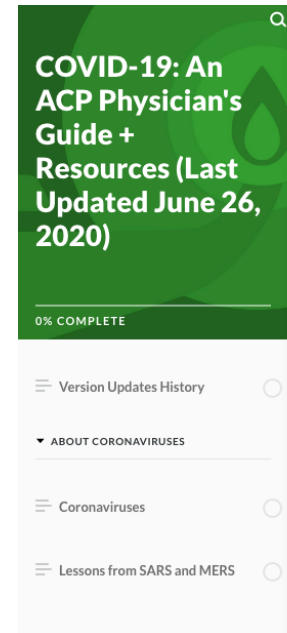


# COVID-19 Reopening and Recovery Resources

ACP has developed Ambulatory Care Reopening and Recovery practical, downloadable resources to help ambulatory practices safely resume care in the face of clinical uncertainty, limited evidence, and other limitations.

- Practice resources include:
  - Innovative Staffing Models
  - Workflow Modifications to Ensure Patient and Clinician Safety  
Preparing Your Office for Re-Opening – Ambulatory Infection Control Checklist
  - COVID-19 Testing Strategy for Practices
  - Team-based Care and Flexible, Adaptable Leadership
- Patient resources include:
  - A downloadable communication template for practice communication to patients about reopening or resuming care
  - FAQs for patients on seeking non-COVID care during the pandemic
  - An infographic on where and when to seek non-COVID care during the pandemic

Downloadable worksheets and documents are available for each section. These and other resources can be found within [ACP's COVID-19: An ACP Physician's Guide and Resources](#).



Chapter 19 of 28

## Resources: Ambulatory Care Reopening and Recovery

Safe resumption of ambulatory care is a key priority for supporting the US health care system's capacity to manage and recover from the COVID-19 pandemic. ACP has published clinical and public policy guidance on "[Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity](#)." This guidance provides a series of recommendations based on best available evidence. The ACP guidance supports rapid expansion of health system capacity to diagnose, test, treat, conduct contact tracing, and conduct other essential public health functions, while doing so in a manner that mitigates risk by slowing and reducing the spread of COVID-19 and its associated harm to patients.

# ACP Results From PPE Sales (June and August 2020)

Meeting the needs of small practices and many others

## 2,500 members ordered

220,000 masks

93,500 gowns

15,720 face shields

>60,000 staff covered

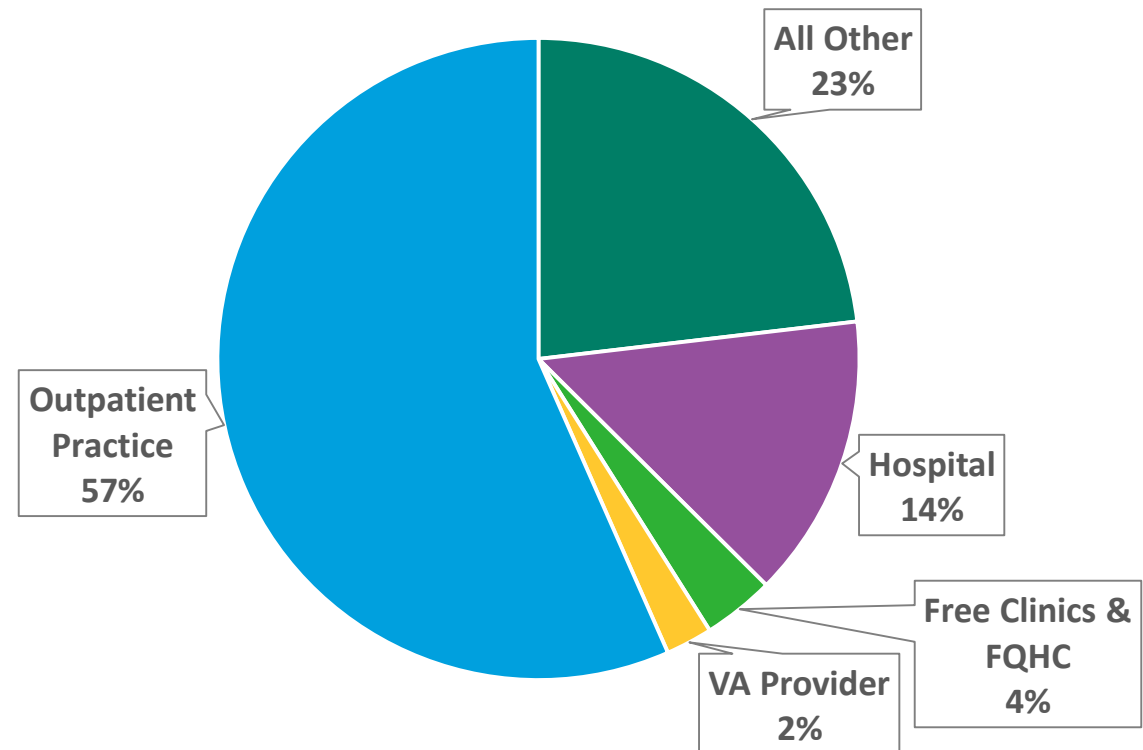
## Small Avg. Order Size:

5 boxes of 20 masks

7 bags of 15 gowns

4 boxes of 10 face shields

Type of Provider



# New ACP Policies Developed in response to COVID-19

- Policy Supports Wearing of Masks to Reduce Transmission of COVID-19
- Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity
- Prioritization, Allocation of Resources and Stewardship Must Not Result in Discrimination
- Harassment Based on Race or Ethnic Origin is Never Okay
- Physicians Can Bring their Own PPE and Speak Out on COVID-19 Care Conditions
- Social Distancing Recommendations to Help slow spread of COVID-19
- Nonurgent In-person Medical Care – Transition In-office visits to Virtual Care

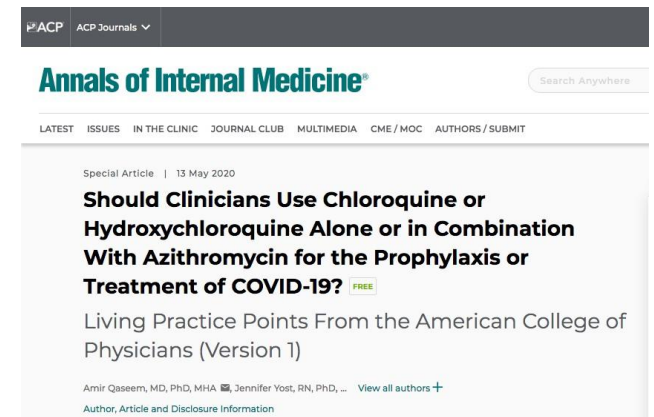


# ACP 'Living' Practice Points

Provide advice to improve the health of individuals and populations and promote high value care based on the best available evidence derived from assessment of scientific work. Updated as new evidence becomes available.

Recently published Practice Points:

- What is the effectiveness of N95 respirators, surgical masks, and cloth masks in healthcare and community settings for prevention of COVID-19? Should N95 respirator be re-used or their use extended during limited availability for prevention of COVID-19? Living Practice Points from the American College of Physicians (Version 1)
- Should Clinicians Use Chloroquine or Hydroxychloroquine Alone or in Combination With Azithromycin for the Prophylaxis or Treatment of COVID-19?/Update

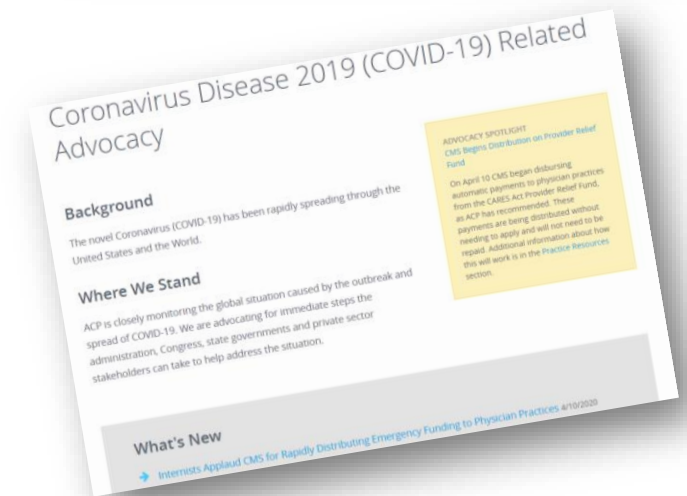
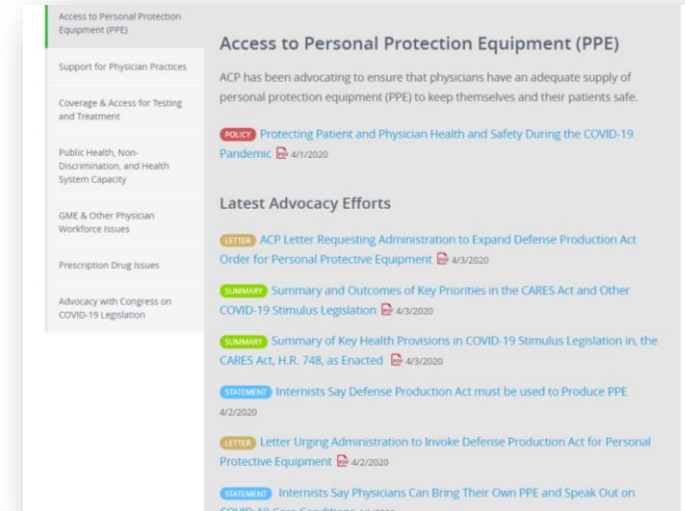


# ACP COVID-19 Related Advocacy and Regulatory Activity: Wins that help Internists and their practices

ACP's vigorous advocacy on the federal, state and local levels has achieved:

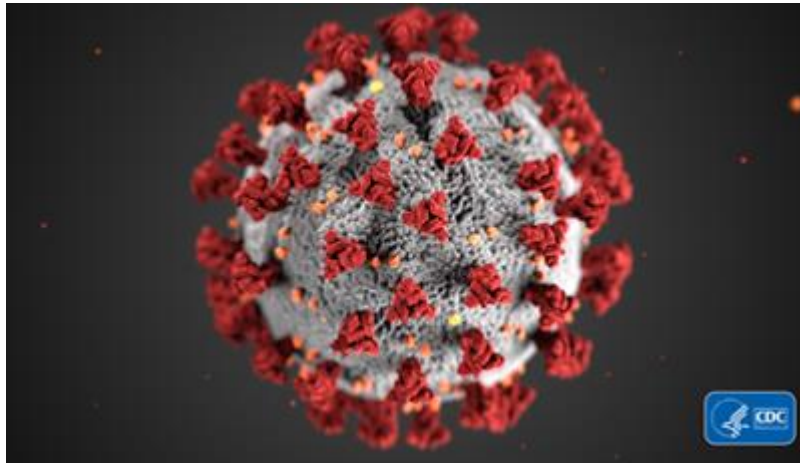
- Pay parity for telehealth and telephone call services from [Medicare](#) and many [private payers](#), and loosened restrictions for those services
- [Payments to practices](#) that won't need to be repaid under the Provider Relief Fund. And, additional funds that can be accessed as loans through Medicare Advanced and Accelerated Payments, and the Paycheck Protection Program
- Coverage for COVID testing and treatment through the [CARES Act](#)
- Increased production of Personal Protective Equipment (PPE) after Defense Production Act (DPA) invoked by the administration

ACP's advocacy continues. We call on federal agencies and Congress to [increase availability](#) and [processing of visas](#) for Internal Medical Graduates (IMGs). We also call for the [flexibilities](#) that have been granted for telehealth services to remain in place.



## COVID-19 Content collection in *Annals of Internal Medicine*

*Annals* is publishing a growing collection of research articles, commentaries, essays, podcasts, and graphic narratives related to COVID-19 is freely available to the public at the *Annals of Internal Medicine* website, [www.annals.org](http://www.annals.org).



**Annals**  
of Internal Medicine®



# COVID-19 Ethics Content from ACP

**Over the past year, COVID-19 related Ethics content included:**

- Policy on Non-Discrimination in the Stewardship and Allocation of Resources During Health System Catastrophes including COVID-19
- Protecting Patient and Physician Health and Safety During the COVID-19 Pandemic
- A wake-up call for healthcare: emerging ethical lessons from COVID-19 (Joint ACP/AMA) statement published in *Modern Healthcare*
- Ideas and Opinions piece published in *Annals of Internal Medicine*: Universal Do-Not-Resuscitate Orders, Social Worth, and Life-Years: Opposing Discriminatory Approaches to the Allocation of Resources During the COVID-19 Pandemic and Other Health System Catastrophes: Ethics Case Study: Pandemic Treatment Resource Allocation Ethics and Nondiscrimination

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

# COVID-19 Podcasts

- ACP and *Annals* Podcasts; Podcasts from the Infectious Diseases Society of America

## Infectious Diseases Society of America Podcasts

ACP is supporting the Infectious Diseases Society of America (IDSA) on their weekly podcast series to keep members informed regarding the COVID-19 situation.

LATEST EPISODE (4/11/2020)



[Listen to past episodes](#)

## ACP Podcasts



[COVID-19: Is Chloroquine the Answer?](#)

*Published April 9, 2020*

Dr. Centor discusses the evidence that generated interest in the potential role of hydroxychloroquine in the treatment of COVID-19.



[Protecting Health Care Workers From COVID-19](#)

*Published March 31, 2020*

This Annals on Call podcast features Dr. Centor discussing strategies to protect health care workers from COVID-19 with Dr. Jeanne Marrazzo.



[Understanding the Spread of COVID-19](#)

*Published March 17, 2020*

This Annals on Call podcast features Dr. Centor discussing the epidemiology of the novel coronavirus responsible for COVID-19 with Dr. David Fisman of the University of Toronto.



# Webinars and Member Discussion Forum

- Webinars on Telemedicine, Practical Advice and Support for Internists
- COVID-19 Member Forum to Discuss COVID-10 with ACP Members

## Webinars Presented by ACP

### UPCOMING WEBINARS

#### Resident Well-Being During the COVID-19 Pandemic

Date/Time: Wednesday, July 22, 2020, at 3:00 p.m. ET

The COVID-19 pandemic has brought about new and stressful challenges for residents. To help support your well-being during this unprecedented time, Irene Aluen-Metzner, MD, FACP; Suja Mathew, MD, FACP; and Benjamin Mba, MBBS, FACP, explore how the pandemic is impacting residents emotionally and physically, as well as how it is affecting their training and career goals. Learn strategies and discover resources to help support your well-being during the COVID-19 pandemic.


[Register Now](#) 

### PAST WEBINAR RECORDINGS


- [Innovations in the Care of Outpatients with COVID-19](#) CME AVAILABLE
- [Addressing and Supporting Physician Mental Health during Challenging Times](#) CME AVAILABLE
- [Revving Up Your Telemedicine Practice in the Time of COVID](#) 
- [COVID-19: Practical Advice and Support from Internists on the Front Lines](#) CME AVAILABLE

# Recognizing the Essential Role of Internists during COVID-19

The COVID-19 pandemic has brought to light what we've known all along—internists are essential. We thank internists and the entire internal medicine community for leading, putting patients first, and exemplifying the best in medicine. You Are I.M. Essential and You Make Us I.M. Proud!

 American College of Physicians®  
Leading Internal Medicine, Improving Lives

[View this email in your browser](#)



The global pandemic has brought to light what we've known all along—internists are essential. Thank you for leading, putting patients first, and exemplifying the best in medicine.

**Internal Medicine: Leaders. Patient Champions. Essential.**

[Watch the Video!](#)

 American College of Physicians (ACP)  
Published by Eddie Vassallo [?] · 5d ·

ACP members like Tracey L. Henry, MD, MPH, MS, on the frontlines of #COVID19 make us #IMProud.

Tag colleagues who are #IMEssential <http://ow.ly/vFYc50zANKa>.



**Thank You Internists**

**I.M. PROUD**



**1,630**  
People Reached

**37**  
Engagements

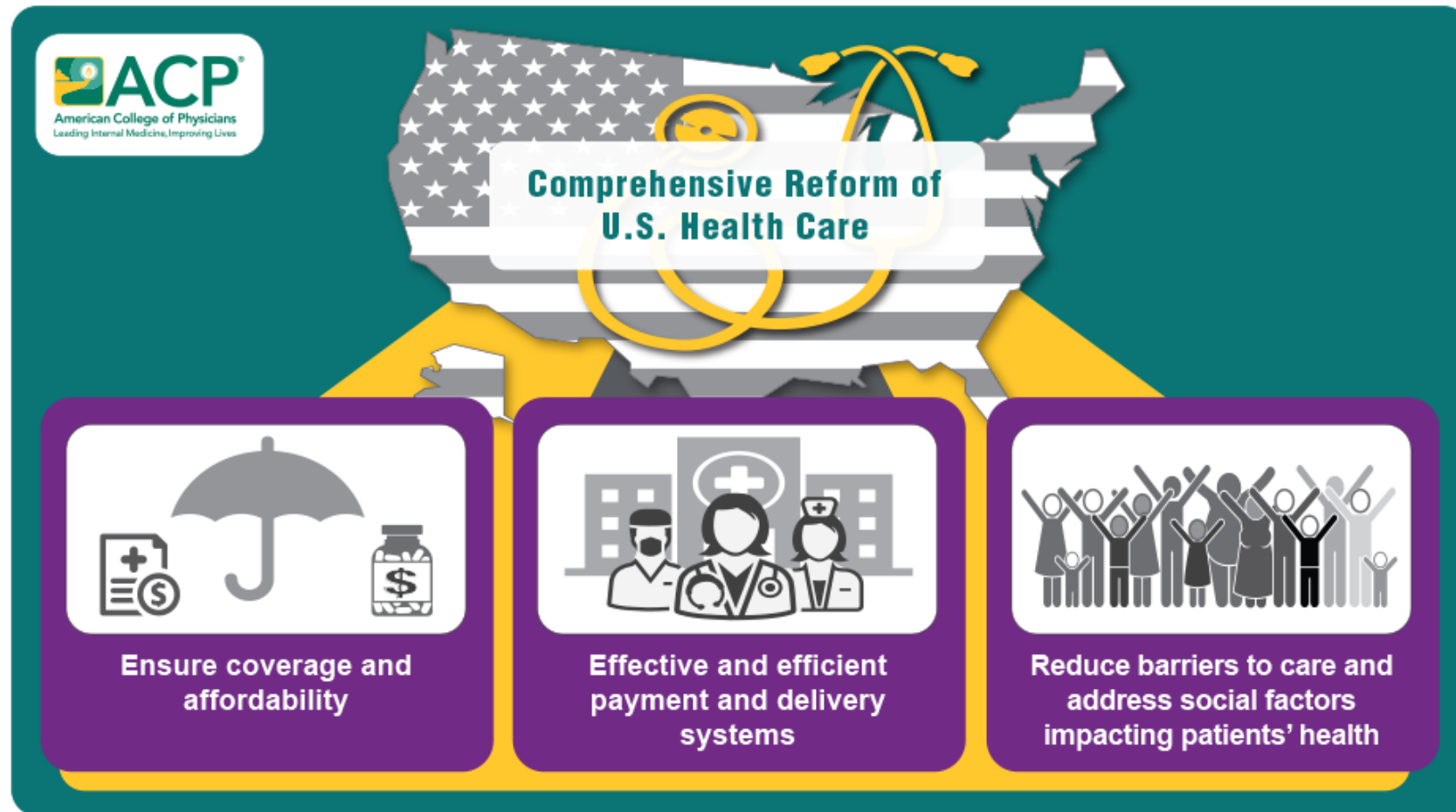
[Boost Post](#)

 16

2 Comments 1 Share

**Better is Possible:  
The American College of Physicians'  
Vision for the U.S. Health Care System**

## What is the American College of Physicians' (ACP) Vision for a Better US Health Care System for All?



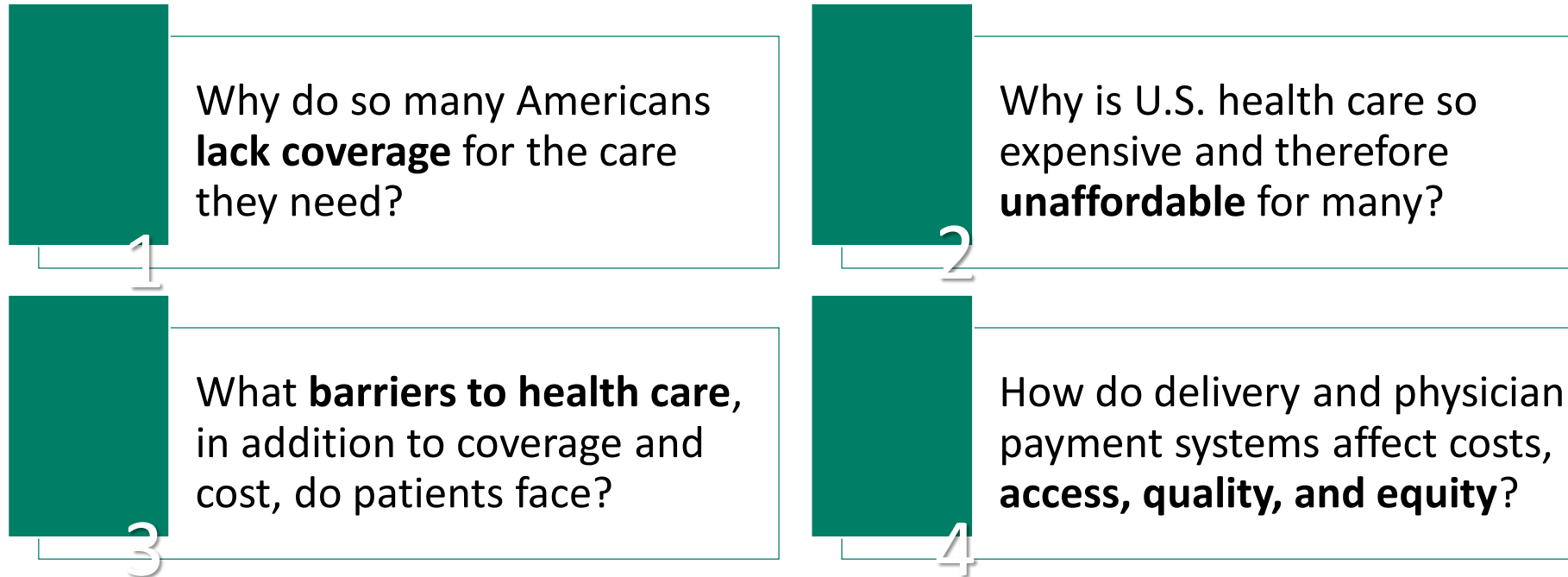
**Annals**  
of Internal Medicine

Doherty R, Cooney TG, Mire RD, et al; Health and Public Policy Committee and Medical Practice and Quality Committee of the American College of Physicians. Envisioning a better U.S. health care system for all: a call to action by the American College of Physicians. *Ann Intern Med.* 21 January 2020. doi:10.7326/M19-2411 <http://annals.org/aim/article/doi/10.7326/M19-2411>

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## ACP Asked:

### What would a better health care system look like?



# This is what we found

American health care is:

- Too expensive
- Leaves too many without coverage
- Spends too much on administration
- Results in inequitable outcomes
- Undervalues primary care
- Undermines the patient-physician relationship
- Enables social and economic circumstances to dictate health, and
- Under-invests in public health.



**The U.S. Health Care system is failing millions of Americans. It's time to challenge the status quo.**

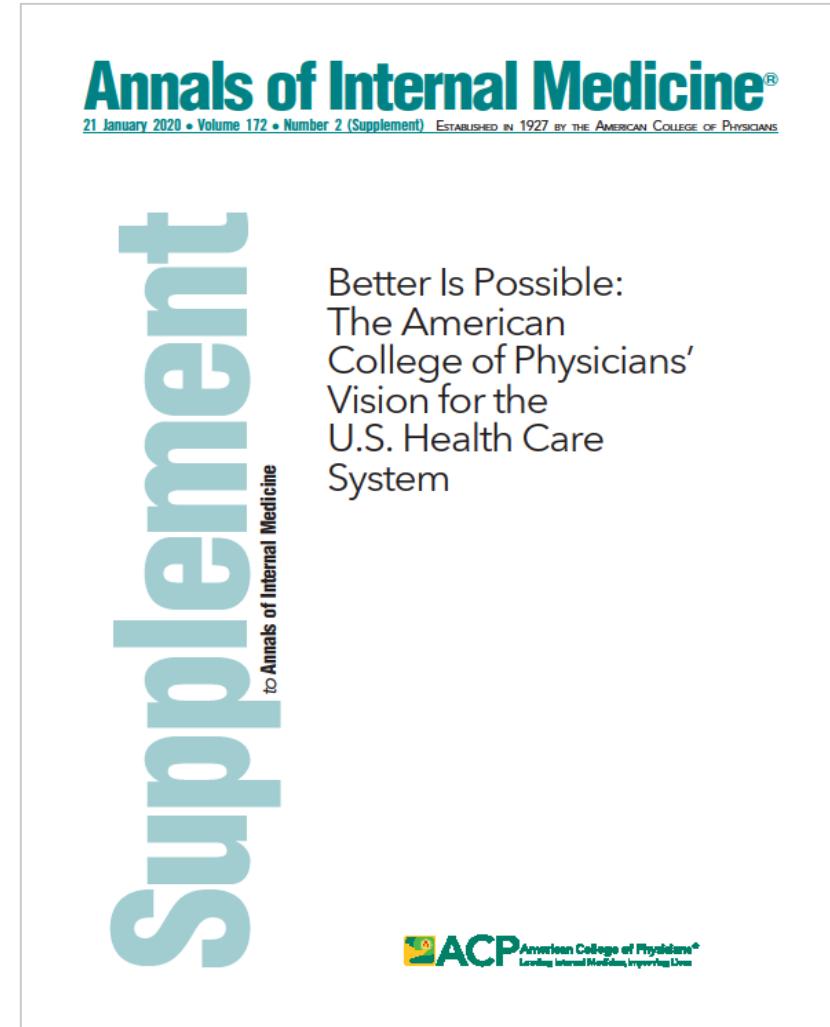


# *Better Is Possible: The American College of Physicians Vision for the U.S. Health Care System*

- *Better Is Possible: The American College of Physicians Vision for the U.S. Health Care System*, published as a supplement in *Annals of Internal Medicine*, offers an interconnected, holistic, and comprehensive plan to remove obstacles to care that undermine the patient-physician relationship and harm our patients' health.

Four papers are included in the supplement:

- [A Call to Action from ACP](#)
- [Coverage and Cost of Care](#)
- [Reducing Barriers to Care and Addressing Social Determinants of Health](#)
- [Health Care Delivery and Payment System Reform](#)




# Process for Developing ACP's New Vision for Health Care:


ACP's Board of Regents asked the Health and Public Policy Committee and Medical Practice and Quality Committee to develop a new vision for the future of health care policy.




ACP examined ways to achieve universal coverage, improve access to care and lower costs, reform payment and delivery systems, and reduce the complexity of our health care system.



ACP considered evidence on the effectiveness of the U.S. and other countries' health care systems.



ACP solicited input from ALL U.S. based members through a survey. More than 1,000 recommendations were received and shared with the committees developing the New Vision.



ACP solicited input from all policy and technical committees, Regents, Governors, and Council members; finalized recommendations; and submitted them to BOR for approval.



## ACP envisions a health care system where:

1. Everyone has coverage for and access to the care they need, at a cost they and the country can afford.
2. Social factors that contribute to poor and inequitable health (social determinants) are ameliorated; barriers to care for vulnerable and underserved populations are overcome; and no person is discriminated against based on characteristics of personal identity.
3. Payment and delivery systems put the interests of patients first, by supporting physicians and their care teams in delivering high-value and patient-centered care.
4. Spending is redirected from unnecessary administrative costs to funding health care coverage and research, public health, and interventions to address social determinants of health.
5. Clinicians and hospitals deliver high-value and evidence-based care within available resources, as determined through a process that prioritizes and allocates funding and resources with the engagement of the public and physicians.

## ACP envisions a health care system where:

6. Primary care is supported with a greater investment of resources; payment levels between complex cognitive care and procedural care are equitable; and payment systems support the value of internal medicine specialists.
7. Financial incentives are aligned to achieve better patient outcomes, lower costs, and reduce inequities in health care.
8. Patients and physicians are freed of inefficient administrative and billing tasks, documentation requirements are simplified, payments and charges are more transparent and predictable, and delivery systems are redesigned to make it easier for patients to navigate and receive needed care.
9. Value-based payment programs incentivize collaboration among clinical care team-based members and use only appropriately attributed, evidence-based, and patient-centered measures.
10. Health information technologies enhance the patient–physician relationship, facilitate communication across the care continuum, and support improvements in patient care.

## Better is Possible: Coverage and Cost of Care

- ACP recommends transitioning to a system of **universal coverage with lower administrative costs** through either a **single payer system, or a public choice option to be offered along with regulated private insurance.**
  - Required [essential] benefits should be established through a process that includes physician and patient engagement.
  - All persons should be enrolled in a plan that covers essential benefits.
  - Patient cost-sharing that creates barriers to evidence-based, high-value and essential care should be eliminated, and for patients with certain defined chronic and catastrophic illnesses. If cost-sharing is required for some services, it should be income-adjusted.
- Both approaches could result in substantial administrative savings and reduced burdens on physicians and patients.

## Better is Possible: Coverage and Cost of Care

- ACP proposes that costs be controlled by:
  - Prioritizing spending and resources
  - Lowering excessive prices and price variation
  - Increasing price transparency
  - Increasing adoption of global budgets and all-payer rate setting
  - Reducing administrative costs
  - Promoting high-value care
  - Incorporating cost and comparative effectiveness into guidelines and coverage.
  - Investing more in primary care

## Better is Possible: Health Care Delivery and Payment Systems Reform

ACP recognizes there is not a one-size-fits-all approach to reforming delivery and payment systems and a variety of innovative payment and delivery models should be considered, evaluated, and expanded. ACP recommends:

- Increasing payments for primary and cognitive care services
- Redefining the role of performance measures to focus on value to patients
- Eliminating “check-the-box” reporting of measures
- Aligning payment incentives with better outcomes and lower costs
- Eliminating unnecessary or inefficient administrative requirements
- Redesigning health information technology to better meet the needs of clinicians, patients

## Better is Possible: Reducing Barriers to Care and Addressing Social Determinants of Health

- ACP calls for ending discrimination and disparities in access and care based on personal characteristics, correcting workforce shortages including the undersupply of primary care physicians, and understanding and ameliorating social determinants of health.
- ACP believes that all persons, without regard to personal characteristics, must have equitable access to high-quality health care and not be discriminated against based on such characteristics.
- The paper also calls for increased efforts to address urgent public health threats including injuries and deaths from firearms, environmental hazards and climate change, maternal mortality, substance use disorders, and the health risks associated with nicotine, tobacco use, and electronic nicotine delivery systems.

## Better is Possible: Join Us

Dr. Atul Gawande wrote, *"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."*

The ACP rejects the view that the status quo is acceptable, or that it is too politically difficult to achieve needed change. By articulating a new vision for health care, ACP is showing a willingness to try to achieve a better U.S. health care system for all. We urge others to join us in **Envisioning a Better U.S. Health Care System for All: A Call to Action by the American College of Physicians.**

- Join ACP in stating that the status quo is acceptable and make your voice heard.
- Help spread the word on social media by using **#ACPVision4HealthCare** to discuss how ACP's policy recommendations can help create real change.
- Visit [annals.org](https://annals.org) to read ACP's New Vision Papers, or visit [acponline.org/new-vision](https://acponline.org/new-vision) for information



## Additional ACP Public Policy Releases

**ACP advocates for changes that will make a difference in the daily lives of internists and our patients' health in a variety of ways. Recent papers include:**

- Prescription Drug Paper: Policy Recommendations to Promote Prescription Drug Competition
- Policy on Racism and Health: Racism and Health in the United States: A Policy Statement From the American College of Physicians
- Prescription Drug Papers: Policy Recommendations to Stem the Escalating Cost of Prescription Drugs and Policy Recommendations for Pharmacy Benefit Managers to Stem the Escalating Costs of Prescription Drugs
- Firearms Call to Action with other organizations

Read ACP Advocate for in-depth coverage of advocacy and regulatory news

**Visit [acponline.org/advocacy](https://acponline.org/advocacy) to read about how ACP is working for you**



# Collaboration with Physician Organizations

**ACP collaborates with other physician organizations representing more than 560,000 physicians and medical students:**

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American Osteopathic Association
- American Psychiatric Association



# ACP at a Glance



# 163,000 Members Strong. Join Us. We are Stronger Together.

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

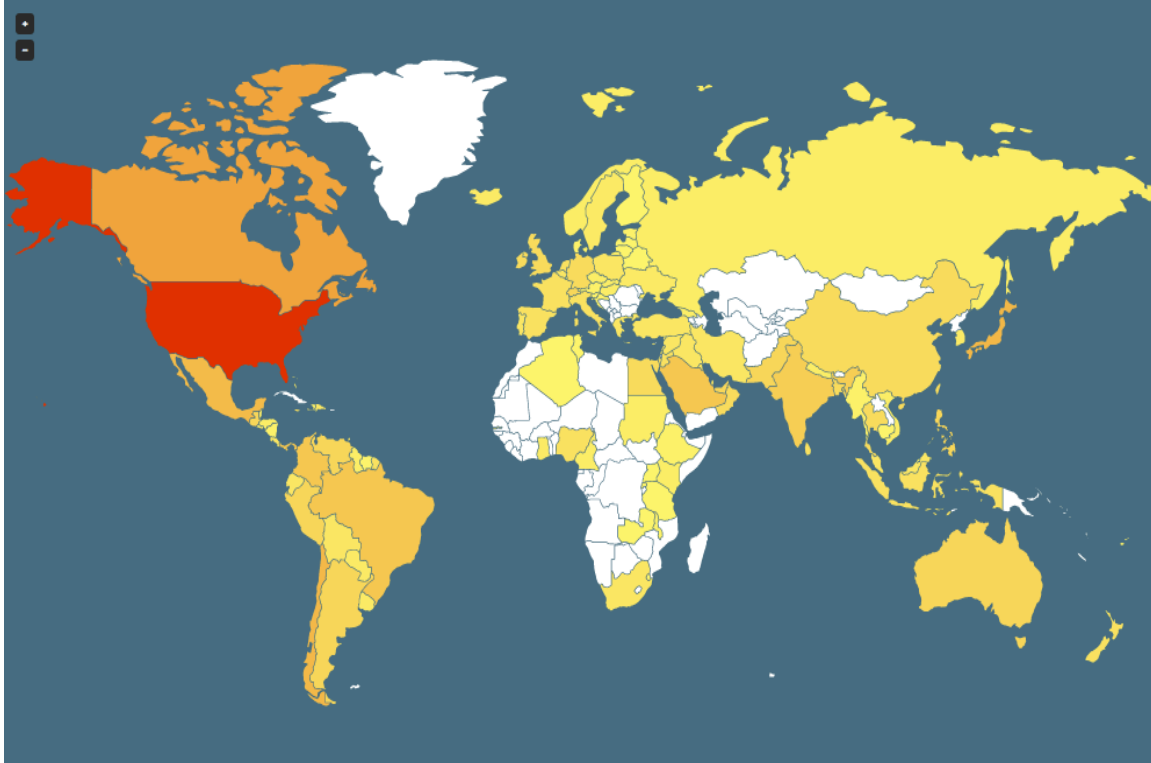
How ACP Defines Internal Medicine: Internists apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

- 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 is the largest medical specialty organization in the United States with members in more than 145 countries worldwide.

# ACP's Priority Themes

VALUED PROFESSIONAL IDENTITY	DIVERSITY, INCLUSION AND ENGAGEMENT	INNOVATION
<i>Create shared enthusiasm and pride about being an internist and ACP member and about the value internal medicine specialists and subspecialists bring to healthcare</i>	<i>Supporting inclusion in healthcare, welcoming and hearing all voices, and actively engaging diverse members in local, national and global College activities across their career</i>	Use nimble, creative and unique approaches to identifying, responding to, and meeting member needs and developing new programs, products and services
<ul style="list-style-type: none"> <li>Goal 1: Increase the number and engagement of ACP members who have completed their training</li> </ul>	<ul style="list-style-type: none"> <li>Goal 2: Be an anti-racist organization</li> </ul>	<ul style="list-style-type: none"> <li>Goal 3: Drive systemic change in health care to support physicians in providing the best possible patient care</li> <li>Goal 4: Adapt ACP's culture and operations to a COVID/post-COVID environment</li> </ul>

# ACP: A Global Community



- More than 19,000 ACP members reside outside the United States
- International chapters: Bangladesh, Brazil, Canada, Central America, Chile, Colombia, India, Japan, Mexico, Saudi Arabia, and Venezuela

## Diversity, Equity, and Inclusion

**ACP's Vision, Goals, and Core Values have been revised to better reflect that diversity, equity, and inclusion are essential and valued pillars of the organization.**

- The Vision, Goals, and Core Values are consistent with revisions to ACP's diversity, equity, and inclusion policy, which outlines ACP's belief that a commitment to diversity, equity, and inclusion strengthens the organization's capacity to respond to the needs of its members, patients, the profession, and the public.
- While ACP's Mission “to enhance the quality and effectiveness of health care” remains unchanged, the updated Vision and Goals now ensure that ACP's approach to inclusiveness is clearly communicated and is understood to be foundational for the College.

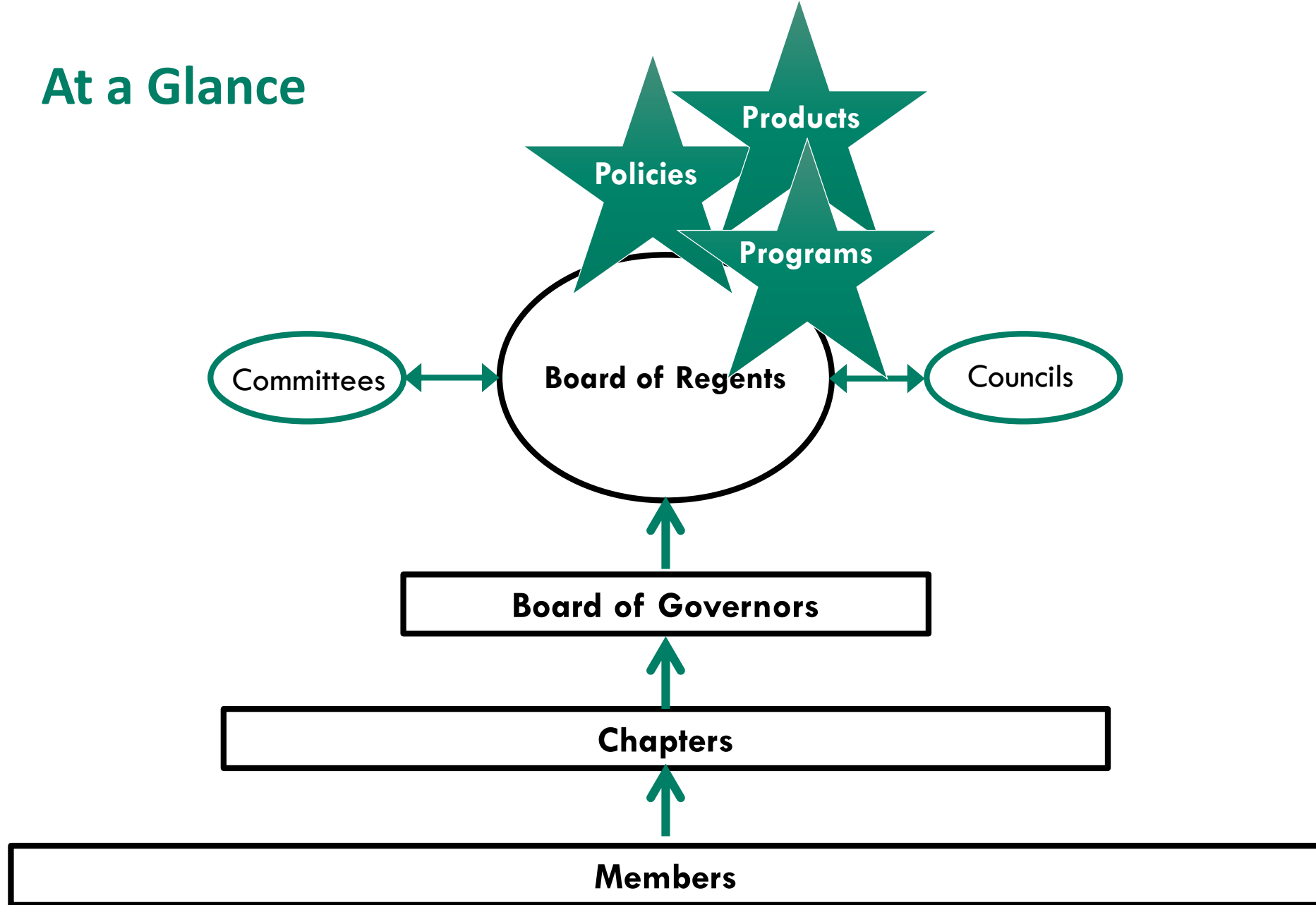
# ACP Membership: Supporting You During Every Stage of Your Professional Life



- Medical Student Member
- Resident/Fellow Member
- Member
- Fellow
- Physician Affiliate Member
- Non-Physician Affiliate Member (available in the U.S. only)



## At a Glance





# **Working for You and With You: Excellence in Educational Resources**



# *Annals of Internal Medicine*

One of the most highly read and cited medical journals in the world;  
current, evidence-based science at your fingertips

- Audio on demand
  - Annals On Call, Annals Latest podcasts
- Annals Fresh Look blog
- Annals Story Slam
- Annals Beyond the Guidelines
- Annals Consult Guys
- Annals Graphic Medicine
- Annals for Educators
- Annals for Hospitalists

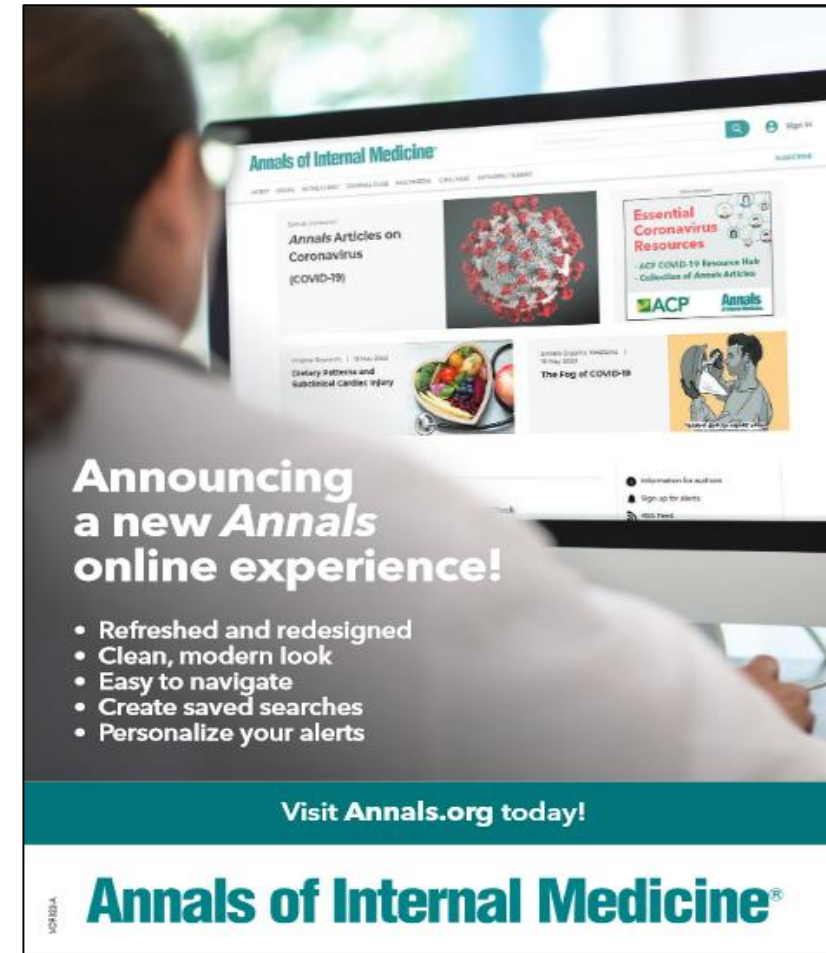


[Annals of Internal Medicine](#) has achieved its highest Impact Factor ever, 21.317. According to the new 2019 Journal Citations Reports from Clarivate Analytics, Annals is the highest cited and ranked internal medicine journal in the category of *Medicine, General and Internal*. Moreover, Annals is widely read, with over a million page views each month and receives significant coverage in the general media.

# *Annals of Internal Medicine: New Website*

*Annals of Internal Medicine* updated website features:

- A new streamlined design
- Advanced search functionality, and improved navigation
- Improved usability and readability including on mobile devices



# MKSAP<sup>®</sup> 18: The go-to resource for board prep and lifelong learning



[acponline.org/MKSAP18](https://acponline.org/MKSAP18)

**MKSAP18 gives residents and practicing physicians everything needed to stay current in medicine and prepare for board exams**

- Available in print, digital, and complete formats, with regular digital format updates
- 275 CME credits and MOC points available
- Includes 11 syllabus sections, 1,200 related questions and an updated platform, dashboard, and search engine functionality; self-assessment questions with easy-access lab references
- **New:** Spanish language version now available
- **New:** Highlighting capabilities in three distinct colors: yellow, green, and pink can be used to highlight text or questions by clicking on the highlighting icon at the bottom of the screen and review highlights using the highlight index.

# Evidence-Based Clinical Guidance

Over the past year, ACP published the following clinical recommendations:

- Joint ACP/AAFP guideline for treatment of non-low back pain from musculoskeletal injuries in adults
- Testosterone treatment in adult men with age-related low testosterone
- Screening for colorectal cancer in average-risk adults
- Managing conflicts of interests in clinical guidelines

ACP has been named to the Cochrane U.S. Network that consists of some of the country's leading institutions in the research and practice of evidence-based medicine

## CLINICAL GUIDELINE



### Testosterone Treatment in Adult Men With Age-Related Low Testosterone: A Clinical Guideline From the American College of Physicians

Amir Qaseem, MD, PhD, MHA; Carrie A. Horwath, MD, MPH; Sandeep Vijan, MD, MS; Itziar Etxeandia-Ikobaltzeta, PhD; and Devan Kansagara, MD, MCR; for the Clinical Guidelines Committee of the American College of Physicians\*

**Description:** The American College of Physicians (ACP) developed this guideline to provide clinical recommendations based on the current evidence of the benefits and harms of testosterone treatment in adult men with age-related low testosterone. This guideline is endorsed by the American Academy of Family Physicians.

**Methods:** The ACP Clinical Guidelines Committee based these recommendations on a systematic review on the efficacy and safety of testosterone treatment in adult men with age-related low testosterone. Clinical outcomes were evaluated by using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system and included sexual function, physical function, quality of life, energy and vitality, depression, cognition, serious adverse events, major adverse cardiovascular events, and other adverse events.

**Target Audience and Patient Population:** The target audience includes all clinicians, and the target patient population includes adult men with age-related low testosterone.

**Recommendation 1a:** ACP suggests that clinicians discuss whether to initiate testosterone treatment in men with age-related low testosterone with sexual dysfunction who want to improve sexual function (conditional recommendation; low-certainty evidence).

*dence). The discussion should include the potential benefits, harms, costs, and patient's preferences.*

**Recommendation 1b:** ACP suggests that clinicians should re-evaluate symptoms within 12 months and periodically thereafter. Clinicians should discontinue testosterone treatment in men with age-related low testosterone with sexual dysfunction in whom there is no improvement in sexual function (conditional recommendation; low-certainty evidence).

**Recommendation 1c:** ACP suggests that clinicians consider intramuscular rather than transdermal formulations when initiating testosterone treatment to improve sexual function in men with age-related low testosterone, as costs are considerably lower for the intramuscular formulation and clinical effectiveness and harms are similar.

**Recommendation 2:** ACP suggests that clinicians not initiate testosterone treatment in men with age-related low testosterone to improve energy, vitality, physical function, or cognition (conditional recommendation; low-certainty evidence).

*Ann Intern Med.* 2020;172:126-133. doi:10.7326/M19-0882  
For author affiliations, see end of text.  
This article was published at Annals.org on 7 January 2020.

[acponline.org/clinical-information](https://acponline.org/clinical-information)

# Online Learning Center: ACP's Gateway to CME

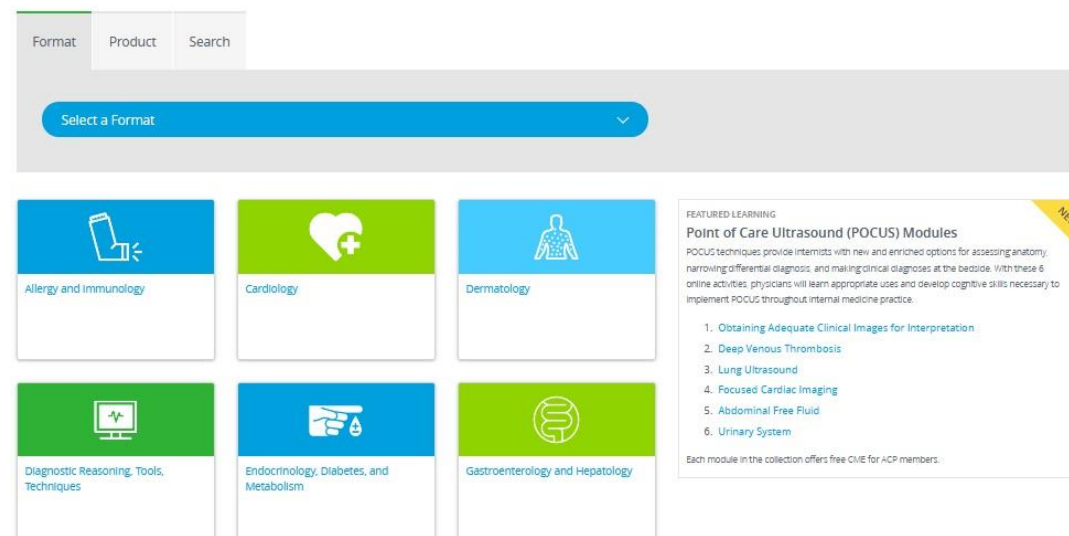
A centralized gateway to more than 350 online learning activities, many of which are free to members. An enhanced search functionality allows queries by product, format, or keyword.

Choose from video-based learning, journal articles with quizzes, interactive cases, quizzes and podcasts

- *Annals of Internal Medicine*
- MKSAP
- Point of Care Ultrasound Content
- Podcasts
- Ethics Manual and Ethics Case Studies
- High Value Care Cases

## Online Learning Center

Explore a wide-ranging library of online CME and MOC activities, aimed at improving your knowledge and practice.

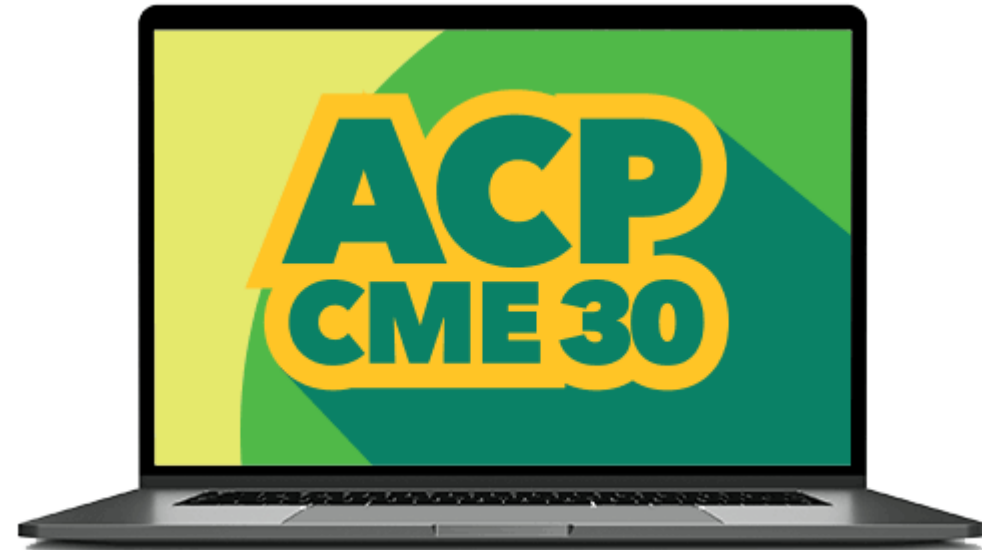


## ACP CME 30

ACP CME 30 features curated online lectures from the scientific and practice-related sessions originally scheduled for live presentation at Internal Medicine Meeting 2020. CME credit and MOC points are available for each recorded presentation.

Videos of online presentations are narrated by expert faculty and address core clinical topics in internal medicine and the subspecialties, such as:

- Ambulatory General Internal Medicine
- Critical Care Medicine
- Gastroenterology
- Geriatric Medicine
- Hematology
- Oncology
- Pulmonary Medicine
- Beyond Opioids





# ACP Virtual Live Courses

ACP's Virtual Live Courses for Internal Medicine Board Review, are ideal for learners who need to pass the ABIM re-certification exam as well as those who need to stay current in internal medicine.

Why attend:

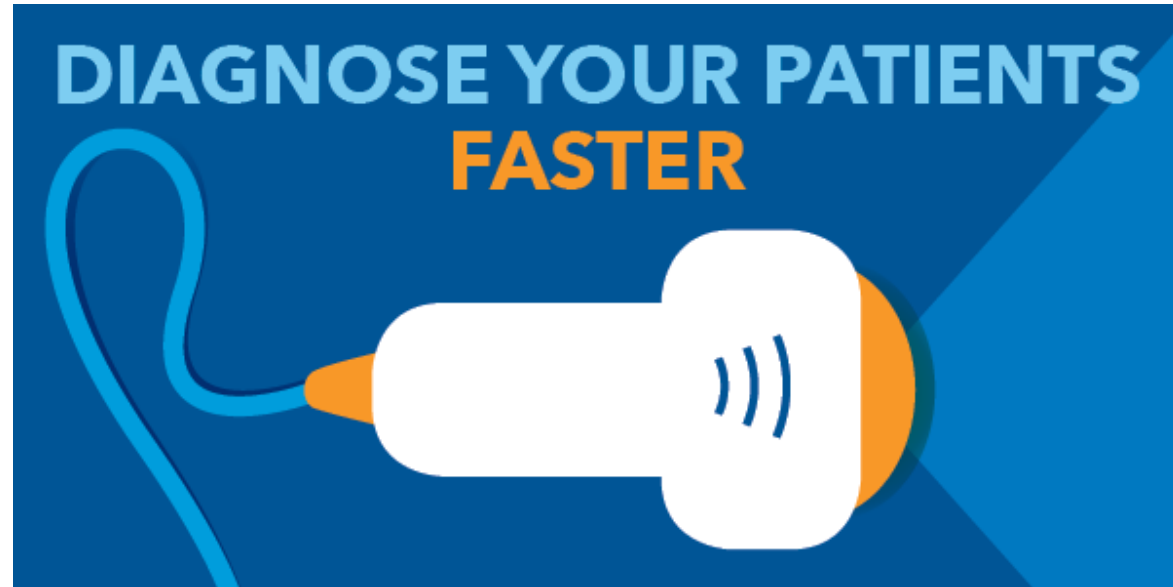
- Real-time, effective Board prep that's convenient and safe
- Comprehensive internal medicine review with high-yield ACP content
- Taught by expert faculty from ACP's highly rated Washington, DC, Board Review course
- Live peer statistics, quizzes, and polling on a platform designed for classroom engagement
- Tips on test-taking strategies to strengthen your confidence on exam day
- Earn CME credit and MOC points





## Point-of-Care Ultrasound Education

ACP recognizes the important role of POCUS to improve diagnostic capabilities in internal medicine, and offers comprehensive ultrasound training for inpatient and outpatient medicine.

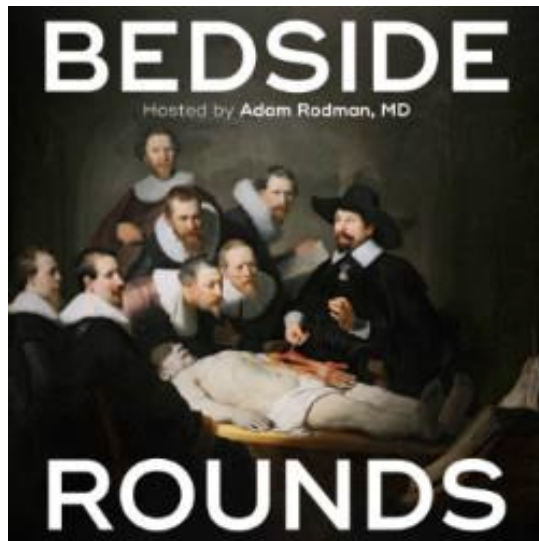


- **POCUS modules are available in ACP's Online Learning Center:** Modules include Obtaining Adequate Clinical Images for Interpretation, Lung Ultrasound, Deep Venous Thrombosis, Urinary System, Abdominal Free Fluid, and Focused Cardiac Imaging

**[acponline.org/POCUS](https://acponline.org/POCUS)**

## Podcasts by Internists, for Internists

Focusing on internal medicine-related topics, free podcasts offer CME and MOC.



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

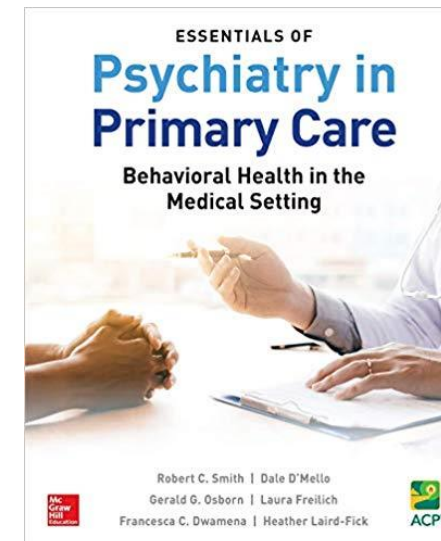
# ACP Publications: Online and In Print

**Monthly Print Publications:** *ACP Internist* and *ACP Hospitalist* provide news and in-depth analysis of issues for inpatient and outpatient internists

**ACP Publications online:** [ACPInternist.org](http://ACPInternist.org), [ACPHospitalist.org](http://ACPHospitalist.org)

**E-newsletters:** *ACP Internist Weekly*, *ACP Hospitalist Weekly*, *ACP Advocate*, *ACP Diabetes Monthly*, *ACP Gastroenterology Monthly*

**ACP Books:** ACP specializes in publishing titles for internal medicine physicians and subspecialists, medical students, residents, and other health care professionals.



# DynaMed®

DynaMed is a free benefit of ACP membership that provides point-of-care clinical decision-making support.

- Seamless access with ACP member log-on credentials
- Bulleted overviews and recommendations for more than 750 topics, 2,500 searchable images, and numerous calculators
- Track CME credits and MOC points
- Mobile apps available for Android and iOS
- **New** DynaMed® editorial features offer enhanced clinical guidance
  - Navigate controversial situations with **Clinicians' Practice Points**. These provide guidance and opinion from DynaMed expert physician editors on optimal clinical practice in the absence of robust evidence.
  - Review key takeaways with **Evidence Synopses**. Brief summaries that answer questions using a structured review of best evidence.
  - Get a more rigorous assessment of evidence. **DynaMed Commentaries** offer important caveats about methodological and technical aspects of clinical studies.

DynaMed®  
[acponline.org/DynaMed](https://acponline.org/DynaMed)

**ACP and DynaMed®  
Free ACP Member Access  
Extended to 2023**

## ACP JournalWise: Exclusive Free Member Benefit

**ACP JournalWise searches more than 120 top journals to deliver only the most relevant content to you. Specialists filter and rate the clinical newsworthiness and relevance of each article so that you never miss anything important.**

- Personalize your alerts by selecting specialties and clinical topics
- Choose how you receive your alerts and how often
- Create folders to save and share articles



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

# Resources for Lifelong Learning, Educators

**ACP members enjoy free or substantially discounted resources to help them meet their educational goals:**

## **Board Basics 3 and Courses**

- Dozens of classic images, core content, and tips on how to take the ABIM exam
- MOC Exam Prep Courses and Internal Medicine Board Review Courses
- Live review courses and recordings

## **Teaching Medicine Series**

- *Theory and Practice of Teaching Medicine, Teaching Methods, Teaching in the Hospital, Teaching in the Clinic, Teaching Clinical Reasoning, Mentoring in Academic Medicine, and Leadership in Medical Education*
- *Annals of Internal Medicine* teaching tools; Internal Medicine In-Service Training Examination for residents; ACP Board Prep Curriculum for residents; High Value Care Curriculum for trainees at all levels; IM Essentials for medical students

# Working for You and With You: Transforming the Landscape of Health Care for the Better





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

**ACP Well-being and Professional Fulfillment activities now eligible for CME Credit, FREE to ACP Members**

Selected ACP Well-being and Professional Fulfillment activities are now eligible for CME.

Activities approved for CME include short ten-minute Mini but Mighty Skills for Well-being recordings as well as [COVID-19 physician resources](#) and well-being management webinars:

- Mini But Mighty Skills for Well-being
- COVID-19: Practical Advice and Support from Internists on the Front Lines
- Positive Psychology in Times of Crisis
- Optimizing Well-being, Practice Culture, and Professional Thriving in an Era of Turbulence
- Building Your Resilient Self
- Mindfulness in Medicine: What Physicians Need to Know



# Women in Medicine Initiative

Promoting gender equity and eliminating the inequities in compensation and career advancement that physicians face is a longstanding goal of ACP.

- ACP has joined TIME'S UP Healthcare
- ACP is also a partner in the Women's Wellness through Equity and Leadership Project
- Diversity and Inclusion Subcommittee recommends effective strategies to assure integration of diversity and inclusion across the College

[acponline.org/advocacy/where-we-stand/women-in-medicine](https://acponline.org/advocacy/where-we-stand/women-in-medicine)



American College of Physicians®  
Leading Internal Medicine. Improving Lives.

## Achieving Gender Equity in Physician Compensation + Career Advancement

It is important to recognize the progress that has been made to ensure gender diversity in the physician workforce. However, despite this progress, gender inequities have contributed to the disproportionately low number of women achieving academic advancement and serving in leadership positions.

Find full Position Paper published at [Annals.org](https://annals.org) on 17 April 2018.

(F) = Female, (M) = Male

### Pipeline Stats

- 34% of active physicians (F)
- 46% of physicians-in-training (F)
- 50%+ of medical school students (F) (and have been for many years)

### Leadership in Medicine

- 38% of medical school faculty (F)
- 21% of full professors of medicine (F)
- 15% of Dept. Chairs (F)
- 16% of Deans of medical schools (F)

### Compensation Inequity

- Females are paid 16% less than their male counterparts in primary care (\$197k vs. \$229k)
- Females are paid 37% less than males in subspecialties of medicine (\$251k vs. \$345k)
- 57.1% (F) versus 33.7% (M) academic physicians are paid less than \$200,000.

### Me Too movement for Physicians (F)

- 51.3% of physicians (F) reported discrimination vs. 31.2% (M)
- 30.4% of physicians (F) have filed sexual harassment charge vs. 4.2% (M)
- 59% of females who filed harassment charges perceived negative effect on their professional self-confidence, 47% reported that it negatively affected their career advancement
- 69.6% of physicians (F) report gender bias vs. 21.8% (M)
- On 3:1 scale, females more likely to experience disrespectful or punitive actions than males
- Females more likely to be described as judgemental, rude or unfriendly by patients in online reviews

### Parenthood

- Only 28.9% of physician contracts provide maternity coverage
- \$10k lost income while out for maternity leave



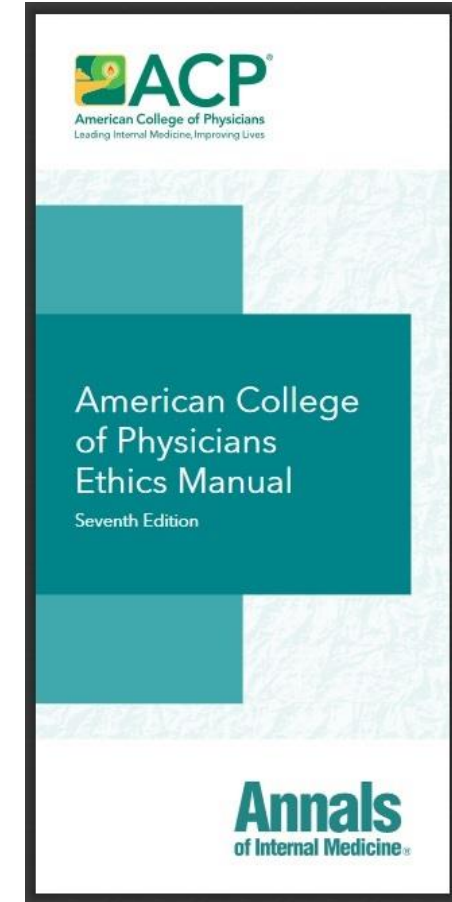
#WomenInMedicine



# Ethical Guidance from ACP

## Over the past year, recent Ethics content included:

- ACP Position Paper: Ethical Guidance for Electronic Patient-Physician Communication: Aligning Expectations
- Spanish translation of Ethics manual available
- Case Studies produced on treatment Electronic health records; ethical challenges of telemedicine; professional attire; family caregiver is a physician
- ACP Position paper “Physician Impairment and Rehabilitation: Reintegration into Medical Practice” discusses the professional duties and principles for responding to physician impairment was released
- Expanded content included in the Seventh Edition of ACP Ethics Manual



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

# 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>**

# Addressing Performance Measures

ACP is working actively in the field of performance measurement because we recognize its importance in the changing health care environment and want to shape its impact on Internal Medicine.

The Performance Measurement Committee applies criteria to assess the validity of performance measures for healthcare. This tool has been created to help you filter the reviewed performance measures.

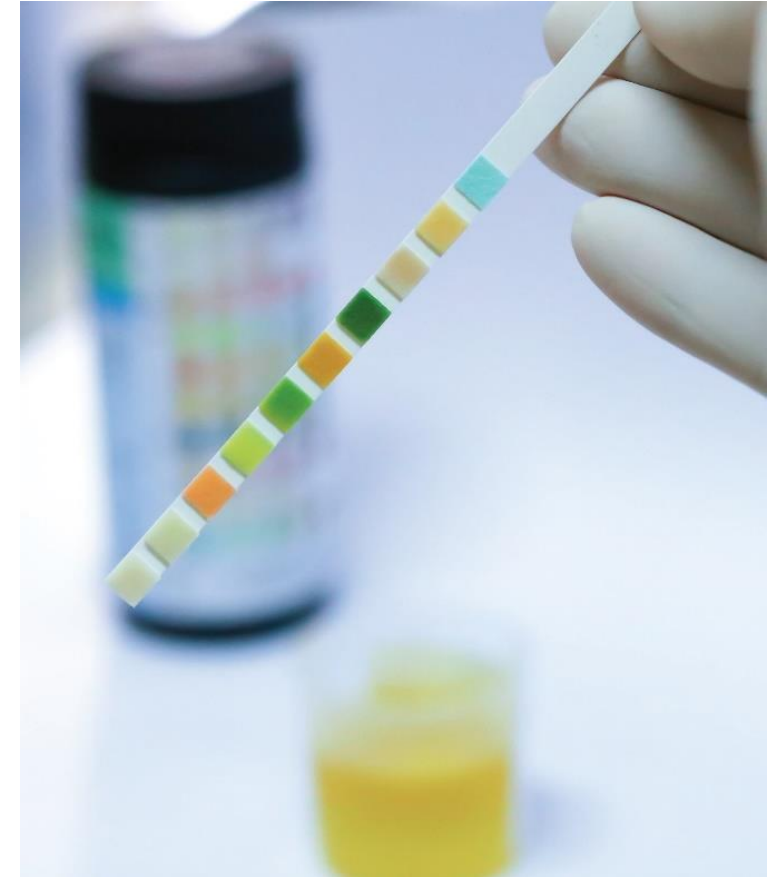
	= Support
	= Do Not Support
	= Uncertain Validity: Do Not Support

[acponline.org/performance-measures](https://acponline.org/performance-measures)

# Medical Laboratory Evaluation

**ACP's Medical Laboratory Evaluation team of proficiency testing experts can help maintain your lab's quality assurance. Get personalized guidance in:**

- Ordering the test modules you need at the best price
- Completing the testing process correctly in the shortest time possible
- Understanding your evaluations
- Troubleshooting issues that arise



**[acponline.org/MLE](https://acponline.org/MLE)**

# Working for You and With You: Involvement, Engagement, and Opportunities to Connect





## 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.

# Engagement Opportunities with National ACP

- **Fellowship:** Recognizes excellence in the practice of internal medicine and is achieved through professional accomplishments
- **Support the Next Generation of IM:** Recommend internal medicine as career to students, residents
- **Member Forums:** ACP members can instantly engage with colleagues on clinical topics, education and training, and practice issues through online discussions
- **ACP Member Engagement Program:** Enables members to contribute to College activities while providing meaningful opportunities to use current skills and knowledge and to gain new ones

# Join Advocates for Internal Medicine Network (AIMn)

- Grassroots advocacy network designed to help ACP members engage with federal lawmakers on policy issues important to internists
- AIMn members receive legislative updates and alerts as key policy issues unfold, including sample messages to members of Congress
- Enroll at [cqrcengage.com/acplac](http://cqrcengage.com/acplac)



# IMpower: Communications centered on the unique needs of residents and fellows-in-training

- A combination of podcasts, self-paced learning modules, chapter articles and ideas for local programs, check-lists/top ten lists, and email
- Non-clinical topics such as decision-making as a resident, financial planning, maintaining well-being during residency, and developing communication skills
- Topics and content specific to the training year



Follow #IMpower to connect with other resident/fellow members

Visit: [acponline.org/IMpower](https://acponline.org/IMpower)

# Enhance Your Professional Development

- **ACP Leadership Academy**
  - Formal leadership education courses
  - Free ACP webinar series
  - Certificate of Physician Leadership
- **Mentoring and networking at the chapter and national levels**
- **ACP Young Achievers Program**
- **Career Connection, a comprehensive listing of career opportunities for physicians**



## Financial Services for ACP Members

- **Professional Liability Insurance for ACP Members:** ACP has partnered with Mercer Health & Benefits Administration LLC (Mercer Consumer) to offer risk management and customized insurance solutions.
- **ACP Group Insurance Program:** Mercer Consumer offers Group Insurance options for ACP members, including life insurance, accidental death and dismemberment, long-term care, disability income, auto insurance, and homeowners insurance.
- **Student Debt Refinancing Program:** ACP Members can refinance existing private and federal loans through SoFi and are eligible to receive a 0.125% rate discount upon refinancing their student and Parent PLUS loans through [sofi.com/ACP](https://sofi.com/ACP).

[acponline.org/membership/additional-membership-benefits](https://acponline.org/membership/additional-membership-benefits)

## Get Connected

For ways to connect and personalize your engagement with ACP, visit [acponline.org](https://acponline.org).

**MyACP**, a personalized web experience, makes it easier for members to access and discover pertinent ACP content and resources while visiting [acponline.org](https://acponline.org).



## Follow ACP on social media



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[facebook.com/annalsofim](https://facebook.com/annalsofim)  
[facebook.com/ACPMKSAP](https://facebook.com/ACPMKSAP)



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[twitter.com/annalsofim](https://twitter.com/annalsofim)



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[instagram.com/annalsofim](https://instagram.com/annalsofim)



[linkedin.com/groups/867307](https://linkedin.com/groups/867307)



[youtube.com/imreport](https://youtube.com/imreport)

Thank you . . .

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

