

The American College of Physicians: Fostering Excellence

Andrew Dunn, MD, MPH, MACP
Chair, ACP Board of Regents
Chief, Division of Hospital Medicine
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DISCLOSURES

- Desai Pharmaceuticals – research funding
- Pfizer / BMS – research funding
- BMS – funding for Afib educational module

154,000 Members Strong

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.

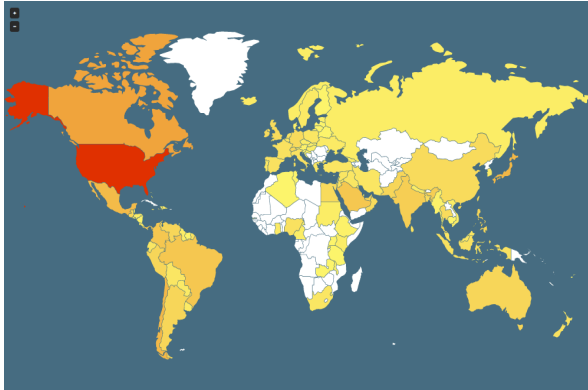
- Established in 1915
- A diverse global community of internists united by a commitment to excellence
- Includes internists, internal medicine subspecialists, residents and fellows in training, and medical students

ACP Membership: Part of 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)



ACP: A Global Community



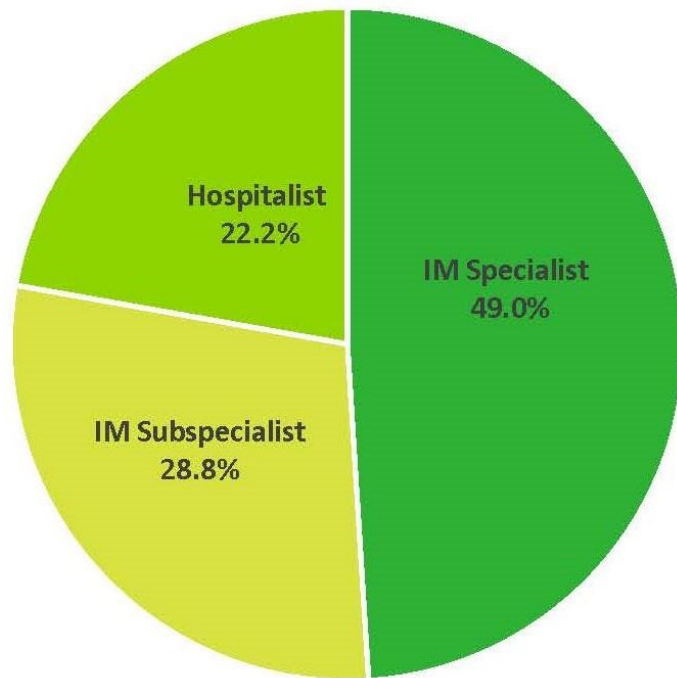
- **More than 15,000 ACP members reside outside the United States**
- International chapters: Bangladesh, Brazil, Canada, Central America, Chile, Colombia, India, Japan, Mexico, Saudi Arabia, Southeast Asia, and Venezuela

ACP's Focus *At a Glance*

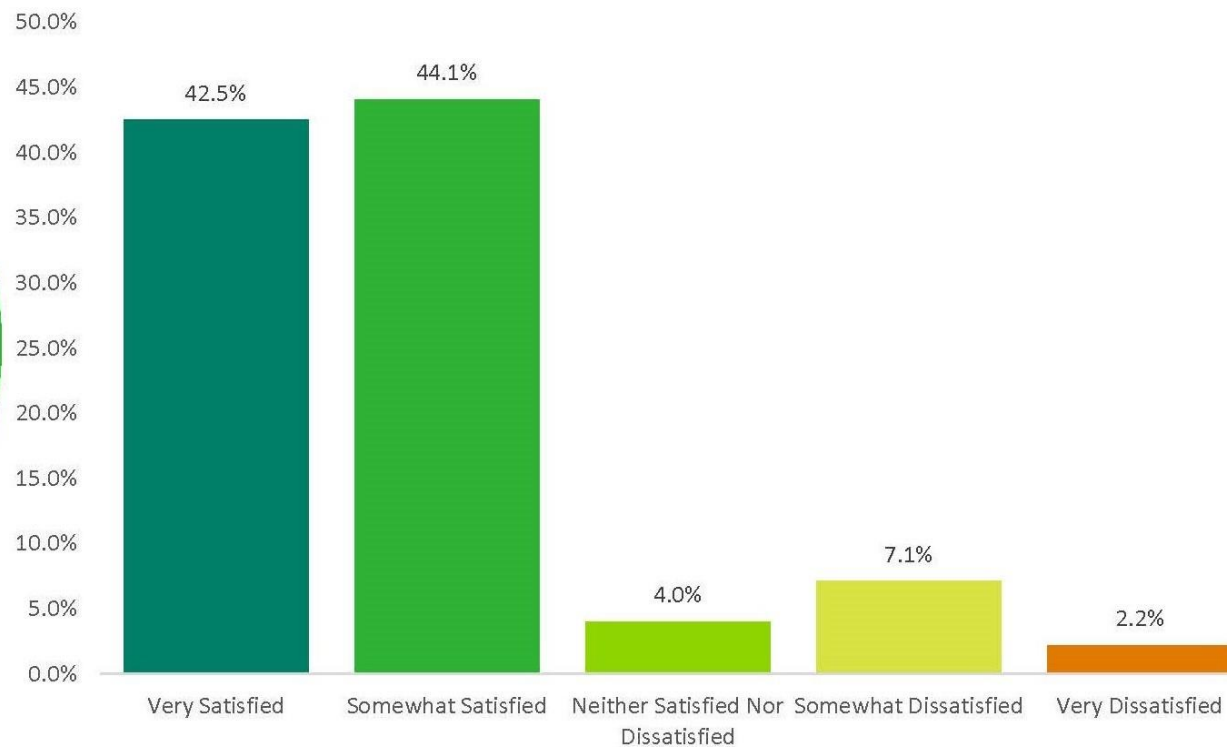
- The science of medicine
- The clinical practice of medicine
- The education and professional development of physicians
- The 'quadruple aim' of health care
- The future of internal medicine
- Professional satisfaction

ACP Member Trends

ACP Member Type

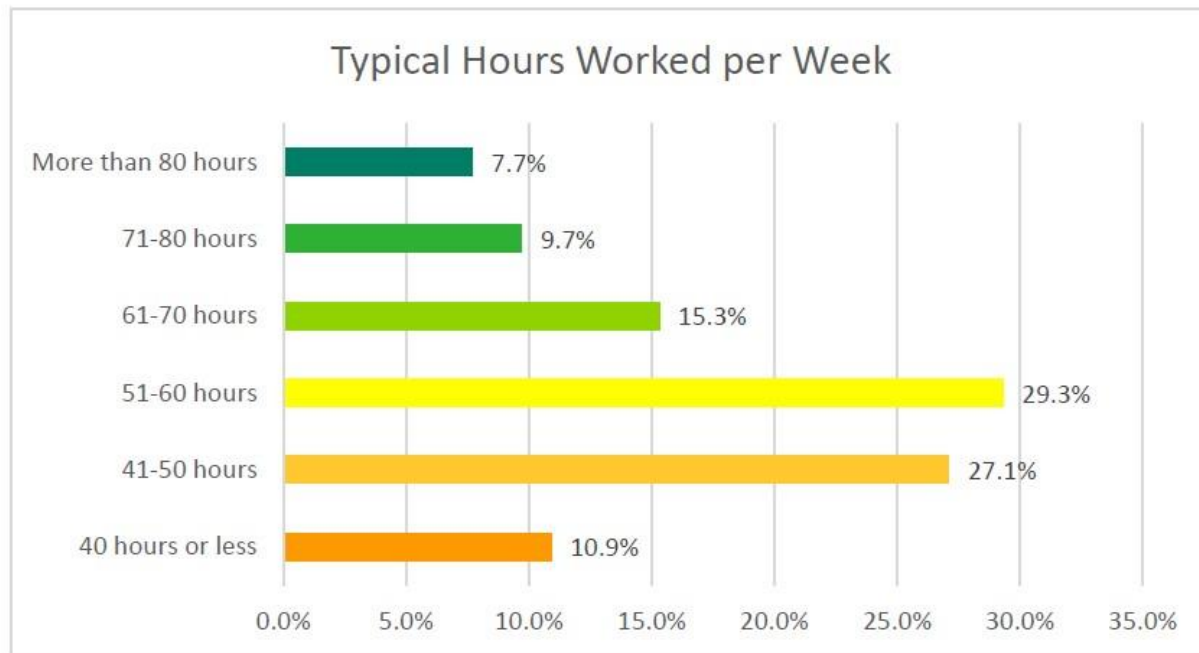


Satisfaction with Career in IM



Source: 2018 ACP Member Survey

ACP Member Trends



Source: 2018 ACP Member Survey

**Working *for you* and *with you*:
Changing the Landscape of Health
Care for the Better**

ACP's Physician Well-being and Professional Satisfaction Initiative



Fostering Local Communities of Well-being

Trained ACP Well-being Champions supporting their ACP chapter members, practices, and organizations in combating burnout.



Advocating for Systems Changes

Policy recommendations through ACP's Patients Before Paperwork initiative that call for simplifying, streamlining, and reducing excessive administrative tasks that detract from patient care and contribute to physician burnout.



Improving the Practice and Organizational Environment

Providing ACP members with high quality information, resources, tools, and support to help their practices thrive in the growing value-based payment environment.



Promoting Individual Well-being

Offering online resources and educational courses at ACP's Internal Medicine Meeting and chapter meetings to help ACP members manage issues related to well-being and satisfaction.



Women in Medicine

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

**ACP** 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. \$394k)
- 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. 71.6% (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

acponline.org/advocacy/where-we-stand/women-in-medicine

Reducing Unnecessary Burdens

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

ACP addresses these issues by:

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

Patients Before Paperwork



What is Patients before Paperwork?

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



Policy Development

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



Tools You Can Use

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



Collaborating with Stakeholders

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



Advocating for Internists

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

High Value Care

- Initiatives aim to improve health, avoid harms, and eliminate wasteful practices
- Updated HVC Curriculum for Educators and Residents, jointly developed with the Alliance for Academic Internal Medicine
 - Train physicians to be good stewards of limited health care resources
 - New cases, small group activities, and expanded discussions of medical decision-making and high-value quality improvement



Supporting Patient and Family Partnerships

- ACP's Center for Patient Partnership in Healthcare provides programs and resources that support patient and family partnerships to improve care and outcomes
- *ACP Principles for Patient and Family Partnerships* (*Annals*, November 2018)



Working for you and with you: **Excellence in Educational Resources**

Annals of Internal Medicine: One of the world's most widely cited medical journals

Current, evidence-based science at your fingertips.

- “Online first” articles
- Annals on Call - Bob Centor's podcast
- The *Annals* Fresh Look blog:
freshlook.annals.org
- *Annals* Story Slam events and videos
- *Annals* content and physician pledge on firearm safety: go.annals.org/commit-now



MKSAP[®] 18: The go-to resource for board prep and lifelong learning

- **MKSAP 18** is completely new-from the ground-up; offers 275 CME credits
- **NEW:** Residency Tracker, a monitoring tool for Program Directors to assess the progress and proficiency of residents as they answer MKSAP 18 Digital questions
- **NEW:** refreshed with adaptive learning technology
- **NEW:** platform, dashboard, and search engine functionality
- Available in print, digital, and complete formats



ACP Publications: Online and In Print

ACP Publications Websites:

- ACPInternist.org
- ACPHospitalist.org

Monthly Print Publications:

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

E-newsletters:

ACP Internist Weekly, *ACP Hospitalist Weekly*,
ACP Advocate, *ACP Diabetes Monthly*,
ACP Gastroenterology Monthly

ACP Internist[®] WEEKLY
ACP Hospitalist[®] WEEKLY
ACP | Advocate
ACP Diabetes MONTHLY
ACP Gastroenterology MONTHLY

DynaMed Plus™

Clinical content that is current, concise, and easy to search:

- Free access for members (through August 2019)
- Includes overviews and recommendations for more than 750 topics, 2,500 searchable images, and numerous calculators
- Mobile apps available for Android and iOS

ACPOne.org/DynaMedPlus

ACP JournalWise: Exclusive Member Benefit

ACP JournalWise searches filters >120 top journals

- Free access for ACP members
- Personalize your alerts by selecting specialties and clinical topics you want to know about
- Choose the rating threshold and how often you want your alerts

journalwise.acponline.org

ACP | JournalWise 

Online Learning Center

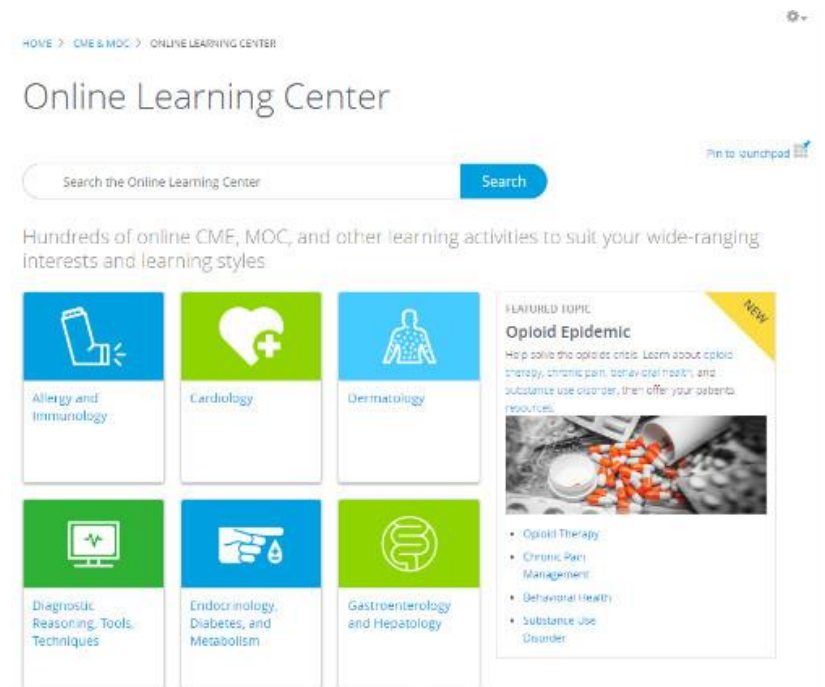
A new centralized gateway for online learning activities

- More than 350 activities including:

- Video-based learning
- Webinars
- Interactive cases
- Quizzes

- CME and MOC eligible

acponline.org/olc



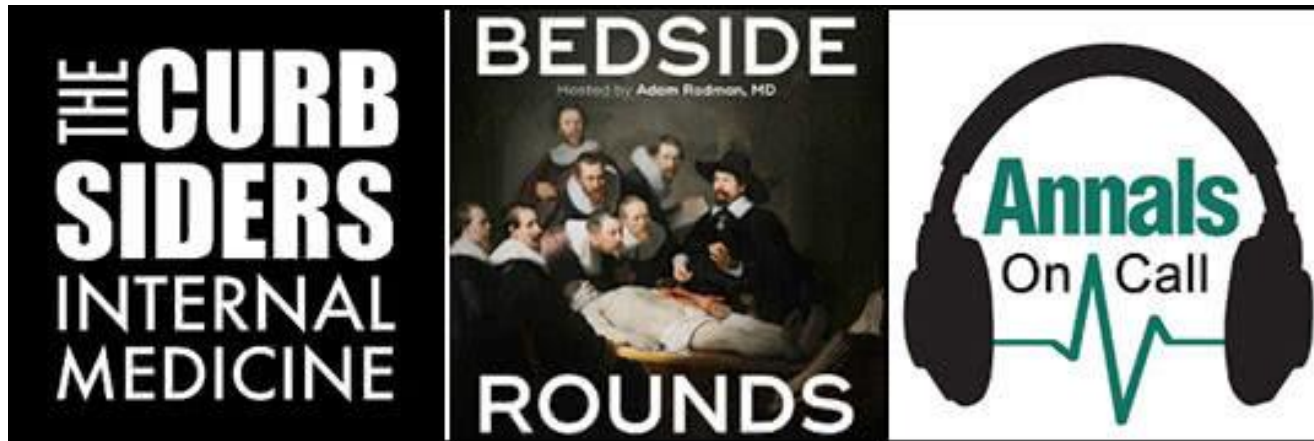
Opioids Interactive Learning Module

- First in a series of interactive learning modules
- Free to ACP members
- CME and MOC eligible



Podcasts by Internists, for Internists

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

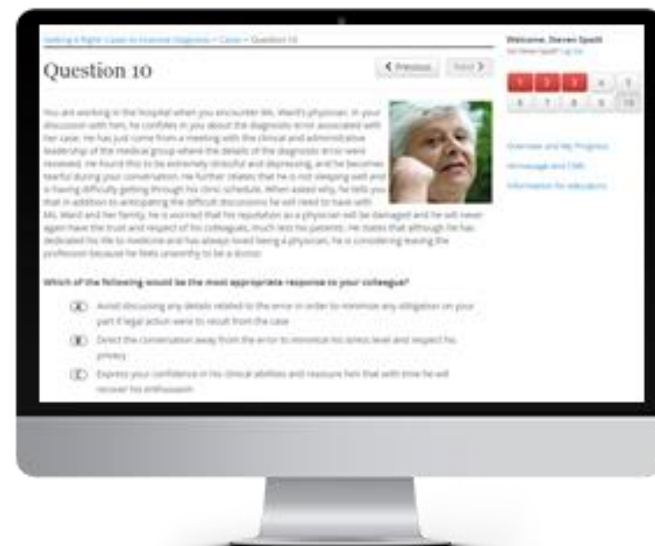


acponline.org/podcasts

Cases to Improve Diagnosis

Cases designed to encourage diagnostic decision-making:

- Understanding the Diagnostic Process
- Partnering with Patients and Families in the Diagnostic Decision-Making Process
- Physician and Patient Factors in Diagnostic Decision-Making
- Recognizing and Responding to Diagnostic Errors



acponline.org/olc

Resources for Educators

- 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: **Addressing Issues of Importance**

ACP Submits Comments Fee Schedule/QPP

- November 2018 - CMS final rule 2019 Physician Payments and QPP
- CMS was responsive to many of the concerns raised during the comment period
- ACP continues to advocate to improve the Medicare payment system

Physician Fee Schedule Updates

- ✔ **Reduced documentation requirements for physicians starting in 2019** – CMS is eliminating redundancies and only requiring physicians to document changed information since the last visit for established patients.
 - ✎ While CMS is moving forward with evaluation and management (E/M) coding payment reforms, they have **delayed implementation until 2021**.
- ✔ CMS modified its proposal of a flat rate for office/outpatient E&M level 2 through 5 visits and **will continue to pay a higher rate for the most complex patient care, or level 5 visits**.
 - ✎ ACP has concerns and will continue to advocate for paying level 4 visits, the second most complex visits, at a higher rate – and will work with CMS on alternate approaches that recognize the value of complex, cognitive care.
- ✔ **Add-on codes for level 2-4 visits in primary care and certain specialties will be allowed, as well as extended visits** – to account for the value of cognitive work in treating more complex patients. This change equalizes primary care payments to specialty payments. (Effective 2021)
 - ✎ ACP is pleased that CMS finalized the new prolonged services codes but would like them implemented in 2019.
- ✔ **New payment codes in 2019 for non-face-to-face visits** – including virtual check-ins, e-consultations, and remote evaluation of patient images and videos.
- ✔ CMS has cancelled the Multiple Procedure Payment Reduction (MPPR) proposal.

Quality Payment Program Updates

- ✔ **A Merit-based Incentive Payment System (MIPS) opt-in option will be added by CMS for practices previously excluded under the low-volume threshold**, expanding participation without increasing burden.
- ✔ **CMS continues to identify and remove low-priority, low-value quality measures** – they will work with stakeholders to focus on measures that offer the most promise for improving patient care while minimizing reporting burdens.
- ✔ **Implementation of 2015 Certified Electronic Health Record Technology (CEHRT) for the 2019 reporting period** will be required. While ACP agrees that using updated standards can help improve interoperability, ACP believes rushing implementation of these upgrades to meet a reporting deadline can have serious patient safety risks and is a major expense and burden.
- ✔ **CMS will continue the consistent risk threshold for Alternative Payment Models (APMs)** – this will provide consistency and predictability for APM model developers and will help APMs continue to grow.
- ✔ **CMS finalized changes to the Cost Category** – including adding several new episode-based measures, despite concerns over low reliability ratings, while simultaneously increasing the weight of the Cost Category from 10 to 15 percent, despite objections from ACP and other stakeholders.

Responding to ACP Member Feedback

Responsive to feedback from members - advocated against changes to codes that devalue complex visits

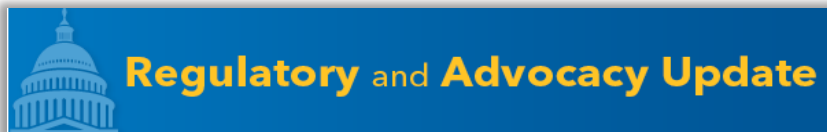
Messaging around the final rule to reflect 3 points that were emphasized in the College's comment letter:

1. ACP strongly believed that the proposal to pay a single flat fee for E/M levels 2-5 should not be implemented because it undervalued cognitive care for the more complex patients

2. ACP appreciated and supported CMS's proposals to reduce the burden of documentation for E/M services, yet opposed CMS's proposal to pay a single flat fee for E/M services

3. ACP urged CMS not to establish a regulatory deadline for finalizing and implementing its flat E/M fee proposals, and instead, to take the time to "get it right"

Communications Surrounding the Fee Schedule/QPP Final Rules



ACP Encouraged by Changes in Medicare Payment Policies in 2019

On November 1, 2018, the Centers for Medicare & Medicaid Services (CMS) released the final rules on 2019 Physician Payments and the Quality Payment Program (QPP).

CMS Responsive to ACP Recommendations

[ACP is encouraged](#) that CMS was responsive to many of the concerns ACP raised during the comment period. Highlights include:

Shari Erickson Retweeted



ACP @ACPinternists · Nov 2

Internists are encouraged that the final @CMSgov payment rule improves on proposed changes to evaluation and management codes. Read ACP's full statement here: bit.ly/2Jzy16J



ACP News

[Internists encouraged that final CMS payment rule improves on proposed changes to E/M codes](#)

11/02/18

[Answer MKSAP 18 questions and enter for a chance to win a free subscription to MKSAP 18 Complete](#)

10/30/18

[ACP calls for sweeping new policies to keep guns away from those a threat to themselves, others](#)

10/29/18

Internists Note that Final CMS Payment Rule Improves on Proposed Changes to E/M Codes

ACP will continue to work with CMS on further improvements

Washington, DC (November 2, 2018) — The American College of Physicians (ACP) appreciates that the final Medicare Physician Fee Schedule and the Quality Payment Program (QPP) rules for 2019 are responsive to many of the concerns that ACP raised with the Centers for Medicare and Medicaid Services (CMS).

Evidence-Based Clinical Guidance

ACP continues to be a leader in developing evidence-based resources that help our members and the entire internal medicine community deliver the best possible care for patients.

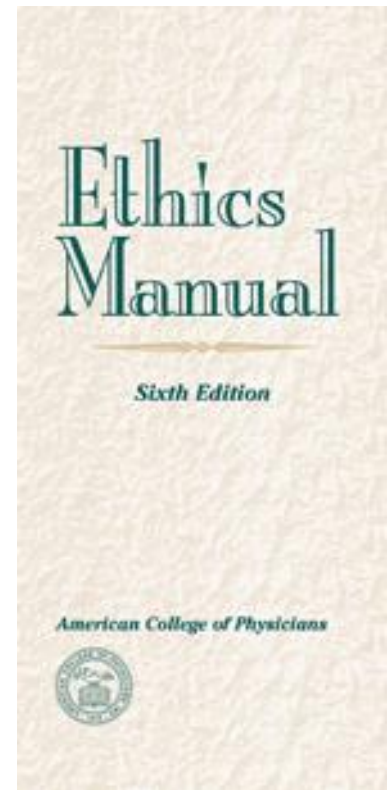
Recent topics addressed include:

- Hepatitis B screening vaccination and care
- Guidance on glycemic control for patients with Type 2 diabetes



Ethical Guidance

- Optimizing clinical learning around ethics and professionalism
- **Ethics Manual update - January 2019**
- Providing guidance on important ethical issues
 - Physician-assisted suicide
 - Obligations regarding short-term global health experiences
 - Hidden curricula in medical school
- Creating helpful case studies
 - Addressing a Colleague's Unprofessional Behavior During Sign-Out
 - Secret Recordings of Office Visits by Patients



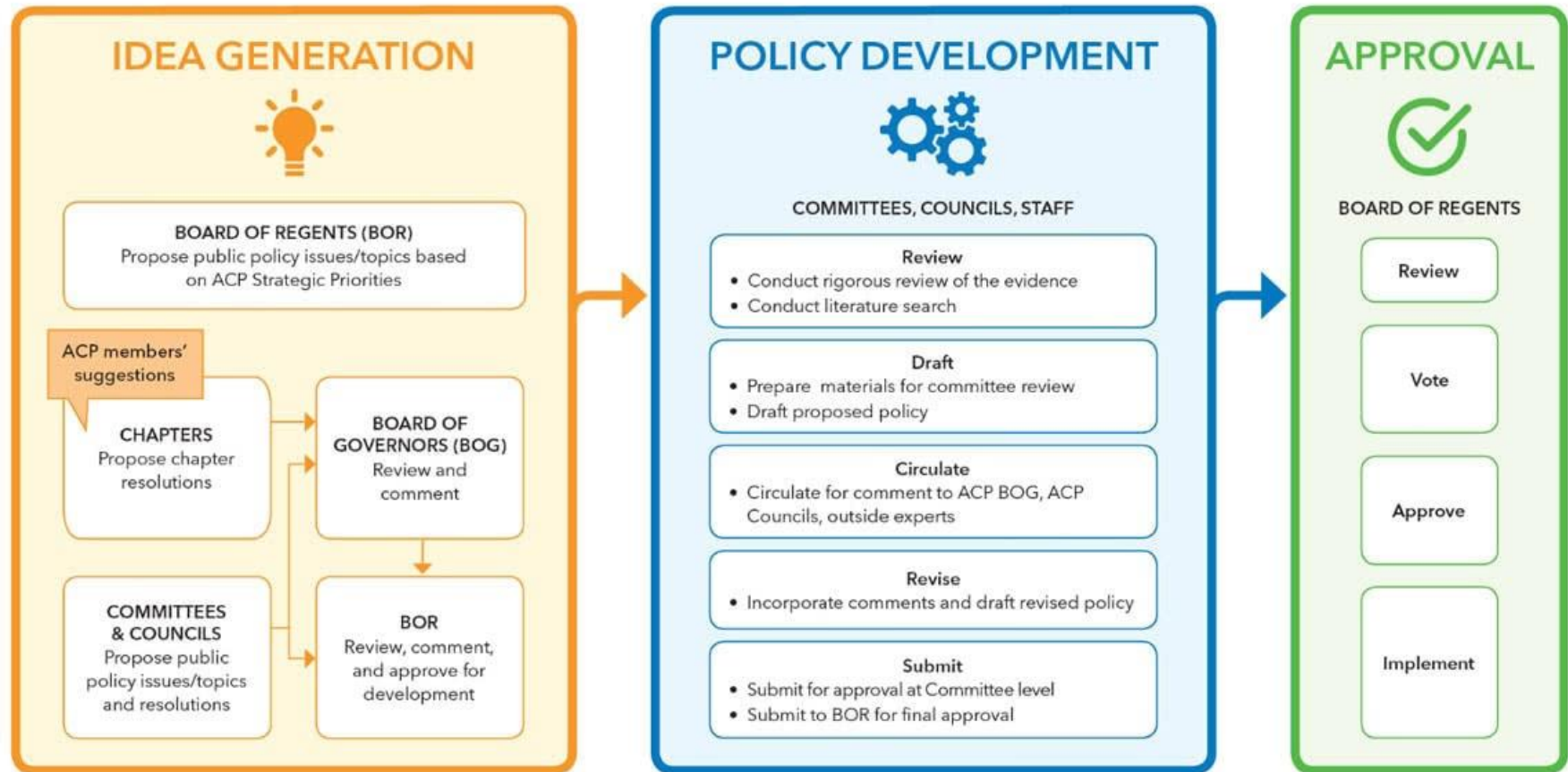
Addressing Performance Measures

Recent papers from the Performance Measurement Committee include:

- An analysis of items applicable to internal medicine within the 2019 CMS Merit-based Incentive Payment System.
- Collaboration on “Time Out — Charting a Path for Improving Performance Measurement” where ACP advocated for an improved measure development process



ACP Public Policy Development Process



ACP's "Big Tent" Advocacy Agenda



COLUMN A

- ✓ Expand access and coverage
- ✓ Improve public health
- ✓ Support research and science
- ✓ Oppose discrimination
- ✓ Reduce health care disparities
- ✓ Support primary care workforce
- ✓ Lower Rx drug prices

Affect the overall health and well-being of patients and the public.

COLUMN B

- ✓ Improve EHRs
- ✓ Reform and improve payments
- ✓ Improve Medicare's Quality Payment Program
- ✓ Improve quality measures
- ✓ Reform medical liability system
- ✓ Reduce crushing administrative burden

Affect the health, well-being, professional, and career satisfaction of our members

ACP Public Policy and Advocacy

- ACP advocates for changes that will make a difference in the daily lives of internists and patients' health
 - Expanding access to affordable, high-quality care
 - Prohibiting discrimination that results in health care disparities
 - Reducing prescription drug costs
 - Opioid crisis



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



Providing Input on Regulatory Issues

Represents internist views to regulatory agencies, including CMS and the Office of the National Coordinator for Health Information Technology

- Suggest changes to regulations and policies to reduce excessive administrative tasks/Quality Payment Program
- Help ACP members and internists in the shift in focus from volume to value
- Recent activity includes participation on a Congressional Red Tape Round Table and a meeting with CMS Administrator Seema Verna



Advocacy and Regulatory Wins

- CMS allows incorporation of medical student notes
- Called for a reduction in Medicare paperwork at House subcommittee roundtables
- Two-year delay of changes to payments for E/M services
- Continued higher payment for level 5 patient visits
- Virtual check-ins approved for reimbursement

Advocacy and Regulatory Wins

- Fix delay in medical student visas
- Ensured funding for essential health programs: NIH, CDC and other priorities
- Reaffirms leadership role at White House summit on Opioids
- Increased access to Medication Assisted Treatment

Public Policy Papers: Addressing Timely Issues

- Reducing Firearm Injuries and Deaths
- Social Determinants of Health
- Women's Health Policy
- Patient Safety in the Office-Based Practice Setting
- Promoting Transparency and Alignment in Medicare Advantage
- Improving Health Care Efficacy and Efficiency Through Increased Transparency
- Gender Equity in Compensation and Career Advancement

POSITION PAPER

Annals of Internal Medicine

Reducing Firearm Injuries and Deaths in the United States: A Position Paper From the American College of Physicians

Renee Butkus, BA; Robert Doherty, BA; and Sue S. Bornstein, MD; for the Health and Public Policy Committee of the American College of Physicians*

For more than 20 years, the American College of Physicians (ACP) has advocated for the need to address firearm-related injuries and deaths in the United States. Yet, firearm violence continues to be a public health crisis that requires the nation's immediate attention. The policy recommendations in this paper build on, strengthen, and expand current ACP policies approved by the Board of Regents in April 2014, based on analysis of ap-

proaches that the evidence suggests will be effective in reducing deaths and injuries from firearm-related violence.

Ann Intern Med. 2018;169:704-707. doi:10.7326/M18-1530
For author affiliations, see end of text.
This article was published at Annals.org on 30 October 2018.

For more than 20 years, the American College of Physicians (ACP) has advocated for the need to address firearm-related injuries and deaths in the United States. In 2014, the ACP published a comprehensive set of recommendations (1). In 2015, it joined the American College of Surgeons, American College of Obstetricians and Gynecologists, American Public Health Association, American Psychiatric Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, and American Bar Association in a call to action to address gun violence as a public health threat, which was subsequently endorsed by 52 organizations that included clinician organizations, consumer organizations, organizations representing families of gun violence victims, research organizations, public health organizations, and other health advocacy organizations (2). Yet, firearm violence remains a problem—firearm-related mortality rates in the United States are still the highest among high-income countries (3).

Firearm violence continues to be a public health crisis in the United States that requires the nation's immediate attention. The ACP is concerned about not only the alarming number of mass shootings in the United States but also the daily toll of firearm violence in neighborhoods, homes, workplaces, and public and private places across the country. The policy recommendations in this paper build on, strengthen, and expand current ACP policies approved by the Board of

Regents in April 2014 (1) and are based on an analysis of approaches that the evidence suggests will be effective in reducing deaths and injuries from firearm-related violence. The ACP has long advocated for policies to reduce the rate of firearm injuries and deaths in the United States and once again calls on its members, nonmember physicians, nonphysician clinicians, policymakers, and the public to take action on this important issue.

METHODS

This policy paper was drafted by the Health and Public Policy Committee of the ACP, which is charged with addressing issues that affect the health care of the U.S. public and the practice of internal medicine and its subspecialties. The paper builds on, strengthens, and expands current ACP policies approved by the Board of Regents in April 2014 (1). The authors determined that many positions were still relevant and did not revisit those positions or the evidence supporting them. They identified gaps in policy and existing positions that needed to be strengthened, clarified, or expanded on the basis of emerging research and new initiatives on which the ACP did not have clear policy. The authors focused solely on evidence related to the new or modified recommendations and reviewed available studies, reports, and surveys related to firearm violence from PubMed, Google Scholar, relevant news articles, policy documents, Web sites, and other sources. Recommendations were based on reviewed literature and input from the ACP's Board of Governors, Board of Regents, Council of Early Career Physicians, Council of Resident/Fellow Members, Council of Student Members, and Council of Subspecialty Societies. The policy paper and related recommendations were reviewed and approved by the ACP Board of Regents on 21 July

See also:

Related article	734
Editorial comments	723, 725

* This paper, written by Renee Butkus, BA; Robert Doherty, BA; and Sue S. Bornstein, MD, was developed for the Health and Public Policy Committee of the American College of Physicians. Individuals who served on the Health and Public Policy Committee at the time of its approval were Sue S. Bornstein, MD (Chair); Jan K. Carney, MD (Vice Chair); Tom Conroy, MD; Lee Engel, MD; Heather E. Ganter, MD; Tracy L. Henry, MD; Joshua D. Lenchus, DO; Bridget M. McCandless, MD; Jacob Quinlan, MD, MPH; Molly Southworth, MD, MPH; Fatima Syed, MD; Alexandru Valdivia, BA; and Mary Anderson Wallace, MD. Approved by the ACP Board of Regents on 21 July 2018.

† Author.

‡ Nonauthor contributor.

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ACP Firearms Policy Sparks Movement

#ThisIsOurLane


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



Firearms Case Study: #ThisIsOurLane

Brent McCaleb
@brentmccaleb

First patient, first wound to the mother cried in us to save him the last one either
#ThisIsOurLane




6:11 AM - 12 Nov 2018

5,718 Retweets 15,331 Likes

435 5.7K

Dave Morris
@traumadmo

Can't post a patient
This is what it looks like
@NRA @Joseph



5:37 PM - 9 Nov 2018


33,989 Retweets 97,652 Likes

1.4K 34K 9

Breathless
@breathless2

Replying to @NRA

Now, why in the hell do you think we have something against guns? It's sort of like the trouble you have with life? #ThisIsOurLane #GunCor




12:35 PM - 10 Nov 2018

113 Retweets 300 Likes

6 113 300

Julius Cheng, MD MPH
@ChengJD_MD

Here's hoping that the .@NRA and .@AnnCoulter realize that this is the reality we face. We seek solutions, and we won't quit because lives depend on it. Help us with #bulletholecontrol. Join us. #ThisIsOurLane #TraumaShoes #TraumaSurgery @EAST_TRAUMA @traumadoctors @DocsDemand



4:51 PM - 10 Nov 2018

861 Retweets 2,112 Likes

Firearms Case Study: national attention



David Hogg
@davidhogg111

Following

Thank you to all the doctors standing up to the gun lobby the same way they did with cigarette lobby.

6:36 AM - 13 Nov 2018

7,454 Retweets 47,361 Likes



323 7.5K 47K



'Being silenced is not acceptable': Doctors express outrage
Medical professionals take to Twitter to share their stories of victims.
washingtonpost.com

9:53 AM - 12 Nov 2018

16 Retweets 26 Likes



2 16 26



Vox
@voxdotcom

Following



NPR
@NPR

Following

After NRA Mocks Doctors, Physicians Reply: 'This Is Our Lane'



After NRA Mocks Doctors, Physicians Reply: 'This Is Our Lane'

"We are not anti-gun: we are anti-bullet holes in our patients," wrote one physician in response to the NRA. Another posted a photo of his own scrubs, bloody from trying to

3:42 PM - 11 Nov 2018

1,525 Retweets 4,362 Likes



128 1.5K 4.4K

Working for you and with you: **Practice Resources**

Helping You Transform Your Practice

- **ACP Practice Transformation Resources:**

Information, resources, tools to successfully care for patients in the value-based payment environment

- **Quality Payment Advisor:**

Online tool to assist in determining the best path to take—MIPS or APM.



- **ACP Practice Advisor:**

Online tool to help analyze and improve patient care, organization, and workflow



ACP Advance

Engage. Empower. Improve.

- Help organizations engage their physicians and clinical staff to achieve success in Quality Improvement and High Value Care initiatives
 - Identify strengths and gaps
 - Live QI training
 - Peer-to-peer guidance and coaching
 - Implementation support

ACP | Advance 

Working *for you* and *with you*: Collaborating with Others for Positive Change

The Future of MOC

- The Vision Commission released draft report Dec 2018.
visioninitiative.org/commission/draft-report
- Feedback collected during the public comment period. Final report will be submitted to the ABMS Feb 2019!
- ACP advocates for programs that meet the needs of ACP members and our patients
 - Supports lifelong learning
 - Relevant to practice
 - Does not rely on high-stakes exam
 - Not burdensome or excessive cost

Working *for you* and *with you*: Involvement, Engagement, and Opportunities to Connect

Internal Medicine Meeting 2019: ACP's Annual Scientific Meeting

Internal Medicine Meeting 2019

April 11-13, 2019

Philadelphia, PA

Register online at

annualmeeting.acponline.org

Marking ACP's 100th annual meeting
and its excellence in clinical
education.

Keynote speaker,

Vivek H. Murthy, MD, former
Surgeon General of the United States



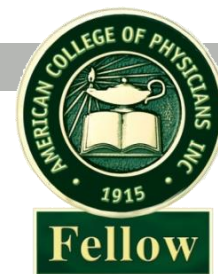
Engagement Opportunities with ACP Chapters

86 Chapters and Regions across the United States and the world:

- Help influence state legislation
- Network with peers
- Mentor medical students, residents, and early career
- Committee
- Influence ACP policy
- Volunteerism: Be on the lookout for an upcoming email encouraging you to volunteer

Become an ACP Fellow

ACP Fellowship: Fellowship in the College is an honor. FACP® is a distinction earned from colleagues who recognize your accomplishments and achievements in the practice of internal medicine



Election to Fellowship recognizes excellence in the practice of internal medicine and is achieved through professional accomplishments within one, or across multiple pathways.

For information and criteria:

[ACPOne.org/FACP](https://www.acponline.org/facp)



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



ACP | Advocates for
Internal Medicine
Network



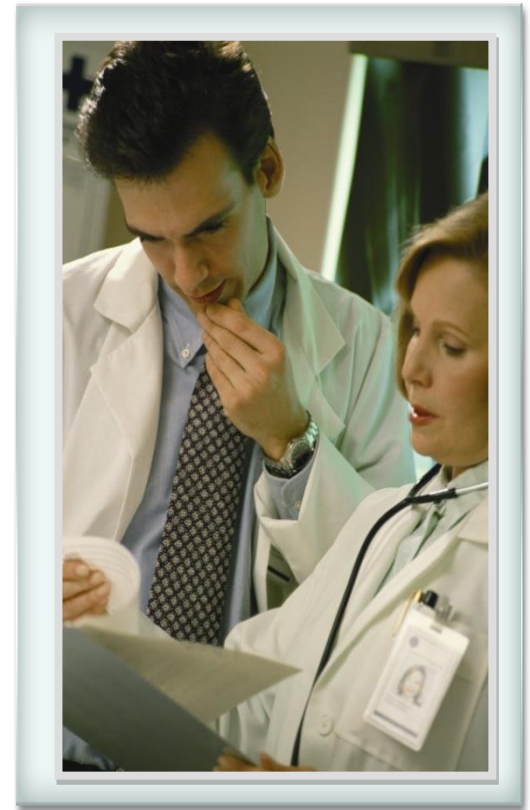
Support the Next Generation of IM

- Promote the rewards of internal medicine as a career
- Recommend General IM to residents
- Invite internists to join ACP
- Sponsor a Member for Fellowship (FACP)



Recruit-a-Colleague

- Recruit one colleague (U.S. only) and receive a \$100 credit toward your 2019-20 annual dues
- Recruit two colleagues and receive a \$200 credit toward your 2019-20 annual dues
- Recruit three colleagues and receive a \$300 credit toward your 2019-20 annual dues
- Recruit four colleagues and enjoy free annual dues in 2019-20
- Sign up at ACPOnline.org/RAC



Get Connected!

For ways to connect, and personalize your engagement with, visit acponline.org

- **MyACP**

A personalized web experience, making it easier for members to access and discover pertinent ACP content and resources while visiting ACPOnline.org.

- **ACP Member Forums**

ACP Member Forums allow ACP members to instantly participate in discussions on a range of clinical, professional, and practice-related topics.



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Thank you . . .

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

