The American College of Physicians

Heather E. Gantzer, MD, FACP Chair-elect, Board of Regents American College of Physicians



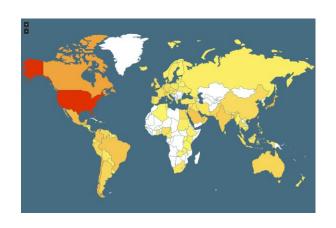
159,000 Members Strong

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

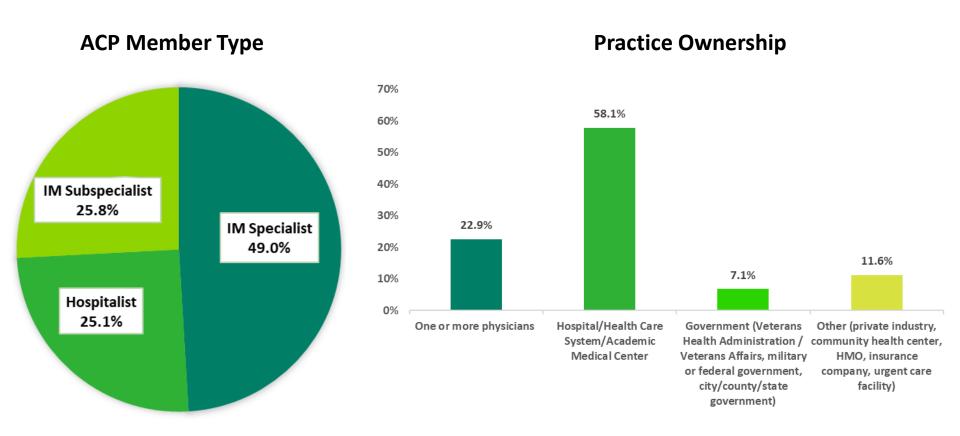
ACP: A Global Community



 More than 16,000 ACP members reside outside the United States

 International chapters: Bangladesh, Brazil, Canada, Central America, Chile, Colombia, India, Japan, Mexico, Saudi Arabia, Southeast Asia, and Venezuela

ACP Member Trends



Source: 2019 ACP Member Survey



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 Beyond the Guidelines
- Annals Story Slam
- Web Exclusives
 - Annals Consult Guys
 - Annals Graphic Medicine
 - Annals for Educators
 - Annals for Hospitalists



Annals.org

 Download the free app for Android and iOS devices



Annals Virtual Patients

Annals Virtual Patients is an innovative educational program that enables customized learning.



Topics include:

- Abdominal pain
- Anemia
- Obesity & Weight Management
- Hypercoagulable States
- Cellulitis & Soft Tissue Infection

- Food Allergy
- Opioid Use Disorder
- Travel Medicine
- Hepatitis C Virus
- Smoking Cessation
- Type 2 Diabetes
- Influenza

vp.acponline.org/virtualpatients



Podcasts by Internists, for Internists

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



acponline.org/podcasts

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

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



acponline.org/MKSAP18

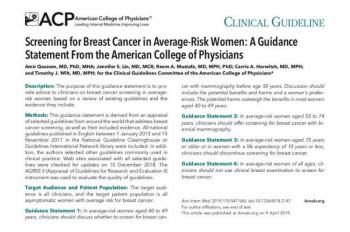
- Available in print, digital, and complete formats, with regular digital format updates
- 275 CME credits and MOC points available
- Includes 11 syllabus sections, 1,200 related questions and an updated platform, dashboard, and search engine functionality; self-assessment questions with easyaccess lab references



Evidence-Based Clinical Guidance

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

- Screening for breast cancer in average-risk women
- Update of methods on development of clinical guidelines and guidance statements
- Managing conflicts of interests in clinical guidelines



acponline.org/clinical-information

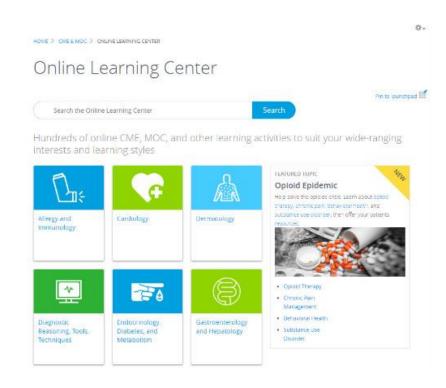
ACP has been named to the new Cochrane U.S. Network that consists of some of the country's leading institutions in the research and practice of evidence-based medicine



Online Learning Center

A centralized gateway to more than 350 online learning activities

- Enhanced search and browsing functionality
- Video-based learning
- Webinars
- Interactive cases
- Quizzes
- Podcasts
- CME and MOC eligible



acponline.org/olc

DynaMed

Completely redesigned for 2019, DynaMed is an advanced clinical decision support tool that combines current clinical evidence with guidance from leading experts in a user-friendly, personalized experience.

- Your ACP member log-on credentials provide seamless access to DynaMed. Initial log-on is required at acponline.org/dynamed
- DynaMed acponline.org/DynaMed
- Free access for ACP members (through July 2020)
- Includes overviews and recommendations for more than
 750 topics, 2,500 searchable images, and numerous calculators
- Mobile apps available for Android and iOS



ACP JournalWise: Exclusive Member Benefit

ACP JournalWise searches and filters more than 120 top journals to deliver only the most relevant content to you.

- 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



Getting It Right: 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

aponline.org/olc

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.

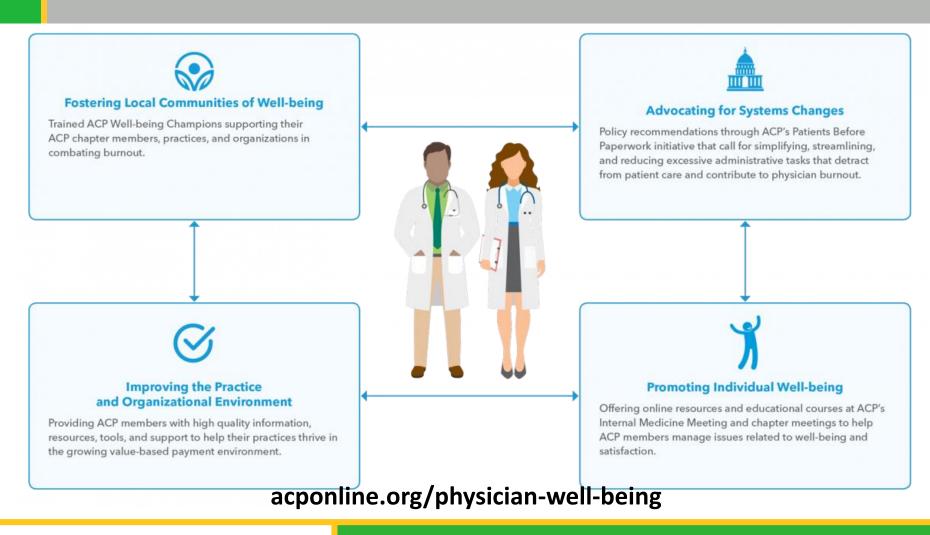
- Point-of-Care Ultrasound: Foundational **Skills for Internists:** ACP's two-day live course in November 2019 teaches ultrasound skills applicable to any practice setting.
- Point-of-Care Ultrasound: Advanced **Skills for Outpatient Practice:** This new Internal Medicine Meeting pre-course focuses on extended and advanced



aponline.org/POCUS

point-of-care ultrasound applications in the outpatient setting.

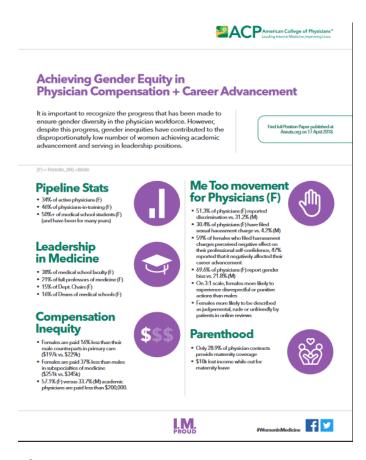
ACP's Physician Well-being and Professional Satisfaction Initiative



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



Patients Before Paperwork Initiative



What is Patients before Paperwork?

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



Policy Development

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



Tools You Can Use

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



Collaborating with Stakeholders

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



Advocating for Internists

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

acponline.org/patientsbeforepaperwork



Improving Physician Satisfaction and Patient Outcomes by Reducing Unnecessary Burdens

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

ACP addresses these issues by:

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

Addressing Performance Measures

Over the past year, the Performance Measurement Committee published performance measurement papers on

- MIPS Measures
- Preventive Care



acponline.org/performance-measures

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 selfpaced.
- 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

ACP Public Policy and Advocacy

ACP advocates for changes that will make a difference in the daily lives of internists and our patients' health in a variety of ways

- Evidence-based policy papers
- Meetings with congressional leaders
- Collaborating with regulators
- Robust grass roots advocacy
- Working with other organizations who have similar goals



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

Annals of Internal Medicine

POSITION PAPER

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

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

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

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

Annintern Med. 2019;170:651-653. doi:10.7326/M18-3401 Annals.org
For author affiliations, see end of text.
This article was published at Annals.org on 16 April 2019.

The American College of Physicians (ACP) has long endorsed policies to achieve universal health insurance coverage (1) and supported passage of the Patient Protection and Affordable Caro Act (ACA) in 2010. The ACP has since offered recommendations on how to improve the law and has strongly opposed its repeal. The ACA has extended comprehensive health insurance coverage to millions of persons, but many remainsured or underinsured. This position paper reviews

The ÅCA has extended comprehensive health insurnace coverage to millions of persons, but many remain uninsured or underinsured. This position paper reviews the ACA's progress, identifies its shortcomings, and fers official policy recommendations on how the law may be improved. This executive summary provides a synopsis of the position paper. The entire background and rationale may be found in the Appendix (available at Apnals groft).

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

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

© 2019 American College of Physicians 651

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



^{*}This paper, written by Ryan A. Crowley, BSJ, and Sue S. Bomstein, MD, was developed for the Health and Public Policy Committee of the American College of Physicians. Individuals who served on the Health and Public Policy Committee and contributed to the paper are stap approved by the committee were See. Schemeter, MDC (Index), Jan. K. Carrey, MD (Index-Dair): Thomas C. Coneys, MD, Lee See Engle MD, Healther E. Garzer, MD, Tacey L. Herry, MD, Joshao D. Lanchus, DD, Bridget M. McCandless, MD, Moly B. Southworth, MD, Fatama Syed, MD. Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and Mary Anderson Walless, MD, Alexandria Valdiegh, BA, Jacob Quinton, MD, and MD, and Alexandria Valdiegh, BA, Jacob Quinton, MD, and MD, and Alexandria Valdiegh, BA, Jacob Quinton, MD, and Alexandria Valdiegh,

ACP Firearms Policy Sparks Movement #ThisIsOurLane

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

physicians were quick to respond...







Collaboration with Legislators and Influencers

ACP advocates for policy changes that will make a difference in the field of internal medicine through:

- Meetings on Capitol Hill
- Discussions with regulators, including CMS, to suggest changes that will reduce administrative tasks



- Communication and collaboration with other organizations
- Leadership Day in Washington

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







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



Internal Medicine Meeting 2020: Mastering Medicine Together

April 23-25, 2020 (Pre-Courses April 21-22, 2020)

Los Angeles Convention Center Los Angeles, CA







The Medical Note in an Era of CMS Changes

Heather E. Gantzer, MD, FACP

Chair-Elect, Board of Regents, American College of Physicians hgantzer@mac.com



Current Notes: Often too much and too little

- Too much imported
 - Past medical history, of variable accuracy
 - Lab and xray reports, available elsewhere
 - Medication lists, available elsewhere
 - Previous notes

Too much templated and dot phrased

- Review of systems with limited relevance
- Physical exams not always pertinent or believable
- "The patient was discharged stable and in ambulatory condition"

Grace Farris, MD, blogs.jwatch.org, 1-2-2019





Too little included

• Who is the patient?

- What is the patient worried about-and why?
- What were the key findings (or absence of findings) on history, labs, xrays, EKGs, physical exam?

- What is the differential diagnosis, what is most important to exclude?
- How will the case be managed?

How did this happen?

Evolution from brief notes, for own use by MD

Increasing numbers of specialists caring for one patient

Concept of a single chart following the patient

 Payer criteria for documentation-CMS, and commercial insurance

1995 and 1997 E/M codes with their documentation criteria were developed to validate that services furnished were accurately reported

Influence of medicolegal issues



Lawrence Weed "Medical Records That Guide and Teach" NEJM 1968

"It will be necessary to develop a more organized approach to the medical record, a more rational acceptance and use of paramedical personnel and a more positive attitude about the computer in medicine. Eventually... for every physician, pressures build up, so...there is a remarkable spectrum of behavior from the compulsively elaborate to the sketchy and haphazard."



"If useful historical data can be acquired and stored cheaply, completely and accurately by new computers...without the use of expensive physician time, they could be considered."

Previous CMS Rules

1995 and 1997 Guidelines

- Chief complaint and three elements,
 - Each with multiple elements and bullet points
 - History
 - Examination
 - Medical Decision Making

2019 CMS coding rules for E/M notes

Allows prior medical history to be marked as reviewed

 Allows note to refer to prior note and not repeat all elements which remain unchanged

 Option remains to bill on total time, of which more than 50% is spent counseling

Process

What is the process for determining the rule for billing E/M outpatient visits, and for the documentation necessary for billing?

RVU Update Committee

- 1992-AMA/Specialty Society
 - Relative Value Scale Update Committee
 - Aka "the RUC"

 RUC describes resources required to provide physician services and makes recommendations which CMS considers in developing Relative Value Units (RVUs) CMS makes final decisions about what Medicare payments will be

Announces a rule in November

Rule is implemented the following January

William Fox, MD, FACP, at the RUC



The Times They Are A-Changin'

- "Come senators, congressmen
- Please heed the call
- Don't stand in the doorway
- Don't block up the hall..."
- "For the times they are a changin' "

Bob Dylan, 1963



Proposed CMS rules

Proposed 2020 Medicare physician payment schedule

Would take effect for implementation in 2021

 Retain five levels for coding E/M visits by established patients, four for new patients

CMS stated goals include:

 "Investing in the critical thinking required to evaluate a patient"

What resources is CMS proposing to use to achieve this goal?

RVU increases between 10-30%

 Add-on codes of 99xxx worth 0.61 wRVUs in 15 minutes additional time increments, able to be billed with a level 5 visit

G codes worth 0.33 additional wRVUs for complexity



Proposed 2021 Documentation Requirements

Base billing on medical decision making

OR

- Base billing on total time spent on all activities for a patient on the day of service
 - No requirement for more than 50% counseling/coordination of care
 - No limitation to face to face time

What impact could this proposed rule have on:

- Finances of physicians and payers
- Administrative burden
- Workforce, especially primary care
- Communication among health care team members
- Quality of medical care
- The patient's experience
- And-the clinical note



What might a note include in the future?

A sense of the patient's priorities and concerns

Relevant patient strengths and challenges

- Focused history and labs necessary for the reader, with the majority of additional data readily accessible in chart elsewhere-split screen
- A meaningful physical exam



 Differential diagnosis that includes rationale and relative probabilities and importance, not simply a single diagnosis, or a laundry list

Clear management plan that others can use

Reasonable clarity for readers, including the patient

Clinical note of the future

 Could eliminate the scatter and distraction of bullet points included only for documentation for billing

 Could reflect its purpose of meaningful assessment, planning and communication

The New Note Does Not Necessarily Mean Less Work

Less clerical work of limited clinical value

More evidence-based, intellectual and humanistic work

Consider the Blaise Pascal quote (often inaccurately attributed to Mark Twain) "I would have written a shorter letter but I did not have the time."



Light at the end of the tunnel

References

 1. Weed, Lawrence. "Medical Records That Guide and Teach" NEJM 1968;278:593-600

 2. Dalen, J., Ryan, K., Joseph, H. "Where Have the Generalists Gone?" Am J Med July 2017;130:768

- 3. Erickson, Shari M. et al "Putting Patients First By Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians" Ann Int Med 2017;166(9):659-661
- 4. "Summary of 2019 Changes to the Medicare Physician Fee Schedule, Quality Payment Programs, and other Federal programs"
- 5.https://www.acponline.org/system/files/docum ents/advocacy/where we stand/assets/2019 pfs
 qpp final rule analysis 2018.pdf



6. CY 2020 Physician Fee Schedule Proposed Rule with Comment Period

https://www.federalregister.gov/documents/2019/08/14/2019-16041/medicare-program-cy:2020-revisions-to-payment-policiets-under-the-physician-fee-schedule-and-other



- 7. "ACP: Proposed 2020 Medicare Physician Fee Schedule Embraces Reforms That Reflect Value of Primary Care" ACP Advocate, August 16, 2019
- 8. https://www.acponline.org/advocacy/acp-advocate/archive/august-16-2019/acp-proposed-2020-medicare-physician-fee-schedule-embraces-reforms-that-reflect-value-of-primary?utm_campaign=FY19-20_NEWS_ACPADVOCATE_081619_EML&utm_medium=email&utm_source=Eloqua



9. Pascal, Blaise Provincial Letters Letter XVI, 4
 December 1656

