

The American College of Physicians

Working for you and with you:
Improving the Lives of Internists and
their Patients

159,000 Members Strong

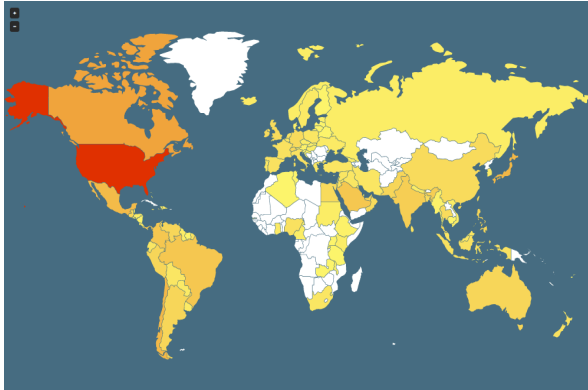
Leveraging the collective voice of our community to create a better place *for ourselves, our profession, and our patients* through medical education, practice transformation, advocacy, and engagement.

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

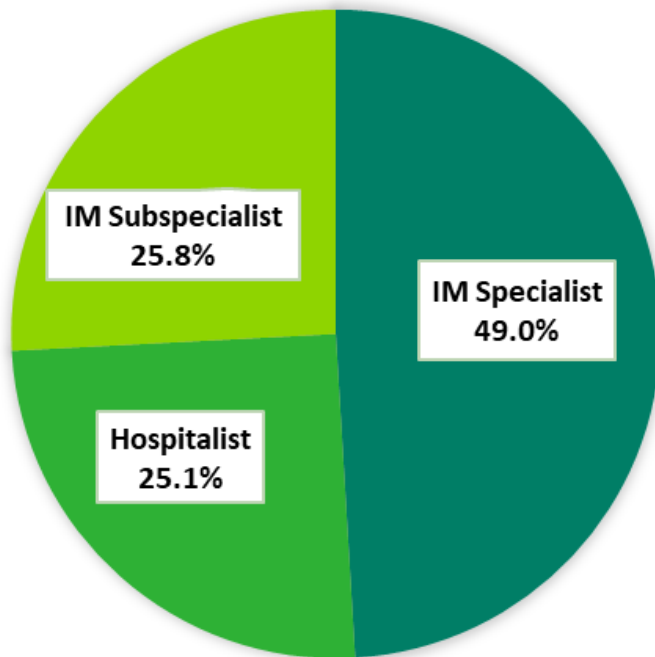
ACP: A Global Community



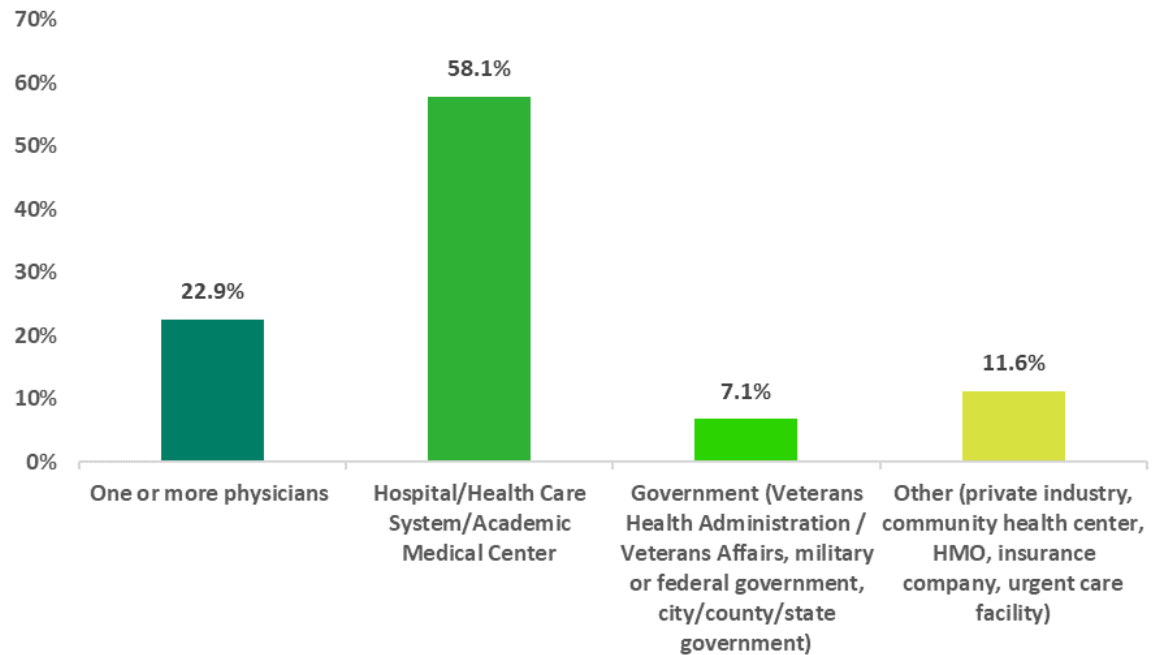
- **More than 16,000 ACP members reside outside the United States**
- International chapters: Bangladesh, Brazil, Canada, Central America, Chile, Colombia, India, Japan, Mexico, Saudi Arabia, Southeast Asia, and Venezuela

ACP Member Trends

ACP Member Type



Practice Ownership



Source: 2019 ACP Member Survey

Defining our identity: We are physicians, not ‘providers’

- We are internists and do **NOT** merely “provide” health care services to our patients in a transaction
- The term “provider” is a marketplace term and undermines the role of physicians treating patients in meaningful, caring relationships



ACP Board of Regents Chair, Doug DeLong, MD, and ACP President, Robert McLean, MD taking the pledge

TAKE THE PLEDGE

“I pledge not to use the word ‘provider’ when referring to physicians, and further to encourage my colleagues to do the same.”

Help spread the word:

#physiciannotprovider

Show Your IM Pride

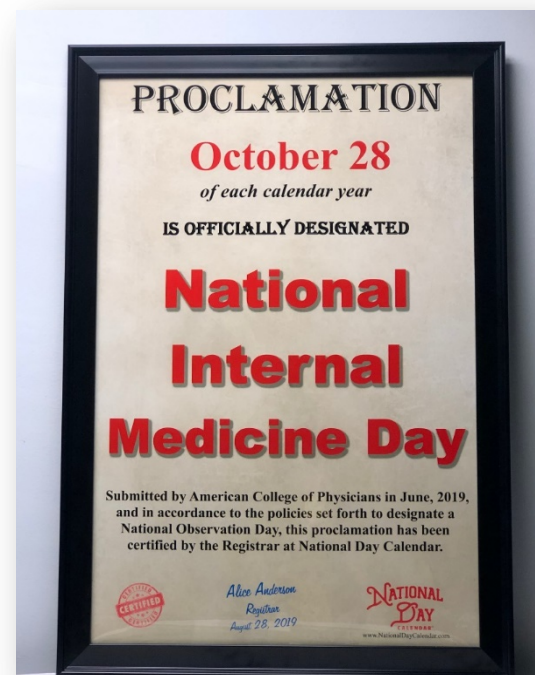


acponline.org/IMProud

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

National Internal Medicine Day - October 28th

- Mark your calendars!
- October 28th of each calendar year has been officially designated as *National Internal Medicine Day*
- ACP will be sending out more information on ways you can help celebrate and observe *National Internal Medicine Day*



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

The logo for Annals of Internal Medicine, featuring the word "Annals" in a large, bold, teal sans-serif font, with "of Internal Medicine" in a smaller, teal sans-serif font below it, followed by a registered trademark symbol (®).

Annals.org

- Download the free app for Android and iOS devices

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 easy-access 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



CLINICAL GUIDELINE

Screening for Breast Cancer in Average-Risk Women: A Guidance Statement From the American College of Physicians

Amir Qaseem, MD, PhD, MHA; Jennifer S. Lin, MD, MCR; Reem A. Mustafa, MD, MPH, PhD; Carrie A. Horwitz, MD, MPH; and Timothy J. Wilt, MD, MPH; for the Clinical Guidelines Committee of the American College of Physicians*

Description: The purpose of this guidance statement is to provide advice to clinicians on breast cancer screening in average-risk women based on a review of existing guidelines and the evidence they include.

Methods: This guidance statement is derived from an appraisal of selected guidelines from around the world that address breast cancer screening, as well as their included evidence. All national guidelines published in English between 1 January 2013 and 15 November 2017 in the National Guideline Clearinghouse or Guidelines International Network library were included. In addition, the authors selected other guidelines commonly used in clinical practice. Web sites associated with all selected guidelines were checked for updates on 10 December 2018. The AGREE II (Appraisal of Guidelines for Research and Evaluation II) instrument was used to evaluate the quality of guidelines.

Target Audience and Patient Population: The target audience is all clinicians, and the target patient population is all asymptomatic women with average risk for breast cancer.

Guidance Statement 1: In average-risk women aged 40 to 49 years, clinicians should discuss whether to screen for breast cancer with mammography before age 50 years. Discussion should include the potential benefits and harms and a woman's preferences. The potential harms outweigh the benefits in most women aged 40 to 49 years.

Guidance Statement 2: In average-risk women aged 50 to 74 years, clinicians should offer screening for breast cancer with biennial mammography.

Guidance Statement 3: In average-risk women aged 75 years or older or in women with a life expectancy of 10 years or less, clinicians should discontinue screening for breast cancer.

Guidance Statement 4: In average-risk women of all ages, clinicians should not use clinical breast examination to screen for breast cancer.

Ann Intern Med. 2019;170:547-560. doi:10.7326/M18-2147
For author affiliations, see end of text.
This article was published at Annals.org on 9 April 2019.

Annals.org

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

Podcasts by Internists, for Internists

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

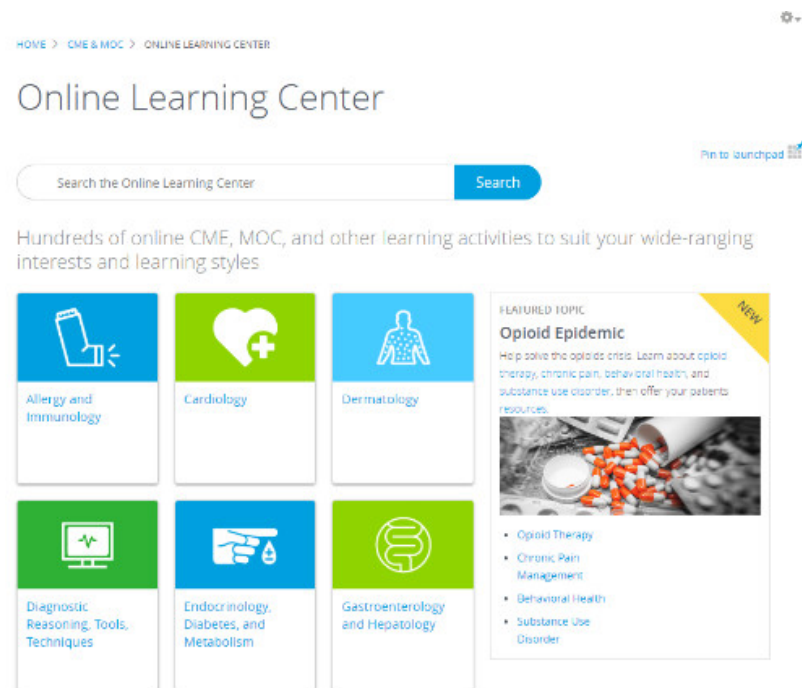


acponline.org/podcasts

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

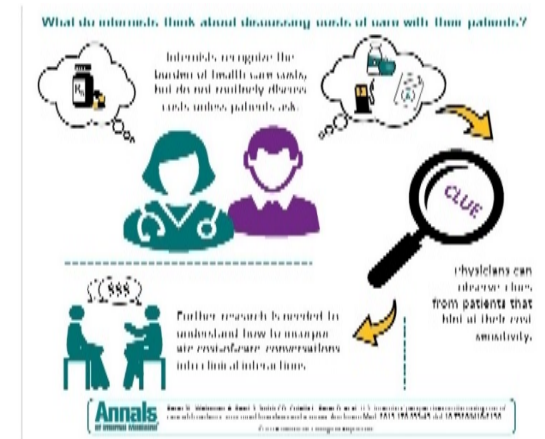


acponline.org/olc

Encouraging High Value Care

- Initiatives aim to improve health, avoid harms, and eliminate wasteful practices.
- Resources include online interactive High Value Care Cases that show how to eliminate unnecessary health care costs and improve patient outcomes while earning free CME and ABIM MOC patient safety and medical knowledge points.
- New Cost of Care Conversations tools help physicians and patients understand the importance of talking about costs of health care

acponline.org/HVC



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

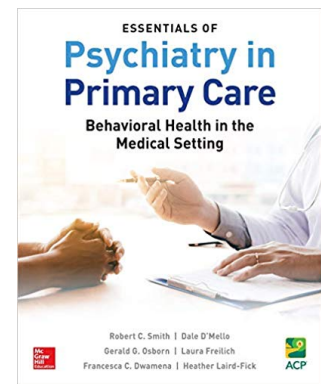
ACP Publications online: ACPInternist.org, ACPHospitalist.org

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 specialists and subspecialists, medical students, residents, and other health care professionals.



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
- 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

DynaMed®

acponline.org/DynaMed

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

ACP | JournalWise 

journalwise.acponline.org

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

Getting It Right: Cases to Improve Diagnosis

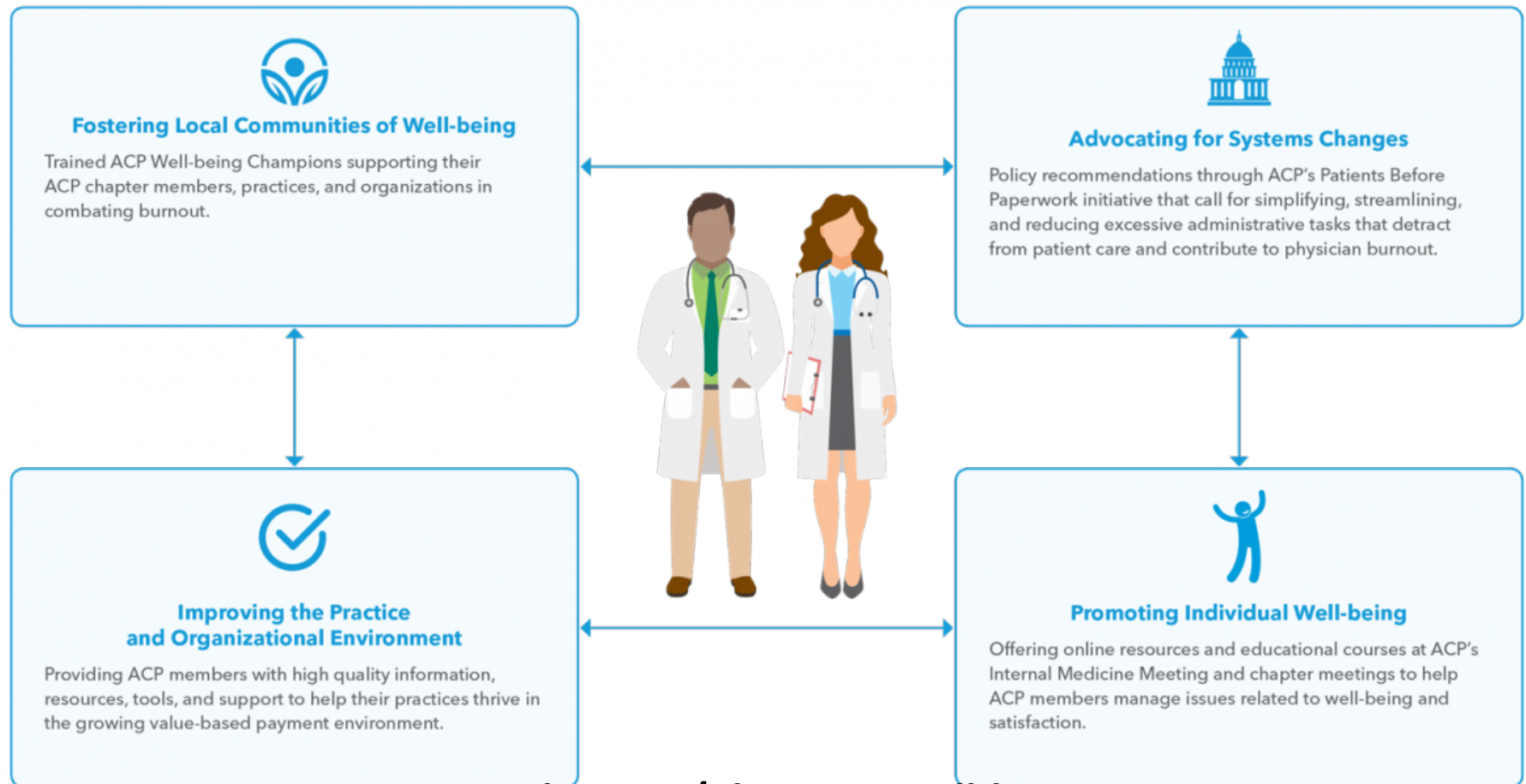
Cases designed to encourage diagnostic decision-making:

- 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

ACP's Physician Well-being and Professional Satisfaction Initiative



acponline.org/physician-well-being

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



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.

First Full Position Paper published at 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)
- 71% 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 (\$19k 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)

- 51.2% 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



I.M.
PROUD

#WomenInMedicine



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

Proposed 2020 Medicare Fee Schedule

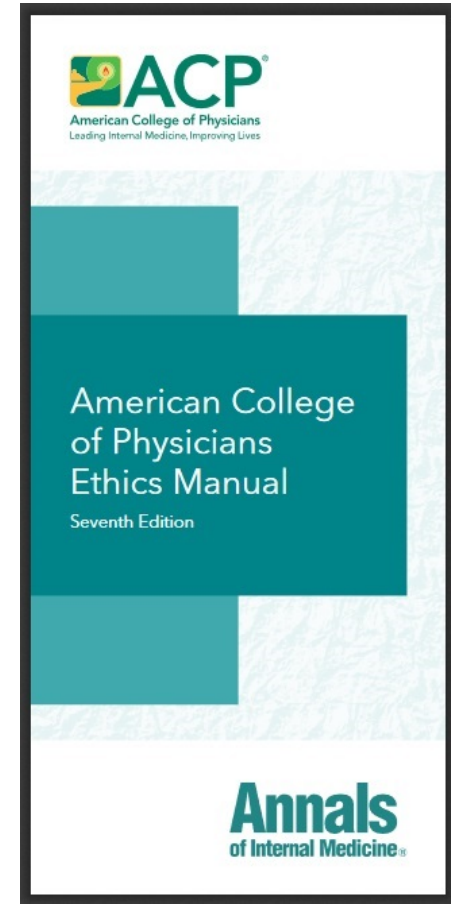
Proposed changes in Medicare payments to physicians would recognize the value of cognitive services in providing quality patient care. Improvements include:

- Increased payments for evaluation and management (E/M) services
- Retained separate payment levels for E/M codes
- Improved documentation for E/M services
- Improved accuracy in tracking time spent
- Payment for managing opioid use disorder
- Additional add-on codes

Ethical Guidance

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

acponline.org/ethics



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

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

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

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

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

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

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

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

ACP Firearms Policy Sparks Movement #ThisIsOurLane

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



The Future of MOC (Continuing Certification)

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

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

Internal Medicine Meeting 2020: Mastering Medicine Together

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

Los Angeles Convention Center
Los Angeles, CA



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

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.

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.



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youtube.com/imreport

Thank you . . .

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

