

## Leadership Day Attendees Push for SGR Reform and Medicaid Parity Extension, Among Other Issues



S. Clark Fincher, MD, FACP, Searcy, AR, in a congressional visit.

Each spring, ACP holds its Leadership Day on Capitol Hill (i.e., its annual advocacy day) when over 300 ACP members descend on Washington. After a full day of briefings, attendees have meetings with their members of Congress to talk about ACP's priority issues. This year, Leadership Day 2014 occurred on May 21-22.

Over 330 attendees spent two full days in Washington for this event. ACP members from 46 states and the District of Columbia were represented. Of the attendees, 23 percent were Resident/Fellows-in-training

members and 12 percent were students, along with many members of the College's Board of Regents and Board of Governors.



ACP Ohio delegation on the Capitol grounds ready for their Leadership Day Hill visits.

During their time here, attendees spent day one getting a comprehensive orientation of the make-up and issues before Congress and then a full briefing on ACP's top legislative priorities. These issues were:

- Enacting legislation to reform Medicare's physician payment system
- Extending expiring Medicaid payment policy for primary care services
- Enacting bipartisan medical liability "safe harbor" legislation
- Reforming and sustaining Graduate Medical Education (GME) financing
- Ensuring sufficient funding for federal health care workforce programs

After their full day preparing, attendees spent day two in congressional meetings. While we do not know exact numbers, staff is confident that well over 70 percent of U.S. congressional districts and states had ACP meetings.

Read specific attendee Leadership Day 2014 experiences from blogs written by Resident physician Danielle Natalia Krol, MD, and Hanna Erickson, medical student, and about the advocacy-related awards. Leadership Day pictures are on pages 6-7.



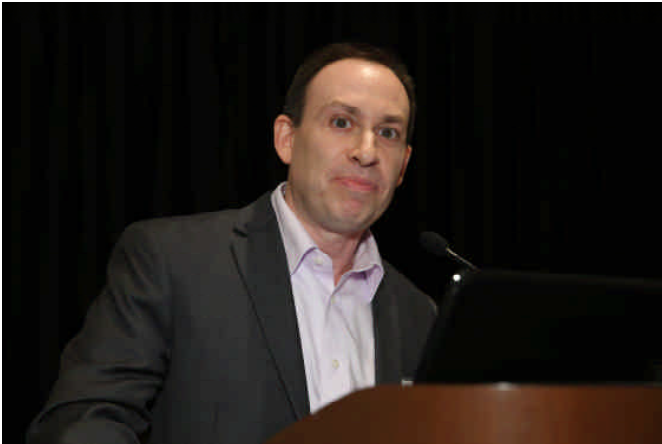
Kellin A. King, MD, FACP, Douglas M. DeLong, MD, FACP, Andrew S. Dunn, MD, FACP, and Eric L. Soriano, riding the U.S. Capitol subway train.

Mark your calendar for Leadership Day 2015 – May 20-21. Talk with your chapter Governor if you would like to attend. We hope to see you.

## Thomas Jefferson Didn't Have a PhD in Chairs

by William E. Fox, MD, FACP, Charlottesville, VA

*Editor's note: Dr. Fox was awarded ACP's 2014 Richard Neubauer Advocate for Internal Medicine award during Leadership Day. Below are the comments delivered by Dr. Fox in accepting his award.*



William "Bill" E. Fox, MD, FACP, in his acceptance of ACP's 2014 Richard Neubauer Advocate for Internal Medicine award during Leadership Day 2014.



that he was one of the most important writers in our nation's history, but did you also know that while doing his work, he found the chairs he sat in to be way too confining and uncomfortable. So he created an iron spindle that he had placed between the seat and the legs and in doing so invented the first swivel chair—the ones we use every day. He wrote the Declaration of Independence in that chair, and who knows how the course of history may have turned out without the comfort of that chair.

My point is, he saw a problem, and he found a solution.

This is my tenth Leadership Day. Over that time I have seen some major victories—like the ACA—that the ACP worked to make happen for 20 some odd years. But also some perennial disappointments—like the SGR—that earlier this year was over in 20 some odd seconds.

But you don't need to have gone to ten leadership days to know that there is a problem—a problem with how we deliver and finance health care in this country. We all know that there is a better way to care for our patients and there is a smarter way to pay doctors. Internal Medicine physicians are nothing if not experts in how to diagnose a problem and fix it. And this is what has drawn me here every year, and all of us to Washington.

We all know, for example, that our patients deserve that their physicians will spend more time on them and less time on worrying about meeting Meaningful Use Criteria. We know that our patients shouldn't have to leave our office, walk down the street, and go into a Walgreens just to get the vaccines we recommended to them. We know that doctors shouldn't always have to see a patient face-to-face just to be valued for the cognitive care we give them. And we certainly know that physicians shouldn't have to fear a double digit pay cut year after year after year after year. Physicians don't deserve it

*(Continued on page 3)*

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Thank you very much for this. Like many of you in the room today, I had the pleasure of working alongside Richard Neubauer on various ACP activities, and I always admired his dedication and thoughtfulness, so receiving an award bearing his name has a lot of meaning for me.

I would like to tell you a short anecdote. I have a small private practice in Charlottesville, Virginia, and, in Charlottesville, Virginia, it is the law that whenever someone makes a speech, they must begin with an anecdote about Thomas Jefferson. You all know

Leadership Day 2015  
May 20-21 ★ Washington, DC

## Advocates Recognized for Their Outstanding Contributions

Each year during Leadership Day, ACP recognizes individuals who made tremendous contributions to the College's advocacy efforts. These are the individuals who called, wrote, and met with their members' of Congress; they are the ones who wrote Op-Eds and Letters to the Editors; they are the ones who recruited new Advocates for their chapter, and organized their delegation for Leadership Day.

In 2014, three of the College's valuable Advocates were recognized for their outstanding contributions from 2013. William E. Fox, MD, FACP, Virginia, received the Richard Neubauer Advocate for Internal Medicine Award that recognizes the Advocate who has made exceptional contributions to advance the College's public policy agenda. (See left, p. 2) Two additional Advocates were recognized with Special Recognition for their contributions to the program: Richard G. Lane, MD, FACP, of Tennessee, and Jason F. Shiffermiller, MD, FACP, of Nebraska.

### Richard G. Lane, MD, FACP

Dr. Lane has been a longtime Advocate and was especially active in 2013. Thanks to Dr. Lane's efforts, the Tennessee ACP chapter was routinely briefed on legislative issues via the chapter web site; he acted on ACP's Legislative Alerts and contacted his representative and senators frequently in the effort to repeal Medicare's Sustainable Growth Rate. As part of the Tennessee statehouse lobby day, he provided ACP materials on Medicaid (TennCare) expansion personally to several of the state officials.

### Jason F. Shiffermiller, MD, FACP

Dr. Shiffermiller has been an active part of the Nebraska chapter and Council for years. In 2007, he became Chair of



Richard G. Lane, MD, FACP, of Franklin, TN, and Jason F. Shiffermiller, MD, FACP, of Omaha, NE, were recognized for their outstanding contributions to ACP's advocacy efforts during Leadership Day 2014.

Nebraska's HPPC and has been an integral part of the chapter's efforts to support state legislation and work with ACP on federal legislation. In 2013, he developed and executed an information session and panel discussion on Medicaid expansion in Nebraska. For the last six years, he has also actively recruited Early Career Physicians, Residents, and Students for Leadership Day, and later wrote articles for the chapter's newsletter about the event. Outside of Leadership Day, he continues to communicate with his representative and senators, as well as their staffs.

*(Continued from page 2)*

and patients shouldn't have to fear the consequences—not being able to find a doctor when they need one. And we all know this and this is why we are here. This is why we advocate for our patients and for our profession.

So whether this is your first Leadership Day or your tenth, whether you have just begun to dabble in health care policy or you have thirty plus years as a leader in health policy like Bob Doherty, you are already an expert—because you do this job

every day on the front lines.

Thomas Jefferson didn't have a PhD in chairs. He didn't study chair making. But he sure sat in a chair...every day. You know what the problems are because you live them every day. And you know what the solutions are...you know how to make that chair swivel. So look your legislators in the eye, remember that they work for you, and more importantly, they work for your patients. Speak from the heart, and together, we will invent a health care system that truly works for doctors and their patients.

*If you would like to attend Leadership Day 2015, please contact your chapter Governor, or Shuan Tomlinson at ACP at [stomlinson@acponline.org](mailto:stomlinson@acponline.org) or (202) 261-4547.*

## A Doctor's Duty to Patient Advocacy

by Danielle Natalia Krol, MD, Turnersville, NJ

**Doctor.** A qualified practitioner of medicine; a physician.

**Advocate.** A person who supports a particular cause.

**Physician Advocate.** A health professional that advances the health and well-being of individual patients, communities and populations. Is this you?

Physicians are busy people who, for the most part, are in the role of providing direct patient care, rather than advocating for systemic societal change. It is fair to question how many physicians in their lifetime will fulfill the American Medical Association's Declaration of Professional Responsibility by actually advocating for "social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being." My theory is that we will see physicians one of two ways when it comes to advocacy. They will either advocate for the individual interests of a specific patient. Or, they will be an activist; a physician that advocates for a population of patients. These doctors will make social movements that impact the health of a nation. I want to be the activist.

As a resident physician, I believe that no matter what stage of training we are in, we have a responsibility to advocate for social justice and policy reform, in addition to individual patient

care. We are the future of this health care system. We are daily witnesses to the gaps and failures of public policy, and as physicians, we have a powerful voice. So why not use it?



Danielle Natalia Krol, MD, outside the office of Rep. Allyson Schwartz (D-13th PA)

To any student or young physician, your voice is the most powerful. Here is how you can make a difference.

Join the movement with the American College of Physicians Leadership Day 2014. Capitol Hill, Washington DC.

It was 4:00 am, and I was on the train from Philadelphia to Washington DC to advocate for physicians and our patients on Capitol Hill. I was gearing up for Leadership Day 2014. As Congress continues to debate on the best ways to improve America's health care system, it remains challenging for physicians to continue to work under its constant demands. I decided to join the movement, advocating for patient care on Capitol Hill this year at Leadership Day 2014 with over several hundred other physicians from the American College of Physicians, a national organization of 141,000 internists and physician specialists that apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults.

I was one of the 13 delegates to represent the Southeastern Pennsylvania Chapter. The PA-ACP led a strong contingent of members to the Nation's Capital to get our lawmakers to pay special attention on key issues in health care that are affecting doctors and our patients.

This year's attendees were led by Drs. Jeff Jaeger and Evan Pollack and included Drs. Dan Kimball, Larry Jones, Darilyn Moyer, Chuck Cutler, and Greg Kane. Resident attendees from Drexel, Jefferson, Penn, and Temple (Drs. Danielle Krol, Arpan Patel, Fatima Syed, Natalya Klebanov, and Jonathan Gottfried); as well as medical students from Penn State and Drexel (Christine Prifti, Sravanthi Koduri, and Katherine Greco)

In a two day event, we focused on four priority issues:



The 2014 Pennsylvania Leadership Day delegation. Front row (L to R) Christine Prifti, Katherine J. Greco, Sravanthi Koduri, Natalya Klebanov, MD, Jeffrey R. Jaeger, MD, FACP, and Arpan A. Patel, MD. Rear (L to R) Gregory C. Kane, MD, FACP, Lawrence H. Jones, MD, FACP, Danielle N. Krol, MD, Darilyn V. Moyer, MD, FACP, Daniel B. Kimball, Jr., MD, MACP, Jonathan I. Gottfried, MD and John Derrickson, Executive Director, PA-ACP.

- Preserving Graduate Medical Education Fund for our Teaching Hospitals
- Achieving a permanent Sustainable Growth Rate (SGR) fix to avoid potential cuts to Medicare reimbursements.
- Promote alternatives to our flawed medical liability system
- Prevent cuts to Medicaid that affect physicians and the 62 million Americans who are covered under Medicaid.

After arriving in DC, the Pennsylvania delegation was joined with representatives from 46 states, including Bob Doherty, ACP's Senior Vice President, Governmental Affairs and Public Policy.

Day #1 consisted of mostly diving a little deeper into how to talk about our key priorities with our state's congressmen and women. We learned a specific communication style from watching examples of how a conversation with a congressman or senator may go. We listened to panels and presentations, and listened to a talk by Bob Doherty titled: "To Boldly Go: How Will Congress Influence the Trek to Health Care Reform?" It was full of Star Trek references (hilarious) and, of course, inspiration.

We broke our Chapter's delegates into smaller groups, dividing our key priorities among each other. We were to take what we learned the previous day, and put it into action with the lawmakers from the state of Pennsylvania. Talk about pressure! We were allotted 10-15 minutes, depending on the congressman, as his duties throughout the day keep him/her very busy. Often, they are being called to the House floor to vote, therefore we had to be prepared to get our message across.

The medical students, fellow residents and I focused our discussion on Graduate Medical Education (GME) since it is currently the most immediate issue we face, and is more relevant to us at this point in our training. A nationwide \$11 billion dollar budget cut over 10 years to Graduate Medical Education, if passed, will severely impact training of future doctors. The 2014 budget cut proposal, which will cut funding to train medical residents, will limit education and decrease the number of positions available for recent medical school graduates to get trained. By 2025, we could see upwards of a 130,000 physician shortage and 30 million new patients that will be seeking expanded access to health care under the Affordable Care Act.

For me – the real issue is how these changes will affect the United States to remain a leader in health care and research. It is truly disappointing, but our advocacy efforts were stronger than ever. We were a force of positive change.

Our other key issues were carried through diligently by our more experienced counterparts, who dove deeper into enacting medical liability reform through a bipartisan bill, the Savings Lives, Saving Costs Act, which would create a "Safe Harbor" protection for physicians. This legislation, H.R. 4106, was introduced in February by Representatives Rep. Ami Bera (D-7th CA), an ACP Fellow, and Andy Barr (R-6th KY) with the goal



Jeffrey R. Jaeger, MD, FACP, Suanne Edmiston, staff for Rep. Kelly, and Arpan Patel, MD, outside the office of Rep Mike Kelly (R-3rd PA).

that we can create innovative liability protection models, such as health courts, enterprise liability, safe harbor protections and disclosure laws to break through the political bias and create a system that encourages the prevention of error, improved patient safety, and timely resolution of claims.

Another issue that our Chapter's physicians focused on was efforts to fix the broken Sustainable Growth Rate (SGR) payment system. Imagine you are running a business and each year you faced an uncertainty of a 24 percent cut in revenue. ACP's advocacy efforts on permanent repeal of the SGR have been growing fast, especially this year, since three Medicare authorizing committees began crafting the SGR Repeal and Medicare Provider Payment Modernization Act (H.R. 4015/S. 2000). The obstacle physicians have faced is that Congress has yet to find agreement on the budget impact of the SGR-repeal. However, we believe it is still possible.

Appropriations to fund federal government operations for the fiscal year will be ending on Oct. 1, meaning that both houses of Congress must act before then to keep government programs funded. As you can see, this year's Leadership Day advocacy efforts were crucial. Throughout the day, my group of ACP constituents met with representatives of both Democrat and Republican offices who represented Pennsylvania. We fought hard for our co-physicians and patients, and left Washington with advocacy efforts that took full swing and opened the eyes of our Congress.

As the health care debate gets closer to historically changing legislation, the need for committed physician advocates becomes more important and more influential every year. Let's fix this broken U.S. health care system. Let's create access to quality healthcare for all. Make a difference – ADVOCATE!

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Leadership Day 2014





Leadership Day 2014

## I Went to Washington, DC, and All I Got was This...

by Hanna Erickson, Champaign, IL

...amazing opportunity to represent my state and medical students to speak with staff of various members of congress and advocate for health care policy.

While the idea of advocating for change in policy that could affect more people than I ever could one-on-one has fascinated me, I never thought I would actually be able to do anything about it. I figured that by going into research and medicine I would have enough on my plate and I would leave this kind of thing for people who are better versed in political science.

Then this year I found out about an opportunity with the American College of Physicians, a 141,000-member-strong organization of internists, internal medicine subspecialists, residents, and medical students interested in internal medicine as a specialty (which I am because it will lead me to a fellowship in oncology and because I am simply drawn to internal medicine.) This opportunity would help finance a trip to Washington, DC so that I could participate in the College's annual Leadership Day. I applied for the opportunity and luckily, my state's chapter was so kind as to offer some funding to help make this possible.

This year's Leadership Day was May 21-22. Day one started with just medical students and residents seated by state so that we could be briefed on the issues and given a little bit more information about how to advocate for our top priority issues.

But first, each state had to take a selfie.



Selfie-time for the 119 medical students and residents attending their plenary session during Leadership Day.

There was an emphasis on using social media, which I was glad to see, and it started by having this picture posted on Twitter. Perhaps if you follow

me on Twitter, you noticed me saying a lot of things with the hashtag #ACPLD, which stood for American College of Physicians Leadership Day that we used to track the experience.

We then were joined by our more experienced counterparts as we delved a little deeper into how to speak about these issues as we critiqued and learned from some examples of how a conversation with a staff member may go.

We listened to a talk titled: "To Boldly Go: How Will Congress Influence the Trek to Health Care Reform? And How Can You Help Chart the Course?" After some more panels and

presentations, we were done for the day and we were able to meet as a chapter to discuss the next day's events, the medical students/residents were able to attend our own reception, and the Downstate Illinois chapter representatives went out to dinner.

The next day we took what we learned the previous day and put it into action. Each group had meetings lined up with various

members of Congress from their state (or more likely staff for those offices). We split up our priority issues so that the medical students really focused on Graduate Medical Education (GME) since that

is the most immediate issue we face. Other issues of interest were getting rid of the Sustainable Growth Rate (SGR), continuing the Medicaid Pay Comparability program past the end of the year, and enacting medical liability reform through a bipartisan bill proposed by both a lawyer and a doctor, the Saving Lives, Saving Costs Act that would create a "Safe Harbor" protection for physicians who document adherence to clinical practice guidelines. I won't get into these issues now, but look forward to some thrilling Almost Docs pieces about them in the future!

Throughout the day, my group of ACP representatives met with staff from the offices of one senator and seven representatives both Democrat and Republican who represented constituents of downstate (southern) Illinois. I was apprehensive at first to give my spiel about GME as many of us other first-timers were, but throughout the day our whole group became much more comfortable with talking to these congressional staff members.

After all of our meetings, we went our separate ways with most leaving that night for home. Since my flight wasn't until the morning, I took the time to walk around the city and see some of the sites that I had seen almost exactly ten years before on my first trip to Washington, DC including the White House. While a brief trip, it was a great opportunity and I look forward to having more opportunities to advocate for health care in the future!

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Southern "Downstate" Illinois chapter attending Leadership Day 2014.



## What I Did as a Medical Student

by Rachel Cooper, MPH, MSII, Calabasas, CA

After a fulfilling summer in Washington DC, I have returned to Nashville, TN to start my second year as a medical student at Meharry Medical College. During my two months in DC, I learned the advantages of being in Washington DC as a health policy intern at The George Washington University.

In addition to my medical school studies, I am a Robert Wood Johnson Health Policy Scholar. As a scholar, during the school year, I attended lectures once a week and was expected to complete a summer externship in the field of health policy. I was selected to work as a research intern at the Jacobs Institute for Women's Health at The George Washington University, Milken Institute School of Public Health. I worked directly under Dr. Susan Wood, the director of the program, on a community health and family planning study. At the GWU and the Jacobs Institute for Women's Health, I was surrounded by leaders in the field of women's health and health policy. I was able to observe first-hand how experts in the field of women's health responded to the most recent Supreme Court rulings by discussing their implications and taking action immediately.

As a first-time visitor to Washington DC, I had never been to the "The Hill." By the end of the summer, I had attended briefings on Children's Health Coverage, Changes in Premium Rate and Rising Mortality Rates in Women in the U.S.; and had been in the Dirksen and Russell Senate office buildings, as well as the Cannon and Rayburn House office buildings. I also visited the Brookings Institute for a panel on "Patient-Centered Cancer Care" and The Washington Post for a forum on "Health Beyond Healthcare", where I met and spoke with the Surgeon General!

At times, the discussions on the delivery of women's health services and health policy were overwhelming. At each seminar, I had the same thought, "I hope I am able to take sufficient notes on all of this information." And yet, I found myself constantly revisiting the ideas and topics I had picked up at each event. As the summer progressed, I was able to follow along more clearly in lectures I attended and the discussion in which I participated.

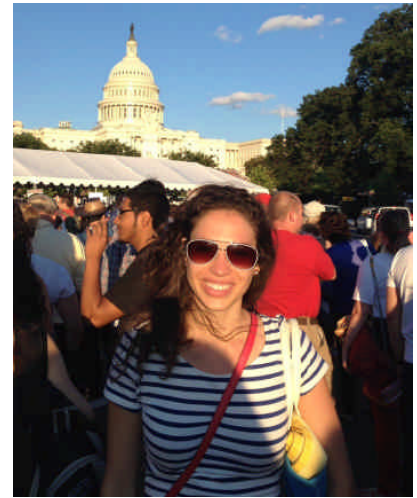
As a student member of the American College of Physicians, I was uncertain of the role physicians played in health policy and what went on in the ACP's DC office. I was fortunate when Jolynne Flores, Supervisor Grassroots Advocacy and PAC, responded to my e-mail and invited me to the ACP office to further discuss my externship research.

At her office, I was introduced to the health policy issues that the ACP office works on and the bills the College hopes could serve as solutions. Through discussions with ACP staff and suggested readings, I familiarized myself with the Sustainable Growth Rate and the importance of its repeal, the Medicaid Pay Comparability program, which matches Medicaid payments for primary care services to those of Medicare, and Medical Liability reform.

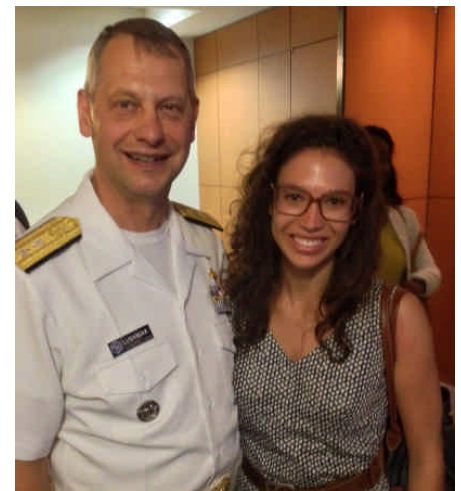
In my last couple of weeks, I was fortunate to be able to attend events honoring Congressman Dr. Ami Bera and Congresswoman Marcy Kaptur alongside ACP associates, Brian Buckley and Richard Trachtman. At these events, I was able to observe the direct role that ACP plays in advocacy as we were there representing Internal Medicine.

During the final week of my externship, I had the opportunity to attend the report release by the Institute of Medicine on the Governance and Financing of Graduate Medical Education at the Henry J. Kaiser Family Foundation. There, the researchers presented data and decisions that will directly impact me, my medical school classmates and indeed all medical students as we plan for the residency phase of our education and training as physicians.

Because of the high quality and the variety of the experiences I have had this summer, my perception of the role physicians play in health policy has been made clear and I now ask, "What can I do as a medical student?" I now know that the issues that currently stand at the forefront of health policy have taken years to develop and the work being done now will directly affect my career as a physician and my patients. I recommend that all medical students pay closer attention to federal legislation, read and ask more questions. No matter how foreign a topic may seem, investing time to become more aware of an issue will pay off. I hope to influence health policy in my years to come and I am much more prepared to do so because of the skills gained from this summer's experiences.



Rachel Cooper, MPH, MSII, visiting the U.S. Capitol during her summer in Washington, DC.



Acting Surgeon General Rear Admiral Boris D. Lushniak, MD, MPH, and Rachel Cooper, MPH, MSII.

## Was ACP at the State of the Union?

Not really, but kind of. David Bronson, MD, MACP, has been an active Advocate for many years. Having served as ACP Governor for the Ohio Chapter, Chair of the ACP Board of Governors and then later as ACP's President, which included an opportunity to testify before Congress and attend a White House briefing, he has had more opportunities than most to meet highly-elected state and federal officials.

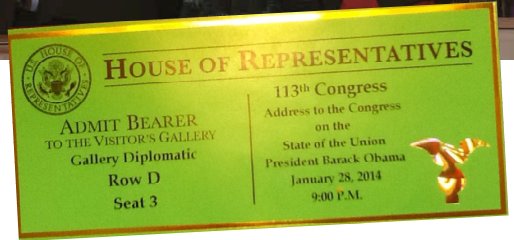
Yet, last January, he scored one of the most coveted tickets in Washington, DC—a ticket to the State of the Union speech.

Many of us are familiar with the faces we see on television during the State of the Union: members of Congress, the President's Cabinet members, members of the Supreme Court, members of the Joint Chiefs of Staff, and some of the President's special guests seated with the First Lady.

In addition, members of Congress can invite guests. The Speaker of the House, John Boehner (R-8th OH), a member of the House for 24 years, invited ACP's David Bronson of Cleveland to be one of his guests. Dr. Bronson sat four over and



up from First Lady Michelle Obama. Security did not allow phones or cameras in the House chamber so he wasn't able to take any selfies for us.



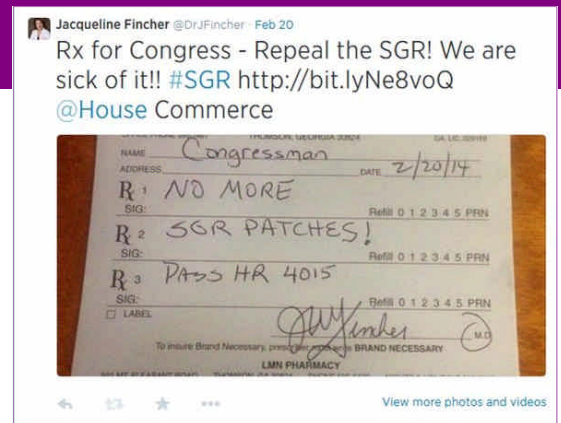
Congratulations Dr. Bronson. Thank you for all you've done for Internal Medicine and ACP.

## Advocacy and Social Media

Advocates are increasingly using social media to communicate their message to Congress. ACP has tried to inspire Advocates to do more, especially over the past year. Early in the year, then ACP President Molly Cooke, MD, MACP, reached out to Advocates via video. For the SGR campaign a special hashtag, #SGR\_11\_16\_154, was created to highlight to Congress how long physicians have had to deal with pending Medicare payment cuts.

#SGR\_11\_16\_154

*Eleven years, 16 patches and \$154 billion in wasted taxpayer money that has done nothing to lead to a better physician payment system.*



Jacqueline W. Fincher, MD, MACP, of Georgia, tweeted a "prescription" to each of her senators, asking them to support S. 2000, that was retweeted numerous times.

Increase your effectiveness and outreach. Send your messages via Twitter and Facebook, too.

