

LEADERSHIP DAY 2015 ATTENDEES PUSH FOR INTERNAL MEDICINE'S LEGISLATIVE PRIORITIES

Approximately, 300 ACP members – including medical students, Resident/Fellows-in-training, members of the College's Board of Regents and Board of Governors – from 44 states and the District of Columbia attended ACP Services' annual Leadership Day on Capitol Hill (i.e., its annual advocacy day). This year Leadership Day was held on May 20-21 in Washington, DC. View a brief [video](#) of Leadership Day 2015.

This two-day event, held every spring, provides attendees with a comprehensive orientation of ACP's

top legislative priority issues and a chance to hear from members of Congress, legislative staff and administrative officials on issues of greatest concern to internists. After a full day preparing, attendees meet with their members of Congress to talk about ACP's priority issues.

ACP's legislative priority [Issues](#) for Leadership Day included:

- Enacting legislation to continue the Medicare Primary Care Incentive program
- Restoring Medicaid Primary Care Pay Parity
- Reforming and sustaining Graduate Medical Education (GME) financing

- Ensuring sufficient funding for federal health care workforce programs



ACP Louisiana Delegation meets with Senator Cassidy

****Check out Leadership Day 2015 pictures on pages 7-8****

SAVE THE DATE:

2016 Leadership Day

May 3-4

Washington, DC

Inside this issue:

A lobbyist's View of Leadership Day	2
ACP Health Policy Intern Perspective	3
2015 Richard Neubauer Advocate of the Year Award	4-5
Recognition for their Contributions to the College's Advocacy Efforts	6
NO MORE SGR!	6
Pictures from Leadership Day 2015	7-8

Understanding the Advocacy Experience

A Lobbyist's View of Leadership Day 2015

We asked Jonni McCrann, Senior Manager of ACP's Legislative Affairs Department to give us her perspective on the significance of this year's Leadership Day:

1. What set this year's Leadership Day apart from those in the past? What were some of the top issues that physicians focused on?

What set this Leadership Day apart from others is that we felt positively energized in advocating for our legislative priorities, having just witnessed several weeks earlier the enactment of comprehensive legislation to eliminate Medicare's flawed Sustainable Growth Rate (SGR) formula. We had been so intensely vested in the pursuit of SGR-repeal for over 12 years, and to see Congress finally muster the political will (and in a bipartisan fashion) to not only eliminate the SGR but to put in its place a pathway to common-sense, value-based payment and delivery systems that ACP supports was truly rewarding. Hence, we were feeling that momentum and it carried through as our members urged Congress to now turn their attention to other critical priorities, those being, extension of the Medicare Primary Care Incentive Program, reinstatement of Medicare-

Medicaid pay parity for primary care and immunization services, and adequate funding for key primary care workforce programs, like the National Health Service Corps, the Title VII Health Professions Program, and Graduate Medical Education.

2. What was the outcome of the congressional meetings this year and what is the value in having internists meet with their member of Congress?

ACP members attending Leadership Day met with their respective lawmakers and congressional staff on May 21. We estimate approximately 400 congressional meetings were held, with at least 25 percent of the meetings with the lawmakers themselves.

The feedback from our members has largely been positive in terms of lawmakers' overall reaction to our priorities, although we realize budget constraints in Congress do present challenges for our priorities. Lawmakers were interested, and in some cases supportive, whenever our members recounted the fallout should a vital federal program designed to incentivize primary care be allowed to expire at the end of this year, the Medicare Primary Care Incentive Program (PCIP). If the PCIP program is not continued, internists, family physicians and geriatricians will experience a 10 percent cut in their Medicare payments for their office visits and other

designated primary care services on January 1, 2016. Such a cut will represent a reversal of Congress' longstanding, bipartisan support for policies to ensure that patients enrolled in Medicare have access to a primary care physician, including improving Medicare payments for primary care. Expiration of the program would adversely affect established primary care physicians who are on the front lines of providing care to Medicare patients and act as a further disincentive for medical students to choose careers in primary care.

While it is difficult for members of Congress to deny the value of having access to primary care, which the PCIP program does address, we still face challenges in getting the program extended because many lawmakers are intent (as they are with any program they are asked to extend) on understanding if the program is "worthy" of extension in terms of demonstrated effectiveness but also in how much it would cost the federal government. We continue to provide feedback to congressional offices on those points.

3. What are some of the challenges of lobbying politicians? What has ACP learned in the past that's especially helpful when you meet with them?

What is most challenging in

advocating before lawmakers, in my experience both as a lobbyist and a former congressional staffer, is simply finding a way to have the issue at hand resonate, either on a professional or personal level, with the lawmaker so that he/or she will want to act. This is why preparation for Hill meetings is so important; it means getting to know the lawmaker before walking in the door, knowing what issues he/she is involved in, what committees he/she serves on, what practical impact a given issue has in a given state, adequately conveying the "need" for action by the lawmaker. All of these elements are critical in being an effective advocate with members of Congress and that is why we hold Leadership Day every year and why we take the time to walk through all these issues with our members. I'm hoping that Leadership Day attendees carry forward with them from year to year the accumulated knowledge they have gained at this event.



Members of the TX delegation meet with Rep. Burgess.

Understanding the Advocacy Experience

ACP Health Policy Intern Perspective

By Mary Huerter, MD



I left Omaha for D.C. on a Saturday afternoon flight following a 28-hour in-house shift. I was exhausted, frantic, and totally unsure what I had gotten myself into. I had double checked orders and patient handoffs and forwarded my Epic inbox. I packed, unpacked, repacked pretty nearly everything I owned in a sleep-deprived effort to prepare for business dress regardless of impossible May weather. I emailed the dog sitter, emptied the fridge, repacked one more time, triple checked boarding passes and my Airbnb reservation, took one last kiss goodbye and got on the plane.

I am a second year internal medicine resident at the University of Nebraska Medical Center and was the ACP Health Policy Intern in May 2015. Like a lot of residents, most of my days feel full to bursting if I can manage to take good care of my patients, support my interns

and students, appease my staff and educate myself a little. If I can eat, exercise or find a clean pair of pants, all the better. It rarely crossed my mind to make time for things like staying abreast of health care policy or advocating for doctors and patients.

I had little previous involvement with the ACP. I had presented a poster at the local chapter as a medical student and am a resident member. I had attended Leadership Day in 2014 at the prompting of a couple of the doctors in my department. What I'm trying to say is that I was by no means extensively involved in either health policy or the ACP when I applied to be the Health Policy Intern.

I was a little surprised to get the position and, even as it approached, didn't know what to expect. I figured it was as likely as not I'd be tucked into a corner and occasionally asked to make some photocopies or pick up lunch.

I was pleasantly surprised. On the first morning, I met my fellow intern Graeme Williams and health policy analyst Hilary Daniel. One of Hilary's many jobs was to be our guide, advisor and coordinator during our time there. She made sure we felt welcome and comfortable from the start. She had our desks and computer logins all set up and toured us through the office introducing us one at a time to the 30 or so employees. She arranged for us to meet with

the in-house lobbyists and health policy and government affairs staff so we had a good feel for who was who and how the office operates.

Graeme and I each chose a policy project based on the resolutions that had come through the local chapters. These were issues on which the physician membership felt the ACP should have a policy position. Graeme's project was to review ACP policy, policy from other professional organizations and state and local legislation regarding medical marijuana.

Mine was to do the same with non-medical exemptions from mandatory vaccinations.

Outside our own projects, I counted 26 events we attended in the first three weeks we were there. These included accompanying the lobbyists to meet with senators and representatives, Senate and Congressional hearings, political events and policy briefings. Many of the policy briefings were hosted by professional or research organizations including the Institute of Medicine, the Association of American Medical Colleges, the American Association for Cancer Research, the American Gerontological Society and the Alliance for Health Reform. The ACP office is a block from Union Station and three blocks from the U.S. Capitol Build-

ing. The vast majority of our activities outside the office were at the Senate or House office buildings. The rest were right in the neighborhood and within easy walking distance. We were also able to attend the national meetings of the ACP Medical Practice and Quality Committee and the Health and Public Policy Committee.

"The month I spent as the Health Policy Intern with the ACP Washington office was one of the most influential of my training thus far."

Graeme's and my other major role was to prepare for the resident and medical student portions of Leadership Day 2015. Leadership Day is an opportunity the College provides for doctors and medical students from its

membership to travel to Washington, D.C. to lobby their national representatives for support of issues that matter to internists and internal medicine subspecialists. We presented an overview of ACP's major policy priorities for the trainees at Leadership Day and hosted them at a happy hour where we got to spend time talking with many of them individually about how to participate in physician advocacy.

The month I spent as the Health Policy Intern with the ACP Washington office was one of the most influential of my training thus far. It exposed me to the great breadth of health care policy. It also left me with a strong impression of the importance of physician voices in shaping health care. Now more than ever, as we as a nation are

Continued on page 4

Understanding the Advocacy Experience

2015 Richard Neubauer Advocate of the Year Award

Robert Allison, MD, FACP from Fort Pierre, South Dakota was awarded ACP's 2015 Richard Neubauer Advocate for Internal Medicine award for his outstanding contributions to advance the College's public policy agenda. Below are his remarks when accepting his award.



It's a great honor to receive the 2015 Richard Neubauer Advocate for Internal Medicine Award. I was fortunate to meet Dr. Neubauer many years ago and I am proud to

honor the message built into the title of his award.

Most physicians view themselves as having limited political experience and clout, and I started out being no exception to that rule. Physicians are content to go about the "business of medicine" until they finally find something to "fix" and then they wonder why it can't be fixed "immediately" or why everyone "can't see the answer." One day I decided to sit in on my first committee hearing to "practice what I preached." I took time out of the office and sat in on a hearing on smoking legislation. I listened to the proponents, rose and gave my personal testimony, listened to the opponent arguments and then saw the committee close the hearing and make their vote. As I walked out I remembered being surprised at who was considered an "expert" and what was considered "factual" information. After the meeting, one of the physician legislators on the panel approached me and thanked

me for taking time to come and give testimony. He then said something that set me back — "You know not enough physicians are willing to take time out of their day to help us out — and we really need that help." That was a day that would change my willingness to participate for years to come.

So I committed, at that time, to making a difference on a local and national level. I volunteered for the Health and Public Policy committee and soon became its chairman. About that time, the South Dakota Chapter of the ACP wanted to become more active nationally. We gathered our resources and took our members to Washington DC. I remember showing up at my first leadership day with Governor Dave Sandvik, a geriatrician from Rapid City and another soon to be Governor Dave Elson, an oncologist from Sioux Falls. They were the veterans, my mentors, and they quickly showed me the ropes. We

did the standard leadership education and received our update from the college from Bob Doherty and then we went for our Hill visits.

I think they had a little sinister hazing in mind as they led me into the office of then Minority Leader Senator Tom Daschle. They both were watching me, as my eyes got wide with the experience. I remember entering the room with ACP dignitaries, sitting around a huge conference table, seeing pictures on the wall of Presidents Harry Truman and John F Kennedy and looking out a window onto the National Mall from the Capitol building.

Drs. Sandvik and Elson soon proved that THEY weren't there for the scenery. They recognized the time limitations given by men of influence and went straight to work. They were to the point, respectful, but yet challenging. There was some give and take and a bit of back room South Dakota political humor but they succeeded in getting the job done effectively.

What they taught me was that relationships are built over time

ACP Health Policy Intern Perspective

continued from page 3

redefining nearly every aspect of health care delivery, quality and reimbursement, physicians have to step in and advocate for our profession and our patients. My experience during the internship gave me the insight, tools and connections to become a lifelong advocate

for development of policies to support high quality, resource conscious care founded on a strong patient-doctor relationship supported by interprofessional teams.

It would be negligent to not also include how much fun I had both in and out of the office while I was in Washington. I am a runner and loved getting up in the morning and doing laps through such an incredible city. I did as much tourist stuff

as I could — I went to six Smithsonians and the Holocaust Museum; Arlington Cemetery; the U.S. Botanical Garden; and too many monuments to name. I found tons of great restaurants and bars and some of my family came to visit for a weekend. Graeme and I had a couple of great meals with the ACP staff and members. Most importantly, Rich Trachtman, Bob Doherty and Graeme made

sure I didn't leave Washington without getting my first half smoke and Major League Baseball game on the books. Let's Go Nats.

Understanding the Advocacy Experience

2015 Richard Neubauer Advocate of the Year Award

continued from page 3

and through hard work. They had built connections with Senator Daschle over the years through trips to Washington DC and through extra visits to talk face-to-face with Sen. Daschle when he came back to South Dakota

As I walked away from my first Hill visit I was sure that Senator Daschle had no idea who I was, other than a physician from his state. I remember feeling a little embarrassed in my performance and thinking “Did I make a connection? Did I get my point across?” I had no personal relationship built up prior to my visit to allow my statements to resonate. I worried that I was another nameless constituent that had signed a guest book and received a copy of the Constitution. I knew then that I would have to build this relationship with hard work and effort and share my experiences as a physician with REAL STORIES about REAL PATIENTS.

In the 10 years since that visit I have learned to network with colleagues, send thank you emails and blast emails about legislative alerts, and respect everyone on the legislators’ staff. Each year since that first visit I have returned more and more confident in my message and see the growth in those relationships. I am now certain that my legisla-

tors know who I am, who I represent, and that they value my time and opinions as much as I do theirs.

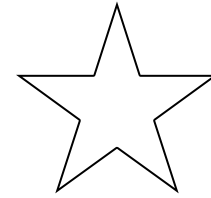
EVERY TOPIC on the ACP advocacy agenda has application in South Dakota. Keeping practices viable with Medicare and Medicaid funding is crucial throughout my state. My current South Dakota state advocacy efforts are focused primarily on the topic of Graduate Medical Education and the expansion of residency slots. I was appointed independently by South Dakota Governor Dennis Daugaard 3 years ago to be on his Primary Care Task Force. That task force has been successful in getting the state legislature to expand the size of the Sanford School of Medicine at the University of South Dakota but we now face the precipice of post graduate residency training slot limits.

Over the years I have become a believer in the concept of the need for rural residency training. My residency training took place at the University of Nebraska Medical Center in Omaha and I did outpatient “rural” rotations that shaped my life and practice of medicine. Rural medicine showed me opportunities to practice at the level I was most comfortable. I believe you need to train primary care physicians in all work environments, both urban and rural, before allowing them to make their own decisions on where they want to practice. If residents are only exposed to urban hospital medicine I fear that is the only option

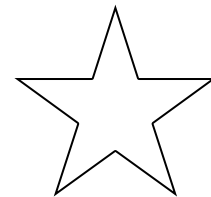
they will ever consider. It is obvious that the rural physician shortage is coming and without expansion of residency program slots the future of WHO provides primary care in my state will look a lot different.

So is there any hope on the horizon for fixing what ills medicine? My wife continues to ask me why I keep coming back to Washington DC when I hear “no” so often. So here is the best answer I have come up with over time to answer my wife. I have learned to treat the SGR, and other pieces of legislation, like a chronic disease. New treatments arise, setbacks may occur, but sometimes - like the SGR - there may even be a cure. The legislators need the education just like our patients do and we are the only ones who can deliver the message with such authority. I guess it comes down to the work I am willing to do for my patients and for future physicians. Patients deserve the ability to seek care from the provider of their choice and physicians deserve the ability to practice medicine with fair compensation for the work provided.

Thank you again for honoring me with the prestigious Richard Neubauer Advocate for Internal Medicine award.

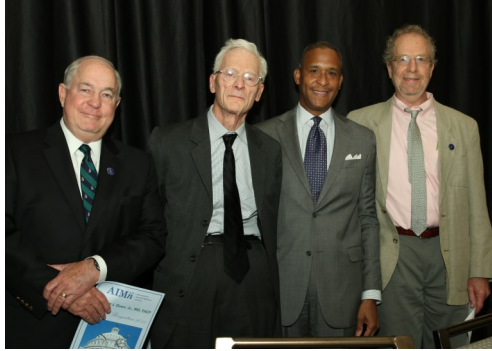


“What they taught was that relationships are built over time ...”



Recognition for Their Contributions to the College's Advocacy Efforts

Recognition was also given at Leadership Day to Joseph Weiss, MD, FACP of Livonia, Michigan and Emmett Doerr, MD, FACP, of Atlanta, Georgia for their notable contributions to the College's advocacy efforts in 2014.



Joseph J. Weiss, MD, FACP

For many years (as far back as we can remember), Dr.

Weiss has personally led a Michigan team to Leadership Day. He has met with and briefed the other attending physicians, residents and medical student

Emmett Doerr, MD, FACP & Joseph Weiss, MD, FACP with Wayne Riley, MD, MPH, MBA, MACP, ACP President and Douglas Delong, MD, FACP, Chair-elect, Board of Governors.

members of the Michigan team on the event's activities; he served as a mentor to many in helping them to understand and benefit from all the opportunities that

come with Leadership Day. In advance of Leadership Day, he personally takes the time to arrange the appointment schedule for his chapter with the Michigan House & Senate lawmakers. Thanks to his efforts, the Michigan chapter was well represented at Leadership Day.

Emmett J. Doerr, Jr., MD, FACP

Dr. Doerr has been an active part of the Georgia chapter for many years. He has served as Chair of the Georgia chapter's Health and Public Policy Committee for four years and has been

an integral part of the chapter's efforts to support state legislation and work with ACP on federal legislation. As an active member of the Advocates for Internal Medicine Network (AIMn), he has frequently responded to key calls for contact with GA congressmen and has encouraged chapter members to quickly and easily respond within the network. He has also helped to inspire more chapter members to attend Leadership Day. Outside of Leadership Day, he continues to communicate with his representative and senators, as well as their staffs and attend town hall meetings on ACP's behalf.

NO MORE SGR!

Thanks to the help of our advocates and chapters over the course of many years, Medicare's Sustainable Growth Rate (SGR) is no longer the thorn in our side, bane of our existence, the sore that won't heal etc., etc. — add your own analogy to express what SGR meant to you.

After 17 short-term fixes over 12 years at a cost of nearly \$170 billion, it's finally over; President Obama signed legislation on April 16th repealing the Medicare SGR

formula. The Medicare Access & CHIP Reauthorization Act (MACRA) represents the culmination of so many years of advocacy and ACP was heavily vested in its development from day one. It

not only repeals the formula, but puts in its place a new payment and delivery system that focuses on value to patients. It puts us on a new track to better incentive payments for physi-

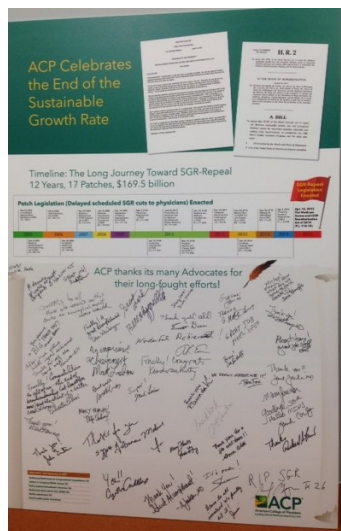
cians under Medicare and it gives greater importance to

care coordination models like Patient Centered Medical Homes and Accountable Care Organizations. It allows physicians to finally rise above a static, archaic payment formula that was the SGR and move toward dynamic models of care that give physicians more say in how they are paid under Medicare. Read more about the new law in Bob Doherty's blog, [Goodbye and Good Riddance to the SGR](#).

Over 12 long years, our chapters and our advocates have consistently responded to action alerts asking them to call, write, and or visit their members of Congress, and to write and submit op-eds to their local papers asking them to repeal the SGR; each time growing more and more skeptical

that anything would ever be done. Then, in a matter of months, it all came together and the impossible suddenly seemed possible. MACRA passed the House and Senate in an overwhelming fashion and, for a very brief period, we were able to witness something great and all too rare.

At this year's Leadership Day, we commemorated the end of the SGR by having attendees sign and write messages on a poster that was specifically designed to capture the most memorable aspects of the long journey toward repeal, including the role of Advocates. That poster will be put behind glass and reside in ACP's National office in Washington as a reminder of one of the most significant advocacy achievements in the history of the College — and on its 100th anniversary birthday!



Leadership Day 2015





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