

ACP Members Go To Capitol Hill

An estimated 450 ACP members – including medical students, Resident/Fellows-in-training, members of the College’s Board of Regents and Board of Governors – from all 50 states and the District of Columbia attended ACP Services’ annual Leadership Day on Capitol Hill (i.e., its annual advocacy day). This is the second largest turnout for Leadership Day (2008 had the largest attendance) and the second time that all 50 states were represented. Leadership Day was held on May 3 - 4 in Washington, DC in tandem with the Internal Medicine meeting, which allowed for the increased attendance at Leadership Day.

Despite Congress not being in session that week (which is rare for Leadership Day), attendees were still able to meet with Congressional staff, which allowed them

more time to present their issues and cultivate relationships. Many attendees commented about the positive impact of having more time with congressional staff.

Susan Hingle, MD, FACP, chair-elect of the Board of Regents and professor of medicine at Southern Illinois University School of Medicine, said that Congressional staff members "seemed very eager to learn more and hear more about our personal experiences with patients who suffer from poor access to care and patients who struggle with addiction. They seemed genuinely interested in listening and learning. They were far more relaxed and gave us a generous amount of their time."

Tammy Lin, MD, MPH, FACP, an internist from San Diego, said that she and other members of her chapter

delegation (which included Dick Wardrop, MD, PhD, FAAP, FACP, Valerie Press, MD, MPH, FACP) were able to "connect with legislative staffers in a different way this year in addition to our Leadership Day activities. After learning more about the many stressors they face, we met with some of them to discuss burnout prevention strategies and passed along tools to strengthen resilience skills. Creating healthier communities is a shared goal between physicians and legislators, and promoting wellness on Capitol Hill makes sense in service of that goal."

Many Leadership Day attendees then followed up with their Congressional members via email letters to thank staff for meeting with them during Leadership Day and to reiterate ACP’s priority issues.

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2016 Richard Neubauer Advocate of the Year Award

Alejandro Moreno, MD, FACP from Austin, Texas was awarded ACP’s 2016 Richard Neubauer Advocate for Internal Medicine award for his outstanding contributions to advance the College’s public policy agenda. The award, presented each year during Leadership Day in Washington, DC, recognizes individuals who have

made exceptional efforts in support of the College’s advocacy program.

Dr. Moreno has been an active member of the College and has a distinguished record of advocacy on ACP’s priorities. As President of the Texas ACP Services chapter and member of the Texas ACP Health and Public

Policy Committee, he has advocated at the state level on the importance of the primary care workforce, including Graduate Medical Education funding and for the statewide

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Save the Date:
2017 Leadership Day
May 23-24
Washington, DC



Dr. Sarah Candler posed a question during panel discussions.

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

- **Chronic care management:** Improving payment, eliminating cost-sharing and reducing regulatory barriers to chronic care management.
- **Health information technology:** Reducing the burdens associated with "meaningful use" regulations and clinical documentation requirements and enhancing

usability and operability.

- **Telemedicine:** Eliminating payment and regulatory barriers to telemedicine in a way that supports the patient-physician relationship.
- **Behavioral health and opioid abuse:** Reducing barriers to integrating behavioral health into primary care and addressing the related rising death toll from opioid abuse.
- **Prescription drug costs:** Addressing the rising cost of prescription drugs

through greater pricing transparency and funding to speed up approval of life-saving drugs.

- **Graduate medical education:** Reforming GME to prioritize funding toward physician specialties facing shortages, including primary care internal medicine, and ensuring sustainable and broadly supported funding by all payers going forward.

Leadership Day is held every spring and 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 administration officials on issues of greatest concern to internists. After a full day preparing, attendees typically meet with their members of Congress to talk about ACP's priority issues. View a brief [video](#) from Leadership Day 2015.

Please mark your calendars for the next Leadership Day, which will be held on **May 23-24, 2017!**



Dr. Moreno accepts the Richard Neubauer Advocate of the Year award.

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Internal Medicine Preceptorship Program. In addition, he has mentored internal medicine residents on the importance of advocacy by encouraging them to meet with their legislators. We also acknowledge his work/efforts on human rights, both as a human rights consultant for *Physicians for Human Rights* and as a member of the ACP's Ethics, Professionalism and

Human Rights Committee (for 7 years). For these reasons, Dr. Moreno was honored as the 2016 Richard Neubauer Advocate for Internal Medicine recipient.

The award holds special meaning to Dr. Moreno, who knew its namesake, Dr. Richard Neubauer. In his acceptance speech, Dr. Moreno said "I got to know him when we both served on the national Ethics, Professionalism and

Human Rights Committee. I know how passionate he was and how much he advocated for primary care."

Recognition for Their Contributions to the College's Advocacy

Recognition was also given at Leadership Day to Darin Latimore, MD, FACP, of Sacramento, California and George Meyer, MD, MACP, of Fair Oaks, California for their notable contributions to the College's advocacy efforts in 2015.

Darin Latimore, MD, FACP

Dr. Latimore has been an effective spokesman for advocacy and equal rights both at the national and state level. He has participated in Leadership Day several times and has

been supportive of national and local legislative efforts. As past President of the ACP Services California chapter, his educational efforts have helped to raise tens of thousands of dollars for advocacy purposes, including on key policies issues under the Affordable Care Act; and he has dedicated time to organizing the UC Davis educational development program for under privileged high school students.

George Meyer, MD, MACP

Dr. Meyer has been an active part of the ACP California chapter for many years. As past Governor of the ACP Northern California Chapter and since, he 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 California 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.



George Meyer, MD, MACP, Darilyn Moyer, MD, FACP and Darin Latimore, MD, FACP

Why Advocate?

Robert Allison, MD, FACP from Fort Pierre, South Dakota presented at this year's Leadership Day Advocacy Workshop on the importance of advocacy. Below are his remarks.

A question I ask myself every year when coming to Leadership Day is this: Is healthcare fixable? Can we make it better? Is it so massive of a puzzle that no one can solve it? Is healthcare the Gordian Knot - the unsolvable riddle? The unfixable problem?

Well let's go back in time. When the Gordian Knot was first created it was intended to be a shrine to Zeus, a tribute from King Midas of Phrygia for being made king. The knot was his tribute to his life as a wanderer, and as he gave up wandering he tied the yoke of his wagon to a pole. But this knot was not any regular knot. It was an intricate complex Turkish knot, having no ends exposed and composed of hundreds of tightly interwoven thongs of cornel-bark. For years travelers would attempt to untie the knot without success, creating the myth of the Gordian Knot as being unsolvable.

Enter Alexander the Great. It's May 333 B.C. and Alexander faces a crucial decision concerning his Persian conquests. Lacking reinforcements, his men ragged, and with Macedonia poverty stricken from funding his war effort, Alexander waited near Gordium, the capital city of Phrygia in modern day Turkey, for inspiration from the gods. After deciding to continue his campaign, Alexander was halted by his personal seer/oracle just before leaving the city. He was told to depart the city without attempt-

ing the famed Gordian Knot would cause bad luck to befall his armies. Alexander had to attempt the puzzle.

Making his way to the acropolis, Alexander was followed by a great crowd. Anxious, they gathered to see the great king struggle with their famed puzzle as all had before him. The townspeople were not disappointed. For nearly two hours Alexander racked his brain for a solution. Finally, he asked of his advisors, "What does it matter how I loose it?" He drew his sword and sliced the Gordian knot open to reveal the ends hidden inside.

Alexander solved his puzzle by approaching it in a new way. He was innovative. The oracle had foretold that he who "luein the knot" would conquer. True to form as oracles are today, the oracle's prediction was ambiguous. In ancient Greek, the word luein meant "loosen" and "untie" and "unfasten." But it also had another meaning. It also meant "solve" and "resolve" and "break up" and "cut" and "sunder." Everybody chose to interpret the oracle in the most obvious manner. Everyone except Alexander. He alone questioned the way of loosening a knot without ends. He came up with a bold solution to a complicated problem. The rest is history.

So why do we advocate? The 21st century is full of complicated problems that need bold solutions. Healthcare costs are 17% of the Gross Domestic Product (GDP). Physician practices are highly regulated and becoming more about documentation than patient care. Physician burn-out rates are reaching epidemic proportions. And we

continue to search for our place and our value in the modern healthcare environment.

Each of us here has a different reason to advocate for our profession. For me, it's about solving problems, building relationships and ensuring that the next generation of physicians has the ability to practice medicine the way they want to. It's about the patient-physician relationship built over years. It's about helping those who can't help themselves. It is the willingness not to accept the "dogma" that nothing can change when something needs to.

So you will need the tools to advocate, and the ACP has them. Over the years, the ACP has built its reputation on bringing sound policy content to Washington DC and advocating for our patients and the practice of medicine. The next two days WE are the foot soldiers for the ACP ... carrying forth its powerful message. WE bring the stories to our legislators of how our patients are affected by healthcare policy decisions and WE put a face on those decisions. WE collaborate to make the future of medicine when Congress needs our guidance. And WE validate the future of medicine with a vision of tomorrow.

ACP's Leadership Day will introduce you to the critical policies that will affect you and your practice for years to come. These policies will affect access to your patients, the financial health of your practices, your ability to recruit and replace physician leaders, and the overall future of medicine. It may take years for policy change to occur in

Washington DC, so patience is a virtue.

Advocacy can occur locally in your hospital, regionally in your state, or nationally thru the ACP. What you learn here can be taken back home. Leadership Day has become an extremely valuable concentrated exposure to priority topics that affect all physicians, patients, the current practice of medicine and the future of our profession. The modern physician cannot practice medicine and still be accurately updated on all the specific policy changes in healthcare. There is just too much information to assimilate. There must be a filter for all the healthcare noise and the ACP helps distill the topics expressed at Leadership Day to the highest quality content.

One of the biggest challenges we face as physicians is to find a way to communicate effectively and concisely with our legislators. We must come with a simple request that is reasonable and that can be accomplished by our legislators. We must get them to commit and support our ideas and remind them of our expectations for THEIR SERVICE. We must think of innovative ways to bring them to the answers we see so clearly, knowing that they are being pulled in many different directions and influenced by so many different issues.

We face different challenges than Alexander the Great did in 333 BC. We have no great armies to lead, but we do face the ever growing burden and complexity of healthcare that threatens to overwhelm us all. THIS is our great Gordian Knot ... and our challenge this week is to slice through the tangled rope and open up the possibilities of a better solution.

ACP Advocacy in Action with an Invitation to Testify at a Congressional Hearing

by Robert McLean, M.D, FACP

I was fortunate to have the opportunity to experience firsthand the critical role the ACP plays in healthcare advocacy. In mid-April, the ACP was asked to testify before the House Energy & Commerce Subcommittee on Health about implementation of the Medicare Access and CHIP Reauthorization Act, also known as MACRA. As chairman of the ACP's Medical Practice & Quality Committee, which reviews the policy and regulatory issues related to MACRA, I was asked to represent the ACP at this hearing. This was a great honor in that ACP is very much interested in helping the new MACRA law succeed and in preparing physicians for what is to come.

The format was straightforward. I appeared with three other physicians representing other organizations (the American Academy of Family Physicians, the American Medical Association, and the American Medical Group Association) and each of us gave a five minute opening statement in which we summarized our submitted written testimony. The ACP [testimony](#) consisted of 24 pages with remarkable detail and feedback to specific questions

that we had been provided prior to the hearing. It was clear that the committee was using the opportunity to ensure that the Centers for Medicare and Medicaid Services (CMS) was paying close attention to suggestions and feedback it had been receiving from various professional organizations regarding the new law. The subcommittee was also interested in making sure the law is being implemented according to Congressional intent, and that it be successful in the end. In fact, CMS has been quite responsive to many of the suggestions the ACP has made over the past six months, with much of that information detailed in letters available on the ACP advocacy website. Most recently, on June 27th, ACP submitted [comments](#) to CMS' proposed rule on MACRA in which it offers constructive suggestions for implementation.

The hour of question-and-answer that followed the opening statements highlighted several issues, including explaining what resources and educational materials our organizations were preparing to help our physicians understand and be able to comply with the new law. I specifically highlighted

the educational and support efforts of ACP through in-person meetings at the national level (such as our annual Internal Medicine Meeting) and at the regional/state level; articles both in print and online; a section on our ACPOnline website dedicated exclusively to MACRA; the Practice Advisor®, an online interactive quality improvement tool; ACP's High Value Care Initiative; our Support and Alignment Network grant from CMS; quality reporting registries; the Physician & Practice TimelineSM; and AmericanEHR PartnersTM, an online tool to help identify, implement, and effectively use EHRs and other healthcare technologies; along with others.

There was agreement among all of the groups testifying that lack of adequate and appropriate health information interoperability is a clear barrier to the delivery of relevant healthcare data efficiently between hospitals, healthcare systems, and/or physician offices. Additionally, while there was recognition that implementation of this new law will be quite challenging for many small and large physician groups, there was also acknowledgement that elimination of the Sustainable Growth Rate-

mandated pay cuts was a big step forward and an important change within Medicare and that simplification of a number of different reporting programs was an improvement, thanks to MACRA.



Dr. McLean Testifies before the House Energy and Commerce Committee.

It was clear from many comments made to me by legislators at the hearing and by their support staff and lobbyists during this Capitol Hill experience that the ACP and its wonderful D.C. staff are highly respected in health policy and legislative circles. Years of ACP public policy and advocacy work has led to such a position of high credibility. We will do all we can to sustain that stature and reputation.

Planning an ACP State Advocacy Day: The Massachusetts Experience

By: Fatima Cody Stanford, MD, MPH, MPA, Elisa Choi, MD, FACP, Jacob Koshy, MPH, MSIV, and Lynda Layer, CAE

ACP members recount their experiences in holding an advocacy day in their state of Massachusetts. Their event took place on April 12, 2016, with 17 physicians and medical students participating and approximately 34 state legislators visited. In an effort to help inspire other ACP chapters to plan such an event, take a walk in their shoes to find out what's involved.

So you have taken the first step... Your state chapter has decided to plan its own advocacy day. You have already taken the biggest step. You have committed to make a difference. Now that your commitment is there, here are a few early steps to take:

Identify a state legislator who would host you on your chosen date: It is key to have a legislator and his/her staff to

help navigate the inner workings of your state Capitol. Our legislator, Rep. Jen Benson, aligned us with her staffers to help plan the logistics of our day.

Set a date: While setting a date may seem like an easy undertaking, this is perhaps one of the more challenging steps. Ideally, you want to pick a date in which the legislators are early in their session so

that you may use your voice to influence policy.

Select your power planning team: If you do not have an enthusiastic and driven team in place, you will not be able to pull together the event. Make sure members of the team are aware that there will be heightened intensity in the two weeks preceding the event. Our Health and Public

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Planning an ACP State Advocacy Day: The Massachusetts Experience

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Policy Committee chose to serve as the planning team for our state event.

Encourage interest in the event: It is important to drum up enthusiasm from all ACP (or potential) members. It is useful to spread the word about the event through academic internal medicine, hospitals, and through the ACP statewide list serve.

Legislative Priorities: Our chapter's top legislative priorities were modeled after ACP national's and tailored to the current legislative environment in Massachusetts. Within the Commonwealth, some of the more pressing issues included opioid and substance abuse, affordability and accessibility of primary care and telemedicine services. Specific bills aligning with these issues were determined by querying the Massachusetts database of pending legislation via <https://malegislature.gov/bills/search>.

A total of 11 pending pieces of legislation were identified out of over 1,000 bills as germane to the Massachusetts Chapter of ACP's mission. Advocacy Day attendees were then matched with legislators from their district to discuss these specific bills. Legislators were excited to meet with their constituents and they appreciated hearing about the specific concerns within their district.

Logistics: It is very important to have a registration deadline so appointments could be made and then to have assistance making those appoint-

ments. We set a deadline of 2 weeks prior to our scheduled Advocacy day (not enough lead time – recommend up to 6 weeks especially during busy times) and then one of the committee members matched each attendee with their legislators. The list of attendees and their legislators were then sorted to place attendees in groups with the same legislators so appointments could be made together. The attendee list was divided up among the planning group and each made 5-6 calls to set appointments. Appointments were made in 30 minute time slots. It was highly recommended to us that in the future we provide a map to the legislators' offices.

One caution, you need to make it very clear that appointments are being made for the participants so they are committed to attending. We had a few “no-shows” and had to scramble to fill those appointments.

Lessons Learned

Our experience planning a State House Advocacy Day provided numerous “lessons learned” for future event planning. Scheduling meetings between the legislators and their respective ACP event attendees who are their constituents was a particularly effective strategy, as it enabled our ACP members to meet and greet, and interact with, their elected officials. This laid the foundation for follow-up communications to come in forthcoming weeks and months, which will enable closer partnerships between ACP members and their elected officials for purposes of future advocacy efforts. An

introductory overview of national and state advocacy and legislative priorities, as well as a briefing about what to do and say, in the scheduled meetings with the elected officials, proved to be very useful to the State House Advocacy Day attendees. We also provided some “leave behind” materials, which was an important tool to help summarize some of the discussion points in our scheduled meetings with elected officials.

For future events, it would be beneficial to start the planning process earlier, and engage more ACP members in the planning process. It would be

“If you do not have an enthusiastic and driven team in place, you will not be able to pull together the event.”

helpful to also have specific bills for which event attendees can discuss in the scheduled meetings with legislators. We learned that Fall would be the best time of year for holding such a State House Advocacy Day, rather than the Spring. Setting up and scheduling appointments with legislators for our event attendees much further out (approximately 6 weeks before the event) will enable timely confirmation of participation of both the event attendees and the respective legislative offices, and can provide adequate time for substitutions if there are cancellations of meetings on either side.

In the future, we should provide and implement a follow-up form, after the event, to enable tracking of the meetings, and to record contact information for the individuals in each elected office as future reference, which will be helpful. Further collaborations with our state's Massachusetts Medical Society, and closer partnership with them, in planning for future State House Advocacy events, may strengthen the “voice” with which our ACP members provide opinions about issues discussed in the scheduled meetings. Overall, as an inaugural effort, our 2015 State House Advocacy Day event for the MA ACP Health and Public Policy Committee was a success, which will pave the way for future similar events in forthcoming months.



Dr. Sue Bornstein presents the 2016 Boyle Award to Rep. Michael Burgess, MD.



Bob Doherty moderates the "Hot Topics in Payment, Workforce & Delivery System Reforms in Congress" panel discussion.

ACP Chapter Delegations Prepare to Meet Their Legislators





The Wisconsin chapter delegation reviews ACP leave-behinds before meeting their legislators.



Dr. Richard Holm from South Dakota asked a question during panel discussions.



Members of the Texas chapter delegation with Rep. Michael Burgess, MD.



Members of the Michigan chapter delegation in front of the U.S. Senate Hart Building.



Members of the Louisiana chapter delegation meet with Congressional staff.



Dr. Phillip Bressoud (Kentucky chapter) speaks with Congressional staff.



Members of the Connecticut chapter delegation.



Members of the Wisconsin chapter delegation present ACP priority issues to Congressional staff.



Dr. Sara Wallach and other members of the New Jersey chapter delegation in front of the Capitol Building.



Members of the Arizona chapter departing the Capitol Building.



Members of the Texas chapter delegation discuss ACP priority issues with Congressional staff.