



Spring Governor's Newsletter

NH ACP Chapter

Thank You and Goodbye

You will receive this newsletter after the national ACP meeting in New Orleans, at which time **Bill Palmer** will be the Governor for the NH Chapter of the American College of Physicians and I will be the retired governor. I want to sincerely thank all of you for your support, hard work and dedication to the College. Being Governor has been a real honor. The ACP is working diligently for internists of all varieties and for our patients; I have enjoyed being a part of that.

Special praise should go to **Catrina Watson**, our Executive Director, for keeping us moving forward with determination and grace. Additionally, the **Governor's Council** is made of internists from across the state who generously volunteer their time to work on committees, plan the annual fall meeting and provide guidance on issues concerning our patients, our co-workers and the College. They are:

Drs. Bill Palmer, Oliver Herfort, Dick Lafleur, Lin Brown, Kent Powell, Wendy Muello, Vercin Ephrem, Joan Zinkawich, Dmitry Tarasevich, Sarah Fink, Janaki Fonseka and Anna Fretz.

Thank you to each and everyone of you. I have greatly enjoyed learning from you and your friendship.

Enhancing Internists Well-Being

Starting with the College's Patients Before Paperwork initiative, the ACP has looked for ways to combat the stress of modern medicine and enhance the well-being of the practicing physician. Among the initiatives is a program to teach a cadre of internists in mentoring techniques to promote the wellness amongst us. The first class is being trained in New Orleans and Dr. **Adam Schwarz** is the representative from NH. Prior to the training he wrote a very thoughtful essay on his views of this topic which follows.

Opening Thoughts: Physician Wellness - from Maintenance of Certification to Maintenance of Wellness. ACP Role in fostering wellness.

I have been passionate and humbled in this topic. I've dealt with burnout personally and tried to help others avoid it as I know this group has too. I am both humble enough to keep quiet when not asked to speak and spoken up when asked or situations demand it. I write the following as an "application" to participate in any form I can with the ACP group. Here is my pitch for the challenges facing US today for this meeting. Discard or share, use in any form useful.

We need help.

The profession has challenges from within and outside the bounds of the doctor patient relationship. Hal Sox, former Editor in Chief of The Annals, and my former boss and mentor, made an impassioned restatement of Professionalism 15 years ago. It resonated for us as reaffirming the high ground in the primacy of the doctor patient relationship. As professionals who aspire to hold this relationship as its highest goal we must acknowledge its increasing challenges. Scientific knowledge grows at a pace hard to fathom. Further we are challenged by the privatization of that science where 20% of funding came from Pharma and 80% from federal sources 30 years ago that ratio has been inverted today. Privatization hampers our ability to apply what is essentially advertising to our individual patients. The rapid expansion of associate providers has changed some of our clinical work greatly.

Outside the doctor patient relationship, we are continually squeezed by the payers of the care, and the standards sometimes unachievable to documentation. Further the standards of care and algorithmic care make some transcripts' rather than relational professional.

Healthcare is a business and as such business forecasting of the future is very uncertain. We are required to keep updated software, hardware, and passable office equipment as well as personal development. How do we manage these dizzying tasks with a troubled forecast?

Thank you all for reading this far. I'm an optimist; stay with me.

We come from different corners of the country and yes different ivory towers of healthcare. We come from different countries in fact with vastly different external pressures. Yet, the internal pressures are much more similar than different and these are our focus.

Internal resiliency is what we address today in forming the first national network of physicians dedicating themselves in part to the maintenance of wellness in their colleagues.

We will touch on the framework of self-care and know that we are each aware of our individual strengths as well as vulnerabilities in taking heed our own advice. None of us are completely comfortable with the moniker "Champion", we know from our own faltering we are as fragile and yet as able as the next.

We will work in small groups and in large forums to initiate a curriculum that will grow in the years to come, written, edited and disseminated by you to the islands of practice you live and work.

The electronic age mandates that we contribute by way of establishing modes of communication to share in the vetting of problems that we each will encounter in the role of listener and advisor. This theme will grow as our work grows and we'll endeavor to make those pathways useful first, confidential and transparent as will require patience as what we all need in this next three years is impossible to see from the vantage point of now.

We will take care to listen, and endeavor to hold a humble repose to learn new tricks and tools to best use our local resources to afford our missions work.

Remain not tainted by the forces that pay us; for our work is focused on the maintenance of wellness of the doctor and the payment will come in the satisfaction that as we care for each other our impact goes beyond us and will live on longer than us.

I'm excited to go to New Orleans, I've never been there and excited to see a few old friends and make new ones.

I wrote this from a sense of wonder at the ACP organizers and think it might help those organizing the event as to the pulse of one of the tiny islands they are seeking to organize.

Respectfully

Adam Schwarz

Patients Before Paperwork Outreach Update

Since the launch of ACP's [Patients Before Paperwork](#) initiative in 2015, the College has worked to identify and prioritize the most burdensome administrative tasks faced by ACP members and their patients; develop significant policy recommendations for how to address these administrative tasks; and engage in ongoing outreach and stakeholder engagement efforts with external sources of administrative and regulatory burden.

Just recently, in February of 2018, ACP attended the electronic Health Initiative (eHI) Executive Roundtable to brainstorm ideas with vendor and insurer executives on how to leverage health IT to reduce administrative burden and improve value-based care and payment. Later that month, ACP attended the Centers for Medicare and Medicaid Services (CMS)/Office of the National Coordinator for Health Information Technology (ONC) listening session on reducing clinician burden where Dr. Pat Hale, Chair of ACP's Medical Informatics Committee, provided ACP's priorities and recommendations in this area. Dr. Fleming, Deputy Assistant Secretary for Health IT, closed the session by announcing the following ONC top priorities:

- Reforming/Simplifying the Evaluation and Management (E/M) Documentation Requirements
- Promoting Transparent and Streamlined Prior Authorization Processes
- Improving Quality Measurement and Quality Reporting
- Integrating Information from Prescription Drug Monitoring Programs (PDMPs) into EHRs

Other recent outreach activities include ACP Regent, Dr. Peter Basch, attending the White House listening session on interoperability. As follow-up to his discussions as well as discussions at the CMS/ONC listening session, ACP submitted [feedback](#) to CMS Administrator Verma specific to reworking the Advancing Care Information (ACI) performance category under the Quality Payment Program (QPP); streamlining or removing prior authorization; and simplifying clinical documentation requirements. And at the beginning of March, [Shari Erickson](#), Vice President of Governmental Affairs and Medical Practice, presented at the HIMSS18 conference on "Putting Patients First by Reducing Administrative Tasks." While at HIMSS18, the Administration reiterated their priorities to address administrative and regulatory burden and announced they would be focused on interoperability, overhauling E/M documentation, and significantly changing the reporting requirements under Meaningful Use and the Medicare QPP's ACI performance category.

ACP continues to collect from members specific administrative tasks and best practices through an [online data collection tool](#). These examples are used for ACP advocacy efforts and most recently used

in preparation for incoming ACP President-elect, Dr. Robert McLean's, statements at the House Ways and Means Subcommittee on Health Medicare Red Tape Relief Project Roundtable. ACP provided [feedback](#) on the project back in August 2017, and this invite-only roundtable is the next step in the Subcommittee's bipartisan efforts to reduce regulatory and administrative burden in Medicare.

The College's outreach efforts through the Patients Before Paperwork initiative will continue as we work to remove barriers that unnecessarily interfere with meaningful interaction between clinicians and their patients.

Smile! Add Your MyACP Profile Photo Today

You now have the opportunity to upload your profile photo in your [MyACP page](#), which will be shown with your posts and replies in the [Member Forums](#) so other members can "put a face with a name," and link to your profile to see your chapter affiliation, areas of specialty, and your professional activities and focus.

So don't be shy – share that smile with your ACP friends and colleagues, let them see the face behind the name (and bit about the person behind the face), then dive into the [Member Forums](#) and meet, greet, and discuss the wide and wonderful world of internal medicine.