2	Board of Regents Actions Taken on Spring 2016 BOG Resolutions
3	Adopted and referred for implementation (See lines 28-49; 75-92; and 108-119):
4 5 6 7 8 9	<ul> <li>1-S16. Working with Other Organizations to Assess Systems for Assuring that Internists Continue to Provide Safe and Effective Patient Care</li> <li>5-S16. Advocating Against "Cold Call" Pharmaceutical and DME Retailing</li> <li>6-S16. Advocating for Inclusion of "Stop" Orders in Certified Electronic Health Records (EHRs)</li> <li>13-S16. Taking Concrete Action in Support of the Concerns Expressed in 4-S13, "Supporting the Provision of the Medicare Annual Wellness Visit only by Clinicians Providing Longitudinal Care"</li> </ul>
11	Adopted as amended and referred for implementation (See lines 133-156):
12 13 14 15	4-S16. Advocating for Removal of Tobacco Products and Tobacco Control Measures from Any Trade Negotiations  Adopted as reaffirmation (See lines 51-73 and 94-101):
16 17 18 19	11-S16. Increasing the Transparency and Completeness of Clinical Trial Results when Presented to the Media 12-S16. Clarifying the Meaning of High Value Care to Other Organizations 14-S16. Advocating for Cost Transparency
20 21 22	Referred for study and report back (See lines 121-131): 3-S16. Assuring Physician Representation on Healthcare Systems' and Health Insurers' Governing Boards
23	Recommendations for Spring Board of Governors Resolutions
24	The Board of Regents
<ul><li>25</li><li>26</li><li>27</li></ul>	<u>Voted:</u> to approve, as a Consent Calendar, recommendations regarding the disposition of the following resolutions adopted at the Spring 2016 Board of Governors Meeting:
28 29 30	Resolution 5-S16. Advocating Against "Cold Call" Pharmaceutical and DME Retailing (Adopted and referred to the Health and Public Policy Committee with input from the Ethics, Professionalism and Human Rights Committee, for implementation):
31 32 33 34 35 36	RESOLVED, that the Board of Regents advocates against the practice of "cold call" pharmaceutical and durable medical equipment (DME) retailing for the welfare and safety of patients who are being targeted, to maintain the integrity of the doctor-patient relationship, and to reduce unnecessary costs.
37 38 39 40	Resolution 6-S16. Advocating for Inclusion of "Stop" Orders in Certified Electronic Health Records (Adopted and referred to the Medical Practice and Quality Committee with input from the Medical Informatics Committee, for implementation):
41 42 43 44 45	RESOLVED, that the Board of Regents advocates to the National Quality Forum, JCAHO, AHRQ, EHR vendors, and all organizations whose scope includes improving patient safety with respect to pharmaceuticals that all EHR's should include the capability to electronically send "stop" orders to pharmacies and such capability should be required for EHR certification; and be it further

RESOLVED, that the Board of Regents requests other professional physician and pharmacy organizations to support efforts to add prescription stop order capability to all certified Electronic Health Record systems.

Resolution 11-S16. Increasing the Transparency and Completeness of Clinical Trial Results when Presented to the Media (Adopted and reaffirmed as current College policy):

RESOLVED, that the Board of Regents calls upon institutions supporting studies whose results potentially affect the medical care of large numbers of Americans to increase the transparency and completeness of clinical trial results when presented to the media and require investigators to make available online or in print at the time of initial press release enough details of their studies that clinicians can offer their patients educated and appropriate advice about the material included in press releases; and be it further

RESOLVED, that the Board of Regents prepares and potentially publishes a position paper considering the ethics of investigators releasing study results potentially affecting the medical care of large numbers of Americans without providing adequate information at the time of press release to allow clinicians to evaluate such studies adequately.

Resolution 12-S16. Clarifying the Meaning of High Value Care to Other Organizations (Adopted and reaffirmed as current College policy):

RESOLVED, that the Board of Regents clarifies the meaning of "high value care" and emphasizes to CMS, organizations such as Consumer Reports, and to the general public through press releases and other appropriate means that the cost of medical care/procedures is not the primary determinant of value, but rather the benefit to the patient of such care/procedures relative to the cost.

Resolution 13-S16. Taking Concrete Action in Support of the Concerns Expressed in Resolution 4-S13, "Supporting the Provision of the Medicare Annual Wellness Visit only by Clinicians Providing Longitudinal Care" (Adopted and referred to the Medical Practice and Quality Committee [1<sup>st</sup> resolved clause] and the Executive Office/Public Relations and Communications staff with input from the Advisory Board for Patient Partnership in Healthcare [2<sup>nd</sup> resolved clause], for implementation):

RESOLVED, that the Board of Regents takes concrete action in support of Resolution 4-S13 and requests CMS to require that only clinicians currently involved in or initiating the provision of ongoing medical care of a patient be reimbursed by Medicare for the Annual Wellness Visit (rather than simply ask CMS "to engage with our organizations in a conversation about creative ways to ensure that the benefit of the Annual Wellness Visit is preserved rather than perverted. And at a minimum, require anyone performing the Annual Wellness Visit to provide results to a patient's designated primary physician or usual source of care" as requested in the letter of April 30, 2015<sup>1</sup>); and be it further

<sup>&</sup>lt;sup>1</sup> https://www.acponline.org/acp\_policy/letters/annual\_wellness\_visit\_sign\_on\_cms\_2015.pdf

89 90 RESOLVED, that the Board of Regents makes patient education information available to its 91 members addressing the implications of the Annual Wellness Visit occurring outside of a 92 longitudinal care relationship. 93 94 Resolution 14-S16. Advocating for Cost Transparency (Adopted and reaffirmed as current College 95 policy): 96 97 RESOLVED, that the Board of Regents advocates to ensure health insurance plans grant patients 98 access to costs of diagnostic imaging, common laboratory tests, ancillary services (such as 99 physical therapy, rehabilitation) and facility fees, as allowed by the benefits of the specific health 100 plan, and that deductibles and copays for which patients are accountable are clearly elucidated 101 at the time of scheduling. 102 The Board of Regents extracted Resolution 1-S16 from the Consent Calendar. Following discussion, the 103 104 **Board of Regents** 105 Voted: to approve a motion to adopt and refer Resolution 1-S16 to the Medical Education staff with 106 input from the Ethics, Professionalism and Human Rights Committee for implementation. 107 108 Resolution 1-S16. Working with Other Organizations to Assess Systems for Assuring that Internists 109 Continue to Provide Safe and Effective Patient Care 110 111 RESOLVED, that the Board of Regents works with other organizations to assess systems for assuring that internists continue to provide safe and effective patient care, and to assess the 112 113 risks and benefits of targeting physicians based on age alone for additional assessments; and be 114 it further 115 116 RESOLVED, that the Board of Regents actively opposes any policies that impose age-based screening for internists unless there is strong evidence that the screening methodology has 117 predictive validity for practice performance and that age-based screening results in improved 118 119 patient outcomes. 120 121 The Board of Regents extracted Resolution 3-S16 from the Consent Calendar. Following discussion, the 122 **Board of Regents** 123 <u>Voted:</u> to approve a motion to refer Resolution 3-S16 to the Medical Practice and Quality Committee for 124 study. 125 126 Resolution 3-S16. Assuring Physician Representation on Healthcare Systems' and Health 127 Insurers' Governing Boards 128 129 RESOLVED, that the Board of Regents advocates for requirements to assure that practicing 130 physicians have representation as voting members of the governing boards for healthcare 131 systems and health insurers. 132 133 The Board of Regents extracted Resolution 4-S16 from the Consent Calendar. Following discussion, the

Voted: to approve a motion to amend the wording of the 2<sup>nd</sup> resolved clause, then adopt and refer to

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the Health and Public Policy Committee (1st and 2nd resolved clauses) for implementation with input from 136 the Board of Governors and Chapter Activities staff (3<sup>rd</sup> resolved clause). 137 138 Resolution 4-S16. Advocating for Removal of Tobacco Products and Tobacco Control Measures from 139 140 **Any Trade Negotiations** 141 RESOLVED, that the Board of Regents publicly reasserts a strong position that tobacco products, 142 143 known to be addictive and harmful, must be prevented from receiving the protections and benefits of free trade, and that no agreement, treaty or law should impede or supersede a 144 country's sovereign right to protect its citizens' health from harmful tobacco products; and be it 145 further 146 147 148 RESOLVED, that the Board of Regents continue to advocate that trade agreements not undermine or thwart public health tobacco control measures like restrictions on flavored tobacco 149 150 products, required plain paper packaging, restrictions on advertising, tobacco product taxes, 151 cigarette package warning labels, all of which have been proven to reduce tobacco use thus protecting the health of citizens; and be it further 152 153 RESOLVED, that the Board of Regents encourages members and chapters throughout the world 154 155 to advocate governments in every country where ACP has members including the USA to exempt

tobacco products from the benefits and protections of trade agreements and laws.

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