

# DOCTOR, DOCTOR! ARE YOU OK? CODE: GREEN ACP IS HERE TO HELP

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## 2017-2018 Priority Initiatives

- ▶ **Help ACP members experience greater professional satisfaction and fulfillment**
- ▶ **Facilitate the transition to value based payment and new delivery models**
- ▶ Deliver authoritative, comprehensive, evidence-based information and education in innovative formats at key points of need
- ▶ Work towards universal access to affordable, high quality, and high value healthcare
- ▶ Increase ACP's role and critical input as a national leader in optimizing performance measurement
- ▶ Expand ACP's work in reducing the cost of healthcare and increasing the value
- ▶ Increase the number and engagement of ACP members
- ▶ **Continue to advocate for timely reforms to ABIM's MOC process**
- ▶ Foster innovation within the College to strengthen ACP's support for members and its work to increase the quality, value, and effectiveness of healthcare

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## QUESTION #1

The new physician payment system designated by Congress in 2015, pick the one true statement below:

- A. Is a result of the Patient Protection and Affordable Care Act enacted in 2010
- B. Repealed and replaced the current payment system based on the Sustainable Growth Rate (SGR) formula
- C. Is called the MACRA Physician Payment Program
- D. Requires the continuation of the separate Meaningful Use (MU) and Physician Quality Reporting System (PQRS) programs
- E. Changes the physician payment system from value to volume based care.

Reference: [qpp.cms.gov](http://qpp.cms.gov)

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## Preparing for a new Payment System: MACRA/QPP

- ▶ Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) - focused on **Part B** Medicare
- ▶ MACRA has been recast as the Quality Payment Program (QPP)
- ▶ Congressional Intent of MACRA:
  - ▶ Sustainable Growth Rate repeal
  - ▶ Improve care for Medicare beneficiaries
  - ▶ Consolidates and simplifies Meaningful Use, Value-based Modifier and PQRS
  - ▶ Change our physician payment system from one focused on volume to one focused on value

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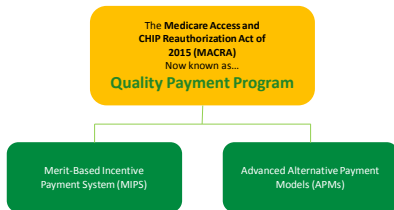
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## Quality Payment Program (QPP) In a Nutshell

Law intended to align physician payment with value




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**Performance:**

The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can provide care during the year through that model.

**Send in performance data:**

To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5% incentive payment for participating in an Advanced APM, just send quality data through your Advanced APM.

**Feedback:**

Medicare gives you feedback about your performance after you send your data.

**Payment:**

You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you may earn a 5% incentive payment in 2019.

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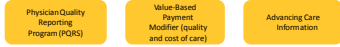
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## This new MIPS “report card” will replace current Medicare reporting programs

There are currently multiple individual **quality and value** programs for Medicare physicians and practitioners:



MACRA/QPP streamlines those programs into MIPS:



Source: [www.ihsnmmt.org/wp-content/uploads/2015/09/16-08Total.pdf](http://www.ihsnmmt.org/wp-content/uploads/2015/09/16-08Total.pdf)

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## How Will Clinicians Be Scored Under MIPS?

A single MIPS **composite performance score** will factor in performance in 4 **weighted performance categories**:

Year 1 or 2019\*



\* Based on reporting data in 2017

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## Advanced Alternative Payment Models (APMs)

Initial definitions from MACRA law, APMs include:

- CMS Innovation Center model (under section 1115A, other than a Health Care Innovation Award)
- MSSP (Medicare Shared Savings Program)
- Demonstration under the Health Care Quality Demonstration Program
- Demonstration required by Federal Law

As defined by MACRA/QPP, advanced APMs must meet the following criteria:

- ✓ The APM requires participants to use **certified EHR technology**.
- ✓ The APM **bases payment on quality** measures comparable to those in the MIPS quality performance category.
- ✓ The APM either: (1) requires APM Entities to bear more than nominal **financial risk** for monetary losses; **OR** (2) is a **Medical Home Model expanded** under CMMI authority.

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### Helping You Transform Your Practice: Quality Improvement Resources

- ▶ **MACRA/QPP Information:** Online FAQs, fact sheets, webinars (live and recorded), articles in ACP publications
- ▶ **Practice Transformation:** Information, resources, tools to successfully care for patients in the value-based payment environment
- ▶ **New: Quality Payment Advisor:** Online tool to assist in determining the best path to take—MIPS or APM.
- ▶ **ACP Practice Advisor:** Online tool to help analyze and improve patient care, organization and workflow



**Physician & Practice Timeline:** Online tool helps track deadlines for regulatory, payment, educational and delivery system changes and requirements.  
Members can sign up by texting ACPtimeLine (no space) to 313131 from mobile phones.

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### ACP Online Resources for the QPP

ACP's QPP webpage: [ACPonline.org/QPP](http://ACPonline.org/QPP)

- Information on the QPP rules & ACP's comments
- Link to our Quality Payment Advisor (QPA)
- Basics on the QPP – what is it, what are the tracks, what is pick your pace? Also, Glossary and Video
- Latest Updates/News
- Links to further information – 10 Things You Should Know, FAQs, Additional Tools
- Member Forum for MACRA/QPP: <https://www.acponline.org/forums/macra-and-the-quality-payment-program>
- Questions: [macra@acponline.org](mailto:macra@acponline.org)



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### ACP's Top Priority Recommendations to CMS on the 2018 Updates to the Quality Payment Program

- 1. Simplify the Scoring Approach for the QPP**
  - Offered a simplified based on the percentage of each category
  - Use QI activities that crossover into performance categories
  - Remove weighting of Clinical Improvement Activities (CIA)
- 2. Performance Reporting Improvements**
  - Set Quality category to 90-day reporting period instead of 21 months to align with other reporting categories of ACI & CIAs
  - Prioritize moving performance period closer to payment adjustment year ASAP.
  - Give more bonus points for more complex patient panels.



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ACP's Top Priority Recommendations to CMS on the 2018 Updates to the Quality Payment Program

3. Reduce administrative burden

- Collaborate with specialty societies, frontline clinicians, patients, & EHR vendors on development, testing, and implementation of quality measures with focus on INTEGRATION of measuring, reporting w/ QI & care delivery and on DECREASING clinician burden.
Be very cautious about removing "topped out" measures, which could hurt many clinicians without sufficient measures to meet the 6 measure requirement
Allow third parties to submit info directly to CMS that indicates completion of CIAs
The number of MIPS APMs which reduced reporting burden is too limited

Horizontal lines for notes

Summary of Wins for Small Practices...

- Pick your pace - at a minimum, submit one quality measure or one improvement activity to be protected from a negative adjustment
Low volume threshold - changed to be less than \$30,000 in Medicare FFS revenue OR less than or equal to 100 Medicare patients - exactly what ACP asked for!
Funding for technical support - \$20 million each year for five years to fund training and education for Medicare clinicians in individual or small group practices of 15 clinicians or fewer and those working in rural or health profession shortage areas.
Reduced reporting requirements for improvement activities (1-2 only)
More options for medical homes to get full credit for improvement activities.

Horizontal lines for notes

ACP's Top Priority Recommendations to CMS on the 2018 Updates to the Quality Payment Program

4. Provide Even More Opportunities for Small Practices to Succeed

Most recent proposed rule provides more reprieve and a better safety net for small practices:

- Raises the low volume threshold from \$30,000 to \$90,000 in Part B Medicare charges OR
Requires fewer than 200 (rather than 100) unique Medicare patients

ACP has strongly recommended physicians below these thresholds have the OPTION to opt into MIPS & receive payment adjustments associated with their performance. (Do not exclude these practices)

Horizontal lines for notes

### Additional ACP Recommendations to CMS for small practices

- Hardship exemptions for practices that have not been able to adopt or afford EHRs. Recommended CMS provide more assistance for practices that want to implement an EHR.
- Recommended that not only should practices of 15 or fewer clinicians get a small practice bonus, but also those practicing in rural and underserved areas.\*
- Recommended modification of restricting group reporting to TIN-level identification & allow group practices the option of reporting at the subdivided TIN level – which would be most relevant to physicians and patients.

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### Helping You Transform Your Practice: Quality Improvement Resources

- **ACP Quality Connect Immunization Resources:** An initiative to help physicians promote and implement adult immunizations
- **ACP Practice Assessment Tools:** Free, web-based products that physicians can use to earn both CME credit and ABIM MOC Practice Assessment points
- **Diabetes Registry:** Clinical registry aimed at tracking and improving the quality of diabetes and cardiometabolic care across the primary and specialty care continuum




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### Helping You Transform Your Practice: Prepare for Value-Based Payment

- **ACP Genesis Registry:** A quality reporting service to help physicians meet Meaningful Use (soon to be requirements and improves patient care)
- ACP participating in grant-funded **Transforming Clinical Practice Initiative (TCPI)** from Centers for Medicare & Medicaid Services (CMS).
  - Goal: Help equip clinicians with tools, support to achieve better health, better care and lower costs. The initiative supports the creation of regional, national learning communities to share and widely disseminate best practices.
- ACP is 1 of 10 national Support and Alignment Networks; helping practices transform from volume to value
  - **Free Access to ACP Practice Advisor\*** - new modules to specifically help with practice transformation
  - **Referrals to Practice Transformation Networks** - peer-based learning networks designed to coach, mentor and assist clinicians in developing core competencies specific to practice transformation
  - **Free CME/MOOC Through High Value Care Cases**

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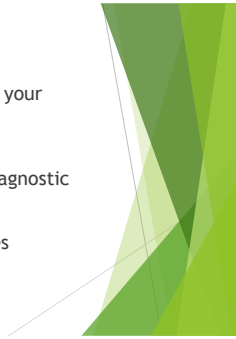
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### Question #2

What are your top frustrations with your practice:

1. EHR usability
2. Prior approvals for medicines, diagnostic imaging, etc.
3. Quality reporting
4. Dealing with insurance companies
5. Lack of time with patients
6. Decreasing pay for work done



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### ACP's Patients Before Paperwork Initiative

Recent PB4P work includes: ACP Position Paper

[Putting Patients First by Reducing Administrative Tasks in Health Care](#)

- Outlines a cohesive framework for identifying & evaluating administrative tasks
- Provides detailed policy recommendations to reduce excessive administrative tasks across the health care system.



Link to paper: <http://www.annals.org/lookup/doi/10.1212/WNL.0000000000001207>

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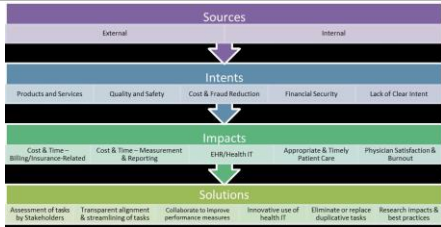
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**Figure 1: A Framework for Analyzing Administrative Tasks**




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**Figure 2: Taxonomy of Administrative Tasks External to the Practice & Health Care Environment**

**Legend:** Each circle indicates a characteristic of an administrative task

- ★ Administrative tasks in these categories are worthwhile
- ? Administrative tasks in these categories require careful consideration of alternatives
- ⊘ Administrative tasks in these categories should be eliminated



#1 Policy recommendation: Stakeholders who develop or implement administrative tasks should provide financial, time, and quality of care impact statements for public review and comment.

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**ACP's Patients Before Paperwork Initiative**

ACP Policy Recommendations to Reduce Administrative Tasks:

1. Stakeholders who develop or implement administrative tasks should provide financial, time, and quality of care impact statements for public review and comment.
2. Tasks that cannot be eliminated must be regularly reviewed, revised, aligned and/or streamlined, with the goal of reducing burden.
3. Stakeholders should collaborate to aim for performance measures that minimize unnecessary burden, maximize patient- and family-centeredness, and integrate measurement of and reporting on performance with quality improvement and care delivery.

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### ACP's Patients Before Paperwork Initiative

- Stakeholders should collaborate in making better use of existing health IT, as well as develop more innovative approaches.
- As the US health care system evolves to focus on value, stakeholders should review and consider streamlining or eliminating duplicative administrative tasks.
- Rigorous research is needed on the impact of administrative tasks on our health care system.
- Research on and dissemination of evidence-based best practices to help physicians reduce administrative burden within their practices and organizations.

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### ACP's Patients Before Paperwork Initiative

**Reducing Administrative Tasks Work Plan:** ACP developed a post-publication work plan to operationalize the framework and recommendations outlined in the policy paper

- First round of outreach letters sent to external sources of administrative tasks identified in the paper: CMS, ONC, AHIP, BCBSA, EHRA, MDMA, MedPAC
- Meetings held with stakeholders to discuss policy and establish next steps for future collaboration:
  - May 2, 2017: ONC and CMS Office of Clinician Engagement
  - May 12, 2017: Electronic Health Record Association
  - June 1, 2017: AHIP and BCBSA
  - June 5, 2017: MedPAC




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### ACP's Patients Before Paperwork Initiative

Next Steps for Future Collaboration with External Stakeholders to Reduce Administrative Tasks:	
<b>ONC and CMS Office of Clinician Engagement:</b>	<ul style="list-style-type: none"> <li>CMS will look to ACP for help recruiting physicians to join short-term workgroups and evaluate potential solutions to an administrative burden issue, working the solution through several scenarios and use cases to see if it will achieve its intended outcomes.</li> <li>ONC requesting direct feedback and/or data so that ONC can take an analytical approach to administrative burdens and make data driven decisions on what to tackle and how to do it.</li> </ul>
<b>Electronic Health Record Association</b>	<ul style="list-style-type: none"> <li>EHRA is hosting a Usability Summit in Washington, DC and proposed using this meeting as a starting point to further understand how to incorporate end user needs.</li> <li>ACP to reach out directly to EHR vendors to help address their issues with engaging physicians in their end-user testing initiatives</li> </ul>
<b>AHIP and BCBSA</b>	<ul style="list-style-type: none"> <li>Opportunity to partner with ACP on education around accuracy and timeliness of provider directories.</li> <li>ACP to work with AHIP on the direct to consumer advertising issues</li> <li>Further collaboration in quality metrics and reporting</li> <li>Aligning PCMH certification across payers</li> <li>Aligning QIP incentives with private payer incentives</li> <li>Aligning public/private payers on attribution</li> <li>BCBSA working with ACP on education with physicians around prior authorization – how to get at the variation across different locations in the country</li> </ul>
<b>MedPAC</b>	<ul style="list-style-type: none"> <li>MedPAC was interested in the idea of developing a pilot project that removes specific administrative tasks for participating physicians</li> <li>ACP to follow up with MedPAC on their thoughts about quality measurement – specifically what ACP is doing in the Quality Improvement space and how there are way to lessen burdensome quality reporting without moving entirely to population/claims-based measures</li> </ul>

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### ACP's Patients Before Paperwork Initiative

#### Reducing Administrative Tasks Work Plan Continued:

- **Further Policy Development:** Promoting Transparency and Alignment in Medicare Advantage – ACP policy recommendations to promote transparency and align MA policies to decrease administrative burdens associated with participating in MA
- **Second Round of Outreach Letters:** The Joint Commission, OIG, URAC, UnitedHealth Group
- **Additional Resources Under Development:**
  - **Follow-up article for Annals focused on Prior Authorization:** Use framework to identify and analyze/categorize specific tasks associated with prior authorization
  - **Administrative Tasks and Best Practices Library:** Data collection tool capturing information and specific examples of burdensome administrative tasks and best practice examples
  - **Individual Advocacy Letters:** Letter templates for individual members to contact the External Stakeholders identified as sources of administrative burden.
  - **PowerPoint Presentations and Talking Points:** To be used for chapter presentations and other educational opportunities to educate members and provide guidance on how to communicate ACP's policy recommendations and framework for reducing administrative burdens

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### ACP's Patients Before Paperwork Initiative

#### Reworking Evaluation & Management (E/M) Documentation Guidelines:

- In 2015 ACP published "[Clinical Documentation in the 21st Century](#)" in an effort to clarify the broad range of complex and interrelated issues surrounding clinical documentation and to suggest a path forward to best serve the needs of patients and families.
- The College has held numerous meetings with the deputy administrators at CMS and other agencies within HHS regarding reducing the administrative burden of the E/M documentation guidelines.
- **On June 28 2017 ACP attended a meeting with Secretary Price where the College outlined a proposal to move forward with reform of E/M documentation guidelines.**
- This has led to Solicitation of Public Comment on the reform of the E/M documentation guidelines through the 2018 Medicare Physician Fee Schedule NPRM.
- **ACP submitting detailed comments and recommendations for simplification and alignment of E/M documentation Fall, 2017.**

Link to paper: <http://annals.org/ama/article/201606/clinical-documentation-21st-century-executive-summary-policy-position-paper.aspx>

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### Medicare Red Tape Relief Project Feedback to Ways & Means Subcommittee on Health 8/25/2017

**11 Priority Areas, each with short description, summary, the related regulation, and most importantly, a PROPOSED SOLUTION.**

- 1. Utilize a standard assessment of cost, time, and quality of care of any new or existing regulation (framework provided)
- 2. Simplify the MIPS scoring system
- 3. Simplify the E/M documentation guidelines
- 4. Reduce administrative burdens w/ CCM & other care mgmt codes
- 5. Remove copayment for CCM
- 6. Simplify & align quality measurement system to ease reporting, enhance pt care, & build a learning health care system




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### Medicare Red Tape Relief Project Feedback to Ways & Means Subcommittee on Health 8/25/2017

- 7. Align Medicare Advantage program with traditional Medicare to promote transparency and decrease excess burdensome tasks
- 8. Promote practical interoperability/specific query functions of pt info
- 9. Reduce burden of public health reporting
- 10. Promote national initiative that uses a common set of data elements to match a pt to his/her electronic health info
- 11. Implement appropriate use criteria (AUC) for ordering advanced imaging slowly, carefully, and with pilot testing first




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### ACP Public Policy & Advocacy Your Advocate for Internal Medicine on Capitol Hill

ACP aims to work in a constructive and bipartisan way with the President and Congress to achieve progress on our policy objectives.

**ACP's advocacy themes:**

- Reduce administrative complexities and burdens
- Reduce barriers to access (i.e. ACA, behavioral/mental health, health disparities, chronic care, Medicaid expansion, telemedicine, VA)
- Make healthcare affordable (i.e. RX pricing, high value care)
- Improve population and public health (climate change, firearms, opioids)
- Improve health care delivery to achieve greater value (i.e. MACRA/QPP, fee schedule, quality measures)
- Ensure there are enough well-trained internists in the numbers needed (i.e. GME reform, primary care workforce)
- Make internal medicine practice more satisfying (i.e. quality measure relevance)




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### ACP Takes Proactive Stance to Help Congress Improve American Health Care

- ACP aims to move away from debate over repealing/replacing ACA
- ACP urges Congress and the administration to create and implement a forward-looking agenda to improve American health care
  - expanding access and coverage;
  - bringing greater value for the dollars spent;
  - reducing the crushing administrative burden on physicians and patients;
  - leveraging technology to improve patient care;
  - supporting a well-trained physician workforce;
  - reducing barriers to care of patients with chronic diseases; and,
  - supporting scientific research and policies to improve public health.
- "A Prescription for a Forward-Looking Agenda to Improve American Health Care" is available at [ACPOne.org](http://ACPOne.org).




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### GRAHAM-CASSIDY AMENDMENT

- Would result in millions of Americans losing health insurance coverage
- Would destabilize health insurance markets
- Would decrease access to affordable coverage and care, particularly:
  - Repealing the ACA's premium tax credits & cost-sharing reductions
  - Repealing the small business tax credit
  - Repealing the Medicaid expansion, & replace it with inadequate and temporary block grant funds (only through 2026) in lieu of the ACA's spending on marketplace subsidies and the Medicaid expansion.
- "Per-capita-caps fail to take into account unanticipated costs of new medical innovations or the fiscal impact of public health epidemics, such as the crisis of opioid abuse currently ravaging our nation," Dr. Madara, CEO AMA

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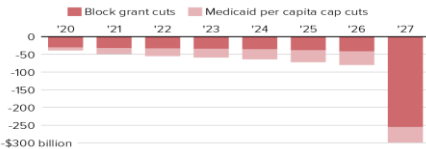
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### GRAHAM-CASSIDY AMENDMENT

**Cassidy-Graham's Large Cuts to Federal Health Care Funding Grow Even Larger Starting in 2027**



Note: The Cassidy-Graham proposal would eliminate the Affordable Care Act's (ACA) marketplace subsidies and enhanced matching funds for the ACA's Medicaid expansion, replacing them with an inadequate block grant that ends in 2026, and would cut funding for the rest of Medicaid by converting it to a per capita cap.  
Source: CBPP calculations based on Congressional Budget Office estimates.

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### Graham-Cassidy Amendment

#### Would allow states to waive the ACA's

- Prohibitions against insurance companies charging people higher premiums based on their health status.
  - Companies would be required to offer coverage but could be thousands/month - essentially unaffordable
- Requirements that plans cover "essential health benefits."
  - Before ACA, the individual market plans excluded:
    - Maternity benefits - 75%
    - Substance use tx - 45%
    - Mental health - 38%

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### PDMP (Prescription Drug Monitoring Program) Georgia House Bill 249

- Passed during the 2017 GA legislative session updating PDMP
- Effective July 1, 2017, dispensers will be required to enter prescription information for Schedule II, III, IV, V controlled substances within 24 hours.
- **All prescribers will be required to register in the PDMP by Jan. 1, 2018.**
- **Beginning July 1, 2018, prescribers will be required to check PDMP before prescribing opiates or cocaine derivatives in Schedule II drugs or benzodiazepines.** (Prescribers are currently encouraged to check the PDMP but are not yet *required* to do so.)

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### PDMP Registration

- For registration <https://dph.georgia.gov/pdmp> OR
- Website: [georgia.pmpaware.net/login](http://georgia.pmpaware.net/login).
- You will need:
  - Your name and business address
  - Primary phone number
  - Last 4 digits of SSN
  - DEA number
  - NPI number
  - Professional license number and type
  - Health care specialty

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### PDMP

- Can use the system as soon as account activated
- **Beginning July 1, 2018, you will be required to check the PDMP before prescribing some Schedule II drugs or benzodiazepines**
- A prescriber is required to check the PDMP before writing a prescription for the first time for:
  - Benzodiazepines
  - Opiate drugs or cocaine derivatives listed in Schedule II
- Thereafter, if the prescription continues, **the prescriber should check the PDMP at least every 90 days.**

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### PDMP: Not required to check in these 4 situations

1. If the prescription is for **no more than a 3 day supply & no more than 26 pills**
2. If the patient is in a health care facility, such as a hospital, nursing home, intermediate care home, personal care home or hospice, which provides patient care and prescriptions to be administered to the patient on the premises
3. If the patient has had outpatient surgery at a hospital or ambulatory surgical center & the prescription is for **no more than a 10 day supply & no more than 40 pills**
4. If the patient is receiving treatment for cancer

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### Schedule II Opiates Requiring Check of PDMP

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| <ul style="list-style-type: none"> <li>• <b><u>Codeine</u></b></li> <li>• Ethylmorphine</li> <li>• Dihydrocodeine</li> <li>• Diphenoxylate</li> <li>• <b><u>Fentanyl</u></b></li> <li>• <b><u>Hydrocodone</u></b></li> </ul> | <ul style="list-style-type: none"> <li>• <b><u>Hydromorphone</u></b></li> <li>• Methadone</li> <li>• <b><u>Morphine</u></b></li> <li>• Oripavine</li> <li>• <b><u>Oxycodone</u></b></li> <li>• <b><u>Oxymorphone</u></b></li> </ul> |
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### SAFE OPIOID PRESCRIBING COURSE BY ACP

- NOW AVAILABLE! RELEASE DATE JULY 15, 2017
- **FREE 2017 SAFE Opioid Prescribing: Strategies. Assessment. Fundamentals. Education.**
- Total of 6 presentations, plus Q&A
- **Up to 3.5 CME credits and 3.5 MOC points available**
- Professionally-mixed video alternating between presenter and PowerPoints
- Interactive case-based questions throughout the course
- Case-to-case jump points for easy navigation within each presentation
- Leave the presentation and pick up later where you left off
- **Expiration date: July 15, 2018**




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### SAFE OPIOID PRESCRIBING COURSE

Risk Evaluation and Mitigation Strategy (REMS) activity & is compliant with the requirements issued by the FDA




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### Maintenance of Certification and the ABIM

September, 2017 ACP Statement

- 3 Professional Societies (ACP, ACC, ASCO) committed to working with ABIM on development of "collaborative societal pathways" for MOC.
- **ACP GOALS** for a College MOC Pathway
  - Rooted in the principles of lifelong learning
  - Relevant to your daily practice
  - Meets your professional needs & needs of your patients
  - Convenient
  - Offers alternative to the 10 year secure exam
  - Based on MKSAP
- ABIM would still be the certifier, but societies would attest to ABIM on behalf of ACP member




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### ACP Position Statement on Regulation of Credentialing and Licensing June 1, 2017

1. Participation in MOC should NOT be an absolute pre-requisite for licensure & credentialing.
2. Primary determinants should be demonstrated performance for providing high quality, compassionate, and a commitment to continuous professional development.
3. If participation in or successful completion in MOC is considered for credentialing decisions by any group:
  - Should never be sole, principal, overriding, or absolute element for consideration
  - Should not be a requirement or prerequisite for credentialing or reimbursement for medical services to pts
  - Rather, participation in MOC only one of many attributes of physicians' competence & quality of care.



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4. Enactment of state laws & regulations to regulate MOC can be considered by medical organizations but must be approached with great caution due to adverse unintended consequences:
  - Imposing state law over professional standards of accountability
  - Interfering w/ organizations to use the most appropriate criteria in selecting medical staff
  - Lowering standards for credentialing
5. States that do enact laws/regulations, should ensure that MOC is NOT used as sole criteria for MDs/DOs to have privileges, etc. States should not regulate the content of professional standards of accountability.



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### ACP's New Online Learning Center

A centralized gateway for ACP's online learning activities

- Available at [ACPOnline.org/OLC](http://ACPOnline.org/OLC)
- Enhanced search and browsing functionality for ACP's online learning
- Easy access to more than 350 activities, including:
  - Video-based learning
  - Webinars
  - Interactive cases
  - Quizzes



The majority of activities offer both CME and MOC.

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