

ACP: Working *for you* and *with you*: Improving the Lives of Internists and their Patients



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ACP At a Glance

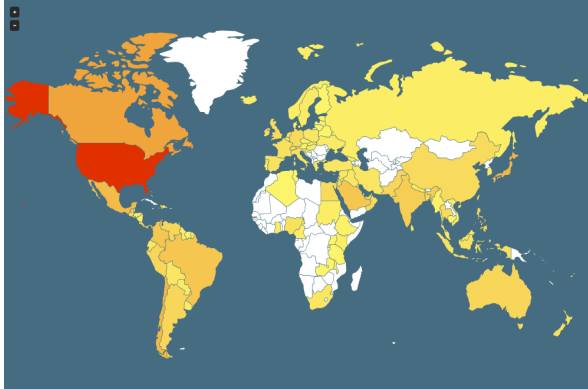
159,000 Members Strong

Leveraging the collective voice of our community to create a better place *for ourselves, our profession, and our patients* through medical education, practice transformation, advocacy, and engagement.

How ACP Defines Internal Medicine Internists apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

- Established in 1915
- A diverse global community of internists united by a commitment to excellence
- Includes internists, internal medicine subspecialists, residents and fellows in training, and medical students

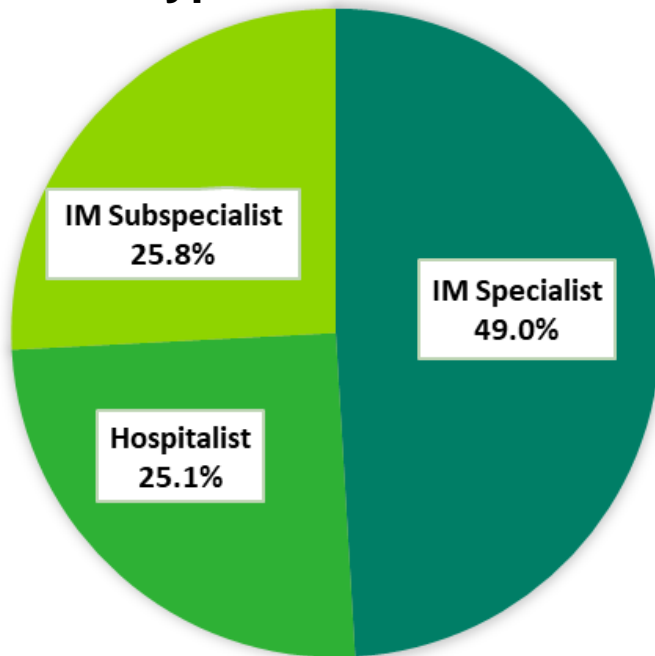
ACP: A Global Community



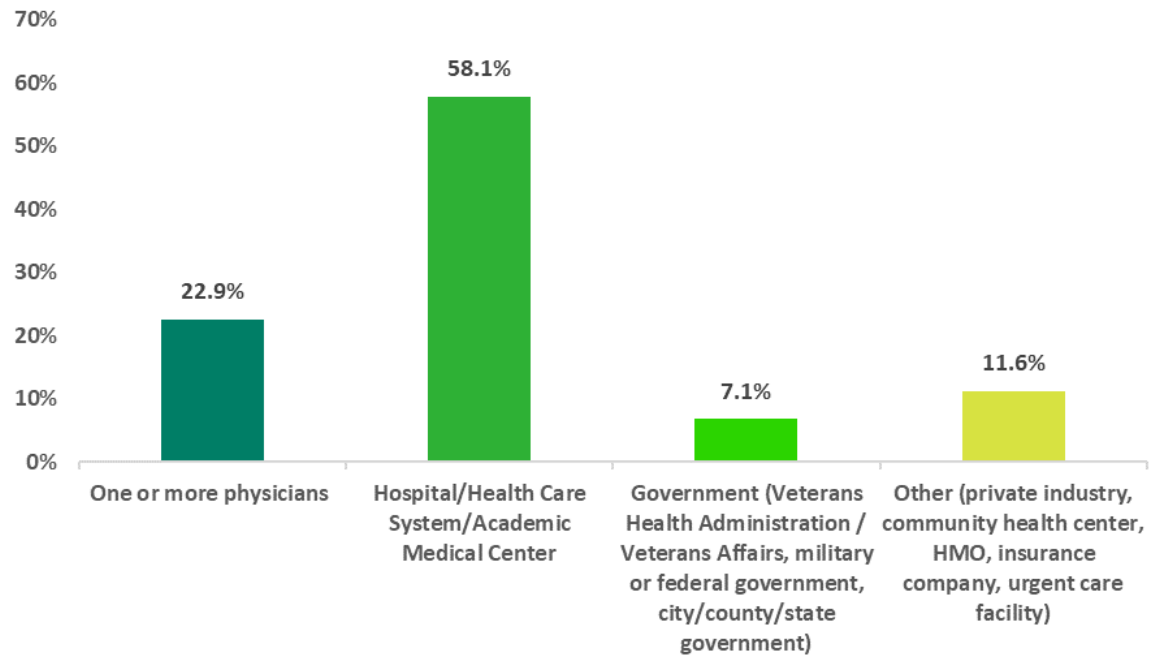
- **More than 16,000 ACP members reside outside the United States**
- International chapters: Bangladesh, Brazil, Canada, Central America, Chile, Colombia, India, Japan, Mexico, Saudi Arabia, Southeast Asia, and Venezuela

ACP Member Trends

ACP Member Type



Practice Ownership



Source: 2019 ACP Member Survey

ACP's Priority Themes

INNOVATION

Use nimble, creative and unique approaches to identifying, responding to, and meeting member needs

Develop a new vision for the future of health care policy

Expand ACP's Quality Connect programs into a learning collaborative guided by expert physician coaches

Evolve MKSAP into the premier essential individualized learning program for lifelong learning

Publish a new online peer-reviewed journal for case reports and case series

ENGAGEMENT & INCLUSION

Engage members in local, regional, and national College activities across their career, welcoming and hearing all voices, and demonstrating ACP's relevance and connection to what's important to them

Implement Task Force recommendations for enhancing ACP's local presence

Develop group and joint membership structures

Publish new online peer-reviewed journal for case reports

COMMUNICATION

Convey ACP's broad mission, activities and value to members, the greater community of IM, and other stakeholders using leading-edge modalities, platforms and technologies

Raise awareness of ACP's regulatory and payment related efforts and resources

Utilize social media and other multi-media approaches

Create a dedicated communications channel for Resident/Fellow members

IDENTITY

Create shared enthusiasm and pride about being an internist and ACP member

Create an identity of "master clinician" for ACP members and recognition as a master clinician within their community and College

Show Your IM Pride



acponline.org/IMProud

Let the world know that you're proud be an internist. Use the #IMProud hashtag and tag ACP with @ACPInternists on social media.

Annals of Internal Medicine

One of the most highly read and cited medical journals in the world; current, evidence-based science at your fingertips

- Audio on demand
 - Annals On Call, Annals Latest podcasts
- Annals Fresh Look blog
- Annals Beyond the Guidelines
- Annals Story Slam
- Web Exclusives
 - Annals Consult Guys
 - Annals Graphic Medicine
 - Annals for Educators
 - Annals for Hospitalists

Annals
of Internal Medicine®

Annals.org

- Download the free app for Android and iOS devices

MKSAP[®] 18: The go-to resource for board prep and lifelong learning

MKSAP18 gives residents and practicing physicians everything needed to stay current in medicine and prepare for board exams



acponline.org/MKSAP18

- Available in print, digital, and complete formats, with regular digital format updates
- 275 CME credits and MOC points available
- Includes 11 syllabus sections, 1,200 related questions and an updated platform, dashboard, and search engine functionality; self-assessment questions with easy-access lab references

Evidence-Based Clinical Guidance

Over the past year, ACP published the following clinical recommendation

- Screening for breast cancer in average-risk women
- Update of methods on development of clinical guidelines and guidance statements
- Managing conflicts of interests in clinical guidelines



CLINICAL GUIDELINE

Screening for Breast Cancer in Average-Risk Women: A Guidance Statement From the American College of Physicians

Amir Qaseem, MD, PhD, MHA; Jennifer S. Lin, MD, MCR; Reem A. Mustafa, MD, MPH, PhD; Carrie A. Horwitz, MD, MPH; and Timothy J. Wilt, MD, MPH; for the Clinical Guidelines Committee of the American College of Physicians*

Description: The purpose of this guidance statement is to provide advice to clinicians on breast cancer screening in average-risk women based on a review of existing guidelines and the evidence they include.

Methods: This guidance statement is derived from an appraisal of selected guidelines from around the world that address breast cancer screening, as well as their included evidence. All national guidelines published in English between 1 January 2013 and 15 November 2017 in the National Guideline Clearinghouse or Guidelines International Network library were included. In addition, the authors selected other guidelines commonly used in clinical practice. Web sites associated with all selected guidelines were checked for updates on 10 December 2018. The AGREE II (Appraisal of Guidelines for Research and Evaluation II) instrument was used to evaluate the quality of guidelines.

Target Audience and Patient Population: The target audience is all clinicians, and the target patient population is all asymptomatic women with average risk for breast cancer.

Guidance Statement 1: In average-risk women aged 40 to 49 years, clinicians should discuss whether to screen for breast cancer with mammography before age 50 years. Discussion should include the potential benefits and harms and a woman's preferences. The potential harms outweigh the benefits in most women aged 40 to 49 years.

Guidance Statement 2: In average-risk women aged 50 to 74 years, clinicians should offer screening for breast cancer with biennial mammography.

Guidance Statement 3: In average-risk women aged 75 years or older or in women with a life expectancy of 10 years or less, clinicians should discontinue screening for breast cancer.

Guidance Statement 4: In average-risk women of all ages, clinicians should not use clinical breast examination to screen for breast cancer.

Ann Intern Med. 2019;170:547-560. doi:10.7326/M18-2147
For author affiliations, see end of text.
This article was published at Annals.org on 9 April 2019.

acponline.org/clinical-information

ACP has been named to the new Cochrane U.S. Network that consists of some of the country's leading institutions in the research and practice of evidence-based medicine

Podcasts by Internists, for Internists

Focusing on internal medicine-related topics, podcasts offer CME and MOC.

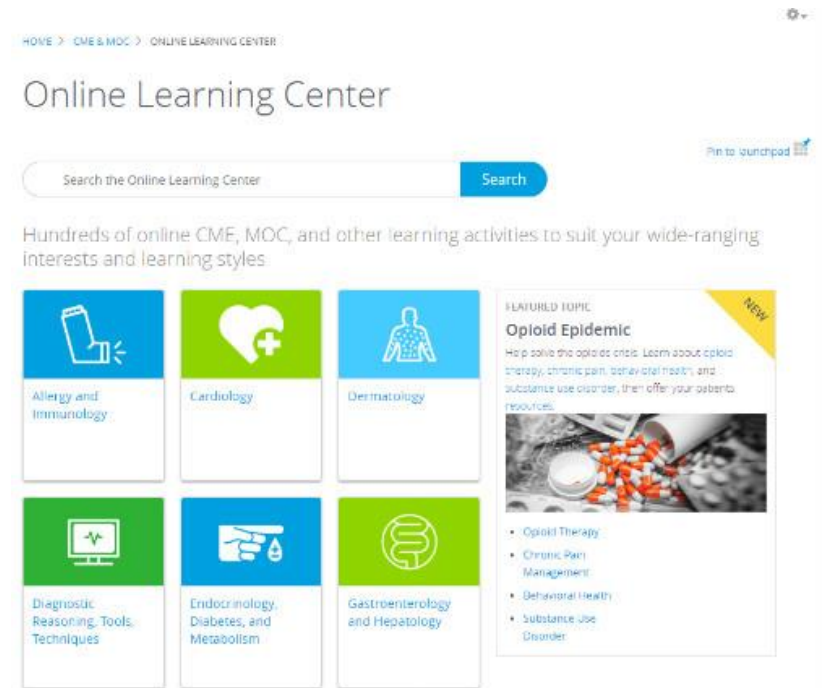


acponline.org/podcasts

Online Learning Center

A centralized gateway to more than 350 online learning activities

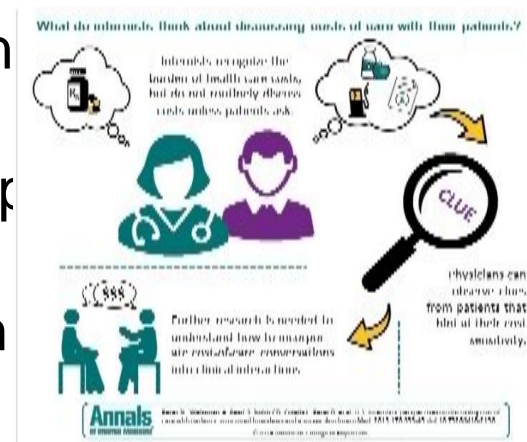
- Enhanced search and browsing functionality
- Video-based learning
- Webinars
- Interactive cases
- Quizzes
- Podcasts
- CME and MOC eligible



acponline.org/olc

Encouraging High Value Care

- Initiatives aim to improve health, avoid harms, and eliminate wasteful practices.
 - Resources include online interactive High Value Care Cases that show how to eliminate unnecessary health care costs and improve patient outcomes while earning free CME and ABIM MOC
 - patient safety and medical knowledge point
 - New Cost of Care Conversations tools help physicians and patients understand the importance of talking about costs of health care
- acponline.org/HVC**



DynaMed

Completely redesigned for 2019, DynaMed is an advanced clinical decision support tool that combines current clinical evidence with guidance from leading experts in a user-friendly, personalized experience.

- Your ACP member log-on credentials provide seamless access to DynaMed. Initial log-on is required at acponline.org/dynamed
- Free access for ACP members (through July 2020)
- Includes overviews and recommendations for more than 750 topics, 2,500 searchable images, and numerous calculators
- Mobile apps available for Android and iOS

DynaMed[®]
acponline.org/DynaMed

Point-of-Care Ultrasound Education

ACP recognizes the important role of POCUS to improve diagnostic capabilities in internal medicine, and offers comprehensive ultrasound training for inpatient and outpatient medicine.

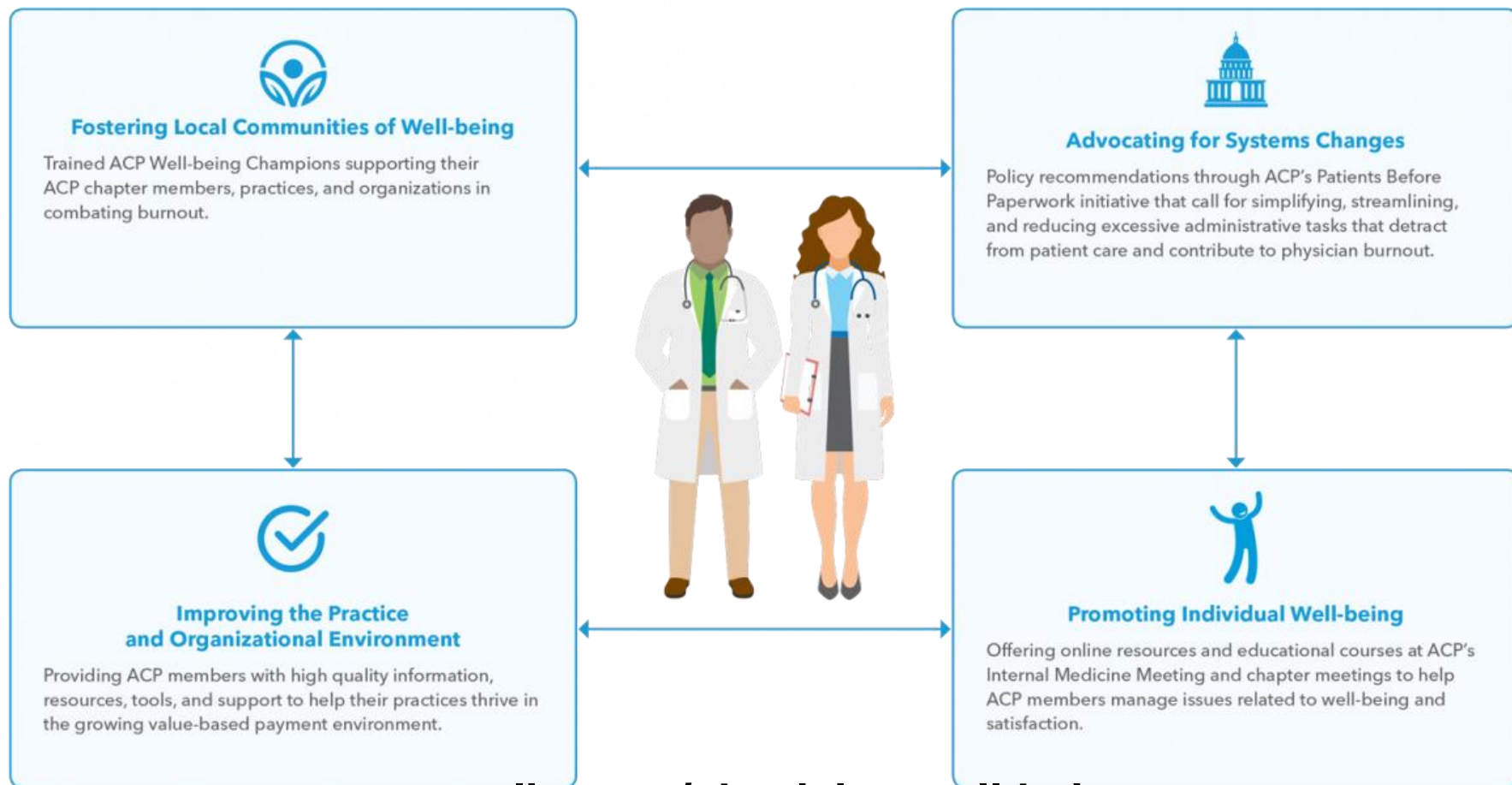
- **Point-of-Care Ultrasound: Foundational Skills for Internists:** ACP's two-day live course in November 2019 teaches ultrasound skills applicable to any practice setting.
- **Point-of-Care Ultrasound: Advanced Skills for Outpatient Practice:** This new Internal Medicine Meeting pre-course focuses on extended and advanced point-of-care ultrasound applications in the outpatient setting.



aponline.org/POCUS

Working *for you* and *with you*: Transforming the Landscape of Health Care for the Better

ACP's Physician Well-being and Professional Satisfaction Initiative



acponline.org/physician-well-being

Women in Medicine Initiative

Promoting gender equity and eliminating the inequities in compensation and career advancement that physicians face is a longstanding goal of ACP.

- ACP has joined TIME'S UP Healthcare
- ACP is also a partner in the Women's Wellness through Equity and Leadership Project
- Diversity and Inclusion Subcommittee recommends effective strategies to assure integration of diversity and inclusion across the College

 **ACP** American College of Physicians[®]
Leading Internal Medicine. Improving Lives.

Achieving Gender Equity in Physician Compensation + Career Advancement

It is important to recognize the progress that has been made to ensure gender diversity in the physician workforce. However, despite this progress, gender inequities have contributed to the disproportionately low number of women achieving academic advancement and serving in leadership positions.

Find full Position Paper published at www.acponline.org on 17 April 2018.

(F) = Female, (M) = Male

Pipeline Stats

- 34% of active physicians (F)
- 46% of physicians-in-training (F)
- 50%+ of medical school students (F) (and have been for many years)

Leadership in Medicine

- 38% of medical school faculty (F)
- 21% of full professors of medicine (F)
- 15% of Dept. Chairs (F)
- 16% of Deans of medical schools (F)

Compensation Inequity

- Females are paid 16% less than their male counterparts in primary care (\$19k vs. \$229k)
- Females are paid 37% less than males in subspecialties of medicine (\$251k vs. \$394k)
- 57.1% (F) versus 33.7% (M) academic physicians are paid less than \$200,000.



Me Too movement for Physicians (F)

- 51.2% of physicians (F) reported discrimination vs. 31.2% (M)
- 30.4% of physicians (F) have filed sexual harassment charge vs. 4.2% (M)
- 59% of females who filed harassment charges perceived negative effect on their professional self-confidence; 47% reported that it negatively affected their career advancement
- 69.6% of physicians (F) report gender bias vs. 21.8% (M)
- On 3-1 scale, females more likely to experience disrespectful or punitive actions than males
- Females more likely to be described as judgemental, rude or unfriendly by patients in online reviews



Parenthood

- Only 28.9% of physician contracts provide maternity coverage
- \$10k lost income while out for maternity leave



IM
PROUD

#WomenInMedicine



acponline.org/advocacy/where-we-stand/women-in-medicine

Patients Before Paperwork Initiative



What is Patients before Paperwork?

ACP's Patients Before Paperwork initiative's goal is to reinvigorate the patient-physician relationship by reducing administrative complexities and eliminating unessential tasks that detract from patient care and contribute to physician burnout.



Policy Development

ACP policies provide a cohesive framework for identifying and evaluating administrative tasks, and offer detailed recommendations to analyze administrative tasks to determine whether they need to be challenged, revised, or eliminated entirely.



Tools You Can Use

Resources and tools help physicians put ACP's policies into practice. They include resources that assess practice efficiencies and resources on physician well-being and professional satisfaction.



Collaborating with Stakeholders

ACP engages with key regulatory agencies and stakeholders to help streamline regulations imposed by insurers, federal regulators and other external entities to reduce administrative burdens for physicians.



Advocating for Internists

ACP has long identified reducing administrative complexities or burdens as a priority. ACP works to advocate for changes in our health care system that simplify excessive administrative burdens that put a strain on physicians and patient care.

acponline.org/patientsbeforepaperwork

William Fox, MD, FACP, at the RUC



Proposed 2020 Medicare Fee Schedule

Proposed changes in Medicare payments to physicians would recognize the value of cognitive services in providing quality patient care.

Improvements include:

- Increased payments for evaluation and management (E/M) services
- Retained separate payment levels for E/M codes
- Improved documentation for E/M services
- Improved accuracy in tracking time spent
- Payment for managing opioid use disorder
- Additional add-on codes

ACP Advance

Engage. Empower. Improve.

ACP Advance is a new quality improvement (QI) program to help physicians and organizations improve medical care.

ACP Advance includes:

- QI curriculum and training program
- Physician-led coaching service
- Chronic care programs and resources

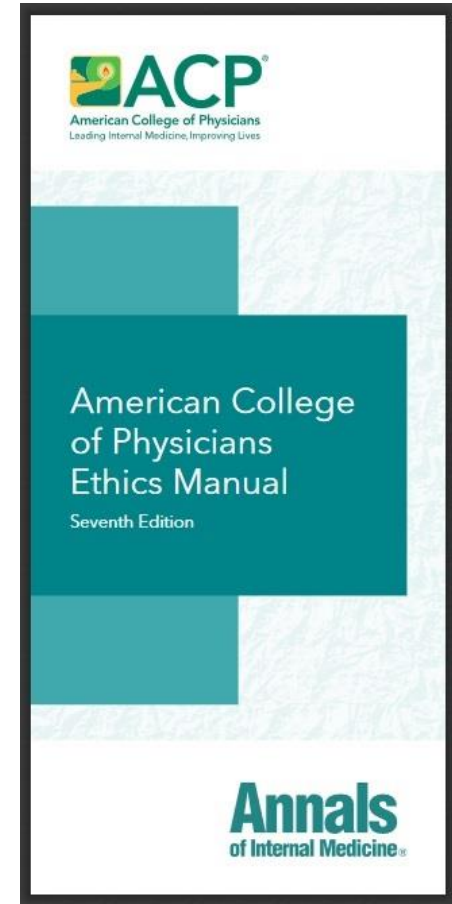


acponline.org/acpadvance

Working *for you* and *with you*: Addressing Issues of Importance

Ethical Guidance

- ACP released the Seventh Edition of *ACP Ethics Manual* with new and expanded sections this year
- Position paper “Physician Impairment and Rehabilitation: Reintegration into Medical Practice” discusses the professional duties and principles for responding to physician impairment was released
- “Issues in Delivering Patient-Centered End-of-Life Care and Responding to a Request for Physician-Assisted Suicide” toolkit released



acponline.org/ethics



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Main Entrance

CLOSED

Medical and dental services provided
by **Peninsula Health**
2020-2021
September 2020


The Emergency Room &
Accident & Injury Centre
is open and operating fully
at www.peninsula.org.uk
or 01753 454545

Peninsula Health
Building
Through
Peninsula Lobby
←←←←←

Addressing Performance Measures

Over the past year, the Performance Measurement Committee published performance measurement papers on

- MIPS Measures
- Preventive Care

	= Support
	= Do Not Support
	= Uncertain Validity: Do Not Support

acponline.org/performance-measures

ACP Public Policy and Advocacy

ACP advocates for changes that will make a difference in the daily lives of internists and our patients' health in a variety of ways

- Evidence-based policy papers
- Meetings with congressional leaders
- Collaborating with regulators
- Robust grass roots advocacy
- Working with other organizations who have similar goals



ACP Firearms Policy Sparks Movement #ThisIsOurLane

In response to ACP policy recommendations in 2018 on reducing firearm-related injuries and deaths published In *Annals*, the NRA tweeted physicians should “stay in their lane.” ACP and physicians were quick to respond.



Working *for you* and *with you*: Collaborating with Others for Positive Change

The Future of MOC (Continuing Certification)

- ACP is pleased that ABIM is taking initial steps to develop a continuing certification option that will support lifelong learning by emphasizing education, feedback and the convenience of being self-paced.
- ABIM's plans to develop a longitudinal assessment as an option in addition to their point-in-time examinations align with recommendations put forth by the American Board of Medical Specialties' Continuing Board Certification: Vision for the Future Commission and with ACP's comments submitted to the Commission.
- ACP is committed to ongoing professional development and lifelong learning and to representing our members' needs for continuing certification programs consistent with our professional accountability principles.
- We look forward to supporting ABIM in developing options that emphasize learning, offer flexibility and choice, and that meet the needs of internal medicine specialists and subspecialists as well as the patients they serve.

For more detailed information, visit <https://www.acponline.org/cme-moc/moc/learn-more-about-moc/acps-role-professional-accountability>

Collaboration with Physician Organizations

ACP collaborates with other physician organizations representing more than 560,000 physicians and medical students:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American Osteopathic Association
- American Psychiatric Association



Working *for you* and *with you*: Involvement, Engagement, and Opportunities to Connect

Internal Medicine Meeting 2020: Mastering Medicine Together

Internal Medicine Meeting 2020
April 23-25, 2020
(Pre-Courses April 21-22, 2020)

Los Angeles Convention Center
Los Angeles, CA



ACP Startup Advisors Network

ACP's new free Startup Advisors Network matches digital health startups with experienced ACP physicians.

Input and advice from physicians can help entrepreneurs

- develop products that address clinician needs
- assist health care delivery
- improve patient outcomes



acponline.org/startup

Financial Services for ACP Members

Professional Liability Insurance for ACP Members

- ACP has partnered with Mercer Health & Benefits Administration LLC (Mercer Consumer) to offer risk management and customized insurance solutions.

ACP Group Insurance Program

- Mercer Consumer offers Group Insurance options for ACP members, including life insurance, accidental death and dismemberment, long-term care, disability income, auto insurance, and homeowners insurance.

Student Debt Refinancing Program

- ACP Members can refinance existing private and federal loans through SoFi and are eligible to receive a 0.125% rate discount upon refinancing their student and Parent PLUS loans through sofi.com/ACP.

Get Connected

For ways to connect, and personalize your engagement with, visit acponline.org

MyACP

A personalized web experience, making it easier for members to access and discover pertinent ACP content and resources while visiting ACPOnline.org.



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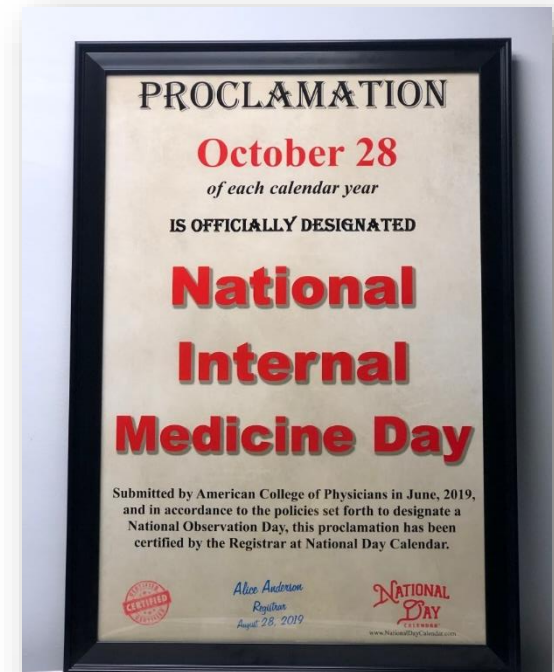
linkedin.com/groups/867307



youtube.com/imrepor
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National Internal Medicine Day - October 28th

- Mark your calendars!
- October 28th of each calendar year has been officially designated as *National Internal Medicine Day*
- ACP will be sending out more information on ways you can help celebrate and observe *National Internal Medicine Day*



Defining our identity: We are physicians, not ‘providers’

- We are internists and do NOT merely “provide” health care services to our patients in a transaction
- The term “provider” is a marketplace term and undermines the role of physicians treating patients throughout their lives in meaningful, caring relationships



ACP Board of Regents Chair, Doug DeLong, MD, and ACP President, Robert McLean, MD taking the pledge

TAKE THE PLEDGE

“I pledge not to use the word ‘provider’ when referring to physicians, and further to encourage my colleagues to do the same.”

Help spread the word:

#physiciannotprovider

Thank you . . .

**...for your continued support of ACP and your
commitment to internal medicine.**

