2016 Upcoming Events

  Sacramento Leadership Day—Sacramento, CA
- May 2-4, 2016
  Spring Board of Governors Mtg—Washington, DC
- May 3-4, 2016
  Washington Leadership Day—Washington, DC
- May 5-7, 2016
  IM 2016—Washington, DC

Inside this Issue

- CA-ACP Annual Report to Membership  Pg. 2
- ACP High Value Care Resources  Pg. 3
- Get Smart Campaign  Pg. 4-5
- Legislative Update  Pg. 6
- Award Recipients  Pg. 7-8
- Report on the CMA HOD  Pg. 9-10
- “Ask the Expert”  Pg. 11
- Meaningful Use Regulations  2015  Pg. 11
- American Lung Association  Pg. 12

Dr. Amin presented the Annual Report to membership during the All California Chapters Scientific Meeting in Monterey.
Alpesh Amin, President, welcomed members during the recent All California Chapters Scientific Meeting held in Monterey, CA. The event was held October 30-November 1, 2015 and included valuable learning sessions and networking opportunities. The Annual Report of the ACP (c6) California Services Chapter was presented on November 1, 2015 by President Amin.

**Report Highlights**

- Status of CA-ACP membership reflected an overall state decrease of 0.16% (Data as of October 4, 2015). “Members” consist of Masters, Fellows, Members, Resident/Fellow Members, Medical Student Members and Affiliates. The four ACP California chapters are focused on growing chapter and member involvement.

- CA-ACP partnered in a grant with Integrated Healthcare Association/other organizations in the Choosing Wisely® Campaign to reduce use of unnecessary tests and treatments. The grant period extends 34-months/ends March 2018.

- Fiscal year highlights FY 2014 Actual—FY 2015 Budget. The fiscal year period is July 1, 2014 to June 30, 2015. Approximately $229,000 in reserves. FY 2015—Increase in expenses for advocacy activities (Sacramento and Washington Leadership Day(s) and retaining a Legislative Consultant).

- A breakdown of c6 Expenditures FY 2014 noted the leading expense in the Advocacy category, followed by Administration costs, Special Projects, Accounting/Legal, Board of Directors and Office Expenses.

- Board actions were taken during the fiscal year to approve acceptance of the 2016 budget; approve a contribution of $5000 to the “Vote No on 46” MICRA Campaign; approve bylaw amendment extending term limits for corporation officers from one to two years; and a recommendation notifying ACP national of strong objections to the Maintenance of Certification (MOC).

- The main differences between ACP 501 c3 and ACP Services c6 were noted. Advocacy activities on behalf of the ACP and Internal Medicine are supported by a portion of c3 chapter dues.

- Advocates for Internal Medicine (AIM) in California total 1998. AIM contacts communicate with their legislative representatives on issues of importance to medical students, Internists and their patients and report results back to ACP. The program is open to all membership categories.

- CA-ACP Services’ vision for the future is value-added membership and providing more interactive forums for our members; continue supporting our state and national advocacy efforts and ensure the continued fiscal stability of CA-ACP Services by maintaining a corporate reserve account invested conservatively.

- Contact Information for Comments/Questions: Ashley Ruby, Executive Director CA-ACP Services / cal-ACP@hotmail.com
# ACP and Consumer Reports Release New Series of Patient-centered Articles

In 2011 the American College of Physicians (ACP) launched its High Value Care initiative to help clinicians and patients understand the benefits, harms, and costs of tests and treatments for common clinical issues. Resources included evidence-based clinical and public policy recommendations; curricula for educators, residents, subspecialty fellows, medical students; online cases; and patient education materials.

ACP supports the Choosing Wisely® campaign which complements and builds upon ACP’s ongoing efforts in its High Value Care initiative to help physicians provide the best possible care to patients. Over the years ACP has made great strides to expand the program. Recently, ACP and Consumer Reports have collaborated on a series of High Value Care resources designed to help patients understand the importance of seeking appropriate care in order to maximize value and live a healthy life. Topics include: the importance of adult immunizations; how to manage your health by knowing your numbers such as blood pressure and which health screenings to get; and the most appropriate setting to seek care when you’re sick or healthy. For a complete list, go to [https://hvc.acponline.org/patres_ahrq.html](https://hvc.acponline.org/patres_ahrq.html)

## What is High Value Care (HVC)?

ACP’s High Value Care (HVC) initiative is a broad program that connects two important priorities for the College:

1. Helping physicians to provide the best possible patient care.
2. Simultaneously reducing unnecessary costs to the healthcare system.

## Why We Care

- **Approximately 30% of healthcare costs (more than $750 billion annually) are spent on wasted care.**
- **This wasted care is potentially avoidable and would not negatively affect the quality of care if eliminated.**
- **ACP is committed to doing our part to help bend that costs curve and to reduce the unsustainable financial burdens to our healthcare system.**

## What We Offer

### Healthcare Professionals:

- ACP has developed clinical recommendations, physician resources, curriculum and public policy recommendations around this initiative.

### Patients:

- We have also developed resources to help patients understand the benefits, harms, and costs of tests and treatments for common clinical issues.

---

[Image 24x677 to 178x755]
Since their discovery in the 1920s, antibiotics have transformed our ability to treat infections. As antibiotic resistance increases, these lifesaving drugs do not work as well as they once did, and successfully treating common infections becomes more difficult.

Each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die as a direct result of these infections. Many more people die from other conditions that were complicated by an antibiotic-resistant infection.

On September 18, 2014, the White House announced an Executive Order stating that the Federal Government will work domestically and internationally to detect, prevent, and control illness and death related to antibiotic-resistant infections by implementing measures that reduce the emergence and spread of antibiotic-resistant bacteria and help ensure the continued availability of effective therapeutics for the treatment of bacterial infections.

The use of antibiotics is the single most important factor leading to antibiotic resistance around the world. Antibiotics are among the most commonly prescribed drugs used in human medicine. However, up to 50% of all the antibiotics prescribed for people are not needed or are not optimally effective as prescribed. Antibiotics are also commonly used for promoting growth in food animals, one type of use that is not necessary.

During November 16-22, 2015, the annual Get Smart About Antibiotics Week was observed. The observance is a key component of CDC’s efforts to improve antibiotic stewardship in communities, in healthcare facilities, and on the farm in collaboration with state-based programs, nonprofit partners, and for-profit partners. The one-week observance raises awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic prescribing and use.
Viruses or Bacteria
What's got you sick?

Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

<table>
<thead>
<tr>
<th>Illness</th>
<th>Usual Cause</th>
<th>Antibiotic Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold/Runny Nose</td>
<td>✔️</td>
<td>NO</td>
</tr>
<tr>
<td>Bronchitis/Chest Cold (in otherwise healthy children and adults)</td>
<td>✔️</td>
<td>NO</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>✔️</td>
<td>Yes</td>
</tr>
<tr>
<td>Flu</td>
<td>✔️</td>
<td>NO</td>
</tr>
<tr>
<td>Strep Throat</td>
<td>✔️</td>
<td>Yes</td>
</tr>
<tr>
<td>Sore Throat (except strep)</td>
<td>✔️</td>
<td>NO</td>
</tr>
<tr>
<td>Fluid in the Middle Ear (otitis media with effusion)</td>
<td>✔️</td>
<td>NO</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>✔️</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Antibiotics Aren't Always the Answer

www.cdc.gov/getsmart

GET SMART
Know When Antibiotics Work

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Sept 2014
Public policy affecting Internal Medicine and patients trended positively this year. Of the 11 bills that CA-ACP supported or opposed, 4 were conclusive—meaning, they were voted up or down by the Governor and cannot be re-heard during the second half of the two-year session. In three of those four, CA-ACP’s position prevailed. Among these were:

- **AB 374 (Nazarian), Supported by CA-ACP,** authorizes a request for an exception to a health plan’s step therapy, or “fail first” requirement for prescription drugs. The bill will require the Department of Insurance and the Department of Managed Health Care to include a provision for a step therapy exception in all uniform prior authorization forms. The bill was signed by the Governor in early October.

- **SB 19 (Wolk), Supported by CA-ACP,** enacts the California POLST eRegistry Pilot Act establishing an eRegistry Pilot Project and guidelines under the auspices of the Emergency Medical Services Authority that would include POLST information in patient electronic records. The bill was signed by the Governor in early October.

- **SB 277 (Pan), Supported by CA-ACP,** eliminating the personal belief exemption from child immunization requirements. The bill was signed by the Governor in June.

Advocates for a fourth CA-ACP supported bill, **AB 332 (Calderon),** which would have established a long-term care insurance task force within the Department of Insurance, were unsuccessful in gaining the Governor’s signature.

The disposition of eight other bills await next year’s outcome. Among these are **AB 533 (Bonta),** which will require out-of-network physicians to accept in-network payment; two scope of practice expansion bills (for nurse practitioners and naturopathic doctors); and four other bills dealing with residency training, language services, e-cigarettes and the CURES database. Many of these are likely to have their content folded into other legislative vehicles or not be moved at all in 2016. CA-ACP will keep you informed about these other policies affecting Internal Medicine and your patients.

# # #
Dr. Samuel Fink, Chair of the Past Presidents Committee, presented the *Lifetime Achievement Award* to Dr. Arthur Lurvey.

The annual award is given to a Los Angeles County Medical Association (LACMA) member who has never been a President of LACMA, but has demonstrated devoted service and outstanding commitment to the Association.

“It was an honor to present the award to Dr. Lurvey, his many years of service and commitment to the healthcare community make him a very worthy recipient,” said Dr. Samuel Fink.

Dr. Arthur Lurvey is an endocrinologist from Beverly Hills and has been a member of LACMA for 42 years. He received his medical degree from the University of Illinois, and conducted his post doctorate and fellowship training at Los Angeles County-USC Medical Center.

Dr. Lurvey is also actively involved with the California Medical Association (CMA) and the American Medical Association (AMA) as a delegate. He has been a past Hospital Chief of Staff and serves on the quality and the CHART committees of the Hospital Council of Southern California. Dr. Lurvey is also on the Board of the California Services Chapter of the American College of Physicians and on several committees of the American Association of Clinical Endocrinologists. He is currently a medical director at Noridian Healthcare Solutions where he administers the Medicare program in California, Nevada, Hawaii and outer islands.

“LACMA is comprised of members whose knowledge, dedication and service have helped make critical contributions to healthcare and the patients who receive it. We are proud to recognize Dr. Lurvey and the work he has done,” said Dr. Peter Richman, President of LACMA.

Dr. Lurvey is the third recipient of this prestigious award. Past awardees include Dr. George Mason and Dr. Patrick Wade.

###
George W. Meyer, MD is the 2015 recipient of the Sierra Sacramento Valley Medical Society’s prestigious Medical Honor Award in recognition for his outstanding volunteer contributions to the health of the people in our community and throughout the world. The commendation is given to a physician currently in practice, or a retired physician, whose high achievement has allowed a contribution of great significance to El Dorado, Sacramento or Yolo medicine or community health.

The award will be presented to Dr. Meyer at the Sierra Sacramento Valley Medical Society’s Annual Installation and Awards Event on January 21, 2016.

Dr. Meyer is a graduate of Tulane University School of Medicine and had postgraduate training at Southern Pacific Memorial Hospital and Presbyterian Hospital in San Francisco and his gastroenterology fellowship at David Grant USAF Medical Center. He holds concurrent positions as Clinical Professor of medicine, University of California at Davis, and Adjunct Professor, Internal Medicine, Touro University College of Osteopathic Medicine. Dr. Meyer has served (and continues to serve) needful patients in Peru, Bhutan, Nicaragua, Costa Rica, and Cambodia, along with the Flying Samaritans Mexico. In addition, he serves as volunteer physician for Sacramento Medical Reserve Corp, Shifa Clinic (UCD Student Clinic).
CA-ACP was represented at the October, 2015 California Medical Association (CMA) House of Delegates meeting by: Angie Chen, FACP (No CA), Chester Choi, MACP (So CA Region 1), Suzanne Fidler, FACP (So CA Region 2), Darin Latimore, FACP, (No CA), Paul Speckart, MACP (So CA Region 3), Mel Sterling, MACP (So CA Region 2), Susan Trompeter, FACP (So CA Region 3), and myself (So CA Region1).

CA-ACP submitted 2 resolutions which were approved with minor changes: Reducing Hassle Factor for Prior Authorization of Procedures, and Support for Funding for Colon Cancer Screening/Treatment for the Uninsured. Gordon Fung, FACP (Governor No CA), authored two resolutions which were also approved with minimal changes: Call for an End to all Pro-tobacco Efforts within the US Chamber of Commerce, and Encourage Foodstuffs to be Produced without use of Medically Important Antibiotics.

Angie Chen chaired the Reference Committee on Health Professions and Health Facilities. Darin Latimore was elected to chair the CMA Specialty Delegation and his nomination to be Vice-Chair of the CMA Council on Legislation was approved. Lee Snook, FACP (No CA) was nominated for Speaker of the House of Delegates, Steve Larson, FACP (So CA Region 2) was elected as President of CMA. Richard Thorp, FACP (No CA) as outgoing Past-President of CMA was recognized for his contributions to the defeat of Proposition 46 (2014 challenge to MICRA).

Several issues important to CA-ACP members were adopted:
♦ Continue a neutral stance on physician-assisted dying
♦ Work to expand medical student loans and loan forgiveness programs to include those students who are undocumented
♦ Work with AMA and other organizations to find Maintenance of Certification programs that are not as onerous as the current ABMS programs
♦ Recommend to training institutions that residency programs adopt paid and unpaid paternity leave programs equivalent to their maternity leave programs

Many other ACP members were delegates including: Ronald Kaufman, MD, FACP, (So CA Region 1), William Andereck, Jr., FACP (No CA), Wayne Iverson, FACP, (So CA Region 3), Roz Shorestein, FACP (No CA), Jennifer Abraham, FACP (So CA Region1), Art Lurvey FACP (So CA Region 1), and Kathryn Amacher, FACP (No CA).

Richard Pan, MD, a pediatrician who is from Sacramento and the only physician elected to the State Senate, gave an update on his successful legislative effort to limit exceptions to vaccinations for public school children. He is now facing a tough recall campaign in his district from opponents of childhood vaccination programs. George Meyer, MACP, and former Governor of ACP No California Chapter, (geomeyer@icloud.com) can provide anyone interested with more information.

A reception was held for Joaquin Arambula, MD (Emergency Medicine), who is running for State Assembly 31st District (Kern County). There is no physician elected to the State Assembly at this time. CMA feels it is important to have at least one physician’s voice in the State Assembly. If elected, one of his goals is to build a medical school in Fresno. Additional background information can be found at: http://www.cmanet.org/news/detail/?article=cma-member-dr-joaquin-arambula-kicks-off.

If you are interested in participating in CA-ACP activities related to CMA or state legislative issues, please contact Ashley Ruby, CA-ACP Executive Director at: cal-acp@hotmail.com.

# # #
Report on the 2015 California Medical Society House of Delegates Meeting

Gathered to achieve common goals ...

Art Lurvey, MD, FACP, FACE

Richard Thorp, MD, FACP

Roz Shorenstein, MD, FACP

Wayne Iverson, MD, FACP

CA-ACP Delegation Group and other attendees

Lee Snook, MD, FACP

Karthik Sarma
Medical Student Member

ACP Medical Student

Steve Larson, MD, MPH

Gordon Fung, MD, FACP
“ASK THE EXPERT”

The CA-ACP Medical Practice and Quality Committee is providing members with a forum to ask/receive answers to questions/problems they be experiencing specific to their practice or otherwise.

Questions can be submitted by email to the attention of CA-ACP Services Executive Director Ashley Ruby at cal-acp@hotmail.com. A “FAQ Corner” will be designated on the ACP website to display responses. Every effort will be made to reply timely to all questions or concerns that are brought to our attention.

MEANINGFUL USE REGULATIONS RELEASED FOR 2015

CMS has released a new rule on the meaningful use of electronic health records (EHR) systems. The rule added some flexibility to the requirements for reporting in 2014, allowing physicians different options to successfully complete reporting. However, the rule also established onerous requirements for 2015, requiring reporting for the entire year.

Under the meaningful use program physicians demonstrate that they are using certified EHR systems in their practice to improve patient care. Read more about what ACP has to say about the Meaningful Use program and the new rule.

More details here: http://acponline.org/advocacy/newsletter/issue.htm?ArticleID=692031
New Year’s Resolutions: Freedom from Smoking for Your Patients

Your patients’ New Year’s resolutions may include quitting smoking. If you’re looking for resources to provide to your patients, the American Lung Association can provide phone counseling, self-help booklets, and online or in-person support groups.

It can take several quit attempts before someone is completely smoke free, but every smoker can quit with the proper support. Research shows the number of quit attempts is positively correlated with quitting. So, help your patients make another quit attempt this New Year!

Through the American Lung Association’s Freedom From Smoking® online program, participants learn to set a quit date, reduce smoking triggers and urges, and stay motivated throughout the duration of a quit attempt. In addition, anyone can call 1-800-LUNG-USA for a live expert who can help them prepare for a quit attempt or to overcome a craving as it’s happening. There is no time limit for these calls and services are provided in over 200 languages.

If you prefer to provide self-help booklets to your patients, you can order them at low cost through your local American Lung Association office. If you’re interested in adopting the Freedom from Smoking program as an in-person support group, please contact Zoila Reyna at (310) 735-9179 or Zoila.Reyna@lung.org to discuss your options.

Raising Tobacco Tax Key To Helping Smokers Quit

The best prevention is to never start smoking, which is why the American Lung Association in California has joined the Save Lives California coalition to help people quit and to fund cancer research. This initiative will raise the tax on cigarettes by $2 per pack in 2016. Smoking is the number one cause of preventable death in California, killing an estimated 40,000 people every year. Each year, 21,000 kids get hooked on smoking.

Increasing the tobacco tax is widely recognized as the most effective way to reduce smoking across California, especially for young people. Studies show that for every ten percent increase in the cost of a pack of cigarettes, teen smoking drops by up to 7 percent. The good news is that a recent Field Poll shows nearly 75% of Californians support raising the tax.

The Save Lives California coalition includes The American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, California Medical Association, California Hospital Association, Blue Shield of California, and numerous doctors, nurses, patients, survivors and taxpayers all dedicated to standing up to big tobacco companies because, together, we can save lives and help smokers quit.

To get involved in supporting this tobacco tax, please visit www.SaveLivesCA.com.