Maine Chapter
Town Meeting
2017
Agenda

- Introductions
- State of the Chapter
  - Finances
  - 2017-18 initiatives
- ACP National
  - Resolutions F 2017
  - MOC and ABIM
- Rural Education in Maine
- Open Mike
Governor’s Advisory Council

- Laura Trask, MD FACP
- Shubhrangshu Biswas, MBBS FACP
- Catharine Cadigan, MD FACP
- Douglas Couper, MD MACP
- Rebecca Hemphill, MD FACP
- Elizabeth Herrle, MD
- Rick LeMay, MD FACP
- Jane Pringle, MD FACP
- James McCarthy, MD
- Frank Green, DO FACP
- Daniel Morgenstern, MD FACP
- James Rines, MD FACP
- Sean Lena, DO
- Brian Nolan, MD FACP
- Mike Madaio, UNECOM IV
- Tom Gearan, MD FACP
Committee Chairs

- Awards - Allan Currie and Chris Wellins
- ECP – Laura Trask
- Education Program – Doug Couper
- Finance – Jamie Rines
- HPPC – Hani Jarawan
- Hospitalist – Jim McCarthy
- Membership – Frank Green, Brian Nolan
- Residents – Sean Lena, DO
- Students – Mike Madaio
Maine Chapter Membership 9/14/17

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters</td>
<td>7</td>
</tr>
<tr>
<td>Fellows</td>
<td>146</td>
</tr>
<tr>
<td>Members</td>
<td>277</td>
</tr>
<tr>
<td>Resident/Fellow Members</td>
<td>57</td>
</tr>
<tr>
<td>Medical Students</td>
<td>65</td>
</tr>
<tr>
<td>Affiliates</td>
<td>7</td>
</tr>
<tr>
<td>Physician Affiliates</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>564</strong></td>
</tr>
</tbody>
</table>
Maine Chapter Membership 5 year trends
Maine Chapter Finances
# Maine ACP Budget 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Type</th>
<th>Income</th>
<th>Expenses</th>
<th>Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>Budget</td>
<td>$45,578</td>
<td>$56,775</td>
<td>$11,196</td>
</tr>
<tr>
<td>2016-17</td>
<td>Actual</td>
<td>$44,600</td>
<td>$54,624</td>
<td>$10,024</td>
</tr>
<tr>
<td>Variance</td>
<td></td>
<td>$978</td>
<td>$2,150</td>
<td>$1,172</td>
</tr>
<tr>
<td>2017-18</td>
<td>Budget</td>
<td>$45,650</td>
<td>$53,300</td>
<td>$7,650</td>
</tr>
</tbody>
</table>

Current Savings: $66,759
Savings 2016: $74,529
Meeting Attendance 2016

- Total 73
- Total Paying 47
- Residents 11
- Students 15
Maine ACP Budget Goals

- Increase membership
- Increase meeting attendance
  - target interest from early career physicians
- Support the annual meeting
- Support for leadership day
- Generate interest in internal medicine in Med. students and residents
Strategic Plan and Initiatives 2017-18
<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVES</th>
<th>GOALS</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the active involvement of members in the Maine ACP</td>
<td>Develop and support IMIG at UNECOM and TUSM</td>
<td>6-8 meetings per year “Maine IMIG”</td>
</tr>
<tr>
<td>Provide educational programs and forums that foster excellence in clinical practice (learning groups)</td>
<td>Develop a formal approach to membership</td>
<td>Fall 2018 GAC retreat</td>
</tr>
<tr>
<td></td>
<td>Develop and grow a core group of early career physicians</td>
<td>2nd ECP reception at MEACP annual Mtg</td>
</tr>
<tr>
<td>Promote advocacy at the practice, local, state and national levels</td>
<td>Provide MOC Credits for MEACP sponsored programming</td>
<td>MEACP 2017 Annual Meeting 1st of any organization to offer MOC in ME!!</td>
</tr>
<tr>
<td></td>
<td>Explore collaboration for additional educational meetings</td>
<td>Early stage of working on collaborative with MMC Dept of Medicine “Engel Primary Care Day”</td>
</tr>
<tr>
<td></td>
<td>Provide members with local options to meet MOC</td>
<td>A Day in the Trenches: Subspecialty Medicine for Internal Medicine Specialists</td>
</tr>
<tr>
<td>Promote professional satisfaction in the practice of medicine</td>
<td>Underwrite attendance at Leadership Day for 1 student member, 1 resident member and 1 or 2 additional members</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Increase active involvement of HPPC at National and State level</td>
<td>Collected signatures and sent letter to congressional representatives re preservation of the ACA</td>
</tr>
<tr>
<td>Provide opportunities for collegial, thoughtful and interactive conversations within the wider medical community</td>
<td>Wellness focus of MEACP 2016 and 17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proposal to utilize electronic platform to connect members for interactive discussions on medical and non-medical topics (book groups, etc)</td>
<td></td>
</tr>
</tbody>
</table>
A Day in the Trenches: Subspecialty Medicine for Internal Medicine Specialists

- Objectives
  - Capitalize on the potential for one-on-one interactions between Internal Medicine (IM) Subspecialists and practicing IM Generalists to enhance professional satisfaction and mastery as well as optimize the effective and cost sensitive care for Maine people

- Goals
  1. Establish a statewide network of IM Subspecialists willing to have practicing IM Generalists “shadow” them for ½-1 day
  2. Enhance the Generalist’s understanding of up to date subspecialty patient management
  3. Promote high value care in appropriate choice of pre-referral testing and management
  4. Optimize referrals (bidirectional benefit)
  5. Enhance Generalist to Subspecialist communication
  6. CME and MOC credits
A Day in the Trenches: Subspecialty Medicine for Internal Medicine Specialists

- Planning logistics
  - Maine Chapter ACP (MEACP) will partner with the large multispecialty health care organizations (Maine Health, VA and EMHS), as well as the MMA and other private IM subspecialty groups to develop and identify subspecialist “preceptors” willing to engage in this project.
  - Development and approval of CME credit will be done in conjunction with the MMC Department of Medical Education (MMC DME)
    - Define general and subspecialty specific learning goals (5-10 per session)
    - Written assessment of the above
    - Formal documentation
    - Hour per hour credit
  - Application for MOC credit will be done by the Maine Chapter of the ACP in conjunction with the MMC DME and the ABIM (Natalie Trahey ntrahey@abim.org)
  - The MEACP will serve as the initial clearing house for connecting IM Generalists and Subspecialists
Sample learning goals

1. Describe the 2 most frequent referrals you make to the Subspecialty and how you might optimize in your practice
   1. Appropriate evaluation or testing in the primary care setting for these conditions
   2. Co-management and/or follow up care of these patients

2. Describe the limits (positive or negative predictive value) of test / procedure “X” within the Subspecialty

3. Describe Choosing Wisely recommendation of Subspecialty “X”

4. One or two Subspecialty specific “pearls” regarding application of Subspecialty skills to the Primary Care setting
# A Day in the Trenches: Subspecialty Medicine for Internal Medicine Specialists

<table>
<thead>
<tr>
<th>GOAL</th>
<th>MEASURE</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner and identify subspecialists</td>
<td>Y/N</td>
<td>Y</td>
</tr>
<tr>
<td>Establish CME credits</td>
<td>Y/N</td>
<td>Y</td>
</tr>
<tr>
<td>Establish MOC credits</td>
<td>Y/N</td>
<td>Y</td>
</tr>
<tr>
<td>Establish MEACP “clearinghouse”</td>
<td>Y/N</td>
<td>Y</td>
</tr>
<tr>
<td># Participants per year</td>
<td>#</td>
<td>10</td>
</tr>
<tr>
<td>Generalist participant satisfaction</td>
<td>(poor, fair, good, excellent)</td>
<td>75% good or excellent</td>
</tr>
<tr>
<td>Subspecialist participant satisfaction</td>
<td>(poor, fair, good, excellent)</td>
<td>75% good or excellent</td>
</tr>
<tr>
<td>Create sustainable “institution”</td>
<td>Y/N</td>
<td>Y</td>
</tr>
</tbody>
</table>
ACP National
ACP National

- Leadership
  - Darilyn Moyer Exec VP and CEO
  - Jack Ende Chair of BOR
  - Tom Cooney Chair of BOG
- 86 Chapters and Regions (including 13 international)
- More than 152,000 members world wide
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
September 8, 2017

Dear ACP Members,

I am writing to update you on recent developments related to the American Board of Internal Medicine’s (ABIM) Maintenance of Certification (MOC) program, our progress toward creating a new ACP society pathway that would be an alternative to what ABIM offers, and our continuing efforts to advocate on your behalf to improve the MOC process.

ACP, the American College of Cardiology (ACC) and the American Society for Clinical Oncology (ASCO) have each signed a
Resolutions for Fall 2017
Resolution 1-F17

Redoubling Efforts to Achieve RVU Reimbursement for Currently Uncompensated Physician EHR Work

- RESOLVED, that the Board of Regents will redouble its efforts in lobbying to achieve RVU reimbursement for currently uncompensated physician EHR work which will take into account the increased time for physician EHR work, including joining other medical organizations in such efforts and lobbying for federal legislation if necessary.
Resolution 2-F17

Updating ACP Policy to Oppose Fail First or Step Therapy Policies

- RESOLVED, that the Board of Regents updates its policy to specifically oppose step therapy and fail first policies that do not allow for formulary exemptions that are medically justifiable; and be it further

- RESOLVED, that the Board of Regents will support legislation that opposes step therapy and fail first policies that do not allow for formulary exemptions that are medically justifiable.
Resolution 3-F17

Updating ACP Policy on Drug Formularies and Pharmacy Benefit Managers to Increase Transparency of Drug Cost and Rebate Incentives

▪ RESOLVED, that the Board of Regents updates ACP policy on drug formularies and pharmacy benefit managers (PBM) and supports legislative and regulatory measures that would increase transparency for PBMs by requiring them to periodically disclose at least once a year as well as when there is a price increase in the wholesale acquisition cost, the aggregate amount of rebates and discounts they receive from manufacturers; and be it further

▪ RESOLVED, that the Board of Regents advocates for legislation that would require coinsurance, deductibles, and other cost-sharing requirements to be calculated based off of a drug’s actual net price, inclusive of rebates and other discounts, and not the inflated list price.
Resolution 4-F17

Updating ACP Policy to Oppose Non-Medical Switching of Medications by Insurance Companies and Pharmacy Benefit Managers

▪ **RESOLVED, that the Board of Regents will update policy to oppose non-medical switching of medications by insurance companies and pharmacy benefit managers which will also allow coverage of a patient’s medication through the next year; and be it further**

▪ **RESOLVED, that Board of Regents will support legislation that prevents non-medical switching of medications by insurance companies and pharmacy benefit managers which will also allow coverage of a patient’s medication through the next year.**
Resolution 5-F17

Advocating to Remove Falls from the List of Hospital-Acquired Conditions (HACs) with Financial Penalties to Promote Mobility

- RESOLVED, that the Board of Regents urges CMS to remove falls from the list of hospital-acquired conditions (HACs) with financial penalties; and be it further
- RESOLVED, that the Board of Regents asks that early mobility be considered as a performance measure to be tested and validated.
Advocating for Appropriate Training/Expertise for Disability Claim Reviewers

- RESOLVED, that the Board of Regents will advocate that physicians reviewing disability claims have the appropriate training/expertise relevant to the claimant’s medical condition; and be it further

- RESOLVED, that the Board of Regents will advocate that claimants be allowed to verify the credentials of the physicians reviewing their claims and that reviewers be provided a means for sharing concerns with regulatory authorities for any pressure placed on them to render biased opinions (i.e., a “whistleblower” type of protection).
Resolution 7-F17

Eliminating Mandatory Additional Training to Prescribe Buprenorphine

- RESOLVED, that the Board of Regents advocates to eliminate mandatory additional training to prescribe buprenorphine
Resolution 8-F17

Addressing the Impact of and Establishing Guidelines for Changing Patient—Physician Communication Methods

▪ RESOLVED, that the Board of Regents initiates an evaluation of the extent and impact of changing communication methods on patient care, access, privacy, quality and physician burnout; and be it further

▪ RESOLVED, that the Board of Regents creates “reasonable expectation" guidelines for patient-physician communication that can be a basis for patients, physicians, and institutions to reference; and be it further

▪ RESOLVED, that the Board of Regents develops and makes available to ACP members a “patient guide to communication with your health care team” that can be distributed to patients and their families by their physician offices.
Resolution 9-F17

Developing a Means of Publicly Recognizing Excellence in American Health Care as a Component of Combating Physician Burnout

- RESOLVED, that the Board of Regents works with ACP staff and committees to develop a means of publicly recognizing the value and excellence of medical care provided by most of its members (individually and as a group) and by many American medical institutions as a component of combating physician burnout without reducing its efforts to support appropriate programs aiming to improve access to high quality medical care for more Americans.
Developing ACP Policy on Physician Impairment and Rehabilitation Towards Re-integration

▪ RESOLVED, that the Board of Regents develops a policy statement that endorses the rehabilitation and “safe reintegration of the recovering physician back into the workforce” as recommended by the Federation of State Medical Boards Policy on Physician Impairment [FSMB 2011], considering also opportunities to partner with other professional organizations representing physicians to develop such a policy statement [AMA 2016]; and be it further

▪ RESOLVED, that the Board of Regents includes in such a policy statement that state physician health programs must meet a minimum set of standards that facilitate (1) the appropriate referral of impaired physicians to confidential treatment programs, (2) non-punitive and clearly protected approaches to treating impaired physicians (including physicians voluntarily seeking confidential assistance and/or therapy), and (3) the retention of medical licensing after compassionate rehabilitation and re-integration into the physician workforce; and thereby provide clear and specific guidance that necessarily expands upon existing ethical guidance on physician impairment [ACP 2012, AMA 2016]; and be it further

▪ RESOLVED, that the Board of Regents also includes in such a policy statement the need for a strategy to promote education for the medical community, healthcare organizations, the general public, and state policymakers, in alignment with efforts to promote physician health and wellness, on physician impairment towards a more holistic and compassionate perspective that supports rehabilitation towards re-integration of our affected physician colleagues.
Resolution 11-F17

Reviewing ACP’s Position on Physician Aid in Dying from a Legal and Health Policy Standpoint

▪ RESOLVED, that the Board of Regents review ACP’s position on Physician Aid in Dying (PAD) from a legal and health policy standpoint and change ACP’s position from opposing PAD to a neutral stance; and be it further

▪ RESOLVED, that the Board of Regents develop policy and legal guidelines on legislation in order to ensure that the best legal protections for all patients and physicians are made part of such legislation; and be it further

▪ RESOLVED, that the Board of Regents, in addition, advocates for better education about, coverage of, and payment for advanced care planning, palliative care and hospice care, as well as developing guidelines for improving advanced care planning, provision of palliative care and of compassionate patient oriented end of life care.
Resolution 12-F17

Amending ACP Policy for a National Medical Tort System Based on 1975 MICRA of California and 2003 MMTRA of Texas

▪ RESOLVED, that the Board of Regents amends ACP policy for a national medical tort system based on 1975 Medical Injury Compensation Reform Act (MICRA) of California and 2003 Medical Malpractice Tort Reform Act (MMTRA) of Texas; and be it further

▪ RESOLVED, that the Board of Regents will lobby for a national medical tort reform law that limits non-economic damages to $250,000 without allowing for adjustment for inflation but allows for unlimited economic and punitive damages, restricts contingency fees charged by attorneys, and in cases deemed frivolous, holds the plaintiff responsible for legal expenses incurred by the defendant.
Resolution 13-F17

Invoking Patent Law to Make Direct Acting Antivirals Accessible to Medicaid Populations

RESOLVED, that the Board of Regents should advocate for the U.S. Department of Health and Human Services to take urgent steps to lower the price of medications for low-income populations, including invoking 28. U.S.C. (§)1498 to obtain direct acting antivirals to treat HCV at a cost which will make them accessible to the Medicaid populations.
Resolution 14-F17

Adopting ACP Policy Protecting Access to Essential Reproductive Health Services including Abortion

- RESOLVED, that the Board of Regents adopt specific policy stating that access to comprehensive reproductive health services (including abortion) is essential to overall health; and be it further

- RESOLVED, that the Board of Regents adopt specific policy stating that legislation restricting access to reproductive health services (including abortion) without valid medical justification jeopardizes health.
Resolution 15-F17

Advocating for LCME Policy Regarding Parental Leave for Medical Students

- RESOLVED, that the Board of Regents advocates that the LCME establish policy regarding parental leave and explore independent study alternatives for medical students that allow students to complete graduation requirements during parental leave.
Resolution 16-F17

Updating the 2015 ACP Policy Recommendation Regarding Immunization Laws and Quickly Implementing a Public Education Campaign

- RESOLVED, that the Board of Regents will update its 2015 policy recommendation regarding immunization laws to specifically state that the ACP supports strong, scientific, evidence-based medical care regarding immunizations and specifically, that “anti-vaccine” studies and positions based on unscientific, non-evidenced-based data and reasoning should be labeled as such with their potential harm to patients being emphasized; and be it further

- RESOLVED, that the Board of Regents will quickly implement a strong public education campaign showing why recommended vaccines are safe and effective and why the “anti-vaccine” movement is based on bad science that can harm public safety.
Resolution 17-F17

Advocating for Medical Licensure Process Reform to Lessen Fears of Stigma Regarding Mental Health Disclosures

▪ RESOLVED, that the Board of Regents advocates for reform in the medical licensure process that does not isolate prior or current mental health condition(s) from other medical condition(s) in the reporting process; and be it further

▪ RESOLVED, that the Board of Regents supports research and provides policy specifically addressing the barriers to truthful reporting of mental health diagnoses on state licensing applications in order to lessen fears of stigma and career repercussions; and be it further

▪ RESOLVED, that the Board of Regents advocates for a modernization of state licensure practices that focuses more on the functional impact of mental health diagnoses in physicians and limits additional administrative requirements.
Resolution 18-F17

Updating ACP Policy to Oppose Purchasing of Tobacco Products by Individuals under the Age of 21

- RESOLVED, that the Board of Regents will update its policy to oppose purchasing of tobacco products, including electronic cigarettes, by individuals under the age of 21; and be it further

- RESOLVED, that the Board of Regents will support legislation to raise the legal age to purchase tobacco products, including electronic cigarettes, to 21.
Resolution 19-F17

Requesting an Investigation of Possible Fraudulent Activities Related to Misuse of Mental Health and Substance Abuse Treatment Policies

- RESOLVED, that the Board of Regents will send a letter to Congress, and any other agency deemed appropriate, asking them to investigate possible fraudulent activities related to addiction treatment and misuse of laws for mental health parity and substance abuse treatment, including but not limited to patient brokering, unnecessary testing, and inappropriate marketing
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)
Advocates for Internal Medicine Network (AIMn)

- Grassroots advocacy network designed to help ACP members engage with federal lawmakers on policy issues important to internists
- AIMn members receive legislative updates and alerts as key policy issues unfold, including sample messages to members of Congress
- Enroll at [https://cqrcengage.com/acplac/](https://cqrcengage.com/acplac/)
- To learn more, contact Shuan Tomlinson:
  - Tel: 202-261-4547
  - Email: stomlinson@acponline.org
IM 2018

New Orleans, LA
Ernest N. Morial Convention Center
900 Convention Center Blvd, New Orleans, LA 70130
April 19-21, 2018
Pre-Courses April 17-18

The Most Comprehensive Conference in Internal Medicine

Register for Internal Medicine Meeting 2018 and enjoy:

ACP American College of Physicians™
Leading Internal Medicine, Improving Lives
Rural Education in Internal Medicine

Rural Internal Medicine Track (RIMM)

A unique internal medicine residency program that blends experiences of training at an urban tertiary care center, MMC in Portland, and Stephens Memorial Hospital (SMH) in Norway.
Open Mike