

Dear Colleagues: The Minnesota Chapter of ACP has activities and information to share. Highlights include the following:

New MN-ACP Bylaws approved by membership- Voting starts this week

The Council of the Minnesota chapter of the American College of Physicians developed and approved an update of our chapter Bylaws, which the ACP Board of Regents and the MN-ACP membership approved.

The primary motivation for the changes in the Bylaws was to ensure the chapter Council includes a variety of perspectives of the internists in our state. The changes include the following.

- There will be an ex-officio Council position for the director (or their designate) of each of the Internal Medicine and Internal Medicine/Pediatrics Residency programs of Minnesota.
- There will also be four at-large elected positions added to the Council.

Nominations have been accepted and the ballot will be sent to all Members, Fellows and Masters this week. The election will close on April 20, 2015

ACP Leadership Day

ACP Leadership Day is May 20-21, 2015 in Washington DC. Registration and details are at <https://www.acpservices.org/leadership-day/what-leadership-day> Two travel scholarships are available. Scholarship applications are due **April 3, 2015**. If interested, complete the application at <https://www.surveymonkey.com/s/2015LeadershipDay> We are especially interested in applications from medical students, residents and internists residing in district 6 represented by US Congressman Tom Emmer (St. Cloud, north and west suburbs).

Celebrate 100 Years of ACP!

2015 marks the 100th anniversary of the American College of Physicians. The College is planning a variety of special Centennial-related events to celebrate the occasion--ACP invites you to be a part of the jubilation. Visit [here](#) for more details of ACP activities to celebrate. On the national ACP website, you can find a timeline of the first 100 years of ACP as well as other factoids about the world's largest medical specialty organization. <http://im2015.acponline.org/for-meeting-attendees/centennial-events>

Over 160 Minnesota internists will be attending Internal Medicine 2015 in Boston on April 30th-May 2nd Visit <http://im2015.acponline.org/> for information and registration details. Join us for a reception on **May 1st from 6-8pm** at the **Westin Boston Waterfront**.

Upcoming events:

- **April 14, 2015**- - Internal Medicine on Tap for Early Career Internists (ACP members within 16 years of graduating from medical school) at 6pm at Kieran's Pub in the Poet's Corner, at 6th St. and 1st Ave. in Minneapolis. Dr. Bill Spinelli from Allina-Hastings will talk about ***Work/Life Balance and Physician***

Burnout - he does research on these topics, and was published in Mayo Clinical Proceedings last year. Reserve your spot at Minnesota.ACP@gmail.com www.kierans.com

- **April 30-May 2, 2015** Internal Medicine 2015 in Boston <http://im2015.acponline.org/>
- **May 1, 2015** Reception in Boston hosted by MN-ACP and ND-ACP with Mayo Alumni Association reception at 6-8pm **Westin Boston Waterfront- Commonwealth Ballroom, 425 Summer St Boston, MA**
- **Sept. 29, 2015-** - Internal Medicine on Tap for Early Career Internists (ACP members within 16 years of graduating from medical school) at 6pm at Kieran's Pub in the Poet's Corner, at 6th St. and 1st Ave. in Minneapolis. Dr. Mark Liebow from Mayo will talk about **Advocacy/policy** issues. www.kierans.com
- **Nov. 5-6, 2015** MN-ACP Annual Scientific Session at the Minneapolis Convention Center

What ACP Advocacy did for you in 2014

ACP advocacy and policy development, with other allied organizations, worked to improve your practice environment and help you provide high quality care. Here's a summary of our most important efforts and initiatives in 2014, and why they matter:

1. Progress made to reduce egregious practices by health plans

The federal government, the National Association of Insurance Commissioners (NAIC), and health insurer trade groups have acknowledged and begun to take steps to address such egregious practices as narrow provider networks, discriminatory prescription drug benefit packages, and problems with the health plan exception and appeals process.

2. Payment for chronic care management

For the first time ever, Medicare will be paying you and your staff for the non-face-to-face work involved with chronic care management (CCM) — beginning January 1, 2015, CMS will make a separate payment via CPT code 99490 for non-face-to-face CCM services for Medicare beneficiaries who have multiple (two or more) chronic conditions. This is an historic, albeit incomplete, step to getting the agency to recognize the value and complexity of the work of ACP members and their staff in managing patients with chronic illnesses that fall outside of the traditional face-to-face office visit. While the payment level is too low, and administrative requirements too burdensome, ACP believes that CMS' decision to begin paying for the new code can lead to further changes in getting Medicare to more appropriately pay for the work that falls outside of the traditional face-to-face office visit.

3. Increased transparency for physician fee schedule

Medicare will be implementing plans to ensure that the physician fee schedule is established in a more transparent and appropriate manner by:

- a. Refining surgical global bundles by transforming over several years all 10- and 90-day global codes to 0-day global codes.** This will ensure that all medically reasonable and necessary visits would be billed separately during the pre- and post-operative periods outside of the day of the surgical procedure.

b. Starting in 2016, including the proposed values for new, revised, and potentially misvalued codes in the physician fee schedule proposed rule, which will allow greater comment opportunity into the valuation of physician and other healthcare professional services.

4. More flexible Meaningful Use criteria

While more improvements are needed, the Centers for Medicare & Medicaid Services (CMS), allowed physicians and other health care providers greater flexibility in how they use certified electronic health record (EHR) technology (CEHRT) to meet Meaningful Use for the 2014 reporting period. CMS also extended Stage 2 Meaningful Use through 2016.

5. Improved Medicare Shared Savings Program

CMS initiated two key improvements in the Medicare Shared Savings Program (i.e., the Medicare Accountable Care Organizations (ACOs)):

a. CMS modified the quality scoring system to recognize and reward ACOs that make year-to-year improvements in quality performance scores on individual measures.

b. CMS has proposed (and is expected to finalize) that ACOs that share savings but not financial losses will get more time to transition to a two-sided risk model.

6. ACP member was appointed Surgeon General

Dr. Vivek Murthy, MD, MBA, and ACP member, was confirmed by the Senate in December to be the new Surgeon General of the United States.

7. Uninsured rate reached historical low

In 2014, the nation moved closer to fulfilling one of ACP's long-standing policy goals – affordable, comprehensive health coverage for all. The uninsured rate is at historic lows, with more than 10 million previously uninsured gaining coverage. 2014 paid enrollment in premium-subsidized qualified health plans offered through the ACA's state marketplace exchanges exceeded projections. The expanded Medicaid program is covering millions of individuals who were previously ineligible for the program.

8. Increased funding to train primary care physicians

A key federal primary care workforce program, the Title VII Health Professions program, received a significant increase in funding for FY 2015. This is the only federal program dedicated to funding and improving training of primary care physicians.

9. Reduced administrative burden on physicians

While more improvements are needed, CMS and Congress took steps to reduce the administrative burden on physicians:

a. As part of final appropriations enacted for FY2015, Congress is requiring CMS to document the need for the new physician face-to-face requirement for payment of home care services—to determine if it is indeed an effective deterrent to fraud and abuse or not.

b. In the proposed Medicare Shared Savings Program Rule released in December 2014, CMS indicated its intent to reduce administrative burden for participants in this program in a number of areas.

How can we better serve you? Please contact me with questions or thoughts on how the MN ACP can serve you. Heather E. Gantzer, MD, FACP Governor, MN ACP Heather.Gantzer@parknicollet.com