Fostering Excellence in Internal Medicine

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Acknowledgements

- Thanks to ACP CEO Steve Weinberger and ACP Education, Membership, Health and Public Policy, and Medical Practice and Quality Groups for their input
Our interests at ACP are to further:

- The science of medicine (e.g., *Annals of Internal Medicine*)
- The clinical practice of medicine (e.g., clinical standards, guidelines)
- The education and professional development of physicians (e.g., MKSAP, meetings and courses)
- The triple aim of healthcare (better care, better health, lower per capita costs)
- The future of medicine (students, residents, fellows)
- Professional satisfaction (e.g., payment reform, practice redesign)
A few current high priority areas

- Improving Maintenance of Certification (MOC)
- Addressing physician satisfaction, administrative burdens
- Helping practices with environmental and regulatory changes
- Legislative and advocacy priorities
- Patient-centered care
- High value care
The Basics of MOC

- **What category are you in?**
  - Certified before 1990: time-unlimited certificate
  - Certified from 1990-2013: 10 year certificate
  - Certified from 2014 on: no end date; remaining certified depends on meeting MOC requirements

- **Milestones required for MOC**
  - Every 2 years: at least 20 MOC points
  - Every 5 years: at least 100 MOC points (at least 20 each in assessment of knowledge and assessment of practice); patient safety points; patient voice points
  - Every 10 years: secure, closed-book examination
Some concerns and complaints expressed by diplomates/members

- Exam is “one size fits all” and not relevant or customizable to my practice
- Lack of evidence for benefit on quality of care provided
- High failure rate on examination; implications for hospital or health plan credentialing
- Problematic reporting on website
- PIMs are “time-consuming busywork”
- Cost – too expensive
ACP’s positions re MOC

- ACP supports the principles behind lifelong learning and professional accountability, which includes certification and maintenance of certification.
- These responsibilities are best handled by an independent, non-profit certification board.
- However, ACP has felt the process needs to be improved, and has advocated strongly for reform.
ACP is a strong advocate for reform!

- Frequent, regular meetings and communication with ABIM at multiple levels (CEOs, elected leaders, education staff)
- Convened subspecialty societies to create integrated feedback to ABIM
- Presentation by ACP CEO to ABIM Board of Directors
- Regular email updates to members about progress
- Policy statement that MOC should not be a prerequisite for hospital or insurer credentialing
What had ABIM done in response to our advocacy?

- Committed to developing more flexible, less burdensome ways to fulfill practice assessment requirement
- Set up a task force to explore redesigning the secure examination
- Decreased the cost of an exam re-take
- Agreed to one year grace period to maintain certification after 10 year cycle if exam failed (provided all other MOC requirements are met)
What had ABIM done in response to our advocacy?

- Agreed to advocate to ABMS for a change in website reporting
  - Changing “Meeting MOC requirements” to “Participating in MOC”
- Agreed to provide more granular feedback re test scores (starting with Spring 2015 exam score reports)
- Agreed to allow diplomates who passed an exam early prior to 2014 to have their exam due 10 years from when their new certificate is issued
Our most recent feedback to ABIM

- Need for more dramatic changes in the MOC process
  - Secure examination
  - Self-assessment of performance
- Need for more timely changes: slow reform wouldn’t work
- Need for a change in tone of communications
  - Not defensive
  - Acceptance of responsibility: mea culpa
- Need for change in website reporting
New ABIM announcement – 2/3/15

- **Tone:** “We got it wrong. We’re sorry.”
- **Self-assessment of practice:** immediate suspension of practice assessment, patient safety, and patient voice requirements for at least 2 years
- **Change in website reporting:** to “participating” rather than “meeting requirements”: within 6 months
- **New, more relevant exam in Fall 2015** (for IM)
- **Enrollment fees at or below 2014 level through 2017**
- **By end of 2015, more flexibility for self-assessment of knowledge**
Resources to help with Maintenance of Certification (MOC)

*ACP members enjoy substantial discounts on the following MOC resources:*

- **MKSAP 16**
  - the leading self-study program to prepare for the ABIM MOC exams
  - 1,200 self-assessment questions

- **Board Basics 3**
  - dozens of classic images, core content and tips on how to take the ABIM exams

- **ABIM MOC Exam Preparation Courses**
  - 2-3 day courses on new developments over the past 10 years
  - offered in 6 locations prior to Spring and Fall exam dates

- **Internal Medicine Board Review Courses:**
  - 4-6 day courses
  - offered in 5 locations
  - available in audio/video recordings.

- **Virtual Dx_sm**
  - online image-based study program to prepare for the ABIM recertification exams

- **MOC Special Interest Group**
  - online discussion group
Earning points with ACP self-assessment products

ACP self-assessment products
Live meetings
Performing procedures
Audio/video products
Virtual patients
High Value Care Cases
Ethics and professionalism
Medical knowledge products meeting patient safety requirement
ABIM medical knowledge modules
Self-assessment modules created by other societies
ACP Membership Continues to Grow

- Effective June 30, 2014, total membership is 141,000 and international membership is nearly 12,000.

- ACP has 58 domestic chapters and 15 international chapters.
International Membership

- **15 International Chapters:**
  Brazil, Canada (6 chapters), Central America, Chile, Colombia, Japan, Mexico, Saudi Arabia, Southeast Asia, Venezuela

- **In 2013:**
  ACP Southeast Asia Chapter became active.

- **In 2014:**
  ACP will hold its first national conference in India, September 5-6, 2014, in New Delhi.
Within ACP, practice characteristics for post-training physicians are changing.
Primary Work Setting For Providing Direct Patient Care

Most physicians are seeing patients in a single-specialty office-based setting or in a teaching hospital with practice environment varying by age.
Practice Ownership

- There's an increasing trend in practice acquisition -- ownership is shifting from privately-owned to a hospital/health care system/AMC.

![Practice Ownership Chart]

Trends in Privately-owned Practices

- 2005: 53.5%
- 2006: 45.8%
- 2007: 46.6%
- 2008: 47.5%
- 2009: 42.8%
- 2011: 36.7%
- 2012: 32.8%
- 2013: 31.4%
More Physicians Are Choosing Employment

Members are becoming employees and practices are increasing in size.

[Graphs showing percentage distributions by age and employment status]

Solo: 12.2%, 17.5%, 19.4%, 36.4%, 40.9%
2 - 5 physicians (Small): 12.2%, 26.4%, 27%, 30.9%, 31.5%
6 - 20 physicians (Medium): 12.2%, 26.9%, 26.9%, 30.5%, 29.3%
>20 physicians (Large): 12.2%, 26.1%, 26.1%, 30.5%, 29.3%

ACPMember experiences in 2020 - 72% of members are employees
Basic Compensation For Patient Care

The salary-only model is gradually giving way to structures that combine a base salary with a bonus based on the physician’s productivity, performance on quality metrics or both.

- Total
- Full/Part Owner
- Employee

Bar chart showing the distribution of compensation models.
Drivers of ACP Membership
Primary Reason for Being a Member of ACP

- **ACP’s publications and clinical info**: 31.1%
- **Education and cert/recert activities**: 26.3%
- **Supporting IM as a profession through your membership**: 13.5%
- **Fostering your professional identification with IM**: 10.5%
- **Being part of a community of physicians**: 7.8%
- **Opportunity for FACP professional recognition**: 5.3%
- **Public policy advocacy**: 4%
- **Resources for running a practice**: 1%
Perceived Effectiveness of ACP

- Helping you become a better physician: 41.5% Somewhat, 36.5% Very, 13% Extremely
- Representing you and your concerns as a physician: 39.5% Somewhat, 31.6% Very, 9.9% Extremely
- Developing decision aids to help your patients learn about and evaluate their treatment options: 47.2% Somewhat, 26.6% Very, 7.1% Extremely
- Helping you balance the clinical benefits of care with the harms and costs: 48.9% Somewhat, 25.7% Very, 6.8% Extremely
- Improving your personal and professional life: 44.2% Somewhat, 25.8% Very, 6.9% Extremely
- Making the HC system better for your patients: 48.7% Somewhat, 24.6% Very, 4.2% Extremely
Preliminary Data from Current Member Survey
(as of November 5th – 814 completed web surveys)
Five years ago, which best described your attitude toward practicing medicine?

- Very satisfying: 46%
- Somewhat satisfying: 40%
- Neither: 8%
- Somewhat unsatisfying: 5%
- Very unsatisfying: 1%

What best describes your attitude today toward practicing medicine?

- Very satisfying: 23%
- Somewhat satisfying: 48%
- Neither: 7%
- Somewhat unsatisfying: 15%
- Very unsatisfying: 7%
Are Physicians Dissatisfied with Practicing Medicine?

If you were to make a decision today about becoming a physician, what would you do?

- Choose my same physician specialty: 51%
- Choose a different physician specialty/subspecialty: 23%
- Choose a career in a profession other than hc: 20%
- Choose a non-physician career in hc: 7%

What would be you reasons for not choosing to become a physician again?

- Too many administrative hassles: 75%
- Liability/defensive medicine pressures: 66%
- Difficult to balance professional and personal life: 57%
- Too little time with patients: 56%
- Stress is too high: 56%
- Hours are too long: 46%
- Compensation is not what was expected: 35%
- Not as personally rewarding: 34%
Major Problems Affecting One’s Ability to Provide High Quality Care

- Difficulties communicating with patients due to lang/cultural problems: 5%
- Not getting timely patient reports from other physicians: 23%
- Patient non-adherence with treatment recommendations: 36%
- Patients’ inability to pay for needed care: 41%
- Inadequate time with patients during office visit: 44%
- Rejections of care by insurance company: 45%
- Feeling burned out from work: 45%
- Issues posed by EHRs: 57%
- Non-clinical paperwork: 59%
- Excessive documentation requirements: 75%

1) Proactive planned care, with previsit planning and previsit lab tests

2) Sharing clinical care among a team

3) Sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and streamlined prescription management

4) Improved communication by verbal messaging and in-box management

5) Improved team functioning through co-location, team meetings, and work flow mapping
Addressing administrative burdens and physician burnout

- Increased regulatory requirements: performance reporting; meaningful use of EHRs
- Burdensome documentation requirements
- Prior authorization; other approvals
- Electronic health records
- Inefficient practices
- MOC requirements
- Professional isolation (for some)
- Short visits; unrelenting time pressure
What is ACP doing about burdens and burnout?

- Addressing burdens and reducing burnout: 1 of current top strategic priorities
- Advocacy relating to regulatory requirements
- Collaboration with AMA to address EHR issues with EHRA; American EHR Partners site
- Resources for performance reporting (QI programs; Genesis registry)
- Collaboration with Drs. Christine Sinsky and Mark Linzer
Top advocacy wins for ACP in 2014

- Progress to reduce egregious practices by health plans
- Payment for chronic care management
- Increased transparency for physician fee schedule
- More flexible Meaningful Use criteria
- Improved Medicare shared savings program
- ACP member appointed Surgeon General
- Uninsured rate reach historic low
- Increased funding to train primary care physicians
- Reduced administrative burden on physicians
Selected priority advocacy areas for 2015

- Eliminate the flawed SGR formula
- Reinstate Medicaid to Medicare pay parity for primary care physicians (expired 12/31/14)
- Ensure extension of the Medicare 10% primary care bonus (scheduled to end 12/31/15)
- Funding and reforms to support graduate medical education (GME)
- Reduce administrative complexities
Environmental and regulatory changes

**Examples in 2015:**

- Failure to report on performance through PQRS in 2015 will result in a -4.0% Medicare payment adjustment in 2017
- Starting in 2015, all eligible professionals who do not demonstrate Meaningful Use of EHRs will be subject to a future penalty
- New CPT code for Chronic Care Management goes into effect
The Physician & Practice Timeline

Physician & Practice Timeline™
Professional Requirements & Opportunities

Following is a helpful at-a-glance summary of upcoming important dates related to a variety of regulatory, payment, educational, and delivery system changes and requirements. Check back frequently for updated information.

What’s New?

- CMS releases the CY 2015 Medicare Physician Fee Schedule Final Rule
  In the Medicare Physician Fee Schedule final rule, The Centers for Medicare & Medicaid Services (CMS) finalized its 2015 reimbursement policies affecting physicians starting January 1, 2015. A number of changes from the proposed rule were finalized, including assessing coverage for chronic care management, changes to the open payments program, and changes to the Medicare Shared Savings Program and Value Based Modifier and Physician Feedback Program.
  - ACP’s Summary of the Major Issues Included in the Final Rule
  - ACP Comment Letter to CMS on the 2015 Medicare Physician Fee Schedule Final Rule

- New ACP Chronic Care Management Toolkit Available
  ACP has developed a new resource which will help practices implement the requirements necessary to bill for Medicare’s new Chronic Care Management service. Access the tool kit here.

2015: Ongoing Items

Check the items below for guidance on what you should be working on, collecting, and thinking about right now.

- **TCM Code** New CPT Codes for Transition Care
  - Medicare will pay for new transitional care management (TCM) codes that allow for reimbursement of the non-face-to-face care provided when patients transition from an inpatient setting back into the community.
  - These CPT codes (99495 and 99496) will be used to bundle payment for many of the non-face-to-face services that up until now were not reimbursed.
  - These codes are reported for 30-day periods, beginning with the patient’s inpatient facility discharge date.
### The Physician & Practice Timeline

**Filter by Program**
- **2014: Quarter 1:** January 1 to March 31
- **2014: Quarter 2:** April 1 to June 30
- **2014: Quarter 3:** July 1 to September 30
- **2014: Quarter 4:** October 1 to December 31
- **2015: Quarter 1: Current** January 1 to March 31

**VBP Participation in the 2015 Physician Quality Reporting System (PQRS)**

*During calendar year 2015, large practice eligible professionals (EPs) should participate in the Physician Quality Reporting System (PQRS). Group practices of 10 or more EPs that do not satisfactorily report PQRS data for 2015 are subject to a -4.0 percent adjustment in 2017 under the VBP modifier program. Solo and groups of 2-9 EPs must participate in PQRS in 2015 to avoid the -2.0 percent adjustment under the VBP program in 2017. These penalties are in addition to payment adjustments from the PQRS program and EHR meaningful use requirements. Successful PQRS reporters may qualify for upward, neutral, or downward adjustments under the VBP modifier program based on quality tiering and dependent on the size of the practice.*

**New CPT Codes for Transition Care (Begins)**

*Medicare will pay for new transitional care management (TCM) codes that allow for reimbursement of the non-face-to-face care provided when patients transition from an inpatient setting back into the community.*

*CPT codes (99493 and 99496) will be used to bundle payment for many of the non-face-to-face services that up until now were not reimbursed.*

*Those codes are reported for 30-day periods, beginning with the patient’s inpatient facility discharge date.*

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**Can click here to filter by each program**

**Can click on each badge for more information**
DON’T MISS IMPORTANT REGULATORY DEADLINES!

Sign up for ACP Text Alerts* today:
Simply text acptimeline (one word, not case sensitive) to 313131

A new service from ACP Physician & Practice Timeline - these triggered text alerts are aimed at keeping you on top of upcoming deadlines and details related to regulatory, payment, educational and delivery system requirements and how they affect your practice.

Be sure you are aware of new information and critical dates for:
- Physician Quality Reporting Program
- Medicare and Medicaid EHR Incentive Programs (Meaningful Use)
- Medicare Value-based payment program
- ICD-10
- Transitional Care Management
- Physician Payment Sunshine Act
- New chronic care management codes

Learn more about the Timeline and sign up for crucial text alerts now!
Annals of Internal Medicine

ACP’s world class peer-reviewed medical journal; current, evidence-based science at your fingertips

- **New!** Interactive Virtual Patient cases test the physician's decision-making skills through examination, diagnosis, and treatment of a virtual patient. Learners can earn CME credits and MOC.

- Laugh while you learn with *Annals* Consult Guys Videos, a series of educational videos that use humor to address and solve clinical problems.

*Download the App for Annals iPad edition and take the journal wherever you go.*
MKSAP ® 16

The gold-standard of physician self-assessment for more than 45 years; discounted to ACP members

- Order the print version or MKSAP 16 Digital
- Use for Board preparation, recertification (MOC) preparation and credit, and updating medical knowledge
- Covers general internal medicine and 10 internal medicine subspecialties
- 1,200 multiple-choice questions
- Answers and critiques included
Evidence-based Clinical Guidance

ACP’s Clinical Practice Guidelines, Guidance Statements and Best Practice Advice papers are rigorously reviewed based on the best evidence prior to publication.

**Recent Clinical Practice Guidelines:**
- Diagnosis of Obstructive Sleep Apnea in Adults (August 2014)
- Screening Pelvic Examination in Adult Women (July 2014)
- Treatment for Anemia in Patients with Heart Disease (December 2013)
- Screening, Monitoring, and Treatment of Stage 1-3 Chronic Kidney Disease (October 2013)
- Management of Obstructive Sleep Apnea in Adults (September 2013)
High Value Care

Resources to help physicians provide the best patient care while reducing costs to the health care system

- Evidence-based recommendations
- High Value Care teaching curriculum
- High Value Care Coordination Toolkit
- Practice resources
- Public policy papers
- Patient education materials
- Videos about High Value Care

www.acponline.org/hvc
High Value Care Curriculum & Online Cases

For Educators, Residents, and Students
ACP’s High Value Care Curriculum, created by ACP and the Alliance for Academic Internal Medicine (AAIM), features six, one-hour interactive modules.

For Medical Students
A High Value Care Course designed specifically for students to help them evaluate the benefits, harms, and costs of tests and treatment options so they can make High Value Care a reality in clinical practice.

High Value Care Online Cases
ACP’s HVC cases offer clinicians the opportunity to earn FREE CME credits and ABIM Medical Knowledge MOC points.
Additional Clinical Resources

Monthly print publications - *ACP Internist* and *ACP Hospitalist* provide news and in-depth analysis of issues for inpatient and outpatient internists.

E-newsletters - *ACP InternistWeekly*, *ACP HospitalistWeekly*, and *ACP DiabetesMonthly*.

ACP Clinical Shorts - a series of short educational videos to help clinicians earn CME and MOC credits.
ACP JournalWise

- ACP JournalWise is a personalized, mobile-optimized updating service for clinical articles from more than 130 medical journals that is free to ACP members.

- Updated daily and available on Smartphone, tablet, or desktop, ACP JournalWise screens and provides customized alerts and summaries for articles categorized by specialty area, methods quality, and clinical importance.
ACP Immunization Resources

- ACP Immunization Guide for day-to-day practice
- Free ACP Immunization Advisor App makes it easy to find the right vaccines for patients by age or underlying circumstance based on current recommendations

www.acponline.org/immunization
Practice Resources

- **ACP Practice Advisor**: online tool designed to help practices improve patient care, organization, and workflow

- **American EHR Partners Program**: web-based resource for EHR system selection/implementation

- **Medical Laboratory Evaluation Program (MLE)**: Proficiency Testing service for those who perform diagnostic testing of blood and bodily fluids

- **PQRSwizard**: online tool designed to collect and report quality measure data to the Centers for Medicare & Medicaid Services PQRS payment program
Practice Resources (cont.)

- **Physician & Practice Timeline** - Online tool that helps physicians track deadlines for a variety of regulatory, payment, educational, and delivery system changes and requirements.

- **ACP Quality Connect** - Quality improvement resources, extending from point-of-care tools to a national QI network linked to the Physician Quality Reporting System (PQRS), that help physicians improve patient care and gain ABIM MOC practice assessment points.
Increased focus on “patient-centeredness”

- ACP’s strong support of the Patient-Centered Medical Home
- Continued work with Patient-Centered Primary Care Collaborative (PCPCC)
- Establishment of ACP’s Center for Patient Partnership in Healthcare in 2013
- Recognition of the importance of patients and families as partners in their care
Center for Patient Partnership in Healthcare

- Advisory Board including patient/consumer organizations and other healthcare stakeholders
- Strong collaborations with National Partnership for Women and Families and the Institute for Patient- and Family-Centered Care
- Development of patient education materials
- Collaborative grants relating to patient engagement in care at both micro and macro levels
- Interest in “patient-centered medical education,” e.g., use of patients as faculty
Support the Next Generation of IM

- Encourage a young person to understand the rewards of internal medicine as a career
- Convince a medical student to see the bright future of internal medicine
- Recommend general internal medicine to a resident
- Invite another internist to become an ACP member
- Suggest Fellowship to a member
Visit ACP Online

A quick and easy way to find all that you need
ACP centennial celebration at Internal Medicine 2015 meeting: Boston – April 30-May 2, 2015

http://im2015.acponline.org/