Resolution 1-S14. Devising Strategies that Increase the Representation of Private Practitioners/Self-Employed Physicians within ACP Leadership

(Sponsor: District of Columbia Chapter)

WHEREAS, the American College of Physicians is at heart a membership organization in which members elect the Governors and the Governors then participate in election of the Regents; and

WHEREAS, a strategic priority of the American College of Physicians is "to be a valued professional home for all internists throughout their careers"; and

WHEREAS, only 20% of the Board of Governors and 5% of the Board of Regents are self-employed or employed in private practice (as compared to 37% of the membership of ACP) and only 38% of the Board of Governors and 19% of the Board of Regents spend 75% or more of their professional time in direct patient care (as compared to 72% of the membership of ACP); therefore be it

RESOLVED, that the Board of Regents devises strategies which result in an increase in the number of Governors and Regents who are self-employed or employed in private practice and who spend the majority of their professional time in direct patient care.

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1 Governance Profile, June 2012, ACP Research Center, pps. 10, 13.
Resolution 2-S14. Calling upon the ABIM to Make Optional Rather than Required Any MOC Elements which Cannot be Demonstrated by High Quality Evidence-Based Research to Improve Clinical Care

(Co-Sponsors: District of Columbia and Florida Chapters)

WHEREAS, the American College of Physicians is a strong proponent of basing clinical actions on evidence-based research and, thus, would be expected to only support elements of MOC programs which are based upon high quality evidence-based research; and

WHEREAS, strategic priorities of the ACP include being a valued professional home for all internists and to support professional excellence within its membership; and

WHEREAS, some elements of the ABIM's proposed new MOC program do not appear to be proven by high level/high quality evidence-based research to definitely promote clinical care excellence, but instead appear more oriented towards influencing public perception of the care provided by internists; and

WHEREAS, working to complete MOC requirements can be onerous for busy physicians and such a burden should only be required if clearly beneficial to physicians and their patients; therefore be it

RESOLVED, that the Board of Regents requests in the strongest language possible that the ABIM make optional rather than required any elements of its MOC program that cannot be demonstrated by high quality/high level evidence-based research to actually improve clinical care excellence.

(Sponsor: Florida Chapter)

WHEREAS, the new American Board of Internal Medicine (“ABIM”) Maintenance of Certification (“MOC”) requirements do not reflect the current standard of care; and

WHEREAS, the ACP should take a leadership role in continuing education; and

WHEREAS, many organizations provide mechanisms for quality continuing medical education and certification that are not recognized by ABIM; and

WHEREAS, the ACP has many resources that can better reflect the needs of internists for continuing education; therefore be it

RESOLVED, that the Board of Regents investigates and alerts its members to alternative certification methods that more adequately reflect the current practice of medicine.
Resolution 4-S14. Requiring Education and Training in Team-based Care in Undergraduate Medical Education

(Sponsor: BOG Class of 2015)

WHEREAS, the model of healthcare delivery is increasingly moving towards team-based care; and

WHEREAS, the ACP’s position is that physician leadership is an essential component of these teams; and

WHEREAS, knowledge and skills in teamwork and leadership in healthcare will be essential for clinicians to be successful in working in and leading teams; and

WHEREAS, current undergraduate medical education and internal medicine residency training programs typically do not emphasize the concepts of teamwork and leadership; and

WHEREAS, it would be beneficial to teach leadership skills during medical school and residency as physicians will often have the role of team leader; therefore be it

RESOLVED, that the Board of Regents works with the AAMC, LCME, AACOM, and ACGME to require education and training for medical students and internal medicine residents in team-based care and leadership skills; and be it further

RESOLVED, that the Board of Regents promotes discussion among leadership of other clinical disciplines to explore the feasibility of incorporating an interdisciplinary component where students and trainees from multiple disciplines learn and interact together.
Resolution 5-S14. Seeking Collaborative Partnerships to Study the Impact of Duty Hour Limitations on Resident Performance and Patient Safety

(Sponsor: Council of Resident/Fellow Members)

WHEREAS, in 2003 the Accreditation Council for Graduate Medical Education (ACGME) adopted a national standard limiting duty hours to 80 hours per week averaged over a 4-week period\(^2\), which was updated in 2011 to include even stricter standards, including limiting intern shifts to 16 hours\(^3\); and

WHEREAS, both the Institute of Medicine and the ACGME Task Force on Quality Care and Professionalism made such recommendations without sufficient scientific evidence for setting standards to promote education and safe patient care\(^4\); and

WHEREAS, studies have noted decreased resident satisfaction with their education\(^5\), a diminished sense of clinical preparedness\(^6\), evidence that increased workload under the limits has a negative effect on patient and resident outcomes\(^7\); and

WHEREAS, additional studies have noted residents fear further reduction in resident duty-hours, believing that the patient safety culture would worsen and their own error rates would increase\(^8\); therefore be it

RESOLVED, that Board of Regents seeks collaborative partnerships with the ACGME and Residency Review Committee (RRC) to propose further study of the impact of current duty-hour limitations on resident performance and patient safety; and further be it

RESOLVED, that Board of Regents not support further proposed duty-hour limitations in the absence of supporting evidence.

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Resolution 6-S14. Supporting Changes in Graduate Medical Education Funding to Help Address Projected Physician Shortages

(Sponsor: Iowa Chapter)

WHEREAS, current estimates are that the United States will be facing a shortage of more than 90,000 physicians by 2020, of which at least 45,000 will be in primary care specialties; and

WHEREAS, to address this shortage America’s medical schools have significantly increased their enrollments; and

WHEREAS, the number of federally funded residency training positions was capped by Congress in 1997 by the Balanced Budget Act; and

WHEREAS, the 26,000 residency positions available for first year trainees will not be enough to provide training for the increased number of students graduating from medical schools by as early as 2016; and

WHEREAS, Congress must now do its part by supporting an increased number of federally funded residency training positions; therefore be it

RESOLVED, that the Board of Regents works with the Association of American Medical Colleges and other professional societies calling for expansion of federally funded residency training positions; and be it further

RESOLVED, that the Board of Regents joins the AAMC in publicly supporting current proposed legislation such as H.R. 1180 (The Resident Physician Shortage Reduction Act of 2013) and S. 3201 (Graduate Medical Education Reform Act of 2012).

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9 AAMC Center for Workforce Studies, June 2010 Analysis
10 AAMC Center for Workforce Studies, June 2010 Analysis
11 https://www.govtrack.us/congress/bills/113/hr1180/text
12 https://www.govtrack.us/congress/bills/112/s3201/text
Resolution 7-S14. Supporting Healthcare Laws that Assure Equal Treatment for All Americans

(Sponsor: Kentucky Chapter)

WHEREAS, healthcare reform in the USA continues to evolve, subject to changes made by the Administration and Congress; and

WHEREAS, our elected officials are intended to represent the American people as citizen-politicians, rather than be established as a privileged ruling class; and

WHEREAS, there have been exemptions placed in section 1312 of the Affordable Care Act that exclude Members of Congress and congressional staff from requirements of the Act, as well as examples in other bills/laws in which Senators and Congressmen exempt themselves from requirements which they place on the rest of the populace; and

WHEREAS, bills such as HR 2010 in the 113th Congress, the “Live by the Laws You Write Act13”, would amend the Patient Protection and Affordable Care Act to apply to the following persons the requirement that the only health plans that the federal government may make available to Members of Congress and congressional staff with respect to their service shall be health plans created or offered through a Health Benefit Exchange established under such Act: (1) Delegates and Resident Commissioners to Congress, (2) congressional committee staff, and (3) House and Senate leadership office staff; therefore be it

RESOLVED, that the Board of Regents supports healthcare laws that assure equal treatment and believes that no healthcare law should provide exemptions or special privileges for politicians, their family members or staff that are not available to all Americans.

Resolution 8-S14. Advocating for a Study of the Impact of Underinsurance on Access to Care

(Sponsor: New York Chapter)

WHEREAS, it is a strategic priority of the ACP to support changes in the U.S. healthcare system that lead to better care for patients, better health of the population, and lower costs; and

WHEREAS, there has been a logarithmic increase in the use of high deductible health plans (HDHPs) by U.S. employers; and

WHEREAS, one consequence of the ACA is an expected "seismic shift" in HDHP enrollment; and

WHEREAS, a likely consequence of the ACA exchanges will be the high utilization of plans with lower actuarial values; and

WHEREAS, despite out of pocket limits and subsidies this could create significant financial burdens on vulnerable populations; and

WHEREAS, high deductible health plans have been shown to decrease use of indicated preventive health services; and

WHEREAS, there have been no long term studies of outcomes related to underinsurance (defined as continuously insured but with out-of-pocket expenses > 10% of income [>5 if <200% poverty] or deductibles > 5% income)\textsuperscript{14}; therefore be it

RESOLVED, that the Board of Regents advocates for a study of the impact of underinsurance on access to care, the delivery of preventive services, and clinical outcomes.

\textsuperscript{14} Health Affairs 27, no. 4 (2008): w298-w309

(Sponsor: New York Chapter)

WHEREAS, the first goal of the College is “to establish and promote the highest clinical standards and ethical ideals”; and

WHEREAS, patient autonomy in medical decision making is a core principle in patient care; and

WHEREAS, discussions with patients about advanced directives and treatment preferences at the end of life are integral to patient care, quality and resource utilization; and

WHEREAS, such discussions are time consuming and non-reimbursed; and

WHEREAS, HR 117315, introduced in the House of Representatives in March 2013, provides for Medicaid and Medicare coverage of voluntary discussions of advance care planning; and

WHEREAS, similar legislation in the past led to inaccurate and politically motivated charges of euthanasia and “death panels”; and

WHEREAS, it is important for the College and the medical profession to frame the discussion on the issue; therefore be it

RESOLVED, that the Board of Regents supports HR 1173, The Personalize Your Care Act of 2013, and takes a leadership role to frame the discussion for its passage.

15 https://www.govtrack.us/congress/bills/113/hr1173/text

(Sponsor: Council of Resident/Fellow Members)

WHEREAS, in January 2012 the U.S. Department of Health and Human Services (HHS) published recommendations aimed at improving the lives of lesbian, gay, bisexual and transgender (LGBT) people, calling upon health profession training programs to include LGBT cultural competency curricula; and

WHEREAS, the HHS Substance Abuse and Mental Health Services Administration (SAMHSA) further committed resources to improve the capacity of practitioners in addressing behavioral health needs, and the Centers for Disease Control (CDC) has recognized the LGBT community as a vulnerable population facing health disparities; and

WHEREAS, ACP’s current policy on Racial and Ethnic Disparities on Health Care does not currently address the needs of the LGBT population, while numerous organizations including the Joint Commission, the Institute of Medicine, the American Medical Association, and the American Academy of Family Practice have established recommendations to meet the needs of this at-risk population; therefore be it

RESOLVED, that Board of Regents supports an update to the College’s current policy on healthcare disparities to include the unique needs of the Lesbian, Gay, Bisexual, and Transgender (LGBT) community; and be it further

RESOLVED, that Board of Regents identifies means of providing educational resources to College membership in order to increase the cultural competency of its physicians and optimize LGBT patient care; and further be it

RESOLVED, that Board of Regents supports future state and federal-level legislation which promotes the health of the LGBT community.

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Resolution 11-S14. Updating ACP Policy on FDA Regulation of E-Cigarettes

(Sponsor: New York Chapter)

WHEREAS, it is a strategic priority of the ACP to support changes that lead to better health of populations; and

WHEREAS, e-cigarettes introduce nicotine into the body while using a device similar to a cigarette; and

WHEREAS, many states are moving to regulate e-cigarette sale; and

WHEREAS, e-cigarettes are not subject to quality control standards, and contain other chemicals like polyethylene glycol that have undetermined health risks; and

WHEREAS, the National Association of Attorneys General drafted a letter (9/24/13) to the Commissioner of the FDA highlighting the “need for immediate regulatory oversight” of e-cigarettes\(^\text{24}\); therefore be it

RESOLVED, that the Board of Regents reviews and updates its previous policy calling for FDA regulation of e-cigarettes and submits a letter in support for the National Association of Attorneys General statement calling for immediate regulatory oversight of e-cigarettes.


(Sponsor: District of Columbia Chapter)

WHEREAS, the American College of Physicians serves as a spokesman for its membership on clinical care issues; and

WHEREAS, a strategic priority of the American College of Physicians is to support changes in the U.S. healthcare system and in the delivery of care that lead to better care for patients; and

WHEREAS, some health insurers are developing policies which arbitrarily deny coverage for certain diagnostic tests, with no mechanism for granting exceptions or appeals; and

WHEREAS, such denial of tests that are medically necessary for the diagnosis and/or treatment of a patient’s condition can make it difficult if not impossible for physicians to appropriately evaluate and treat a patient; therefore be it

RESOLVED, that the Board of Regents works with partner organizations as appropriate to aid physicians in providing necessary testing for their patients by insisting that denials of coverage for necessary testing in individuals with special circumstances are evidence-based and that there are appropriate appeal mechanisms for the granting of medically necessary exceptions; and be it further

RESOLVED, that the Board of Regents prepares and releases policy statements to government authorities and the press when there is evidence of insurers routinely engaging in egregious denial policies in the hope of encouraging such insurers to modify their practices.
Resolution 13-S14. Aiding ACP Members in Optimally Prescribing for Their Patients

(Sponsor: District of Columbia Chapter)

WHEREAS, the American College of Physicians serves as a spokesman for its membership on clinical care issues; and

WHEREAS, a strategic priority of the American College of Physicians is to support changes in the U.S. healthcare system and in the delivery of care that lead to better care for patients; and

WHEREAS, despite the well-documented pharmacogenetic heterogeneity of the population (which results in some patients being extremely sensitive to medications and other patients needing extremely large doses of medications to get full therapeutic effect), many health insurers and pharmacy benefit managers routinely deny coverage for adjusted medication prescribing based upon genetic considerations; and

WHEREAS, many insurers do not cover the cost of pharmacogenetic testing, so that determination of individual patient needs must be based on clinical grounds; therefore be it

RESOLVED, that the Board of Regents works with partner organizations as appropriate to aid ACP members in optimally prescribing for their patients by educating insurers and pharmacy benefit managers about the concept of individual pharmacogenetic variability; and be it further

RESOLVED, that the Board of Regents encourages insurers and pharmacy benefit managers to offer appropriate appeal mechanisms for restrictive formulary rules that prevent individualizing therapy for patients when required for optimal patient care.
Resolution 14-S14. Using the Beers Criteria for Drug Utilization Review (DUR) and Medication Therapy Management (MTM)

(Sponsor: Tennessee Chapter)

WHEREAS, TNACP is a state chapter of ACP; and

WHEREAS, TNACP upholds safe prescribing practices for elderly patients; and

WHEREAS, Centers for Medicaid & Medicare Services (CMS) has mandated increased review of physician prescribing practices for quality assurance; and

WHEREAS, the Beers Criteria\textsuperscript{25,26} are being utilized as a quality indicator for prescribing practices; therefore be it

RESOLVED, that the Board of Regents maintains that the Beers Criteria are intended to inform thoughtful prescribing decisions. Aggregate trending of Beers list medications may be helpful. In individual situations, however, use of Beers list medications may be clinically indicated and the prescribing physician should not be constrained. The Beers Criteria alone should never dictate prescribing, nor should they be used punitively; and be it further

RESOLVED, that the Board of Regents brings this concern to CMS for recognition that the Beers Criteria are a possible guideline for prescribing and not a regulation.

\textsuperscript{25} \url{http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf}
\textsuperscript{26} \url{http://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf}