Dr. Ende has no conflicts of interest. Dr. Ende is an officer of the American College of Physicians.
Fostering Excellence & Professionalism in Internal Medicine

Presentation for the Oklahoma ACP Chapter Meeting
October 21, 2017

Jack Ende, MD, MACP
jack.ende@uphs.upenn.edu
What was happening in 1915

- WWI
- the Ford Motor Company manufacturers its 1 millionth Model T
- Frank Sinatra is born
- Typhoid Mary quarantined for life
Founder of the ACP

- 1913 – attends Royal College of Physicians in London
- 1914 – with 6 colleagues, convenes the American Congress on Internal Medicine to “facilitate scientific intercourse among physicians interested in internal medicine”
- 1915 – incorporated as the American College of Physicians

Heinrich Stern, MD  1867-1918
### OUTLINE OF SESSION

<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
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<tbody>
<tr>
<td>9:00 A.M. to</td>
<td>Morning free. Registration,</td>
<td>1st Clinical Session</td>
<td>2nd Clinical Session</td>
<td>3rd Clinical Session</td>
<td>4th Clinical Session</td>
</tr>
<tr>
<td>12:00 M. to</td>
<td>Exhibits, etc.</td>
<td>Luncheon</td>
<td>Luncheon</td>
<td>Luncheon</td>
<td>Luncheon</td>
</tr>
<tr>
<td>12:30 M. to</td>
<td>Luncheon</td>
<td></td>
<td>Luncheon</td>
<td>Luncheon</td>
<td>Luncheon</td>
</tr>
<tr>
<td>2:00 P. M.</td>
<td>1st General Session</td>
<td>3rd General Session</td>
<td>5th General Session</td>
<td>Annual Business Meeting</td>
<td>7th General Session</td>
</tr>
<tr>
<td>5:30 P. M.</td>
<td>Dinner</td>
<td></td>
<td>Dinner</td>
<td></td>
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<tr>
<td>8:00 P. M.</td>
<td>2nd General Session, including</td>
<td>4th General Session</td>
<td>Convocation, Presentation of</td>
<td>ANNUAL BANQUET</td>
<td></td>
</tr>
<tr>
<td>to 10:30 P. M.</td>
<td>Phillips Memorial Oration</td>
<td></td>
<td>Phillips Memorial Prize, President's</td>
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<tr>
<td></td>
<td>followed by Snoker</td>
<td></td>
<td>Reception</td>
<td></td>
<td></td>
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### APPROXIMATE TAXICAB RATES FROM THE WINDSOR HOTEL

- Children’s Memorial Hospital: 10 min. - $0.50
- Royal Victoria Hospital: 10 min. - $0.50
- McGill University: 5 min. - $0.50
- Pathological Institute: 10 min. - $0.50
- Hotel Dieu Hospital: 10 min. - $0.50
- Ste. Justine Hospital: 20 min. - $0.50
- Notre Dame Hospital: 15 min. - $0.55
- General Hospital: 10 min. - $0.55

### DIRECTION MAP FROM MONTREAL HEADQUARTERS
THE AMERICAN COLLEGE OF PHYSICIANS

MEMBERS OF THE BOARD OF GOVERNORS

TERM EXPIRING 1932
Oliver C. Nelson .......... Arkansas—Little Rock
Hans Linser .......... (Northern) California—San Francisco
Tom Bentley Thrudholm ........ Iowa—Des Moines
Randolph Lyons .......... Louisiana—New Orleans
James D. Bruce .......... Michigan—Ann Arbor
Edward L. Tuohy .......... Minnesota—Duluth
A. Cameron Griffith .......... Missouri—Kansas City
Edward O. Otis .......... New Hampshire—Exeter
W. Blair Stewart (Chairman), New Jersey—Atlantic City
Charles Hartwell Cooke .......... North Carolina—Asheville
Julius O. Arison .......... North Dakota—Bismarck
Frederic J. Parrell .......... Rhode Island—Providence
Robert Wilson, Jr .......... South Carolina—Charleston
Clarence H. Becher .......... Vermont—Burlington
J. Morrison Hutcherson .......... Virginia—Richmond
Frederick Eppley .......... Washington—Seattle
John N. Simpson .......... West Virginia—Morgantown
D. Schaefer Lewis .......... Quebec—Montreal, Canada

TERM EXPIRING 1934
Fred Wilkerson .......... Alabama—Montgomery
W. Warner Watkins .......... Arizona—Phoenix
Lewis B. Flinn .......... Delaware—Wilmington
Turner Zeigler Carson .......... Florida—Jacksonville
Russell H. Oppenheimer .......... Georgia—Atlanta
James G. Carr .......... (Northern) Illinois—Chicago
Ernest B. Bradley (Vice-Chairman), Kentucky—Lexington
Edwin W. Gehring .......... Maine—Portland
Henry M. Thomas, Jr .......... Maryland—Baltimore
G. W. F. Rembert .......... Mississippi—Jackson
Louis H. Fargn .......... Montana—Helena
LeRoy S. Peters .......... New Mexico—Albuquerque
Laurel E. Warren .......... (Eastern) New York—Brooklyn
A. B. Brower .......... Ohio—Dayton
T. Homer Coffen .......... Oregon—Portland
Charles T. Bone .......... Texas—Galveston
Rock Sleyster .......... Wisconsin—Wauwatosa
Fred Todd Culham .......... Manitoba—Winnipeg, Canada

TERM EXPIRING 1935
Eugene L. Crispin, (Southern) California—Los Angeles
Gerald B. Webb .......... Colorado—Colorado Springs
Henry F. Stoll .......... Connecticut—Hartford
Ernest E. Laubach .......... Idaho—Boise
Samuel E. Munson .......... (Southern) Illinois—Springfield
Robert M. Moore .......... Indiana—Indianapolis
Thomas Tallman Holt .......... Kansas—Wichita
Roger L. Lee .......... Massachusetts—Boston
Adolph Zunkel .......... New Mexico—Santa Fe
Charles A. Jones .......... (Western) New York—Buffalo
Leonard A. Riesz .......... Oklahoma—Oklahoma City
Herbert J. C. Beardsley .......... Pennsylvania—Philadelphia
E. Bosworth McCready .......... Pennsylvania—Pittsburgh
John O. Martin .......... Tennessee—Nashville
D. Gill Richards .......... Utah—Salt Lake City
James Elliott .......... Ontario—Toronto, Canada
William J. James .......... Panama and the Canal Zone
Em Stoffler
Robert U. Patterson .......... United States Army
Charles Edward Riggs .......... United States Navy
Hugh Cumming .......... United States Public Health Service

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PRINTED IN U. S. A.
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<th>Governor</th>
<th>City</th>
<th>Terms</th>
<th>Chair</th>
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<tr>
<td>1927-46</td>
<td>Leander A. Riely, Oklahoma City</td>
<td>Oklahoma City</td>
<td>1987-91</td>
<td>F. Daniel Duffy, Tulsa (Chair, 1991-92)</td>
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<tr>
<td>1946-55</td>
<td>Wann Langston, Oklahoma City</td>
<td>Oklahoma City</td>
<td>1991-95</td>
<td>John M. Kalbfleisch, Tulsa</td>
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<td>1955-64</td>
<td>Bert F. Keltz, Oklahoma City</td>
<td>Oklahoma City</td>
<td>1995-99</td>
<td>M. Dewayne Andrews, Oklahoma City</td>
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<td>1964-70</td>
<td>William W. Rucks, Oklahoma City</td>
<td>Oklahoma City</td>
<td>1999-03</td>
<td>Eldon V. Gibson, Shawnee</td>
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<td>1970-74</td>
<td>Robert M. Bird, Oklahoma City</td>
<td>Oklahoma City</td>
<td>2003-07</td>
<td>Michael A. Weisz, Tulsa</td>
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<td>1974-79</td>
<td>Ceylon S. Lewis, Jr., Tulsa</td>
<td>Tulsa (Chair, 1978-79)</td>
<td>2007-11</td>
<td>S.A. Dean Drooby, Oklahoma City</td>
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<td>1979-83</td>
<td>Soloman Papper, Oklahoma City</td>
<td>Oklahoma City</td>
<td>2011-15</td>
<td>James H. Baker, Tulsa</td>
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<tr>
<td>1983-87</td>
<td>William L. Hughes, Oklahoma City</td>
<td>Oklahoma City</td>
<td>2015-19</td>
<td>Michael S. Bronze, Oklahoma City</td>
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</tbody>
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Caring for patients in the office
In the hospital and ICU
Provide counseling, screening and prevention
Dealing with complex diagnostic problems
Humanists
Scientists
Caring practitioners
Head Chef
Quarterback
Advocates
Scientists
ACP Headquarters

- Largest single-specialty medical society
- 152,000 members; 10% international
- 86 chapters
ACP’s Mission & Goals

**Mission:** To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

**Goals:**

- To establish and promote the highest clinical standards and ethical ideals
- To be the foremost comprehensive education and information resource for all internists
- To advocate responsible positions on individual health and public policy relating to health care for the benefit of the public, our patients, the medical profession and our members
- To serve the professional needs of the membership, support healthy lives for physicians and advance internal medicine as a career
- To promote and conduct research to enhance the quality of practice, the continuing education of internists and the attractiveness of internal medicine to physicians and the public
- To recognize excellence and distinguished contributions to internal medicine
- To unify the many voices of internal medicine and its subspecialties for the benefit of our patients, our members and our profession
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- To unify the many voices of internal medicine and its subspecialties for the benefit of our patients, our members and our profession
Highest Clinical Standards

Clinical Guidelines

Pharmacologic Treatment of Low Bone Density or Osteoporosis to Prevent Fractures: A Clinical Practice Guideline from the American College of Physicians

Anita Glueck, MD, MPH, David Reiner, MD, FACC, Venuvasu Suresh, MD, Paul Shaffer, MD, MPH, Robert Hopkins Jr, MD, Mary Ann Fonseca, MD, and Douglas K. Owens, MD, FACP, for the Clinical Efficacy Assessment Subcommittee of the American College of Physicians*.

Description: The American College of Physicians (ACP) developed this guideline to present the available evidence on various pharmacologic treatments to prevent fractures in men and women with low bone mass or osteoporosis.

Methods: Published literature on the topic was identified by using PubMed (1966 to December 2006), the ACP Journal Club database, the Cochrane Central Register of Controlled Trials (data up to October 2006), and the Database of Systematic Reviews (data limited to the United Kingdom National Institute for Health and Clinical Excellence (data limits) and the United Kingdom Health Technology Assessment Program (January 1996 to December 2006). Searches were limited to English-language publications and human studies. Keywords for search included terms for osteoporosis, osteopenia, bone mass density, and the drugs listed in the key questions. This guideline guides the evidence and recommendations according to the ACP’s clinical practice guidelines grading system.

Recommendation 1: ACP recommends that clinicians offer pharmacologic treatment to men and women who have severe osteoporosis (T score of ≤ −2.5) and have experienced a clinical fracture (Grade 1A recommendation, high-quality evidence).

Recommendation 2: ACP recommends that clinicians consider pharmacologic treatment for osteoporosis in men and women who are at risk for developing osteoporosis (Grade 1B recommendation, moderate-quality evidence).

Recommendation 3: ACP recommends that clinicians choose among pharmacologic treatment options for osteoporosis in men and women on the basis of an assessment of risk and benefit in individual patients (Grade 1B recommendation, moderate-quality evidence).

Recommendation 4: ACP recommends further research to evaluate treatment of osteoporosis in men and women.

See also: Print Summary for Patients 1–6
Web-Only CME quiz

Content of graphics is below.

* The complete reference is available in the February 2008 issue of the Annals of Internal Medicine.
How Guidelines Are Made

1. Topic selection, develop key questions
2. Nominate to AHRQ/In-house evidence review
3. AHRQ commissions EPC
4. EPC/ACP completes systematic literature review
5. EPC authors develop background paper
6. CGC develops guideline, grades evidence and recommendations
7. CGC approval
8. BOR approval (guideline only)
9. Submission to Annals, peer review
10. Revisions
11. Publication

Foremost Comprehensive Resource for Education and Information
Improving Lives of Internists

- Wellness Task Force
- Patients Before Paperwork
Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians

The American College of Physicians (ACP) has long identified reducing administrative tasks as an important objective. Maintaining significant policy and participating in many efforts with this goal in mind, including developing the “Patients Before Paperwork” initiative in 2015. The growing number of administrative tasks imposed on physicians, their practices, and their patients adds unnecessary costs to the U.S. health care system. Individual physician practices, and the patients themselves. Excessive administrative tasks also divert time and focus from more clinically important activities of physicians and their staffs, such as providing actual care to patients and improving quality, and may prevent patients from receiving timely and appropriate care or treatment. In addition, administrative tasks are keeping physicians from entering or remaining in primary care and may cause them to decline participation in certain insurance plans because of the excessive requirements. The increase in these tasks also has been linked to greater stress and burnout among physicians.

Moreover, defining administrative tasks in health care (also colloquially called hassles or burdens) is nearly as challenging as the tasks themselves. Tasks that last more than a month without notice, may appear one month without notice, then reappear modified or changed the next; and often result from not using documentation that already exists in the medical record. Equally if not more challenging is to identify the best means to address these tasks to mitigate or eliminate their adverse effects on physicians, their patients, and the system as a whole.

However, taking an analytic approach to defining and mitigating administrative tasks is critical to addressing them in a more comprehensive, cross-cutting, and holistic manner, rather than fixing one problematic task only to have another arise in its place. The ACP developed a framework (Figure 1) and taxonomy (Figure 2) for evaluating the sources, extent, effect, and consequences of existing and new administrative tasks. It proposes recommendations to reduce excessive administrative tasks in health care.

This executive summary provides a synopsis of the full position paper (Appendix, available at Annals.org).

METHODS

The ACP’s Medical Practice and Quality Committee developed these positions and recommendations. The committee is charged with addressing national, state, or local policies on improving access, payment, coverage, coding, documentation, and medical review, as well as developing programs to support the quality, safety, and affordability of patient care. To better understand
Improving Lives of Internists

Building Your Resilient Self®
Recognize Excellence and Distinguished Contributions to Internal Medicine

- **ACP Fellowship**
  Fellowship in the College is an honor. Being an FACP is a distinction earned from colleagues who recognize your accomplishments and achievements in the practice of internal medicine.

- **Mastership**
  Masters must be highly accomplished persons demonstrating eminence in practice, teaching, leadership, or in medical research.

- **Awards**
  - clinical achievement
  - education & teaching
  - science & research
  - voluntarism
  - recognition of women in medicine
Advocate on Behalf of Members, the Profession and Our Patients

- Federal and state levels
- Position papers
- Regulatory and payment issues
- Support for IM practice and training
- Public policy and lobbying
What We Do – Summary, so far

- Seek to establish and promote the highest clinical standards
- Work to be the foremost comprehensive education and information resource for all internists
- Serve the professional needs of the membership and advance internal medicine as a career
- Recognize excellence and achievement
- Advocacy on several levels
- And what else?
What Else?

- MOC
- Professional identity
- Public policy
- Ethics positions
Join the diverse community of internists united by a commitment to excellence.

The American College of Physicians (ACP) is an international organization of internal medicine specialists and subspecialists. Its membership of 148,000 includes internists, subspecialists, residents, fellows, and medical students.

KEY BENEFITS

- Subscription to ACP’s prestigious peer-reviewed journal, *Annals of Internal Medicine*
- Access to free evidence-based clinical guidelines, policies and recommendations
- Discounts on CME, meetings, courses, and products, including MKSAP
- Free access to the most current, evidence-based clinical decision support tool, *DynaMed Plus*
- State and national advocacy to ensure the voice of internal medicine is heard
- Practice management resources and tools

Join ACP

Learn more about each type of membership.

Select your member type
On behalf of the American College of Physicians,

Thank you!