As we enter a new year, I wanted to make sure our membership was aware of a major policy initiative of the ACP regarding health care. Many of you have heard about this already.

ACP has released a comprehensive series of policy papers that outline ACP’s vision of a better health care system for all, published as a supplement in *Annals of Internal Medicine.* “Better is Possible: The American College of Physicians Vision for the U.S. Health Care System” issues a bold call to action, challenging the U.S. to implement systematic reform of the health care system, and provides an ambitious new vision for better health care for all and expansive policy recommendations for how to achieve it.

ACP’s “Envisioning a Better Health Care System for All” series of policy papers addresses issues related to **coverage and cost of care, health care delivery and payment system reform**, and **reducing barriers to care and social determinants of health**. They offer specific recommendations supported by evidence about ways the U.S. can change the status quo and improve the health care system for all.
Governor’s Column (continued)

ACP developed the papers based on examination and analysis of the strengths and weaknesses of the current U.S. health care system and ACP’s analysis of the major problems with American health care. Using the best available data and evidence and a comprehensive review of the literature and recommendations as their foundation, potential solutions outlined in the papers build on ACP’s day-to-day advocacy to support the daily practice and well-being of its members and health of patients.

I am available if you have questions about the policy or its development. I welcome your thoughts on this bold initiative from our College.

Save the Date: 2020 Fall Scientific Session

Please mark your calendar for the 2020 Fall Scientific Session, being held October 16th through October 17th at the Schusterman Center at OU-Tulsa in Tulsa, Oklahoma. Every year, new and seasoned physicians meet at the Fall Scientific Session to recharge, rewind, reflect, and reconnect with their peers, chapter leaders, and great speakers. In addition to earning CME credits, the conference is about making personal connections and getting involved in your chapter. We hope you will join us! More details to come in the next newsletter.
The 2020 Internal Medicine Meeting is quickly approaching. You will not want to miss it! IM 2020 is the most comprehensive conference in Internal Medicine, offering over 200 high-quality scientific sessions presented by the best national lecturers on a wide variety of clinical and practice management topics. Additionally, IM 2020 offers you interactive and hands-on sessions at the Waxman Clinical Skills Center where you can improve your physical examination skills, learn office-based procedures, explore the latest medical software, and much more. All of this, while earning CME Credit and MOC Points!

This year, we are heading to Los Angeles! Come explore the City of Angels! Look through the Zeiss Telescope at the Griffith Observatory, relax in the sand on Venice Beach, take a picture in front of the iconic Hollywood Sign, visit the amusement park on the Santa Monica Pier, or shop on Rodeo Drive. Los Angeles has something for everyone!

PLAN NOW on attending this year’s ACP Internal Medicine 2020 Meeting in Los Angeles from April 23rd through April 25th at the Los Angeles Convention Center. Our Oklahoma Chapter has planned another special cruise for this year’s chapter reception. Register online here.

Los Angeles, April 23rd - 25th
REGISTER HERE FOR IM 2020

ACP Discounted Travel & Housing
Hotel Discounts
Airline & Rental Car Discounts
The Oklahoma Chapter is well-known for planning fun and unique chapter receptions during the annual Internal Medicine Meeting. We’ve taken steamboats, cruises, and yachts, through the San Francisco Bay (2013), Boston Harbor (2015), San Diego Bay (2017), Mississippi River (2018), and the Delaware River (2019). We are thrilled to say we have done it once again for 2020!

We are cruising again! We invite you to join us as we cruise the Pacific Coast along Venice Beach on a private chartered yacht exclusively for Oklahoma Chapter members and guests. RSVP now for your spot at this year’s Oklahoma Chapter Reception in Los Angeles during Internal Medicine 2020! We will cruise on the Zumbrota Yacht from Marina Del Ray and enjoy a fabulous dinner! We have arranged a cost for you as an Oklahoma Chapter ACP Member and your guest at $100 per person ($150 value) which includes taxes, fees, and gratuity). You will want to make your reservation as soon as possible! You will not want to miss this year’s reception!

Our cruise sets sail on Friday, April 24th, from 7:15 PM through 9:30 PM. You will board at 7 PM at Fisherman’s Village Marina, 13755 Fiji Way (a 30-minute drive from the LA Convention Center).

The Chapter Dinner Cruise Reception will include the following:
- Two-Hour Private Cruise.
- Dinner with Cash Bar.
- Socializing with OK Chapter Members.

You must RSVP by April 15th with payment by check received by April 15th.

To RSVP, contact Kathy Musson by phone (405-850-8334) or e-mail (kmussonokc@gmail.com). Payment by check should be mailed to: OK-ACP, 6704 Eastwood Circle, Oklahoma City, OK 73132.
Envisioning a Better U.S. Health Care System for All: A Call to Action by the American College of Physicians

Robert Doherty, BA; Thomas G. Cooney, MD; Ryan D. Mire, MD; Lee S. Engel, MD; and Jason M. Goldman, MD; for the Health and Public Policy Committee and Medical Practice and Quality Committee of the American College of Physicians*

What would a better health care system for all Americans be like?
This is the question that the American College of Physicians (ACP) has been asking of its members since July 2018, when the ACP Board of Regents asked ACP’s Health and Public Policy Committee and Medical Practice and Quality Committee to “develop a new vision for the future of health care policy,” to examine ways to achieve universal coverage with improved access to care, reduce per capita health care costs and the rate of growth in spending, reform clinician compensation, and reduce the complexity of our health care system.

To develop this vision and recommend ways to realize it, ACP considered evidence on the effectiveness of health care in the United States and other countries; solicited input from U.S.-based members and ACP’s policy committees; adopted draft recommendations for review by ACP’s regents, governors, committees, and council members; finalized recommendations in response to this feedback; and submitted the recommendations for approval by the ACP Board of Regents. On 2 November 2019, the Board of Regents approved this call to action and 3 companion papers on coverage (1), health care delivery and payment system reforms (2), and reducing barriers to care and addressing social determinants of health (3).

**WHY DOES THE UNITED STATES NEED A BETTER HEALTH CARE SYSTEM?**

In developing its new vision for health care, ACP focused on 4 questions:

1. Why do so many Americans lack coverage for the care they need?
2. Why is U.S. health care so expensive and therefore unaffordable for many?
3. What barriers to health care, in addition to coverage and cost, do patients face?
4. How do delivery and physician payment systems affect costs, access, quality, and equity?

As detailed in the accompanying position papers, there is a clear case that the U.S. health care system requires systematic reform. Too many Americans lack health care coverage. Despite historic gains in coverage with the Affordable Care Act, the United States is the only high-income industrialized nation without universal health coverage (4). Affordability is among the most commonly cited reasons for remaining uninsured (5, 6). The United States spends far more per capita on health care than other wealthy countries do, with nearly 17% of the nation’s gross domestic product in 2016 directed to health care (7). Drivers of higher spending include higher prices for health care services, devices, and medications in the United States than in other wealthy countries (8). In addition, administrative costs account for 25% of total U.S. hospital spending (9). Complex medical billing, documentation, and performance reporting requirements for value-based payment initiatives have made the U.S. health care system one of the most administratively burdensome in the world. This burden takes time away from direct patient care, generates billions of dollars of unnecessary administrative costs, and contributes to unprecedented levels of burnout among physicians and other clinicians.

Despite high health expenditure, U.S. spending and prices generally do not correlate with better health outcomes. The United States consistently ranks last or near-last in access, administrative efficiency, equity, and health care outcomes (10). Mortality rates are higher in the United States than in comparable countries for most leading causes of death, although the United States does better than its peer countries on deaths from cancer (11). Life expectancy has been decreasing in the United States since 2014 (12). Environmental health hazards, poor nutrition, tobacco use, substance use disorders, prescription drug misuse, suicide, injuries and deaths from firearms, and maternal mortality are reversing progress made over generations of increasing life expectancy. Contributing to suboptimal health outcomes are the many systematic barriers to care that Americans face, including discrimination because of personal characteristics, such as race, ethnicity, religion, language, sex and sexual orientation, gender and gender identity, and country of origin.

Underinvestment in primary care in the United States also contributes to suboptimal outcomes. Evidence shows that greater use of primary care is associated with decreased health expenditures, higher patient satisfaction, fewer hospitalizations and emergency department visits, and lower mortality. A Primary Care...
Collaborative review found that primary care investment is associated with a decrease in ambulatory-sensitive hospitalization and emergency department visits, yet the national average for primary care investment is approximately 5% to 10% of total health care spending, depending on how primary care is defined; it also varies substantially across states. The United States spends much less on primary care than other peer countries. Organisation for Economic Co-operation and Development countries spend an average of 14% on primary care (13). Despite the value that internal medicine specialists and other primary care physicians bring to the health system, the current U.S health care system undervalues primary care and cognitive services (14, 15).

Much of the high spending and uneven health outcomes in the United States have been attributed to a fee-for-service payment system (16). Policymakers have sought to move toward value-based payment, but there is little agreement on how best to measure value across health care settings and patients with diverse medical and socioeconomic conditions and preferences. The clinical accuracy, ability of clinicians to act on measures of their performance, and usefulness of quality criteria across programs and payers have come under scrutiny.

Finally, health information technology (IT) holds promise to facilitate improvements in care, reduce administrative burdens of practice, and help both physicians and patients communicate and navigate the complexities of the health care system. However, ample evidence shows that health IT is not reaching these goals, but rather adding administrative burden to clinical practice (17, 18).

In summary, U.S. health care costs too much; leaves too many behind without affordable coverage; creates incentives that are misaligned with patients’ interests; undervalues primary care and public health; spends too much on administration at the expense of patient care; fails to invest and support public health approaches to reduce preventable injuries, deaths, diseases, and suffering; and fosters barriers to care for and discrimination against vulnerable individuals.

The ACP’s Vision of a Better Health Care System for All

The ACP believes the United States can, and must, do better and offers the following 10 vision statements for a better health care system for all.

1. The American College of Physicians envisions a health care system where everyone has coverage for and access to the care they need, at a cost they and the country can afford.

2. The American College of Physicians envisions a health system that ameliorates social factors that contribute to poor and inequitable health (social determinants); overcomes barriers to care for vulnerable and underserved populations; and ensures that no person is discriminated against based on characteristics of personal identity, including but not limited to race, ethnic-

3. The American College of Physicians envisions a health care system where payment and delivery systems put the interests of patients first, by supporting physicians and their care teams in delivering high-value and patient-centered care.

4. The American College of Physicians envisions a health care system where spending is redirected from unnecessary administrative costs to funding health care coverage and research, public health, and interventions to address social determinants of health.

5. The American College of Physicians envisions a health care system where clinicians and hospitals deliver high-value and evidence-based care within available resources, as determined through a process that prioritizes and allocates funding and resources with the engagement of the public and physicians.

6. The American College of Physicians envisions a health care system where primary care is supported with a greater investment of resources; where payment levels between complex cognitive care and procedural care are equitable; and where payment systems support the value that internal medicine specialists offer to patients in the diagnosis, treatment, and management of team-based care, from preventive health to complex illness.

7. The American College of Physicians envisions a health care system where financial incentives are aligned to achieve better patient outcomes, lower costs, and reduce inequities in health care.

8. The American College of Physicians envisions a health care system where patients and physicians are freed of inefficient administrative and billing tasks, documentation requirements are simplified, payments and charges are more transparent and predictable, and delivery systems are redesigned to make it easier for patients to navigate and receive needed care conveniently and effectively.

9. The American College of Physicians envisions a health care system where value-based payment programs incentivize collaboration among clinical care team–based members and use only appropriately attributed, evidence-based, and patient-centered measures.

10. The American College of Physicians envisions a health care system where health information technologies enhance the patient-physician relationship, facilitate communication across the care continuum, and support improvements in patient care.

The accompanying policy papers (1–3) offer specific recommendations, supporting rationales, and evidence on ways the United States can move to achieve ACP’s vision.

In “Envisioning a Better Health Care System for All: Coverage and Cost of Care” (1), ACP recommends transitioning to a system of universal coverage through either a single payer system, or a public choice to be offered along with regulated private insurance. Although each approach has advantages and disadvantages, either can achieve ACP’s vision of a health care system where everyone has coverage for and access to
the care they need, at a cost they and the country can afford. The evidence suggests that publicly financed and administered plans have the potential to reduce administrative spending and associated burdens on patients and clinicians compared with private insurers. Other approaches were considered by ACP, including market-based approaches, yet ACP found they would fall short of achieving our vision of affordable coverage and access to care for all. The ACP asserts that under a single payer or public option model, payments to physicians and other health professionals, hospitals, and others delivering health care services must be sufficient to ensure access and not perpetuate existing inequities, including the undervaluation of primary and cognitive care.

The ACP proposes that costs be controlled by lowering excessive prices, increasing adoption of global budgets and all-payer rate setting, prioritizing spending and resources, increasing investment in primary care, reducing administrative costs, promoting high-value care, and incorporating comparative effectiveness and cost into clinical guidelines and coverage decisions.

In “Envisioning a Better Health Care System for All: Health Care Delivery and Payment Systems” (2), ACP calls for increasing payments for primary and cognitive care services, redefining the role of performance measures to focus on value to patients, eliminating “check-the-box” reporting of measures, and aligning payment incentives with better outcomes and lower costs. The position paper calls for eliminating unnecessary or inefficient administrative requirements, and redesigning health information technology to better meet the needs of clinicians and patients. The ACP concludes there is no one-size-fits-all approach to reforming delivery and payment systems, and a variety of innovative payment and delivery models should be considered, evaluated, and expanded.

In “Envisioning a Better Health Care System for All: Reducing Barriers to Care and Addressing Social Determinants of Health” (3), ACP calls for ending discrimination and disparities in access and care based on personal characteristics; correcting workforce shortages, including the undersupply of primary care physicians; and understanding and ameliorating social determinants of health. This position paper calls for increased efforts to address urgent public health threats, including injuries and deaths from firearms; environmental hazards; climate change; maternal mortality; substance use disorders; and the health risks associated with nicotine, tobacco use, and electronic nicotine delivery systems.

These are just a partial summary of the recommendations in the 3 position papers; considered together, they offer a comprehensive and interconnected set of policies to guide the way to a better a health care system for all. We urge readers of this call to action to review the 3 papers for a complete understanding of ACP’s recommendations and the evidence in support of them.

WHERE DO WE GO FROM HERE?

The ACP believes that our recommendations, if adopted, would address many shortcomings in U.S. health care, but acknowledges that the recommendations do not address every area of needed improvement. In some cases, more research is needed for effective policy development. Because both are needed, the recommendations aim to balance the imperative for transformational changes with improvements in the current system.

The ACP is committed to ensuring that the patient’s voice is paramount in creating a health care system that better meets their needs. The ACP also believes that physicians are uniquely trusted and qualified to offer solutions to the problems in U.S. health care.

We hope that those who challenge ACP’s recommendations will offer their own thoughtful alternative solutions rather than just opposing ours.

The ACP rejects the view that the status quo is acceptable, or that it is too politically difficult to achieve needed change. Dr. Atul Gawande wrote, “Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try” (19). By articulating a new vision for health care, ACP is showing a willingness to try to achieve a better U.S. health care system for all. We urge others to join us.

From American College of Physicians, Washington, DC (R.D.); Oregon Health & Science University and Portland Veterans Affairs Medical Center, Portland, Oregon (T.G.C.); Heritage Medical Associates, Nashville, Tennessee (R.D.M.); Louisiana State University Health Sciences Center, New Orleans, Louisiana (L.S.E.); and Private Practice, Coral Springs, Florida (J.M.G.).

Acknowledgment: The authors thank Sue S. Bornstein, MD, and Jacqueline W. Fincher, MD, for their contributions as the chairs of ACP’s Health and Public Policy Committee and Medical Practice and Quality Committee, respectively, when the Board of Regents in July 2018 asked the committees to develop a new vision for the future of health care policy. They provided initial direction and guidance that led to the vision statements and policies that are in this call to action and the accompanying position papers.

Financial Support: Financial support for the development of this position paper came exclusively from the ACP operating budget.

Disclosures: None. Forms can be viewed at www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M19-2411.

Corresponding Author: Robert Doherty, BA, American College of Physicians, 25 Massachusetts Avenue NW, Suite 700, Washington, DC 20001; e-mail, rdoherty@acponline.org. Current author addresses and author contributions are available at Annals.org.

New ACP Members and Fellows

Please help us in welcoming our **Newest ACP Members and Affiliates** to the Oklahoma Chapter.

### New ACP Members and Affiliates

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<td>Abed Madanieh, MD</td>
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<td>Lyndsey J Jones, MD</td>
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<td>Ali Moussa, MD</td>
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<td>Marcus A Toschi, MD</td>
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<td>Amy J Wilson, DO</td>
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<td>Maria Sandra L. Escandor, DO</td>
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<td>Andy V Nguyen, DO</td>
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<td>Ash Bhakta</td>
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<td>Hamid Reza Sima, MD</td>
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<td>Huzaifa Jaliawala, MD</td>
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<td>Robert H Scofield, MD</td>
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<td>Jared K Pembrook, MD</td>
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<td>Sanjana Mullangi, MD</td>
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<td>Jessamyn S Carter, MD</td>
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**ACP Fellowship** is an honor achieved by those recognized by their peers for personal integrity, superior competence in internal medicine, professional accomplishment, and demonstrated scholarship. The Oklahoma Chapter recognizes and congratulates the following physicians who were elected to Fellowship in the College.

### New ACP Fellows (FACP)

- Audrey J. Corbett, MD, FACP  
  Tulsa
- Luz Tono, AHP, MD, FACP      
  Edmond

Please help us congratulate these newest Fellows to the Chapter!

If you are a long time member of ACP, we hope that you will strive to professionally move toward Fellowship. For some, this will require work. It may require your involvement with the college and/or the local chapter. Have you been to the national or state meeting? For those already active in the college, you need to apply now. You have done the work and it is time to be recognized. FACP is a standard of professional excellence that your peers recognize.
Leadership Day 2020

We have great news for members who are interested in public policy and advocacy! The 28th annual “Leadership Day” on Capitol Hill will be held May 12-13, 2020, at the Mandarin Oriental Hotel in Washington, D.C. In addition to having an opportunity to meet with your legislators and staff in Washington, D.C., you would be provided with in-depth briefings from White House officials, Capitol Hill staffers, and members of Congress; all of whom are among the top health care decision makers. ACP will also prepare you for your visit. Participants will receive a comprehensive orientation on ACP’s top legislative priorities. You can learn more about Leadership Day here.

If you are interested in attending Leadership Day, please contact Dr. Lyndsey Jones.

Medicine Day 2020

Medicine Day 2020 will be held on Wednesday, March 25th. The OSMA will organize an afternoon event at the State Capitol followed by a Legislative Reception at the Oklahoma State Medical Association in Oklahoma City. Medicine Day is an annual legislative reception where attendees have the opportunity to talk with state lawmakers. Your ACP Chapter’s Advocacy Chair, Dr. Lyndsey Jones, plans to attend the event and hopes to see you there! It is a great opportunity for you to speak with your legislators about the important issues impacting health care in Oklahoma.
The 2019 Oklahoma Chapter Fall Scientific Session was another tremendous success. We would like to thank all of our guest speakers for all of their hard work and time. Special thanks to Dr. Heather Gantzer¹, the Chair-elect of the Board of Regents, for giving our keynote address, "ACP College Update, The Medical Note in the Era of CMS Changes."

We had a variety of wonderful guest speakers from across Oklahoma delivering updates in internal medicine. Dr. Josephy Ghata² presented “Nephritis,” Dr. Stavros Stavakis³ presented "Anticytokine Therapy in Congestive Heart Failure,” Dr. Lori Whelan³ presented on "Anti-Inflammatory Diet,” Dr. Jad Kebbe⁴ presented “Noninfectious Inflammatory Lung Diseases,” Dr. Mary Beth Humphrey⁵ presented "Giant Cell Arteritis Update,” Dr. Brian Lich⁶ presented "Putting Physician Wellness into Practice,” Dr. Hussein Bitar⁷ presented "Inflammatory Bowel Disease for the General Internist,” and Dr. Anne Moreau⁸ presented "Evaluation of the Red Eye for the Internist.”

We would like to thank all of our guest speakers for all of their hard work in making this another successful session!

You can download all of the Chapter meeting presentations or watch videos of each presentation from the Fall Scientific Session.
2019 OK Chapter Fall Scientific Session

OU-Tulsa Wins Medical Jeopardy Competition

ACP Doctor's Dilemma, also known as Medical Jeopardy, is held each year at the state level during the annual Oklahoma Scientific Session and then again at an international level during the annual Internal Medicine meeting. Over 50 teams of residents from around the world will compete for the title of world champion this year in Los Angeles.

This year, your Oklahoma Chapter will once again be represented at IM 2020 by the OU-Tulsa Team. Congratulations Janitzio Guzman (PGY4), Tristan Smith (PGY3), Ryan Yarnall (PGY3), and Caleb Hurst (PGY1). We expect great things from this team as they once again compete for the coveted Osler Cup!

You can test your knowledge on your smartphone by answering the same style questions used by ACP in the national Doctor's Dilemma Competition by clicking here.
2019 OK Chapter Fall Scientific Session

Chapter Presented Chapter Excellence Silver Award

We are pleased to announce that our chapter is in recipient of the Silver Level of the 2019 Chapter Excellence Award! Only 15 chapters received the Silver Award. The award recognizes chapters that achieve excellence in chapter management. In order to achieve the Chapter Excellence Award, chapters must meet twenty-one Bronze criteria and fifteen Silver criteria. Criteria include such activities as undertaking efforts to increase advocacy efforts, collaborating with stakeholders to increase visibility of the ACP, holding competitions for members, providing chapter financial reports to members, having Medical Student and Resident/Fellow members on the Governor's Advisory council, retaining transitional and unpaid members, and giving awards to chapter members. We would like to extend a special thanks to those chapter members who assisted us in all of these endeavors!

Laureate Award: Dr. Bronze and Dr. Baker

Dr. Mike Bronze and Dr. Mary Zoe Baker were both presented the Laureate Award at the 2019 Fall Scientific Session. Congratulations to them both! The Laureate Award honors members of the College who have demonstrated by their example and conduct an abiding commitment to excellence in medical care, education, or research and in service to their community, their Chapter, and the ACP.
2019 OK Chapter Fall Scientific Session

Resident Awards for Posters and Presentations

A number of resident, medical student, and fellow awards were presented during the 2019 OK Chapter Meeting.

- For poster presentations in case vignettes, 1st place was a four-way tie going to **Dr. Bushra Akram, Dr. Tina Bui, Dr. Ahmad Hassan, and Dr. Anam Siddiqui**.
- For poster presentations in research, 1st place went to **Dr. Shoukat**, 2nd place went to **Dr. Gupta**, and 3rd place went to **Dr. Khalil**.
- For poster presentations in quality improvement, 1st place was a tie going to **Dr. Summer Lepley and Dr. Tina Bui**, while 3rd place went to **Dr. Rachel Wilson**.
- For oral presentations, all four presenters — **Dr. Ali Jafry, Dr. Elizabeth Tran, Dr. Brian Bordelon, and Dr. Zain Asad** — received awards.
- We had four medical student winner — **Nicole Lardner, Vy Pham, Natalie Santa-Pinter, and Bishr Swar**.
2019 OK Chapter Fall Scientific Session

Welcome Reception and Residents Reunion

We had a wonderful OK Chapter Welcome Reception and OU Residents Reunion during our Fall Scientific Session. Picture highlights can be found below.
2019 OK Chapter Fall Scientific Session
Governor’s Council

Members of the Oklahoma Chapter ACP Council met prior to the Fall Scientific Session on October 3, 2019. Speak, call, or write to myself or one of your Oklahoma Chapter council members if you have interest in serving. We are always looking for membership willing to take up the banner in advocacy, membership, communication, and other areas of service. Do you have a new idea or a resolution to take to ACP nationally? We need to hear from you, our membership.
Download the official **2020 ACP IM Meeting app** for **FREE** on your **Apple** or **Android** device. The app will give you up-to-date meeting information, enable you to build your own schedule, search for sessions, provides maps and floor plans, gives exhibitor information, and so much more! To download, just **click on the “App Store” or “Google Play” buttons above.**
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**Immediate Past Governor**
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Michael A. Weisz, MD, MACP
Andria Medina, MD, PhD
Lyndsey Jones, MD
Brent Beasley, MD, MBA
James H. Baker, MD, MACP
Lyle W. Baker, MD
Brian Lich, MD

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Shouvik Chakrabarty, MD
Alisha Jones, MD
Scott Shepherd, DO, FACP
Steve Egwuonwu, MD, FACP
Deepak Jaiswal, MD
Jabraan Pasha, MD, FACP
Pranay Kathuria, MBBS, FACP

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Amanda Moyer, MD (OU-OKC)

**Student Representatives**
Natalie Santa-Pinter (OU-Tulsa)
Andrea Fernandez (OU-OKC)