Resolution 1-S16. Working with Other Organizations to Assess Systems for Assuring that Internists Continue to Provide Safe and Effective Patient Care

(Co-Sponsors: Oregon and Downstate Illinois, Northern Illinois, New York, and BOG Class of 2017)

WHEREAS, physicians who are impaired for any reason must refrain from assuming patient responsibilities that they may not be able to discharge safely and effectively [1]; and

WHEREAS, some healthcare systems, policy-makers, and medical organizations, such as the American Medical Association (AMA), Federation of State Medical Boards (FSMB), and Federation of State Physicians Health Programs (FSPHP), are considering some form of age-based competency screening for physicians of all specialties [2] [3] [4] [5]; and

WHEREAS, age is only one possible factor in predicting potential competence; other factors such as practice setting, clinical volume, specialty, health, habits of life-long learning, and stress also can contribute; and

WHEREAS, internists older than 65 years of age continue to provide care to their patients in a variety of settings and ways; and

WHEREAS, age-based screening could adversely affect the physician work-force, particularly in primary care; therefore be it

RESOLVED, that the Board of Regents works with other organizations, such as the AMA, FSMB, and FSPHP, to assess systems for assuring that internists continue to provide safe and effective patient care, and to assess the risks and benefits of targeting any specific population, including senior physicians, for additional assessments.

[1] ACP Ethics Manual, 6th edition. https://www.acponline.org/running_practice/ethics/manual/manual6th.htm#impaired. Accessed October 16, 2015.
[2] American Medical Association Reference Committee C. Assuring safe and effective care for patients by senior/late career physicians. CME Report 05-A-15. June 2015. http://www.ama-assn.org/sub/meeting/reportsresolutions.html. Accessed November 3, 2015.
[3] Medscape Business of Medicine. "Should Doctors Be Tested for Competence at Age 65?," http://www.medscape.com/viewarticle/848937. Accessed November 2, 2015..
[4] Federation of State Medical Boards. http://www.fsmb.org. Accessed November 27, 2015.
[5] Federation of State Physicians Health Programs. http://www.fsphp.org. Accessed November 27, 2015.

Resolution 2-S16. Discouraging Formation of New For Profit Medical Schools

(Sponsor: Montana Chapter)

WHEREAS, two for profit medical schools are trying to become established in Montana[1]; and

WHEREAS, undergraduate medical education growth is already outpacing graduate medical education growth; and

WHEREAS, for profit education in America has not served the legal profession or other professions in the recent past; and

WHEREAS, the Flexner Report in 1910[2] made a strong argument against for profit medical education in the United States; therefore be it

RESOLVED, that the Board of Regents strongly discourages formation of any new for profit osteopathic or allopathic schools until they have an established track record of high quality medical education and a record of credentialed GME growth appropriate to their class sizes.

[1] *Letter to the Editor*, M. Spinelli, MD, FACP
[2] http://archive.carnegiefoundation.org/pdfs/elibrary/Carnegie_Flexner_Report.pdf

Resolution 3-S16. Delineating Limits to the Corporate Control of Medical Practice

(Sponsor: Pennsylvania Chapter; Co-Sponsor: Massachusetts Chapter)

WHEREAS, the corporate control of medical practice has grown exponentially in the past two decades; and

WHEREAS, all states in the United States have laws prohibiting the corporate practice of medicine; and

WHEREAS, the corporate control of medical practice is eroding the foundations of medical professionalism and contributing to physician and other clinician burnout; therefore be it

RESOLVED, that the Board of Regents takes action to delineate specific limits for the corporate control of medical practice; and be it further

RESOLVED, that the Board of Regents advocates for requirements to assure that practicing physicians, i.e. physicians who devote at least 25% of their time to the clinical care of patients, constitute at least 40 % of the voting members of the governing boards for healthcare systems and health insurers and that a majority of these board be physicians.

Resolution 4-S16. Advocating for Removal of Tobacco Products and Tobacco Control Measures from Any Trade Negotiations

(Sponsor: New York Chapter)

WHEREAS, the American College of Physicians (ACP) has an international presence having established chapters in many countries outside the USA including six chapters in Canada, six chapters in Latin America, four chapters in Asia, chapters in three branches of the US armed forces with members stationed throughout the world, and many other members working worldwide[1]; and

WHEREAS, the ACP 2015-2016 Strategy has a goal to establish and promote ethical ideals and to advocate for responsible positions on public policy "...relating to health care for the benefit of the public..."; and

WHEREAS, the ACP has taken positions on national health policy, and other governmental policies; and

WHEREAS, the ACP in 2010 published a policy monograph on tobacco control and prevention that advocated for public health tobacco control policy measures to protect the public from tobacco products, including a ban on flavored tobacco products, increased state taxes, increased public education, and increase in tobacco control funding; and

WHEREAS, right now multinational tobacco companies are using trade laws as the basis for litigating to undermine or thwart public health tobacco control measures like restrictions on flavored tobacco products, required plain paper packaging, restrictions on advertising, tobacco product taxes, cigarette package warning labels, all of which have been proven to reduce tobacco use thus protecting the health of citizens; and

WHEREAS, American and other national trade representatives are now negotiating trade agreements with the aim of trade equality or global fair trade to promote employment and quality of life in order to foster development of a stable and more peaceful world. Specifically, American trade negotiators are involved in negotiating the Trans-Pacific Partnership (TPP) agreement that may end up serving as a model free trade agreement for the 21st century; and

WHEREAS, trade treaties and laws do not protect or promote the trade of harmful illegal drugs, nuclear weapons, chemical warfare, other weapons of mass destruction, or occupations that involve terrorism, assassination or genocide; and

WHEREAS, tobacco products cause the deaths of over six million people[2] including more than 480,000[3] Americans, every year, rivaling or eclipsing the destruction of recent wars, and that tobacco products, whether from the USA, Japan, or Brazil, cause diseases and premature deaths that reduce worker productivity[4] and consume health care dollars; and

WHEREAS, the country of Malaysia has proposed that tobacco be completely "carved out" of the Trans-Pacific Partnership (TPP) agreement but has received little support from other countries including the USA; and

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[1] https://www.acponline.org/about_acp/chapters/index.html website accessed July 15, 2015
[2] http://www.who.int/mediacentre/factsheets/fs339/en/
[3] http://www.cdc.gov/tobacco/data_statistics/fact_sheets
[4] http://www.cdc.gov/tobacco/data_statistics/fact_sheets

WHEREAS, the ACP cosigned a letter to the President on September 11, 2013[1] that advocated for removing tobacco control measures and tobacco products from trade agreements and the assurance that tobacco control measures will not be subject to challenge through the TPP and all future trade agreements; therefore be it

RESOLVED, that the Board of Regents publicly reasserts a strong position that tobacco products, known to be addictive and harmful, must be prevented from receiving the protections and benefits of free trade, and that no agreement, treaty or law should impede or supersede a country's sovereign right to protect its citizens' health from harmful tobacco products; and be it further

RESOLVED, that the Board of Regents not support any trade agreement which might be used as the basis for litigating to undermine or thwart public health tobacco control measures like restrictions on flavored tobacco products, required plain paper packaging, restrictions on advertising, tobacco product taxes, cigarette package warning labels, all of which have been proven to reduce tobacco use thus protecting the health of citizens; and be if further

RESOLVED, that the Board of Regents encourages members and chapters throughout the world to advocate governments in every country where ACP has members including the USA to exempt tobacco products from the benefits and protections of trade agreements and laws.

[1] http://www.acponline.org/acp_policy/letters/president_tobacco_letter_2013.pdf
Accessed July 15, 2015

Resolution 5-S16. Advocating Against "Cold Call" Pharmaceutical Retailing

(Sponsor: New York Chapter)

WHEREAS, the practice of "cold call" retailing of prescription topical agents and other therapeutic treatment (such as back braces, TENS, compounded formulations, etc.) is on the rise; and

WHEREAS, the calls are typically made to Medicare subscribers whose names are perceived as likely targets by age and perhaps location; and

WHEREAS, these older adult "targets" are often being convinced by salespeople, not medical professionals, that they need one or more topical ointments, typically touted to treat A. pain (combinations of NSAIDS, glucosamine, capsaicin, etc.), B. itchy skin (steroids, analgesic balms, emollients, etc.), C. fungal infections (ketoconazole, steroids, emollients, etc.) or other therapeutic treatments; and

WHEREAS, the target is told that there is no cost to them and that by providing their doctor's name, the physician may be contacted to sign for the order so the medication can be sent directly to them; and

WHEREAS, physicians are only contacted after these discussions take place by a faxed request for a completed medication order form; therefore be it

RESOLVED, that the Board of Regents advocates against the practice of "cold call" pharmaceutical retailing for the welfare and safety of patients who are being targeted, to maintain the integrity of the doctor-patient relationship, and to reduce unnecessary costs.

Resolution 6-S16. Advocating for Inclusion of "Stop" Orders in Certified Electronic Health Records (EHRs)

(Sponsor: New York Chapter)

WHEREAS, electronic prescribing has improved the process of getting prescriptions delivered more consistently, quickly and legibly to pharmacies by using computer technology effectively; and

WHEREAS, existing computer technology has not included electronic mechanisms to notify the pharmacist when medications are discontinued while refills are still remaining; and

WHEREAS, serious medication safety problems can occur when a medication is dispensed to the patient after the medication has been discontinued, and the pharmacies are unable to prevent such errors because there is no electronic mechanism complementary to the electronic "start" that provides them with an electronic "stop" in the ambulatory setting; and

WHEREAS, clinicians have often had patients refill medications that were supposed to have been stopped for a variety of reasons including: pharmacy automated refill programs, complexities of medication reconciliation, and office communication that result in patients and caregivers requesting refills of discontinued medications; and

WHEREAS, this is a clear patient safety issue that can be significantly prevented by electronically discontinuing medications in the same fashion that medications are ordered because "stop" procedures have not been incorporated routinely into EHRs and have not been defined as a requirement for EHR certification; and

WHEREAS, this issue was highlighted in an *Annals of Internal Medicine* article entitled "Pharmacy Dispensing of Electronically Discontinued Medications," 20 November 2012, Volume 157, Number 10 700-705; therefore be it

RESOLVED, that the Board of Regents advocates to the National Quality Forum, JCAHO, AHRQ, EHR vendors, and all organizations whose scope includes improving patient safety with respect to pharmaceuticals that all EHR's should include the capability to electronically send "stop" orders to pharmacies and such capability should be required for EHR certification; and be it further

RESOLVED, that the Board of Regents requests other professional physician and pharmacy organizations to support efforts to add prescription stop order capability to all certified Electronic Health Record systems.

Resolution 7-S16. Calling Upon the Office of the National Coordinator of IT to Improve the Clinical Utility of EMRs so that Clinicians Can Provide Optimal Patient Care

(Sponsor: District of Columbia Chapter)

WHEREAS, a) Resolution 2-S13 was passed by the Board of Governors calling upon the Board of Regents to "endorse and actively promote documentation within the electronic medical record to improve communication…"; b) The Board of Regents adopted and referred this resolution to the Medical Informatics Committee; c) The Medical informatics Committee prepared a position paper published in the *Annals of Internal Medicine* ("Clinical Documentation in the 21st Century[1]: Executive Summary of a Policy Position Paper from the ACP") which states that "Clinical documentation was developed to track a patient's condition and communicate the author's actions and thoughts…[but] over time, other stakeholders have placed additional requirements on the clinical documentation process for purposes other than direct care of the patient; and

WHEREAS, the problems described by Resolution 2-S13 which was passed by the BOG 2.5 years ago are worsening as more physicians use EMRs leading to increasing numbers of physicians struggling to extract clinically relevant information from progress notes and discharge summaries which increases physician burden, decreases quality of medical care, and potentially increases physician liability if physicians miss important clinical information within the extensive and redundant EMR notes/documents in which key clinical data/plans are often not well delineated; therefore be it

RESOLVED, that the Board of Regents formally calls upon the Office of the National Coordinator (ONC) of IT to improve the clinical utility of EMRs so that clinicians can provide optimal patient care in an efficient way which reduces legal liability and specifically requests that the ONC of IT:

1. **Avoid certifying EMRs as meeting Meaningful Use (if not already certified as such) unless such EMRs promote communication of clinically important information in a manner that promotes safe and effective medical care by clinicians.**
2. **Revoke certification for currently certified EMRs if they do not promote safe and effective communication of clinically important information by clinicians (though such certification will only be removed for future sales of such EMRs so that clinicians currently using such EMRs will not be penalized by finding that EMRs they bought in good faith are no longer certified); and be it further**

RESOLVED, that the Board of Regents will ask the Centers for Medicare and Medicaid Services (CMS) to address the concerns noted above as CMS develops its plans for conversion to a Merit-Based Incentive Payment System (MIPS).

[1] http://annals.org/article.aspx?articleid=2089368&resultClick=3

Resolution 8-S16. Seeking Willing Provider Legislation to Improve Access to Care

(Sponsor: Florida Chapter)

WHEREAS, many insurance companies have an artificially closed network to limit the number of providers; and

WHEREAS, many providers are willing to see insured patients; and

WHEREAS, access to care is limited by availability of providers; and

WHEREAS, insurance companies may limit provider contracting based on undisclosed business models; and

WHEREAS, many insures will not offer contracts to physicians despite willingness to join; therefore be it

RESOLVED, that the Board of Regents seeks any willing provider legislation that will allow any provider who wishes to contract with an insurer be allowed to do so.

Resolution 9-S16. Supporting the Expansion of Medicare as a Means to Create a Single-Payer Insurance System for Those Uninsured Excluded by the Affordable Care Act

(Sponsor: Illinois Northern Chapter)

WHEREAS, the American College of Physicians (ACP) recognizes the need to ensure that everyone in the United States has access to needed health care services of high quality; and

WHEREAS, the ACP has recommended that the public and policymakers consider adopting a single-payer financing model as a means of achieving universal coverage, because single-payer systems are equitable and achieve high levels of patient satisfaction and high measures of quality and access with lower administrative costs compared to multi-payer systems; and

WHEREAS, the Affordable Care Act, while laudable in many aspects, leaves 35 million U.S. residents uninsured and its multi payer system fails to provide equal access to care for the poor specifically the poor in states that have refused to expand Medicaid and for eleven million non-citizen residents across the United States; and

WHEREAS, Medicaid expansion, a key Affordable Care Act strategy for covering the poorest of the uninsured will leave 62% of poor African Americans and 50% of poor whites without insurance because the states they live in did not expand Medicaid; and

WHEREAS, the Health Care Marketplaces offer multi-payer private insurance coverage with unacceptably high deductibles and co-pays for low-income people; and

WHEREAS, there are also many non-citizen U.S. residents who are ineligible for Medicaid or Marketplace subsidies; and

WHEREAS, an expanded Medicare, a single-payer system with the above characteristics is most consistent with ACP's goal of promoting the highest clinical standards, ethical ideals and access to care; and

WHEREAS, an expanded Medicare, single-payer system would be the most elegant way to expand health care coverage across the United States to those currently excluded from the benefits of the Affordable Care Act; therefore be it

RESOLVED, that the Board of Regents supports the promotion of an expanded Medicare single-payer health insurance system in the United States as a means to provide insurance coverage to those uninsured currently ineligible for benefits under the Affordable Care Act.

Resolution 10-S16. Supporting the Expansion of Medicaid and Health Care Marketplaces for Non-Citizen Residents of the United States

(Sponsor: Illinois Northern Chapter)

WHEREAS, the American College of Physicians recognizes the need to ensure that everyone in the United States has access to needed health care services of high quality; and

WHEREAS, eleven million resident non-citizens of the United States have no access to Medicaid, Medicare or to the Health Care Marketplaces; and

WHEREAS, the Affordable Care Act, while laudable in many aspects, leaves many U.S. residents uninsured and its multi payer system especially fails to provide equal access to care to insurance for the poor who are non-citizen residents of the United States; and

WHEREAS, non-citizen residents pay local, state and federal taxes and thus contribute to the commonwealth; and

WHEREAS, Medicaid expansion and income adjusted health care premium subsidies on the Health Care Marketplaces are key strategies to make health insurance and health care affordable; therefore be it

RESOLVED, that the Board of Regents supports the inclusion of non-citizen residents of the United States access to Medicaid and premium subsidies on Health Care Marketplaces.

Resolution 11-S16. Increasing the Transparency and Completeness of Clinical Trial Results when Presented to the Media

(Sponsor: District of Columbia Chapter)

[ACCEPTED AS REAFFIRMATION OF COLLEGE POLICY]

WHEREAS, the ACP is an organization that believes in the importance of clinicians providing their patients with expert and useful medical advice; and

WHEREAS, many patients receive much of their "medical education" through the news media (newspapers, television, and internet); and

WHEREAS, patients expect their physicians to be up to date on new medical developments and to be in a position to implement expeditiously new medical care interventions that they learn about through the media which may benefit them; and

WHEREAS, press reports appearing in the media from studies such as SPRINT (Systolic Blood Pressure Intervention Trial) potentially affect medical care decisions involving millions of Americans; and

WHEREAS, often such press reports do not provide enough detailed information to allow clinicians to judge the validity or applicability of the results to their specific patients; therefore be it

RESOLVED, that the Board of Regents calls upon institutions supporting studies whose results potentially affect the medical care of large numbers of Americans to increase the transparency and completeness of clinical trial results when presented to the media and require investigators to make available online or in print at the time of initial press release enough details of their studies that clinicians can offer their patients educated and appropriate advice about the material included in press releases; and be it further

RESOLVED, that the Board of Regents prepares and potentially publishes a position paper considering the ethics of investigators releasing study results potentially affecting the medical care of large numbers of Americans without providing adequate information at the time of press release to allow clinicians to evaluate such studies adequately.

Resolution 12-S16. Clarifying the Meaning of High Value Care to Other Organizations

(Sponsor: District of Columbia Chapter)

WHEREAS, CMS has declared that payments to physicians should be shifted from volume to value and the ACP has appropriately declared that concentrating on volume as a payment strategy is unwise; and

WHEREAS, various consumer oriented organizations seem to be emphasizing the cost of medical care/procedures over the quality/potential medical utility to patients of various types of medical care/procedures; and

WHEREAS, the ACP is working with one of these organizations (Consumer Reports) in their efforts to modify how medical care is being provided to patients; and

WHEREAS, it is clearly ACP policy to value the quality and potential medical utility of various types of medical care/procedures, not simply how expensive or inexpensive they may be (as is well delineated in the November/December 2015 Internist article written by Joshua Liao MD); therefore be it

RESOLVED, that the Board of Regents clarifies the meaning of "high value care" and emphasizes to CMS, organizations such as Consumer Reports, and to the general public through press releases and other appropriate means that the cost of medical care/procedures is not the primary determinant of value, but rather the benefit to the patient of such care/procedures relative to the cost.

Resolution 13-S16. Taking Concrete Action in Support of the Concerns Expressed in Resolution 4-S13, "Supporting the Provision of the Medicare Annual Wellness Visit only by Clinicians Providing Longitudinal Care"

(Sponsor: District of Columbia Chapter)

WHEREAS, the Board of Governors passed Resolution 4-S13, the Board of Regents subsequently approved a modified version of the Resolution after review by the Medical Practice and Quality Committee, and the ACP then signed on to a letter sent to Andrew Slavitt (Acting Director, CMS) asking that the concerns expressed in this resolution be addressed; and

WHEREAS, the problem described in Resolution 4-S13 has now escalated with not only retail clinics performing wellness visits but organizations such as Lifeline; and

WHEREAS, situations are occurring where Medicare patients are receiving wellness exams from organizations such as Lifeline without understanding that once they have had their Annual Wellness Visit through such an organization they cannot see their usual medical care provider for such an exam; therefore be it

RESOLVED, that the Board of Regents takes concrete action in support of Resolution 4-S13 and requests CMS to require that only clinicians currently involved in or initiating the provision of ongoing medical care of a patient be reimbursed by Medicare for the Annual Wellness Visit (rather than simply ask CMS "to engage with our organizations in a conversation about creative ways to ensure that the benefit of the Annual Wellness Visit is preserved rather than perverted. And at a minimum, .. require anyone performing the Annual Wellness Visit to provide results to a patient's designated primary physician or usual source of care" as requested in the letter of April 30, 2015[1]); and be it further

RESOLVED, that the Board of Regents calls upon CMS to require that a clinician performing an Annual Wellness Visit sign a formal attestation statement that he/she is currently or is planning to provide ongoing longitudinal care to the patient receiving the Wellness Visit; and be it further

RESOLVED, that the Board of Regents disseminates information to its membership regarding the way in which private organizations are usurping their role in providing Annual Wellness Visits to their patients so that clinicians may educate their patients regarding the implications of this development.

[1] https://www.acponline.org/acp_policy/letters/annual_wellness_visit_sign_on_cms_2015.pdf

Resolution 14-S16. Advocating for Cost Transparency

(Sponsor: Illinois Northern Chapter)

[ACCEPTED AS REAFFIRMATION OF COLLEGE POLICY]

WHEREAS, the American College of Physicians has supported "the goal of price transparency for services and products provided by all healthcare stakeholders to patients/consumers."[1]; and

WHEREAS, ACP also recommends that the information be accessible and clearly presented. However, the Accountable Care Act and the emergence of Accountable Care Organizations (ACO) have redesigned health care delivery to focus on population health, and comply with the Institute of Medicine's Triple Aim: reduce the overall total cost of care, improve quality and improve the patient/consumer experience; and

WHEREAS, the ACO model steers patients/consumers to low cost, efficient service providers by contracting with these entities for lower negotiated fees. Narrowed provider networks may place a higher burden of copays, deductibles and overall out of pocket costs for patients/consumers if they seek services out of the tiered network of their benefit design. This marketplace phenomenon underscores the importance of transparent pricing for facility, ambulatory surgical and imaging facilities, and laboratory fees. Negotiated pricing by ACO or payer networks with healthcare providers incurs costs that may be specific to a benefit plan and payer; this information should be readily available to patients/consumers to minimize their cost burden; and

WHEREAS, the cost of healthcare increases annually at least 5%, albeit at a lesser percentage compared to the past several years; and

WHEREAS, patients carry a higher burden of healthcare costs due to insurance plans providing cheaper premiums that carry higher deductibles, some exchange plans requiring out-of-pocket deductibles greater than $5,000; and

WHEREAS, the Accountable Care Act and Accountable Care Organizations incent providers through shared financial risk, encouraging providers to steer patients to lower cost imaging facilities, contracted laboratory, ambulatory surgical and urgent care facilities; and

WHEREAS, the Institute of Medicine's triple aim encourages higher quality healthcare, for populations of patients, at lower cost; therefore be it

RESOLVED, that the Board of Regents advocates to ensure health insurance plans grant patients access to costs of diagnostic imaging, common laboratory tests, ancillary services (such as physical therapy, rehabilitation) and facility fees, as allowed by the benefits of the specific health plan, and that deductibles and copays for which patients are accountable are clearly elucidated at the time of scheduling.

1. ACP Position Paper on Healthcare Transparency-Focus on Price and Clinical Performance Information. 2010.