

ACP- 101 Years Old and Still Leading The Way!



Darilyn V. Moyer, MD, FACP
EVP/CEO American College of Physicians

Many Thanks!

- Steve Weinberger, Bob Doherty, Shari Erickson and the DC Staff
- Patsy Sadler, Debbie Shealy, Mike Hawkins and all the SC ACP Members!



2

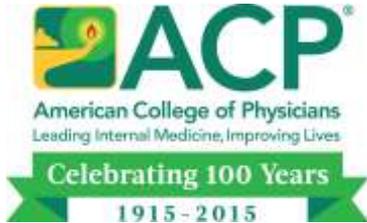
Disclosures

- I am a full time staff member of the American College of Physicians
- I have no financial interests to disclose



3

Celebrating ACP's Centennial and its role in internal medicine



Some background about ACP's perspective

- Largest medical specialty society in the world: 148,000 members
- Represents the diversity of internal medicine
 - Ambulatory generalists, hospitalists, subspecialists
 - Academics, practitioners, educators, researchers, administrators
 - From solo practice to large groups
 - Medical students, residents, fellows, practicing clinicians, retired physicians
 - Domestic and international membership
- Welcomes non-physician affiliate members

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

2016-17 Priority Initiatives

- Continue to advocate for timely reforms to the ABIM's MOC process that increase the value and reduce the burden of the process
- Facilitate the transition to value based payment and new delivery models
- Increase ACP's role and critical input as a national leaders in optimizing performance measurement, focusing on improving measure development, evaluation, harmonization and implementation
- Expand ACP's work in reducing the cost of healthcare
- Increase the number and engagement of ACP members
- Help ACP members experience greater professional satisfaction and fulfillment
- Expand approaches to delivering information and education in formats available at key points of need

Our interests at ACP are to further

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

Different types of advocacy documents:

- Policy/position papers (same thing) are analytical papers, supported by evidence and citations, which have been developed through our policy committees, after extensive review and comment on drafts by other ACP committees/councils, regents, governors and external experts (and if submitted and accepted, by Annals).
- They include policy statements/positions (same thing) supported by the analysis, evidence and citations. Policies/positions are incorporated into our Policy Compendium (more later on the compendium) Policies/positions can also be adopted and approved by the BoR without necessarily being selected for development by a policy committee for a full-blown policy paper—for instance, by adopting a BoG resolution as possible. Also get incorporated into the Policy Compendium.
- Testimony, letters to officials etc are documents that communicate our positions and policies to the relevant audiences: Congress, CMS, payers, other audiences.

Where can you find out if the College has official policy on a given issue, and what is it?

- The Policy Compendium includes every policy approved by the BoR for the last 10 years, updated on a quarterly basis.
- So if an ACP member asks, does the College of policy on X, Y, or Z?--the answer is in the compendium. (And we probably do).
- If they want to know more about what we are saying about each issue for which we have policy, Where We Stand (advocacy communications sorted by key topics), Current Public Policy Papers, and the Policy Library have the details.

Advocacy is more than just a bunch of documents...

- Every policy/position paper involves an enormous commitment of staff resources to research, write, obtain and review comments, and revise (often many times over), before being approved by the committees and then approved by the BoR.
- Every letter to officials, testimony, comments on regulations involves the same commitment of staff resources.
- Every policy is then communicated to influential stakeholders through regular interactions between our regulatory and congressional affairs staff meetings with agency officials, Congress, payers, allied coalitions, and others.
- Policies are also communicated to the news media, and more broadly to social media, by Governmental Affairs and Communications staff.

Advocacy is more than just a bunch of documents

- But it's not only staff resources: it's the enormous time and energy of our regents, our governors, our committee members, our chapters, our grass roots activists (Advocates for Internal Medicine), and our spokespeople
- Thanks to all

Overarching Advocacy Themes:

- 1. Reduce barriers to access
- 2. Make healthcare affordable
- 3. Improve population and public health
- 4. Improve health care delivery to achieve greater value
- 5. Ensure there are enough well-trained internists in the numbers needed
- 6. Make internal medicine practice more satisfying



Prescription drug pricing

- ACP is a leading voice within American medicine on the rising and unsustainable Rx pricing
- Including testimony to Congress, participation in the Campaign for Sustainable Rx Pricing



Behavioral Health

- On July 6, the House of Representatives passed the Helping Families in Mental Health Crisis Act of 2016.
- Includes several key programs supported by ACP, including grants to integrate behavioral health into primary care, as called for by recent ACP position paper.
- The Senate HELP committee reported out its Mental Health Reform Act of 2016, but no Senate vote has been scheduled on the bill



Behavioral Health

- ACP continues to urge the Senate to vote on mental health legislation, and to enter into discussions with the House on a bipartisan bill that could pass both chambers.
- Majority Leader McConnell has suggested it may be taken up in a lame-duck session.
- Most likely, both issues will have to be taken up again next year.

CARA includes key ACP priorities

- Developing a federal interagency task force to review, modify, and update, as appropriate, best practices for pain management and prescribing pain medication.
- Expanding through grants awareness and education of physicians, patients, health care providers regarding the risks associated with the misuse of opioids.
- Improving state-based Prescription Drug Monitoring Program (PDMP) to track dispensing of controlled substances.
- Increasing availability of opioid overdose reversal drugs.
- Providing alternatives to incarceration to individuals who misuse opioid drugs and other substances to manage their pain.
- Expanding the use of "partial fills" to allow patients to receive a portion of an opioid prescription

CARA: show us the money

- However, although CARA authorizes \$181 million in new funding each year, Congress has to appropriate the dollars through its usual process.
- A short-term continuing resolution occurred, which included some \$ for CARA.

There are growing concerns about ACA marketplace stability

- Rising premiums and some large insurers exiting have raised concerns about the continued viability of the ACA’s state marketplaces
- But after subsidies, most eligible Americans will still have access to an affordable plan in 2017 enrollment period.

There are “fixes” that would help keep insurers in the marketplaces and keep premiums down

- But would likely require a bipartisan “deal” between the next President and Congress
- “Fixes” could include: strengthening requirement to buy-insurance, re-insurance, auto-enrollment, increasing subsidies; public option

ACP advocacy on MACRA

- Simplify and reduce burden of reporting of quality measures
- Simplify scoring
- Revamp “Meaningful Use” HIT reporting to ensure clinical relevance
- Help small practices including exempting them from downward MIPS adjustments (cuts) until there is a virtual reporting option
- Expand options for physician-led APMs, including medical homes and options for IM subspecialists

Who you gonna call?

When it's regulations, ACP's RuleBusters!



Shari, Kelly, Thom, Neil, Brian, Stacey, and Brooke (with assists from many others!)



Much Ado about MACRA

- How disruptive will MACRA truly be?
- How does CMS propose to implement it?
- What is ACP recommending to CMS?
- How are we preparing our members to succeed?

Summary of ACP's MACRA Recommendations

- Simplify reporting of quality measures and scoring.
- Revamp "Meaningful Use" HIT reporting to ensure clinical relevance.
- Help small practices.
- Expand options for physician-led APMs, including medical homes and options for IM subspecialists.

“Pick your Pace”

- Physicians will be protected from downward MIPS adjustments in 2017 as long as they participate in the QPP, for at least part of the year, to the minimum extent allowed.
- But if they choose to do more to successfully participate in the QPP, for some or all of the year, they will be eligible for small to modest positive updates.
- If they choose to be in an Advanced APM, like Comprehensive Primary Care Plus, they are exempted from MIPS reporting and will receive 5% FFS bonus payments.

Coming soon...



Electronic algorithm/ practice readiness assessment—practice characteristics, quality measurement experience, quality improvement activities, and readiness

Algorithm does NOT result in a single answer (of MIPS vs APMs)—but rather analyzes the challenges and opportunities with each option—and identifies gap areas (e.g., are you doing care coordination, population management, etc.)

The user identifies their pathway—and is then directed to tailored resources to help them succeed. ACP resources such as Practice Advisor®, Genesis Registry, AmericanEHR, etc.

Specific Support for IM Subspecialists

- Ongoing workgroup/advisory panel of IM subspecialists members to help ACP develop our strategy for supporting our subspecialty members
- Setting up an online special interest group discussion board for IM subspecialists regarding MACRA and APM development
- Other ideas are welcome!

Contact Information

e-mail: macra@acponline.org
 webpage: acponline.org/macra



ACP can help you navigate upcoming payment changes



28

What is the one professional challenge that concerns you most?

| Challenge | Percent |
|---|---------|
| Limited time with patients | 14.5 |
| Too much paperwork | 11.9 |
| Work/life balance | 11.8 |
| Loss of physician autonomy | 10.7 |
| Physician burnout | 6.9 |
| Maintenance of certification (MOC) | 5.8 |
| Malpractice threats/need to practice defensive medicine | 5.6 |
| Staying current on clinical knowledge | 5.5 |
| Electronic health records (EHRs) | 4.7 |
| Physician reimbursement and payment issues | 4.1 |



Source: ACP 2015 Member Survey

29

Make internal medicine practice more satisfying...

- Clinical documentation
- EHRs: functionality, usefulness, clinical relevance
- Patients Before Paperwork (Captures all of ACP’s activities to reduce administrative burdens - Look for major new policy paper toward end of year/early 2017)
- Payment reform: pay more for cognitive care, chronic care
- Quality measures: relevance, burden of reporting



30

Ensuring there are enough well-trained internists in the numbers needed

- GME refinancing and reform
- Primary care workforce (Title VI, NHSC)
- Team-based care (Dynamic Clinical Care Teams paper) Continued debate over roles of APRNs, Physician Assistants, Clinical Pharmacists, other non-physician clinicians
- ACP opposed VA proposed rule to override state laws to grant full independent practice to APRNs

Thank you . . .

...for your continued support of ACP and your commitment to internal medicine.