


The American College of Physicians: Overview, Advocacy, and you




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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




ACP Priority Themes 2018-2020


- INNOVATION**
GOAL: Nimble, creative and unique approaches to identifying, responding to, and meeting member needs
- IDENTITY**
GOAL: Shared enthusiasm and pride about being an internist and ACP member- Look for the I.M. Proud multimedia campaign and follow up from the Master Clinician Task Force
- ENGAGEMENT & INCLUSION**
GOAL: Actively engaging members in local, regional, and national College activities across their career, welcoming and hearing all voices, and demonstrating ACP's relevance and connection to what's important to them
- COMMUNICATION**
GOAL: Conveying ACP's broad mission, activities and value to members, the greater community of internal medicine, and other stakeholders using leading-edge modalities, platforms and technologies



ACP's Physician Well-being and Professional Satisfaction Initiative: Illustrated



ACP Strategy




ACP Mission

Standing goals


Priorities

- Vary each fiscal year
- Determined through planning process



General approach to planning

- BOR**
 - Deep dive into selected issues at biannual Retreat
 - Involves BOR, Senior Staff, ECBOR and guests
 - Informs priorities
- ECBOR**
 - Considers the internal and external environments, retreat outcomes
 - Proposes priority areas
- BOR**
 - Approves priorities
 - Approves annual budget
- Staff**
 - Implement priorities – strategies, objectives, tactics, metrics
 - Engage committees and counsels



Membership

Who we are

ACP Member Type

- 154,000 members
- 58 domestic chapters
- 18 international chapters

Source: 2017 ACP Member Survey

Who Joins ACP Recent Composition

Composition of the 2016 Joining Member Cohort

2016 ACP Membership By Class

Total Membership = 149,000

Membership characteristics

- 52% specialize in GIM; 34% in IM subspecialty; 8% in Hospital medicine
- 96% have some clinical activity; 70% mostly clinical
- Employment: 39% private practice; 34% Academic Hospital; 13% private hospital
- Early career physicians less likely to be male, Caucasian, subspecialist, and more likely employed in Hospital medicine

2017-18 Programs Products & Services Revenue

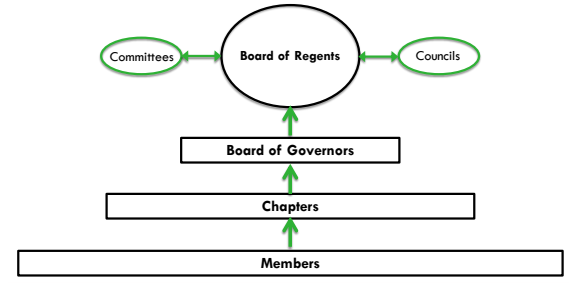
Total Budget \$45.6 Million

Governance



www.acponline.org 14

At a Glance



Board of Regents

- Fiduciary Board
- BOR size
 - 13 elected Regents
 - 12 ex-Officio Members
 - President & President -elect
 - Chair & Chair-elect, BOR
 - Treasurer
 - Chair & Chair-elect, BOG
 - Council Chairs – CRFM, CSM, CECP, CSS
 - EVP/CEO (non-voting member)
- Regent terms – 2 years, renewable once (4 yrs. total)

ACP HQ Board Room



Committees & Councils

- 21 Committees
 - Policy
 - Technical Advisory
 - Management Advisory
- 5 Councils –
 - Council of student members
 - Council of resident and fellow members
 - Council of early career physicians
 - Council of subspecialty societies
 - International

Board Policy Committees

- Report to the BOR
- Chaired by a Regent
- Primary output is policy recommendation to the BOR

Awards Committee
 Education & Publication Committee
 Ethics, Professionalism & Human Rights Committee
 Financial Policy & Audit Committee
 Governance Committee
 Health & Public Policy Committee
 Medical Practice & Quality Committee

Technical Advisory Committees

- Report to the BOR
- Primary output is policy recommendation to the BOR
- Members are technical experts
- BOR will agree/disagree with recommendations, but will not edit at time of recommendation

Patient Partnership in Healthcare Committee
 Clinical Guidelines Committee
 Credentials Committee
 Compensation Committee
 Immunization Committee
 Medical Informatics Committee
 Performance Measurement Committee

Management Advisory Committees

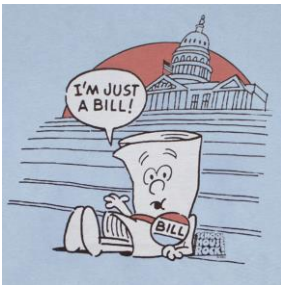
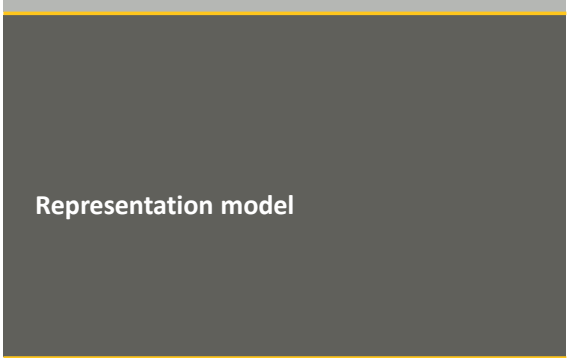
- Report to College Management
- Chaired by Management or ACP member physician
- Primary output is advice to management
- Report to the BOR through CEO or their designee

In-Training Examination Committee
 Clinical Skills Committee
 Membership Committee
 Member Insurance Committee
 Volunteerism Committee
 Internal Medicine Scientific Program Committee
 Postgraduate/Chapter Education Committee

Councils

- Report to BOR in advisory capacity
- Represents important member segment
- Chaired by representative of the member segment
- Primary output is proactive suggestion to BOR or response to request from BOR, representing the perspective of the member segment

Council of Resident/Fellow Members
 Council of Student Members
 Council of Early Career Physicians
 Council of Subspecialty Societies
 International Council



BOG Resolutions Process

- A mechanism for individual members to influence ACP's policies and actions
- Most resolutions originate at the chapter level
- National committees & councils can also submit
 - May also take action requests DIRECTLY to the BOR
- Proposed resolutions are
 - Vetted at local and national levels
 - Require BOR approval

Focus of resolutions

- Resolutions ask the BOR to:
 - Create new policy
 - Modify, reaffirm or rescind existing policy
 - Take other specific action
 - Study an issue
 - Send a letter
 - Request the AMA initiate a resolution
 - Advocate

Vetting sequence

1. Proposed to Chapter
2. Proposed to BOG (by chapter, committee or council)
 1. ECGOG assures relevance
 2. Staff prepare background
 3. Online comment period and live hearing
 4. BOG Reference Committee makes recommendation to full BOG
 5. BOG discusses, may amend, and votes
3. Proposed to BOR

BOG role

- Consider each resolution as an action item
- Entertain amendments and discussion
- Take a public vote on each resolution
 - Study (and report back to BOG)
 - Non adoption
 - Adoption
 - Send to BOR with recommendation
 - To reaffirm existing policy
 - Adopt as amended
 - Adopt as proposed

BOR Role

- Takes action on each resolution
 - Adopt
 - Refer to committees, councils, or staff for implementation
 - For study, report back and reconsideration
 - Report on study or implementation is expected within one year

Adopted for Implementation

- Committees/staff must fulfill the specific intent of the resolved clause(s)
 - Send a letter on behalf of a committee to a regulatory agency or legislative body
 - Schedule a meeting or conference call with a representative from another organization
 - Draft a position paper

Referred for Study

- Return to the BOR for action
- Committees can recommend
 - Adoption
 - Adoption as amended
 - Not Adopt

Resolution 5-F17

Advocating to Remove Falls from the List of Hospital-Acquired Conditions with Financial Penalties, to Promote Mobility

ADOPTED (2nd CLAUSE ONLY)

- Resolved:
- The BOR urges CMS to remove falls from the list of hospital-acquired conditions with financial penalties
- The BOR asks that early mobility be considered as a performance measure to be tested and validated

Education

Annals of Internal Medicine

The "Big 5" General Medical Journals

| | |
|---|--|
|  | 1812 NEJM The oldest continuously published medical journal. |
|  | 1823 Lancet The oldest medical journal without affiliation to a medical organization. |
|  | 1840 BMJ The oldest British Medical Journal affiliated with a medical organization. |
|  | 1883 JAMA precursor journal founded (Bulletin of the AMA), became JAMA in 1960. |
|  | 1927 Annals of Internal Medicine founded (initially founded in 1920 as Annals of Medicine, the younger of the "Big 5" journals. The only "Big 5" journal that is a specialty journal. |

Role of The Annals

- Disseminate medical knowledge to clinicians, educators, researchers, students and trainees, policymakers, and the public
- Filter research and other scholarly work
- Help authors improve the quality of their work
- Influence clinical care and health policy
- Help detect scientific misconduct
- Provide evidence of scholarly achievement
- Entertain



Coffee Drinking and Mortality in 10 European Countries
A Multinational Cohort Study

Marc J. Gunter, PhD¹; Neil Murphy, PhD²; Amanda J. Cross, PhD; Laura Demers, PhD; Laureen Dertail, PhD; Guy Fagherazzi, PhD; Roshdi Kahlia, PhD; Thomas Kühn, PhD; Heiner Boeing, PhD; Krasimira Aleksandrova, PhD; Anne Tjønneland, MD, PhD; Anja Olsen, PhD; Kim Overvad, MD, PhD; Stefan Christian Larsen, PhD; Maria Luisa Redondo Gomez, PhD; Antonia Aguilera, PhD; Kay-Tee Khaw, MB BCh; Adam Boylston, PhD; Kathryn E. Bradbury, PhD; Antonio Trichopoulos, MD, PhD; Eva Andrieva, MD, PhD; Pagona Lagiou, MD, PhD; Dimitrios Trichopoulos, MD, PhD; Dominica Palli, MD; Eva Grotti, MSc; Paolo Vineis, MD, MPH; Sabina Perna, MD, MSc; Elisavete Teucher, PhD; Kathryn E. Bradbury, PhD; Antonio Trichopoulos, MD, PhD; Peter Sørensen, MD, PhD; Max Leenders, PhD; Jolien W.J. Beulens, PhD; Camilla U. Allrodt, MD, PhD; Peter Wallström, MD, PhD; Lena Maria Malmqvist, PhD; Richard Lindgreen, PhD; Elisabeth Weiderpass, MD, PhD; Guo-Qiang Xiao, PhD; Torgeir Braaten, PhD; Paul Brennan, PhD; Sidi Liss, PhD; David C. Muller, PhD; Basim Simha, PhD; Nick Wareham, PhD; MBBS; and Ellen Buijsse, MD, ScM

Background: The relationship between coffee consumption and mortality in diverse European populations with variable coffee preparation methods is unclear.

Objective: To examine whether coffee consumption is associated with all-cause and cause-specific mortality.

Design: Prospective cohort study.

Setting: 10 European countries.

Participants: 521 330 persons enrolled in EPIC (European Prospective Investigation into Cancer and Nutrition).

Measurements: Hazard ratios (HRs) and 95% CIs estimated using multivariable Cox proportional hazards models. The association of coffee consumption with serum biomarkers of liver function, inflammation, and metabolic health was evaluated in the EPIC-Biomarkers subcohort (n = 14 800).

Results: During a mean follow-up of 14.4 years, 41 973 deaths occurred. Compared with nonconsumers, participants in the highest quartile of coffee consumption had statistically significantly lower all-cause mortality (HR, 0.88 [95% CI, 0.82 to 0.95]; P for trend < 0.001), women HR, 0.93 (CI, 0.87 to 0.98); P for trend < 0.001), inverse associations were also observed for digestive disease mortality for men HR, 0.41 (CI, 0.32 to 0.54); P for trend < 0.001) and women HR, 0.40 (CI, 0.32 to 0.78); P for trend < 0.001). Among women, there was a statistically significant inverse association of coffee drinking with circulatory disease mortality (HR, 0.78 [CI, 0.68 to 0.90]; P for trend < 0.001) and cerebrovascular disease mortality (HR, 0.70 [CI, 0.55 to 0.90]; P for trend < 0.002) and a positive association with overall cancer mortality (HR, 1.13 [CI, 1.07 to 1.41]; P for trend = 0.015). In the EPIC-Biomarkers subcohort, higher coffee consumption was associated with lower serum alkaline phosphatase, alanine aminotransferase, aspartate aminotransferase, γ-glutamyltransferase, and, in women, C-reactive protein, lipoproteins, and fibrinogen hemoglobin levels.

Conclusions: Coffee drinking was associated with reduced risk for death from various causes. This relationship did not vary by country.

Limitations: Reverse causality may have biased the findings; however, results did not differ after exclusion of participants who died within 8 years of baseline. Coffee-drinking habits were assessed only once.

Conclusion: Coffee drinking was associated with reduced risk for death from various causes. This relationship did not vary by country.

Primary Funding Source: European Commission Directorate-General for Health and Consumers and International Agency for Research on Cancer. [doi:10.7554/AMIA.2016](http://dx.doi.org/10.7554/AMIA.2016)
Annals Intern Med. 2017;167:236-247. doi:10.7554/AMIA.2016
For author disclosures, see end of text.
This article was published at Annals.org on 11 July 2017.
The online and print versions appear in the same issue.

Annals of Internal Medicine

- Annals on Call features Bob Centor interviewing guest experts on practice-changing Annals article with CME/MOC activity
- Annals-NEJM Cascade Peer Review launched Spring 2018 and currently 30% selecting Annals cascade
- Precision Medicine collaboration with Columbia University launching in early 2019
- Annals and Clinical Policy Division to publish synopses of WHO Guidelines with commentary by HVCC reps
- Updated version of ACP Journal Wise recently released- working with marketing to make this free service to members mpres visible

MKSAP

- Originated in 1967
- Currently on 18th edition
- Major educational resource for clinicians
- Online and print versions
- Earn CME and MOC while completing

ACP's Online Learning Center

A centralized gateway for ACP's online learning activities

- Enhanced search and browsing functionality for ACP's online learning
- Easy access to more than 350 activities, including:
 - Video-based learning
 - Webinars
 - Interactive cases
 - Quizzes



The majority of activities offer both CME and MOC.

www.ACPOnline.org/OLC

Update on work around a Collaborative Maintenance Pathway

- American Board of Internal Medicine:** We continue our discussions with ABIM around efforts to develop a Collaborative Maintenance Pathway. Our goal is to create a pathway that reflects continuous process of learning and evaluation.
- American Board of Medical Specialties (ABMS):** Launched a major initiative, "Continuing Board Certification: Vision for the Future." ACP is part of this collaborative process, that brings together multiple partners to create a vision of continuing board certification that is meaningful, relevant and of value, while remaining responsive to the patients, hospitals and others who expect that physicians specialists are maintaining their knowledge and skills to provide quality specialty care.
- The goals of the initiative include providing a set of recommendations about the future of continuing board certification for consideration by ABMS, through a review of literature, testimony, data collection a the perspectives of those affected by physician certification, including practicing physicians and medical societies. A final report will be sent to ABMS in February 2019.

Get Connected

For ways to connect, and personalize your engagement with visit www.acponline.org:

- MyACP 2.0**
A personalized web experience, making it easier for members to access and discover pertinent ACP content and resources while visiting ACPonline.org. New WIM webpage/resources www.acponline.org/wim
 - ACP Member Forums**
ACP Member Forums allow ACP members to instantly participate in discussions on a range of clinical, professional, and practice-related topics.
- Follow ACP, Annals and MKSAP on social media
ACP and Annals of Internal Medicine are using social media more than ever to communicate and share information relevant to internal medicine





Questions?