Leading the Way Together:
Views from the American College of Physicians
Disclosures

- I receive a stipend from the ACP as Chair of the Board of Regents
- I have no other interests to disclose
ACP: Who We Are

- Established in 1915, ACP is a diverse global community of internists united by a commitment to excellence
- Internists apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness
- The ACP community includes internists, internal medicine subspecialists, residents and fellows in training, and medical students
- With 152,000 members in countries around the globe, ACP is the largest medical specialty society in the world
Some background about ACP’s perspective

- Largest medical *specialty* society in the world

- 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
Data from ACP’s 2016 Member Survey has revealed some major portrays an evolving physician workforce:

- 50% of post-training physicians are internal medicine specialists (GIMs), 20% are hospitalists, and 30% are subspecialists. Survey respondents under age 40 are more commonly hospitalists and less commonly GIMs or subspecialists.
- One in three works in a small practice with five or fewer physicians, 25% in a medium setting with 6 to 20 physicians and 40% in a large setting with more than 20 physicians.
- Most physician-owned practices (58%) have five or fewer physicians, while those owned by health care systems (56%) or the government (57%) have more than 20 physicians.
- Six in ten respondents report that they or their practice use digital technology such as email or text to communicate with patients and/or their families, with seven in ten (74%) primary care physicians and eight in ten (81%) physicians in academic medical centers reporting use for this purpose.

*Source: 2016 Member Survey Detailed Report (random sample of 2,000 U.S., non-student, ACP members ages 65 and younger between March and June 2016)*
ACP’s Mission

To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine
2017-2018 Priority Initiatives

- Help ACP members experience greater professional satisfaction and fulfillment
- Facilitate the transition to value-based payment and new delivery models
- Deliver authoritative, comprehensive, evidence-based information and education in innovative formats at key points of need
- Work towards universal access to affordable, high quality, and high value healthcare
- Increase ACP’s role and critical input as a national leader in optimizing performance measurement
- Expand ACP’s work in reducing the cost of healthcare and increasing the value
- Increase the number and engagement of ACP members
- Continue to advocate for timely reforms to ABIM’s MOC process
- Foster innovation within the College to strengthen ACP’s support for members and its work to increase the quality, value, and effectiveness of healthcare
ACP’s focus at a glance

- The science of medicine
  - *Annals of Internal Medicine*

- The clinical practice of medicine
  - Clinical standards, guidelines

- The education and professional development of physicians
  - MKSAP, meetings and courses

- The ‘quadruple aim’ of healthcare
  - Better care, better health, physician professional satisfaction, lower per capita costs

- The future of medicine
  - Students, residents, fellows

- Professional satisfaction
  - Payment reform, practice redesign
Annual Per Capita Healthcare Costs by Age

- US
- Germany
- UK
- Sweden
- Spain
Two areas of greatest expenditures and most rapid growth: imaging and tests
Encouraging High Value Care

Resources to help provide the best patient care while reducing health care costs:

- High Value Care Online Cases: Earn free CME credits and MOC patient safety and medical knowledge points through web-based cases and questions
- Curriculum For Educators, Residents and Students: Created by ACP and the Alliance for Academic Internal Medicine (AAIM), features six one-hour interactive modules
- HVC Course For Medical Students: Students evaluate the benefits, harms and costs of tests and treatment options so they can make HVC a reality in clinical practice
POVERTY and the MYTHS of HEALTH CARE REFORM

RICHARD (BUZ) COOPER, MD
Total health care investment in US is less

In OECD, for every $1 spent on health care, about $2 is spent on social services.

In the US, for $1 spent on health care, about 55 cents is spent on social services.
Physician Employment Dynamics

Changing employment dynamics: Private versus hospital-owned practices, 2002-2011

Source: Physician Compensation and Production Survey, Medical Group Management Association, 2011 Survey
We Will See More HCP Consolidation

Provider Consolidation - Less Competition and Higher Costs
Research demonstrates that when hospitals consolidate, either merging with other hospitals or buying up physician practices, health care costs go up. Provider consolidation gives hospitals greater negotiating strength and limits competition, resulting in higher prices for services, higher costs for patients, and no improvement in the quality of care delivered.

Physicians Are Becoming Hospital Employees
- In 2000 1 in 20 specialists was a hospital employee...
- Today 1 in 4 specialists is a hospital employee.

Increasing Market Concentration Leads to Higher Prices for Consumers
- Percentage increase in market concentration from 1999-2003:
  - WEST: 5.5%
  - SOUTHWEST: 6.7%
  - MIDWEST: 7.4%
  - SOUTH: 9.4%
  - EAST: 7%

"Last year, a 15-minute visit to a doctor in private practice cost $69... That same visit to a hospital-employed physician cost $124."
- Orlando Sentinel

"Research suggests that hospital consolidation in the 1990s raised prices by at least five percent and likely significantly more. Prices increase 40 percent or more when merging hospitals are closely located."
- Robert Wood Johnson Foundation

State Medicare Graduate Medical Education Cap Per 100,000 Population, 2010

Cap Per 100,000 Population:
- 1.63 - 13.84
- 13.84 - 18.5
- 18.50 - 22.58
- 22.58 - 38.46
- 38.46 - 202.87
Figure 1
State Variation in the Supply of Primary Care Physicians (PCPs)

Source: Health Resources and Services Administration 2008 Area Resource File
Growth in Nurse Practitioner Graduates*
2001 - 2013

* Counts include master's and post-master's NP and NP/CNS graduates, and Baccalaureate-to-DNP graduates.

Source: American Association of Colleges of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF) Annual Surveys
Physician Assistant Pipeline Growth*

Newly Certified PAs, 2001 - 2014

Growth from 2013 to 2014: 14.7%
The Drugstore Will See You Now

Major pharmacy chains and big box retailers like Walmart are looking to draw customers by offering health care services. Since 2007, the number of clinics at these stores increased more than sevenfold.

Retail clinics at the start of the year

Notes: Walmart locations include primary care clinics and basic care clinics operated as joint ventures. Walgreens also operates clinics inside the company’s Duane Reade stores. The Little Clinic offers medical care at Kroger brands including Fry’s Food Stores, King Soopers and JayC Food Stores.

Source: Merchant Medicine
Factors affecting physician satisfaction and fulfillment

- Increased regulatory requirements: performance reporting; meaningful use of EHRs
- Burdensome documentation requirements
- Prior authorization; other approvals
- Electronic health records
- Inefficient practices
- MOC requirements
- Professional isolation (for some)
- Short visits; unrelenting time pressure
What is the one professional challenge that concerns you most?

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

Source: ACP 2015 Member Survey
ACP efforts to 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)
- Payment reform: pay more for cognitive care, chronic care, coordination, communication
- Quality measures: relevance, burden of reporting
“I hear there’s a new ICD-10 code for carpal tunnel syndrome caused by clicking too many times in an EMR system.”
EHRs

“The primary purpose of clinical documentation should be to support patient care and improve clinical outcomes through enhanced communication.”

ACP 2015 position paper, Clinical Documentation in the 21st Century, developed by our Medical Informatics Committee
Putting Patients First by Reducing Administrative Tasks in Health Care:
A Position Paper of the American College of Physicians

Written by Shari Erickson and Brooke Rockwern on behalf of the Medical Practice and Quality Committee

Abstract

This American College of Physicians (ACP) position paper, initiated and written by ACP’s Medical Practice and Quality Committee and approved by the Board of Regents on 21 January 2017, reports policy recommendations to address the issue of administrative tasks to mitigate or eliminate their adverse effects on physicians, their patients, and the health care system as a whole. The paper outlines a cohesive framework for analyzing administrative tasks through several lenses to better understand any given task that a clinician and his or her staff may be required to perform. In addition, a scoping literature review and environmental scan were done to assess the effects on physician time, practice and system cost, and patient care due to the increase in administrative tasks. The findings from the scoping review, in addition to the framework, provide the backbone of detailed policy recommendations from the ACP to external stakeholders (such as payers, governmental oversight organizations, and vendors) regarding how any given administrative requirement, regulation, or program should be assessed, then potentially revised or removed entirely.

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
ACP has met with the following organizations to discuss our concerns and efforts:

- CMS
- Office of the National coordinator
- EHR Association
- America’s Health Insurance Plans
- Blue cross/Blue Shield Association
- MedPAC
RISING INSULIN PRICES

SOURCE: Truven Health Analytics
5/13/07: Mylan announces purchase of Merck's generics unit, including EpiPen

SOURCE: Truven Health Analytics
Several years ago, several members of an ACP Chapter brought this topic to their Health and Public Policy Committee.

The ACP Chapter submitted this as a resolution to the ACP Board of Governors for policy development.

The Board of Governors and Board of Regents passed the resolution.

In 2016, this became policy for the ACP.
Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians

Hilary Daniel, BS, for the Health and Public Policy Committee of the American College of Physicians

This American College of Physicians position paper, initiated and written by its Health and Public Policy Committee and approved by the Board of Regents on 16 February 2016, reports policy recommendations from the American College of Physicians to address the escalating costs of prescription drugs in the United States. Prescription drugs play an important part in treating and preventing disease. However, the United States often pays more for some prescription drugs than other developed countries, and the high price and increasing costs associated with prescription medication is a major concern for patients, physicians, and payers. Pharmaceutical companies have considerable flexibility in how they price drugs, and the costs that payers and patients see are dependent on how payers are able to negotiate discounts or rebates. Beyond setting list prices are issues of regulatory approval, patents and intellectual property, assessment of value and cost-effectiveness, and health plan drug benefit design. These issues are linked, and comprehensive efforts will be needed to affect how drugs are priced in the United States.

For author affiliation, see end of text.
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H
igh-profile cases of high-priced drugs entering the market and price increases for traditional, generic, specialty, and biologic medications have thrust the issues of prescription drug price, value, and spending to the forefront of health care discussions. In a Kaiser Family Foundation poll, over 70% of those surveyed felt that drug prices were too high and that companies were too concerned about making profits (1). Patients, physicians, payers, and politicians have taken notice of the potential effect of drug prices on access to needed medications and are asking questions not only about how pharmaceutical companies determine a drug’s price, but also how we can better assess the pricing, cost, and value of a drug. Pricing (the base price of a drug before negotiations, rebates, and discounts), cost (the actual dollar amount paid by patients, health plans, or the government for a drug), and value (the benefit of a drug relative to its cost) are intertwined, and as policymakers look for solutions, they must consider all 3 issues in order to understand the broader implications of policies or regulatory action.

The benefits associated with prescription drugs cannot be ignored. The drive to create new drugs and seek improved treatments has resulted in a broad and constantly evolving market for prescription drugs in the United States. As new developments in the diagnosis and treatment of disease are discovered, Americans are using these drugs as part of their daily lives. Today, 7 out of 10 Americans are taking at least 1 prescription drug (2). However, not all patients can absorb the out-of-pocket costs for these drugs. Approximately 18% of retail prescription drugs were purchased in 2012, and patients used various techniques to reduce costs, including not taking a medication as prescribed (7.8%), asking the doctor for a lower-cost medication (15.1%), purchasing drugs from another country (1.6%), or using alternative therapies (4.2%) (3). Whereas drug prices are variable, demand for prescription medication is fairly inelastic.

Although the current U.S. market includes important advances in disease treatment, the United States is the only country in the 34-member Organisation for Economic Co-operation and Development (OECD) that lacks some degree of government oversight or regulation of prescription drug pricing. The OECD includes 13 countries that are considered high-income: Australia, Canada, Denmark, France, Germany, Japan, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States. Comparatively, the United States spends more on pharmaceuticals than these other high-income countries (4). An analysis of OECD data showed that the United States had the highest level of per capita spending on prescription drugs in 2010 compared with Australia, Canada, France, Germany, Switzerland, and the United Kingdom (5). In addition, the United States tends to introduce new drugs to the market faster than other countries and uses these new products more, influencing increases in prescription drug spending (6). The government and private insurance companies are the primary purchasers of drugs in the United States. Medicare, Medicaid, benefits administered under the Veterans Health Administration, and private payers have different methods for obtaining prescription drugs, re-
ACP Public Policy & Advocacy
Your Advocate for Internal Medicine on Capitol Hill

ACP aims to work in a constructive and bipartisan way with the President and Congress to achieve progress on our policy objectives.

**ACP’s advocacy themes:**

- Reduce administrative complexities and burdens
- Reduce barriers to access (i.e. ACA, behavioral/mental health, health disparities, chronic care, Medicaid expansion, telemedicine, VA)
- Make healthcare affordable (i.e. RX pricing, high value care)
- Improve population and public health (opioids, climate change, firearms)
- Improve health care delivery to achieve greater value (i.e. MACRA/QPP, fee schedule, quality measures)
- Ensure there are enough well-trained internists in the numbers needed (i.e. GME reform, primary care workforce)
- Make internal medicine practice more satisfying (i.e. quality measure relevance)
ACP Takes Proactive Stance to Help Congress Improve American Health Care

- ACP aims to move away from debate over repealing/replacing ACA
- ACP urges Congress and the administration to create and implement a forward-looking agenda to improve American health care
  - expanding access and coverage;
  - bringing greater value for the dollars spent;
  - reducing the crushing administrative burden on physicians and patients;
  - leveraging technology to improve patient care;
  - supporting a well-trained physician workforce;
  - reducing barriers to care of patients with chronic diseases; and,
  - supporting scientific research and policies to improve public health.
- “A Prescription for a Forward-Looking Agenda to Improve American Health Care” is available at ACPOnline.org.
Advocates for Internal Medicine Network (AIMn)

- Grassroots advocacy network designed to help ACP members engage with federal lawmakers on policy issues important to internists
- AIMn members receive legislative updates and alerts as key policy issues unfold, including sample messages to members of Congress
- Enroll at https://cqrcengage.com/acplac/
- To learn more, contact Shuan Tomlinson:
  - Tel: 202-261-4547
  - Email: stomlinson@acponline.org
Center for Patient Partnership in Healthcare (CPPH)

The Center’s primary focus is to promote principles of partnership between patients, families, and clinicians to improve care and outcomes. Major initiatives include:

- Partnering with patient and consumer groups to bring the patients’ voice to ACP activities
- Development of clinician educational programs and resources focused on patient and family engagement to improve access, care coordination, and medication management
- Identifying opportunities for patients and families to participate in healthcare professional education, such as collaborating as faculty on educational programs
- Development of patient education resources to support patient self-management, enhanced communication, and shared decision-making
Professional Development

- ACP Leadership Academy
- Ethics manual & case studies
- Mentoring and networking
- ACP Academic Advisory Board
- ACP Young Achievers Program
- Career Connection
  - a comprehensive listing of career opportunities for physicians
Support the Next Generation of IM
Community and Engagement

- Engage online with ACP Forums
- Join your local IM community through ACP Chapters
  - Network, gain CME, develop leadership skills
  - Mentor medical students and early career physicians
- Develop skills through the ACP Engagement Program
  - Volunteer to help in development of ACP products
  - Judge abstracts and mentor early career physicians
- Join ACP’s Advocates for Internal Medicine
  - Advocate at the national level for IM physicians and patients
Thank you . . .

... Leading the Way Together

... We’re Better Together!