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
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
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
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
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 present patients from receiving timely and appropriate care or treatment.
Patients Before Paperwork Efforts continued

- 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
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 benefits. 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.
This article was published at www.annals.org on 29 March 2016.

High-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 price 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 paid for out of pocket 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 use 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-

See also:

Web-Only
Appendix: Full Position Paper
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
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!