

## BOR Action on Fall 2018 BOG Resolutions Now Available

A summary of Board of Regents (BOR) actions on fall 2018 Board of Governors (BOG) resolutions debated at the November ACP Board of Regents (BOR) meeting is available below. Resolutions initiated by ACP members and endorsed by a chapter council and the BOG become ACP policy when adopted by the BOR.

If you have an idea you'd like to suggest to ACP, consider submitting a resolution to your Governor or local ACP chapter. Visit your [ACP chapter website](#) for more information on how to contact your Governor or chapter staff about proposing a resolution.

### Adopted and referred for implementation (See lines 37-50; 213-229; 68-99; and 122-128):

- 5-F17. Measuring the Association between Medicare's Nonpayment Policy and the Injurious Inpatient Falls Outcome Addressed by the Hospital-Acquired Conditions (HACs) Initiative
- 5-F18. Promoting the High Value Provided by Primary Care Internists
- 7-F18. Petitioning to Change Tramadol from DEA Schedule IV to Schedule III
- 8-F18. Improving Reimbursement for Cognitive Services
- 10-F18. Reimbursing Tetanus Vaccinations for Better Patient Care
- 13-F18. Developing ACP Policy Opposing the Requirement for Ninety-Day Prescribing in Order That Prescriptions be Covered by Insurance Companies
- 16-F18. Advocating for Immunity from Federal Prosecution for Patients and Physicians in States That Allow Use of Medical Marijuana

### Adopted as BOR-amended and referred for implementation (See lines 131-153 and 176-210):

- 1-F18. Modifying the ACP BOG Resolutions Process to Include an Electronic Vote Count and Summary of Dissenting Opinions
- 3-F18. Developing ACP Policy Calling for Transparency and Community Learning Towards Physician Suicide Prevention

### Adopted as a reaffirmation (See lines 53-65 and 102-119):

- 4-F18. Energizing the Patients Before Paperwork Project
- 14-F18. Calling Upon the ACP to Publicly Support the Consensus Statement Recently Prepared by a Collection of Medical/Health Care Associations Requesting Improvement in the Prior Authorization Process
- 15-F18. Seeking Legislation to Require Medicare Advantage, Medicaid, and Commercial Insurers Pay for Advance Care Planning

### Referred for Study (See lines 156-173 and 252-274):

- 2-F18. Establishing a Council of Independent Practice Internists
- 9-F18. Paying for Physician Performance rather than Patient Performance

### Not Adopted (See lines 232-249):

- 6-F18. Elevating the Benefits of the Patient-Physician Relationship throughout the College's Work

The Board of Regents

**Voted:** to approve, as a Consent Calendar, recommendations regarding the disposition of the following resolutions adopted at the Fall 2018 Board of Governors Meeting:

***Resolution 5-F17. Measuring the Association between Medicare's Nonpayment Policy and the Injurious Inpatient Falls Outcome Addressed by the Hospital-Acquired Conditions (HACs) Initiative (Adopted and referred to the Medical Practice and Quality Committee for implementation with input from the Medical Informatics Committee and the Performance Measurement Committee):***

42 *RESOLVED, that the Board of Regents advocates for data collection to measure the association*  
43 *between Medicare’s nonpayment policy and the injurious inpatient falls outcome addressed by*  
44 *the hospital-acquired conditions (HACs) initiative; and be it further*

45  
46 *RESOLVED, that the Board of Regents asks CMS that early mobility be considered as a*  
47 *performance measure to be tested and validated; and be it further*

48  
49 *RESOLVED, that the Board of Regents advocate for data collection to describe how*  
50 *implementation of an early mobilization measure interacts with the falls indicator.*

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53 **Resolution 4-F18. Energizing the Patients Before Paperwork Project**  
54 **(Adopted as reaffirmation of College policy):**

55  
56 *RESOLVED, that the Board of Regents energizes the Patients Before Paperwork Project and*  
57 *elevates this project as its highest priority in terms of strategic planning; and be it further*

58  
59 *RESOLVED, that the Board of Regents develops specific short and long term goals to be*  
60 *accomplished in the “Patients Before Paperwork” campaign and develops a clear and specific*  
61 *regulatory and legislative strategy to accomplish these goals with increased resources; and be it*  
62 *further*

63  
64 *RESOLVED, that the Board of Regents develops a communication strategy that frequently*  
65 *informs the membership and engages the membership in this endeavor.*

66  
67

68 **Resolution 7-F18. Petitioning to Change Tramadol from DEA Schedule IV to Schedule III**  
69 **(Adopted and referred to the Health and Public Policy Committee for implementation):**

70  
71 *RESOLVED, that the Board of Regents petitions the United States Drug Enforcement*  
72 *Administration to change tramadol from a Schedule IV to a Schedule III controlled substance.*

73  
74

75 **Resolution 8-F18. Improving Reimbursement for Cognitive Services**  
76 **(Adopted and referred to the Medical Practice and Quality Committee for implementation):**

77  
78 *RESOLVED, that the American College of Physicians (ACP) Board of Regents works with the*  
79 *Centers for Medicare and Medicaid Services (CMS) and third party payors to investigate*  
80 *additional ways to develop and support a more realistic valuation for the level of cognitive*  
81 *services provided and a more equitable alignment with the level of reimbursement paid.*

82  
83

84 **Resolution 10-F18. Reimbursing Tetanus Vaccinations for Better Patient Care**  
85 **(Adopted and referred to the Medical Practice and Quality Committee for implementation):**

86  
87 *RESOLVED, that the Board of Regents seeks full coverage under Medicare Part B and Part D of*  
88 *the Td and Tdap vaccine and its administration for all Medicare patients.*

89  
90

91 **Resolution 13-F18. Developing ACP Policy Opposing the Requirement for Ninety-Day Prescribing in**  
92 **Order That Prescriptions be Covered by Insurance Companies**  
93 **(Adopted and referred to the Medical Practice and Quality Committee for implementation):**

94  
95 *RESOLVED, that the Board of Regents develops ACP policy opposing any requirement for ninety-*  
96 *day prescribing; and be it further*

97  
98 *RESOLVED, that the Board of Regents develops policy opposing any financial penalty to the*  
99 *patient based on the number of days prescribed.*

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101  
102 **Resolution 14-F18. Calling Upon the ACP to Publicly Support the Consensus Statement**  
103 **Recently Prepared by a Collection of Medical/Health Care Associations Requesting**  
104 **Improvement in the Prior Authorization Process**  
105 **(Adopted as reaffirmation of College policy):**

106  
107 *RESOLVED, that the Board of Regents provides formal public support to at least the broad*  
108 *aspects of the recently published consensus statement<sup>1</sup> of multiple other organizations which*  
109 *calls for an improvement in the Prior Authorization Process thereby increasing the likelihood that*  
110 *the health care industry will work on improving the preauthorization process.*

111  
112  
113 **Resolution 15-F18. Seeking Legislation to Require Medicare Advantage, Medicaid, and Commercial**  
114 **Insurers Pay for Advance Care Planning**  
115 **(Adopted as reaffirmation of College policy):**

116  
117 *RESOLVED, that the Board of Regents seeks Federal Legislation to require Medicare Advantage,*  
118 *Medicaid, and Commercial Insurance to pay for Advance Care Planning whenever and as often*  
119 *as the patient's physician believes that it is appropriate.*

120  
121  
122 **Resolution 16-F18. Advocating for Immunity from Federal Prosecution for Patients and Physicians in**  
123 **States That Allow Use of Medical Marijuana**  
124 **(Adopted and referred to the Health and Public Policy Committee for implementation):**

125  
126 *RESOLVED, that the Board of Regents will advocate for immunity from federal prosecution of*  
127 *patients using medical marijuana and their physicians who certify or recommend such use in*  
128 *accordance with their state's laws.*

129  
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131 **Resolution 1-F18. Modifying the ACP BOG Resolutions Process to Include an Electronic Vote Count and**  
132 **Summary of Dissenting Opinions**

133 The Board of Regents extracted Resolution 1-F18 from the Consent Calendar to discuss. Following  
134 discussion, the Board of Regents

135 **Voted: to:**

- 136 a) Approve a motion to amend Resolution 1-F18.

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<sup>1</sup> <https://www.ama-assn.org/sites/default/files/media-browser/public/arc-public/prior-authorization-consensus-statement.pdf>

137 b) *Adopt amended Resolution 1-F18 and refer to the Executive Committee Board of Governors for*  
138 *implementation with input from the Health and Public Policy Committee on the 2<sup>nd</sup> resolved*  
139 *clause.*

140 Rationale:

- 141 • (1<sup>st</sup> Clause) To preserve a record of the supportive and dissenting opinions expressed at BOG
- 142 Meetings.
- 143 • (2<sup>nd</sup> Clause) The BOR has a fiduciary responsibility to examine the implications of circulating ACP
- 144 policy deliberations beyond the internal organization.
- 145 *RESOLVED, that the Board of Regents (BOR) modifies the ACP Board of Governors (BOG)*
- 146 *Resolutions Process to include an official electronic vote count for all resolutions and ~~a recorded~~*
- 147 *summary of supporting and dissenting opinions for resolutions that pass with less than a 2/3*
- 148 *majority of those voting, and the vote count and opinion summary ~~this context~~ be included in the*
- 149 *report provided to the Board of Regents and preserved in College records for future reference;*
- 150 *and be it further*

151

152 *RESOLVED, that the Board of Regents studies study how whether this information ~~would~~ should*  
153 *be made available beyond the Board of Regents.*

154

155

156 ***Resolution 2-F18. Establishing a Council of Independent Practice Internists***

157 The Board of Regents extracted Resolution 2-F18 from the Consent Calendar to discuss.

158 Following discussion, the Board of Regents

159 **Voted:** *to refer Resolution 2-F18 to the Governance Committee for study.*

160

161 Rationale:

162 The BOR decided to refer for study rather than implementation because of concerns about:

- 163 • Precedent setting that might become problematic with other groups
- 164 • Possible fragmentation of ACP policy development
- 165 • Potential impact on ACP resources

166

167 *RESOLVED, that the Board of Regents establishes a Council of Independent Practicing Internists,*  
168 *composed of internists practicing in both small and large independent practices, with an elected*  
169 *Vice Chair and Chair who serve on the BOG and BOR, respectively; and be it further*

170

171 *RESOLVED, that the Board of Regents allows this Council to serve to identify and give voice to the*  
172 *College priorities and concerns of independent physicians, as well as strategies to improve work*  
173 *satisfaction, financial stability, and patient care in the independent practice setting.*

174

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176 ***Resolution 3-F18. Developing ACP Policy Calling for Transparency and Community***

177 ***Learning Towards Physician Suicide Prevention***

178 The Board of Regents extracted Resolution 3-F18 from the Consent Calendar to discuss. Following  
179 discussion, the Board of Regents

180 **Voted:** *to:*

181 a) *Approve a motion to amend Resolution 3-F18.*

182 b) *Adopt amended Resolution 3-F18 and refer to the Ethics, Professionalism and Human Rights*  
183 *Committee for implementation with input from the Education and Publication Committee.*

184

185 Rationale:

186 (1<sup>st</sup> Clause) To focus the College's efforts from other areas of ACP, not just the ACP Physician Well-being  
187 and Professional Satisfaction initiative.

188  
189 *RESOLVED, that the Board of Regents develops a policy statement, ~~independent of,~~ but in*  
190 *addition to and in alignment with the existing ACP Physician Well-being and Professional*  
191 *Satisfaction initiative, that calls on institutions to embrace transparency, accountability, and*  
192 *collaboration as core features of a comprehensive response to an individual physician suicide*  
193 *(including medical students, resident and fellow physicians, and practicing, non-practicing or*  
194 *retired physicians). These three core features should also guide partnerships with the public (e.g.*  
195 *media), the medical community, and other organizations to better understand and intervene*  
196 *upon the alarming nature and socio-organizational context of physician suicides; and be it*  
197 *further*

198  
199 *RESOLVED, that the Board of Regents in such a policy statement calls for healthcare and medical*  
200 *education institutions to monitor and improve meaningful physician health outcomes,*  
201 *implement standardized postvention activities and investigative activities, including but not*  
202 *limited to:*

- 203 1) *Investigative procedures (e.g. root cause analyses with attention to*  
204 *organizational/environmental contributors or related policies, psychological autopsy, and*  
205 *other activities, such as Morbidity & Mortality conferences, Schwartz Rounds;*
- 206 2) *Systematic reporting of investigative findings, while maintaining respect of family*  
207 *members' wishes and abiding by ethical principles of communication about suicide; and*
- 208 3) *Provision of compassionate resources, in keeping with 'creating an environment of*  
209 *psychological safety', to support appropriate grieving for peers, colleagues and members*  
210 *of the community of a physician who has completed suicide.*

211  
212  
213 **Resolution 5-F18. Promoting the High Value Provided by Primary Care Internists**

214 The Board of Regents extracted Resolution 5-F18 from the Consent Calendar to discuss. Following  
215 discussion, the Board of Regents

216 **Voted:** to adopt and refer Resolution 5-F18 to the Executive Office for implementation with input from  
217 the Health and Public Policy Committee, Education and Publication Committee, and the Membership  
218 Committee.

219  
220 *RESOLVED, that the ACP Board of Regents promotes the high value primary care that internists*  
221 *provide, and commits to making it a priority to demonstrate and market the value of the General*  
222 *Internist to the public by:*

- 223 1. *Supporting research to evaluate the care provided by internists, with attention to quality,*  
224 *value, and health system cost savings*
- 225 2. *Establishing the ACP as the premiere educational resource for internists that provide*  
226 *primary care*
- 227 3. *Developing a policy paper on the value of the Internist*
- 228 4. *Developing a sustainability plan for our profession which includes efforts directed at*  
229 *internal medicine trainees to attract them to careers in primary care.*

230  
231  
232 **Resolution 6-F18. Elevating the Benefits of the Patient-Physician Relationship -**  
233 **throughout the College's Work**

234 The Board of Regents extracted Resolution 6-F18 from the Consent Calendar to discuss. Following  
235 discussion, the Board of Regents

236 **Voted:** to not adopt Resolution 6-F18. Elevating the Benefits of the Patient-Physician Relationship  
237 throughout the College's Work.

238

239 **Rationale:**

240 Concerns:

- 241 • The wording of the resolution leaves the intent unclear.
- 242 • The resolved clause requests *more* studies when studies are bountiful on the benefits of the  
243 patient-physician relationship.
- 244 • The College already promotes the importance of the patient-physician relationship, including  
245 through the Medical Practice and Quality Committee and Wellness Task Force.

246

247 *RESOLVED, that the Board of Regents studies the most effective ways to elevate, including a*  
248 *review of medical literature, the benefits of the patient-physician relationship throughout the*  
249 *College's work.*

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251

252 ***Resolution 9-F18. Paying for Physician Performance rather than Patient Performance***

253 The Board of Regents extracted Resolution 9-F18 from the Consent Calendar to discuss. Following  
254 discussion, the Board of Regents

255 **Voted:** to refer Resolution 9-F18 to the Medical Practice and Quality Committee for study with input from  
256 the Performance Measurement Committee.

257

258 **Rationale:**

259 The BOR decided to refer for study rather than implementation because of concerns about:

- 260 • Fostering a "check the box" mentality in working with patients instead of identifying the  
261 barriers.
- 262 • Needing to identify the larger strategic context for measuring performance. What strategy  
263 should be used to measure performance and not penalize physicians for whether patients  
264 comply with their recommendations?

265

266 *RESOLVED, that the Board of Regents works with third party payers and other physician*  
267 *performance review organizations nationally to establish a new standard that measures*  
268 *physician performance considering provision of appropriate advice and guidance, effective and*  
269 *reasonable communication and documentation of that advice; and be it further*

270

271 *RESOLVED, that the Board of Regents works with the American Medical Association and any*  
272 *other organizations measuring physicians through incentive or performance programs to adopt*  
273 *standards that avoid penalizing physicians based on social and systems issues that limit patient*  
274 *adherence to that advice.*

275