Resolution 1-F14. Identifying Chronic Condition/Medication Pairings where Evidence Supports Eliminating Co-Payments

(Sponsor: Illinois Northern and Downstate Chapters)

WHEREAS, the cost of prescription drugs is prohibitive for many patients; and

WHEREAS, patients have chronic conditions which require daily pharmacotherapy; and

WHEREAS, many individuals are required to provide copayment for each prescription every 30-90 days; and

WHEREAS, prescription drug copayments are intended to create a cost constraint for patients, giving them more "skin in the game" and causing them to think twice before choosing to fill a prescription; and

WHEREAS, retail co-pays have continued to increase; and

WHEREAS, costs of these co-pays is potentially prohibitive; and

WHEREAS, patients may elect to eliminate or reduce needed medications for chronic conditions due to the cost of copayments; and

WHEREAS, such patients are at risk for costly complications, increased use of resources and readmission due to medication noncompliance; and

WHEREAS, a variety of studies have shown reduced adherence and sometimes increases in total spending when co-pays are used for chronic medications; improved adherence, reduced ED visits and improved health outcomes when co-pays for chronic medications are reduced or eliminated; and, in other instances, a lack of any overall savings when co-pays are raised in low income populations; therefore be it

RESOLVED, that the Board of Regents performs a comprehensive study to identify a specific set of common chronic condition/medication pairings where evidence strongly supports eliminating co-payments because co-payments adversely affect adherence and patient health outcomes, and because eliminating co-payments for these drugs in these settings is likely to lead to stable or reduced system costs; and be it further

RESOLVED, that the Board of Regents pursues strategies to eliminate the use of copayments for the condition/medication pairs called out by this study.

Huskamp HA, et al. The effect of incentive-based formularies on prescription drug utilization and spending. N Engl J Med. 2003; 349:2224-32.
Goldman DP et al. Prescription drug cost sharing: Associations with medication and medical utilization and spending and health. JAMA. 2007; 298:61-9.
Choudhry NK, et al. The impact of reducing cardiovascular medication copayments on health spending and resource utilization. J Amer Coll Cardiol. 2012; 601817-24.
Gibson TB, et al. Impact of statin copayments on adherence and medical care utilization and expenditures. Amer J Managed Care. 2006; 12:SP11-19.
Wallace NT, et al. How effective are copayments in reducing expenditures for low-income adult Medicaid beneficiaries? Experience from the Oregon Health Plan. Health Serv Res. 2008; 43:515-30.

Resolution 2-F14. Assuring that Expert Consensus, Evidence Based Medicine Principles, and Practice Guidelines (EEP) are Applied Appropriately to the Clinical Care of Individual Patients

(Sponsor: District of Columbia Chapter)

WHEREAS, the ACP is committed to aiding its members in providing high quality care to their patients; and

WHEREAS, strategic priorities of the ACP include being a valued professional home for all internists and supporting professional excellence and patient engagement; and

WHEREAS, there appears to be an increasing tendency for EEPs to be applied to the medical care of individual patients without taking into account how variations in individual patient characteristics may affect the validity of strict application of these guidelines in the care of specific individuals; and

WHEREAS, with increasing use of data from EMRs to monitor quality of care there is potential for physicians to be penalized for not following EEPs (even when not following these guidelines is most appropriate for the care of specific patients); therefore be it

RESOLVED, that the Board of Regents expresses its support for internists who take into consideration individual patient characteristics when applying Expert Consensus, Evidence Based Medicine Principles, and Practice Guidelines (EEPs) in the care of individual patients; and be it further

RESOLVED, that the Board of Regents strongly encourages institutions that rate, reward, and/or direct medical care according to EEPs to provide physicians with readily available means for providing justification for utilizing knowledge of patient specific characteristics in caring for individual patients when such care seems to conflict with EEPs.

Resolution 3-F14. Advocating for Legislation Empowering the Federal Government to Negotiate Medicare Drug Prices

(Sponsor: Idaho Chapter)

WHEREAS, the out-of-pocket cost of prescription drugs is a major obstacle in both providing appropriate treatment and achieving compliance in the treatment of diseases of adults; and

WHEREAS, the federal government has been able to use its purchasing power to reduce the price of prescription drugs in the Veterans Administration system[1]; and

WHEREAS, publically funded plans (e.g., Medicare and Medicaid) cannot currently negotiate volume discounts on prescription drug prices, or form bulk-purchasing agreements as per *Part D* of *Title XVIII of the Social Security Act, (*section 1860D–11, subsection (i), which states, "Noninterference—In order to promote competition under this part and in carrying out this part, the Secretary - (1) may not interfere with the negotiations between drug manufacturers and pharmacies and PDP sponsors; and (2) may not require a particular formulary or institute a price structure for the reimbursement of covered part D drugs"[2]; and

WHEREAS, a report from the Center for Economic and Policy Research (CEPR) estimates that savings to the U.S. government would range from $230 billion to $541 billion over 10 years (Baker, 2013), if such negotiation were possible[3]; and

WHEREAS, the Congressional Budget Office (CBO) estimates that the federal government would save $141 billion over 10 years if drug manufacturers provided discounts to individuals dually eligible for both Medicare and Medicaid or the Part D Low-Income Subsidy[4]; and

WHEREAS, it is the existing policy of the American College of Physicians (ACP) that "negotiating volume discounts on prescription drug prices and pursuing prescription drug bulk-purchasing agreements under the Medicare program" is necessary to control healthcare costs; therefore be it

RESOLVED, that the Board of Regents develops a strategy to advocate for timely legislation that would empower the federal government to negotiate drug prices, discounts, rebates, and/or other concessions with pharmaceutical companies, through formal requests to Congressional and Senate leaders, and appropriate government agencies and committees.

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[1] American College of Physicians. (2012). Policy Compendium, Winter 2012 – 2013, p 24. Retrieved April 28, 2014 from http://www.acponline.org/advocacy/acp_policy_compendium_winter_2012-13_1.pdf

[2] Social Security Administration. (n.d.). Title 18, Subpart 2—Prescription Drug Plans; PDP Sponsors; Financing, Sec. 1860D-11. [42 U.S.C. 1395w-111]. Retrieved April 28, 2014 from http://www.ssa.gov/OP_Home/ssact/title18/1860D-11.htm

[3] Baker, D. (2013). Reducing Waste with an Efficient Medicare Prescription Drug Benefit. Center for Economic and Policy Research. Issue Brief, January 2013. Retrieved April 28, 2014 from http://www.cepr.net/documents/publications/medicare-drug-2012-12.pdf

[4] Committee on Energy and Commerce. (2013). Democratic Leaders Introduce Legislation to Save Taxpayers More Than $140 Billion in Medicare Drug Costs. Retrieved April 28, 2014 from http://democrats.energycommerce.house.gov/index.php?q=news/democratic-leaders-introduce-legislation-to-save-taxpayers-more-than-140-billion-in-medicare-dr

Resolution 4-F14. Affirming the Value of Physician to Physician Consultation in Evaluating Complex Medical Patients

(Sponsor: Pennsylvania Chapter)

WHEREAS, the involvement by mid-level practitioners is becoming more prevalent in specialty practices; and

WHEREAS, Primary Care Physicians (PCPs) as well as specialists in other disciplines continue to seek consultation with specialists when patients' medical problems are complex or outside of their field of knowledge; and

WHEREAS, mid-level practitioners perform valuable services in working with specialists by performing preliminary evaluations of patients referred for such consultation; and

WHEREAS, mid-level practitioners lack the education and expertise to provide comprehensive specialty evaluation; and

WHEREAS, consultations are at times forwarded without adequate input from the supervising specialist physician; therefore be it

RESOLVED, that the Board of Regents affirms the value of physician to physician consultation in evaluating complex medical patients; and be it further

RESOLVED, that the Board of Regents affirms that such consultation cannot be appropriately provided unless the cognitive expertise of the physician providing such consultation is applied after a thorough review of the relevant history, ancillary data and the performance of a physical examination where necessary; and be it further

RESOLVED, that the Board of Regents creates guidelines defining the appropriate role of midlevel providers and their collaborating physicians in the performance of such consultation. (D13 &D14 of the ACP 2013 Strategic Plan).

Resolution 5-F14. Supporting an Expanded Medicare Insurance as an Option in States that Refused Medicaid Expansion

(Sponsor: Illinois Northern Chapter)

WHEREAS, the American College of Physicians recognizes the need to ensure that everyone in the United States has access to needed health care services of high quality; and

WHEREAS, the ACP has recommended that the public and policymakers consider adopting a single-payer financing model as a means of achieving universal coverage, because single-payer systems are equitable and achieve high levels of patient satisfaction and high measures of quality and access with lower administrative costs compared to multi-payer systems; and

WHEREAS, the Affordable Care Act, while laudable in many aspects, will leave many U.S. residents uninsured and its multi-payer system will fail to provide equal access to care for the poor; and

WHEREAS, Medicaid expansion, a key Affordable Care Act strategy for covering the poorest of the uninsured will leave 62% of poor African Americans and 50% of poor whites without insurance because the states they live in did not expand Medicaid; and

WHEREAS, the Health Care Marketplaces offer multi-payer private insurance coverage with unacceptably high deductibles and co-pays for low-income people; and

WHEREAS, an expanded Medicare, a single-payer system with the above characteristics is most consistent with ACP's goal of promoting the highest clinical standards and ethical ideals; and

WHEREAS, an expanded Medicare, a single-payer system best promotes the value of primary and patient-centered care, as well as the medical home, concepts that ACP recognizes; and

WHEREAS, an expanded Medicare, a single-payer system shows the greatest potential to guide decision making through the use of evidence-based medicine, decision support, and electronic information systems in combination with an interoperable health record; and

WHEREAS, an expanded Medicare offered as an option on the Healthcare Marketplaces would allow consumers to choose such a plan; and

WHEREAS, in States where Medicaid was not expanded, an expanded Medicare could provide a means of insurance for those in poverty or otherwise without insurance; therefore be it

RESOLVED, that the Board of Regents supports the promotion of an expanded Medicare health insurance system in the United States on state Health Exchanges that would provide an option of health coverage in states that have refused to expand Medicaid.

Resolution 6-F14. Directing a Comprehensive Effort to Address Climate Change

(Sponsor: New York Chapter)

WHEREAS, the American College of Physicians aspires to be the foremost comprehensive education and information resource for all internists; and

WHEREAS, the American College of Physicians advocates responsible positions on public policy for the benefit of the public; and

WHEREAS, the American College of Physicians is an organization with an international scope; and

WHEREAS, the Intergovernmental Panel on Climate Change has determined with "very high confidence" that the health of human populations is sensitive to climate change; therefore be it

RESOLVED, that the Board of Regents directs a comprehensive effort to address research, education and response to the medical consequences of climate change.

REFERENCES:
Chivian, E Why doctors and their organizations must help tackle climate change. BMJ 2014;348.
McMichael, A Globalization, Climate Change, and Human Health. NEJM 2013;368:1335-43.
Intergovernmental Panel on Climate Change. Working Group II AR5. October 2013.

Resolution 7-F14. Opposing 2014 ABIM MOC Criteria and Changing MOC to a Simple 10-Year Pathway

(Sponsor: District of Columbia Chapter)

WHEREAS, the Board of Governors has addressed the issue of Maintenance of Certification (MOC) at its last several meetings demonstrating the interest of its membership in the issue of MOC; and

WHEREAS, a strategic priority of the ACP is to be a valued professional home for all internists throughout their careers representing internists in their professional concerns and attempting to address the professional needs of internists; and

WHEREAS, many internists are considerably concerned about changes in the ABIM MOC program in 2014[5] [6] [7]; therefore be it

RESOLVED, that ACP policy reflects the growing concern among rank-and-file physician members about current Maintenance of Certification (MOC) and that this policy result in ACP lobbying ABIM to change MOC criteria to a simple pathway: a MOC exam every ten years plus a set number of annual CME medical knowledge modules (such as the ACP has already developed); and be it further

RESOLVED, that ACP policy reflects the concern of its membership in the cost and complexity of the current MOC fee schedule.

[5] A recent internet survey of the membership of the DC ACP Chapter showed the majority of the respondents to be opposed to the new 2014 ABIM MOC requirements.

[6] There is a well reported national grassroots movement among internal medicine physicians opposing the new 2014 MOC requirements as it is costly (multiple redundant fee schedules), time consuming (time away from patients and families), onerous to fulfill (collecting and "improving" practice data) and without proven scientific or educational value. This opposition includes an AAPS lawsuit, an anti-MOC/MOL physician website, and a growing online petition. The AAPS lawsuit is based on the concerns of its members, arguing that MOC represents a restraint of trade, effectively causing reduced patient access to medical care delivered by physicians.

[7] ABIM justifies its MOC process by stating that the majority of physicians participating in MOC support all aspects of the MOC. However, MOC participants are a captive audience in an ABIM-sponsored survey and the results of any survey from a captive audience are inherently flawed. As noted above, a non-ABIM sponsored survey of MOC participants did not support the current MOC process.

Resolution 8-F14. Opposing 2014 ABIM MOC Criteria as a Requirement for Physicians to Obtain Medical Licensure, Medical Malpractice Insurance, and Employment in Healthcare Facilities Due to its Potential for Reducing Patient Access to Primary Care

(Sponsor: District of Columbia Chapter)

WHEREAS, the ACP is committed to at least maintaining and potentially improving access of care for patients; and

WHEREAS, a strategic priority of the ACP is to be a valued professional home for internists where their ability to provide medical care of their patients is supported and facilitated; and

WHEREAS, there is already a dearth of primary care physicians impeding patients' access to primary care medicine; and

WHEREAS, some primary care physicians are contemplating early retirement, non-clinical employment, cash only/concierge practices or reducing acceptance of third-party payors due to physicians' perception that the new 2014 requirements for the ABIM MOC are costly, time-consuming and onerous to fulfill; and

WHEREAS, some primary care physicians are concerned that they will lose medical licensure if they choose not to satisfy ABIM MOC requirements in light of the decision of the FSMB to recognize MOC as one pathway to satisfy state MOL requirements; and

WHEREAS, some primary care physicians are concerned that they will not be able to retain access to health care facilities, acquire medical malpractice insurance, attain state/federal employment or participate in ACO/health insurance panels if they choose not to satisfy ABIM MOC requirements (e.g., when these entities require ABMS board certification); and

WHEREAS, failure to maintain board certification may lead to decreased economic viability in general for many primary care physicians (exemplified by the above scenarios) exacerbating the dearth of primary care physicians in the U.S. and thereby further reducing patients' access to primary care medicine; therefore be it

RESOLVED, that the Board of Regents publicly opposes the new 2014 ABIM MOC criteria as a requirement for physicians to obtain medical licensure, medical malpractice insurance, employment in health care facilities and/or participate in health insurance provider panels due to its potential for reducing patient access to primary care.

Resolution 9-F14. Studying How to Gain a More Thorough Understanding of Membership Concerns and Opinions

(Sponsor: District of Columbia Chapter)

[ACCEPTED AS REAFFIRMATION OF COLLEGE POLICY]

WHEREAS, national ACP staff and leadership are committed to being sensitive and interested in concerns and opinions of our membership as documented in their response to various prior resolutions brought to the Board of Governors over the years; and

WHEREAS, ACP is a membership organization for which a strategic priority is to be a valued professional home for all internists throughout their careers; and

WHEREAS, many of our chapter members have expressed concern that national ACP staff and officers do not always seem to be aware of local membership concerns and opinions despite the desire of national staff and leadership to be successful in achieving this goal; and

WHEREAS, to be a valued, effective, and desirable home for all internists, national ACP needs to fully understand the needs and concerns of its membership; and

WHEREAS, such knowledge could be useful not only in providing increased value to its current membership but also in recruiting new members; therefore be it

RESOLVED, that the Board of Regents studies how national staff and officers can gain a more thorough understanding of membership concerns and opinions (For example, through an annual general membership survey or through ongoing focus groups.); and be it further

RESOLVED, that the Board of Regents actively solicits input from the current Board of Governors on ways to achieve this goal.

Resolution 10-F14. Developing a Formal Method for Governors to Engage ACP National Leaders in Real-Time on High Priority Issues

(Sponsor: New York Chapter)

WHEREAS, the American College of Physicians strives to be the professional home to its members; and

WHEREAS, the American College of Physicians has limited resources thus requiring a prioritization on action issues; and

WHEREAS, it is not uncommon for time sensitive issues to arise unexpectedly in both regional and national venues; and

WHEREAS, many issues become nationally relevant when an individual State implements new policy changes; and

WHEREAS, the current ACP BOG Resolutions Process does not allow for addressing urgent issues in real-time; therefore be it

RESOLVED, that the Board of Regents develops a formal method for Governors to engage ACP national leaders in real-time for high priority or fast developing issues.

Resolution 11-F14. Waiving IM Registration Fees for All Poster Presenters

(Sponsor: New York Chapter)

WHEREAS, the American College of Physicians requires all abstract competition chapter winners to pay the annual IM registration fee for the annual IM poster competition; and

WHEREAS, the American College of Physicians waives the registration fee for poster presenters who are accepted directly in the ACP annual IM poster competition; and

WHEREAS, the existing requirement for chapters or the individual residents to pay the cost of an IM registration fee, when no registration fee is charged for directly accepted presenters is not only an imposition on chapters and chapter winners but seems unmerited and creates perceived inequity; and

WHEREAS, poster presenters who have already won in their chapter poster category have already been "preliminarily judged and vetted" by their chapters, so there is less work on the part of ACP staff to process these presenters; therefore be it

RESOLVED, that the Board of Regents waives IM registration fees for all poster presenters in the American College of Physician's annual IM poster competition.