



Annual Report of the

EXECUTIVE VICE PRESIDENT

2011-2012

Letter from the Executive Vice President.....	2
The Evolving Landscape of Health Care	3
Clinical Information, Education & News	6
Running a Practice	9
Expanding Our Influence.....	10
Connect With ACP On the Go	11
Collaborations and Initiatives.....	12





LETTER FROM THE EXECUTIVE VICE PRESIDENT

As I reflect upon the past year—my second year as Executive Vice President and CEO—I am continually reminded of the importance of the American College of Physicians in this turbulent time for health care. In our policy positions as well as our extensive activities in the educational arena, we continue to strive to help our physicians, our patients, and the broader health care system achieve Don Berwick’s “triple aim”—better care for individuals, better health for the population, and lower per capita costs. The Supreme Court’s recent upholding of the Affordable Care Act is a monumental achievement toward the goal of universal access.



ACP’s High Value, Cost-Conscious Care Initiative has been—and will continue to be—a high priority for the College.

However, uncertainty about states’ willingness to expand Medicaid coverage, the challenge of fixing the sustainable growth rate (SGR) problem, the need to develop new payment models, and the imperative to control health care costs remain as pressing concerns in the current health care environment. Over the past year, ACP has been addressing these issues, but I also believe that the need for ACP to be involved will only increase over the coming year. The importance of each of these issues cannot be overestimated; they will have an important impact on patients and physicians over the next decade and beyond. With the upholding of the Affordable Care Act, ACP is committed to helping our physicians and other members of the health care team implement the many positive components of health care reform that will expand access, improve quality, foster patient-centered care, and lower costs. In this report, we outline briefly some of the programs and resources that ACP has developed and is continuing to expand upon to facilitate practice transformation to patient-centered medical homes, universal adoption of electronic medical records, and new payment models that appropriately recognize the value of cognitive care and care coordination.

As popularized by Thomas Friedman, we recognize that “the world is flat,” and ACP has been expanding its outreach to our international colleagues. The highest rate of ACP’s membership growth is in the international arena, and this year we established a new international Chapter in Colombia. Over the coming years, we will be exploring opportunities for further increasing ACP’s international membership and adding new international Chapters.

Our outstanding clinical and educational programs, products, and resources that advance the science and practice of medicine continue to be at the core of our value to physicians, trainees, other members of the health care team, and patients. A high priority for ACP has been the development of, and migration of resources to the various mobile environments that have become standard means of obtaining information. Whether accessing *Annals of Internal Medicine* through the *Annals* mobile app, answering self-assessment questions from MKSAP on a mobile device, or getting customized alerts about new, evidence-based and clinically relevant medical literature from ACP JournalWise, our members and other users of our products can now access the authoritative information and resources from ACP in whatever way best meets their needs and preferences.

ACP’s High Value, Cost-Conscious Care Initiative has been—and will continue to be—a high priority for the College. As stated a decade ago in the Medical Professionalism Charter and reinforced in the 6th edition of the Ethics Manual published earlier this year as a supplement to *Annals of Internal Medicine*, we believe that avoiding overuse and misuse of care, both to improve quality and to conserve limited resources, is an ethical and professional responsibility of physicians and our profession. Success in this effort is best achieved through partnerships and collaborations across the health care community, and we have been delighted to establish partnerships over the past year with the Choosing Wisely Campaign and with Consumer Reports to further this effort that is so critical to the future of health care in America.

Finally, I want to mention and thank the dedicated staff of ACP who are so devoted to our members, to the best in health care, and to the College. Without them, none of the outstanding work of ACP would have been possible.

Steven Weinberger, MD, FACP

Executive Vice President and Chief Executive Officer

[For a video message from Dr. Weinberger, click here.](#)



THE EVOLVING LANDSCAPE OF HEALTH CARE

High Value, Cost-Conscious Care

ACP's [High Value, Cost-Conscious Care initiative](#) is an important priority of the College. High Value, Cost-Conscious Care is a broad program encompassing a series of clinical, public policy and educational components that address two important priorities: helping physicians provide the best possible care to their patients, and simultaneously reducing unnecessary costs to the health care system. This year saw many opportunities to advance the initiative, further its goals, and raise its visibility. In support of the initiative, ACP collaborated with other medical associations and consumer groups, and ACP published the following clinical guidelines, best practice advice recommendations and other articles:

- [Screening for Colorectal Cancer: A Guidance Statement from the American College of Physicians](#) (*Annals of Internal Medicine*, March 2012)
- [Oral Pharmacologic Treatment for Type 2 Diabetes Mellitus: A Clinical Practice Guideline From the American College of Physicians](#) (*Annals of Internal Medicine*, February 2012)
- [Appropriate Use of Screening and Diagnostic Tests to Foster High Value, Cost-Conscious Care](#) (*Annals of Internal Medicine*, January 2012)
- [Pointless Tests Drive Medical Costs Skyward](#) (Op Ed, *Philadelphia Inquirer*, June 2011)
- [Educating Trainees about Appropriate and Cost-Conscious Diagnostic Testing](#) (*Academic Medicine*, November 2011)
- [Providing High Value, Cost-Conscious Care: A Critical Seventh General Competency for Physicians](#) (*Annals of Internal Medicine*, September 2011)

For a video message from Dr. Weinberger on [High Value, Cost-Conscious Care](#), [click here](#).



ACP announced a collaborative effort with Consumer Reports to create a series of High Value Care resources to help patients understand the benefits, harms, and costs of tests and treatments for common clinical issues. The resources are derived from ACP's evidence-based clinical practice recommendations published in *Annals of Internal Medicine*. Initial topics include type 2 diabetes and low back pain, with more topics planned for the future. Spanish translations and accompanying videos are also available.



Imaging tests for lower-back pain

Why you probably don't need them.

Back pain can be excruciating. So it seems that getting an X-ray, CT scan, or MRI to find the cause would be a good idea. But that's usually not the case, at least at first.



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multiple CT scans of the lower back performed in the U.S. in 2007. While back X-rays deliver less radiation, they're still 75 times stronger than a chest X-ray, that's especially worrisome to men and women of childbearing age, because X-rays and CT scans of the lower back can expose testicles and ovaries to radiation. And the tests often reveal spinal abnormalities that could be completely unrelated to the pain. For example, one study found that 99 percent of older people who reported no back pain still had spinal abnormalities that showed up on MRIs. Those



Choosing a type 2 diabetes drug

Why the best first choice is often the oldest drug

If you've been given a diagnosis of type 2 diabetes, you might assume you'll need medication to help control the disease. But lifestyle changes alone can sometimes lower your blood sugar levels enough that drugs aren't needed. And when they are, the best first choice usually isn't one of the newer, heavily advertised ones on the market. Instead, it's metformin, a drug that has been around for nearly two decades and is available as a low-cost generic. Here's why.



Newer drugs don't work as well

Metformin, which is also sold under the brand name Glucophage, lowers blood sugar levels more than newer drugs do. That includes Actos (pioglitazone), Avandia (rosiglitazone), glyser (glipizide), Januvia (sitagliptin), Onglyza (saxagliptin), Fioexo (acarbose and genistein), and Starlix (nateglinone and generic). Metformin can also lower levels of LDL, bad cholesterol, the kind that contributes to heart disease. In contrast, the newer drugs either have no effect on LDL cholesterol or, in some cases, can actually raise it. Finally, metformin usually doesn't cause weight gain, and might actually help people lose weight, while some of

the other drugs can increase it by as much as 5 to 10 percent.

Newer drugs are no safer

Metformin is less likely than some other diabetes drugs to cause low blood sugar levels. That can lead to sweating, shakiness, dizziness, hunger and, in rare cases, even life-threatening complications. And while metformin is more strongly linked to minor side effects such as bloating, diarrhea, gas, and nausea,

For more information on the HVCC initiative, visit www.acponline.org/clinical_information/resources/hvccc.htm

THE EVOLVING LANDSCAPE OF HEALTH CARE

ACP continues our commitment to advocating for the future of internal medicine and addressing broad issues in the interest of the public. ACP is positioned as a leader in influencing health care policy and proposing solutions to Congress to ensure that everyone has access to affordable health care.

ACP's advocacy policies and positions are developed through a rigorous commenting and discussion process, based on peer-reviewed evidence and independent experts. Health care reform remains a top priority for the College, and we have updated "[An Internist's Practical Guide to Understanding Health System Reform](#)." ACP, which has supported the key programs created by the Affordable Care Act (ACA) to expand access to health insurance coverage and to reform delivery systems, did not take a position on the constitutional issues that were considered by the Supreme Court, since our expertise is in evidence-based health policy, not law. Yet by settling the legal questions, the Supreme Court's decision to affirm the law allows the country to move forward on the ACA's programs to improve access to health care.

Evidence shows that the law has already resulted in major improvements in access to coverage for tens of millions of Americans seen by internal medicine specialists and will provide affordable coverage to an estimated 93 percent of all legal U.S. residents.

As the ACA is rolled out, ACP will continue to advocate for improvements to the law, including more meaningful medical liability reforms, giving Congress authority over an Independent Payment Advisory Board, and giving states more options to design their own programs as long as they cover as many people and with comparable benefits as the ACA, and eliminating a burdensome requirement for physician-written authorization for over-the-counter drugs paid for out of flexible spending accounts.

ACP recognizes that even with the Supreme Court's ruling, the political debate over the ACA continues and that its future is a major issue in the 2012 election. We hope the day will come when the debate will no longer be polarized between repeal on one hand, or keeping the law exactly as it is on the other, but on preserving the good things that it does while making needed improvements.

The College also recognizes that ACP members, like the general public, are not all of one view on the ACA and the Supreme Court's decision to uphold it. Some support it as is, some oppose it, some seek to improve it, and some would prefer a single payer plan. Concerns expressed by some members who oppose it include a belief that the law costs too much or involves the government too much in health care. ACP is firmly committed to advocating for reforms that will reduce the budget deficit and lower health care costs in a responsible way. We will also be vigilant in influencing implementation to address any government "over-reach" into the doctor-patient relationship. We continue to believe that the ACA represents a major step forward to ACP's two-decades long advocacy for affordable health insurance coverage for all Americans. Access ACP's statement about the ACA and the Supreme Court's decision [online](#).

The College's 2012 "[State of the Nation's Health Care: How Bad Budget Choices and Our Broken Policies Are Undermining Progress in Health and What Can Be Done About It](#)" called on Congress to replace automatic budget cuts with an alternative framework of fiscally and socially responsible policies and health care savings while preserving funding for critical programs.



THE EVOLVING LANDSCAPE OF HEALTH CARE

ACP's [policy papers](#) summarize and dissect public research and discussion on current issues important to internists such as health care reform, medical education, bioethics and health care financing and delivery, and make specific recommendations for practitioners, patients, and policymakers. New summaries of some of our recent policy papers are now available online. ACP released four public policy papers this year:

- [Reforming Medicare in the Age of Deficit Reduction](#) (April 2012)
- [Strengthening the Public Health Infrastructure](#) (April 2012)
- [Health Information Technology and Privacy](#) (October 2011)
- [Aligning GME policy with the Nation's Health Care Workforce Needs](#) (September 2011)

The College has long been concerned that inaccurate valuation of services adversely impacts our health care system. [We urge Congress](#) to eliminate the Medicare Sustainable Growth Rate formula, a necessary first step toward transitioning to patient-centered payment models. Congress failed to repeal the SGR—setting up another scheduled nearly 30 percent cut on January 1, 2013. ACP continues to work to influence delivery system and payment reforms coming from government and the private sector. Medicare announced that the majority of the groups selected for the voluntary Shared Savings (Accountable Care Organization) initiative are independent physician-run groups. The Centers for Medicare & Medicaid Services has announced the seven sites for a [Comprehensive Primary Care Initiative](#), which will pay participating practices a risk-adjusted average payment of \$20 per Medicare patient per month for care coordination services, in addition to their usual fee-for-service payments.

ACP supports increased financing for Graduate Medical Education (GME) by requiring all payers to contribute, which would help with deficit reduction by gradually reducing the federal government's share. ACP also believes that GME funds should be allocated strategically based on an assessment of workforce needs.

ACP Leadership Day 2012

Nearly 400 internal medicine physicians and medical students from 44 states and the District of Columbia gathered in Washington for ACP's 22nd annual Leadership Day to increase the visibility of internal medicine issues on Capitol Hill. U.S. Surgeon General Regina M. Benjamin, MD, MBA, received the 2012 ACP Joseph F. Boyle Award for Distinguished Public Service. Dr. Benjamin accepted the annual award at a ceremony as part of ACP's Leadership Day program. She is pictured with David Bronson, MD, FACP, President of ACP.



Keep up-to-date on ACP's advocacy and public policy activities and health care issues via the [ACP Advocate Newsletter](#) and the [ACP Advocate Blog](#), and access an analysis of how each [presidential candidate's positions](#) compare to ACP policies that will be important in the 2012 election. Continue to help ACP's success on Capitol Hill by joining 8,000 ACP members in the [Advocates for Internal Medicine Network](#) (formerly the Key Contact Program).

This year, ACP produced evidence-based guidelines, policy papers, and educational resources and tools to keep members up-to-date on the latest information in the field of internal medicine.

ACP released several important evidence-based guidelines, guidance statements, and best practice advice papers to help clinicians deliver the best health care possible:

- [Screening for Colorectal Cancer: A Guidance Statement From the American College of Physicians](#) (March 2012)
- [Oral Pharmacologic Treatment of Type 2 Diabetes Mellitus](#) (February 2012)
- [Venous Thromboembolism Prophylaxis in Hospitalized Patients](#) (November 2011)
- [Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: A Clinical Guideline Update](#) (August 2011)



Virtual DxSM

ACP's latest form of self assessment, [Virtual Dx](#) – Interpretive Challenges from ACP, is an online program that uses images and studies to challenge diagnostic ability in a way that no textbook can, especially helping residents prepare for ABIM certifying exams.



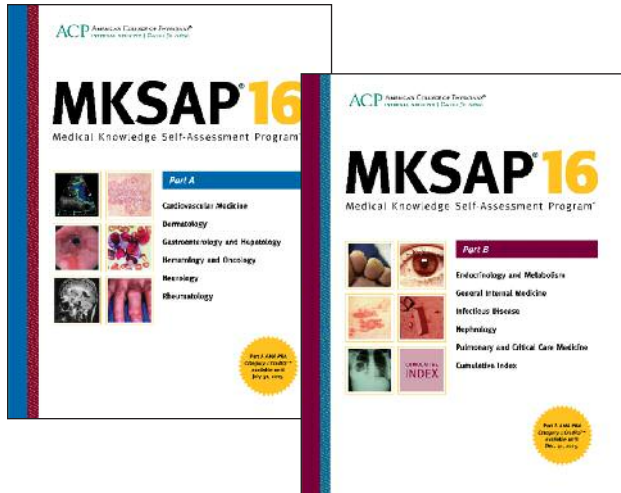
Depression Care Guide

ACP launched a [Depression Care Guide](#), an evidence-based online resource that provides concise, practical information and strategies to enable physicians and other health professionals to reduce the treatment gaps in depression care. Multiple choice questions are available to help users test their knowledge on the care guide and earn applicable educational credit.



ACP's Immunization Resources

The College produced several valuable immunization resources: the [ACP Immunization Portal](#), featuring the latest [Immunization Guide](#) to help members develop systematic processes for incorporating immunization into day-to-day practice, and the new, free [ACP Immunization Advisor App](#), which makes it easy to find the right vaccines for patients by age or underlying circumstance based on current recommendations.



MKSAP®

The print version of [MKSAP 16](#), the new edition of the highly popular and widely used Medical Knowledge Self-Assessment Program, will be released in July 2012 and the digital version will be released in January 2013. MKSAP 16 will offer 1,200 new questions aimed at preparing physicians for the ABIM Certification Examination and the ABIM Maintenance of Certification Examination. Completion of MKSAP questions is also approved by ABIM for credit (points) toward the self-assessment component of Maintenance of Certification.

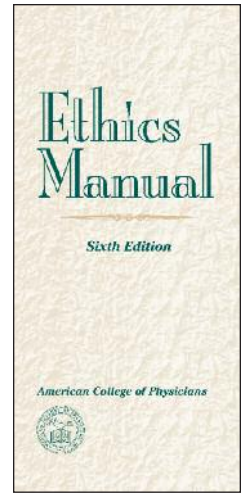
JournalWise

ACP released [JournalWise](#), a personalized, mobile-optimized updating service with clinical articles from more than 120 medical journals that is free to ACP members. Updated daily and available on smartphone, tablet, or desktop, ACP JournalWise screens and provides customized alerts and summaries for articles categorized by specialty area, methods quality, and clinical importance.



The Ethics Manual

ACP released the sixth edition of the [Ethics Manual](#), which revisits and expands on topics featured in previous editions such as end-of-life care, complementary and alternative medicine, physician-assisted suicide, physician-industry relations, genetic testing, and research ethics. New topics in the manual address the patient-physician relationship during health catastrophes, providing culturally sensitive care, the use of human biologic materials in research, and various other pertinent topics related to the field. Also new to this edition are a continuing medical education (CME) quiz and the ability to earn Maintenance of Certification credits.



Annals of Internal Medicine

[Annals of Internal Medicine](#) maintains its leading position as one of the five most cited medical journals in the world and provides members with the latest evidence-based, practice-relevant information and research.



ACP released “Principles and Practice of Hospital Medicine,” a definitive guide to the knowledge and skills necessary to practice hospital medicine. This textbook, released through the College’s publishing agreement with McGraw Hill, is an invaluable resource for all important clinical, organizational, and administrative areas now required for the practice of hospital medicine.

CLINICAL INFORMATION, EDUCATION & NEWS



Annals of Internal Medicine Website

Annals of Internal Medicine launched its website www.annals.org on a new digital platform to provide internal medicine specialists and subspecialists with a faster, more personalized Web experience across *Annals*, ACP Journal Club, In the Clinic, PubMed, and a new multimedia library. An improved search function delivers faster, targeted search results that incorporate individual preferences, and sophisticated article tagging enables automatic display of related articles.



Internal Medicine 2012: New Orleans

[Internal Medicine 2012](#), ACP's annual meeting, held in April in New Orleans, was a resounding success with more than 250 scientific sessions. For the first time, attendees were able to earn points toward ABIM's Self Evaluation and Medical Knowledge requirement for Maintenance of Certification. ACP also unveiled a new website for the meeting and a new mobile app to enhance the meeting for attendees. [Internal Medicine 2013](#) will be held in San Francisco April 11-13, 2013.



ACP Internist and ACP Hospitalist

[ACP Internist](#) and [ACP Hospitalist](#) cover the latest trends and issues in the practice of medicine for internal medicine specialists as well as policies, products, and news of ACP. ACP Internist, Internist Weekly, and ACP Hospitalist recently [won several awards](#).



ACP Meetings

[ACP chapter meetings](#) offer an opportunity for members to get involved with internal medicine in their communities, earn CME, and network with peers. ACP continues to offer additional meetings through [Pri-Med Access with ACP](#).

Patient Education from ACP Foundation

The [ACP Foundation](#) develops resources that facilitate communication between physicians and patients to improve patients' understanding of what they need to do to manage their health.

The ACP Foundation launched an "[Initiative on Atrial Fibrillation and Stroke Prevention](#)." This initiative, led by a national steering committee, developed interventions to help patients, caregivers, and clinicians better manage atrial fibrillation to reduce stroke.

The Foundation developed and released second editions of "[Living with Diabetes: An Everyday Guide for You and Your Family](#)" and "[Living with COPD: An Everyday Guide for You and Your Family](#)." In addition, a second edition of the Adult Vaccines [HEALTH NoTE](#) and a new [HEALTH NoTE](#) on [Oils and Fats](#) were created. There are currently 15 [VIDEO HEALTH TIPS](#) available on topics such as [diabetes management](#), [opioid pain medications](#), [inhaler use](#), and [blood pressure management](#).



Running a Practice

ACP builds on its commitment to provide members with tools and resources to help with day-to-day practice issues and to help achieve practice transformation.

The [Medical Home Builder 2.0](#) is designed to help practices improve patient care, organization, and workflow. It continues to be updated to include new modules, resources, features and functions. ACP has partnered with CareFirst BlueCross BlueShield in order to make Medical Home Builder 2.0 available to participating CareFirst Patient-Centered Medical Home practices free of cost. This helps primary care practices improve their ability to provide coordinated, more efficient care.



The ACP [PQRWizard](#) is a new online tool designed to help collect and report quality measure data to the Centers for Medicare & Medicaid Services' PQRS incentive payment program. Similar to online tax preparation software, the PQRWizard guides health care professionals through easy steps to help rapidly collect, validate, report, and submit the results to CMS for payment.

[The American EHR Partners Program](#) is a free, web-based resource to guide and assist physicians with selection and implementation of electronic health records.



EXPANDING OUR INFLUENCE

Affiliate Membership Offerings

ACP expanded its membership offerings to include [Non-Physician Affiliate membership](#) to licensed non-physician health care professionals working on a patient-care team led by an MD, DO, or physician holding an internationally equivalent degree and who maintain their professional credentials to practice. Eligible professionals include: physician assistants, nurse practitioners, registered nurses, and pharmacists. Non-Physician Affiliate Members receive access to the College's practice management and quality improvement tools as well as access to *Annals*. They also receive substantial discounts on many of the College's programs, products, and services.

Online Special Interest Groups for ACP Members

ACP launched private [online communities](#) for ACP members to share experiences, questions, and creative solutions with like-minded peers at their own convenience. Discussion groups include hospital medicine, small practices, work/life balance, Accountable Care Organizations/new practice models, emerging technologies, and clinician educators.

International Expansion

ACP established the College's 14th international chapter in Colombia, South America effective July 1, 2012. The Colombia Association of Internal Medicine was instrumental in collaborating with ACP to recruit new members to qualify for Chapter status.

ACP continued to expand its membership [internationally](#) and worked with several internationally recognized medical organizations, such as the European Federation of Internal Medicine. ACP also collaborated with the Philippine College of Physicians, which will allow members of both organizations to access resources, educational materials, and meetings at a discounted rate in the future.



This year, Dr. Virginia Hood, Immediate Past President of ACP, and Dr. Steven Weinberger, CEO of ACP, traveled to China at the invitation of the Chinese Society of Internal Medicine to speak at the society's annual meeting. Dr. Weinberger and Dr. Hood also spoke at the Peking Union Medical College in Beijing and visited other hospitals in both Beijing and Xi'an.

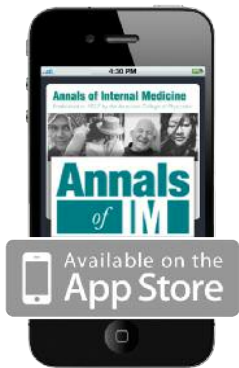


In October, Dr. Hood traveled to Brazil to attend the Brazil Congress of Clinical Medicine meeting. As an ACP ambassador, Dr. Hood presented an overview of ACP and its educational resources and discussed future collaboration with the Brazil Congress of Clinical Medicine to establish greater ACP presence in Brazil.

CONNECT WITH ACP ON THE GO

ACP and *Annals of Internal Medicine* have active social media presences that connect members, communicate key messages and news, and help generate positive awareness of internal medicine, ACP, and *Annals*.

[*All are available on iTunes:](#)



[Mobile versions of ACP Guidelines](#)

A collection of recommendation summaries for all current ACP clinical guidelines, guidance statements, and best practice advice is now available on your mobile [device](#).



[ACP JournalWise](#)

ACP JournalWise is mobile optimized to provide quick and convenient access to reviews of over 120 of the world's top medical journals alerting you to the highest quality, most clinically relevant, new articles based on your preferred areas of interest.



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www.youtube.com/imreport



www.twitter.com/acpinternists
www.twitter.com/annalsofim

For these and other resources, visit www.acponline.org

WORKING WITH OTHERS TOWARD COMMON GOALS



Joining Forces Campaign

ACP participated in the [Joining Forces campaign](#), a national initiative championed by First Lady Michelle Obama and Dr. Jill Biden, that is dedicated to providing service members and their families opportunities and support in the areas of wellness, employment and education. One of the goals of the initiative is to help meet the neurological and psychological needs of service members, veterans, and their family members.

Million Hearts Campaign

ACP is a partner in the [Million Hearts Campaign](#), a national initiative that aims to prevent a million heart attacks and strokes in five years. The campaign seeks to empower Americans to make healthy choices through the ABCs—Aspirin for people at risk, Blood pressure control, Cholesterol management and Smoking cessation—which address the major risk factors for cardiovascular disease and can help prevent heart attacks and strokes.

Choosing Wisely Campaign

ACP joined other leading professional medical organizations in ABIM Foundation's [Choosing Wisely campaign](#). The goal is to promote thoughtful discussions among physicians, patients, and other stakeholders about how to use health care resources to improve quality of care. As part of the campaign, ACP contributed a list of "[Five Things](#)" internists and patients should discuss to help make wise decisions about the most appropriate care based on their individual situation.

Joining Forces Campaign

Dr. Steven Weinberger joined First Lady Michelle Obama, Dr. Jill Biden, and members of the armed services at the White House to kick off the first anniversary of the Joining Forces campaign.

