

# AMERICAN COLLEGE OF PHYSICIANS

## FY 2015-16 Strategy

*Approved by the Board of Regents  
April 27, 2015*

### Mission

To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

### Goals

1. To establish and promote the highest clinical standards and ethical ideals
2. To be the foremost comprehensive education and information resource for all internists
3. To advocate responsible positions on individual health and on public policy relating to health care for the benefit of the public, our patients, the medical profession, and our members
4. To serve the professional needs of the membership, support healthy lives for physicians, and advance internal medicine as a career
5. To promote and conduct research to enhance the quality of practice, the education and continuing education of internists, and the attractiveness of internal medicine to physicians and the public
6. To recognize excellence and distinguished contributions to internal medicine
7. To unify the many voices of internal medicine and its subspecialties for the benefit of our patients, our members, and our profession

### Priority Initiatives

*The ACP Board of Regents identified the 6 initiatives below (in no particular order) as particularly high priorities for FY 2015-16, in addition to other projects and operations, and expects time and financial resources to be allocated to support progress.*

- A. **Increase the number and engagement of ACP members** through expanded and customized outreach to members and non members that increases knowledge of ACP's mission and focus and the benefits of membership; development of ACP Ambassador and Member Engagement programs; improved support for hospital medicine specialists; and configuring a suite of products and services for institutions and groups. [Goals 2 and 7]
- B. **Help ACP members experience greater professional satisfaction and fulfillment** by developing resources to decrease burnout, and promote resilience and practice efficiencies; advocating for change in the underlying causes of dissatisfaction; and facilitating effective use of HIT and awareness of reporting requirements and timelines. [Goals 3, 4 and 5]
- C. **Facilitate transitions to value based payment (VBP) and delivery models** through (a) advocacy for changes in Medicare payment policies that reimburse services outside the face-to-face visit; and (b) developing a comprehensive member-support strategy that integrates (i) clinical guidance; (ii) identification of sound performance measures and promotion of appropriate use; (iii) use of health information technology, such as registries and other reporting mechanisms; (iv) practice transformation and quality improvement; and (v) patient centered approaches to care, such as shared decision-making resources. [Goals 3 and 4]
- D. **Advocate for continuing reform of the American Board of Internal Medicine's Maintenance of Certification (MOC) process** to achieve greater relevance, value and transparency for all internists by providing input about the nature, direction and content of the program. [Goal 4]
- E. **Develop and implement a multi-year strategy to increase ACP's visibility in major academic centers** that engages ACP governance to establish local connections in order to demonstrate the value of ACP to academic leaders and faculty and establish an early-career commitment to ACP among residents and subspecialty fellows. [Goals 2, 5, 6 and 7]
- F. **Redesign ACP's approach to setting clinical standards** so that guidance from ACP is in areas of high value to internal medicine physicians; succinct; always current; easily accessible through multiple modalities; reflects the perspectives of subspecialists and patients; and includes access to related information for patients, practice improvement programs, and appropriate performance measures. [Goals 1 and 2]