



**2001-2002**


*Report of the*  
**Executive Vice President**



American College  
of Physicians

American Society  
of Internal Medicine

*Building on a Strong Foundation*




May 2002

Dear Colleagues,

After seven years as the Executive Vice President of ACP–ASIM, this July I will be handing over the day-to-day leadership to John Tooker, MD, MBA, FACP, who has served as Deputy Executive Vice President for most of my tenure. At this point I find myself torn between looking back at accomplishments and looking forward to the future of this organization. But what I'm most proud of is the breadth, depth and strength of the College and the possibilities the future holds for our members and our organization.

Shakespeare said, "What's past is prologue." I'd argue that a strong organization builds upon the foundation of its history and collective knowledge to construct a bridge to its future. At ACP–ASIM we are fortunate to have both — a history to be proud of and a future full of exciting possibilities. Since 1915 the College has offered a wide range of services and resources to assist in the practice of internal medicine. Continuing education opportunities. World-renowned scientific journals. Clinical and practice management tools. And advocacy on behalf of patients and the profession.

In an age where it seems medicine is becoming more and more fractured, ACP–ASIM continues to build bridges both within the internal medicine community and without. This year the College has sought to bring together all members of the internal medicine family and to provide a unified voice on many issues of concern to generalists and subspecialists alike. We've expanded our educational efforts to include not only physicians but patients as well. And, in Washington, D.C., our public policy efforts are welcome in the offices of both



Democrats and Republicans, because we bring a balanced viewpoint and make patient welfare paramount.

ACP–ASIM must not only continue to refine existing programs, products and services, but must also develop new and innovative ways to help physicians in their daily practice. As a member, you expect no less.

As you read through this year's report, you'll notice a common thread: We're committed to using our wide knowledge base to affect positive change for our members, our patients and the practice of medicine in its entirety. I'm convinced that the strong foundation laid over the years will support an even stronger ACP–ASIM in the future.

Sincerely,

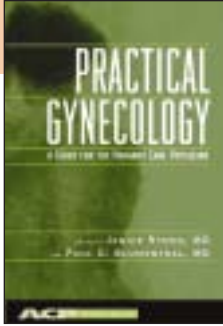


Walter J. McDonald, MD, FACP  
Executive Vice President and Chief Executive Officer



*John Tooker, MD, FACP, (left) and  
Walter J. McDonald, MD, FACP*

# A Foundation of Knowledge to Help Build your Career



Ask a member why he or she belongs to ACP–ASIM, and opportunities for lifelong learning probably rank high on the list. This year’s educational offerings certainly didn’t disappoint.

The ACP–ASIM books program released six books specifically written to be of benefit to internists. *Obesity* and *Asthma* both provide the practical, evidence-based information practitioners need for successful outcomes. *Practical Gynecology* and *Expert Guide to Infectious Diseases* help bring physicians up to speed on these topics. The *Physician’s Guide to End-of-Life Care* contains clearly focused, practical information with illustrative cases, while *Telephone Medicine* provides clinicians with a solid understanding of what telephone medicine is and the many ways it can improve patient care. For PDA users, a Palm™ version of the popular title *Drug Prescribing in Renal Failure* was also released. New titles are released often and may be found in the books section of ACP–ASIM Online.



Those members who take advantage of the College’s many opportunities for continuing medical education will be pleased to know that they may now access and print a copy of their personal history of credits earned from participation in the College’s CME programs. Whether the credit is from regional and chapter meetings, Annual Session, or self-study programs such as MKSAP 12 and the Web-based Clinical Problem Solving Cases, you can now easily access it online.

The College’s Clinical Efficacy Assessment Project (CEAP) continues to develop evidence-based clinical practice guidelines to help in patient care. New guidelines this year include four upper respiratory infection guidelines and *Evidence Base for Management of Acute Exacerbations of Chronic Obstructive Pulmonary Disease* (developed in conjunction with the American College of Chest Physicians). CEAP is presently working with several other medical societies to develop or update guidelines.

Patient safety has been a topic of concern in the medical community for many years. However, most safety initiatives are targeted to those in hospital settings. Recognizing the need to reduce errors and improve patient safety in physician offices and other non-hospital settings, ACP-ASIM has launched a three-year program funded by a grant from the Agency for Healthcare Research and Quality (AHRQ). Through the project, the College is developing a patient safety curriculum for use in chapter meetings and an online forum to help physicians develop local strategies to improve office-based systems that affect medical care.

When it comes to education and self-assessment programs, MKSAP, currently in its 12th edition, is the gold standard. This year

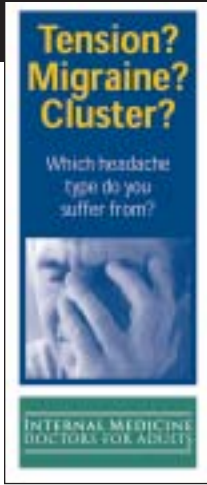
a CD-ROM version of the program was released, with full-text searching, immediate scoring of tests, video and sound clips, and the full text of relevant articles from College journals. MKSAP users can look forward to the MKSAP 12 Update in the fall of 2002, with MKSAP 13 due in 2003.

Annual Session 2002, held in Philadelphia, proved once again to be an educational highlight for thousands of physicians. New opportunities for hands-on learning were found in the Learning Center, and attendees were able to take advantage of over 275 sessions on a wide range of topics. New sessions this year included bioterrorism and disaster preparedness.

The College's publications remain well regarded around the world. *Annals of Internal*

*Medicine*, ACP-ASIM's flagship journal, now has a new editor at its helm. Harold C. Sox, MD, MACP, a noted internist and teacher, continues to publish only the most relevant and rigorously scientific articles. The most widely cited specialty medical journal in the world, *Annals* is a premium benefit of membership in ACP-ASIM.



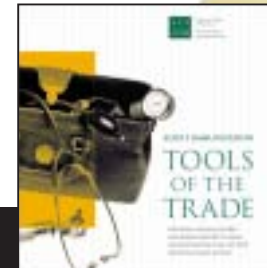


Over the past year the College has produced a variety of materials aimed at educating patients. Members may have noticed content from the ACP–ASIM “Internal Medicine Report” video news releases on their local television news. Topics for the reports are selected from *Annals* articles, College position papers, public policy issues, and clinical guidelines. The reports are produced monthly and made available via satellite to television stations across the United States.

Additionally, colorful patient-oriented brochures continue to be produced on a variety of conditions that affect internists’ patients. To date, seven brochures have been published, including the newest ones on diabetes and headache. The brochures are written for the layperson and complement College clinical guidelines. They may be downloaded from the Doctors for Adults Web site at <http://www.doctorsforadults.com> or ordered from Customer Service.

The ACP–ASIM Center for Ethics and Professionalism also released three patient education brochures on end-of-life care issues, including *Living with a Serious Illness*, *When You Have Pain at the End of Life*, and *Making Medical Decisions for a Loved One at the End of Life*.

The ACP–ASIM Adult Immunization Initiative continues to develop a variety of materials about the need for adults to be immunized. Materials from the grant-funded program include a patient awareness poster and brochure, a free CD-ROM resource for members, advocacy activities, and the monthly “Immunization Booster” column in *ACP–ASIM Observer*. Updated immunization news may also be found on ACP–ASIM Online at <http://www.acponline.org/aii>.





## The Future of Clinical Decision-Making is Here!



ACP-ASIM takes pride in producing the highest-quality clinical and educational resources. And now, with the introduction of the Physicians' Information and Education Resource (PIER), we've made it even easier to use that knowledge in daily clinical decision-making. PIER is ACP-ASIM's new Web-based decision support tool designed for rapid point-of-care delivery of current evidence-based guidance for physicians. It currently contains 130 modules focusing predominantly on diagnosis and treatment of specific diseases and will eventually include additional modules on prevention and screening, procedures, ethical and legal issues, and complementary and alternative medicine.

PIER is not just another electronic textbook or compilation of other resources. It's a tool designed to replicate the thought processes that go into making decisions about diagnosis and treatment. All PIER information has gone through a rigorous review process to assure its accuracy and currency.

Quite simply, we believe PIER will be the clinical reference of choice for physicians as they care for patients. And right now PIER is available on a free preview basis to members of ACP-ASIM. You can try this innovative and exciting new tool for yourself at <http://pier.acponline.org/>.



## Internal Medicine—Helping America Heal

Any look at the past year would be incomplete without a mention of how the events of September 11, 2001, and the subsequent bioterrorism attacks have affected ACP–ASIM and its members. While College staff and members anguished over the events with the rest of the world, we also realized that we need to take a leadership role in educating physicians and protecting our patients from future difficulties.

We have taken two tracks to dealing with bioterrorism and disaster preparedness: education and advocacy. While most of America was scrambling to understand anthrax and the other possible biochemical weapons, ACP–ASIM was adding even more information to our already existing Bioterrorism Resource Center on the Web located at <http://www.acponline/bioterro/>. Considered by many to be one of the best resources on the Web for the identification of biological and chemical illnesses, the Resource Center has

provided physicians with useful information since 1998. New sessions on bioterrorism and disaster preparedness were also added to the programs of chapter meetings and Annual Session 2002.

Additionally, to prepare the nation for the possibility of a bioterroristic attack, the College has urged Congress to fund education and training for all health care professionals to recognize and treat victims of such attacks. Professional associations like the College are well positioned to disseminate such information to physicians around the United States. ACP–ASIM continues to encourage Congress to take advantage of numerous training curricula and educational materials for preparing physicians and other health care professionals to respond rapidly and appropriately to crises involving weapons of mass destruction and natural disasters.

# Advocacy & Policy: Bridging the Gap Between Practice and Politics

**A**sk internists about the downside to practicing medicine and you are likely to hear about rules and regulations coming from many sources seemingly beyond their control. Yet, as a member of one of the nation's largest medical societies, you can make your opinions heard on issues that affect your practice and your lifestyle. With the strength of 115,000 members, ACP-ASIM is a powerful voice in the corridors of Congress and the White House. We meet regularly with senior members of health plans to bring members' concerns to light. And, we work within the practice of medicine to speak out for what's right.

One of the key issues affecting physicians this year is the 5.4 percent reduction in the Medicare Fee

Schedule, with the threat of more cuts looming in years to come. ACP-ASIM has taken the lead in an advocacy campaign to stop the cuts. We've called on Congress to enact legislation to halt the 2002 cut and assure that future payments are based on increases in the costs of providing services. The College also





continues to work to cut Medicare red tape. We helped draft legislation that unanimously passed the House of Representatives and are working to expand coverage of non face-to-face services to ensure physician services are fairly valued as technology changes the patient encounter.

While payments shrink, rules are multiplying and getting more burdensome. ACP-ASIM's Medicare and legislative specialists carefully review all new proposals and provide feedback to

legislators based on what is best for our members and patients. Many of our comments are incorporated into the new regulations before they are issued. If needed, though, we also work within the legislative system to get onerous regulations amended to be more equitable. For example, due to governmental delays in publishing rules to implement the Health Insurance Portability and Accountability Act (HIPAA), the College successfully sought a one-year extension in the compliance deadline and continues to advocate for changes in the privacy rule to better protect patient confidentiality without imposing unnecessary paperwork on internists.

As experts in public policy we also offer a variety of tools to help you comply with Medicare and other governmental regulations on a daily basis. Our Practice Management Center (PMC) offers free guides and templates to help you understand how to comply with the new HIPAA privacy rule, meet complex Medicare requirements, improve the accuracy of office billing, and avoid audits. For particularly vexing questions, members may consult our Medicare experts in the Washington, D.C., office. Free HIPAA information and compliance packages are also available from the PMC and can be downloaded from ACP-ASIM Online.

Access to care and Medicare prescription drug coverage remain primary components of the College's advocacy efforts. A new position paper calls for the establishment of a Medicare prescription drug benefit with sustainable financing. And, while others talk about making sure all Americans have health care, we've developed a detailed plan to provide affordable health insurance to all Americans within seven years. The College's seven-year plan builds upon existing sources of health insurance coverage such as Medicaid, the State Children's Health Insurance Program (S-CHIP), and private health insurance. But, unlike the current fragmented system, the ACP-ASIM plan would knit such sources of coverage into a fabric that would give everyone access to care. We propose doing this by expanding the programs while dramatically

changing their financing, eligibility and administration so they enroll uninsured Americans more effectively.

We've also continued our aggressive campaign to have Congress pass a strong patient bill of rights. ACP-ASIM 2001-2002 President William Hall, MD, MACP, urged President Bush to include a renewed call for a patient bill of rights in his State of the Union address. President Bush did address the need in his speech and urged Congress to take action. We've also provided testimony to various congressional committees in our continuing effort to make sure our patients are protected.





And, although we work tirelessly to affect change on a legislative level, we are also mindful of the need to protect the integrity of the health care workforce. This year the College successfully defeated an attempt to designate chiropractors as primary care physicians within the Veterans Health Administration. A new College policy paper also examined the future role of pharmacists in providing patient education and decreasing rates of medication errors.

ACP-ASIM is also concerned about excessive cuts in funding for graduate medical education looming in the 2003 federal budget. We're actively working to restore the needed funding and to guarantee future physicians have adequate training opportunities. We supported a successful effort to

ease the financial burden student loans place on residents, and have authored a position paper that recommends steps to ensure adequate levels of nursing staff in the future.

With health care issues in the national spotlight like never before, it's more important than ever for the internal medicine community to speak with one voice. Whether generalist or subspecialist, our commonalities outweigh our differences. This year ACP-ASIM has made a concerted effort to bring all stakeholders to the table, both literally and figuratively. In January 2002 the Board of Regents



## Recertification

approved the concept of “slotted seats” around the Board’s meeting table, allowing subspecialty and other important constituency organizations in internal medicine to have a direct hand in the future course of the College. In the public policy arena ACP–ASIM has formed coalitions with many subspecialty groups to work to make the practice of medicine better for all internists, regardless of specialty. To work toward that goal, the College’s new Subspecialty Advisory Group on Socioeconomic Affairs (SAGSA) was formed to concentrate on payment and regulatory issues and how they affect both general internists and subspecialists.

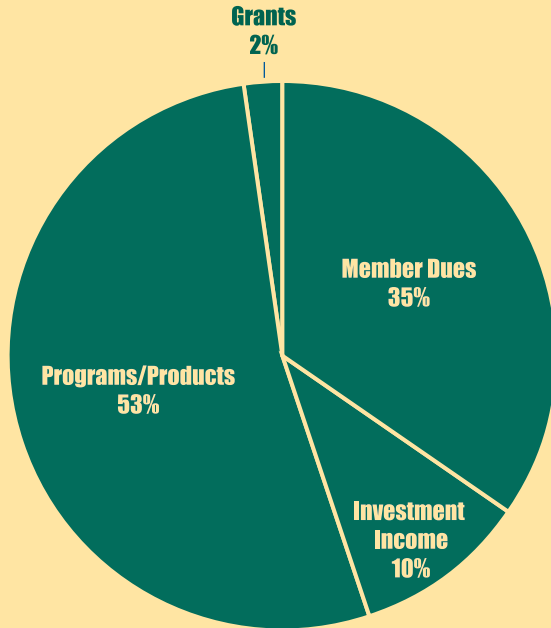
Over the past year ACP–ASIM has continued to negotiate with the American Board of Internal Medicine (ABIM) in an effort to make certain that the recertification process is relevant and fair. At its April 2002 meeting the Board of Regents approved a series of recertification resolutions submitted by the Board of Governors, and authorized College leadership to continue working with the ABIM to affect change. The College remains committed to lifelong learning and professional accountability through the process of recertification, but believes that the process as currently proposed needs improvement.

The resolutions call for a formal and ongoing partnership between ACP–ASIM and ABIM that preserves the important separation

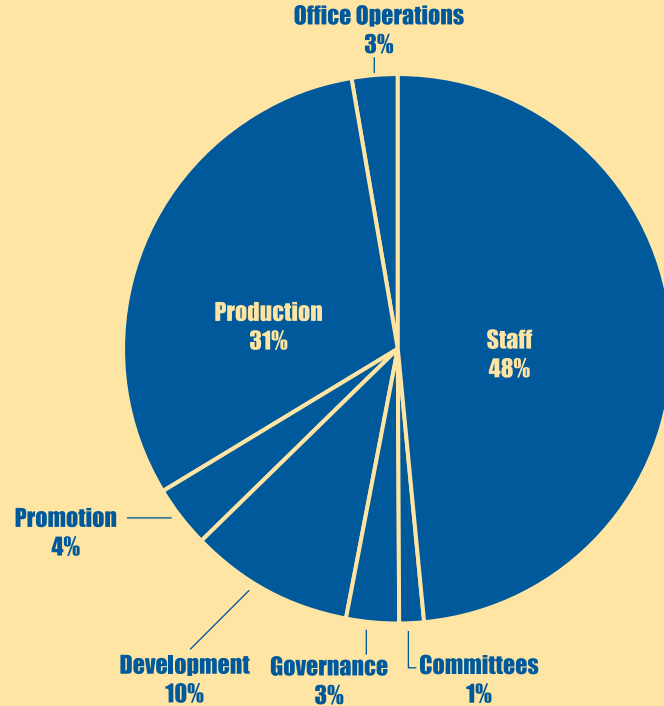
of responsibilities between the two organizations while recognizing a common goal of establishing a rational and effective process for recertification of internists and subspecialists. The College also believes the maintenance of certification in both general internal medicine and its subspecialties is important, and has called for the elimination of barriers to dual recertification. Further, the resolutions stated that there should be multiple pathways for recertification (including a secure exam), and that educational resources such as MKSAP serve as substitutes for all ABIM self-evaluation modules. More information on the College’s ongoing efforts to affect change in the recertification process can be found on ACP–ASIM Online at <http://www.acponline.org>.

# Revenues and Expenses FY 2001-2002

## Revenues by Major Category



## Expenses by Major Category



**ACP–ASIM Headquarters on Independence Mall in Philadelphia**



*An addition to the ACP–ASIM headquarters in Philadelphia was completed in April 2002, adding much-needed space to the existing building. College membership has nearly doubled since the original building was constructed in the late 1980s.*

**Help us keep you up-to-date on the latest College news and important happenings in internal medicine! Please take a moment to provide ACP–ASIM with your e-mail address—go to <http://www.acponline.org/address>.**



American College  
of Physicians

American Society  
of Internal Medicine

190 N. Independence Mall West  
Philadelphia, PA 19106-1572

## **Report of the EVP:**

*What the  
College  
has done  
for you in  
2001-2002*