

ACP

AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

Report of the

Executive Vice President

2002-2003



At the end of my first year as Executive Vice President and CEO, I'm pleased to bring you this report about the College's achievements over the past fiscal year. It's been a busy year, filled with many developments and changes. The health care environment in the United States remains particularly challenging for practicing internists and subspecialists. The College continues to work on many fronts to provide you with superior educational opportunities and to make internal medicine stronger and the practice environment friendlier.

A key achievement this year was our successful lobbying effort, in concert with other medical groups, to get Congress to halt the planned 4.4 percent Medicare payment cut. The strong involvement of College members across the country caught the attention of Congress, which not only did away with the cut but found \$54 billion to spend on physician services over the next 10 years – a considerable victory in an era of federal funding cuts. The College's legislative experts in Washington, D.C., continue to work with members of Congress and the executive branch to ensure that internal medicine has a voice at the table when policies are developed. Our efforts are not limited to Capitol Hill, though. I'm also pleased to report that the College and the American Board of Internal Medicine agreed upon a plan to help guide the interaction of the two organizations as the recertification process goes forward, providing members a voice in process.

The College also expanded its relationships with internal medicine subspecialty societies. An advisory group on socioeconomic affairs provides subspecialty groups the opportunity to directly influence the College's positions on coding, payment and coverage issues. The Council of Subspecialty Societies expanded its role in advocating on behalf of subspecialists, and convened a special meeting in March 2003 on board recertification.

By now you've probably had a chance to see the College's new logo and name. Rest assured that, although we've adopted American College of Physicians as the name, the legacy of the American Society of Internal Medicine remains an integral part of our organization's culture. Many potential names were discussed and researched by the Board of Regents. After reviewing all options, the Board decided that the College would best be served by adopting the ACP name because of its strong name recognition throughout the medical field and on Capitol Hill. Adopting the ACP name also allows College Fellows and Masters to continue to use the FACP and MACP honorifics.

You can be certain that the merged organization of ACP and ASIM will continue to aggressively act in the best interest of our patients and internal medicine, whether by offering the latest educational information or working in the public policy arena. We are a strong voice on behalf of internal medicine and our 115,000 committed members around the world. One example of this is the ACP Foundation's work to improve patients' health literacy and its sponsorship of an initiative to improve communication both within the health care system and between physicians and their patients.

What does the future hold for the College? Revitalizing internal medicine is more important now than ever before, and ACP has made it a top priority. We will strive to remove barriers to effective practice, promote the education of medical students and the training of internal medicine residents, and address factors that undermine the attractiveness of a career in internal medicine. We will remain committed to taking care of our patients by addressing critical public health issues and advocating for health coverage for all Americans. And, we will provide you with the best and most relevant clinical information. Simply put, we will work diligently to make the practice of medicine beneficial for you and your patients.

You have a lot invested in your career and in your College membership. I think you'll find that a few minutes spent reading this report will be worthwhile. As always, I welcome your comments and concerns concerning the College or the internal medicine environment. I can be reached via e-mail at jtooker@acponline.org.

Sincerely,

John Tooker, MD, MBA, FACP

Education and Information

Internists are working harder than ever today, which can make keeping up with the latest medical knowledge a challenging task. ACP offers many options to help you hone your current skills and keep abreast of the newest innovations in medicine. Whether you prefer hands-on learning, computer-based training, or self-assessment using printed materials, ACP has something for you.



For over three decades, the Medical Knowledge Self-Assessment Program (MKSAP) has been helping physicians

achieve their goals and take charge of their educational needs. MKSAP 12, used by nearly 40,000 physicians, was bolstered this year by a first-ever mid-course update in late 2002. And, the all-new MKSAP 13 was officially launched in spring 2003. It retains the well-received format of the previous version and is even more concise and easy to use. Nearly 150 expert physicians contributed to the new 10-book program, which will be released in two parts covering 14 areas in internal medicine beginning in October 2003. You can earn up to 140 CME credits by completing MKSAP 13.

MKSAP for Students was also released this year as a completely revised second edition. This award-winning publication is designed specifically for medical students completing their medicine rotation, and offers MKSAP-style content at a very reasonable cost.

Other educational offerings include new Clinical Skills Modules on Sports Medicine and Musculoskeletal Examination, Pain Management for the Internist, and Efficiency through Effective Communication. The programs train internists on physical, procedural and communication skills. The complete modules are available for use at chapter meetings, and individual members may purchase the training videos at reasonable rates.

Members also continue to receive free access to the Physicians' Information and Education Resource (PIER), the College's Web-based clinical decision-making tool. PIER now offers over 200 evidence-based modules. Try this innovative tool for yourself at <http://pier.acponline.org>.

Physicians who enjoy the collegial and interactive nature of scientific sessions had a wide variety of College-sponsored programs from which to choose over the past year. Annual Session continues to be the educational highlight of the year for thousands of ACP members. This year's meeting in San Diego was one of the College's most well-attended meetings ever, offering a wide array of topics and over 260 courses relevant to physicians in a variety of practice settings. Of particular note was the timely keynote address about SARS by ACP Member Julie Gerberding, MD, director of the U.S. Centers for Disease Control and Prevention. The Annual Session Learning Center provided physicians with hands-on opportunities to learn or update skills in physical examination, office-based procedures and technology tools. And, during the Convocation ceremony, the College honored more than 550 members with

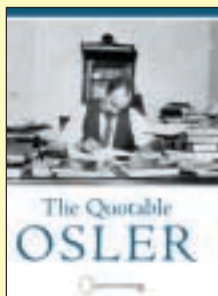


Fellowship and Mastership. Members who couldn't physically be in San Diego were able to earn CME credit on their computers with Virtual Annual Session, which featured online summaries of selected sessions complete with slides and questions. Make your plans now to attend next year's Annual Session in New Orleans, April 22-24.

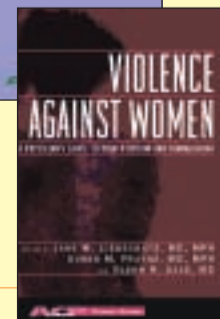


Over the past year ACP also hosted 73 chapter meetings around the world, where more than 7,000 physicians networked with local colleagues and learned about the latest advances in medicine. Recognizing the increasing need to not only nourish the mind but the soul as well, many chapter meetings held special sessions on physician stress and burnout, as well as sessions about finances and career choices for young physicians. The College's chapter network grew even more this year with the addition of a new chapter in Japan, a positive reflection of ACP's established stature in the international medical community. More information on your local chapter and its next meeting may be found online at <http://www.acponline.org/chapters>.

The College continued its tradition of publishing excellence this year. Members benefited from both print and electronic subscriptions to *Annals of Internal Medicine* and *ACP Journal Club*. Seven new books were also released, including *Atlas of Musculoskeletal Examination*, *The Quotable Osler*, *Cross-Cultural Medicine*, *Violence Against Women*, *Drug Prescribing for Older Adults*, *Internal Medicine Updates 2003*, and the second edition of *HIV* in the ACP Therapy Series.



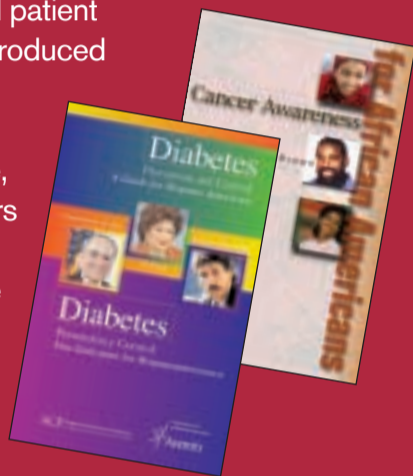
Members with an e-mail address on file with the College began receiving the new *ObserverWeekly* electronic newsletter in February 2003. A free member benefit, it provides internists with breaking clinical news and information about ACP services and products. Sign up to receive the newsletter by adding your e-mail address to your ACP member record at <http://www.acponline.org/address>. The weekly newsletter may also be read online at <http://www.acponline.org/weekly>.





Annals of Internal Medicine is perhaps the most visible of all College products. As the most widely cited

medical journal in the world, *Annals* is well-known and highly regarded by medical professionals. But this year over 244 million television viewers were also exposed to medical information based on *Annals* articles through the ACP Internal Medicine Report, a series of broadcast reports produced by the College and distributed to television news stations throughout the United States. Topics have included ACP's migraine treatment guidelines, the benefits of flu shots, and the dangers of ephedra. The reports are only one part of an ongoing program to educate patients and the public about internists and internal medicine. Other activities include an award-winning patient-oriented Web site (www.doctorsforadults.com), patient summaries of *Annals* articles, and patient education brochures. ACP also produced videos targeted to Hispanic Americans about diabetes and African Americans about prostate, lung and breast cancers. Members can get free copies of the videos by calling ACP Customer Service at 800-523-1546, ext. 2600 (a small shipping charge applies).



Practice Management Center

The ACP Practice Management Center (PMC) provides practical written guides and tools, educational programs, and personalized advice to help members deal with business, regulatory and operational issues. ACP members have free access to the Center's many useful materials on ACP Online or on a CD-ROM featuring over a dozen new or revised products. The CD-ROM is available free to members at chapter meetings, Annual Session, or from ACP Customer Service (a small shipping charge is added when ordering from Customer Service). One of the PMC's most popular offerings this year was a special HIPAA section on the Web site dedicated to helping members comply with the new regulations. HIPAA resources include three manuals, regularly updated answers to frequently asked questions, and links to related information. Experts from the PMC are also available for one-on-one free consultations with members by e-mail or telephone. Many members have commented that PMC resources alone are worth their dues payment!



Recertification

A significant concern of many members has been the Continuous Professional Development (CPD) process for board-certified internists initiated by the American Board of Internal Medicine (ABIM). Over the past two years the College has been engaged in talks with ABIM concerning the process, and good-faith efforts by both organizations have resulted in a new working agreement that works to address the concerns of College members. We're pleased to report that in October 2002 the ACP Board of Regents and the ABIM Board of Directors agreed on principles to guide development of the recertification program and the distinct roles of the two organizations.

As a result of the agreement, a Liaison Committee was formed with members from ABIM, ACP and collaborating subspecialty societies meeting regularly to help guide the recertification process. New timetables were also established; until 2010, for example, internists will have a wide choice of which self-examination modules they must complete. Credit for MKSAP and CME is also in the works, as well as computer-based testing at secure sites throughout the United States. The complete details are available on the College's Web site at <http://www.acponline.org/private/mou/>.



The newly redesigned ACP Online provides members access to a wealth of resources and information. Go to <http://www.acponline.org>.



Policy and Advocacy Activities

While patient care, education and learning are the fulfilling aspects of practicing medicine, there is no doubt the business and legislative end of practice is the challenging part. We understand the pressures facing internists today, from Medicare reimbursements and liability premiums to recertification and regulatory relief. And, we know we must continue to advocate on our patients' behalf. ACP has worked diligently this year to affect legislative issues, develop resources for members, and bring issues to light that affect the practice of medicine in the United States and around the world.

As a leader in the organized medicine coalition fighting to stop the Medicare fee cut, the College successfully lobbied Congress to halt a 4.4 percent Medicare payment cut and increase spending by \$54 billion on physician services over the next 10 years – a significant victory at a time when most other federal spending is being cut. This success is due in no small part to the many members who used the ACP-provided Medicare Crisis Action Kit and Legislative Action Center in a grassroots effort that deluged legislators with over 5,900 letters, phone calls and faxes.

ACP also instituted new programs to educate policy-makers on the College's policy positions and the issues affecting internists. Over the past year the College has briefed congressional leaders, reporters, and other opinion leaders on such issues as improving access to care, modernizing Medicare, patient safety, and biological and chemical terrorism. Over 500 policy-makers on Capitol Hill regularly receive the College's healthcare issue briefs containing background information and policy recommendations. Because of its continued focus on patient welfare, the College is well-respected among members of both political parties.

The College remains a leader in national efforts to ensure that all Americans have access to affordable health insurance coverage. ACP released a comprehensive seven-step plan in 2002 designed to extend health insurance coverage to all Americans by the end of the decade, building upon both public and private sources of coverage. Our plan was the basis for a bill introduced in the U.S. Senate by Sen. Jeff Bingaman.

Escalating professional liability insurance premiums are also affecting members throughout the United States. ACP worked with other medical organizations to succeed in getting the U.S. House of Representatives to pass legislation that caps non-economic damages, limits attorney fees, and provides other measures to ease punishing premiums for physicians. The Senate is now considering a compromise bill that could break the logjam that has blocked past tort reform efforts.

The hassle factor of practicing medicine is an oft-voiced member concern, and ACP has made positive strides in this area during the past year. A federal task force charged with Medicare regulatory relief adopted over 50 of ACP's proposals to change Medicare regulations to ease regulatory burdens on physicians. ACP also convinced CMS to slash in half the documentation required for diabetic testing supplies. We helped simplify documentation requirements for teaching physicians and eliminated beneficiary secondary payer forms. Reimbursement for underpaid services such as glucose monitoring and flu shots also rose significantly in direct response to College advocacy efforts.

ACP also devoted significant efforts to protecting safety net systems and ensuring the future supply of physicians. A major success was the restoration of the J-1 visa program, which allows international medical graduates to remain in the United States to practice in underserved areas. In addition, the College provided Medicare with

recommendations regarding physician workforce and financing graduate medical education, and advocated to halt proposed funding cuts for teaching hospitals.

Although much has been accomplished this year, much remains to be done. Medicare reform remains a top priority. "Medicare in the 21st Century: A Prescription for Change from America's Internists" evaluates the flaws in the program and calls for major changes, including prescription drug coverage, preventive care, and reimbursement policies that account for the true costs of providing medical care. The College's highly regarded position papers drive our lobbying efforts on behalf of members and patients. ACP has developed position papers on payment for e-mail consultations, ethnic and racial disparities in health care, and the nursing shortage. And, new position papers on the revitalization of internal medicine are now under development. ACP position papers are available for download on the advocacy section of ACP Online.

ACP has a strong presence in Washington, D.C., because of our reasoned approach to health care issues and the strength of our 115,000 members. Our impact is strengthened even more when members across the United States make their voices heard during public policy debates. We have several tools set up to make grassroots advocacy easy for every member. Please take a moment to sign-up to be on our Key Contact advocacy list at <http://www.acponline.org/advocacy>.



A delegation of ACP members from Massachusetts meets with a health staff person from Rep. Edward J. Markey's office during ACP's annual Leadership Day event in Washington, D.C.