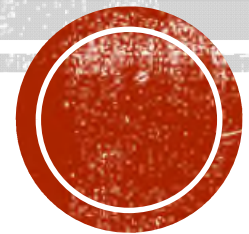


# FALL 2023 BOC RESOLUTIONS



# RESOLUTION 1 - ALLOCATING RESOURCES TO CREATE AWARENESS OF THE CPT AND RUC PROCESS

(SPONSOR: DELAWARE CHAPTER)

—THAT THE BOARD OF REGENTS ALLOCATE RESOURCES TO ALLOW GOVERNORS, GOVERNOR ELECTS, AND CHAIRS OF THE COUNCILS OF EARLY CAREER PHYSICIANS, RESIDENTS/FELLOW MEMBERS, AND STUDENT MEMBERS TO ATTEND CPT AND RUC MEETINGS AS GUESTS IF THEY SO WISH TO OBSERVE THE PROCESS AND EDUCATE THEIR CHAPTERS.

**H**ave you ever wondered how a code becomes a code, or how codes you use in your practice are valued and maintained? These deliberations and decisions primarily take place at the American Medical Association's (AMA) Current Procedural Terminology (CPT®) and Relative Value Scale Update Committee (RUC) meetings.

## DID YOU KNOW?

ACP is heavily involved representing Internal Medicine physicians in 3 CPT® editorial and 3 RUC meetings annually

CPT Editorial Panel and RUC



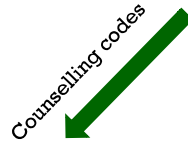
determines



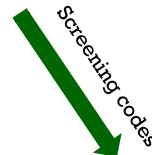
Value of physician services  
Physician fee schedule within  
Medicare Part B → impacts fee  
structure of Medicare Advantage  
and commercial plans

\*\*\*ACP depends on member survey data to advocate and respond to CPT editorial panel and RUC requests about specific CPT codes for services that internal medicine physicians provide \*\*\*

Historically: 8500 surveys per code sent



8 responses



15 responses



## RESOLUTION 2

# EXTENDING NATIONAL ACP EFFORTS TO IMPROVE THE PREAUTHORIZATION PROCESS

(SPONSOR: DISTRICT OF COLUMBIA CHAPTER)



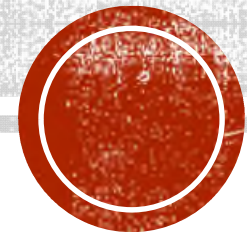
- ❑ increasing burden on physicians
- ❑ has impeded physicians in their efforts to provide optimal medical care to their patients

that the Board of Regents designate a day in 2023 as a **National Preauthorization Information Day** where ACP will provide:

- printed informational packets it prepares to national media regarding the problems associated with the current preauthorization process
- provide such printed materials to our members with advice as to how to share this information with their congressional representatives and local media

BOR will share its plan to hold such a national preauthorization day effort with other national medical organizations and encourage them to join us in this process.

*this burden on physicians is recognized as one of the primary challenges to primary care physicians as noted in the recent 2022 Survey of American's Physicians*





- Resolution 3 - Improving the Effectiveness of EMR Notes by Discouraging the Use of “Cut and Paste” in Progress Notes (Sponsor: District of Columbia Chapter)



ACP has one major policy paper to improve EMR notes

Cut and paste leads to:

- Redundancy in the medical record
- Decreased efficiency in finding salient information needed for safe care
- Decrease in flow of information

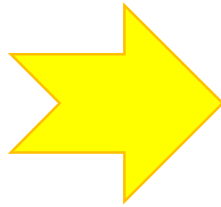
that the Board of Regents will include in its policy on EMRs that the **excessive and routine use of “cut and paste” by physicians be discouraged** and that national ACP encourage medical student program directors and internal medicine residency directors to teach proper use of and discourage the use of “cut and paste” in progress notes by medical students, internal medicine residents, and fellows



# Resolution 4

Developing Policy to Support Hospital-at-Home Care Models (Sponsor: Wisconsin Chapter; Co-sponsors: Maryland and New York Chapters)

Hospital-at-Home is a means to treat acute illness requiring increased medical services otherwise delivered in a brick-and-mortar hospital setting has been adopted widely on an international basis and in the U.S. for over 20 years



Hospital-at-Home care models in the U.S. have demonstrated equal or improved outcomes on:

- mortality
- length-of-stay
- readmission rates
- complications
- patient satisfaction
- reduced cost of care

## BARRIERS

- † limited financing mechanisms for innovative care delivery through government and private health insurers
- † the need for upfront investment in technology and staffing
- † logistical barriers including geography and availability of broadband internet
- † concerns about caregiver burden
- † uncertainties about balancing remote and in person monitoring for patients
- † Concerns about health equity concerns in the implementation of Hospital-at-Home programs

that the ACP Board of Regents develop a policy statement in support of **permanent payment structures, best practice guidelines that achieve high-value care, and ongoing outcomes research** for Hospital-at-Home care.

Policy should include:

- support for permanent CMS funding guidelines for Hospital-at-Home care
- support for universal Medicaid coverage in all states, including removal of state regulatory or legislative barriers
- support of policies that promote equity in access to Hospital-at-Home including access across all demographic groups and geographic settings including rural and underserved areas
- support for ongoing research in Hospital-at-Home care including inclusion and exclusion criteria, caregiver burden, liability concerns, cost, patient care outcomes, safety, and patient and family satisfaction





the recent 2022 Survey of American's Physicians found a very large number of physicians **reporting shortages in almost all types of staff positions** thereby impeding their ability to practice medicine as efficiently as possible and provide optimal care to their patients



## Resolution 5

### Educating Physicians about Resources to Aid in Reducing Office Staff Shortages (Sponsor: District of Columbia Chapter)

RESOLVED, that the Board of Regents work to:

- ❖ educate physicians about resources already available on the ACP website on staffing issues
- ❖ disseminate to interested physicians informational materials which may aid them in reducing staff shortages (this information should include suggestions/ideas on how to improve recruitment methods and retain staff)
- ❖ provide information on businesses/organizations that exist to provide help in finding new staff
- ❖ provide a session at its next national meeting and/or a webinar for physicians who are looking for help in staffing their offices



## Resolution 6

### Developing Resources to Educate ACP Members about Fertility and Family Planning (Sponsor: Council of Resident/Fellow Members; Co-sponsors: Council of Early Career Physicians and Council of Student Members)

Fertility treatments are available alternatives to childbirth

female physicians are more likely to undergo childbirth after the age of 37, which places an increased risk in adverse fetal-maternal outcomes

Fertility insurance coverage is only available in 20 states, with 14 of those laws including IVF coverage and 12 of those states including fertility preservation

2% of physicians have children prior to completing medical school

Cost of 1 cycle of IVF ~ \$20k with average amount of cycles to produce successful childbirth being 6 cycles

Cost of 1 cycle of egg freezing ~ \$4.5-\$8k and may also require multiple cycles

The average physician possesses knowledge deficits regarding fertility treatments due to lack of well established resources

Costs associated with surrogacy ~ \$100-200K

that the Board of Regents, along with appropriate stakeholders, develop resources to educate ACP members on the process, time requirements, and financial implications obtaining fertility treatments, including but not limited to egg freezing, in vitro fertilization and surrogacy, in order to empower physicians to better plan and prepare for the process of starting a family.



# Resolution 7

Revising the Policy of Cancellation Fees for ABIM Certification Exams (Sponsor: Michigan Chapter)

Existing policies for certification fees for examinations conducted by the American Board of Internal Medicine (ABIM) **only offer a refund of 70%** for cancellations made from the date of scheduling until 48 hours of the examination date, “with no consideration of extenuating circumstances”

~ \$898.50 in lost fees to trainee

RESOLVED, the ACP Board of Regents advocate that the fees for cancellation/rescheduling an initial ABIM certification exam not exceed the financial loss for the ABIM, especially given the financial pressures faced at the completion of training by those seeking initial board certification.





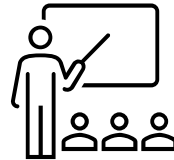
# RESOLUTION 8

## PHASING OUT PHARMACEUTICAL AND OTHER INDUSTRY SPONSORSHIP OF ACP'S ANNUAL INTERNAL MEDICINE MEETING (SPONSOR: WASHINGTON CHAPTER)

a core tenet of professionalism and leadership for a medical society is to provide the public with recommendations that are for the public good and are **free of commercial bias**



ACP accepts payments from exhibitors and symposia sponsors (including pharmaceutical industries) and gives exclusive access to key leaders in IM



ACP co-locates exhibitor with important meeting content such as ACP resources center, posters and networking lounges



ACP advertises “complimentary Brand Promotion” by listing the onsite industry guide, exhibit floor plan, meeting app and daily meeting news

RESOLVED, that the Board of Regents adopt the standard that the annual ACP Internal Medicine Meeting be **free of all financial relationships** with pharmaceutical companies and other organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients;  
and be it further RESOLVED, that the Board of Regents develop and implement a plan to **phase out these relationships**— including exhibitor booths, special symposia, and advertising space—within 10 years or less.

