The Future of the American College of Physicians

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For decades, the American College of Physicians (ACP) and the American Society of Internal Medicine (ASIM) worked side by side, albeit not geographically, complementing each other’s efforts to advance the specialty of internal medicine. ACP focused on the educational and scientific aspects of the field, whereas ASIM concerned itself with socioeconomic, legislative, and regulatory affairs. Eventually, increasing changes in the environment of medical practice forced both organizations to broaden their ranges; as a result, the two groups found themselves doing similar work. After it became evident that they could accomplish more by joining forces, the two organizations merged in 1998 to become ACP–ASIM.

On April 1, 2003, ACP–ASIM took another important step forward. After an extensive name search, it became known simply as the American College of Physicians. It was agreed that the new name would not only be less cumbersome but would also better reflect the notion of one group of physicians sharing a common purpose and working together to achieve common goals.

Today, ACP is a nonprofit educational charity whose mission is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine. It is the largest medical specialty society in the U.S., with a membership of more than 115,000 physicians and medical students. It is also the second largest physicians’ group, after the American Medical Association (AMA). There are 77 ACP chapters worldwide, including six in Canada, five in Central and South America, and one in Japan. Members are physicians in internal medicine and related subspecialties, including cardiology, gastroenterology, nephrology, endocrinology, hematology, rheumatology, neurology, pulmonary disease, oncology, infectious diseases, allergy and immunology, geriatrics, sports medicine, and adolescent medicine.

CHALLENGES FACING MEDICAL SOCIETIES

American medicine comprises more than 100 specialty societies, each with different goals and mission statements. These divisions are helpful in terms of providing focused education to physicians, but as medicine continues to splinter into smaller and smaller organizations, it becomes increasingly difficult to share information and to identify common ground.

There is a need to bring the interested parties representing American medicine together to debate the national issues facing the profession. The American Medical Association House of Delegates serves an important function as the only forum in the U.S. in which all of the medical member organizations are represented collectively in one place. The Council of Medical Specialty Societies is another national forum for the larger member organizations, among others.

Although it is a politically and procedurally challenging task, it is critically important that the member organizations engage in the development and implementation of policy that affects their patients and members.

Another side to this dilemma is the significant decline in the number of individuals who belong to organizations. Of course, this phenomenon is not exclusive to medicine. In his book, Bowling Alone, Robert Putnam asserts that Americans have become more isolated than ever before and increasingly disconnected from family, friends, and social institutions. According to Putnam, this trend represents a threat to our civic and personal health.

At a time when individuals are increasingly questioning the value of belonging to organizations, how do medical societies build and sustain their relevance? Legend has it that when asked how he was always able to be open to score a goal, hockey-great Wayne Gretsky replied, “I don’t skate to where the puck is. I skate to where the puck is going to be.”

Using this same logic, medical societies must anticipate the needs of their members if they are to develop programs and services that fulfill those needs. This is especially important in today’s rapidly changing environment, where physicians are grappling with such issues as eroding incomes, increasing overhead expenses, and rising practice liability insurance programs. The lack of affordable liability insurance is a serious threat to the practice of medicine and has the potential to leave patients with limited access to medical care.

GOALS AND STRATEGIES FOR THE FUTURE

To address the challenges and changes facing organized medicine, the College has defined six major goals. Four are described in detail. In brief, the ACP’s goals are to:

- promote standards and ethical ideals
- provide information and education
- advocate positions on health and public policy
- serve the needs of members and stimulate interest in internal medicine as a career
- conduct research, provide education, and promote internal medicine
- recognize the excellence of individuals and their contributions

Promoting Standards and Ethical Ideals

In an effort to establish standards and ethical ideals, the College publishes from five to 10 new evidence-based guidelines each year. These guidelines follow a rigorous development process, which the Clinical Efficacy Assessment Subcommittee and the staff of the Scientific Policy Department oversee.

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One major issue today concerns how these guidelines are actually implemented in clinical practice. The Institute of Medicine’s now-famous reports, *To Err is Human* and *Crossing the Quality Chasm*, as well as the news media’s questioning the safety of patient care in the U.S., have led to increased demands for accountability in the health care system. However, although performance measures used by health maintenance organizations (HMOs) and other third-party payers are rapidly proliferating, few physicians in the outpatient setting are ready for them. To address this issue, the College has adopted policies to assess the validity of guidelines-based performance measures intended to evaluate the quality of patient care.

Professionalism is a key tenet of medical societies, and ACP is no exception. The American Board of Internal Medicine Foundation, the ACP–ASIM Foundation, and the European Federation of Internal Medicine recently produced the Charter on Medical Professionalism. Published simultaneously last year in *Annals of Internal Medicine* and *The Lancet*, the Charter was intended to reinforce many challenges facing the practice of medicine in 2003. The Charter consists of a set of principles that are fundamental to practicing medicine. First and foremost is the *primacy of patients’ welfare*, which asserts that the interests of patients take precedence over those of physicians. Many medical societies have adopted the Charter, and academic medical centers around the country have included it in their teaching curricula.

ACP also publishes the *Ethics Manual*, the philosophical basis of the College’s stance on moral values and professionalism. This publication addresses current issues, such as the changing practice environment, alternative and complementary medicine, and genetic testing, as well as ongoing issues, such as informed consent, confidentiality of medical records, and end-of-life care. A section on ethical decision-making in clinical practice and medical research guides physicians through the process of resolving ethical dilemmas.

### Providing Comprehensive Education and Information

In an effort to serve as the comprehensive education and information resource for internists, ACP sponsors continuing medical education programs for physicians, including the Annual Session, the Medical Knowledge Self-Assessment Program, the Clinical Skills Program, and more than 50 postgraduate courses annually.

Other resources available to ACP members include the Physicians’ Information and Education Resource (PIER), which has been in development for eight years, is an evidence-based clinical decision support tool designed to provide physicians with guidance to improve clinical practice; it encompasses diagnosis and treatment prevention and screening, and drug selection and dosages. Available on the Internet, PIER provides physician-members with quick access to more than 270 disease-specific modules.

The College’s flagship medical journal, *Annals of Internal Medicine*, the most widely read internal medicine journal and the most widely cited medical specialty journal in the world, covers issues that influence both physicians and patients. Other ACP publications include *ACP Journal Club*, *The ACP Observer*, and *IMPact*, a quarterly newsletter devoted to medical students.

### Advocating Individual Health and Public Policy

One way in which the College meets this goal is by developing position papers on current issues such as Medicare reform, practice liability reform, bioterrorism preparedness, graduate medical education reform, antitrust law, and the effects and implementation of the Health Insurance Portability and Accountability Act (HIPAA).

One of ACP’s primary policy concerns is access to health care. More than 43 million Americans lack health insurance, and the number continues to grow. This past spring, Senator Jeff Bingaman (D–New Mexico) sponsored legislation, the HealthCARE Act of 2003, incorporating ACP’s proposal to achieve universal health care coverage in seven years. A companion bill, HR 2402, was introduced in the House of Representatives by Reps. Kaptur (D–Ohio) and Latourette (R–Ohio). This milestone legislation marked the first time since the Clinton Health Security Act that Congress considered legislation for universal coverage.

### Serving the Professional Needs of Members

The College’s fourth goal is to serve the professional needs of its membership and to encourage medical students to consider internal medicine as a career. To enhance its effectiveness in addressing physicians’ needs, ACP maintains affiliations and alliances with local, regional, and national organizations, including societies representing the many subspecialties of internal medicine.

The College also works closely with the American Board of Internal Medicine (ABIM) to ensure the highest standards of professionalism among physicians. ACP is currently working with ABIM and other internal medicine specialty societies to improve the recertification process for internists who passed their board examinations during or after 1990. As part of this effort, ACP is developing several tools to guide physicians through this process. ACP is also working to ensure that the recertification process is relevant, accommodates different learning styles, and is sensitive to time and cost.

In an effort to promote internal medicine as a career, the College is devising strategies to make the field more attractive to medical students. The number of medical students choosing internal medicine as a career is decreasing. There are several reasons for this, but financial concerns rank high on the list. With an average medical school debt of over $100,000, medical students are choosing disciplines with higher levels of reimbursement. In response to this situation, the College has created the Revitalization of Internal Medicine Project, which is designed to broaden the appeal of an internal medicine practice for both students and practicing physicians.

### Additional Goals

ACP’s fifth goal is to conduct research to enhance the quality of medical practice, to promote the education and continuing education of internists, and to emphasize the importance of internal medicine to physicians and the public. The final goal
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is to recognize individual excellence and distinguished contributions to internal medicine.

THE FUTURE: BRIGHT BUT CHALLENGING

The challenges faced by ACP in meeting its goals are considerable but achievable. The success of its future depends on the organization’s ability to focus on the mission and to commit to basic principles: (1) honor the public trust, (2) take the lead, (3) adapt to the changing environment in which physicians practice, (4) be responsive and relevant to current and future physicians, (5) continue to look for ways to strengthen the College’s value both at the individual and organizational levels, and (6) continue to always be guided by an uncompromising commitment to place patients’ interests first.

REFERENCES