

1 **Actions Taken on BOG Resolutions, October 26-27, 2024, Board of Regents Meeting**

2
3 **Adopted and referred for implementation: (Lines 26-41)**

4 8-F24. Developing Policy on Reducing Traffic Fatalities and Injuries in the United States

5
6 **Adoption/Implementation with Amendments: (Lines 42-98)**

7 7-S23. Supporting and Advocating for Concurrent Disease Targeted and Hospice Care

8 8-S23. Developing Policy on the Implications of the ACO-REACH Program on Seniors Enrolled in Medicare

9 5-F23. Educating Physicians about Resources to Aid in Reducing Office Staff Shortages

10 1-F24. Developing Policy to Address Consolidation in Healthcare

11 6-F24. Supporting Training in the Appropriate Use of Medical Interpreters

12
13 **Adopted as a Reaffirmation: (Lines 99-196)**

14 2-F24. Advocating for Greater Transparency of Private Equity Acquisitions in Healthcare

15 3-F24. Providing Physicians with Information on Part B and Part D Medicare Policy

16 4-F24. Addressing the Negative Impact of Electronic Health Record (EHR) Message Burden on
17 Patients and Physicians

18 7-F24. Declaring Access to Equitable, Affordable Healthcare is a Human Right

19
20 The Board of Regents approved, as a Consent Calendar, the recommendations regarding the
21 disposition of each of the following resolutions recommended for adoption at the Fall 2024 Board of
22 Governors Meeting. As plans to implement a resolution’s intent proceed over the course of the coming
23 year, please contact the assigned lead committee vice chair or staff via the hyperlink provided below
24 with any questions or for an update.

25
26 **BOG Recommended for Adoption/Implementation:**

27 ***Resolution 8-F24. Developing Policy on Reducing Traffic Fatalities and Injuries in the United States***
28 ***(RRC Referral Recommendation: Health and Public Policy Committee [HPPC])***

29 *RESOLVED, that the Board of Regents develop a policy statement regarding traffic fatality and*
30 *injury, taking a public health approach similar to ACP policies on firearm safety and drug poisoning;*
31 *and be it further*

32 *RESOLVED, that the Board of Regents encourage collaboration with other interested parties to*
33 *build consensus on evidence-based approaches to reduce traffic fatality and injury, including the*
34 *AMA and other health professional organizations; and be it further*

35 *RESOLVED, that the Board of Regents advocate for increased funding and support for research into*
36 *the causes and prevention of rising traffic fatalities and injuries in the United States; and be it*
37 *further*

38 *RESOLVED, that the Board of Regents advise the ACP and its member physicians to pursue*
39 *advocacy for regulatory and legislative efforts to promote traffic safety including safer vehicle*
40 *design, safer road design, and promotion of non-motor vehicle modes of transportation.*

41
42 **BOG Recommended for Adoption/Implementation with Amendments:**

43 ***Resolution 7-S23. Supporting and Advocating for Concurrent Disease Targeted and Hospice Care***
44 ***(RRC Referral Recommendation: Medical Practice and Quality Committee [MPQC] with input from***
45 ***Ethics, Professionalism, and Human Rights Committee [EPHRC])***

46 *RESOLVED, that the Board of Regents, in conjunction with other appropriate entities and*
47 *partners, support and advocate for specific regulations to enhance and improve hospice care*
48 *for concurrent diseases that can improve quality of life and ensure expanded, equitable access*
49 *to care.*

50
51 **Resolution 8-S23. Developing Policy on the Implications of the ACO-REACH Program on Seniors**
52 **Enrolled in Medicare**
53 *(RRC Referral Recommendation: MPQC)*

54 *RESOLVED, that the Board of Regents further study and develop evidence-based policy on the*
55 *implications of the ACO-REACH (Accountable Care Organization-Realizing Equity, Access and*
56 *Community Health) program on seniors enrolled in Medicare, specifically calling for research on*
57 *the effect on seniors in underserved communities; and be it further*

58 *RESOLVED, that the Board of Regents, with other appropriate stakeholders, advocate to federal*
59 *agencies such as the U.S. Department of Health and Human Services and the Executive Branch*
60 *that the Direct Contracting Entities/ACO REACH program be required to provide greater*
61 *transparency and accountability to seniors at risk and physicians and advanced practice*
62 *providers (APPs) who may not wish to participate in the program; and be it further*

63 *RESOLVED, that the Board of Regents advocates when needed with the Centers for*
64 *Medicare and Medicaid Services so that all payment models will improve medical care for*
65 *vulnerable and underserved patients and work to educate physicians and Medicare*
66 *beneficiaries about alternative options to ACO-REACH for their health insurance coverage.*

67
68 **Resolution 5-F23. Educating Physicians about Resources to Aid in Reducing Office Staff Shortages**
69 *(RRC Referral Recommendation: Division of Governmental Affairs and Public Policy [DGAPP] staff with*
70 *input from Medical Education staff)*

71 *RESOLVED, that the Board of Regents provide a session at its next national meeting and/or a*
72 *webinar for physicians who are looking for help in staffing their offices with information which*
73 *may aid them in staffing their practices (this information should include suggestions/ideas on*
74 *how to improve recruitment methods and retain staff), as well as provide information on*
75 *businesses/organizations that exist to provide help in finding new staff; and be it further*

76 *RESOLVED, that the Board of Regents update its resources available on the ACP website*
77 *regarding staffing issues.*

78
79 **Resolution 1-F24. Developing Policy to Address Consolidation in Healthcare**
80 *(RRC Referral Recommendation: Health and Public Policy Committee [HPPC] with input from EPHRC [1st*
81 *and 2nd clauses and input from State Health Policy staff [3rd clause])*

82 *RESOLVED, that the Board of Regents develop policy and advocate against the corporate*
83 *practice of medicine and consolidation that may harm patients and/or physicians in the*
84 *healthcare sector; and be it further*

85 *RESOLVED, that the Board of Regents advocate for practicing-physician leadership within*
86 *healthcare organizations; and be it further*

87 *RESOLVED, that the Board of Regents assist chapters in advocating for stronger enforcement of*
88 *antitrust law and combating regional monopolization in healthcare.*

89

90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134

Resolution 6-F24. Supporting Training in the Appropriate Use of Medical Interpreters
(RRC Referral Recommendation: HPPC with input from the MPQC [2nd clause])

RESOLVED, that the Board of Regents encourages hospital systems, clinics, residency programs, and medical schools to provide opportunities for physicians, staff, and trainees to voluntarily receive training in appropriate use of medical interpreters; and be it further

RESOLVED, that the Board of Regents advocates for appropriate financial support for language-concordant care, including sign language interpreters, at both the Federal and State level.

BOG Recommended for Reaffirmation:

Resolution 2-F24. Advocating for Greater Transparency of Private Equity Acquisitions in Healthcare

RESOLVED, that the Board of Regents advocate for greater transparency and disclosures of private equity acquisitions and business activity in the healthcare sector; and be it further

*RESOLVED, that the Board of Regents research and develop policy on specific ways the government should regulate private equity acquisitions in the healthcare sector. ***

****College policy/practice being reaffirmed:**

The ACP recommends longitudinal research on the effect of private equity investment on physicians’ clinical decision-making, health care prices, access, and patient care, including the characteristics of models that may have adverse impacts on the quality and cost of care and the patient-physician relationship, and the characteristics of models that may have positive impacts on the quality and cost of care and the patient-physician relationship.

- a) ACP supports transparency regarding corporate and private equity investment in the healthcare industry.
- b) Policymakers and regulators should provide oversight of private equity activity to prevent practices like unwarranted self-referral, overreliance on non-physician health care professionals, or consolidation that results in uncompetitive markets.

Long-Term Services and Supports paper:

ACP supports research into the effect of ownership status on the long-term services and supports sector (LTSS), including quality of care, staff and patient safety, costs, and staffing ratios. Nursing homes and other LTSS providers should be required to disclose comprehensive ownership and cost information, including private equity investment and related party payments data. Reports should be publicly available and audited for accuracy.

SUMMARY:

ACP has existing policy on private equity investment transparency and has taken several actions to engage federal agencies about this issue. The Medical Practice and Quality Committee is developing additional policy on regulating private equity involvement in health care.

Resolution 3-F24. Providing Physicians with Information on Part B and Part D Medicare Policy

*RESOLVED, that the Board of Regents direct ACP national staff to provide educational information for physicians through the Coding and Payment Policy Subcommittee by offering webinars on relevant topics and inviting representatives from the Centers for Medicare and Medicaid Services (CMS) to discuss the difference between Part B and Part D Medicare policy on these webinars. ***

135 ****College policy/practice being reaffirmed:**

136 Hosted by the College's Coding and Payment Policy (CPP) Subcommittee, ACP has an enduring series of
137 webinars that provide members an opportunity to learn, pose questions, and share ideas. The CPP
138 Subcommittee routinely offers webinars on the regulatory and policy aspects of medicine, coding, and
139 payment, including Medicare Part B and Part D content. ACP staff often receive suggested topics for
140 upcoming webinars, and the subject matter in consideration by this resolution would fall squarely into our
141 offerings. For this reason, ACP staff can propose to the CPP Subcommittee an educational webinar on
142 Medicare Part B and Part D policies as stated in the proposed resolution. ACP staff and the CPP
143 Subcommittee can use our already existing webinar series to offer this content to members and fulfill the
144 intent of the proposed resolution. <https://www.acponline.org/meetings-courses/webinars>

145
146 Since January 2022, ACP has offered content on regulatory and policy aspects of medicine, coding, and
147 payment. The content in consideration by this proposed resolution is within the purview of the CPP
148 Subcommittee, and ACP staff can include this informational webinar as part of our series of webinars for 2024.
149

150 ***Resolution 4-F24. Addressing the Negative Impact of Electronic Health Record (EHR) Message***
151 ***Burden on Patients and Physicians***

152 *RESOLVED, that the Board of Regents creates a specific toolkit for members about the best*
153 *practices on how to audit, manage, and use Team-Based Care and EHR configurations to address*
154 *the negative impact of EHR message burden; and be it further*

155 *RESOLVED, that the Board of Regents advocates that the Office of the National Coordinator for*
156 *Health Information Technology (ONC) as part of its mission to build on federal investments in EHRs*
157 *to improve access, exchange and use of electronic health information also include that certification*
158 *requirements of EHRs include integration of advanced Clinical Decision Support Tools (CDS) that*
159 *prioritize and categorize data points so that non-essential messages to clinicians are avoided; and*
160 *be it further*

161 *RESOLVED, that ACP policy about EHR best practices also includes that employers should*
162 *incorporate dedicated nonclinical work time for physicians as a standard to improve patient safety*
163 *and physician wellness. ***

164
165 ****College policy/practice being reaffirmed:**

166 Resolution 4-F24 is closely tied with and reaffirms Resolution 5-S22, Acknowledging the Manner in which
167 EHRs Alert and Messaging Functions Burden Physicians and Compromise Patient Safety, that was referred to
168 the Medical Informatics Committee (MIC) regarding messaging and alert burden; the MIC is in the process of
169 finalizing a policy statement in response to the earlier resolution and is well-positioned to immediately
170 incorporate any policy proposals from the newly proposed resolution into the policy statement, pending the
171 approval of the full committee.

172 Relevant policy by the EPHRC includes [a position paper on the ethical implications of physician employment](#)
173 [and health care business practices](#) noting that EHR work can shift focus and “take time, which is a precious
174 and limited resource that is valued highly by patients and physicians yet undervalued by existing health care
175 payment structures;” the [paper on ethical guidance for electronic patient-physician communications](#) which
176 contains the position: “Physicians, Institutions, and Patients Should Recognize and Address Increased
177 Workload Associated with Management of Electronic Communication and Implications for Physician Well-
178 being” noting that “Despite many advantages, e-communication has been found to increase the volume of
179 physician work and patient and physician may not share expectations about its use” and that “To manage
180 the increasing demands of the e-communication, team-based care approaches and new strategies for
181 reimbursement are needed. Institutions should consider workflow protocols and standardized policies to

182 optimize team-based care management and triage of EHR work...” and the [position paper on the ethical](#)
183 [implications of electronic health records](#) which also addresses the ethics and burdens of EHRs.

184
185 **Resolution 7-F24. Declaring Access to Equitable, Affordable Healthcare is a Human Right**

186 *RESOLVED, that the Board of Regents declare access to equitable, patient-centered, cost-effective,*
187 *clinically appropriate and affordable healthcare within the means of the society in which one lives*
188 *is a fundamental human right; and be it further*

189 *RESOLVED, that the Board of Regents bases its policy and advocacy around universal access to*
190 *healthcare on the fundamental human right to healthcare. ***

191
192 ****College policy/practice being reaffirmed:**

193 Current ACP policy stating that health is a human right and the ethical obligation of equitable access to
194 appropriate health care addresses the intent of 7-F24 within the recently adopted ACP Policy statement
195 “[Health as a Human Right](#)” as well as the policy statement from 2019 policy entitled “Envisioning a Better
196 U.S. Health Care System for All” advocating for universal access to health insurance coverage.

197
198 <https://acpo365.sharepoint.com/sites/BoG/Resolutions/Fall Meetings/2024/LN Posting FYC - BOR Takes Action - BOR clauses - BOG F24 Mtg>
199 [resolutions.docx](#)