

American College of Physicians

A Vision for ACP in 2015

At the October 2006 Board of Regents meeting, Regents participated in small group planning discussions to identify issues likely to shape the College in the coming decade. The Strategic Planning Committee summarized the results of these discussions into strategic statements that describe a vision for ACP in 2015. At their January 2007 meeting, the Board of Regents approved these statements as a long-term vision for ACP. (Statements are listed alphabetically.)

Access to Care

By 2015, ACP will be recognized for leadership in the transformation of the US health care delivery to a system that provides access and health insurance coverage for 100% of our citizens, has reduced disparities based on ethnicity and geography, recognizes the value of a systems and quality-driven, patient-centered medical home for everyone, and is fully prepared to deal with national, regional, and local health emergencies.

Advocacy

By 2015, ACP will be recognized for its advocacy that has led to a more rational system of patient-centered health care delivery which includes all Americans, and a mechanism(s) for financing of that system that enables fair payment for services that enhance the health of the patient and society.

Autonomy & Professionalism

By 2015, ACP will have reinvigorated the practice of medicine by demonstrating the value of the time the physician spends with the patient in developing a mutually trusting relationship that values patient autonomy while using evidence-based guidelines that emphasize the value of independent judgment based on an understanding of the patient as a person.

Care Delivery

By 2015, ACP will have created a broader understanding within the profession of the patient's role in the delivery of patient-centered health care delivery that emphasizes patient responsibility, understanding, and communication, while not disadvantaging those patients whom poverty, ethnicity, age and education may make such cooperative patient care models difficult.

Chronic Disease

By 2015, ACP will have evolved its educational, marketing, membership, and public policy products to allow an expanded membership to be considered the centerpiece providers for the care of adults with chronic, complex illness.

College Finances

By 2015, ACP will be financially better than in 2006, having increased its reserves and revenues (particularly from sales of programs, products and services) and reduced reserve spending levels.

Dysfunctional Payment System

By 2015, ACP will have played a central role in changing the financing of health care in the United States to a system that equitably places value on continuity of care, time with the patient, and quality of outcomes; thus enabling the patient-centered home and the prevention and care of chronic illness.

Education

By 2015, ACP will have completed an education strategic plan that defines: (a) the scope, breadth and target audiences for the entirety of its educational offerings, including participatory conferences (regional and national meetings), review courses, print and web-based educational materials; and (b) the cost-benefit factors, impact and user acceptance of all offerings that allows targeting of investment in educational/modalities that promote its missions and membership.

End-of-Life Care

By 2015, ACP will have incorporated into the concepts of the “patient-centered medical home” a specific model for comprehensive, compassionate, and quality end-of-life care; and in so doing will become a leader in a national movement to provide comfort for the dying patient.

General Internal Medicine/Subspecialty Relations

By 2015, ACP will have defined the relationship between the general internist [and hospitalist] and internal medicine subspecialists, so that the “house” of Internal Medicine should be fully unified, based upon common goals and aspirations, shared obligations to the greater community, and an understanding of the continuum of medical education and the maintenance of competence.

Health Information Technology

By 2015, ACP will have become an internationally recognized leader in the development, evaluation, and use of health information technology that achieves the best possible patient-centered care that has facilitated savings in medical costs and led to better epidemiological research while protecting patients with strict privacy controls.

Information Sources

By 2015, ACP will have become a recognized leader in electronic publishing, serving the needs of members by increasing access to important new findings in clinical science, publishing in multiple languages, and leading the development of the most current and accessible information products to facilitate physicians’ delivery of care.

Membership, International Issues & Demographics

By 2015, ACP will have exceeded current optimistic performance standards (2%/year = 144,000 members in 2015) for membership by: (a) anticipating the changing demographics (more women, subspecialists, and international medical graduates) of the profession; (b) addressing the specific needs of a diverse membership; (c) providing demonstrable value for the dues it charges its members; and (d) expanding its representation of, and creation of products for, internists and internist subspecialists practicing in countries other than the United States.

Mid-level Providers

By 2015, ACP will have clarified the role of nurse practitioners and physician assistants within the physician-led team and be recognized as an important educational resource for mid-level providers who work with internists, enabling them to more effectively deliver comprehensive care in the patient-centered home. ACP will welcome these allied health professionals into its membership.

Performance/Outcomes Measurement and Quality of Care

By 2015, ACP will have created coalitions of patients/payers/providers that have developed a coherent definition of quality of care that can be measured by evidence-based systems that will allow a component of reimbursement that would reward a process of continuous quality improvement.

Unification

By 2015, ACP will be viewed by all generalist and subspecialist internal medicine-trained physicians as the *premier* and *essential* professional membership organization which provides the full-spectrum of essential services and products which facilitate their professional lives.

Workforce

By 2015, ACP will have redefined the internist and internist subspecialist as the focal point to provide equitably compensated healthcare to adults, again making internal medicine the top career choice for the increased number of medical students graduating from U.S. medical schools, with an increased proportion of internal medicine residents electing not to sub-specialize. ACP will have strengthened the image of the general internist as a premier diagnostician and provider of continuous, preventative, and comprehensive services to adults with chronic and complex health care needs.