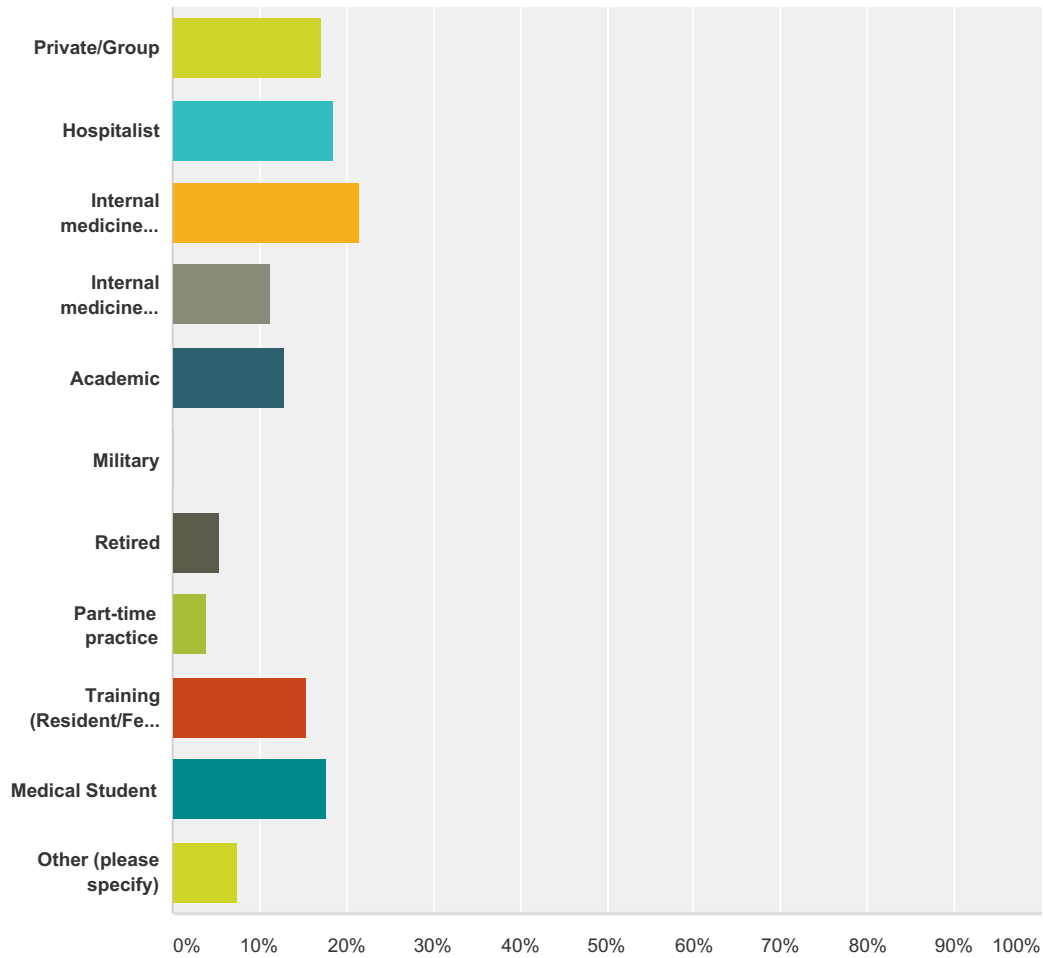


## Q2 Type of Practice: (check all that apply)

Answered: 410 Skipped: 2



Answer Choices	Responses	
Private/Group	17.07%	70
Hospitalist	18.54%	76
Internal medicine specialist (General internist)	21.46%	88
Internal medicine subspecialist	11.22%	46
Academic	12.93%	53
Military	0.24%	1
Retired	5.37%	22
Part-time practice	3.90%	16
Training (Resident/Fellow)	15.37%	63
Medical Student	17.80%	73
Other (please specify)	7.56%	31

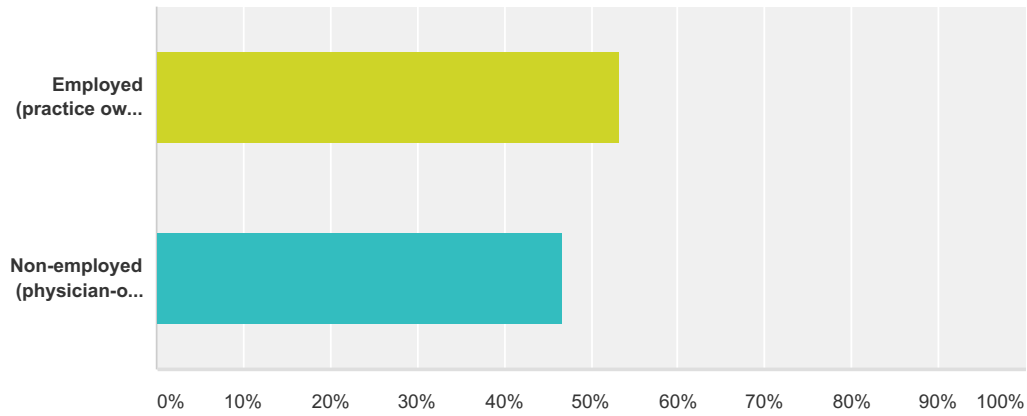
# North Carolina Chapter, American College of Physicians Survey

Total Respondents: 410

#	Other (please specify)	Date
1	fedaral employee	8/30/2015 7:27 PM
2	Government	8/30/2015 6:11 PM
3	locum tenens	8/28/2015 4:03 PM
4	Nurse practitioner	8/28/2015 11:46 AM
5	Clinical Research	8/28/2015 8:40 AM
6	Retured	8/28/2015 1:44 AM
7	VA	8/27/2015 9:46 PM
8	Pediatrician and Geriatrician	8/27/2015 7:49 PM
9	Administration	8/13/2015 8:10 AM
10	free clinic volunteer	8/8/2015 8:17 PM
11	volunteer Internal Medicine	8/8/2015 3:06 PM
12	intensivist	8/8/2015 3:04 PM
13	volunteer at free clinic	8/8/2015 12:33 PM
14	Community health center	8/8/2015 7:36 AM
15	Med. peds	8/8/2015 7:18 AM
16	Hiatus	8/7/2015 11:20 PM
17	Internal Medicine-Pediatrics	8/7/2015 9:47 PM
18	administrative	8/7/2015 9:25 PM
19	intensivist	8/7/2015 9:07 PM
20	Addiction medicine	8/7/2015 8:44 PM
21	Just graduated residency. Will start practice in general internal medicine next month.	8/7/2015 8:43 PM
22	Recently retired from active practice GI	8/7/2015 8:39 PM
23	Pediatric subspecialist	8/7/2015 8:28 PM
24	Other	8/7/2015 7:49 PM
25	Med/Peds	7/31/2015 5:52 PM
26	Medical Management	7/30/2015 2:05 PM
27	industry - research	7/30/2015 1:04 PM
28	Federal Correctional medicine	7/29/2015 9:38 PM
29	internal medicine and pediatrics primary care	7/29/2015 8:24 PM
30	Occupational Medicine	7/29/2015 4:36 PM
31	Wound center	7/29/2015 4:04 PM

### Q3 If you are in private practice, which of the following applies:

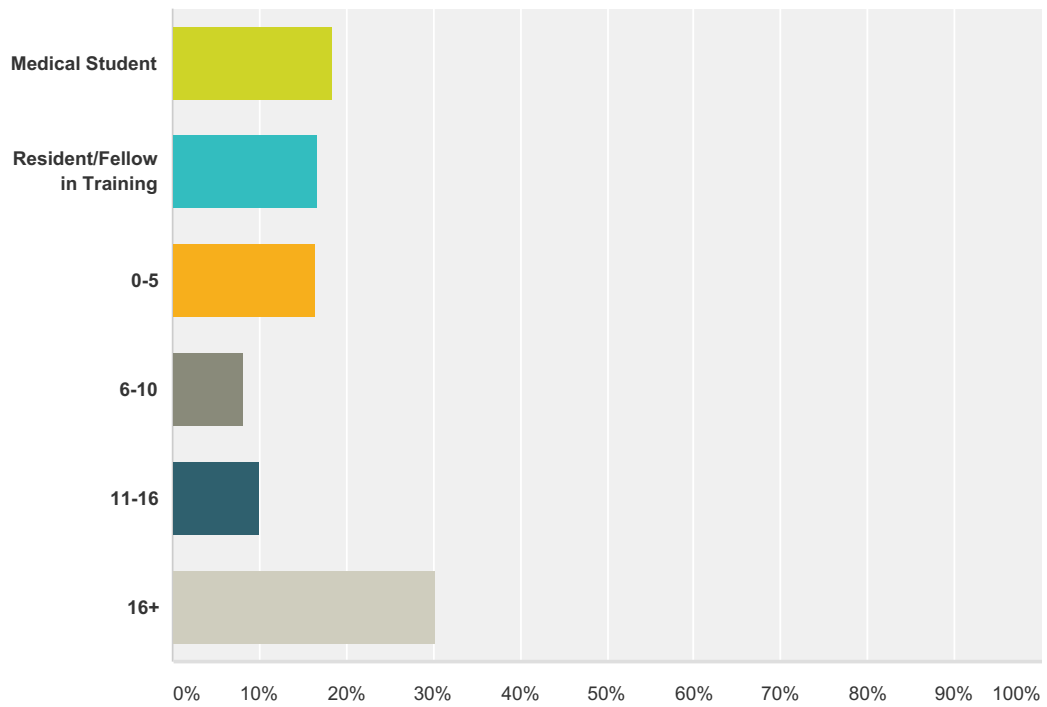
Answered: 75 Skipped: 337



Answer Choices	Responses	
Employed (practice owned by another entity)	53.33%	40
Non-employed (physician-owned practice)	46.67%	35
<b>Total</b>		<b>75</b>

## Q4 Please indicate the number of years you have been in practice.

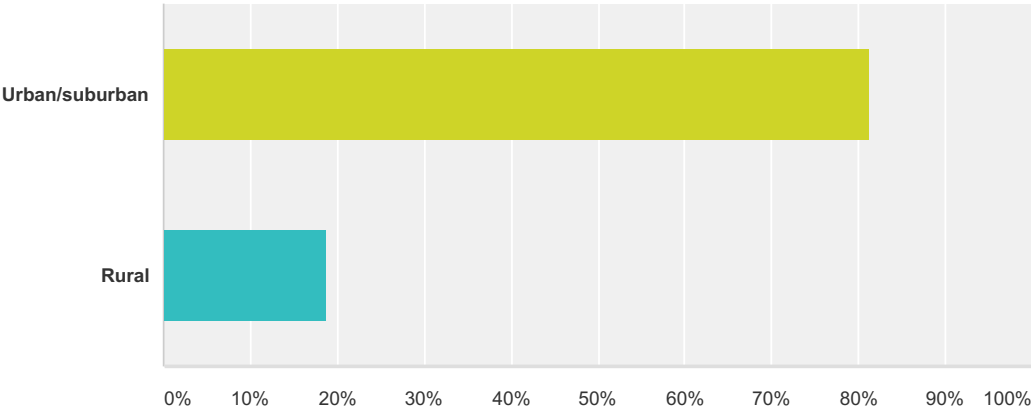
Answered: 390 Skipped: 22



Answer Choices	Responses
Medical Student	18.46% 72
Resident/Fellow in Training	16.67% 65
0-5	16.41% 64
6-10	8.21% 32
11-16	10.00% 39
16+	30.26% 118
<b>Total</b>	<b>390</b>

Q5 Do you practice in an urban/suburban or rural setting?

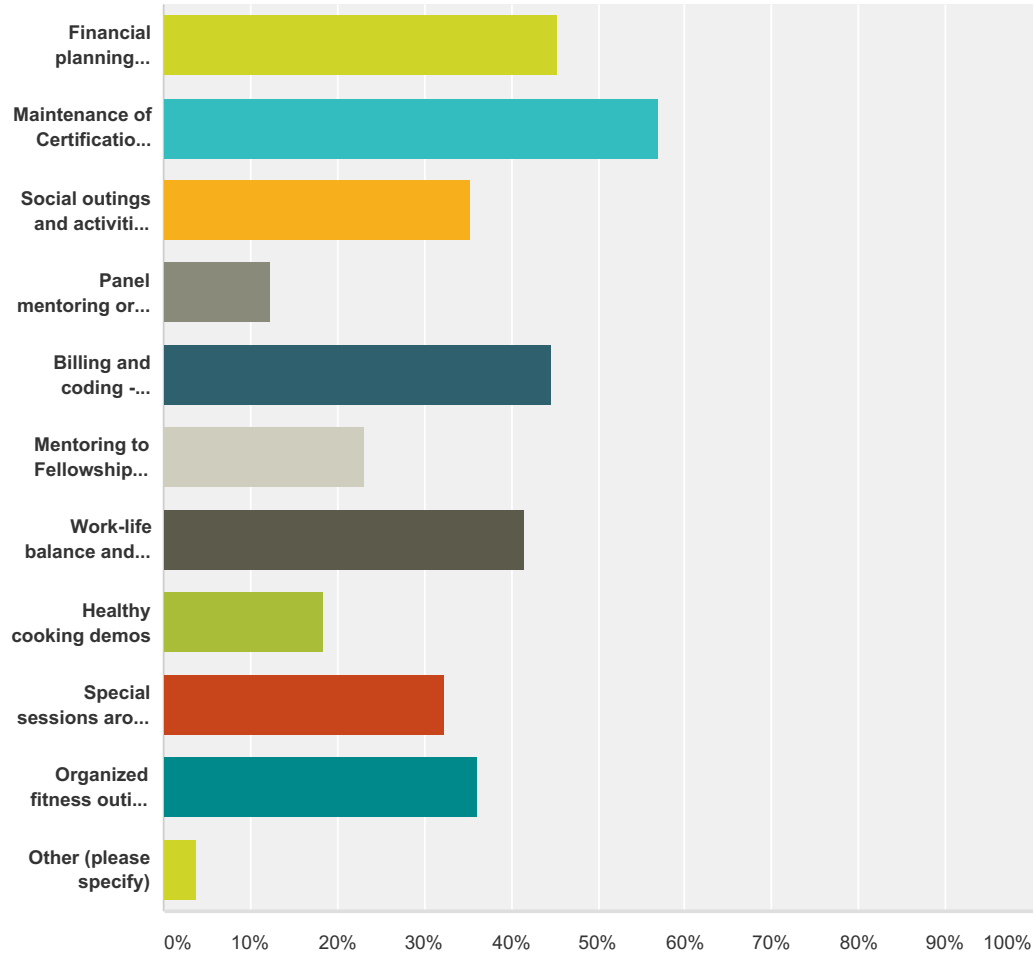
Answered: 372 Skipped: 40



Answer Choices	Responses	
Urban/suburban	81.18%	302
Rural	18.82%	70
Total		372

**Q6 If you are an Early Career Physician (<16 years out of training), which potential Early Career Physician activities would you be the most likely to participate in? Check all that apply.**

Answered: 130 Skipped: 282



Answer Choices	Responses	
Financial planning seminars	45.38%	59
Maintenance of Certification (MOC) session to explain the process and experiences of members	56.92%	74
Social outings and activities at bars/taverns/restaurants/sporting events	35.38%	46
Panel mentoring or speed mentoring - 3 mentors circulate among guests for 10-15 minute sessions one-on-one	12.31%	16
Billing and coding - refreshers	44.62%	58
Mentoring to Fellowship dinners	23.08%	30
Work-life balance and work-life integration	41.54%	54
Healthy cooking demos	18.46%	24

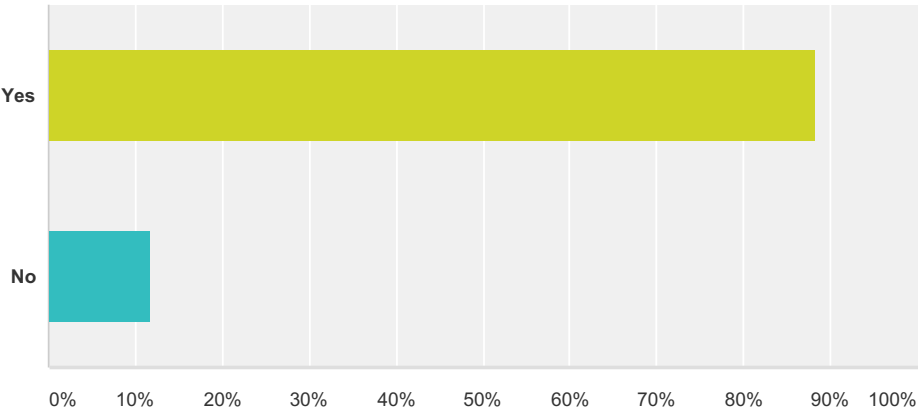
## North Carolina Chapter, American College of Physicians Survey

Special sessions around e-medicine, "Digital Medicine," or new technology	<b>32.31%</b>	42
Organized fitness outings and activities such as kayaking, rock climbing, biking, fun run	<b>36.15%</b>	47
Other (please specify)	<b>3.85%</b>	5
<b>Total Respondents: 130</b>		

#	Other (please specify)	Date
1	None, because I have similar opportunities available at my institution and I'm very busy as is.	8/28/2015 11:01 AM
2	Explore non clinical medical careers	8/27/2015 9:41 PM
3	None	8/8/2015 10:29 PM
4	How to have physician input in structure of our profession	8/7/2015 8:46 PM
5	Meditation and breathing techniques	8/7/2015 7:21 PM

Q7 Are you currently a member of the ACP?

Answered: 405 Skipped: 7

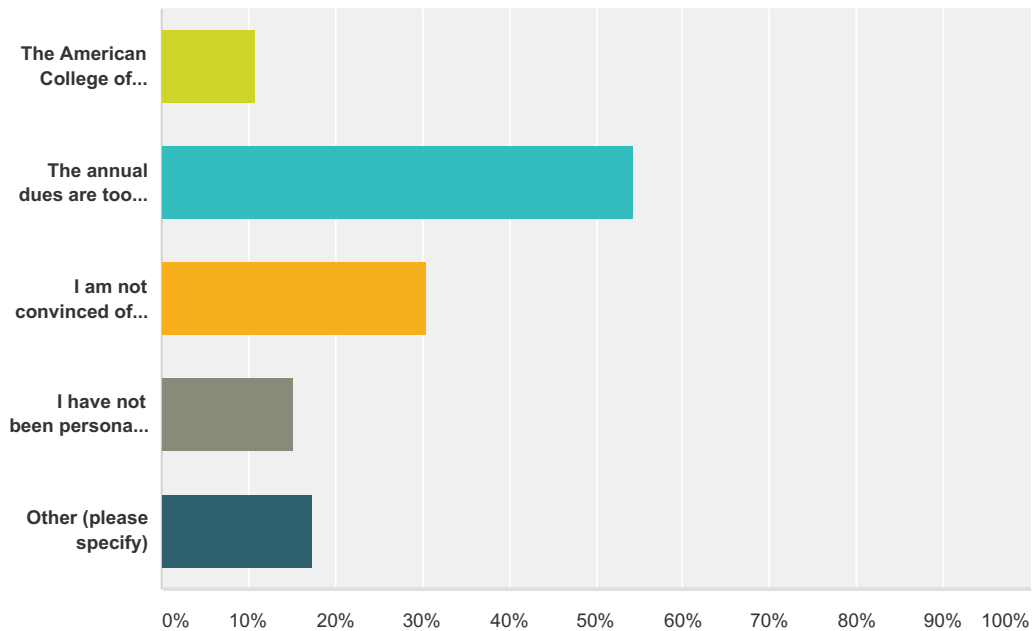


Answer Choices	Responses	
Yes	88.40%	358
No	11.60%	47
Total		405



## Q8 If you are not an ACP member, is it because: (check all that apply)

Answered: 46 Skipped: 366



Answer Choices	Responses
The American College of Physicians does not represent my interests.	10.87% 5
The annual dues are too expensive.	54.35% 25
I am not convinced of the value of ACP membership.	30.43% 14
I have not been personally recruited to join ACP.	15.22% 7
Other (please specify)	17.39% 8
Total Respondents: 46	

#	Other (please specify)	Date
1	Too busy to sign up	8/28/2015 2:09 PM
2	My lazyness	8/28/2015 1:45 AM
3	I'm not sure when I joined.	8/27/2015 8:45 PM
4	I am a medical student.	8/27/2015 6:02 PM
5	semi retired doing locums only	8/11/2015 5:25 PM
6	Recently retired from prcactice	8/7/2015 8:40 PM
7	Will be applying this year	8/1/2015 1:16 PM
8	I belong to Catholic Medical Association for pro-life ethics	7/29/2015 4:32 PM

### Q9 If you are a member, please share the three main reasons you value the NC,ACP.

Answered: 299 Skipped: 113

Answer Choices	Responses
1	100.00% 299
2	87.96% 263
3	75.59% 226

#	1	Date
1	Contacts with colleagues	9/22/2015 8:09 PM
2	Cme	9/10/2015 9:00 AM
3	Advocacy	9/8/2015 10:24 AM
4	Medical updates	9/7/2015 5:43 PM
5	support for ACP advocacy	9/7/2015 2:44 PM
6	Annals	9/7/2015 7:34 AM
7	Comraderie	9/2/2015 7:42 PM
8	The resources available to members	9/1/2015 10:14 PM
9	None	9/1/2015 10:11 AM
10	New in NC, ACP	9/1/2015 9:59 AM
11	Guidance in career	9/1/2015 9:24 AM
12	Access to Annals of Internal Medicine	9/1/2015 7:23 AM
13	resources	8/31/2015 7:48 PM
14	Information about maintaining cerfication	8/31/2015 7:20 PM
15	Annals	8/31/2015 9:50 AM
16	Advocacy	8/31/2015 8:03 AM
17	Practice updates and guidelines	8/30/2015 9:28 PM
18	CME	8/30/2015 9:19 PM
19	MKSAP	8/30/2015 8:52 PM
20	I get most of my educational CME from APC	8/30/2015 7:29 PM
21	Networking	8/30/2015 6:12 PM
22	board prep	8/30/2015 2:22 PM
23	WNC is marginalized by NC ACP	8/30/2015 10:58 AM
24	Value	8/29/2015 10:44 PM
25	Member of an internal medicine group	8/29/2015 4:56 PM
26	Access to CME	8/29/2015 3:34 PM
27	Scientific publications	8/29/2015 3:26 PM
28	share the goals of the organization	8/29/2015 12:11 PM
29	Weekly emails and updates	8/29/2015 9:45 AM
30	CME tools	8/28/2015 8:52 PM

## North Carolina Chapter, American College of Physicians Survey

31	Academic guidelines	8/28/2015 7:54 PM
32	Consistent Updates on events	8/28/2015 6:45 PM
33	peer group	8/28/2015 5:46 PM
34	CME opportunities	8/28/2015 5:27 PM
35	Updates about the latest guidelines in the profession	8/28/2015 4:36 PM
36	scholarly activity	8/28/2015 4:34 PM
37	CME, educational resources	8/28/2015 4:05 PM
38	Connections	8/28/2015 3:48 PM
39	Mksap	8/28/2015 3:29 PM
40	NA	8/28/2015 2:30 PM
41	Resources available for residents and fellows	8/28/2015 12:41 PM
42	updated information	8/28/2015 11:47 AM
43	Student discounts	8/28/2015 11:41 AM
44	Education	8/28/2015 11:34 AM
45	I view it as one of my professional homes	8/28/2015 11:02 AM
46	Magazines	8/28/2015 10:33 AM
47	Networking opportunities	8/28/2015 10:27 AM
48	Advocacy for patients and access to care	8/28/2015 10:24 AM
49	still connected to some of the members through friendships	8/28/2015 10:24 AM
50	Great opportunities to do research	8/28/2015 10:01 AM
51	keep up with latest news	8/28/2015 9:46 AM
52	Interaction with Peers	8/28/2015 9:32 AM
53	Educational opportunities	8/28/2015 9:28 AM
54	Access to Annals of Internal Medicine	8/28/2015 9:02 AM
55	Fellowship	8/28/2015 8:49 AM
56	Leadership	8/28/2015 8:14 AM
57	Information	8/28/2015 7:25 AM
58	Good information on website	8/28/2015 7:05 AM
59	help with board recert	8/28/2015 4:05 AM
60	local physician input	8/27/2015 11:38 PM
61	community of physicians	8/27/2015 10:52 PM
62	CME	8/27/2015 10:45 PM
63	Meetings	8/27/2015 10:42 PM
64	The yearly meeting is wonderful	8/27/2015 10:41 PM
65	High quality evidence based	8/27/2015 10:34 PM
66	Updates on the field sent to my email	8/27/2015 10:04 PM
67	Education	8/27/2015 9:57 PM
68	Provides standards	8/27/2015 9:49 PM
69	Information	8/27/2015 9:41 PM
70	Networking	8/27/2015 9:31 PM
71	Represents internists	8/27/2015 9:24 PM

## North Carolina Chapter, American College of Physicians Survey

72	Supportive efforts with state legislature	8/27/2015 9:14 PM
73	Networking	8/27/2015 9:14 PM
74	Annals of Internal Medicine	8/27/2015 9:05 PM
75	informative notifications	8/27/2015 9:05 PM
76	Resources	8/27/2015 9:04 PM
77	academics	8/27/2015 8:35 PM
78	Good information	8/27/2015 8:19 PM
79	access to news about medicine	8/27/2015 8:18 PM
80	Weekly emails with cases	8/27/2015 8:17 PM
81	Provides me with advocacy and legislative information specific to North Carolina	8/27/2015 8:15 PM
82	Conferences	8/27/2015 8:13 PM
83	mentorship	8/27/2015 7:58 PM
84	Updated information on medical practice	8/27/2015 7:57 PM
85	Representation	8/27/2015 7:51 PM
86	Discounts on educational resources	8/27/2015 7:51 PM
87	it is a prestigious organization	8/27/2015 7:46 PM
88	Office resources	8/27/2015 7:46 PM
89	Interesting topics	8/27/2015 7:40 PM
90	Educational resources	8/27/2015 7:16 PM
91	networking	8/27/2015 7:11 PM
92	Email updates	8/27/2015 7:04 PM
93	To be informed	8/27/2015 7:01 PM
94	Access to MOC	8/27/2015 7:00 PM
95	Keeping up to date with current developments in medicine	8/27/2015 6:56 PM
96	Community for colleagues to learn from each other	8/27/2015 6:39 PM
97	advocacy	8/27/2015 6:39 PM
98	Clinical update	8/27/2015 6:37 PM
99	Networking opportunities	8/27/2015 6:32 PM
100	Part of a national, recognized internist organization	8/27/2015 6:31 PM
101	From NC	8/27/2015 6:30 PM
102	Prestigue	8/27/2015 6:27 PM
103	MKSAP	8/27/2015 6:22 PM
104	Knowledge	8/27/2015 6:16 PM
105	Hopeful the organization will support private practice	8/27/2015 6:14 PM
106	education	8/27/2015 6:13 PM
107	Keep in loop	8/27/2015 6:06 PM
108	Education	8/27/2015 6:03 PM
109	Chapter membership	8/27/2015 6:01 PM
110	Continuing educations	8/27/2015 5:59 PM
111	email updates	8/27/2015 5:57 PM
112	News	8/27/2015 5:53 PM

## North Carolina Chapter, American College of Physicians Survey

113	resources	8/27/2015 5:52 PM
114	Educational Resources	8/27/2015 5:51 PM
115	Treatment guidelines	8/27/2015 5:48 PM
116	keeping abreast of MOC changes	8/27/2015 5:45 PM
117	not	8/27/2015 5:45 PM
118	Annals of internal medicine subscription	8/27/2015 5:42 PM
119	Information	8/27/2015 5:39 PM
120	Communication	8/27/2015 5:39 PM
121	Conferences offered	8/27/2015 5:36 PM
122	Continuing Education	8/27/2015 5:36 PM
123	Educational updates for practice	8/27/2015 5:34 PM
124	Connections	8/27/2015 5:32 PM
125	CME	8/27/2015 5:31 PM
126	Medical Student	8/27/2015 5:31 PM
127	Judicial credibility	8/27/2015 5:31 PM
128	Academic Resources	8/27/2015 5:30 PM
129	Local angle on national initiatives	8/27/2015 5:29 PM
130	ACP helps support our school's Internal Medicine Interest Group	8/27/2015 5:28 PM
131	Continuing education	8/27/2015 5:28 PM
132	I like being a member of a professional organization in a field of my interest.	8/27/2015 5:24 PM
133	It was free	8/27/2015 5:23 PM
134	good info	8/27/2015 5:21 PM
135	discounts for reference resources	8/15/2015 12:12 AM
136	latest updates	8/13/2015 5:09 PM
137	Prestige	8/13/2015 8:11 AM
138	Information	8/11/2015 7:17 PM
139	mksap	8/11/2015 10:34 AM
140	ACP Represents Internal Medicine Interests	8/11/2015 8:12 AM
141	journals	8/11/2015 5:59 AM
142	persuading ABIM to improve MOC requirements	8/10/2015 7:50 PM
143	CME	8/10/2015 11:12 AM
144	CME	8/10/2015 10:46 AM
145	Standards	8/10/2015 9:37 AM
146	people	8/9/2015 10:59 PM
147	Annals	8/9/2015 8:17 PM
148	Networking	8/9/2015 7:53 PM
149	Be a ameba of Internist Group	8/9/2015 6:56 PM
150	Staying up to date	8/9/2015 6:55 PM
151	Board preparation	8/9/2015 5:53 PM
152	information pertinent to specialty	8/9/2015 4:22 PM
153	ACP materials	8/9/2015 1:52 PM

## North Carolina Chapter, American College of Physicians Survey

154	CME	8/9/2015 1:05 PM
155	Support	8/9/2015 12:22 PM
156	Annals	8/9/2015 11:28 AM
157	Networking with other physicians	8/9/2015 10:29 AM
158	keep me updated on policy	8/9/2015 9:49 AM
159	Promotion of our specialty	8/9/2015 8:32 AM
160	Great information and updates	8/9/2015 8:22 AM
161	Access to journals and educational materials	8/9/2015 8:06 AM
162	Staying connected	8/9/2015 4:12 AM
163	meetings	8/9/2015 3:32 AM
164	education	8/9/2015 12:44 AM
165	Informed of ACP changes	8/8/2015 10:31 PM
166	Clinical education	8/8/2015 10:27 PM
167	To remain current in medical knowledge	8/8/2015 8:20 PM
168	Educational materials	8/8/2015 5:52 PM
169	Political	8/8/2015 4:13 PM
170	education programs	8/8/2015 3:08 PM
171	Support organization	8/8/2015 3:07 PM
172	to help integrate local ACP members	8/8/2015 3:05 PM
173	Keeping me connected	8/8/2015 2:35 PM
174	professional updates	8/8/2015 2:16 PM
175	Info	8/8/2015 2:10 PM
176	Information	8/8/2015 1:13 PM
177	Educational conferences	8/8/2015 12:54 PM
178	Resources	8/8/2015 12:52 PM
179	helps to update state medical events	8/8/2015 12:38 PM
180	Not sure	8/8/2015 12:19 PM
181	cme	8/8/2015 11:52 AM
182	contact with colleagues	8/8/2015 11:28 AM
183	academics	8/8/2015 10:38 AM
184	Cme	8/8/2015 10:25 AM
185	Organized voice and representation of the physicians in NC	8/8/2015 9:33 AM
186	Hospital priviledges	8/8/2015 9:25 AM
187	Yearly meeting	8/8/2015 7:38 AM
188	Advocacy	8/8/2015 7:18 AM
189	Annals int med	8/8/2015 6:56 AM
190	Meetings	8/8/2015 6:51 AM
191	Peer resource	8/8/2015 6:38 AM
192	Pride in being an internist	8/8/2015 5:34 AM
193	Discounts	8/8/2015 4:50 AM
194	Excellent publications	8/8/2015 12:57 AM

## North Carolina Chapter, American College of Physicians Survey

195	Value the support online from National ACP	8/7/2015 11:36 PM
196	Automatic enrollment as student	8/7/2015 11:35 PM
197	Availability of CME programs	8/7/2015 11:22 PM
198	In the Clinic Series	8/7/2015 11:17 PM
199	I love the newsletters and ACP journals. They are very educational and help to keep up with daily learning.	8/7/2015 11:07 PM
200	IM advocate	8/7/2015 10:34 PM
201	Representation of physicians	8/7/2015 10:19 PM
202	Political advocate	8/7/2015 10:12 PM
203	networking with other members and seeing friends/acquaintances at meetings	8/7/2015 9:48 PM
204	local networking	8/7/2015 9:43 PM
205	True representation of physician	8/7/2015 9:41 PM
206	leader in evidence-based practice point of view	8/7/2015 9:35 PM
207	Newsletter	8/7/2015 9:31 PM
208	I don't really, your events are too far away from my far west location, which is understandable of course as the bulk of the population is of course in the piedmont	8/7/2015 9:28 PM
209	actually not sure what they do	8/7/2015 9:26 PM
210	learning resources	8/7/2015 9:26 PM
211	Networking	8/7/2015 9:24 PM
212	Physician advocacy	8/7/2015 9:22 PM
213	Highly regarded medical organization (ACP)	8/7/2015 9:20 PM
214	Good information about residency programs	8/7/2015 9:19 PM
215	Yearly meeting	8/7/2015 9:15 PM
216	Professionalism	8/7/2015 9:15 PM
217	supportive of internists needs in public policy	8/7/2015 9:10 PM
218	Information about different career paths	8/7/2015 8:57 PM
219	network of internists locally to interact	8/7/2015 8:54 PM
220	Physician advocacy	8/7/2015 8:50 PM
221	Meets my educational needs	8/7/2015 8:49 PM
222	It keeps me informed of (relatively) local changes relevant to practice	8/7/2015 8:43 PM
223	Yearly meeting with good lectures n CME	8/7/2015 8:40 PM
224	fighting for change in the recertification process	8/7/2015 8:38 PM
225	information updates	8/7/2015 8:27 PM
226	CME	8/7/2015 8:22 PM
227	Annual conference	8/7/2015 8:18 PM
228	Annual meetings provide venue to learn, meet colleagues	8/7/2015 7:56 PM
229	A mark of excellence	8/7/2015 7:52 PM
230	Academic sessions	8/7/2015 7:50 PM
231	Member of ACP	8/7/2015 7:50 PM
232	Forum to update knowledge at annual meetings	8/7/2015 7:49 PM
233	support	8/7/2015 7:45 PM
234	Report on medical updates	8/7/2015 7:44 PM

## North Carolina Chapter, American College of Physicians Survey

235	Educational materials	8/7/2015 7:38 PM
236	New medical info	8/7/2015 7:37 PM
237	advocacy for physicians in state government	8/7/2015 7:35 PM
238	CME opportunities	8/7/2015 7:33 PM
239	Mksap	8/7/2015 7:25 PM
240	Knowledge	8/7/2015 7:23 PM
241	Stay current on medical knowledge	8/7/2015 7:23 PM
242	Education	8/7/2015 7:23 PM
243	MOC Programs via mksap	8/7/2015 7:22 PM
244	Meetings	8/7/2015 7:15 PM
245	Keep up membership	8/7/2015 7:13 PM
246	Support INternists as a specialty	8/7/2015 7:12 PM
247	Journal	8/7/2015 7:10 PM
248	Email updates	8/7/2015 7:10 PM
249	connections - professional	8/7/2015 7:10 PM
250	The resources/information provided for medical students	8/7/2015 7:06 PM
251	Educational products	8/7/2015 7:06 PM
252	Resources	8/7/2015 7:05 PM
253	No good reason just started in med school continued	8/7/2015 7:05 PM
254	Collegiate	8/7/2015 7:02 PM
255	community	8/7/2015 7:02 PM
256	MKSAP access	8/7/2015 7:02 PM
257	Shared information	8/7/2015 7:00 PM
258	Up to date on treatment	8/7/2015 7:00 PM
259	Updates/Information	8/7/2015 6:57 PM
260	resident education	8/3/2015 8:17 AM
261	Email updates with new research studies	8/2/2015 7:35 PM
262	Education	7/31/2015 5:54 PM
263	Annual meeting	7/31/2015 2:24 PM
264	meeting new physicians/colleagues	7/31/2015 1:46 PM
265	yearly educational meeting	7/30/2015 10:41 PM
266	Proactive for physicians	7/30/2015 2:07 PM
267	Networking	7/30/2015 11:33 AM
268	Mksap access	7/30/2015 6:46 AM
269	Educational opportunities (events)	7/30/2015 5:59 AM
270	Allows me to participate in NC chapter as well as ACP national	7/30/2015 4:30 AM
271	Annual meeting	7/29/2015 10:37 PM
272	CME through Annals	7/29/2015 10:02 PM
273	high standards	7/29/2015 9:40 PM
274	Representation of physicians	7/29/2015 9:24 PM
275	Work with residency programs	7/29/2015 8:55 PM



## North Carolina Chapter, American College of Physicians Survey

276	News Updates	7/29/2015 8:41 PM
277	advocacy for healthcare policy change	7/29/2015 8:35 PM
278	to stay informed about health care changes	7/29/2015 8:27 PM
279	Newsletter and Perspectives	7/29/2015 6:27 PM
280	annals of internal medicine	7/29/2015 5:37 PM
281	Practice start up guidance	7/29/2015 5:31 PM
282	Advocacy efforts	7/29/2015 5:18 PM
283	Updates	7/29/2015 5:18 PM
284	Helping me to keep up to date with medical knowledge	7/29/2015 5:01 PM
285	MKSAP	7/29/2015 4:55 PM
286	Remaining up to date	7/29/2015 4:55 PM
287	Educational activities	7/29/2015 4:35 PM
288	Works for me at government level	7/29/2015 4:27 PM
289	Annals int med	7/29/2015 4:25 PM
290	Value	7/29/2015 4:19 PM
291	Education	7/29/2015 4:10 PM
292	Connections	7/29/2015 4:09 PM
293	Education	7/29/2015 4:08 PM
294	Dynamed	7/29/2015 4:03 PM
295	education updates	7/29/2015 4:03 PM
296	journal	7/29/2015 4:02 PM
297	Learn about Medicaid reform	7/29/2015 4:01 PM
298	Practice Resources	7/29/2015 3:52 PM
299	Education	7/29/2015 3:44 PM
<b>#</b>	<b>2</b>	<b>Date</b>
1	Access to journals and news	9/22/2015 8:09 PM
2	Affiliation with similarly minded	9/10/2015 9:00 AM
3	Academic	9/8/2015 10:24 AM
4	CME opportunities	9/7/2015 5:43 PM
5	professional identify as an internist	9/7/2015 2:44 PM
6	Chapter meeting	9/7/2015 7:34 AM
7	Knowledge	9/2/2015 7:42 PM
8	Educational opportunities	9/1/2015 10:14 PM
9	None	9/1/2015 10:11 AM
10	Local meetings and ability to participate	9/1/2015 7:23 AM
11	FACP	8/31/2015 7:48 PM
12	Discounts on education materials	8/31/2015 7:20 PM
13	Fellowship	8/31/2015 9:50 AM
14	Community	8/31/2015 8:03 AM
15	I like ACP organization which is committed for improving pt care	8/30/2015 7:29 PM
16	Education	8/30/2015 6:12 PM

## North Carolina Chapter, American College of Physicians Survey

17	networking	8/30/2015 2:22 PM
18	Dignity	8/29/2015 10:44 PM
19	Member of a group that represents local internists	8/29/2015 4:56 PM
20	Access to Medical Journals	8/29/2015 3:34 PM
21	Networking	8/29/2015 3:26 PM
22	I have friends among the members	8/29/2015 12:11 PM
23	Discount to ACP meetings	8/29/2015 9:45 AM
24	Advocacy	8/28/2015 8:52 PM
25	Excellent communication	8/28/2015 6:45 PM
26	love the annual conference	8/28/2015 5:46 PM
27	Networking	8/28/2015 5:27 PM
28	Staying in touch with the members	8/28/2015 4:36 PM
29	professional development and connections	8/28/2015 4:34 PM
30	Advocacy in medicine	8/28/2015 4:05 PM
31	Resources	8/28/2015 3:48 PM
32	NA	8/28/2015 2:30 PM
33	Opportunity to connect with national peers	8/28/2015 12:41 PM
34	NC information	8/28/2015 11:47 AM
35	Resources for residence applications	8/28/2015 11:41 AM
36	Networking	8/28/2015 11:34 AM
37	I value NC ACP's political advocacy for general internists	8/28/2015 11:02 AM
38	Better Job opportunities	8/28/2015 10:33 AM
39	Training/teaching materials	8/28/2015 10:27 AM
40	Regulatory check and balances for CMS	8/28/2015 10:24 AM
41	advocacy for arenas that I value though not part of my practice currently	8/28/2015 10:24 AM
42	Opportunity to network	8/28/2015 10:01 AM
43	Effect on Health Policy	8/28/2015 9:32 AM
44	Practice support information	8/28/2015 9:28 AM
45	Benefits of membership	8/28/2015 9:02 AM
46	Journals and resources	8/28/2015 8:49 AM
47	Volunteering	8/28/2015 8:14 AM
48	Community	8/28/2015 7:25 AM
49	Enjoyed meeting in Durham last spring	8/28/2015 7:05 AM
50	ACP journal	8/28/2015 4:05 AM
51	continuing education opportunities	8/27/2015 10:52 PM
52	Updates	8/27/2015 10:42 PM
53	i appreciate the clinical resources	8/27/2015 10:41 PM
54	Fantastic annual conference	8/27/2015 10:34 PM
55	Opportunity to attend conferences	8/27/2015 10:04 PM
56	Helps reinforce and promotes knowledge	8/27/2015 9:49 PM
57	Cme	8/27/2015 9:41 PM

## North Carolina Chapter, American College of Physicians Survey

58	Learning about different opportunities	8/27/2015 9:31 PM
59	Do not trust AMA to represent me	8/27/2015 9:24 PM
60	CME activities	8/27/2015 9:14 PM
61	Clinical Resources	8/27/2015 9:14 PM
62	ACP conference	8/27/2015 9:05 PM
63	great resources for students	8/27/2015 9:05 PM
64	mksap	8/27/2015 9:04 PM
65	support	8/27/2015 8:35 PM
66	Good opportunities	8/27/2015 8:19 PM
67	access to CME	8/27/2015 8:18 PM
68	I am interested in internal medicine and see this as a way to learn more information about the specialty and those who practice in the field	8/27/2015 8:15 PM
69	Local medical updates	8/27/2015 8:13 PM
70	scholarship	8/27/2015 7:58 PM
71	Education	8/27/2015 7:51 PM
72	updates on medical news	8/27/2015 7:51 PM
73	it helps internists have a voice	8/27/2015 7:46 PM
74	Discounts on insurance	8/27/2015 7:46 PM
75	Helps keep up to date on current medical trends	8/27/2015 7:40 PM
76	Career guidance tools	8/27/2015 7:16 PM
77	seeing old friends/colleagues at meetings	8/27/2015 7:11 PM
78	Networking	8/27/2015 7:04 PM
79	For its advocacy	8/27/2015 7:01 PM
80	Increase number of membership power	8/27/2015 7:00 PM
81	Networking with other members of NCACP	8/27/2015 6:56 PM
82	Opportunity to effect health policy change at a broader level	8/27/2015 6:39 PM
83	counterweight to AMA	8/27/2015 6:39 PM
84	Representatio	8/27/2015 6:37 PM
85	Informational conferences	8/27/2015 6:32 PM
86	nc cme	8/27/2015 6:31 PM
87	Value preventative medicine	8/27/2015 6:30 PM
88	National orhanization	8/27/2015 6:27 PM
89	Journals	8/27/2015 6:22 PM
90	Professional organization	8/27/2015 6:16 PM
91	Need an organization to fight unproven and expensive testing and additional certifications like MOC	8/27/2015 6:14 PM
92	up to date political, financial, practice mgmt news	8/27/2015 6:13 PM
93	Keep in touch	8/27/2015 6:06 PM
94	Information	8/27/2015 6:03 PM
95	Access to resources	8/27/2015 6:01 PM
96	MOC assistance	8/27/2015 5:59 PM
97	course materials	8/27/2015 5:57 PM

## North Carolina Chapter, American College of Physicians Survey

98	Guidelines	8/27/2015 5:53 PM
99	Networjng	8/27/2015 5:51 PM
100	Journals/articles	8/27/2015 5:48 PM
101	resource for general medicine	8/27/2015 5:45 PM
102	lobbyist work	8/27/2015 5:42 PM
103	Up to date information	8/27/2015 5:39 PM
104	Networking opportunities	8/27/2015 5:36 PM
105	Colleagues	8/27/2015 5:36 PM
106	Opportunity to attend yearly meeting	8/27/2015 5:34 PM
107	Advice	8/27/2015 5:32 PM
108	advocating physicians	8/27/2015 5:31 PM
109	Connects to Medical science	8/27/2015 5:31 PM
110	Colleague Support	8/27/2015 5:30 PM
111	Nearby support network	8/27/2015 5:29 PM
112	Great resources and support for medical students	8/27/2015 5:28 PM
113	Updates	8/27/2015 5:28 PM
114	I like receiving the emails with news occurring in the world of internal medicine.	8/27/2015 5:24 PM
115	Internal medicine interests me	8/27/2015 5:23 PM
116	unity	8/27/2015 5:21 PM
117	a sense of belonging	8/15/2015 12:12 AM
118	mksap books	8/13/2015 5:09 PM
119	Cme	8/13/2015 8:11 AM
120	Opportunities	8/11/2015 7:17 PM
121	acp hospitalist	8/11/2015 10:34 AM
122	ACP Supports Education of Medical Students and Residents	8/11/2015 8:12 AM
123	advocacy	8/11/2015 5:59 AM
124	high quality online CME	8/10/2015 7:50 PM
125	board review materials	8/10/2015 11:12 AM
126	Advoccy	8/10/2015 10:46 AM
127	Community	8/10/2015 9:37 AM
128	education	8/9/2015 10:59 PM
129	ACP emails	8/9/2015 8:17 PM
130	Annals	8/9/2015 6:56 PM
131	Publications	8/9/2015 6:55 PM
132	access to CME	8/9/2015 5:53 PM
133	its paid for by my work	8/9/2015 4:22 PM
134	ACP journal	8/9/2015 1:52 PM
135	MIKSAP	8/9/2015 1:05 PM
136	CME	8/9/2015 11:28 AM
137	Stay up to date with current practice guidelines	8/9/2015 10:29 AM
138	conference info	8/9/2015 9:49 AM

## North Carolina Chapter, American College of Physicians Survey

139	Legislative interaction	8/9/2015 8:32 AM
140	Keeps you updated with highlights	8/9/2015 8:22 AM
141	Networking	8/9/2015 8:06 AM
142	Timely fashion of information sharing	8/9/2015 4:12 AM
143	journals	8/9/2015 3:32 AM
144	learning opportunities and poster presentations	8/9/2015 12:44 AM
145	Informed of NC legislative changes	8/8/2015 10:31 PM
146	Learning materials	8/8/2015 10:27 PM
147	To interact with colleagues at state meetings	8/8/2015 8:20 PM
148	professional contacts	8/8/2015 5:52 PM
149	Educational	8/8/2015 4:13 PM
150	strong representation -government and episodic	8/8/2015 3:08 PM
151	Keep in touch with general internal medicine	8/8/2015 3:07 PM
152	News	8/8/2015 2:35 PM
153	educational benefits	8/8/2015 2:16 PM
154	Lobby	8/8/2015 2:10 PM
155	Network	8/8/2015 1:13 PM
156	MKSAP	8/8/2015 12:54 PM
157	Representation	8/8/2015 12:52 PM
158	helps update national medical events	8/8/2015 12:38 PM
159	I generally support ACP	8/8/2015 12:19 PM
160	updates on internal med issues	8/8/2015 11:52 AM
161	annual scientific meeting	8/8/2015 11:28 AM
162	conferences	8/8/2015 10:38 AM
163	Up to date research	8/8/2015 10:25 AM
164	scholarly activities and research of the members	8/8/2015 9:33 AM
165	Advocacy	8/8/2015 7:38 AM
166	Credibility	8/8/2015 7:18 AM
167	Political awareness	8/8/2015 6:51 AM
168	support in my career	8/8/2015 6:38 AM
169	Publications - annals	8/8/2015 5:34 AM
170	Information on current medical practice	8/8/2015 4:50 AM
171	Good reputation	8/8/2015 12:57 AM
172	Unfortunately valuing ACP less as they do not advocate for IM effectively	8/7/2015 11:36 PM
173	Good resources	8/7/2015 11:35 PM
174	Accreditation assistance	8/7/2015 11:22 PM
175	MKSAP	8/7/2015 11:17 PM
176	Information	8/7/2015 10:34 PM
177	CME options	8/7/2015 10:19 PM
178	Professional affiliation	8/7/2015 10:12 PM
179	proud of my membership as a Fellow in the ACP	8/7/2015 9:48 PM

## North Carolina Chapter, American College of Physicians Survey

180	local advocacy	8/7/2015 9:43 PM
181	up to date with current medical stuff	8/7/2015 9:41 PM
182	political advocacy	8/7/2015 9:35 PM
183	CME	8/7/2015 9:31 PM
184	networking	8/7/2015 9:26 PM
185	Resources	8/7/2015 9:24 PM
186	On the physicians side	8/7/2015 9:22 PM
187	Association with above and its focus on evidence based medicine	8/7/2015 9:20 PM
188	Updated information on current research topics	8/7/2015 9:19 PM
189	Networking	8/7/2015 9:15 PM
190	Annals	8/7/2015 9:10 PM
191	Mentoring	8/7/2015 8:57 PM
192	keeping apprised of policies	8/7/2015 8:54 PM
193	Networking with colleagues	8/7/2015 8:50 PM
194	Connects me professionally to my institution and my colleagues	8/7/2015 8:49 PM
195	Support for questions about practice	8/7/2015 8:40 PM
196	the weekly email updates with up to date journal reviews and MKSAP questions	8/7/2015 8:38 PM
197	policy	8/7/2015 8:27 PM
198	Professional involvement	8/7/2015 8:22 PM
199	Educational opportunities	8/7/2015 8:18 PM
200	NC ACP works hard on our behalf in government decision making	8/7/2015 7:56 PM
201	Mentorship	8/7/2015 7:52 PM
202	N/a	8/7/2015 7:50 PM
203	Promote the interest of internist in the state	8/7/2015 7:49 PM
204	educational material	8/7/2015 7:45 PM
205	Benefits of attending conferences	8/7/2015 7:44 PM
206	Legislative changes	8/7/2015 7:37 PM
207	promoting scholarship among residents	8/7/2015 7:35 PM
208	education	8/7/2015 7:25 PM
209	Support	8/7/2015 7:23 PM
210	Easy access	8/7/2015 7:23 PM
211	Advocacy	8/7/2015 7:23 PM
212	career connection	8/7/2015 7:22 PM
213	Association activities	8/7/2015 7:15 PM
214	Stay current in internal medicine	8/7/2015 7:13 PM
215	Better than the AMA	8/7/2015 7:12 PM
216	CME	8/7/2015 7:10 PM
217	Yearly meeting	8/7/2015 7:10 PM
218	conferences	8/7/2015 7:10 PM
219	IMpact news articles	8/7/2015 7:06 PM
220	Conferences	8/7/2015 7:06 PM

## North Carolina Chapter, American College of Physicians Survey

221	Education	8/7/2015 7:05 PM
222	Academic	8/7/2015 7:02 PM
223	advocacy	8/7/2015 7:02 PM
224	Common goals	8/7/2015 7:00 PM
225	Local healthcare news	8/7/2015 7:00 PM
226	Residency Advice	8/7/2015 6:57 PM
227	public policy	8/3/2015 8:17 AM
228	Residency information	8/2/2015 7:35 PM
229	Governmental & Insurance Industry Advocacy	7/31/2015 5:54 PM
230	Works for legislative changes to improve health care in NC	7/31/2015 2:24 PM
231	support	7/31/2015 1:46 PM
232	legislative updates/NC	7/30/2015 10:41 PM
233	Educational meetings	7/30/2015 2:07 PM
234	Resources	7/30/2015 11:33 AM
235	Handy email updates on politics	7/30/2015 6:46 AM
236	Public health (not just self-supporting) position statements	7/30/2015 5:59 AM
237	Have access for Annals of internal medicine	7/30/2015 4:30 AM
238	Dealing with mol	7/29/2015 10:37 PM
239	ACP position statements	7/29/2015 10:02 PM
240	educational opportunities	7/29/2015 9:40 PM
241	educational resources	7/29/2015 9:24 PM
242	Representation at State Level	7/29/2015 8:41 PM
243	networking	7/29/2015 8:35 PM
244	stay informed about MOC changes	7/29/2015 8:27 PM
245	Conference	7/29/2015 6:27 PM
246	ethical society	7/29/2015 5:37 PM
247	Clinical practice resources	7/29/2015 5:31 PM
248	Advocacy	7/29/2015 5:18 PM
249	helping foster good relationship with colleagues	7/29/2015 5:01 PM
250	Publications	7/29/2015 4:55 PM
251	Networking	7/29/2015 4:55 PM
252	Professional development opportunities	7/29/2015 4:35 PM
253	Keeps me up to date with articles	7/29/2015 4:27 PM
254	Education	7/29/2015 4:19 PM
255	Representation	7/29/2015 4:10 PM
256	Support physicians	7/29/2015 4:09 PM
257	subscriptions	7/29/2015 4:08 PM
258	Journal access	7/29/2015 4:03 PM
259	sharing experiences with others	7/29/2015 4:03 PM
260	lobbying for MD'S	7/29/2015 4:02 PM
261	Learn about updated guidelines for Internal medicine	7/29/2015 4:01 PM

## North Carolina Chapter, American College of Physicians Survey

262	Mailing Llist	7/29/2015 3:52 PM
263	Networking	7/29/2015 3:44 PM
<b>#</b>	<b>3</b>	<b>Date</b>
1	It's an Honor	9/22/2015 8:09 PM
2	Recertification	9/10/2015 9:00 AM
3	Fellowship with other Internists	9/8/2015 10:24 AM
4	professional development	9/7/2015 2:44 PM
5	Email updates	9/7/2015 7:34 AM
6	Resources	9/2/2015 7:42 PM
7	News updates	9/1/2015 10:14 PM
8	None	9/1/2015 10:11 AM
9	MKSAP	9/1/2015 7:23 AM
10	networking	8/31/2015 7:48 PM
11	Financial support for fighting to maintain the dignity of the medical profession.	8/31/2015 7:20 PM
12	Other education info	8/31/2015 9:50 AM
13	Education	8/31/2015 8:03 AM
14	ACP has been physician friendly	8/30/2015 7:29 PM
15	Bonding	8/30/2015 6:12 PM
16	literature	8/30/2015 2:22 PM
17	Respect	8/29/2015 10:44 PM
18	Access to Group Insurance	8/29/2015 3:34 PM
19	Advocacy	8/29/2015 3:26 PM
20	provides important learning opportunities	8/29/2015 12:11 PM
21	ACP Journal Club	8/29/2015 9:45 AM
22	Opportunity to Network	8/28/2015 6:45 PM
23	fosters educational innovation	8/28/2015 5:46 PM
24	Support from other physicans in NC and US	8/28/2015 5:27 PM
25	Opportunities for leadership development	8/28/2015 4:36 PM
26	leadership opportunities	8/28/2015 4:34 PM
27	Leadership in medicine	8/28/2015 4:05 PM
28	Information	8/28/2015 3:48 PM
29	NA	8/28/2015 2:30 PM
30	Opportunity to attend conference	8/28/2015 12:41 PM
31	Conferences	8/28/2015 11:47 AM
32	Newsletters of articles to read	8/28/2015 11:41 AM
33	Advocacy	8/28/2015 11:34 AM
34	I value NC ACP's involvement with our state's residency programs	8/28/2015 11:02 AM
35	Better reimbursement	8/28/2015 10:33 AM
36	Updates via the newsletters	8/28/2015 10:27 AM
37	Provider education	8/28/2015 10:24 AM
38	Presentations and access to benefits	8/28/2015 10:01 AM



## North Carolina Chapter, American College of Physicians Survey

39	Source of continuing education	8/28/2015 9:32 AM
40	Professional society important	8/28/2015 9:28 AM
41	annual meetings	8/28/2015 8:49 AM
42	Learning	8/28/2015 8:14 AM
43	Education	8/28/2015 7:25 AM
44	All the other residents in IM were members too	8/28/2015 7:05 AM
45	resources	8/27/2015 10:52 PM
46	Scientific presentations	8/27/2015 10:42 PM
47	the bc ACP members and leaders are very nice people	8/27/2015 10:41 PM
48	Online resources	8/27/2015 10:34 PM
49	A chance to meet new people	8/27/2015 9:49 PM
50	A way to stay current	8/27/2015 9:41 PM
51	Learning about different specialties	8/27/2015 9:31 PM
52	Value the education provided by ACP	8/27/2015 9:24 PM
53	Colleagues	8/27/2015 9:14 PM
54	Resume item	8/27/2015 9:14 PM
55	CME credit	8/27/2015 9:05 PM
56	networking	8/27/2015 9:05 PM
57	other	8/27/2015 9:04 PM
58	advocacy	8/27/2015 8:35 PM
59	Good articles	8/27/2015 8:19 PM
60	Provide opportunities to present research or attend conferences with professionals in the field and in my community.	8/27/2015 8:15 PM
61	Networking	8/27/2015 8:13 PM
62	networking	8/27/2015 7:58 PM
63	journal access	8/27/2015 7:51 PM
64	it is a way to network with colleagues	8/27/2015 7:46 PM
65	patient centered information	8/27/2015 7:46 PM
66	Stay connected to other physicians	8/27/2015 7:40 PM
67	Information on different specialties	8/27/2015 7:16 PM
68	my main professional organization	8/27/2015 7:11 PM
69	For its support of Medicaid expansion in NC	8/27/2015 7:01 PM
70	Educational tools	8/27/2015 7:00 PM
71	Conference opportunities	8/27/2015 6:56 PM
72	Funding for UNC chapter of IMIG	8/27/2015 6:39 PM
73	Learning about specialties	8/27/2015 6:32 PM
74	nc meeting	8/27/2015 6:31 PM
75	Enjoy reading research	8/27/2015 6:30 PM
76	Yearly meetings	8/27/2015 6:27 PM
77	Updates	8/27/2015 6:22 PM
78	Networking	8/27/2015 6:16 PM
79	Information resource for big Govt	8/27/2015 6:14 PM

## North Carolina Chapter, American College of Physicians Survey

80	trial data analysis	8/27/2015 6:13 PM
81	Was a member before	8/27/2015 6:06 PM
82	Advocacy	8/27/2015 6:03 PM
83	Opportunities to learn about internal medicine	8/27/2015 6:01 PM
84	Materials	8/27/2015 5:59 PM
85	vendor benefits/discounts	8/27/2015 5:57 PM
86	Learning	8/27/2015 5:53 PM
87	Advocacy	8/27/2015 5:51 PM
88	Residency guidance	8/27/2015 5:48 PM
89	Annals	8/27/2015 5:45 PM
90	emails	8/27/2015 5:42 PM
91	Weekly emails	8/27/2015 5:39 PM
92	Residency preparation	8/27/2015 5:36 PM
93	Political voice	8/27/2015 5:36 PM
94	Information about ongoing physician initiatives	8/27/2015 5:34 PM
95	Awareness	8/27/2015 5:32 PM
96	MOC activities	8/27/2015 5:31 PM
97	Opportunities to attend conferences	8/27/2015 5:31 PM
98	Networking	8/27/2015 5:30 PM
99	Because I value ACP nationally	8/27/2015 5:29 PM
100	Informative	8/27/2015 5:28 PM
101	Test yourself questions	8/27/2015 5:28 PM
102	I like being involved in ACP for networking and residency opportunities.	8/27/2015 5:24 PM
103	I like updates from the world of internal medicine	8/27/2015 5:23 PM
104	chance to win ipad	8/27/2015 5:21 PM
105	clinical guides	8/15/2015 12:12 AM
106	opportunities	8/13/2015 5:09 PM
107	Political connection	8/13/2015 8:11 AM
108	Interest	8/11/2015 7:17 PM
109	dynamed	8/11/2015 10:34 AM
110	ACP is a Professional Home for Networking, etc.	8/11/2015 8:12 AM
111	daily updates and website	8/11/2015 5:59 AM
112	patient advocacy	8/10/2015 7:50 PM
113	Discounts	8/10/2015 9:37 AM
114	camaraderie	8/9/2015 10:59 PM
115	Newsletters	8/9/2015 8:17 PM
116	ACp resources	8/9/2015 6:56 PM
117	professional socialization	8/9/2015 5:53 PM
118	connections	8/9/2015 4:22 PM
119	conference possibilities	8/9/2015 1:52 PM
120	Advocacy	8/9/2015 1:05 PM

## North Carolina Chapter, American College of Physicians Survey

121	resources for patients	8/9/2015 11:28 AM
122	A good resource for furthering my education and career	8/9/2015 10:29 AM
123	leadership opportunities	8/9/2015 9:49 AM
124	Education	8/9/2015 8:32 AM
125	Good network	8/9/2015 8:22 AM
126	Advocacy	8/9/2015 8:06 AM
127	Staying in the know	8/9/2015 4:12 AM
128	discounts	8/9/2015 3:32 AM
129	mentorship	8/9/2015 12:44 AM
130	Access to CME / MOC material	8/8/2015 10:31 PM
131	Prestigious organization	8/8/2015 8:20 PM
132	lobby for single payer health insurance	8/8/2015 5:52 PM
133	Internists protecting and helping Internists	8/8/2015 3:08 PM
134	Read journal	8/8/2015 3:07 PM
135	Honorable	8/8/2015 2:35 PM
136	agreement with organizational goals	8/8/2015 2:16 PM
137	Scholar	8/8/2015 2:10 PM
138	Innovation	8/8/2015 1:13 PM
139	Journal access	8/8/2015 12:54 PM
140	Education	8/8/2015 12:52 PM
141	communication between peers	8/8/2015 12:38 PM
142	?	8/8/2015 12:19 PM
143	issues and policy advocacy	8/8/2015 11:28 AM
144	prestige	8/8/2015 10:38 AM
145	Editorials	8/8/2015 10:25 AM
146	educational materials, training and information regarding newer technologies	8/8/2015 9:33 AM
147	Fellowship	8/8/2015 7:18 AM
148	Cme	8/8/2015 6:51 AM
149	advocacy	8/8/2015 6:38 AM
150	Advocacy for internists	8/8/2015 5:34 AM
151	Networking	8/7/2015 11:35 PM
152	Networking	8/7/2015 11:22 PM
153	Career resources	8/7/2015 11:17 PM
154	Access to educational material	8/7/2015 10:12 PM
155	like having access to the ACP national resources	8/7/2015 9:48 PM
156	knowledge dissemination	8/7/2015 9:43 PM
157	focus on future of medicine	8/7/2015 9:35 PM
158	Education	8/7/2015 9:24 PM
159	On the patients side.	8/7/2015 9:22 PM
160	NC ACP provides area access to highest level of care	8/7/2015 9:20 PM
161	Weekly emails with easily accessible information on the website	8/7/2015 9:19 PM

## North Carolina Chapter, American College of Physicians Survey

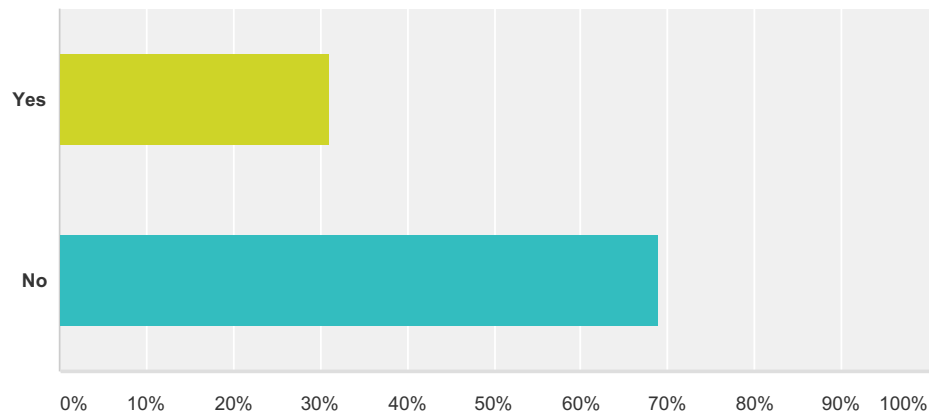
162	Education	8/7/2015 9:15 PM
163	value ACP supported research	8/7/2015 9:10 PM
164	IMpact monthly newsletter	8/7/2015 8:57 PM
165	keeping up to date on evidence	8/7/2015 8:54 PM
166	Keep me update on policy	8/7/2015 8:50 PM
167	Med insurance	8/7/2015 8:40 PM
168	knowing guidelines	8/7/2015 8:27 PM
169	Once upon a time -- malpractice insurance credit	8/7/2015 8:22 PM
170	Updates	8/7/2015 8:18 PM
171	Networking	8/7/2015 7:52 PM
172	N/a	8/7/2015 7:50 PM
173	Professional interaction and socializing	8/7/2015 7:49 PM
174	Collegiatly	8/7/2015 7:37 PM
175	rewarding volunteerism	8/7/2015 7:35 PM
176	Moral/Ethical values	8/7/2015 7:23 PM
177	Membership benefits	8/7/2015 7:23 PM
178	Networking	8/7/2015 7:23 PM
179	discounts	8/7/2015 7:22 PM
180	Social gathering	8/7/2015 7:15 PM
181	Access to ACP journal	8/7/2015 7:13 PM
182	Leadership is strong	8/7/2015 7:12 PM
183	Action pac leadership	8/7/2015 7:10 PM
184	Promotion of education	8/7/2015 7:10 PM
185	for CV	8/7/2015 7:10 PM
186	the overall access to helpful/useful information	8/7/2015 7:06 PM
187	CME	8/7/2015 7:06 PM
188	Connections	8/7/2015 7:05 PM
189	Practice	8/7/2015 7:02 PM
190	support	8/7/2015 7:02 PM
191	Coping with third party perturbation	8/7/2015 7:00 PM
192	Great educational articles	8/7/2015 7:00 PM
193	Membership	8/7/2015 6:57 PM
194	research	8/3/2015 8:17 AM
195	Career information	8/2/2015 7:35 PM
196	Supplements education provided by national ACP	7/31/2015 2:24 PM
197	CME	7/31/2015 1:46 PM
198	coordinate/info sharing with national ACP and other groups	7/30/2015 10:41 PM
199	General medical information	7/30/2015 2:07 PM
200	Facp	7/30/2015 11:33 AM
201	Networking	7/30/2015 6:46 AM
202	Quality publications & online materials	7/30/2015 5:59 AM

## North Carolina Chapter, American College of Physicians Survey

203	Have access for MKSAP questions	7/30/2015 4:30 AM
204	Advocating for and educating the public about Internal Medicine	7/29/2015 10:02 PM
205	networkng	7/29/2015 9:40 PM
206	CME	7/29/2015 9:24 PM
207	Professional Development	7/29/2015 8:41 PM
208	be represented for the above	7/29/2015 8:27 PM
209	Advocacy	7/29/2015 6:27 PM
210	good meetings	7/29/2015 5:37 PM
211	Networking	7/29/2015 5:31 PM
212	Association with a reputable organization	7/29/2015 5:18 PM
213	helping me to provide better care to my patients	7/29/2015 5:01 PM
214	Other learning opportunities and resources	7/29/2015 4:55 PM
215	Comradery	7/29/2015 4:55 PM
216	Advocacy for physicians' issues	7/29/2015 4:35 PM
217	Networking	7/29/2015 4:27 PM
218	Support	7/29/2015 4:19 PM
219	Educational value	7/29/2015 4:09 PM
220	Advocacy	7/29/2015 4:08 PM
221	Information	7/29/2015 4:03 PM
222	fellowship	7/29/2015 4:03 PM
223	CME	7/29/2015 4:02 PM
224	Has good information for students regarding internal medicine	7/29/2015 4:01 PM
225	Political Action	7/29/2015 3:52 PM
226	Social	7/29/2015 3:44 PM

Q10 Are you a Fellow in the American College of Physicians?

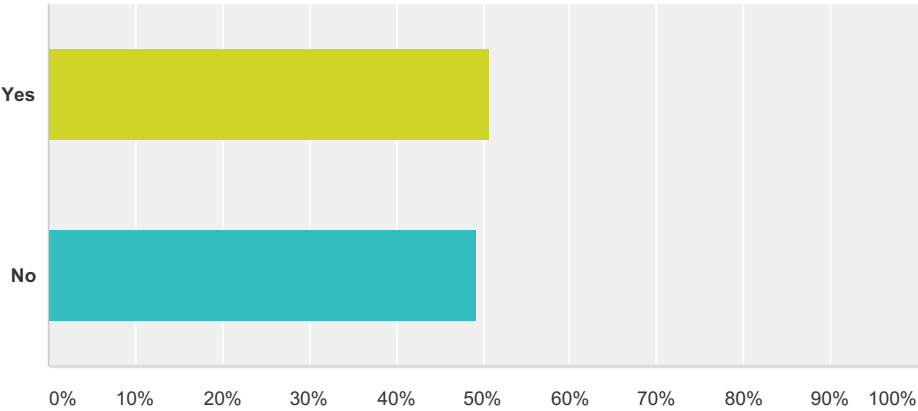
Answered: 350 Skipped: 62



Answer Choices	Responses	
Yes	31.14%	109
No	68.86%	241
Total		350

Q11 If you are not a Fellow, would you like to apply?

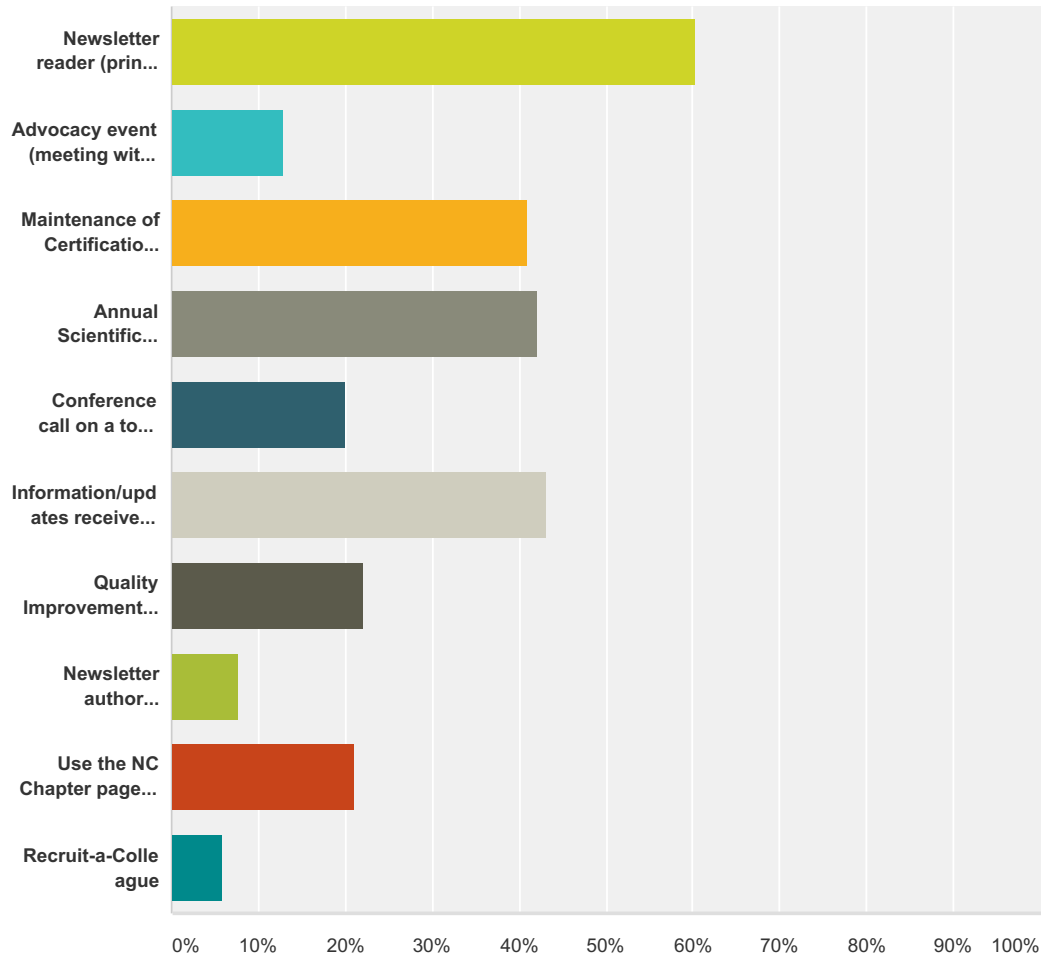
Answered: 239 Skipped: 173



Answer Choices	Responses	
Yes	50.63%	121
No	49.37%	118
Total		239

**Q12 Which North Carolina ACP activities and services would you be the most likely to participate in during the next year?  
Check all that apply.**

Answered: 361 Skipped: 51



Answer Choices	Responses	
Newsletter reader (print and electronic versions)	60.39%	218
Advocacy event (meeting with legislator)	13.02%	47
Maintenance of Certification (MOC) event	41.00%	148
Annual Scientific Session (February 26-27, 2016)	42.11%	152
Conference call on a topic of interest	19.94%	72
Information/updates received by email	43.21%	156
Quality Improvement project	22.16%	80
Newsletter author (contribute an article)	7.76%	28
Use the NC Chapter page on the ACP website	21.05%	76



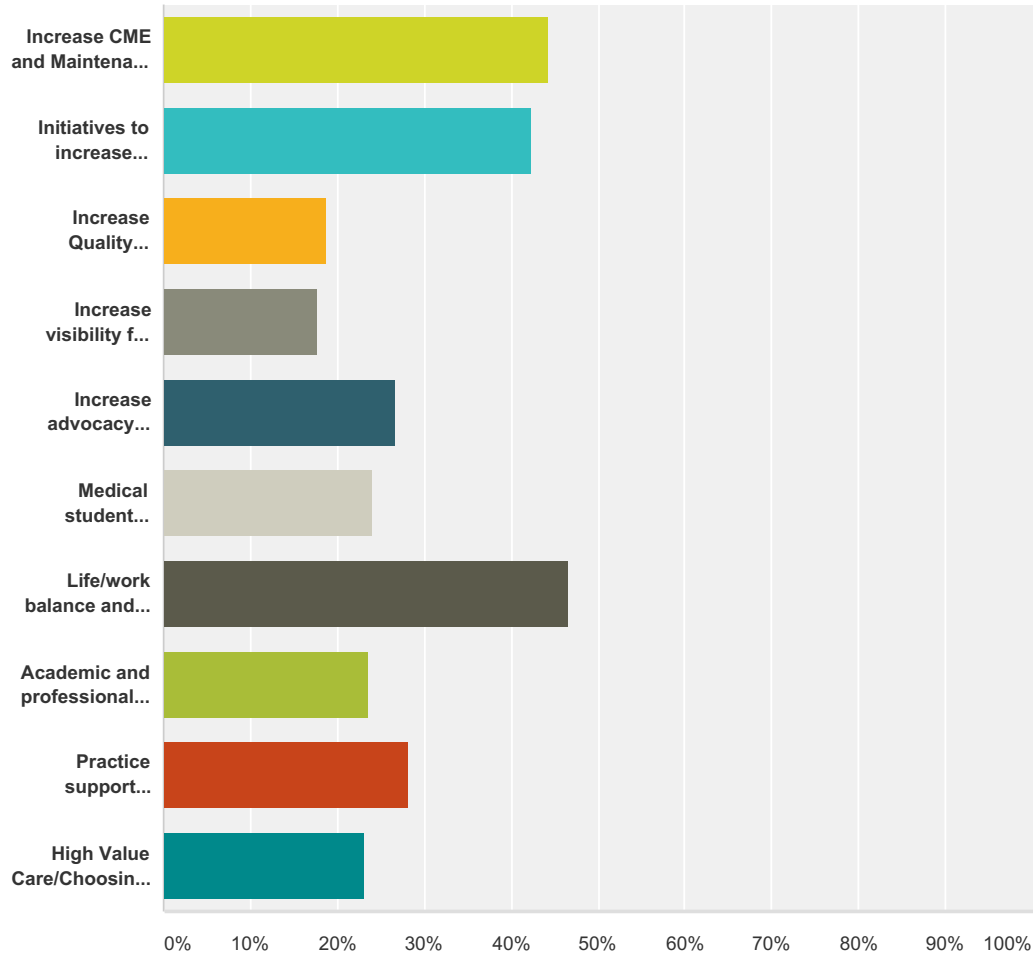
# North Carolina Chapter, American College of Physicians Survey

Recruit-a-Colleague	5.82%	21
Total Respondents: 361		

#	Other (please specify)	Date
1	None	8/27/2015 5:32 PM
2	Cme	8/9/2015 12:23 PM
3	community service	8/8/2015 5:55 PM
4	None of the above due to lack of palpable IM support	8/8/2015 12:02 AM
5	Job opportunity search	7/30/2015 9:10 AM
6	none	7/30/2015 7:15 AM
7	i'm not sure yet	7/29/2015 8:42 PM
8	None of these.	7/29/2015 7:46 PM

**Q13 What do you feel should be the top three priorities for the NC Chapter, ACP over the next four years? Select only three.**

Answered: 368 Skipped: 44



Answer Choices	Responses	
Increase CME and Maintenance of Certification (MOC) opportunities for physicians	44.29%	163
Initiatives to increase satisfaction in practice	42.39%	156
Increase Quality Improvement project opportunities for physicians	18.75%	69
Increase visibility for the North Carolina chapter of the ACP within the state	17.66%	65
Increase advocacy activities for underserved populations	26.63%	98
Medical student activities to promote internal medicine as a specialty	23.91%	88
Life/work balance and physician wellness	46.47%	171
Academic and professional development activities for internal medicine residents	23.64%	87
Practice support (ICD-10, Alternate Payment models, Meaningful Use, electronic health records, etc.)	28.26%	104
High Value Care/Choosing Wisely	23.10%	85

# North Carolina Chapter, American College of Physicians Survey

Total Respondents: 368

#	Other (please specify)	Date
1	awards to doctors service	8/30/2015 9:20 PM
2	hate to seem selfish, but the current work environment is a deal-breaker. we have been trying to recruit an internist for 4 years in a highly desirable location w/ great salary	8/30/2015 11:13 AM
3	Coordinate CME, MOC in a cycle some online some at annual meeting. Should be a core knowledge base	8/27/2015 6:17 PM
4	keep MOC under control and rational	8/8/2015 3:16 PM
5	advocacy for reform	8/8/2015 8:29 AM
6	Advocating for NBPAS certification, focus efforts on IM reimbursement and supporting increasing the balance from hospital owned to independent medical practices	8/8/2015 12:02 AM
7	Consolidate quality initiatives (MOC, BQPP, MU, etc)	8/7/2015 10:38 PM
8	Empowerment of physicians	8/7/2015 8:56 PM
9	Eliminate MOC	8/7/2015 7:51 PM
10	supporting right of conscience	7/30/2015 10:46 PM
11	Reform of MOC and recertification requirements with ABIM	7/29/2015 5:21 PM
12	Develop Physician Leadership	7/29/2015 3:46 PM

## Q14 The NC,ACP's top three legislative priorities should be:

Answered: 209 Skipped: 203

Answer Choices	Responses
1	100.00% 209
2	80.38% 168
3	64.59% 135

#	1	Date
1	Reimbursement issues concerning outpatient practitioners	9/10/2015 9:09 AM
2	Protecting Physicians from unrealistic/unmonitored MOC requirements	9/8/2015 10:31 AM
3	reimbursement issues for caring for chronically ill patients	9/7/2015 2:46 PM
4	high value care	9/7/2015 7:35 AM
5	Better representation	9/2/2015 7:43 PM
6	Repeal of the NC CON Laws	9/1/2015 10:17 PM
7	Level the playing field for hospital employed doctors versus single 1-2 doctors by paying every body same and not deliberately reduce payments to single physician practice	9/1/2015 10:29 AM
8	Increase residency spots	9/1/2015 9:25 AM
9	care for underserved populations	9/1/2015 7:24 AM
10	Reducing cost of medical care through a variety of means	8/31/2015 9:52 AM
11	Medicaid reform	8/31/2015 8:08 AM
12	Adequate funding of residency positions	8/30/2015 9:29 PM
13	medicaid in NC	8/30/2015 9:20 PM
14	need to address medicaid issues with state	8/30/2015 7:32 PM
15	Medical Malpractice	8/30/2015 6:13 PM
16	reducing medical student debt	8/30/2015 2:24 PM
17	Addressing care of the uninsured/under-insured in NC	8/30/2015 11:13 AM
18	get rid of observation status!!!! Either a patient is admitted or sent home!!!	8/29/2015 8:14 PM
19	Defending physicians' autonomy and rights during healthcare changes	8/29/2015 4:58 PM
20	Change MOC Requirments	8/29/2015 3:36 PM
21	Work for undeserved population	8/29/2015 3:35 PM
22	Funding and Reimbursement	8/28/2015 5:28 PM
23	supporting graduate medical education	8/28/2015 4:36 PM
24	Medicare/Medicaid fees	8/28/2015 4:19 PM
25	Advocating AGAINST excessive gov't regulation	8/28/2015 2:10 PM
26	Medicaid reform	8/28/2015 11:49 AM
27	Medical student advocacy	8/28/2015 11:44 AM
28	Malpractice reform	8/28/2015 11:37 AM
29	Pushing for Medicaid expansion	8/28/2015 11:33 AM

## North Carolina Chapter, American College of Physicians Survey

30	Advocate for MD	8/28/2015 10:36 AM
31	Value based reimbursement model	8/28/2015 10:25 AM
32	uncertain	8/28/2015 10:24 AM
33	Lowering cost of medical education/subsidies	8/28/2015 10:03 AM
34	Enhance Medicaid	8/28/2015 9:35 AM
35	Medicaid Reform	8/28/2015 9:30 AM
36	Care for the poor	8/28/2015 8:50 AM
37	Patient care	8/28/2015 8:14 AM
38	Medicare reimbursements	8/28/2015 7:07 AM
39	expanding medicaid	8/28/2015 4:07 AM
40	Tort reform	8/28/2015 1:49 AM
41	doctor satisfaction	8/27/2015 10:54 PM
42	meaningful use revocation	8/27/2015 10:53 PM
43	Medicaid	8/27/2015 10:45 PM
44	Medicaid expansion	8/27/2015 10:38 PM
45	Access to care for underinsured	8/27/2015 10:05 PM
46	Repeal Obamacare	8/27/2015 9:51 PM
47	Maintaining fair reimbursement	8/27/2015 9:44 PM
48	Medicaid Expansion	8/27/2015 9:33 PM
49	Help Medicaid expansion	8/27/2015 9:26 PM
50	Medicare reform	8/27/2015 9:16 PM
51	Medicare reimbursement	8/27/2015 9:06 PM
52	Medicaid Expansion	8/27/2015 9:06 PM
53	Equal care for all	8/27/2015 8:46 PM
54	payment reform	8/27/2015 8:37 PM
55	fairer reimbursement for Internists & primary care MD's	8/27/2015 8:22 PM
56	Secure more residency slots	8/27/2015 8:22 PM
57	Advocating for Medicaid expansion in North Carolina	8/27/2015 8:19 PM
58	Fair compensation	8/27/2015 7:59 PM
59	Lobby for medicaid expansion	8/27/2015 7:54 PM
60	Increase reimbursement for private practice/primary care	8/27/2015 7:48 PM
61	not sure	8/27/2015 7:12 PM
62	Medicaid expansion	8/27/2015 7:06 PM
63	Reduce regulation burden	8/27/2015 7:04 PM
64	health insurance	8/27/2015 6:41 PM
65	medicaide	8/27/2015 6:38 PM
66	Universal healthcare	8/27/2015 6:38 PM
67	Increase gme funding	8/27/2015 6:35 PM
68	Promoting viable primary care jobs	8/27/2015 6:26 PM
69	Helping increase reimbursement to primary care physicians	8/27/2015 6:20 PM
70	actions to reduce paperwork load on physicians	8/27/2015 6:15 PM

## North Carolina Chapter, American College of Physicians Survey

71	Rein in the ABIM and advocate for development of valuable recertification process	8/27/2015 6:06 PM
72	Improve payments	8/27/2015 6:05 PM
73	Medicare, Medicaid payment stability	8/27/2015 6:03 PM
74	Health care access and quality	8/27/2015 6:02 PM
75	Life/work balance and physician wellness	8/27/2015 5:59 PM
76	pass medicaid expansion	8/27/2015 5:47 PM
77	adjusting the forced EMRs to ensure they are better	8/27/2015 5:46 PM
78	medicare expansion	8/27/2015 5:43 PM
79	Medicaid/Medicare	8/27/2015 5:40 PM
80	Tort reform	8/27/2015 5:39 PM
81	?	8/27/2015 5:38 PM
82	Medicaid expansion	8/27/2015 5:36 PM
83	Medicaid reform	8/27/2015 5:32 PM
84	More funding for residency programs.	8/27/2015 5:32 PM
85	support health care for all	8/27/2015 5:28 PM
86	more GME spots	8/27/2015 5:25 PM
87	single payer health care	8/27/2015 5:24 PM
88	Medicaid expansion	8/27/2015 5:23 PM
89	Advocating to remove compensation cuts to Medicare and Medicaid	8/15/2015 12:25 AM
90	Income issues	8/13/2015 8:14 AM
91	Medicaid reform	8/11/2015 7:21 PM
92	more reasonable reimbursement	8/11/2015 5:27 PM
93	medicaid coverage and chronic disease tail	8/11/2015 4:51 PM
94	Medicaid Expansion in NC	8/11/2015 8:15 AM
95	medicaid payment stability	8/11/2015 6:03 AM
96	Medicaid payment reform	8/10/2015 7:55 PM
97	Protecting Practice Viability through protecting reimbursement cuts by Insurers	8/10/2015 10:49 AM
98	Opening competition in marketplace	8/10/2015 9:38 AM
99	providing leadership on Medicaid reform	8/10/2015 7:02 AM
100	tort reform	8/9/2015 11:02 PM
101	Stop Legislation that dictates types of CME required annually	8/9/2015 9:25 PM
102	Uncertain	8/9/2015 8:18 PM
103	Medicare cuts for physician reimbursement	8/9/2015 7:57 PM
104	Not sure	8/9/2015 6:56 PM
105	increasing GME funding	8/9/2015 5:56 PM
106	reimbursement	8/9/2015 4:24 PM
107	Medicaid	8/9/2015 1:53 PM
108	underserved populations/ health insurance	8/9/2015 11:30 AM
109	expansion of medicaid	8/9/2015 9:50 AM
110	Medicaid reform	8/9/2015 8:35 AM
111	Quality improvement	8/9/2015 8:23 AM

## North Carolina Chapter, American College of Physicians Survey

112	Patient satisfaction with physicians	8/9/2015 4:15 AM
113	Reducing regulation	8/8/2015 10:37 PM
114	Expanding Medicare	8/8/2015 8:22 PM
115	single payer insurance	8/8/2015 5:55 PM
116	appropriate payment from government funded programs	8/8/2015 3:16 PM
117	Advocate for Medicaid in state	8/8/2015 3:10 PM
118	Encourage legislature to approve Medicaid expansion	8/8/2015 2:47 PM
119	acceptance federal Medicaid funding	8/8/2015 2:19 PM
120	increase availability of care via affordable care act	8/8/2015 12:43 PM
121	Tort reform	8/8/2015 12:23 PM
122	fair medicaid reform and expansion	8/8/2015 11:31 AM
123	reimbursements	8/8/2015 10:41 AM
124	Improving reimbursements of physicians	8/8/2015 9:36 AM
125	End of Obamacare	8/8/2015 9:31 AM
126	promoting single payer health care	8/8/2015 8:52 AM
127	reduce emphasis on "quality" data	8/8/2015 8:29 AM
128	Medicaid expansion	8/8/2015 7:41 AM
129	Tort reform	8/8/2015 7:21 AM
130	Tort reform	8/8/2015 6:57 AM
131	Improving physician reimbursement	8/8/2015 6:53 AM
132	Advocate for physician reimbursement	8/8/2015 6:33 AM
133	Reimbursement	8/8/2015 5:35 AM
134	Renewing 304b prescription drug plan	8/8/2015 3:22 AM
135	Fighting for IM or PCP based reimbursement issues. i.e. Should fight the unethical "mandatory breast density reporting". This is an unethical and reprehensible law. Why would the NC national ACP permit such advocacy by Radiologists to move forward in light of the USPSTF recommendations	8/8/2015 12:02 AM
136	Medicaid expansion	8/7/2015 11:26 PM
137	Physician led Medicaid reform	8/7/2015 10:38 PM
138	MOC	8/7/2015 10:20 PM
139	Medicaid expansion	8/7/2015 9:53 PM
140	Educating about the high value care ethos of ACP	8/7/2015 9:48 PM
141	ending certificate of need to end hospital monopolies	8/7/2015 9:46 PM
142	Tort reform	8/7/2015 9:33 PM
143	Keep Internal Medicine specialty distinct and not equated with PAs and FNPs	8/7/2015 9:31 PM
144	advocating for physicians being able to practice in a manner that serves the best interest of the patient	8/7/2015 9:31 PM
145	Advocate - provide care to all NC residents based on evidence-based data	8/7/2015 9:29 PM
146	medicaid overhaul	8/7/2015 9:27 PM
147	End of life care	8/7/2015 9:17 PM
148	Medicaid expansion	8/7/2015 9:13 PM
149	Protecting CCNC and fighting attempts to privatize Medicaid in NC	8/7/2015 8:56 PM
150	payment models	8/7/2015 8:55 PM

## North Carolina Chapter, American College of Physicians Survey

151	Making NC part of the ACA	8/7/2015 8:47 PM
152	Tort reform	8/7/2015 8:46 PM
153	Mental health services	8/7/2015 8:35 PM
154	Tort Reform	8/7/2015 8:32 PM
155	future of quality measurements and internists	8/7/2015 8:28 PM
156	Separation of MOC and licensure	8/7/2015 8:25 PM
157	Medicaid expansion	8/7/2015 7:55 PM
158	Tort reform	8/7/2015 7:54 PM
159	Increase Im reimbursement	8/7/2015 7:44 PM
160	Insurance coverage for all N Carolinians	8/7/2015 7:42 PM
161	expanding Medicaid	8/7/2015 7:38 PM
162	Protecting reimbursement for internists	8/7/2015 7:35 PM
163	Health awareness	8/7/2015 7:34 PM
164	Repealing affordable care act	8/7/2015 7:27 PM
165	Medicaid issues	8/7/2015 7:26 PM
166	Medicare expansion	8/7/2015 7:14 PM
167	Overturn certificate of need to open up competition	8/7/2015 7:14 PM
168	Fix MOC	8/7/2015 7:14 PM
169	Defend against state budget cuts.	8/7/2015 7:12 PM
170	addressing MOC	8/7/2015 7:11 PM
171	tort reform	8/7/2015 7:05 PM
172	Reduced beaurocratic pressure	8/7/2015 7:04 PM
173	Reimbursement Medicare/medicaid	8/7/2015 7:04 PM
174	GME	8/3/2015 8:18 AM
175	Protecting women's health rights and access in NC	8/2/2015 7:39 PM
176	Promoting internal medicine as a field of medicine with student	8/1/2015 1:19 PM
177	Tort Reform	7/31/2015 5:57 PM
178	Eliminate healthcare disparities via Medicaid expansion and improved access to health care. (Insurance doesn't mean a thing if you can't get to providers.)	7/31/2015 2:34 PM
179	decreasing government interference in/control of practice	7/30/2015 10:46 PM
180	Removal of CON	7/30/2015 2:09 PM
181	malpractice reform	7/30/2015 9:20 AM
182	Tort reform	7/30/2015 9:10 AM
183	improve reimbursements	7/30/2015 7:15 AM
184	Medicaid expansion	7/30/2015 6:48 AM
185	Healthcare access	7/30/2015 6:02 AM
186	Increasing internist pay	7/29/2015 10:41 PM
187	See below--get medicine out from under regulations that that are detrimental to the physician-patient relationship and hence the care of the patient	7/29/2015 10:24 PM
188	MOC	7/29/2015 9:24 PM
189	Reimbursement	7/29/2015 9:15 PM



## North Carolina Chapter, American College of Physicians Survey

190	Expand Medicaid	7/29/2015 8:58 PM
191	medicaid expansion	7/29/2015 8:42 PM
192	supporting physicians in health care changes	7/29/2015 8:29 PM
193	Reducing burden of EMR/"meaningful use" to private practices	7/29/2015 7:46 PM
194	Reimbursements	7/29/2015 6:35 PM
195	Fixing medicaid problems	7/29/2015 6:31 PM
196	single payer medical care	7/29/2015 5:39 PM
197	Increasing reimbursements	7/29/2015 5:33 PM
198	Tort reform	7/29/2015 5:21 PM
199	teaching physicians their legislative responsibilities	7/29/2015 5:07 PM
200	Maintaining physician autonomy	7/29/2015 4:57 PM
201	Increase physician reimbursement	7/29/2015 4:36 PM
202	Repeal ACA	7/29/2015 4:34 PM
203	Expand medicade	7/29/2015 4:27 PM
204	Reduce burden of government interference with medicine	7/29/2015 4:23 PM
205	Physician reimbursement	7/29/2015 4:15 PM
206	Tort reform	7/29/2015 4:11 PM
207	PREVENTING FURTHER UNREALISTIC MEDICARE CUTS	7/29/2015 4:03 PM
208	Medicaid reform	7/29/2015 4:02 PM
209	Increase payments	7/29/2015 3:53 PM
<b>#</b>	<b>2</b>	<b>Date</b>
1	Tort Reform	9/8/2015 10:31 AM
2	choosing wisely	9/7/2015 2:46 PM
3	increasing access of the population to healthcare	9/7/2015 7:35 AM
4	Contract Problems	9/2/2015 7:43 PM
5	Streamlining the MOC process	9/1/2015 10:17 PM
6	Lobby for single providers for EMR relief espfor those in remote areas where WiFi signals are poor and inconsistent and IT support is either expensive and unaffordable	9/1/2015 10:29 AM
7	access to and integration of mental healthcare in the state	9/1/2015 7:24 AM
8	Public health initiatives (greenways, sidewalks, etc.)`	8/31/2015 9:52 AM
9	Mental health reform	8/31/2015 8:08 AM
10	ABIM recertification process need to be simple and easy for physicians	8/30/2015 7:32 PM
11	New Research	8/30/2015 6:13 PM
12	pursuing single payer health care	8/30/2015 2:24 PM
13	Gun legislation to protect our citizens	8/30/2015 11:13 AM
14	Increase reimbursements in rural locations	8/29/2015 3:36 PM
15	Incentives to decrease debit on med school loan for those working in undeserved areas	8/29/2015 3:35 PM
16	Malpractice reform	8/28/2015 5:28 PM
17	increasing assistance to underserved populations	8/28/2015 4:36 PM
18	promotion of ACA	8/28/2015 4:19 PM
19	Providing better access to care	8/28/2015 2:10 PM

## North Carolina Chapter, American College of Physicians Survey

20	Care of underserved areas	8/28/2015 11:44 AM
21	End of life care planning	8/28/2015 11:37 AM
22	Improve quality of MD	8/28/2015 10:36 AM
23	Access to medical care	8/28/2015 10:25 AM
24	Gun Control	8/28/2015 9:35 AM
25	Sustain malpractice gain in legislature	8/28/2015 9:30 AM
26	DM focused projects	8/28/2015 8:50 AM
27	Quality of care	8/28/2015 8:14 AM
28	decreasing interference with practicing	8/28/2015 4:07 AM
29	Control pharmaceuticals	8/28/2015 1:49 AM
30	tort reform	8/27/2015 10:54 PM
31	malpractice	8/27/2015 10:53 PM
32	reimbursement	8/27/2015 10:45 PM
33	Physician reimbursements	8/27/2015 10:38 PM
34	Ensure access to women's health services	8/27/2015 10:05 PM
35	Ensure fair pay for the work docs do	8/27/2015 9:51 PM
36	Ensuring accessible health care for citizens	8/27/2015 9:44 PM
37	Residency Expansion	8/27/2015 9:33 PM
38	Abolish non-compete practice clauses in the state	8/27/2015 9:26 PM
39	Teaching grants	8/27/2015 9:16 PM
40	malpractice reform	8/27/2015 9:06 PM
41	Medicaid Expansion	8/27/2015 9:06 PM
42	Affordable care for all	8/27/2015 8:46 PM
43	tort reform	8/27/2015 8:37 PM
44	Increase GME funding	8/27/2015 8:22 PM
45	Ensuring continuing support from the State for public hospitals at risk of losing funding	8/27/2015 8:19 PM
46	improved access to care	8/27/2015 7:59 PM
47	Retain and recruit more primary care physicians	8/27/2015 7:48 PM
48	Healthcare reform	8/27/2015 7:06 PM
49	Lower drug cost burden on elderly	8/27/2015 7:04 PM
50	limitations on residency workload	8/27/2015 6:41 PM
51	medicare	8/27/2015 6:38 PM
52	Better reimbursement	8/27/2015 6:38 PM
53	Fix payment issues	8/27/2015 6:35 PM
54	Encouraging CME	8/27/2015 6:26 PM
55	Highlight the value of primary care physicians	8/27/2015 6:20 PM
56	actions to stop the intrusion of political entities, insurance, government bodies on practice	8/27/2015 6:15 PM
57	Advocate legislative change that decreases the non-value added activities physicians are required to perform to satisfy CMS Regulations	8/27/2015 6:06 PM
58	Advocate for the underserved	8/27/2015 6:05 PM
59	Negotiating towards a REASONABLE MOC and recertification process with the ABIM.	8/27/2015 6:03 PM

## North Carolina Chapter, American College of Physicians Survey

60	Health policy reform	8/27/2015 6:02 PM
61	Medical student activities	8/27/2015 5:59 PM
62	eliminate FL-2	8/27/2015 5:47 PM
63	avoid tying reimbursement to outcomes	8/27/2015 5:46 PM
64	simplification of ICD-10	8/27/2015 5:43 PM
65	Malpractice reform	8/27/2015 5:40 PM
66	?	8/27/2015 5:38 PM
67	Primary care resource investment	8/27/2015 5:36 PM
68	Resource-building for indigent populations	8/27/2015 5:32 PM
69	Push for innovative curriculum throughout the country.	8/27/2015 5:32 PM
70	support universal health care	8/27/2015 5:28 PM
71	medicaid expansion	8/27/2015 5:24 PM
72	Ensuring access to specialty care for un/underinsured pts	8/27/2015 5:23 PM
73	Repealing certificate of need legislation to allow more competition among various healthcare systems	8/15/2015 12:25 AM
74	Coding education	8/13/2015 8:14 AM
75	Increased primary care usage/availability	8/11/2015 7:21 PM
76	more reasonable reimbursement	8/11/2015 5:27 PM
77	promote medication assisted Rx of chronic opioid dependence	8/11/2015 4:51 PM
78	Medicaid Expansion in NC	8/11/2015 8:15 AM
79	advocacy for underserved communities	8/11/2015 6:03 AM
80	malpractice reform	8/10/2015 7:55 PM
81	Encourage NC to accept aspects of ACA to get better access for the poor	8/10/2015 10:49 AM
82	Decreasing costs	8/10/2015 9:38 AM
83	pain management initiative structure	8/10/2015 7:02 AM
84	tort reform	8/9/2015 11:02 PM
85	Post Acute Care availability	8/9/2015 9:25 PM
86	improving medical school debt	8/9/2015 5:56 PM
87	tort reform	8/9/2015 4:24 PM
88	tort liability reform	8/9/2015 11:30 AM
89	preserve hospitals nonprofit status	8/9/2015 9:50 AM
90	Medical student involvement	8/9/2015 8:23 AM
91	Resident development programs	8/9/2015 4:15 AM
92	Reducing third party Payor influence on healthcare	8/8/2015 10:37 PM
93	Expanding Medicaid	8/8/2015 8:22 PM
94	reimburse for intellectual value of care	8/8/2015 5:55 PM
95	protect Family Planning from attacks, especially "dirty tricks"	8/8/2015 3:16 PM
96	Advocate for medical education	8/8/2015 3:10 PM
97	Support safety in opioid prescribing & support those who haven't thrown in the towel yet	8/8/2015 2:47 PM
98	immunization compliance for children and adults	8/8/2015 12:43 PM
99	Expand Medicaid in NC	8/8/2015 12:23 PM
100	watch dog medical practice by non-physicians	8/8/2015 11:31 AM

## North Carolina Chapter, American College of Physicians Survey

101	underserved	8/8/2015 10:41 AM
102	protecting small establishments and their viability	8/8/2015 9:36 AM
103	Reigning in of RAC	8/8/2015 9:31 AM
104	improving physician morale	8/8/2015 8:52 AM
105	reduce physician shortage rather than emphasize MLPs	8/8/2015 8:29 AM
106	NC HIE	8/8/2015 7:41 AM
107	Repeal obamacare	8/8/2015 7:21 AM
108	High value care	8/8/2015 5:35 AM
109	Maintaining the Affordable Care Act in its entirety	8/8/2015 3:22 AM
110	Fight legislation regarding breast density notifications (see above)	8/8/2015 12:02 AM
111	Tort reform	8/7/2015 11:26 PM
112	Medicaid/medicare equality	8/7/2015 10:38 PM
113	avoiding handover to Medicaid management to out-of-state for profit corporations	8/7/2015 9:53 PM
114	FrFrom first priority, then follows improving reimbursement	8/7/2015 9:48 PM
115	broaden medicaid safety net	8/7/2015 9:46 PM
116	Payment reform to reflect the work we do.	8/7/2015 9:31 PM
117	expanding medicaid	8/7/2015 9:31 PM
118	Promote primary care physicians as the vanguards of care delivery	8/7/2015 9:29 PM
119	Medicaid	8/7/2015 9:17 PM
120	Protect CON to prevent big business skimming the cream	8/7/2015 9:13 PM
121	Expanding Medicaid to provide coverage for medically indigent; failing that, to strongly encourage ALL practices to do their share	8/7/2015 8:56 PM
122	primary care access and reimbursement	8/7/2015 8:55 PM
123	Malpractice reform	8/7/2015 8:47 PM
124	Make EMR affordable	8/7/2015 8:46 PM
125	Obesity	8/7/2015 8:35 PM
126	Reimbursement improvement	8/7/2015 8:32 PM
127	Scope of Practice	8/7/2015 8:25 PM
128	Payment modules for internist	8/7/2015 7:55 PM
129	Expansion of services to rural areas	8/7/2015 7:54 PM
130	Improve work balance	8/7/2015 7:44 PM
131	Funding for research	8/7/2015 7:42 PM
132	increasing reimbursement	8/7/2015 7:38 PM
133	Maintaining malpractice caps	8/7/2015 7:35 PM
134	Some form of unified sex Ed so that all citizens of NC will be on the same page with regards to sex and diseases associated with it, and how to prevent them	8/7/2015 7:34 PM
135	Tort reform	8/7/2015 7:26 PM
136	Affordable Care Act Repeal	8/7/2015 7:14 PM
137	Increase of medicare/medicaid payments	8/7/2015 7:14 PM
138	Improve physician reimbursment	8/7/2015 7:14 PM
139	Help tame ABIM	8/7/2015 7:12 PM

## North Carolina Chapter, American College of Physicians Survey

140	increased educational opportunities - conferences	8/7/2015 7:11 PM
141	improving medicare reimbursement	8/7/2015 7:05 PM
142	Help with billing questions	8/7/2015 7:04 PM
143	Expanding medical education	8/7/2015 7:04 PM
144	Pay and incentive for primary care providers	8/2/2015 7:39 PM
145	Promoting reimbursement for primary care	8/1/2015 1:19 PM
146	Medicaid Reform	7/31/2015 5:57 PM
147	Improve firearm safety	7/31/2015 2:34 PM
148	Advocate for physicians	7/30/2015 2:09 PM
149	recertification requirements	7/30/2015 9:20 AM
150	NC Medicaid reimbursement	7/30/2015 9:10 AM
151	Educational support for cost management /	7/30/2015 6:02 AM
152	Obamacare mess	7/29/2015 10:41 PM
153	promoting universal coverage	7/29/2015 8:42 PM
154	supporting patients in health care changes	7/29/2015 8:29 PM
155	Increasing reimbursement from Medicare/Medicaid	7/29/2015 7:46 PM
156	Reimbursement	7/29/2015 6:35 PM
157	Pushing to keep insurance premiums under control	7/29/2015 6:31 PM
158	Keeping solo rural physician practices viable	7/29/2015 5:33 PM
159	Biosimilars legislation	7/29/2015 5:21 PM
160	encouraging civic responsibility	7/29/2015 5:07 PM
161	Combatting insurance dictation of physician duties	7/29/2015 4:57 PM
162	Advocate for Medicaid expansion/reform	7/29/2015 4:36 PM
163	Expand PACE program for Medicaid	7/29/2015 4:34 PM
164	Support the affordable care act	7/29/2015 4:27 PM
165	2 midnight rule, observation vs inpatient status	7/29/2015 4:15 PM
166	GETTING GOVERNMENT OUT OF PHYSICIANS'S PRACTICES	7/29/2015 4:03 PM
167	Unsure	7/29/2015 4:02 PM
168	preserve small practice models	7/29/2015 3:53 PM
<b>#</b>	<b>3</b>	<b>Date</b>
1	Reining in Big Pharma (recent "by up" of old generics (such as vasopressin, colchicine and a host of others), in order to charge very high prices (high prices not supported by R&D)	9/8/2015 10:31 AM
2	advocacy for underserved	9/7/2015 7:35 AM
3	Ability to work in any state or country with recognition	9/2/2015 7:43 PM
4	Assistance in dealing with the burdensome task of dealing with insurance companies .	9/1/2015 10:17 PM
5	Find out why Medicaid is making it almost impossible for providers to collect from Medicaid on stress perfusion imaging (a high cost test to providers)	9/1/2015 10:29 AM
6	Importance of generalism	8/31/2015 9:52 AM
7	Simplify LTC transition for Medicare patients	8/31/2015 8:08 AM
8	potilitians need to be invited to hear out voice to out meetings	8/30/2015 7:32 PM
9	Involvement with Board Exam	8/30/2015 6:13 PM

## North Carolina Chapter, American College of Physicians Survey

10	patient advocacy for cost of care	8/30/2015 2:24 PM
11	Exploring direct care models	8/30/2015 11:13 AM
12	Meaningful use of health resources	8/29/2015 3:35 PM
13	increasing residency caps	8/28/2015 4:36 PM
14	regulation of insurance companies	8/28/2015 4:19 PM
15	Satisfaction of medical treatment	8/28/2015 11:44 AM
16	Mid level provider scope of practice guidelines	8/28/2015 11:37 AM
17	Job opportunities fairness	8/28/2015 10:36 AM
18	Medical Liability	8/28/2015 10:25 AM
19	Commrmt on Insurance Evil	8/28/2015 9:35 AM
20	Reign in BCBS	8/28/2015 9:30 AM
21	stop smoking projects	8/28/2015 8:50 AM
22	Screening	8/28/2015 8:14 AM
23	Control insurance companies	8/28/2015 1:49 AM
24	aco	8/27/2015 10:53 PM
25	Regaining legislative support of physicians	8/27/2015 10:38 PM
26	Get rid of meaningful use	8/27/2015 9:51 PM
27	Promoting primary care	8/27/2015 9:44 PM
28	Research Support	8/27/2015 9:33 PM
29	Advocacy for better reimbursement	8/27/2015 9:26 PM
30	Tort	8/27/2015 9:16 PM
31	regulation of medical advertising	8/27/2015 9:06 PM
32	Medicaid Expansion	8/27/2015 9:06 PM
33	Health education and illness prevention	8/27/2015 8:46 PM
34	tort reform	8/27/2015 8:37 PM
35	Incentivize More Internests to come here	8/27/2015 8:22 PM
36	insurance reform	8/27/2015 7:59 PM
37	access to care	8/27/2015 7:48 PM
38	Revision of system of reimbursement for healthcare	8/27/2015 7:06 PM
39	Minimize data entry of third party data mining	8/27/2015 7:04 PM
40	rules around release of physician's surgical or morbidity statistics	8/27/2015 6:41 PM
41	obamacare	8/27/2015 6:38 PM
42	Improved EHR	8/27/2015 6:35 PM
43	Integrated Care	8/27/2015 6:26 PM
44	Help physicians in CME,MOC to retain professional competence	8/27/2015 6:20 PM
45	action to help protection from litigious environment	8/27/2015 6:15 PM
46	Advocate for primary csre	8/27/2015 6:05 PM
47	Initiatives to reduce paperwork load on physicians	8/27/2015 6:03 PM
48	Increase CME and Maintenance of Certification (MOC) opportunities	8/27/2015 5:59 PM
49	improve DMV physical review form	8/27/2015 5:47 PM
50	high value care	8/27/2015 5:43 PM

## North Carolina Chapter, American College of Physicians Survey

51	?	8/27/2015 5:38 PM
52	Tempering/counter-balancing influence of other lobbyists in the healthcare space	8/27/2015 5:32 PM
53	Educate communities on diabetes.	8/27/2015 5:32 PM
54	support medicare and medicaid	8/27/2015 5:28 PM
55	adopt the VA's health record system and put the scamming EMR companies in the ground!	8/27/2015 5:24 PM
56	Extending eligibility for Medicaid to more people in NC	8/15/2015 12:25 AM
57	Membership drive	8/13/2015 8:14 AM
58	Increased medical school funding	8/11/2015 7:21 PM
59	more reasonable reimbursement	8/11/2015 5:27 PM
60	since hospitals have their organizations, represent physician point of view	8/11/2015 4:51 PM
61	Medicaid Expansion in NC	8/11/2015 8:15 AM
62	tort reform for health care employees employed by the state	8/11/2015 6:03 AM
63	state funding for free clinics	8/10/2015 7:55 PM
64	Disbetes	8/10/2015 9:38 AM
65	physician reimbursement	8/9/2015 11:02 PM
66	Medicaire	8/9/2015 9:25 PM
67	research grants, NIH funding	8/9/2015 5:56 PM
68	protecting physicians as care providers in tumultuous healthcare landscape	8/9/2015 4:24 PM
69	standardized quality measures with other states	8/9/2015 11:30 AM
70	prevent for-profit's from taking over medicaid	8/9/2015 9:50 AM
71	Wellness	8/9/2015 8:23 AM
72	Work force environment	8/9/2015 4:15 AM
73	Increased access to medications for patients, esp seniors	8/8/2015 10:37 PM
74	access to underserved groups	8/8/2015 5:55 PM
75	Always be seen as a rational source on all matters medical and then some	8/8/2015 3:16 PM
76	Advocate for better pay general medicine	8/8/2015 3:10 PM
77	Support DATA 2000 physicians who are treating patients with opioid addiction	8/8/2015 2:47 PM
78	healthcare for immigrants	8/8/2015 12:43 PM
79	protect our rural hospitals from increasing financial pressures.	8/8/2015 12:23 PM
80	women's health issues	8/8/2015 11:31 AM
81	Latino access to affordable care	8/8/2015 10:41 AM
82	academics and research, advocate as one voice	8/8/2015 9:36 AM
83	Improving the abominable training of I'M residents	8/8/2015 9:31 AM
84	tort reform	8/8/2015 8:52 AM
85	Delaying ICD 10	8/8/2015 7:21 AM
86	Education	8/8/2015 5:35 AM
87	Advocating for Medicaid Expansion	8/8/2015 3:22 AM
88	Advocate to break any monopolistic behavior .. anesthesiology or hospital based as both are hurting Value Based Medicine	8/8/2015 12:02 AM
89	Education	8/7/2015 11:26 PM
90	Tort reform	8/7/2015 10:38 PM

## North Carolina Chapter, American College of Physicians Survey

91	encouraging additional state support to the state medical schools	8/7/2015 9:53 PM
92	No privatization to out of state providers of publicly funded care programs	8/7/2015 9:48 PM
93	physician reimbursement	8/7/2015 9:46 PM
94	Decrease the physicians "busy work" and allow us to take care of our patients.	8/7/2015 9:31 PM
95	reducing time physicians spend in non-patient care activities	8/7/2015 9:31 PM
96	To allocate financial resources to primary care providers while decreasing excessive payment for medications and medical plan managers	8/7/2015 9:29 PM
97	improve public support of under served populations	8/7/2015 9:13 PM
98	Healthcare insurance reform-legislators should get same healthcare as our citizens who live on the streets	8/7/2015 8:47 PM
99	Make Medicare Medicaid payments easy	8/7/2015 8:46 PM
100	Substance abuse rehab	8/7/2015 8:35 PM
101	Unionization	8/7/2015 8:25 PM
102	MOC recertification	8/7/2015 7:55 PM
103	Physician reimbursement	8/7/2015 7:54 PM
104	Education	8/7/2015 7:44 PM
105	encouraging care for the underserved	8/7/2015 7:38 PM
106	Limiting the insurance companies' ability to dictate patient care decisions	8/7/2015 7:35 PM
107	n/a	8/7/2015 7:34 PM
108	Access for underserved	8/7/2015 7:26 PM
109	Access to Care	8/7/2015 7:14 PM
110	Malpractice reform	8/7/2015 7:14 PM
111	Enforce guideline based decisions by insurance companies	8/7/2015 7:14 PM
112	Na	8/7/2015 7:12 PM
113	job fairs for new grads	8/7/2015 7:11 PM
114	improving medicaid reimbursement	8/7/2015 7:05 PM
115	Examples of successful coping	8/7/2015 7:04 PM
116	Support for medical profession in general	8/7/2015 7:04 PM
117	Increasing access to mental health care in NC	8/2/2015 7:39 PM
118	Public health initiatives (tobacco and obesity)	8/1/2015 1:19 PM
119	helping Practitioners manage the ACA	7/31/2015 5:57 PM
120	Reverse or decrease climate change via use of renewable fuels and other sources of energy. (I think climate change is now a true health problem whose impact will only increase in the future.)	7/31/2015 2:34 PM
121	control independent Pas, NPs	7/30/2015 9:20 AM
122	Proposals for how to better serve the underserved populations in NC and how to encourage physicians to do this	7/30/2015 9:10 AM
123	Evidence based care	7/30/2015 6:02 AM
124	Training program increases	7/29/2015 10:41 PM
125	Reducing impediments to reimbursement continually imposed by insurance companies	7/29/2015 7:46 PM
126	Reimbursement	7/29/2015 6:35 PM
127	Access to care for the underserved	7/29/2015 5:33 PM
128	education on litigation	7/29/2015 5:07 PM
129	Health disparity	7/29/2015 4:57 PM



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130	Advocate for increased research funding	7/29/2015 4:36 PM
131	Limit IT requirements in MACRA payment reform	7/29/2015 4:34 PM
132	Tax benefits for Non-forprofit organizations	7/29/2015 4:15 PM
133	PREVENTING INSURANCE COMPANIES FROM DICTATING HOW PHYSICIANS SHOULD PRACTICE MEDICINE	7/29/2015 4:03 PM
134	Unsure	7/29/2015 4:02 PM
135	transparency for patients/public	7/29/2015 3:53 PM

## Q15 The NC,ACP can best meet my needs by:

Answered: 136 Skipped: 276

#	Responses	Date
1	Assisting Cme and recertification opportunities. Several physicians needing & meeting moc requirements.	9/10/2015 9:09 AM
2	Protecting the practice of medicine for future physicians.	9/8/2015 10:31 AM
3	continuing advocacy in raleigh, dc for internist issues	9/7/2015 2:46 PM
4	Offering online resources	9/2/2015 7:43 PM
5	Continuing to be the best advocate for Internists.	9/1/2015 10:17 PM
6	Helping single providers to stay viable ESP in small communities	9/1/2015 10:29 AM
7	Education, on clinical issues and public health ones	8/31/2015 9:52 AM
8	More educational newsletters	8/30/2015 6:13 PM
9	doing as above, continuing exposure to board prep, literature	8/30/2015 2:24 PM
10	Supporting national efforts to make EHR documentation and requirements rational, and to make physicians part of the dialog/planning on the technology/medical care interface. The payors -- federal and private -- payors run the show and are killing us. Separate issue: Why does Brad Wilson, CEO of BCBS earn more than 10 x the average physician salary? 5 top execs > \$1 mil in a deficit year??	8/30/2015 11:13 AM
11	Increase advocacy activities for undeserved population	8/29/2015 3:35 PM
12	MOC has become increasingly complex, we really need help navigating it and making it easy to meet in North Carolina.	8/28/2015 5:47 PM
13	Supporting my practice of medicine	8/28/2015 5:28 PM
14	Providing information by e-mail	8/28/2015 4:44 PM
15	Activities promoting returning back to a competitive fellowship training.	8/28/2015 4:41 PM
16	advocating for residents and continuing to assist residents in leadership skills and activities	8/28/2015 4:36 PM
17	Continuing ACP's mission	8/28/2015 4:19 PM
18	Sending short yet relevant email newsletters	8/28/2015 2:10 PM
19	advocacy	8/28/2015 11:49 AM
20	Continued support and providing resources for medical students	8/28/2015 11:44 AM
21	Continuing to provide educational and networking opportunities.	8/28/2015 11:37 AM
22	Improving and regulations of rights for doctors	8/28/2015 10:36 AM
23	Contining	8/28/2015 9:35 AM
24	Keeping up the good work	8/28/2015 7:07 AM
25	macking moc recert less time consuming	8/28/2015 4:07 AM
26	increasing member satisfaction	8/27/2015 10:54 PM
27	Providing high quality education at the annual meeting	8/27/2015 10:45 PM
28	Optimizing easy to access digital resources	8/27/2015 10:38 PM
29	Advocating for quality physicians	8/27/2015 9:44 PM
30	Letting me know more about internal med opportunities	8/27/2015 9:33 PM
31	Increasing resources	8/27/2015 9:16 PM
32	Keeping up the email newsletters. Great info!	8/27/2015 8:46 PM

## North Carolina Chapter, American College of Physicians Survey

33	continuing to provide academic unbiased quality cme and support	8/27/2015 8:37 PM
34	Increasing GME funding	8/27/2015 8:22 PM
35	Helping to recruit more medical students and creating robust advocacy-oriented events either at the schools or in Raleigh or D.C. with legislators.	8/27/2015 8:19 PM
36	Increasing involvement of medical residents	8/27/2015 7:59 PM
37	Lobbying and supporting solo practitioners	8/27/2015 7:48 PM
38	not sure	8/27/2015 7:12 PM
39	More effective lobbying of NC Legislature	8/27/2015 7:06 PM
40	providing support and guidance to medical students in choosing a specific career path	8/27/2015 6:41 PM
41	doing what is important for patient care	8/27/2015 6:38 PM
42	Focusing on teaching students too	8/27/2015 6:35 PM
43	Focusing a bit more on integrated care	8/27/2015 6:26 PM
44	Advocating for internists in legislation. Spreading awareness among the public	8/27/2015 6:20 PM
45	local tort reform action like what was done the recent years.	8/27/2015 6:15 PM
46	Focusing on the above	8/27/2015 6:06 PM
47	Not sure	8/27/2015 6:05 PM
48	Reducing burden of MOC and recertification requirements of the ABIM.	8/27/2015 6:03 PM
49	scheduled events and state-wide meetings	8/27/2015 5:59 PM
50	get rid of FL-2 form	8/27/2015 5:47 PM
51	I don't know	8/27/2015 5:38 PM
52	providing updates on its work and opportunities for members	8/27/2015 5:32 PM
53	I haven't been a member for long to answer this just yet.	8/27/2015 5:32 PM
54	Making membership free	8/27/2015 5:28 PM
55	giving me an ipad	8/27/2015 5:24 PM
56	Engendering grassroots support to make sure that McCrory and his ilk do not get re-elected	8/27/2015 5:23 PM
57	Advocating on my behalf to the government.	8/15/2015 12:25 AM
58	Making sure income future exists	8/13/2015 8:14 AM
59	making it more likely that my internist will be able to survive in the current payment system	8/11/2015 5:27 PM
60	Continue to support quality education for all internal medicine practitioners, residents, and medical students.	8/11/2015 8:15 AM
61	making annual meeting more relevant	8/11/2015 6:03 AM
62	Campaigns to educate public that an internist is best choice for adult care	8/10/2015 7:55 PM
63	timely education and communication about major clinical and business/administrative burdens/rules/requirements	8/10/2015 7:02 AM
64	Doing fine already	8/9/2015 9:25 PM
65	Continue same	8/9/2015 8:18 PM
66	Empowering physicians to take back control of the practice of medicine.	8/9/2015 7:57 PM
67	n/a	8/9/2015 6:56 PM
68	offering CME	8/9/2015 5:56 PM
69	not sure	8/9/2015 5:35 PM
70	provide info for clinical practice	8/9/2015 11:30 AM
71	Listening to physicians and their needs to help them in their practice.	8/9/2015 4:15 AM

## North Carolina Chapter, American College of Physicians Survey

72	Advocating for removal of third parties in decision making within doctor patient relationships (insurance denials for meds/procedures, data mining by third parties that inhibit further patient contact/time, etc.)	8/8/2015 10:37 PM
73	Continuing excellent annual meetings.	8/8/2015 8:22 PM
74	a cooperative electronic record that is very secure	8/8/2015 5:55 PM
75	Remain relevant to those who are coming behind us-my day is passing	8/8/2015 3:16 PM
76	Lobbying effortd	8/8/2015 3:10 PM
77	1. Lobbying to get rid of FL-2 form 2. Lobbying DMV to improve the medical exam form for drivers licenses	8/8/2015 2:47 PM
78	continued efforts to grow NC/ACP membership; continued policy advocacy; MOC help and advocacy; support physicians in contract skills with large PLEs	8/8/2015 11:31 AM
79	promoting physicians over healthcare physician extenders	8/8/2015 10:41 AM
80	more meet up activities. Organize rallies and scientific sessions	8/8/2015 9:36 AM
81	Advocating for Physicians, by involving actual practicing MDS in policy formation .they need not be ACP members.the recent outcry is a powerful indicator of ACPS loss of contact /trust with practicing doctors	8/8/2015 9:31 AM
82	above	8/8/2015 8:52 AM
83	advocating for high quality care without emphasis on numbers, increase public awareness that quality is not just about data	8/8/2015 8:29 AM
84	Offering discounts in ASCO MOC courses	8/8/2015 8:00 AM
85	Continuing to Cme options locally, more local meetings beside scientific meeting	8/8/2015 6:53 AM
86	1) advocating on issues which empower IM or PCPs 2) fight ALL other advocacy efforts that harm IM or PCPs in general 3) work on a "2030 Vision" to increase the percentage of Private IM physicians by reducing Hospital based PCPs/IMs Would need to work with other organizations with mutual interest 4) focus on the Choose Wisely guidelines for Specialists only 5) reduce the income discrepancy between IM and Specialsits as IM has been "duped" by specialists and many of their advocacy groups and while some will be surprised these groups are everywhere. Primarily organizations support anyone who provides funding for them but surprisingly the NC ACP has a tremendous opportunity to close the income gap between IM and Specialists. This will be integral to any strategy for a formidable and lasting presence of the ACP whether it be NC or at the National Level. 6) support NBPAS certification process. This is resonating with physicians around the nation. The only ones who are not recognizing the passion for an alternative are folks in our leadership. Integral to leadership is listening to the pulse of our physicians who have to traverse through so much more today. Wish all the very best and I have great admiration for the ACP but we must realize that the it time for a course change.	8/8/2015 12:02 AM
87	Providing programs that assist me to become a better physician	8/7/2015 11:26 PM
88	education regarding process for Maintenance of Certification	8/7/2015 9:53 PM
89	Continuing it's current roles.	8/7/2015 9:48 PM
90	Continuing to do what they have always done	8/7/2015 9:46 PM
91	Advocating for the Internist.	8/7/2015 9:31 PM
92	advocating for physicians being able to practice medicine in a manner that encourages a strong trusty physician patient relationship	8/7/2015 9:31 PM
93	Continuing to advocate for patients and primary care providers.	8/7/2015 9:29 PM
94	Student opportunities	8/7/2015 9:27 PM
95	Decreasing requirements for moc	8/7/2015 9:16 PM
96	Lobbying	8/7/2015 9:13 PM
97	Fighting for more greater physician autonomy; for coverage for medically indigent; for recognition that internal medicine can't be reduced to check boxes (use of language is necessary to communicate complicated thought processes) - I am speaking of EHR's that are really there to capture billing data; discourage rampant advertising of drugs for conditions of normal aging that are now considered diseases (OK, I'm dreaming)	8/7/2015 8:56 PM
98	CME and news	8/7/2015 8:51 PM
99	Pushing for the ACA	8/7/2015 8:47 PM
100	MOC options	8/7/2015 8:35 PM

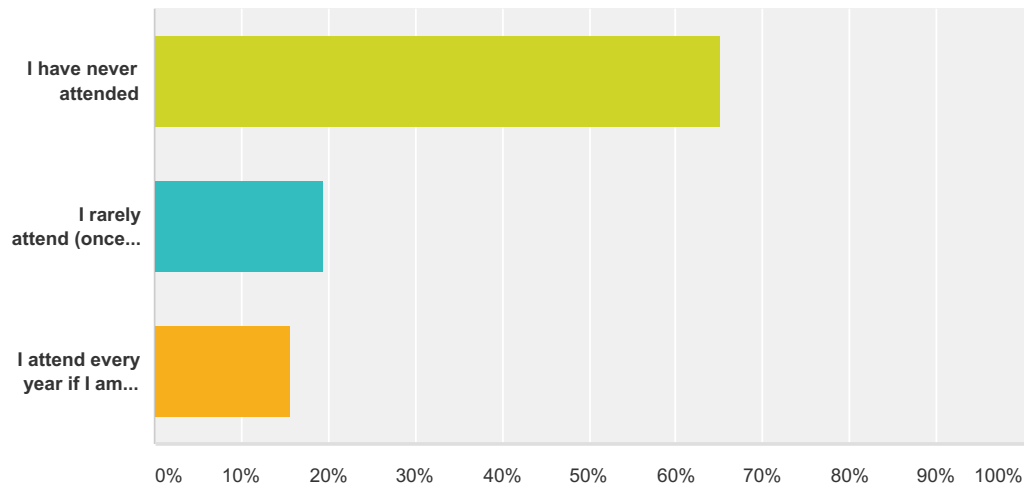
## North Carolina Chapter, American College of Physicians Survey

101	Annual meetings	8/7/2015 7:55 PM
102	Student activities	8/7/2015 7:45 PM
103	Being an advocate	8/7/2015 7:44 PM
104	helping me become a fellow	8/7/2015 7:38 PM
105	Thriving	8/7/2015 7:34 PM
106	Providing educational experiences and connections with internal medicine physicians.	8/7/2015 7:14 PM
107	The above	8/7/2015 7:14 PM
108	Keep me current and informed on internal medicine	8/7/2015 7:14 PM
109	Na	8/7/2015 7:12 PM
110	email	8/7/2015 7:11 PM
111	Supporting physicians when they make tough decisions like I did "called a whistleblower ". Not once did anyone reach out to me but sure reached out to physicians at the hospital, most of whom knew about the badness of the hospital but kept their mouths shut to protect their own self interest	8/7/2015 7:08 PM
112	Continuing the hard work	8/7/2015 7:04 PM
113	advocating for continued GME funding	8/3/2015 8:18 AM
114	Providing me with concise summaries of high-quality research via email	8/2/2015 7:39 PM
115	Providing high quality education opportunities in the state	8/1/2015 1:19 PM
116	Helping me to maintain my ABIM certification	7/31/2015 2:34 PM
117	Keeping me informed of issues affecting medicine/my practice and assisting continuing education	7/30/2015 10:46 PM
118	reducing my out of pocket costs	7/30/2015 9:20 AM
119	Making available, contacts in NC, for retired physicians to re-enter medicine, at a level that gives intellectual satisfaction and recognizes the likelihood that older physicians may not wish to work full time.	7/30/2015 9:10 AM
120	stand up to the political process	7/30/2015 7:15 AM
121	Distinguishing itself from NCMS' universal emphasis on doctors' financial advancement. More than fees, liability and "scope of practice".	7/30/2015 6:02 AM
122	Becoming less friendly in washington	7/29/2015 10:41 PM
123	Advocating for true patient centered medicine--as opposed to computer/electronic record/government regulation/insurance centered medicine. Let's get away from meaningless pre-populated histories and physicals spit out by the computer, and "impressions" that are nothing more than lists of codes and computer-lingo phrases giving very little idea how the patient is doing. An internist should put in the record the actual historical and physical findings (preferably in his/her own words) and a meaningful assessment and plan that reflect the thought process, AND should not be penalized for failing to click on the right buttons.	7/29/2015 10:24 PM
124	Making more accessible MOC certification C	7/29/2015 8:58 PM
125	Addressing the above issues and others to ensure a viable future for private practice.	7/29/2015 7:46 PM
126	Lobbying	7/29/2015 6:35 PM
127	Maintaining an active but not time consuming culture for residents and med students	7/29/2015 6:31 PM
128	Having a greater presence at a local level	7/29/2015 5:21 PM
129	Increasing greater opportunity for me to meet with colleagues	7/29/2015 5:07 PM
130	Continuing current practices	7/29/2015 4:57 PM
131	reduce overhead burden from Feds and State	7/29/2015 4:34 PM
132	As above	7/29/2015 4:27 PM
133	Advocating for MOC changes	7/29/2015 4:11 PM
134	SEE ABOVE	7/29/2015 4:03 PM
135	informing medical students of the current state of healthcare.	7/29/2015 4:02 PM

136	Education	7/29/2015 3:46 PM
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## Q16 How often do you attend the NC,ACP Annual Scientific Session?

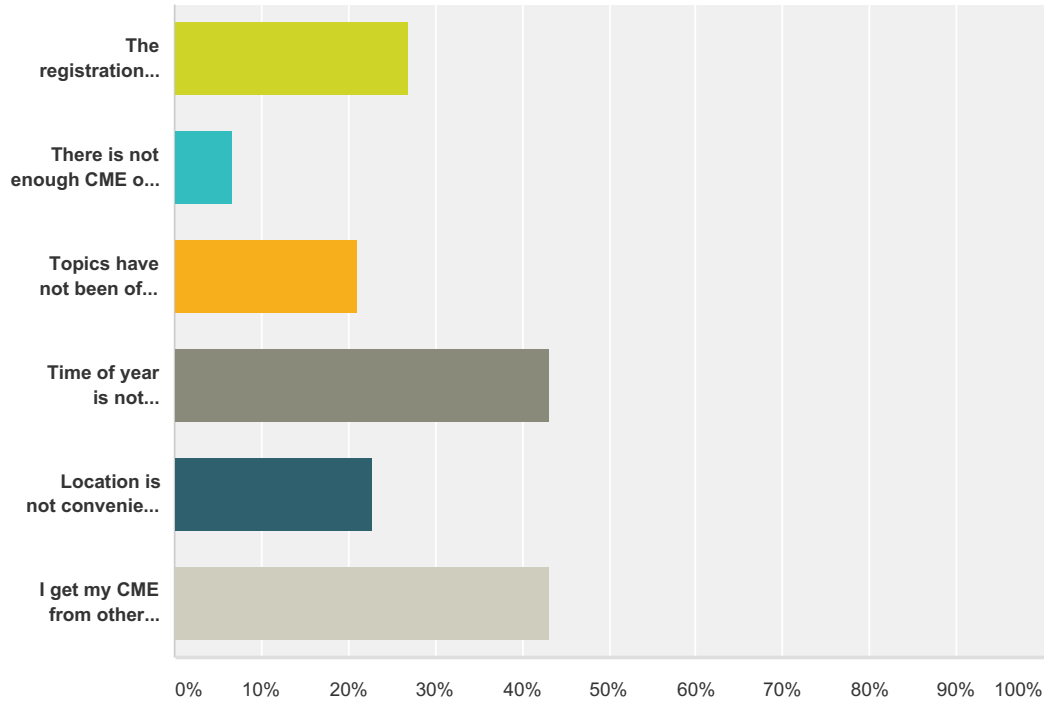
Answered: 378 Skipped: 34



Answer Choices	Responses	
I have never attended	65.08%	246
I rarely attend (once every few years or less)	19.31%	73
I attend every year if I am able	15.61%	59
<b>Total</b>		<b>378</b>

**Q17 If you rarely or never attend the Annual Scientific Session, why not? Check all that apply.**

Answered: 241 Skipped: 171



Answer Choices	Responses
The registration fee is too expensive	26.97% 65
There is not enough CME or Maintenance of Certification (MOC) offered	6.64% 16
Topics have not been of sufficient interest to my practice	21.16% 51
Time of year is not convenient or preferred	43.15% 104
Location is not convenient or preferred	22.82% 55
I get my CME from other sources	43.15% 104
Total Respondents: 241	

#	Other (please specify)	Date
1	Unable to afford too many bills to pay.	9/1/2015 10:30 AM
2	New to NC	9/1/2015 10:01 AM
3	Lots of CME opportunities and a limited budget.	8/31/2015 9:55 AM
4	If you had meetings in WNC in alternating years, just as the national organization alternates east and west, you would vastly increase participation. People of the coast and piedmont would probably welcome a trip to the mountains as well.	8/30/2015 11:15 AM
5	No time	8/29/2015 8:44 PM
6	Just began residency	8/29/2015 4:58 PM



## North Carolina Chapter, American College of Physicians Survey

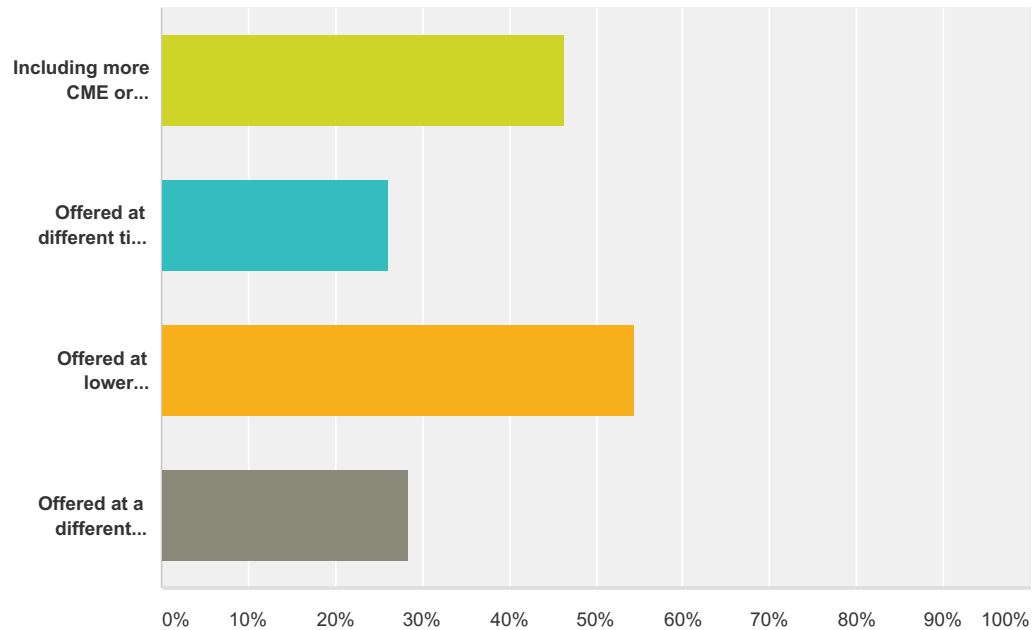
7	I don't get a lot of time off	8/29/2015 11:58 AM
8	I am new to the state	8/28/2015 3:49 PM
9	new in NC	8/28/2015 2:34 PM
10	Just joined ACP	8/28/2015 11:37 AM
11	I didn't know when it was	8/28/2015 9:04 AM
12	I want to minimize time away from my practise	8/28/2015 4:09 AM
13	Laziness	8/28/2015 1:50 AM
14	Just started medical school.	8/28/2015 12:14 AM
15	Schedule	8/27/2015 10:05 PM
16	mostly happened when I was working	8/27/2015 9:59 PM
17	Just joined	8/27/2015 9:34 PM
18	Not familiar with it.	8/27/2015 8:47 PM
19	I am a resident and do not have to have CME, but I would still be interested in attending	8/27/2015 8:24 PM
20	I am a medical student.	8/27/2015 8:20 PM
21	Recently moved to NC	8/27/2015 8:17 PM
22	Length of time I would need to be away from the office	8/27/2015 7:49 PM
23	As a hospitalist my work schedule often makes me unable to attend	8/27/2015 7:33 PM
24	First year involved in ACP	8/27/2015 6:42 PM
25	I am a medical student	8/27/2015 6:40 PM
26	Haven't had time - still in training	8/27/2015 6:27 PM
27	Most major meetings seem to fall in early spring	8/27/2015 6:19 PM
28	I am frequently on call	8/27/2015 6:06 PM
29	Medical student	8/27/2015 6:02 PM
30	medical student	8/27/2015 6:00 PM
31	No time aka Student	8/27/2015 5:43 PM
32	Annual National Meeting	8/27/2015 5:41 PM
33	no time	8/27/2015 5:38 PM
34	I just joined ACP so I have not had opportunity to attend one yet.	8/27/2015 5:33 PM
35	Only have been a member for less than a year	8/27/2015 5:29 PM
36	I don't need any CME yet as a medical student	8/15/2015 12:26 AM
37	new to acp	8/13/2015 5:10 PM
38	As a resident I was always to busy to make scheduling a priority. I'm in my first year out now and will consider going now.	8/11/2015 10:37 AM
39	Not had time as student	8/10/2015 9:39 AM
40	timing announcement too late to let me go	8/10/2015 7:03 AM
41	I have just moved from TN, I was a very active member in the TN ACP, including being a member of the Executive Council. In the last 10-12 years I may have missed only 2-3 Annual Scientific meetings.	8/9/2015 8:02 PM
42	Having enough time off to be able to go	8/9/2015 6:57 PM
43	Fellow, haven't had the time or money to attend	8/9/2015 5:57 PM
44	just joined	8/9/2015 1:54 PM
45	I just became a member of the NC, ACP	8/9/2015 10:30 AM

## North Carolina Chapter, American College of Physicians Survey

46	very hard to take time out for conferences, but I would like to in the future. I have 3 children, if the conference had activities for them and my husband, and possibly some childcare, that would make it much easier	8/9/2015 9:51 AM
47	Recently moved to the state/joined ACP	8/9/2015 8:10 AM
48	I'm a shy homebody and I don't enjoy plush hotels	8/8/2015 2:47 PM
49	Just joined	8/8/2015 1:14 PM
50	Depending on the call schedule	8/8/2015 12:55 PM
51	SHM, and university sponsored conferences	8/8/2015 9:33 AM
52	my time is limited due to care for disabled family members	8/8/2015 8:30 AM
53	I am an intern	8/8/2015 4:57 AM
54	First year as a member	8/7/2015 11:27 PM
55	hard to get time off to go!	8/7/2015 9:46 PM
56	I went to the annual session in Boston this year	8/7/2015 9:34 PM
57	I am a retired medical educator. I attended many ACP- sponsored seminars during my years in practice.	8/7/2015 9:32 PM
58	Recently joined the ACP	8/7/2015 9:27 PM
59	Currently in medical school and unable to attend due to schedule/time conflicts.	8/7/2015 9:21 PM
60	I am med Peds and can only attend so many	8/7/2015 9:17 PM
61	Too much administrative/business not enough education	8/7/2015 8:58 PM
62	Other issues prevented me in attending	8/7/2015 8:48 PM
63	Not at the stage yet where I need CME. Will likely attend in future.	8/7/2015 8:43 PM
64	My level of training is too low. The time reserved for my training and learning prevents me from attending.	8/7/2015 8:20 PM
65	I always been working	8/7/2015 8:00 PM
66	I have only been a member for a month or so and thus have not had an opportunity to attend an annual scientific session	8/7/2015 7:35 PM
67	I have multiple specialty meetings to attend	8/7/2015 7:15 PM
68	Lost faith in acp	8/7/2015 7:09 PM
69	This is the first year I have been a member	8/7/2015 7:04 PM
70	I have only been a member for a few months.	8/7/2015 6:58 PM
71	I'm a medical student. Limited application/yield for me.	8/2/2015 7:44 PM
72	Did not know it was offered. I attend the national meeting every year	8/1/2015 1:20 PM
73	Haven't received conference info.	7/30/2015 9:11 AM
74	I just joined.	7/30/2015 6:48 AM
75	I belong to 4 specialty societies and tend to go to those meetings (ADA, Endocrine Society, Amer. Assoc. of Clinical Endocrinologists, and Amer Thyroid Assoc.)	7/29/2015 10:28 PM
76	I've had personal conflicts but also only a few of the topics were compelling	7/29/2015 8:43 PM
77	Not aware of the dates and topics covered	7/29/2015 8:31 PM
78	I really wanted to come this year but had a scheduling conflict. Plan to come next year.	7/29/2015 6:32 PM
79	I just moved to NC	7/29/2015 5:08 PM
80	Just recently relocated to NC. Used to attend yearly at previous chapter meetings in my prior State though.	7/29/2015 4:52 PM
81	Topics and presentations appear to be catered towards training residents, not enough learning for physicians. I prefer national ACP meeting over NC-chapter meetings	7/29/2015 4:20 PM
82	Unsure of why - did not know this existed	7/29/2015 4:03 PM
83	Frankly didn't know about it until now.	7/29/2015 4:01 PM

## Q18 What changes in the Annual Scientific Session would convince you to attend? (check as many as apply)

Answered: 222 Skipped: 190



Answer Choices	Responses
Including more CME or Maintenance of Certification (MOC) hours	46.40% 103
Offered at different time of year	26.13% 58
Offered at lower registration fee	54.50% 121
Offered at a different location	28.38% 63
Total Respondents: 222	

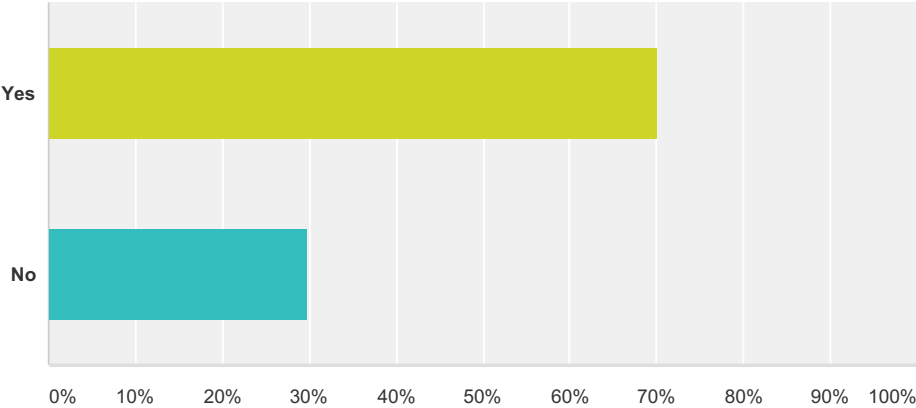
#	Other (please specify)	Date
1	It would have to be a more "special" and unique program. Legislative presence? Public health focus with local slants?	8/31/2015 9:55 AM
2	racial diversity ( African American)in topics and speakers	8/30/2015 9:21 PM
3	It would be nice to use a luxury hotel instead of convention center.	8/29/2015 8:16 PM
4	I tend to go when it is held close by.	8/29/2015 12:15 PM
5	Have it in asheville	8/28/2015 11:34 AM
6	Don't know	8/28/2015 10:37 AM
7	would likely not as my current practice subspecialization takes most of my CME dollars	8/28/2015 10:25 AM
8	just joined	8/27/2015 9:34 PM
9	I will read up on it and decide, but it will like be too expensive for me.	8/27/2015 8:47 PM
10	I am a first year resident so have not had the opportunity	8/27/2015 8:24 PM
11	Make it more over the weekend and less over the week	8/27/2015 7:49 PM

## North Carolina Chapter, American College of Physicians Survey

12	offer one you can watch online	8/27/2015 5:38 PM
13	I just joined ACP so I have not had opportunity to attend one yet.	8/27/2015 5:33 PM
14	I am a Family physician do you have resiprosity with NC AFP	8/11/2015 4:53 PM
15	Plan to attend from 2017	8/9/2015 8:02 PM
16	None	8/9/2015 8:10 AM
17	CME needs to include MOC	8/8/2015 3:11 PM
18	closer to home would help	8/8/2015 8:30 AM
19	Online option	8/8/2015 8:01 AM
20	Support IM by supporting models of increased reimbursement and also supporting the NBPAS	8/8/2015 12:04 AM
21	No comment	8/7/2015 9:32 PM
22	getting input from physicians about topics offered	8/7/2015 9:32 PM
23	Conferences are, for me at least, a very inefficient use of valuable time off	8/7/2015 9:30 PM
24	It would be nice to have a retired physician category - currently I work 5-6 hrs/week, and have to pay full fee for conferences everywhere	8/7/2015 8:58 PM
25	No need to change the venue or format	8/7/2015 8:48 PM
26	broader general medicine topics	8/7/2015 7:39 PM
27	no comment	8/7/2015 7:35 PM
28	NA	8/7/2015 7:04 PM
29	Provide opportunities and/or networking for medical students	8/2/2015 7:44 PM
30	Just had to be made aware of it	8/1/2015 1:20 PM
31	Time of year has conflicts with children activities but that will change in a few more years.	7/30/2015 1:07 PM
32	Location convenient to me in Western NC	7/30/2015 9:11 AM
33	none	7/30/2015 7:16 AM
34	I have to submit time off request far in advance, the agenda is never out early	7/29/2015 9:16 PM
35	sending a flyer or ad or e-mail with the dates and topics	7/29/2015 8:31 PM
36	None of the above.	7/29/2015 7:46 PM
37	Simply receive the information by US Mail about these events	7/29/2015 5:25 PM
38	will attend next one	7/29/2015 5:08 PM
39	better topics and presentation	7/29/2015 4:20 PM
40	Will attend now that I know about it	7/29/2015 4:03 PM

**Q19 Do you recommend that the Annual Scientific Session be expanded to include a day dedicated to Maintenance of Certification (MOC)?**

Answered: 362 Skipped: 50



Answer Choices	Responses	
Yes	70.17%	254
No	29.83%	108
Total		362

## Q20 How can the NC,ACP attract more interest and participation from medical students and residents?

Answered: 248 Skipped: 164

#	Responses	Date
1	Assistance with discussions on running a successful outpatient practice.	9/10/2015 9:10 AM
2	By working to make the practice of IM more desirable as a choice	9/8/2015 10:32 AM
3	don't know	9/7/2015 2:46 PM
4	abstract presentations	9/7/2015 7:36 AM
5	More Newsletters	9/2/2015 7:44 PM
6	I am not certain.	9/1/2015 10:20 PM
7	Unsure	9/1/2015 10:31 AM
8	Providing more information to medical residents and students about ACP	9/1/2015 10:02 AM
9	Better advertisement, outreach to medical students	9/1/2015 9:26 AM
10	resident-specific advocacy days	9/1/2015 7:25 AM
11	most just can't afford to come financially.	8/31/2015 7:23 PM
12	You do a great job with poster sessions and presentations. Tough one.	8/31/2015 9:56 AM
13	Unsure	8/31/2015 8:09 AM
14	free membership	8/30/2015 9:30 PM
15	What NC chapter doing is good inviting residents to present cases during these sessions, need to do more of these	8/30/2015 7:34 PM
16	Free lodging for students	8/30/2015 6:15 PM
17	networking components, travel grants	8/30/2015 2:25 PM
18	first, get them interested in IM	8/30/2015 11:15 AM
19	become relevant	8/30/2015 10:51 AM
20	free of charge	8/29/2015 8:45 PM
21	Not sure	8/29/2015 8:16 PM
22	Create virtual attendance for those who can not attend to the meeting	8/29/2015 3:39 PM
23	Residents need role models of IM physicians who are able to achieve a good work-life balance. I am not one of these!	8/29/2015 12:17 PM
24	Hold events/dinners at local restaurants and bars	8/29/2015 9:47 AM
25	More electronic communication	8/28/2015 8:56 PM
26	More active student and resident NCACP committees, that way improvement ideas come from them directly	8/28/2015 5:49 PM
27	?	8/28/2015 5:29 PM
28	Continue to praise their efforts.	8/28/2015 4:44 PM
29	more resident friendly activities, more opportunities for competitions that are evenly accessible to all NC programs, social events catered to residents and students, provide financial assistance for residents and students to attend conferences and events that they would otherwise be unable to do so	8/28/2015 4:37 PM
30	Reps speaking to residents at grand rounds	8/28/2015 2:11 PM
31	More visibility and presence during program	8/28/2015 12:43 PM
32	not sure	8/28/2015 11:50 AM

## North Carolina Chapter, American College of Physicians Survey

33	Advocate for internists in NC w govt and hospital systems so internists have more autonomy within and value to oraganizatons.	8/28/2015 11:39 AM
34	Support underrepresented minorities	8/28/2015 11:35 AM
35	Offering a summer mentored experience with a general internist that would occur after the MS1 year. Experience would be accompanied by a small stipend to cover living expenses.	8/28/2015 11:05 AM
36	Decrease the stress of work	8/28/2015 10:37 AM
37	Offer incentives, hold events at different times of the year	8/28/2015 10:29 AM
38	I'm not sure. Offering board preparation courses?	8/28/2015 10:26 AM
39	unknown	8/28/2015 10:25 AM
40	More opportunities for research and presentations	8/28/2015 10:04 AM
41	Activities during year	8/28/2015 9:36 AM
42	Waving dues	8/28/2015 9:04 AM
43	focus engagement	8/28/2015 8:52 AM
44	Emails	8/28/2015 8:15 AM
45	Not sure	8/28/2015 7:08 AM
46	Send a wuestionare to all students and residents asking for choices and preferences	8/28/2015 1:52 AM
47	help with facilitating transition of levels of training	8/27/2015 10:57 PM
48	free registration	8/27/2015 10:54 PM
49	Frequent scientific presentation opporunties, twice yearly	8/27/2015 10:43 PM
50	Help internists regain respect and income	8/27/2015 10:40 PM
51	I think what is already being done is sufficient	8/27/2015 10:06 PM
52	Their involvement with poster presentations, Jeopardy etc.	8/27/2015 10:01 PM
53	Give them t-shirts	8/27/2015 9:52 PM
54	Showing what the ACP offers and what benefits are to residents and students	8/27/2015 9:51 PM
55	Continue offering membership for free	8/27/2015 9:34 PM
56	Provide educational resources to students and residents	8/27/2015 9:18 PM
57	Don't see it	8/27/2015 9:07 PM
58	better visibility	8/27/2015 9:07 PM
59	Aim emails specifically at us so that we don't miss information about these opportunities.	8/27/2015 8:47 PM
60	?	8/27/2015 8:38 PM
61	create more spots for residency	8/27/2015 8:25 PM
62	Perhaps provide summer research or internship funding	8/27/2015 8:21 PM
63	Better publicity	8/27/2015 8:20 PM
64	Offer a rotation for a month of advocacy	8/27/2015 8:18 PM
65	dedicated lectures for the students	8/27/2015 7:59 PM
66	reaching out more, more information provided by email or within program	8/27/2015 7:53 PM
67	not sure	8/27/2015 7:50 PM
68	Have more activities that help with the residency process	8/27/2015 7:45 PM
69	Increased awareness	8/27/2015 7:23 PM
70	more medical student oriented activities on campus	8/27/2015 7:19 PM
71	allow residents an evening free from clinical duties so that all may participate. change keynote speaker to resident talks/doctor's dilemma on Friday evening rather than during the day	8/27/2015 7:14 PM

## North Carolina Chapter, American College of Physicians Survey

72	It's successful; keep it going. Get more involvement from Chairs of Medicine at all NC Med Schools	8/27/2015 7:09 PM
73	Insure	8/27/2015 7:06 PM
74	Subsidize hotel accomodation	8/27/2015 6:59 PM
75	No basis for opinion	8/27/2015 6:42 PM
76	Provide more concrete list of benefits that medical students and residents would attain from joining	8/27/2015 6:42 PM
77	Emphasizing registration during medical school orientations	8/27/2015 6:40 PM
78	More advertisement of opportunity	8/27/2015 6:36 PM
79	Relatable information and help with obtaining residencies	8/27/2015 6:32 PM
80	Contact students	8/27/2015 6:30 PM
81	Keep doing what you're doing	8/27/2015 6:28 PM
82	probably volunteering to speak to the residents /med students on their turf, so that they can ask questions freely and link ACP with a face	8/27/2015 6:25 PM
83	I'm not sure if you do this, but offer prizes--things that allow us to add 2 things to our CV in one go (presenting at a conference AND winning an award at the conference) are likely to get us--even waiving registration, conferenes are very exepnsvie for us, and many schools don't support us well enough to fully fund the cost of the ocnference. So, we have to picky about where we aply--both int erms of prestige of the conference and in terms of expense and our output from it. Conferences that offer discounted/free registration, are located in key areas (Miami in winter called to me for a conference), and have the opportunity to win awards.	8/27/2015 6:20 PM
84	Represent the needs of membership	8/27/2015 6:19 PM
85	education is their primary motivation.	8/27/2015 6:16 PM
86	Provide face to face time to give information such as at a lunch	8/27/2015 6:08 PM
87	Personally meeting with residents	8/27/2015 6:07 PM
88	More direct communication with them about the benefits. Perhaps visiting the schools. Long emails are often left unread.	8/27/2015 6:05 PM
89	Lower costs	8/27/2015 6:03 PM
90	Hosting on-campus lunches and socials coordinated with medical school administrations	8/27/2015 6:02 PM
91	medical school visits and events	8/27/2015 6:00 PM
92	more networking opportunities	8/27/2015 5:53 PM
93	We need more ways to connect with teaching hospital physicians	8/27/2015 5:49 PM
94	hold meetings at medical school campuses	8/27/2015 5:47 PM
95	more events	8/27/2015 5:44 PM
96	Resident and career preparation	8/27/2015 5:42 PM
97	Convince Faculty/Attendings to stress the importance	8/27/2015 5:42 PM
98	free meetings	8/27/2015 5:40 PM
99	incentives! Make things they actually have time to do. Very hard to physically be anywhere due to schedule	8/27/2015 5:39 PM
100	More local events based at academic hospitals	8/27/2015 5:35 PM
101	I just joined ACP so I have not had the chance to experience anything to be able to answer this question sufficiently. My apologies.	8/27/2015 5:35 PM
102	More events	8/27/2015 5:34 PM
103	mentoring opportunities	8/27/2015 5:33 PM
104	By sending reps to schools!	8/27/2015 5:32 PM
105	Continue waiving meeting registration fees	8/27/2015 5:30 PM
106	don't know	8/27/2015 5:29 PM
107	sending reps to the schools or advertising through Facebook	8/27/2015 5:27 PM



## North Carolina Chapter, American College of Physicians Survey

108	Freebies and more fun events! Networking opportunities with other medical students in ACP from other medical schools and residents as well.	8/27/2015 5:26 PM
109	leadership opportunities	8/27/2015 5:25 PM
110	Invite high-profile guest speakers	8/27/2015 5:25 PM
111	Offer scholarships (read: fee waivers and paid hotel stay) to a limited number of students at each school. The biggest deterrent to the participation of many students are tight finances.	8/15/2015 12:29 AM
112	discounts, etc	8/13/2015 5:11 PM
113	Free for them	8/13/2015 8:15 AM
114	increased activities	8/11/2015 7:23 PM
115	focus on making practice financially viable for them	8/11/2015 5:28 PM
116	Continue to put out affordable resources that help them pass clerkships. Offer ACP student member selected resident teaching awards.	8/11/2015 10:39 AM
117	Connecting current students and residents with internists throughout the state to discuss practice, work/life balance, etc.	8/11/2015 8:17 AM
118	advocacy to make primary care more attractive	8/11/2015 6:04 AM
119	this is a tough sell! I have no idea	8/10/2015 7:56 PM
120	more on how to approach job entry - negotiation, contract review, advancement, and other benefits	8/10/2015 11:16 AM
121	Discounts	8/10/2015 9:39 AM
122	social activities	8/9/2015 11:03 PM
123	continue the support and make it well rounded	8/9/2015 9:29 PM
124	Uncertain	8/9/2015 8:19 PM
125	Offset their cost for registration. Travel awards etc.	8/9/2015 7:58 PM
126	Not sure	8/9/2015 6:58 PM
127	become proactive	8/9/2015 6:57 PM
128	campus events, travel grants	8/9/2015 5:59 PM
129	this is good	8/9/2015 5:37 PM
130	demonstrating that its in their best interest to be involved early in their careers in a professional society	8/9/2015 4:26 PM
131	highlight journal articles relevance to residency	8/9/2015 1:55 PM
132	pair them with mentors in real life practices	8/9/2015 11:31 AM
133	Offer additional incentives for attending, lectures/information that is more pertinent to students/residents vs those established in practice	8/9/2015 10:31 AM
134	make the membership free	8/9/2015 9:51 AM
135	Unsure	8/9/2015 8:37 AM
136	More advertising	8/9/2015 8:24 AM
137	Focus on Doctor-patient issues, not politically correct issues like "Homosexual health care"	8/9/2015 7:52 AM
138	Offer sessions to students and residents which they find interesting and helpful. This information can be obtained from a survey.	8/9/2015 4:17 AM
139	awards	8/9/2015 3:33 AM
140	Increase incentives for internal med / primary care.	8/8/2015 10:39 PM
141	Poster presentations are great. Do we give free subscription to the Annals of Internal Medicine to students and residents?	8/8/2015 8:25 PM
142	visit classes. Shadowing opportunities	8/8/2015 5:55 PM
143	professorial lobbying-they will follow the good teacher	8/8/2015 3:17 PM

## North Carolina Chapter, American College of Physicians Survey

144	Need to engage accademic leaders	8/8/2015 3:12 PM
145	Rotate the annual meeting location from one medical school campus to the next	8/8/2015 2:47 PM
146	more awareness of opportunities for trainees	8/8/2015 12:46 PM
147	We need to compensate internists, in particular primary care internists, better. That is the only way to attract and sustain more interest.	8/8/2015 12:25 PM
148	involve the seniors residents (free of charge)	8/8/2015 11:56 AM
149	demonstrate the value of advocacy; practice support including contracting skills; job fair activities; research support on a limited basis	8/8/2015 11:32 AM
150	onsite activities at IM program sites MD/DO	8/8/2015 10:42 AM
151	More resident specific information	8/8/2015 10:26 AM
152	Yes	8/8/2015 9:58 AM
153	make sure they understand you can have a strong advocacy role	8/8/2015 9:53 AM
154	Worry less about attraction and more about quality of IM residents they are simply not ready to independently care for patients	8/8/2015 9:36 AM
155	more discussion of physician morale issues	8/8/2015 8:55 AM
156	Record so can be shown at grand rounds	8/8/2015 7:42 AM
157	Procedures courses	8/8/2015 7:40 AM
158	Have sessions geared only for medical students	8/8/2015 7:22 AM
159	Job/networking opportunities	8/8/2015 6:56 AM
160	Engaging them more, supporting through process	8/8/2015 6:41 AM
161	Waive membership fees	8/8/2015 5:35 AM
162	Directly partnering with the residency program directors and convincing them to provide dedicated time	8/8/2015 3:23 AM
163	One on one mentoring	8/7/2015 11:27 PM
164	Career counseling	8/7/2015 10:21 PM
165	more outreach to medical schools to show the desirabilityand sustainability of working in general internal medicine	8/7/2015 9:54 PM
166	Doing fine through IM residency programs but better promotion to medical students.	8/7/2015 9:50 PM
167	literally go to the training centers and give talks once to twice per year	8/7/2015 9:47 PM
168	Devote effort to explain how the ACP supports and advocates for students and trainees	8/7/2015 9:34 PM
169	All the above is good. But to my medical students Internist appear to be overworked, under appreciated and underpaid.	8/7/2015 9:34 PM
170	not sure	8/7/2015 9:33 PM
171	perhaps work on getting med students or residents to spend more time with community internists	8/7/2015 9:31 PM
172	Waiving fee, opportunity for research. Maybe a hotel to stay.	8/7/2015 9:28 PM
173	on site visibility and community resident collaboration	8/7/2015 9:28 PM
174	Visit the medical schools and give talks to medical students and residents regarding information about NC, ACP	8/7/2015 9:22 PM
175	More opportunities for interaction and waiving meeting registration	8/7/2015 9:20 PM
176	Scholarship/research funding	8/7/2015 9:19 PM
177	Cash prizes?	8/7/2015 9:17 PM
178	not sure	8/7/2015 9:14 PM
179	Offer med student rotations observing both hospitalist and ambulatory care; mentor residents; offer PG3 rotations which may function as "trial placements" if you are recruiting for your practice ...	8/7/2015 9:03 PM
180	I'm not sure	8/7/2015 8:53 PM

## North Carolina Chapter, American College of Physicians Survey

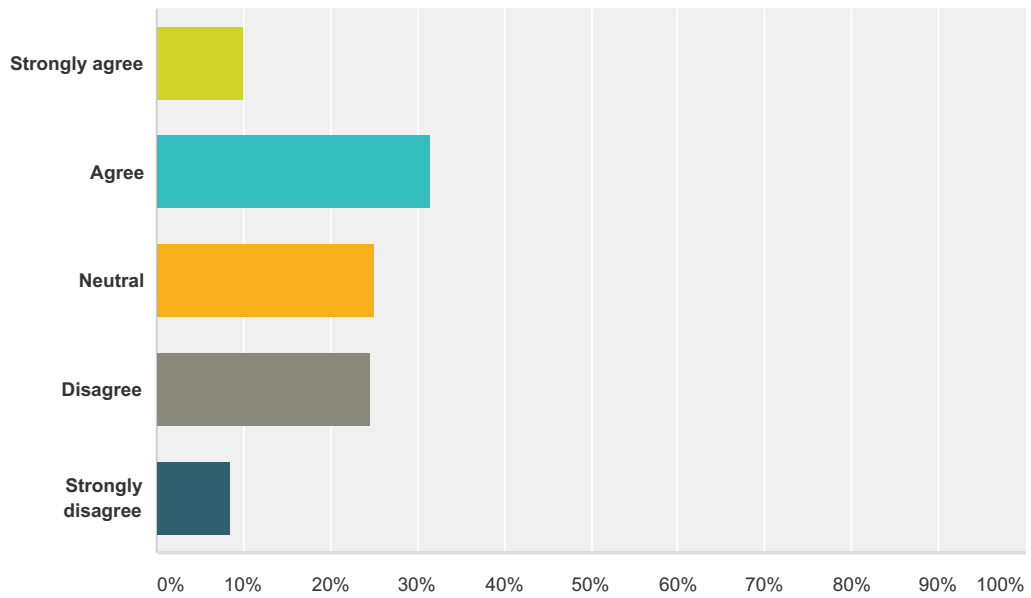
181	Mentor them to create a presentation	8/7/2015 8:52 PM
182	Make active affiliate program	8/7/2015 8:50 PM
183	By making IM more highly paid w a better lifestyle	8/7/2015 8:48 PM
184	Offering discount to meeting	8/7/2015 8:36 PM
185	Adequate interest already	8/7/2015 8:33 PM
186	Mentors from subspecialists and mentors who do research	8/7/2015 8:31 PM
187	attract professors or educators at universities to talk about current issues with medical students and rep ACP at same time	8/7/2015 8:30 PM
188	Allow quality academic learning situations by video online of the meeting for respective levels of training to assist learning of internal medicine for each step of the way.	8/7/2015 8:21 PM
189	Encourage their teaching attendings & program directors to advocate	8/7/2015 7:59 PM
190	Sponsoring medical students and residents to annual meetings	8/7/2015 7:57 PM
191	free membership, reduced/waived fees to conferences, access to journals	8/7/2015 7:55 PM
192	Remove fees	8/7/2015 7:46 PM
193	Find ways to increase salaries	8/7/2015 7:45 PM
194	More advertising	8/7/2015 7:44 PM
195	show how internists are meeting the needs of their patients	8/7/2015 7:40 PM
196	Free stuff!	8/7/2015 7:39 PM
197	Discuss practical issues like finding a job, financial planning, malpractice concerns, coding	8/7/2015 7:36 PM
198	Creating free market for doctors to practice in	8/7/2015 7:29 PM
199	Role Modeling	8/7/2015 7:27 PM
200	Have learning modules and workshops	8/7/2015 7:27 PM
201	Board exam practice sessions	8/7/2015 7:26 PM
202	Offer career guidance	8/7/2015 7:24 PM
203	Skills labs and providing connection with physicians.	8/7/2015 7:17 PM
204	Na	8/7/2015 7:17 PM
205	Continue to promote the importance of internal medicine, especially primary care	8/7/2015 7:16 PM
206	advocacy	8/7/2015 7:15 PM
207	Twitter , Instagram	8/7/2015 7:12 PM
208	site visit w/ NC ACP reps	8/7/2015 7:12 PM
209	Only if md mentors advocate to students and residents which this doctor can not in good faith do	8/7/2015 7:10 PM
210	get the information out there and provide meetings with skills session	8/7/2015 7:09 PM
211	Increased visibility at med Sch and residency level	8/7/2015 7:08 PM
212	mentorship programs	8/7/2015 7:06 PM
213	Not sure	8/7/2015 7:05 PM
214	NA--that all sounds like what I would look for in an organization	8/7/2015 7:05 PM
215	Increasing activity and visibility at medical schools	8/7/2015 6:59 PM
216	waiving fees, providing scholarships to travel to conferences, increase prizes for competitions	8/3/2015 8:18 AM
217	Get more involved in the state's medical schools! I was president of our IM interest group and felt like any garnering of interest in ACP was solely my duty. Felt (and still feel) very distant from the organization despite knowing how valuable it is, and will be in my career.	8/2/2015 7:44 PM
218	I have no answer for this question	8/1/2015 1:21 PM

## North Carolina Chapter, American College of Physicians Survey

219	More on Campus Activities for Students & Residents	7/31/2015 5:59 PM
220	Marketing IM and the ACP specifically toward the interest of studnets and residents, remembering their needs are not the same. NC, ACP and national ACP need to remain relevant and add value. the hardest part is showing medical students why they should not go into a more highly paid specialty. Why is going into IM worth it instead of going into a more highly paid field?	7/31/2015 2:40 PM
221	more advertisement	7/31/2015 1:47 PM
222	Continue what is being done, and make sure students and residents are aware of opportunities	7/30/2015 10:48 PM
223	Social events	7/30/2015 2:10 PM
224	not sure	7/30/2015 9:21 AM
225	Advertise ACP @med schools and residency sites, with live representatives of ACP	7/30/2015 9:13 AM
226	support private practice	7/30/2015 7:16 AM
227	More effective advertising.	7/30/2015 6:49 AM
228	DROP! Dr's Dilemma (non-educational & elitist), and support more targeted education. Consider efforts to pair non-campus practitioners with trainees.	7/30/2015 6:04 AM
229	Publishing abstracts online. Providing more awards.	7/30/2015 4:36 AM
230	God only knows	7/29/2015 10:41 PM
231	More active promotion of the specialty of Internal Medicine at the med school level--highlighting it's advantages over family practice for doctors who mainly want to take care of adults, and the flexibility of being able to branch into various subspecialties?	7/29/2015 10:34 PM
232	More educational resources	7/29/2015 9:25 PM
233	Offer board review resources & mentorship programs	7/29/2015 8:43 PM
234	Offering mentoring to promote private practice as a viable and desirable way of practice.	7/29/2015 7:47 PM
235	As a student, these are the things that first attracted my attention. Keep these.	7/29/2015 6:34 PM
236	Not sure	7/29/2015 5:34 PM
237	Waive and cover registration, travel, lodging, and meal fees.	7/29/2015 5:23 PM
238	Creating more awareness about the activities of NC, ACP	7/29/2015 5:10 PM
239	Cheaper more opportunity	7/29/2015 4:58 PM
240	Work with residency programs to protect time for residents to attend and participate	7/29/2015 4:37 PM
241	convince them that legislative reform actually can happen as the lawyers and trial attorneys seem to win 90% of the battles over phsyicians	7/29/2015 4:36 PM
242	Financial support residency programs	7/29/2015 4:30 PM
243	Offer more incentives-t-shirts, resident-only activities, benefits	7/29/2015 4:11 PM
244	Wave my fees	7/29/2015 4:08 PM
245	UNABLE TO ASSESS	7/29/2015 4:06 PM
246	Have them participate in real life physician practices.	7/29/2015 4:06 PM
247	Poster sessions and potential networking events would be helpful	7/29/2015 4:03 PM
248	Does it well already	7/29/2015 3:47 PM

## Q21 My work schedule leaves me enough time for my personal and/or family life.

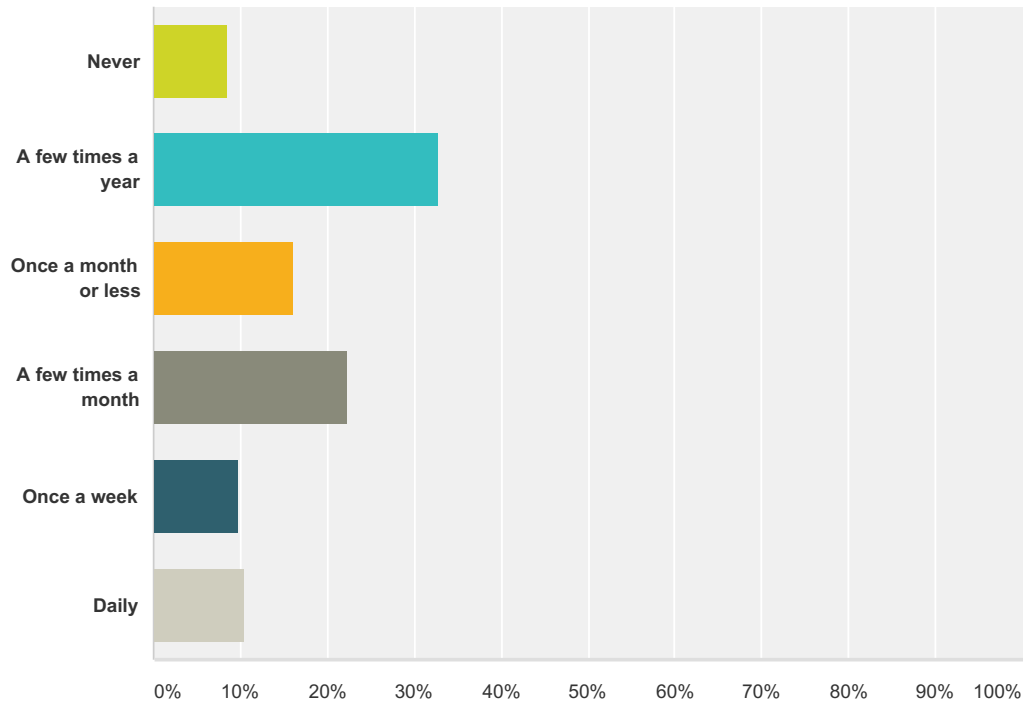
Answered: 370 Skipped: 42



Answer Choices	Responses
Strongly agree	10.00% 37
Agree	31.62% 117
Neutral	25.14% 93
Disagree	24.59% 91
Strongly disagree	8.65% 32
<b>Total</b>	<b>370</b>

## Q22 I feel burned out from my work:

Answered: 366 Skipped: 46



Answer Choices	Responses
Never	8.47% 31
A few times a year	32.79% 120
Once a month or less	16.12% 59
A few times a month	22.40% 82
Once a week	9.84% 36
Daily	10.38% 38
<b>Total</b>	<b>366</b>

## Q23 How can ACP promote physician wellness and enjoyment in practice?

Answered: 154 Skipped: 258

#	Responses	Date
1	Not sure	9/10/2015 9:11 AM
2	Provide easy access to resources	9/2/2015 7:45 PM
3	Unfortunately I and my fellow colleagues realize the clout / influence and monopolistic tendencies of the Insurance Company's have radically altered the delivery of high quality medicine to our patients. The impediments we deal with on a day to day basis to be the best advocate for our patients is significant. It is only with a strong advocacy of the ACP that we might eventually influence changes that improve the health and well being of our colleagues so that we can be there for our patients.	9/1/2015 10:25 PM
4	Lobby to get rid of additional admin burden such as MU. ICD-10, help us meet our overhead, equal pay from BC BS For HOSP employed physicians as well as single outside providers, rural and urban, yearly updates in reimbursements, just like BC increased their premium>35% this year because "they can", and refused to increase my reimb for the last 15 yrs, and pay me less than they pay HOSP physicians because "they can".	9/1/2015 10:37 AM
5	Education on signs of burnout and what to do. Data might appeal to us?	8/31/2015 9:57 AM
6	Unsure	8/31/2015 8:11 AM
7	Not sure when you are working for federal Gov	8/30/2015 7:35 PM
8	Better legislation	8/30/2015 6:16 PM
9	i think most physicians feel embarassed to discuss their mental health or pursue counseling. consider physician mental health initiatives to improve our exposure to counselors	8/30/2015 2:26 PM
10	We have totally lost control of every aspect of our daily work lives. The only way I can see for physicians to regain that control is to get back to the drawing board and amputate payors from primary care. Explore direct care models in which payment is made directly to physicians by employers and government entities (including Medicaid), without the massive bureaucracy. Smaller concessions might include getting the feds off our backs with regard to use of the electronic medical record: MAs/scribes to open templates in the EHR. This takes 45 minutes out of my day. This flows from federal requirements about documentation and who can enter what into the medical record. Things were bad with tech inefficiencies before all the requirements, with companies putting reporting to payors before making EHRs useable for physicians. Smaller concessions miss the mark, because they don't address the central issue, which is generating reams of meaningless information to satisfy payors, and sacrificing the patient in the process.	8/30/2015 11:30 AM
11	Protest on Physician abuse, outrageous taxes and use of Hospitalist as Independent Contractors even when they qualify for employee position.	8/28/2015 6:49 PM
12	Helping physicians learn motivational skills, how to facilitate change, how to be part of a solution vs. focusing on our frustrations.	8/28/2015 5:54 PM
13	Wellness seminars; culture change	8/28/2015 5:29 PM
14	Promoting work/life balance activities.	8/28/2015 4:45 PM
15	Concrete tips about how to handle difficult patients and manage your own reactions	8/28/2015 2:12 PM
16	not sure, there are differences across the state	8/28/2015 11:51 AM
17	Encourage physicians to organize to advocate for themselves and their essential role within healthcare organizations.	8/28/2015 11:41 AM
18	Advancing system and technological initiatives that save physicians' time and improve the quality of care delivered.	8/28/2015 11:05 AM
19	Don't make so hard the documentation . Less time with patient and now is just computer what matters	8/28/2015 10:38 AM
20	I'm not sure	8/28/2015 10:27 AM
21	thats the 60k question. I think expecting less from work economically and learning how to say no is the best advice I can give to young residents.	8/28/2015 10:26 AM
22	Continue fellowship	8/28/2015 9:37 AM
23	It is all about the money and autonomy	8/28/2015 9:31 AM

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24	Health club memberships	8/28/2015 8:15 AM
25	Teach self help methods including CBT. It helps depression and anxiety.	8/28/2015 7:11 AM
26	education on burnout treatment	8/28/2015 4:10 AM
27	Social get together with come and dinner with industry sponsored	8/28/2015 1:54 AM
28	unclear	8/27/2015 11:02 PM
29	wellness retreats	8/27/2015 10:54 PM
30	Physical wellness activities at conferences. Better reimbursement	8/27/2015 10:41 PM
31	Relaxation techniques or sounds in CD/DVD	8/27/2015 10:02 PM
32	Promoting a better work life/balance; putting residents and students in touch with physicians who feel they have a good work life balance	8/27/2015 9:52 PM
33	By helping with the burden of regulation and documentation	8/27/2015 9:46 PM
34	Don't know	8/27/2015 9:08 PM
35	by helping decrease burden of MOC	8/27/2015 8:42 PM
36	supporting part time schedules, women in medicine, flexibility	8/27/2015 8:38 PM
37	Continue to advocate for Internists, who are undervalued and abused by the present healthcare system.	8/27/2015 8:23 PM
38	Sharing articles and local opportunities for wellness practice in regular newsletter	8/27/2015 8:21 PM
39	Tips for easy lifestyle adjustments	8/27/2015 8:21 PM
40	Continue to advocate for internists and look for innovative practice models that prevents internists from getting crushed by the system	8/27/2015 8:19 PM
41	Encourage a supportive environment	8/27/2015 8:00 PM
42	mental health support, more awareness	8/27/2015 7:53 PM
43	Lobby to increase reimbursement rates so we don't have to see so many people in a day to stay afloat	8/27/2015 7:51 PM
44	Advocate more strongly for reduced paperwork and documentation required ONLY for insurance or government use. Physicians should only document those things pertinent for MEDICAL communication to medical team members and colleagues. Patients are now reduced to lists and checkboxes to satisfy financial and coding considerations and most physicians can no longer put together the story of the patient. So very bad for the patient, so very good for insurance companies and the government.	8/27/2015 7:39 PM
45	not sure	8/27/2015 7:14 PM
46	No idea	8/27/2015 7:10 PM
47	Decrease regulatory burden on physicians.	8/27/2015 7:07 PM
48	Make MOC appropriate to practice and less onerous	8/27/2015 6:47 PM
49	Offer focus groups that allow physicians to openly express dissatisfaction - this is key to moving toward satisfaction. Otherwise, when problems are shoved under the rug, they are allowed to build up.	8/27/2015 6:43 PM
50	Teach about good ways to balance	8/27/2015 6:37 PM
51	Advocate for more experience with mid-level providers for residents...which will hopefully lead to more reasonable hours	8/27/2015 6:29 PM
52	Advocate for removing regulations that force physicians to perform non-value added work	8/27/2015 6:09 PM
53	Not sure	8/27/2015 6:08 PM
54	Reduce burden of paperwork and recertification/MOC.	8/27/2015 6:04 PM
55	don't ask so many questions	8/27/2015 5:48 PM
56	Personal health awareness.	8/27/2015 5:43 PM
57	more in-depth assessment of barriers to balance	8/27/2015 5:34 PM
58	don't know	8/27/2015 5:30 PM



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59	let doctors be doctors and get rid of the non-medical boards of business people telling doctors how to run their practice. Autonomy matters.	8/27/2015 5:26 PM
60	Provide incentives for gyms or wellness centers.	8/27/2015 5:26 PM
61	Create an anonymous hotline for physicians to call and vent their frustrations, as well as get recommendations for coping.	8/15/2015 12:31 AM
62	Offer psychology service	8/13/2015 8:16 AM
63	Increased work/life balance	8/11/2015 7:24 PM
64	Keep options open	8/11/2015 4:57 PM
65	Continue to advocate to minimize bureaucratic intrusions into the practice of medicine.	8/11/2015 8:18 AM
66	continue to promote value of primary care to public and advocate for different practice models	8/11/2015 6:06 AM
67	Online, top quality videos/live chat for work/family/self balance	8/10/2015 7:58 PM
68	Tough, it is the time commitment w/ stress. Time Commitment is both when on and off work. It threatens to make an individual mono-focal and all consumed in medicine	8/9/2015 9:35 PM
69	Uncertain	8/9/2015 8:20 PM
70	Bring the practice of medicine back into the domain of treating physicians. We have royally failed to maintain control and now are the victim of rules/regulations of non-clinicians who do not otherwise understand (or care) about the best interests of our patients or physicians.	8/9/2015 8:00 PM
71	adjusting MOC, board scheduling, etc	8/9/2015 5:59 PM
72	advocate with insurance companies/CMS to reduce paperwork burden so we can focus on patient care. That makes our work FUN.	8/9/2015 11:33 AM
73	make the conference family friendly, help demystify the MOC (or help get rid of it)	8/9/2015 9:52 AM
74	Introduce topics in publications that MD's can personally relate to, ie stressors and coping, adapting, or changing	8/9/2015 7:54 AM
75	Encourage physicians and residents to take vacation time so they can recharge before they are burnt out.	8/9/2015 4:18 AM
76	Advocate for removal of administrative requirements/paperwork/quality data mining	8/8/2015 10:41 PM
77	Support non medical travel and vacation trips for MDs and spouses.	8/8/2015 8:26 PM
78	better interface for EMR-- Don't allow discount bad product, make the basic product great.	8/8/2015 5:56 PM
79	I am not sure that ACP can do anything as so much of that is the inner person, Perhaps a best practices session at every Annual Meeting thereby giving importance and a few tricks to address the issue. Working part time rejuvenated me and elevated my pride in being an Internist, but I am semi-retired,	8/8/2015 3:24 PM
80	Stop the rampant lobbying of the IT INDUSTRY TO EXTRACT more money patient care by doing/ funding outcome studies of government/ IT INDUSTRY medical initiatives	8/8/2015 3:15 PM
81	Help reduce forms, prior authorizations, documentation requirements	8/8/2015 2:48 PM
82	We need to promote reform of the pharmaceutical and insurance industries. They are controlling how we practice medicine and have massively amplified the proportion of time we spend performing administrative work compared with direct patient care and education. A single payer not- for -profit system would eliminate these industry giants who now control us and have taken us away from patient care. Let's join PNHP and join the rest of the civilized world, single payer system!!	8/8/2015 12:30 PM
83	different practice styles that are give satisfaction to physicians. Office flow... not really sure	8/8/2015 11:58 AM
84	time management; education on managing the non-clinical chores of practice; support non-medical activities - doctors who do art, music, etc with a forum to be in contact with others who do the same.	8/8/2015 11:34 AM
85	preserve the previous status as physician healer as opposed to productivity based practices, it is out of control, FYI:approach office based internists as well not institutional lofty docs	8/8/2015 10:45 AM
86	By advocating pay grade raises for the amount of work we do, so all of us can work reduced number of hours without getting financially hurt	8/8/2015 9:59 AM
87	improve physician reimbursement by time rather than code/diagnosis	8/8/2015 9:55 AM

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88	Shielding MDS from the incessant and often unwarranted intrusions into the practice of medicine. Excessive time demands to process compliance and billing issues leaves little time to manage and advocate for pts.that I believe is a major stressor for practicing doctors	8/8/2015 9:41 AM
89	discussion	8/8/2015 8:56 AM
90	Advocate for reduced prior auth forms and processes and improved communication across health care systems	8/8/2015 7:44 AM
91	Get rid of all the EMRs,useless paperwork	8/8/2015 6:59 AM
92	Help with work flow ideas to improve efficiency. Make it more convenient to get interesting cme	8/8/2015 6:57 AM
93	Reimbursement does not match time/effort/struggles. Our colleagues in other healthcare related fields-pharmaceuticals, electronics for healthcare all fare much better.	8/8/2015 6:38 AM
94	Free up physician time and increased reimbursement Support NBPAS certification These are the two greatest issues the ACP can take on and all else will fall into place.	8/8/2015 12:09 AM
95	Provide networking opportunities for members	8/7/2015 11:28 PM
96	Try to minimize regulation and administrative burdens	8/7/2015 10:40 PM
97	I don't know. I wish that I did	8/7/2015 10:15 PM
98	Need to advocate for limiting non-physician work to the non-physicians; the burden of documentation - both directly related to patient care (i.e. durable medical equipment orders) and related to mandates (meaningful use, PQRS, etc) takes up more and more time	8/7/2015 9:56 PM
99	Have appropriate members blog about the joys of practice and prescriptions for their own wellness.	8/7/2015 9:52 PM
100	I think it starts with physician empowerment in the work place.	8/7/2015 9:48 PM
101	Provide programs to help physicians navigate the demands of patient care while dealing with the ever-changing current reimbursement environment.	8/7/2015 9:37 PM
102	Advocate for us at the State and Federal level. Decrease the burden of MOC etc.	8/7/2015 9:36 PM
103	work on fixing these horrible emrs, and working on improving meaningless use measures, or the whole concept of equating orchestrated clicks with quality	8/7/2015 9:34 PM
104	exercise groups, wellness support lines	8/7/2015 9:29 PM
105	Encourage time for physical fitness, can be will on service but facilities are needed. Also promote better dining options for residents/fellows consisting of healthy options at a reasonable cost.	8/7/2015 9:20 PM
106	Help reduce unnecessary paperwork burdens imposed by regulators/insurers	8/7/2015 9:15 PM
107	If I was still working anything near a full schedule, I would strongly disagree with the first statement; for the second my answer would be "a few times a month" with the chief reason being the ratio of charting time to seeing patients being way too high.	8/7/2015 9:05 PM
108	Make a come on Wellness program	8/7/2015 8:52 PM
109	Model it	8/7/2015 8:52 PM
110	I recently started working part time n I love it! Gave up hospital, nursing home n house calls. If there were a way to do it "all", I'd love it. But time is a problem.	8/7/2015 8:50 PM
111	Resilience training	8/7/2015 8:37 PM
112	It is all about 1) money and 2) autonomy	8/7/2015 8:27 PM
113	Better payment modules for doctors	8/7/2015 7:58 PM
114	Conferences	8/7/2015 7:47 PM
115	Increase reimbursement so mds see less pts	8/7/2015 7:46 PM
116	Highlight various wellness activities	8/7/2015 7:46 PM
117	Acknowledging potential dissatisfactions and discussing them with all. Help physicians to understand when they are burned out or not enjoying their work, as some few may not know they are burnt out. Discuss the potential for developing depression and how to deal with it.	8/7/2015 7:41 PM
118	set guidelines for recommended time away from work	8/7/2015 7:41 PM
119	Mindfulness seminars	8/7/2015 7:37 PM

## North Carolina Chapter, American College of Physicians Survey

120	Change focus from government run medicine and put doctor & patient back in charge of their care . Promoting getting compensated by the patient at a level that is compensatory for the work done.The satisfaction rate of both parties will radically increase.	8/7/2015 7:34 PM
121	Advocacy	8/7/2015 7:28 PM
122	Promote mediattion	8/7/2015 7:27 PM
123	Promoting how to manage stress in life	8/7/2015 7:25 PM
124	Lifestyle and exercise tips.	8/7/2015 7:22 PM
125	Continue to work for pay for performance. We need to move away from quality care to quality care. Patients and physicians alike will both enjoy this more. More time to see patients, less stressful, and patients get more time to talk with their doctors.	8/7/2015 7:18 PM
126	No idea.	8/7/2015 7:17 PM
127	i don't think it can. That's up to th individual Keep all of the unfunded mandates off our backs and we will have more meaningful tim.	8/7/2015 7:15 PM
128	Nutrition advice	8/7/2015 7:13 PM
129	Too late. Acp should have been more involved years ago to prevent the loss of much of the "power" of physicians. Now we are all just lab rats on the wheel if big companies and hospitals	8/7/2015 7:12 PM
130	Not sure	8/7/2015 7:05 PM
131	Encourage changes at the level of medical school curriculum to promote wellness and self-maintenance, as well as openness about burnout and mental health challenges faced by providers and options for treatment.	8/7/2015 7:00 PM
132	possible membership to local gym's discounted	8/3/2015 8:20 AM
133	Promote primary care reimbursement. If we find we constantly have to increase our volume to preserve our incomes the quality of medicine that we deliver and our satisfaction in it become compromised	8/1/2015 1:24 PM
134	Help with Hassle factors of Practice	7/31/2015 6:00 PM
135	Keep us from being required to work increasing hours for less salary while also adding administrative burdens that frequently change their rules.	7/31/2015 2:42 PM
136	Not sure how ACP can help encourage our employers to offer less hours, or decrease demands on our time from insurance companies and government for those self employed, etc.	7/30/2015 10:53 PM
137	I'm retired but recall feeling over worked and burned out, with little energy left, for my personal and/or family life.	7/30/2015 9:15 AM
138	less regulation and compliance with meaningless issues	7/30/2015 7:17 AM
139	Encourage volunteerism, shared joy of clinical achievement, less financial-motivated scrounging	7/30/2015 6:05 AM
140	The above answers relate to my last years of practice. We need to find a way to get back to the satisfying work of taking care of patients without the artificial constraints and excess work imposed by electronic records and associated demands and regulations. I have nothing against storing and sharing objective information about patients electronically (esp lab, radiology, pathology, op notes), but we should not insist on computerizing, robotizing and otherwise depersonalizing the most subjective and personal aspect of patient care: the interaction between the doctor and patient.	7/29/2015 10:44 PM
141	Making pay more even with other m.d.s	7/29/2015 10:43 PM
142	Maybe some good info on being more efficient, be our advocate in the onerous MOC process. It is too much	7/29/2015 9:18 PM
143	Find a way to help charting be more efficient; also less QI projects that add to the time burden of work that is already increasing due to EMR	7/29/2015 8:33 PM
144	Offer weekend retreats with workshops on achieving work/life balance; take a strong stance against increasing physician workload with MOC; take a strong stance against increased workload from impractical EMR requirements.	7/29/2015 7:49 PM
145	I wish I had a good answer for this. But the networking and culture building that occurs at the annual meeting help to keep physicians connected and engaged.	7/29/2015 6:35 PM
146	do not know	7/29/2015 5:40 PM
147	Lobby for better reimbursement rates so we don't have to burn the midnight oil to see enough patients to be financially sound	7/29/2015 5:35 PM

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148	Preserve physician reimbursement so that we don't have to work harder just to maintain current salary levels. Improve time-consuming obstacles like meaningful use, ICD-10 implementation, and EMR mandates	7/29/2015 5:25 PM
149	Creating more extra curricular activities	7/29/2015 5:10 PM
150	Free massages and gym memberships, spa memberships	7/29/2015 4:58 PM
151	encourage physicians to choose God then family over career	7/29/2015 4:37 PM
152	GETTING GOVERNMENT AND INSURANCE COMPANIES OUT OF PHYSICIAN PRACTICE	7/29/2015 4:07 PM
153	It can provide ways for physicians to deal with stresses in the practice.	7/29/2015 4:03 PM
154	Not sure	7/29/2015 3:47 PM

## Q24 Please share any observations or suggestions that you may wish to offer.

Answered: 76 Skipped: 336

#	Responses	Date
1	Better representation in the NorthEast Region	9/2/2015 7:45 PM
2	There are many issues affecting our ability to practice medicine. All of us are aware of the need to evolve to meet the needs of our patients. However, the proposed payment models in addition to the implementation of ICD-10 in addition to meeting the standards for PCMH and CCM are overwhelming. One of my partners put it appropriately: " THE PRACTICE OF MEDICINE IS DIFFICULT ENOUGH WITHOUT HAVING TO CONSTANTLY WORRY ABOUT NEW PAYMENT MODELS, REIMBURSEMENT ISSUES AND HAVING TO DEAL WITH RECERTIFICATION" Lastly, I would like to know if recertification has been shown to make a difference in the practice of medicine. If I practiced medicine based on the best evidence available when I was in residency 20 yrs ago, I would be providing substandard care. If fact, the evolution of practice is expected. Many of the modes of treatment have changed dramatically and other treatments such	9/1/2015 10:40 PM
3	Not enough relief for single providers	9/1/2015 10:37 AM
4	Hope to make it to this year's meeting.	8/31/2015 9:57 AM
5	I work harder and make less money than I did 15 years ago. Everything changed when I became a "provider". I miss being a doctor.	8/31/2015 8:16 AM
6	I am retired now General medicine promotion over family medicine needed	8/30/2015 9:23 PM
7	I like to be ACP fellow ,I enjoy meetings and MOC sessions I like to continue to be member of ACP organization	8/30/2015 7:36 PM
8	I think I have said enough.	8/30/2015 11:31 AM
9	Might be good to do more local events during the year not just the annual session	8/28/2015 5:30 PM
10	please continue to advocate fairly for resident education and goals	8/28/2015 4:38 PM
11	Work for the MD .	8/28/2015 10:39 AM
12	n/a	8/28/2015 10:28 AM
13	Physician unions are an upcoming necessity!	8/28/2015 9:31 AM
14	None	8/28/2015 8:16 AM
15	I moved from another state and was overwhelmed by the NC annual meeting. Everyone welcomed me and my non physician husband. The atmosphere at the meetings in general is very positive, inclusive, and warm. I have a great time and learn. Keep the great karma of the meeting!!	8/28/2015 7:16 AM
16	Sorry my full name Is Tom Lycan	8/28/2015 7:08 AM
17	None	8/28/2015 1:54 AM
18	none	8/27/2015 11:02 PM
19	I appreciate the acp	8/27/2015 8:38 PM
20	More advice for medical students in studying for boards and applying to residency	8/27/2015 8:22 PM
21	I value this organization. Continue to help us grow.	8/27/2015 8:00 PM
22	as mentioned previously: i would love to see residents give their talks on the friday night of the scientific session. they should be given an opportunity free of clinical duties so that they may participate. they can then socialize after the dinner and participate the following day if possible. having the resident and student posters be blinded from the institution would help eliminate unnecessary bias...	8/27/2015 7:17 PM
23	Nothing additional	8/27/2015 7:10 PM
24	None	8/27/2015 6:37 PM

## North Carolina Chapter, American College of Physicians Survey

25	end the corruption of ACP, ABIM with financial interests. Your job is not to make money and pay the officers high incomes. Maybe remove all income/salary from these positions. That way those who believe in the cause will want to do them, and they will be less likely to become corrupted by money.	8/27/2015 6:18 PM
26	N/a	8/27/2015 6:10 PM
27	I would like to see the ACP have a dialog with alternatives to the ABIM certification process.	8/27/2015 6:05 PM
28	it would be great to have 10 patients daily so I could spend 1 hour with each & explain why not to do testing and why not to take certain medications and how to live a healthy life	8/27/2015 5:49 PM
29	None	8/27/2015 5:43 PM
30	I am a medical student so a lot of my responses were useless and didn't apply, i hope they don't affect your data analysis too much.	8/27/2015 5:27 PM
31	I would like to attend internal medicine meetings but I am not a wealthy doc and cannot belong to many organizations. I will consider ACP however as this questionnaire is good.	8/11/2015 4:59 PM
32	Thanks for all of your work.	8/11/2015 8:19 AM
33	Nothing further	8/10/2015 7:58 PM
34	The cost of most things offered is too expensive. I have a huge student loan debt and work in an academic setting. The combination of lower pay and student loan repayment makes attending anything prohibitive.	8/10/2015 11:19 AM
35	End MOC. Seriously.	8/9/2015 6:00 PM
36	Thanks for the opportunity	8/9/2015 8:38 AM
37	Don't try to be politically correct. Adapting positions that are popular but morally and ethically controversial is not what the ACP is about. It is Physician centered, professionally focused.	8/9/2015 7:56 AM
38	Great organization, but it can always be better.	8/8/2015 8:27 PM
39	many EMR's and medical Dragon are way overpriced. Lobby for elimination of price fixing	8/8/2015 5:57 PM
40	The ACP is Important and that should never be forgotten!!! Any ideas I have are in the survey	8/8/2015 3:26 PM
41	More MOC FROM ACP less IT BY PROPERLY FUNDED PROPERLY DONE STUDIES.	8/8/2015 3:16 PM
42	Anything to reduce time documenting and filling forms so I can spend more time with patients	8/8/2015 3:05 PM
43	keep up the good work!!!	8/8/2015 11:35 AM
44	see last comment!	8/8/2015 10:45 AM
45	-	8/8/2015 10:38 AM
46	I have been disappointed in ACP's advocacy role in the past. Usually the organization would write a letter to congress about concerns--writing letters doesn't have much impact, action needs to be taken to protect the profession and keep it from the business model that is becoming so harmful. Medicine is not and can not be run just like a business. People don't chose illness or the timing of sickness in their lives	8/8/2015 9:57 AM
47	It would valuable if more training in hospital or office based procedures can be offered. As you well know , other CME activities can be done by looking at videos or reading .	8/8/2015 7:43 AM
48	One of our greatest limitations has been the income discrepancy between PCPs and Specialists which has lead to more PCPs leaving private practice. Part of the dilemma is that the NC ACP shares the same Executive Director as with 10 or so other NC physician organizations. We cannot get the proper advocacy necessary to make for a robust and highly enthusiastic IM physician base.	8/8/2015 12:14 AM
49	I believe we have more than enough sources for CME's and NC ACP should not be expected to invest to much money and effort in such. Rather dedicate all efforts on legislative, defense and professional health of the practice of medicine.	8/7/2015 10:42 PM
50	I am retired so any questions that I have answered about practice are less relevant. But agree that the joy/rewards of practice are important focus. I keep in touch with the humanistic dimensions of practice by reading the ACP blogs that are in the ACP hospitalist monthly enewsletter.	8/7/2015 9:54 PM
51	Please continue to reach out to us. It is hard to balance work and life so continued outreach is great.	8/7/2015 9:48 PM
52	Continue to assure primary care providers that they have chosen the ultimate way to deliver medical care to our citizens and seek ways to ease the demands on their personal lives. Resources should be marshaled to make evidence-based decision making available at point of care locations.	8/7/2015 9:44 PM

## North Carolina Chapter, American College of Physicians Survey

53	Internal Medicine is still a very satisfying field and one can have pride in being a master clinician. However, we are being led into cookbook medicine and being only gatekeepers to satisfy metrics.	8/7/2015 9:39 PM
54	Internal medicine can't be practiced by algorithm, but insurance companies, hospital administrators, practice managers and software designers for EHR systems seem to think so.	8/7/2015 9:07 PM
55	Informal cme meetings (one hour talk )at different locations by experts	8/7/2015 8:54 PM
56	I am retirement age n working part time. I love what I do again. Having long hours with poor pay is just draining. Having part time hours with reasonable pay is just lovely. Also, if you offered some kind of encouragement n help for older docs to share all they have learned in the trenches, vs just the academic input, I think everyone would benefit.	8/7/2015 8:54 PM
57	Survey is a great idea	8/7/2015 8:53 PM
58	I love the ACP journal club	8/7/2015 8:37 PM
59	Make annual meetings more learning opportunities and practice improve the and may be at least 2-3 days to incopotate more activities	8/7/2015 8:01 PM
60	FACP should be a trademark for excellence, earned ... not paid. It seems that the caliber of new FACP's are becoming less impressive.	8/7/2015 7:58 PM
61	I participate in my sub specialty organizations much more.	8/7/2015 7:47 PM
62	So far I have enjoyed the weekly emails from ACP.	8/7/2015 7:42 PM
63	N/A	8/7/2015 7:22 PM
64	Keep working hard	8/7/2015 7:18 PM
65	Again, I'd love for ACP to become more visible in our state's medical schools. There seems to be very little support and active outreach from the organization itself for interest groups at our schools. It was difficult to develop and maintain interest in the ACP at our school as a result.	8/2/2015 7:46 PM
66	What are the criteria for advancement to MACP?	7/31/2015 2:45 PM
67	Earlier mailings regarding events so that we could coordinate schedule.	7/31/2015 1:48 PM
68	I miss the patient experiences but do not miss the stress of dealing with the administrative and regulatory requirements.	7/30/2015 9:16 AM
69	none	7/30/2015 7:17 AM
70	Great idea to do this survey. MOC question needed a "not-sure" response.	7/30/2015 6:06 AM
71	I guess I've said enough. Thanks.	7/29/2015 10:45 PM
72	Something needs to be done about recertification. It is too expensive and too onerous	7/29/2015 9:20 PM
73	Physicians need to "take back" the practice of medicine from government and hospital administrators. Private practice is still the most cost effective way to give the best patient care. Physicians must be empowered and supported to remain in independent practices unencumbered by excessive and expensive requirements which do not improve patient care or outcomes. These include MOC and EMR "meaningful use", which have reduced the quality of patient care and increased the cost of care. It is time our professional societies faced these realities and took a stand against the commercialization of medicine, so that private practice, which is still the most cost-effective way to ensure the best outcomes for our patients, survives and thrives. Young physicians must be mentored through the process of successfully starting or joining established private practices, rather than becoming employed by huge corporate systems and thereby contributing to the the problems facing healthcare today.	7/29/2015 7:57 PM
74	None for now	7/29/2015 5:10 PM
75	Improve topics and presentations in ACP chapter meeting	7/29/2015 4:21 PM
76	None - thanks!	7/29/2015 4:03 PM