

**Policy Setting and
Implementation Process
December 2001**

ACPM Policy Setting and Implementation Process

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ACPM Policy Setting and Implementation Process

This Policy Setting and Implementation Process was adopted by the American College of Preventive Medicine (ACPM) Board of Regents on December 17, 2001.

I. Purpose

- To provide a clear, consistent process for establishing ACPM policy concerning public issues that will guide ACPM's public health advocacy.
- To create a process which assures that ACPM policies address issues of priority to ACPM members.
- To document the criteria that will guide the choice of public issues to which ACPM resources will be devoted.
- To assure implementation of ACPM policies in a manner that provides accountability to the Board of Regents.
- To assure that ACPM policies remain current and relevant to contemporary issues.
- To establish a mechanism to catalogue and retrieve ACPM policies so that ACPM can readily track what its policies are and how proposed policies compare to existing or past policy.

II. Definition of Policy

"ACPM policy" is an official position of the organization on a matter of professional or public concern and serves as the basis for ACPM action or decision making. All policies must be determined by the ACPM Board of Regents or through a designated medium of the Board as detailed in Part IV.

III. Sources of ACPM Policy Development

The sources of existing ACPM policy vary, depending on the nature of the issue and the extent of ACPM's involvement:

- The Policy Committee may initiate policy development on its own or in response to a request of the Board.
- The Board or Executive Committee, acting rapidly due to time constraints, may initiate the development of policies.
- The Prevention Practice Committee also initiates policy development by coordinating the development of the College's policy and position statements, which are reviewed by the Policy Committee and then approved by the Board.
- Other ACPM committees can initiate the development of policies, which are reviewed by the Policy Committee and then approved by the Board.

- Any ACPM member or staff person can bring forward policy issues or statements to the College through a number of means, including the resolution and Open Policy Forum processes, as described in Part VI-A (4).
- Individuals external to the College can introduce policy matters to the College provided they work through or obtain sponsorship from an ACPM member.
- In some cases, ACPM's past participation or longstanding support for non-controversial matters that concern preventive medicine or public health may be continued by staff. When new matters arise, the Executive Director and staff, consulting with the President and/or Policy Committee Chair as needed, determine whether existing ACPM policy applies or whether additional guidance should be sought from the Policy Committee and Board of Regents.

IV. Policy Approval Process

The Board of Regents determines ACPM policies that guide ACPM's advocacy for the specialty of preventive medicine and advocacy with respect to other public policy-making that affects or concerns preventive medicine. Policy is typically adopted by the ACPM Board through a majority vote of the Board at a regularly scheduled or special meeting of the Board where a quorum is present. A quorum, as defined in Article IV of the Constitution, is a majority of Board members (i.e., nine of 16 voting Board members at the time this document was adopted). In order for policy to be adopted via an electronic (e-mail) vote, a quorum must be in place. This will be accomplished by a vote or an active acknowledgment of receipt of the proposed policy by a majority of Board members. Proposed policies that achieve an affirmative vote by a majority of those Board members voting on the policy will be adopted. ACPM staff will identify prominently (e.g., in the e-mail subject line) matters requiring a vote by the Board, the deadline for rendering the vote, and the need for acknowledging receipt of the message. In cases when a quorum has not been achieved, the ACPM President will assist staff as necessary in encouraging Board members to weigh in.

When a decision concerning ACPM's policy on any particular issue must be made rapidly in order to respond to events on a timely basis, the Executive Committee may act on behalf of the Board. All requirements and procedures for Board voting outlined above also apply to the Executive Committee. Such action shall be reported at the next meeting of the full Board. The Policy Committee advises the Board when time permits by mail, fax, or e-mail. The Policy Committee also proposes new policies to the Board at the time of the semi-annual meetings and makes recommendations to the Board on matters that the Board refers to it for consideration.

V. Criteria for Setting and Implementing ACPM Policy

A. Scope

ACPM addresses only those policy issues consistent with the scope and mission of the College. Before any policy issue is considered for review by ACPM, it must meet the following basic criteria:

- The issue is consistent with the goals and mission of the College, i.e., it has the potential to advance leadership in the science, policy, and practice of preventive medicine
- There exists the potential for ACPM to make an impact on the issue, i.e., the issue is within the realm of expertise represented by ACPM's membership

B. Priority Setting

Policy issues introduced to ACPM that meet these two basic criteria will be reviewed and prioritized within the College. The College is committed to developing policies on a wide array of preventive medicine topics, and individuals are encouraged to introduce issues to and to work with the College to form policy on preventive medicine issues of interest to the field. In light of ACPM's limited resources, however, the ACPM Policy Committee is responsible for prioritizing policy issues that require substantial time and effort on behalf of the College and for recommending specific policy priorities to the Board of Regents for approval.

Policy prioritization should occur at least once every two years, preferably in conjunction with the induction of a new ACPM president. Prioritization may take place at an in-person meeting of the Policy Committee or via the Policy Committee listserv, as deemed appropriate by Committee leadership and staff. The Policy Committee should limit priorities to no more than five areas, and should use the criteria for setting ACPM policy priorities (below) as a guiding framework. ACPM staff and members may continue work on issues that are not designated as priorities if the Committee feels such issues have merit.

The ACPM Policy Committee and Committee staff determine realistic policy goals and priorities and make recommendations to the ACPM Board of Regents based on a combination of the following external and internal criteria:

External

- Mortality, morbidity, and economic burden on the population
- Potential favorable impact of preventive measures on the health and quality of life of the population
- Scientific validity of policy, if available

Internal

- Extent to which an ACPM policy position will help to advance the mission and goals of ACPM
- Extent to which ACPM can make a unique contribution or has a special interest in the issue
- Potential for increasing visibility of ACPM and the preventive medicine specialty
- Potential costs and benefits to ACPM in human, financial, and political resources
- Prior analysis of ACPM policy compendium
- Potential to promote ACPM membership recruitment, involvement, and professional interests

VI. Types of ACPM Policy

ACPM policy can be divided into two categories: Proactive Policy and Reactive Policy. Proactive Policy is defined as policy that ACPM staff or members create *de novo*, whether working alone or in collaboration with other organizations to create the policy. Proactive policy includes ACPM Practice Policy Statements, Public Policy Statements, Patient Education Statements, resolutions, and coalition/joint statements.

Reactive policy is defined as policy that ACPM staff or members create or endorse in response to the policy of another organization, federal or state legislation, governmental report, press release, medical guideline, or in-person meeting. Such policy includes ACPM position statements; written comments; endorsements and sign-on letters; congressional letters or statements; and testimony and quotations.

A. Proactive Policy

ACPM's Prevention Practice Committee coordinates the development of ACPM policy statements in areas of concern to College members. These statements include Practice Policy Statements, Public Policy Statements, and Patient Education Statements. Topics for development of these statements are derived from ACPM policy adopted by the Board and from issues identified by the ACPM Prevention Practice Committee. Development of individual statements may be tempered by the availability of preventive medicine residents and other ACPM members to write such policy statements. Detailed analysis of supporting data, although essential to making evidence-based recommendations, is not recapitulated in ACPM's policy statements because such critical appraisals are already available in other, more appropriate references.

Types of Proactive Policy

1. Practice Policy Statements

Practice Policy Statements are intended for physicians or other clinicians engaged in public health practice, either providing preventive services to individuals in a clinical setting or to a broader population in a community setting. Practice Policy Statements state the official position of the College and its underlying rationale and provide an overview of the burden of suffering, the preventive measures available, a brief summary of the evidence of effectiveness, the public policy considerations, and recommendations of other groups. The statements are designed to complement the College's Public Policy Statements, which assess the efficacy and value of public health policies implemented at the local, state, national or international level. Practice Policy Statements are developed under the guidance of the Prevention Practice Committee, reviewed by the Policy Committee, and adopted by the ACPM Board of Regents.

2. Public Policy Statements

Public Policy Statements assess the efficacy and value of public health policies implemented at the local, state, national or international level. Topics chosen are of public health significance, have the potential to be influenced by the College's views, and have adequate data to assess the merits of interventions based on scientific studies, rather than on ethical, cultural or religious

bases. Like Practice Policy Statements, Public Policy Statements state the official position of the College and its underlying rationale and provide an overview of the burden of suffering, the preventive measures available, a brief summary of the evidence of effectiveness, the public policy considerations, and recommendations of other groups. The statements are designed to complement the College's Practice Policy Statements. Public Policy Statements are developed under the guidance of the Prevention Practice Committee, reviewed by the Policy Committee, and adopted by the ACPM Board of Regents.

3. *Patient Education Statements*

Patient Education Statements are non-technical statements on important preventive medicine issues aimed at patients and consumers. The intent of these educational statements is to provide the lay public with an easy-to-read educational product that can be useful in making decisions about screenings or other preventive services, particularly on “hot-button” or controversial topics. Such statements will typically include background on the disease or condition and how it is contracted, the types of screening tests or other preventive services available, the pros and cons of receiving the service, recommendations of different medical societies (including ACPM, where applicable), and guidance on how to make a decision about whether to receive the screening/other preventive service. ACPM aims to make these statements widely accessible to consumers (e.g., through the Medem Web site). Patient Education Statements are developed under the guidance of the Prevention Practice Committee, reviewed by the Policy Committee, and adopted by the ACPM Board of Regents.

4. *ACPM resolutions*

The ACPM resolution and Open Policy Forum process allows ACPM members to take an active role in the development of ACPM policy positions and national preventive medicine advocacy. A resolution is a concise statement of the College’s position on a particular issue and serves as a call to action for the organization and its members. It describes and endorses a defined course of action directed toward a particular individual, organization, event, or piece of legislation.

Resolutions are used by ACPM and ACPM members to educate and urge action by national or state policy makers, federal agencies, health professionals, organizations, the media, and the public about ACPM’s position on important preventive medicine and public health issues.

Any active ACPM member may submit a policy statement or resolution for consideration (see Appendix A for a resolution submission schedule). Any resolution brought to the College by a non-ACPM member must be sponsored by an active member before it will be considered by the College. ACPM members are expected to adhere to the following guidelines when introducing resolutions to the College.

Resolution guidelines

Resolutions should be as evidence-based as possible. They should include the following components:

- Title
- Author, including ACPM membership status

- Date submitted
- “Whereas” statements describing the background, problem to be addressed, and purpose for the resolution, including supporting data, if available
- “Resolved” statements describing the policy position and action steps that ACPM should take
- References, if available
- Fiscal note (estimated cost to ACPM of implementing the resolution)
- A suspense date (date the policy should be re-evaluated, if other than the 3-year default)

In preparing resolutions, authors are asked to consider the ACPM’s external and internal review criteria (as outlined in Part V-B). ACPM will maintain all final resolutions on file indefinitely (although the actual policies may sunset as described in section VII.) However, only the “Resolve” statements shall be adopted into ACPM policy, so authors are encouraged to write Resolve statements that will stand alone. Prior related ACPM resolutions/policies should be referenced as appropriate.

Approval Process

Proposed policies/resolutions should be submitted to the ACPM Executive Director or designated staff. Staff will code all resolutions upon receipt and maintain a file of all submitted resolutions in perpetuity. The coding will indicate the year and meeting (i.e., annual or interim business meeting) at which the resolution will be considered and the sequence it was received. For example, the first resolution received for consideration at ACPM’s 2001 annual meeting was coded as Resolution 01-01(A).

Following receipt and coding, ACPM staff will share the policy with ACPM’s Policy Committee—through the electronic listserv and/or at the semi-annual ACPM business meetings—for review, which may engender suggested amendments to the resolution. The Committee’s review of each resolution will be guided by the criteria for setting ACPM policy priorities (Part V-B). The timeline for submission will allow for proper vetting through the Policy Committee via listserv prior to the committee’s in-person meeting at the ACPM business meetings. Based on committee members’ review, the Policy Committee, by a simple majority vote, will recommend one of the following actions to the ACPM Board of Regents:

- Adopt as submitted;
- Adopt as amended by the Policy Committee;
- Adopt and refer to another ACPM committee;
- Refer back to the author for further research and/or refinement;
- Refer to another ACPM Committee for further research and/or refinement;
- Defer action to a specified date;
- Do not adopt

Adoption of policies/resolutions at regularly scheduled meetings of the Board requires an affirmative vote by a majority of Board members where a quorum is present (see Part IV). The ACPM Executive Director shall include submitted resolutions/policies in the briefing notebooks sent to the Board of Regents prior to the meeting.

ACPM will issue to its membership a general call for resolutions annually in conjunction with the ACPM annual meeting, *Preventive Medicine*. However, members may submit resolutions to the College at any time. The Policy Committee and Board shall act on submitted resolutions at the first ACPM business meetings following submission of the resolution, provided the resolution was submitted in a timely manner. The ACPM President may choose to act on a resolution between in-person meetings if he/she decides that immediate ACPM action is required to address a critical, time-sensitive issue. In order to adopt such positions as policy, a majority vote of the Executive Committee is required (as specified in Part IV). That action shall be reported at the next meeting of the full Board. To address policy needs requiring immediate response, the President and Executive Director may establish interim policy, pending subsequent ratification by the Executive Committee.

Open Policy Forum

All resolutions submitted to the College in conjunction with the ACPM annual meeting will have an opportunity to be introduced at the Open Policy Forum. The Forum, a standing feature at ACPM's annual meeting series, provides an opportunity for ACPM members and other *Preventive Medicine* attendees to discuss and debate resolutions and other policy issues introduced by College members. The ACPM Policy Committee sets the agenda for the Open Policy Forum and distributes the agenda to all *Preventive Medicine* attendees in advance of the Forum. The agenda includes: 1) a review of ACPM policy priorities and recent activities; 2) a structured discussion of select policy issues; 3) an established time period for Forum attendees to extract and discuss specific resolutions from the list of all resolutions submitted; and 4) an "open mic" period during which any attendee can come to the microphone and present an issue, propose ACPM action, and stimulate debate. Any discussion or voting that occurs during the open forum is non-binding. The Policy Committee Chair, or his/her designee, shall moderate the Open Forum. Actions proposed at the Open Policy Forum will be addressed by the ACPM Policy Committee and Board of Regents the following day. (See Appendix A for a schedule of activities and logistical guidelines associated with the Open Policy Forum.)

5. AMA resolutions

As an organization, the College may choose to sponsor or co-sponsor policy resolutions at other organizations' policy meetings, such as the American Medical Association's House of Delegates (HoD) semi-annual meetings. With delegate status in the AMA HoD, ACPM can introduce and advocate for preventive medicine-related policies for organized medicine. As a member of the AMA Section Council on Preventive Medicine, ACPM can work with other preventive medicine specialty societies and public health organizations on joint advocacy for AMA policies.

The process for generating and approving an ACPM-sponsored resolution for the AMA HoD is similar to that described above for ACPM resolutions. (See Appendix B for a schedule of activities associated with the AMA meeting). Sponsorship of a resolution for submission to the AMA HoD requires a majority vote of the Board or Executive Committee, as detailed in Part IV, and such resolutions are considered official policy of the College. (Any resolution previously passed by the Board through the ACPM resolution process that is slated for submission to the AMA HoD does not require a second approval by the Board, unless it has reached its sunset date.) AMA resolutions typically originate from the Policy Committee or other ACPM members active in the AMA, but may be submitted by any member of the College.

6. *Coalition/joint statements*

By working closely with other organizations and participating in organized advocacy coalitions, ACPM is able to more closely monitor preventive medicine policy and help to shape the policy positions of these coalitions. Examples of coalitions in which ACPM participates or supports include the Effective National Action to Control Tobacco (ENACT) coalition, Health Professions and Nursing Education Coalition, Doctors Against Handgun Injury, and Coalition for Health Funding. Organizations with which ACPM has worked in the past to develop joint statements include the American Medical Association, American Association of Family Physicians, American College of Occupational and Environmental Medicine, and American Academy of Pediatrics. Coalition statements produced by coalitions during which time ACPM is a member organization only become official ACPM policy if they are endorsed by the College (consistent with the Policy Approval Process outlined in Part IV). ACPM reserves the right to modify, extend, or amend coalition statements it may have endorsed, usually to advocate for positions that go beyond, but do not conflict with, the coalition statement.

B. **Reactive Policy**

Beyond priority setting—which guides the College in its proactive policy activities—ACPM must make decisions on a routine basis about responding to proposed legislation, regulations, or policies. When making these decisions, the external and internal criteria for priority setting as enumerated in Part V-B should serve as a guide. However, from a more pragmatic perspective, ACPM should minimally ensure that the following criteria are affirmed in deciding whether or not to respond to proposed legislation, regulations, or policies:

- ACPM is the appropriate authority to respond.
- ACPM has the necessary resources available to provide an adequate response.
- There is little likelihood for a real or perceived conflict of interest if ACPM responds.

When consistent with established policy goals and priorities, ACPM will steadfastly act upon requests for comments on proposed or enacted health promotion and disease prevention legislation, regulations, or policies and will use the following principles and guidelines when evaluating and preparing responses to actions proposed or taken by public or private agencies:

Principles

- ACPM will maintain a position of advocating for population-based and individual health promotion and disease prevention programs based on the best available scientific evidence.
- ACPM will exercise extreme caution when responding to proposals that advance the priority of health promotion and disease prevention but also deviate from specific recommendations of the College or other authoritative bodies.
- ACPM will diligently avoid promoting positions that place, or appear to place, the interests of groups identified by common proprietary or other relationships above the interests of the populations affected by the proposed action.

Guidelines (as applicable)

- Proposed action should be consistent with ACPM policy statements related to the issue, if any.
- Proposed action should reflect and be fully supported by the best available scientific evidence.
- Proposed action should promote programs that are consistent with recommendations of ACPM or other authoritative bodies.
- Proposed action should elevate the priority for health promotion and primary prevention through risk reduction or early detection (screening) interventions.
- If the proposed action advances the agenda of health promotion and prevention in general but deviates from specific recommendations of ACPM or other authoritative bodies, supporting the proposed action should not conflict with, or contradict, positions taken by the College.
- Proposed action should ensure that any interventions are equitably available to the entire at-risk population within the jurisdiction.
- ACPM should respond with specific recommendations for modifying the proposed legislation, regulations, or policies so that they would be more consistent with these guidelines.

Types of Policy**1. Position statements**

ACPM position statements are brief summaries of College viewpoints on important topics that have already been the focus of an evidence review, analysis, and recommendations by an entity outside of ACPM. The purpose of the position statements is to outline the College's perspective on critical preventive medicine issues, in a timely fashion, and to exert a positive influence on policy, practice, and research dealing with the subject of the statement. Position statements are developed under the guidance of the Prevention Practice Committee, reviewed by the Policy Committee, and adopted by the ACPM Board of Regents.

2. Written comments

ACPM provides written comments in response to the policies of other organizations, federal or state legislation, governmental reports, press releases, or medical guidelines. In some cases, written comments are prepared by ACPM staff in conjunction with the ACPM Policy Committee. Written comments must be reviewed by the Policy Committee and approved by the ACPM Board/Executive Committee before they are considered official ACPM policy.

Frequently, when providing written comments on draft/final manuscripts and reports within the scope of preventive medicine, ACPM recruits College members to perform the content review. When time permits, ACPM written comments consist of a letter and/or written statement from the College that synthesize the expert opinion of several College members into a single document. In such cases, ACPM will seek approval from the Board/Executive Committee on

this “unified” response, which becomes official policy of the College. Alternatively, ACPM written comments may consist of the compiled expert testimony of several ACPM members accompanied by a cover letter from the College. Such submissions are not considered official ACPM policy, but rather the expert opinion of select members of the College. These unofficial responses will be kept in the ACPM policy compendium and labeled as “Not Policy.”

Experts contributing to ACPM written comments are identified by consulting the “ACPM Index of Expertise” or ACPM membership database, or by recruiting volunteers from an ACPM listserv. Expert reviewers are given a specific period of time within which to provide comments to ACPM in order to allow timely submission of the comments by the College. ACPM is not always able to incorporate into its official submission comments provided by expert reviewers after the specified deadline.

3. Endorsements and sign-on letters

ACPM frequently endorses or signs-on to letters and/or documents drafted by other organizations or coalitions. ACPM’s past participation and longstanding support for non-controversial matters that concern preventive medicine or public health often allow ACPM staff to endorse or sign-on to materials without involving the Policy Committee. In instances where the Committee’s input is sought, the letter or document is circulated via the Policy Committee listserv for review. Such material, if endorsed by ACPM, is considered the official position of the College. Often, ACPM will submit a letter of support to the sponsoring organization/coalition with comments on how the material or position can be strengthened. In such cases, the original position statement or letter combined with ACPM’s written comments constitute the official policy of the College. ACPM also may choose to adopt, verbatim, statements produced by other organizations as the official statement of the College, providing the appropriate citations.

4. Congressional letters and statements

ACPM provides letters and/or official statements to federal executive or legislative branch offices or committees on topics such as the administration’s budget proposal, appropriations, congressional reports, or bills related to specific preventive medicine topics. These letters and statements are consistent with existing ACPM policy or scientific principles of preventive medicine and may be signed by the ACPM Executive Director or President.

5. Testimony and quotations

ACPM testimony may be provided by ACPM staff or approved member representatives as either oral or written testimony. ACPM members or staff also provide statements for the press or quotations connected with media briefings or press releases. These statements should be consistent with existing ACPM policy or preventive medicine principles. When an individual member assigned to represent the College chooses to speak on behalf of him/herself as an individual rather than on behalf of the College, he/she should express the ACPM policy or position on the issue, then express how his/her viewpoint differs from that of the College.

VII. Maintenance of Policy

- By default, the life of an ACPM policy is three years. However, the author of any policy, the ACPM Prevention Practice Committee, the ACPM Policy Committee, or ACPM staff may recommend an expiration date other than three years from adoption, depending on the nature of the issue. Typically, policies relating to temporal issues (e.g., appropriations, candidate endorsements, etc.) will expire in one year. The Board has the final authority to determine sunset dates.
- Annually, the Policy Committee, or a subcommittee thereof, shall review all ACPM policies that have reached their expiration. The Policy Committee shall recommend to the Board of Regents which policies should be archived as inactive, which policies should be revised to reflect current information, and which policies should be continued as active. The Board of Regents shall refer to an appropriate committee (where possible, the committee that generated the policy) responsibility for revising those policies in need of updating. Major policy revisions require approval of the Board. The Board shall consult with the chair of the originating committee on those policies it intends to archive as inactive. (See Appendix C, Calendar of ACPM Policy Events, for maintenance of policy activities/schedule.)
- Staff shall maintain a compendium of all ACPM policies, both active and archived, in hard copy and, to the extent possible, on the ACPM Web site. At a minimum, the Web site will include a comprehensive inventory of all ACPM policies adopted since January 1, 2000. Each policy contained in the inventory will be cross-referenced to a topic index for easy retrieval and contain information about the active status of the policy. All policies that originate within the College should include a brief legislative history (at a minimum, the source of the policy, the approval method, and the effective and expiration dates). (See Appendix D for a description of the ACPM policy compendium.)

Appendix A – ACPM Open Policy Forum/Resolutions

SCHEDULE OF ACTIVITIES AND LOGISTICAL GUIDELINES

Schedule of Activities (Actual dates dictated by timing of ACPM annual meeting.)

<u>Action</u>	<u>Target Date</u>
1. Send letter to membership, signed by President, soliciting policy resolutions. Solicitation includes resolution development/submission guidelines, sample resolution, and schedule. The call for resolutions is also published in <i>ACPM News</i> , <i>ACPM Headlines</i> , and on the web site.	Early Nov.
2. Code resolutions and share with ACPM Policy Committee for initial review (via listserv)	Nov. to mid Jan.
3. Deadline for submitting resolutions to ACPM	Mid Jan.
4. Convene a conference call of the Policy Committee to discuss resolutions and set Open Policy Forum agenda	Late Jan.
5. Include ACPM resolutions in briefing book for Board of Regents meeting	Early Feb.
6. Include agenda for Open Policy Forum in <i>Preventive Medicine</i> program	Early Feb.
7. Encourage (via listserv) Policy Committee members to participate in Open Forum and secure members for working group (reference committee) to review testimony and prepare recommendations for PC	Mid Feb.
8. Convene Open Policy Forum	Annual meeting (late Feb.)
9. Convene working group/reference committee to review testimony and revise resolutions based on discussion at the Open Policy Forum	Evening of the Open Forum (late Feb.)
10. Convene Policy Committee to review revised resolutions/Open Policy Forum deliberations and determine action items for ACPM Board of Regents	Annual meeting (late Feb.)
11. Convene ACPM Board of Regents to adopt policy actions/positions as appropriate	Annual meeting (late Feb.)
12. Codify policy actions and report on disposition of all submitted resolutions (via <i>ACPM News</i> and web site)	March
13. Work with relevant parties to implement action items	Ongoing

Open Policy Forum Logistical Guidelines/Checklist

- Open Forum – 90-minute session at *Preventive Medicine* annual meeting series
- Open Forum includes one-hour structured agenda and 30 minutes of open microphone
- Microphones available on the floor for participants
- Heavy marketing of the session (including its purpose and protocol) prior to and on-site at annual meeting (newsletters, web site, flyers, program, ads, etc.)
- Projection display of agenda, review guidelines (criteria), and resolutions (with ability to make wording changes on the fly)
- Distribution of copies of resolutions to all session attendees

APPENDIX IV

- ACPM Policy Committee Chair, or designee, moderates the session
- Use of straw votes (non-binding) to get a sense of the audience's support for a policy action
- Aim for 4-5 issues during structured part of the agenda (10-15 minutes each)
- Encourage resolution authors to attend open forum and present their resolutions (2-3 minutes presentation, remainder discussion)
- Use of index cards in audience for: (1) suggesting amendments to resolutions; (2) submitting issues for open-mic session
- Limit open-mic discussions to 5-10 minutes per issue

Appendix B – American Medical Association House of Delegates (HoD) Meeting

SCHEDULE OF ACTIVITIES

Annual Meeting

<u>Action</u>	<u>Target Date</u>
1. Issue a call for resolutions to Policy Committee and other members who attend AMA meetings	Early April
2. Issue a call via the Section Council on Preventive Medicine (SCPM) listserv for development and circulation of proposed resolutions for possible pre-meeting coordination and co-sponsorship	Early April
3. Draft resolutions due to ACPM	Late April
4. Share resolutions with Policy Committee for review (via listserv)	Throughout April (as received)
5. Work with authors to revise resolutions per Policy Committee review as appropriate	First week of May
6. Share resolutions with ACPM Executive Committee for approval	May 7 (approximately)
7. Submit approved resolutions to AMA	May 11 (approximately)
8. Determine who from ACPM will be attending AMA and able to represent the College at the SCPM and/or at Reference Committee meetings.	Late May
9. Participate via the SCPM listserv in discussion of other resolutions before the HoD of relevance to preventive medicine	Late May – early June
10. Review AMA Handbook and identify reports/resolutions before the HoD of interest to preventive medicine	Early June
11. Convene conference call of ACPM Executive Committee and members who attend AMA meetings to determine ACPM positions on HoD reports/resolutions of interest to preventive medicine	Early June
12. Attend AMA HoD Annual Meeting, advocate for prevention policy, and participate in SCPM meetings	Mid June
13. Codify ACPM-sponsored resolutions and policy positions on other HoD resolutions for ACPM policy compendium and report to the membership on HoD action	Late June

Interim Meeting

<u>Action</u>	<u>Target Date</u>
1. Issue a call for resolutions to Policy Committee and other members who attend AMA meetings	Late Sept.
2. Issue a call via the Section Council on Preventive Medicine (SCPM) listserv for development and circulation of proposed resolutions for possible pre-meeting coordination and co-sponsorship	Late Sept.

APPENDIX IV

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| 3. Draft resolutions due to ACPM | Mid to late Oct. |
| 4. Share resolutions with Policy Committee for review (via listserv) | Throughout Oct. (as received) |
| 5. Work with authors to revise resolutions per Policy Committee review as appropriate | Last week of Oct. |
| 6. Share resolutions with ACPM Executive Committee for approval | Nov. 1 (approximately) |
| 7. Submit approved resolutions to AMA | Nov. 5 (approximately) |
| 8. Determine who from ACPM will be attending AMA and able to represent the College at the SCPM and/or at Reference Committee meetings. | Mid Nov. |
| 9. Participate via the SCPM listserv in discussion of other resolutions before the HoD of relevance to preventive medicine | Mid to late Nov. |
| 10. Review AMA Handbook and identify reports/resolutions before the HoD of interest to preventive medicine | Late Nov. |
| 11. Convene conference call of ACPM Executive Committee and members who attend AMA meetings to determine ACPM positions on HoD reports/resolutions of interest to preventive medicine | End Nov. |
| 12. Attend AMA HoD Annual Meeting, advocate for prevention policy, and participate in SCPM meetings | 1 st week of Dec. |
| 13. Codify ACPM-sponsored resolutions and policy positions on other HoD resolutions for ACPM policy compendium and report to the membership on HoD action | Mid Dec. |

Appendix C – Calendar of ACPM Policy Events

The setting and implementation of American College of Preventive Medicine policy is a year-round process that requires the ongoing participation of the ACPM Board of Regents, Executive Committee, Policy Committee, Prevention Practice Committee, staff, and College members. Some events are time specific, however, and occur at the same time each year. Below is a listing of significant ACPM policy events and the time of year when they typically occur.

January

- Send reminder of call for resolutions to ACPM members in preparation for ACPM's annual meeting in February (*early January*)
- Share resolutions with the ACPM Policy Committee for initial review (*early January*)
- Deadline for submitting resolutions for consideration at annual meeting (*mid-January*)
- Hold conference call of the Policy Committee to discuss resolutions and set agenda for Open Policy Forum (*late January*)
- Complete logistical planning for the Open Policy Forum at annual meeting
- Complete logistical planning for Prevention Policy track at annual meeting

February

Administration releases its proposed budget for the following fiscal year

- Include resolutions in briefing book for Board of Regents meeting in February (*early February*)
- Include agenda for Open Policy Forum in ***Preventive Medicine*** program (*early February*)
- Hold conference call with Policy Committee Chair and Vice Chair to prepare for Policy Committee meeting and Open Policy Forum
- Encourage (via listserv) Policy Committee members to participate in Open Forum and secure members for working group (reference committee) to review testimony and prepare recommendations for PC
- Write or sign-on to letters to Congress, the White House, etc. in response to the administration's budget proposal

- Attend Coalition meetings and participate in interpretation of Administration's budget proposal

ACPM Annual Meeting

- Prevention Policy track
- Convene the ACPM Open Policy Forum
- Convene Working Group of Policy Committee to amend resolutions based on Open Policy Forum discussion
- Convene the Policy Committee to review amended resolutions, vote on policy actions, and recommend action items to the ACPM Board of Regents
- Convene the ACPM Board of Regents to adopt policy actions/positions as appropriate

March

- Codify policy actions from the ACPM meeting into the ACPM Policy Compendium and report to the membership on the disposition of all submitted resolutions
- Begin Hill visits and meetings with members of Congress in response to Administration's budget proposal

April

- Participate in Hill visits and arrange meetings with members of Congress
- Solicit policy issues and resolutions from ACPM members and facilitate review in preparation for the American Medical Association (AMA) annual meeting in June

May

- Participate in Hill visits and arrange meetings with members of Congress
- Participate in HPNEC Health Professions Hill Leadership Day
- Hold ACPM Board of Regents Meeting/Conference Call
- Submit ACPM-sponsored resolutions to the AMA

June

- Participate in Hill Visits and arrange meetings with members of Congress

AMA Meeting

- Executive Committee and ACPM members who attend AMA meetings take positions on AMA Handbook reports and resolutions of interest to preventive medicine
- ACPM Delegate/Alternate Delegate advocate for prevention policies before the AMA House of Delegates

July

- Participate in Hill visits and arrange meetings with members of Congress
- Codify resolutions and policy positions associated with the AMA meeting and report to the membership on AMA House of Delegate action
- Establish a “Maintenance of Policy” subcommittee of the Policy Committee to review and maintain existing ACPM policy
- Compile all ACPM policies slated to expire before the end of the year and send to Maintenance of Policy subcommittee for review

August

Congressional recess

- Arrange meetings with Hill staffers during recess
- Maintenance of Policy subcommittee reviews expiring policy and prepares recommendations on each policy for full Policy Committee consideration

September

Congress reconvenes; Congress passes federal budget for following fiscal year

- Participate in Hill visits and arrange meetings with members of Congress as they prepare to pass federal budget

- Solicit resolutions for the AMA House of Delegates Interim meeting

October

Start of new fiscal year

- Process and facilitate review of ACPM-sponsored resolutions for AMA HoD Interim meeting
- Policy Committee prepares maintenance of policy recommendations for Board of Regents consideration

November

- Meet with officials at the Office of Management and Budget (OMB) to discuss the administration's budget proposal
- Solicit policy issues and resolutions from ACPM members in preparation for ACPM's annual meeting in February
- Executive Committee and ACPM members who attend AMA meetings take positions on AMA Handbook reports and resolutions of interest to preventive medicine

ACPM Business Meeting

- Convene ACPM Policy Committee meeting, during which Committee members discuss maintenance of policy and other policy actions
- Convene ACPM Board of Regents to adopt policy actions/positions as appropriate

December

- Codify policy actions from ACPM business meeting and report to membership on all such actions

AMA Interim Meeting

- ACPM Delegate/Alternate Delegate advocate for prevention policies before the AMA House of Delegates

- Codify resolutions and policy positions associated with the AMA meeting and report to the membership on AMA House of Delegate action

Periodic and Ongoing Events

- Development and implementation of ACPM policy as described in the body of the ACPM Policy Setting and Implementation Process document, including Practice Policy Statements, Public Policy Statements, resolutions, coalition/joint statements, position statements, written comments, endorsements/sign-on letters, congressional letters/statements, and testimony and quotations.
- Discussion of prevention policy via the Policy Committee listserv
- Participation in Coalition meetings and Coalition listserv discussion
- Participation in Hill briefings and media events
- Implement actions adopted through ACPM resolutions process
- Recommend ACPM policy priorities (every other year in conjunction with incoming president)

Appendix D – ACPM Policy Compendium Overview

Coding ACPM Policy

Each ACPM policy will have a unique code consisting of three parts:

- Year the policy was adopted
- A three digit number corresponding to the chronological sequence in which that particular piece of policy was adopted that year
- A letter corresponding to the policy type

A letter will represent each policy type as follows:

- A - Practice Policy Statements
- B - Public Policy Statements
- C - ACPM Resolutions
- D - AMA Resolutions
- E - Coalition/Joint Statements
- F - Position Statements
- G - Written Comments
- H - Endorsements and Sign-On Letters
- I - Congressional Letters and Statements
- J - Testimony and Quotations
- K – Patient Education Statements

Each code will follow the format YYYY-SSS(X), with Y = year, S = sequence, and X = policy type.

Example 1: A sign-on letter that was the 57th policy enacted in the year 2000 will have the code 2000-057 (H)

Example 2: An ACPM resolution that was adopted in 2001 and was the 112th policy adopted that year will have the code 2001-112 (C).

A label will be placed in the upper right hand corner of the first page of each policy. The label will contain the policy's code followed by the topic(s) under which the policy can be found.

Categorizing Policy by Topic

Each ACPM policy will be associated with one or more topic categories. The policy topic categories are broadly based on the Healthy People 2010 focus areas. Topics that are included in the 2000 and/or 2001 compendiums are as follows:

- Access to Quality Health Services
- Antibiotic Resistance

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Cancer
- Chronic Disease
- Environmental Health
- Food Safety
- Genetics
- Governance (Medicine and Health)
- Health Funding
- Health Professions Development (GME)
- Heart Disease and Stroke
- Informatics and E-Health
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Medical Privacy
- Medical Research
- Nutrition, Obesity, and Physical Activity
- Occupational Safety and Health
- Patient Safety / Medical Errors
- Preventive Services
- Public Health Infrastructure
- Reimbursement
- Sexually Transmitted Diseases
- Substance Abuse
- Tobacco Use
- Women's Health

Topic categories may be added as needed in the future. Only topics for which ACPM generated policy in the given year will be found in that year's compendium (e.g., if there was no policy for Women's Health adopted in 2000, the 2000 compendium would not contain a Women's Health section).

Organization of the Compendium

One or more designated 3-ring binders will be created for each calendar year into which all policy adopted in that year will be placed. At the front of each binder will be a table of contents and an explanation of the coding scheme. Each binder will contain tabbed dividers that are labeled with the policy topics, behind which the corresponding policy is placed. Within each topic area, policies will be arranged in chronological order (oldest to newest) and separated by sheets of colored paper.

Electronic Retrieval

A list of all policies will be maintained in a master electronic spreadsheet. The policies will include fields for each component of the policy code, the associated topic areas, the effective and expiration dates, and the active status of the policy. This spreadsheet will serve as the search index for all ACPM policy and will be posted and updated on the ACPM Web site.