Missouri Physician Installed as AMA President

by Charles W. Van Way, MD

David O. Barbe, MD, MHA, from Mountain Grove, Mo., was inaugurated as the 155th president of the American Medical Association on June 13 during the AMA’s Annual Meeting in Chicago. Our state’s last AMA President was 90 years ago. Dr. Barbe will lead the AMA in its advocacy and educational activities for the next year. During his inaugural address, he alluded to the many challenges to physicians in the current health care environment. He focused on the question, “What kind of leader do YOU want to be?”

Other members of the delegation had leadership roles. Edmond Cabbabe, MD, St. Louis, finished his term on the Board of the AMA Foundation and started a four-year term on the Council for Long Range Planning and Development. Rebecca Hierholzer, MD, Kansas City, chaired Reference Committee E on science and technology. Elie Azrak, MD, St. Louis, was a member of Reference Committee B on legislation.

The MSMA has lost one delegate and one alternate delegate because of decreasing AMA membership from Missouri. Lent Johnson, MD, and Warren Loevinger, MD, have left the delegation. At this meeting, there was further turnover. Ted Grishong, MD, Columbia, and Nathaniel Murdock, MD, St. Louis, will be retiring from the delegation. They will be replaced. We urge all MSMA members to join the AMA, and help to maintain our voice at the national level.

OSMAP, the Organization of State Medical Association Presidents, meets the day before AMA meetings, and is known for its programs presenting current and controversial topics. This year, the presentations concerned the proposed American Health Care Act, monitored injection centers, electronic participation in medical association decision-making, and the ever-unpopular maintenance of certification. Charles Van Way, MD, of Kansas City, was elected to a three-year term on the Steering Committee of OSMAP.

Opioid use remains a serious problem. A report on new and emerging drugs of abuse highlighted that narco-chemists are devising new drugs faster than law enforcement can deal with them. In the treatment area, the HOD wants to make it easier for physicians to prescribe buprenorphine, which is presently subject to onerous Federal restrictions. Supervised injection facilities were considered. While there is data in other countries that these can be beneficial, they are in a legal grey area in the U.S. The AMA will support trials of the concept. A report from the Board of Trustees (BOT) dealt with gaps in the prescription drug monitoring programs (PDMPs), and called for a literature review of the outcomes of PDMPs.

The BOT produced a bill of rights for physician medical staff members. These rights include self-government, advocacy for members without fear of retribution, participation in decision-making of the health care organization, and protection of professional autonomy. The use of screening tools addressing social determinants of health will be addressed by the BOT. Such tools are increasingly available and will be useful in the future, but there are questions about reimbursement, reliability, and integration into existing electronic health records (EHRs).

Controversy swirls around continuing medical education, life-long learning, and maintenance of certification (MOC). There is a strong movement to use life-long learning as a pathway to MOC. This would do away with mandatory objective tests, substituting practice-relevant CME and case reporting. The process would be...
David Barbe, MD, Mountain Grove, Mo., Will Lead the Nation’s Largest Physician Organization

A Mountain Grove, Mo., family physician was installed as President of the American Medical Association at its Annual Meeting on June 13.

David O. Barbe, MD, MHA, was first elected to the AMA Board of Trustees in 2009 and served on numerous AMA committees and task forces. He served as chair of the board from 2013–2014, as well as a member of its executive committee from 2011–2015.

Prior to his election to the AMA Board, Dr. Barbe was a member Council on Medical Service, an influential advisory committee of to the AMA, and served as its chair from 2008 to 2009. As a member of the council, Dr. Barbe participated in the development of AMA policy related to coverage of the uninsured, health care system reform, Medicare reform and health insurance market reform.

He has extensive experience as a medical society leader, serving as head of the governing board for the Missouri State Medical Association (MSMA) in 2003 and MSMA president in 2005. He was also a longtime member of MSMA’s legislative committee and a board member of the Missouri Medical Political Action Committee.

Dr. Barbe received his bachelor’s degree with honors in microbiology and his medical doctorate from the University of Missouri–Columbia School of Medicine. He completed his residency in family medicine at the University of Kansas affiliated program (now Via Christi) in Wichita, Kan. He also received his Master of Health Administration from the University of Missouri–Columbia.

Dr. Barbe has practiced family medicine in his hometown of Mountain Grove in rural southern Missouri for more than 30 years. After 15 years in independent practice, he merged his medical group with Mercy Clinic, Springfield, Mo., a 650-physician, multi-specialty integrated group. In his current role as vice-president of regional operations for Mercy, he is responsible for five hospitals, 90 clinics and more than 200 physicians and advanced practitioners. He also serves on the executive management team of Mercy-Springfield, which was ranked No. 1 in the nation in IMS Health’s 100 ‘Top Integrated Health Networks in 2012 and is one of Truven Health Analytics’ top 20 large community hospitals.
managed by either specialty societies or existing specialty boards. The American Board of Medical Specialties strongly opposes the idea. The ABMS is of course simply protecting the interests of the public. Then too, objective testing is a multi-million-dollar business for ABMS member boards. There was a lot of passionate debate pro and con. Much of the support for changing MOC speaks to the lack of trust in bodies administering certification, notably the ABMS itself, the American Board of Internal Medicine, and the American Board of Pediatrics. Yet, there is real value in having an independent agency oversee the MOC process. Several of the certifying boards are responding positively to the objections. There is considerable distance to go, but progress is being made. Can the boards reform themselves?

This past year, Texas passed legislation to prevent health plans and licensing agencies from using MOC status in credentialing and licensing decisions. There is significant support for constructing model state legislation, and to implement such changes in more states. However, it will be vital to retain our ability to self-regulate our profession. There is a narrow line between using state law to control the use of MOC status, and using state law to control MOC itself. Some state legislatures will inevitably be tempted to cross that line. The old saying about letting the nose of the camel into the tent applies here. Other resolutions dealt with several different aspects of continuing education and re-certification. Stay tuned; there will be much more on MOC in the future.

Physician health and burnout continues to be a concern. There were resolutions protecting physicians who obtain mental health counseling or treatment from unfair treatment by licensing boards and hospitals. A resolution offered by medical student Ariel Carpenter, Columbia, called for studying burnout, depression, and suicide among medical students. Discussions on many other issues emphasized the effect on physician health.

A number of resolutions addressed alleviation of administrative burdens on physicians. For example, Samer Cabbabe, MD, St. Louis, introduced a resolution on easing the cost burden of interpreter services. It directs the AMA to advocate that payers, including Medicaid, reimburse for these services. Medical student Jared Lammert, Columbia, testified, as well. It passed easily. Several resolutions called for simplification of the Merit-based Incentive Payment System (MIPS), and other adjustments...
to the regulatory burden. MIPS is misleadingly named. It is neither merit-based nor an incentive. Instead, it is a system of financial penalties for failing to adopt the reporting mandates of the Quality Payment Program (QPP). If this is gibberish to you, PLEASE refer to the AMA website on MIPS and QPP compliance: ama-assn. org/qpp-reporting.

Medical education was addressed. Several resolutions addressed the special issues of American graduates of foreign schools. Such students have increased financial burdens, they may not be eligible for Title IV funding, and their chances of going unmatched for residency positions is almost 50%. Other resolutions advocated the development of a diverse physician workforce, finding out why Native American applicants have declined, encouraging international graduates, and easing the burden of multiple examinations, particularly the pointless Clinical Skills Examination. The Council on Medical Education issued a report on education about obesity for students, residents, and practicing physicians. There was continuing concern about workforce issues, including a call for more accurate projections of the need for physicians into the future.

The Council on Science and Public Health produced a report on how to reduce the consumption of sweetened beverages. Strategies endorsed included taxation, school lunch programs, public education, and portion control. Resolutions supported healthier food in hospitals, healthier food in food banks, the SNAP program, and WIC. Others included access to treatment for prisoners with hepatitis C infection as well as better access for all such infected individuals. There was support for increased access to paid leave for child care. The phrase “gun violence prevention” is to be substituted for “gun control” in AMA policies. This is pretty much current policy, but is still a useful change. The AMA will review whether the CDC or other agencies should begin to track police-related injuries and deaths. There was a brisk discussion over vaping. While AMA policy has opposed e-cigarettes, there was support for using them as an aid to smoking cessation. But after debate, the matter was referred back to the Council. Lastly, a resolution from Shannon Tai, of St. Louis, called for limiting screen time for children to prevent myopia. It was adopted without debate.

In the legislative arena, health care and its financing were large items. There was great concern over Medicaid. Despite its well-publicized flaws, the AMA has been fiercely protective. There was much concern about plans to cap Medicaid expenditures. A Council of Medical Services report outlined a set of principles by which to evaluate proposed legislation. A core principle is protecting coverage to those currently under Medicaid. There was considerable discussion over whether or not these principles should be adopted and publicized. Many felt that the HOD should not place itself on record, or disclose its strategy to its opponents. In the end, the report was simply referred back to the Council to refine the principles. Both sides of this particular debate wanted to preserve Medicaid, and avoid caps, but were unable to agree on how best to do that. Strangely, both sides of this debate used the same arguments, but reached disparate conclusions. This debate was a testimony both to the difficulties of these issues and to the political polarization surrounding them.

Since health insurance reform may include cross-state insurance policies, the AMA is recommending that such policies should be compliant with the insurance requirements of all states in which it is being sold. As this would remove a major incentive for writing cross-state policies, this policy would in effect oppose most such policies. Nonetheless, protections for patients have been legislated in each state, often with strong support from state medical societies and the AMA.

Treatment of the homeless remains a problem in every part of the country. “Housing first” advocates want to provide shelter first, then treat mental illness and other illnesses later. The AMA supported the “housing first” principle, but recognized that this principle may not be effective in individuals with substance abuse. There were resolutions to improve veterans’ health care both within and outside of the VA system. The HOD adopted a set of principles governing coverage of unanticipated out-of-network care. Drug pricing was addressed by resolutions calling for transparency in drug pricing, negotiated drug pricing, and limitations on annual price increases.

Barbara McAneny, MD, a medical oncologist from New Mexico, was elected President-Elect. She will succeed Dr. Barbe in 2018.

At this meeting, AMA dues were kept unchanged, as they have been since 1994. That’s 24 years, a proud record of maintaining access to the largest medical organization in the United States. If YOU haven’t joined – why not? You need an advocate at the national level. You may not care about politics. But politics cares about you.