Each year, the House of Delegates (HOD) of the American Medical Association holds two meetings, an annual meeting in Chicago, in June, and a smaller meeting in November. In 2018, the interim meeting was held in National Harbor, Maryland, a suburb of Washington, DC, November 9-13. This meeting is intended to allow the organization to respond quickly to time-sensitive issues, and is focused on legislation and public advocacy.

The current AMA President, Barbara McAneny, MD, discussed barriers to health care in our dysfunctional system. She cited an example of a health plan denying pain medicine to a cancer patient, resulting in his suicide attempt. Restrictions on the use of opioids often result in their being withheld from patients who need pain relief. Further, reform of prior authorization procedures is currently a major priority for the AMA. Physician burnout has become too common. Electronic Health Records (EHR) are burdensome and the health system itself interferes with health care. Large health care systems are becoming too powerful. The AMA has fought large mergers, winning some and losing some. The increase in drug prices is also interfering with patient care. She summarized by saying that health care runs on our licenses. We have the power and the obligation to change the health care system.

Jack Resnick, MD, chair of the Board of Trustees (BOT), discussed the proposed CMS rules to condense codes and cut reimbursement for evaluation and management services. The AMA has negotiated for improvements. Yet, the proposed new rules may still be disruptive.

James Madara, MD, the Chief Executive of the AMA, discussed the role of the AMA in reinventing medical education, improving the health of the nation, and reforming the dysfunctional health care system. The AMA has funded the Accelerating Clinical Education (ACE) in 32 schools. This year, the AMA put up $15 million for grants to reconfigure residency education. He also discussed the AMA’s innovation in medical technology. First Mile Care, a spin-off from Health 2047, is focused on improving lifestyle to reduce the development of type 2 diabetes. See www.health47.com. IHMI is a new data model which is designed to include social determinants of care and carry the promise of how clinical data is organized, recorded, and clinically shared. These new models are disruptive, he said, but physicians must be disruptive to repair the system and move forward.

OSMAP, the Organization of State Medical Association Presidents, meets the day before AMA meetings. Its meeting emphasizes current and controversial topics, especially new initiatives from the states. Dr. Gary Price discussed the results of the 2018 physicians survey by the Physicians Foundation, which showed, among other things, some 78% of physicians who responded had symptoms of burnout. Dr. McAneny discussed current AMA activities: sustainability of physician practices, enhancing medical education, and improving health outcomes. She also addressed the workforce shortage and the lack of residency slots and new residency programs. Congress has so far declined to provide funding through Medicare and Medicaid for increasing the number of residency slots. In fact, Congress wants to decrease such funding. We must find new funding sources. Dr. Resnick and Mr. Leonard Nelson, JD, discussed the activities of the Litigation Center, which supports medical-legal issues from local courts to the
Supreme Court. It currently is involved in over 100 cases.

Presentations from the state societies concerned adverse changes in Medicare, tort reform, and rising maternal death rates. Scott Ferguson, MD, reported on the efforts of the Arkansas state legislature, so far unsuccessful, to write tort reform into the state constitution. Mark Thompson and Vince Albanese presented on Delaware’s use of blockchain technology to facilitate prior authorization. This technology is in the pilot phase. Nestor Ramírez, MD, from Illinois, reported on rising maternal death rates, both in his state, and nationally. The peak in mortality comes after delivery, with half occurring after 6 weeks. He advocated for “fourth trimester” care. Barbara Love, MD, speaking for the American College of Obstetrics and Gynecology, urged that state medical societies support the Activities for Alliance in Maternal Health. These guidelines emphasize simple measures, such as treatment of hypertension, diabetes, and acute heart failure. Florida reported on their “Healthy Floridians Initiative.” This encourages healthy lifestyle with an emphasis on physical activity and good nutrition. The program will be rolled out in four areas in the state, with data collection to measure effectiveness.

Moving to the formal meeting of the House of Delegates, the AMA remains highly concerned about the increasing number of deaths secondary to opioid overdose, 60,000 in the last year. A major presentation on methods to deal with this epidemic was given, and several resolutions addressed it as well. But no one has easy answers. A lengthy resolution suggested a number of initiatives which have been found effective in locations around the country. The national push to “blame the doctor first” has slowed somewhat. Opioid use disorder is a chronic disease, and should be treated as such. There was general agreement on combined programs of community-based initiatives, modest legal reform, and pro-active medical treatment of the chronic opioid user will.

Resolutions and reports covered many topics. According to a BOT report, preventive care should not be subject to co-payments or other limitations. A resolution supported data collection on medical student and resident suicide, to try to find ways of preventing these tragedies. Prevention of gun violence was emphasized by several resolutions, which largely reiterated current AMA policy. A report from the Council on Medical Services (CMS) advocated access to certified Canadian pharmacies for personal drug purchases. The HOD added access to all certified foreign pharmacies, not just Canadian. An emergency resolution called for improvement in processes
dealing with sexual and non-sexual harassment within the AMA, and at meetings. This passed overwhelmingly.

There was increased concern over both smoking and “vaping” in children. E-cigarettes have become very popular in middle and high schools across the country. The fashionable e-cigarette marketed as Juul has even created a term, “juuling”. The HOD passed a resolution that e-cigarettes should be prohibited for minors. There was discussion of the use of e-cigarettes as an aid to smoking cessation. Most delegates felt it was not very effective, and a resolution promoting it was rejected. A resolution supported banning flavoring agents in cigarettes and e-cigarettes. Since the meeting, the FDA has indeed recommended banning all flavored cigarettes, including menthol, and flavored e-cigarettes.

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ADVOCACY

Each meeting, the Board of Trustees (BOT) and several councils report on significant matters, usually in response to resolutions from previous meetings. This year, there were significant reports on physician free speech, violence prevention, methadone clinics, prescription drug monitoring programs, identification of animal-derived ingredients contained in prescription medications, treatment of children born with ambiguous gender identity, primary care workforce, and others. Several reports were sent back to the BOT or council for reconsideration, including competency of senior physicians, use of body-worn cameras by law enforcement, physician-assisted suicide, covering of mammography screening, and others. All of these reports are on the AMA website, www.ama-assn.org.

There was much discussion over a report on physician-assisted suicide, from the Council on Ethical and Judicial Affairs (CEJA). Proponents introduced the term “aid in dying” as more acceptable than “physician-assisted suicide”. This broader term covers some of what we regard as palliative care. Current AMA policy condemns physician-assisted suicide as unethical, regardless of whether or not it is legal in a given state. CEJA recommended against adopting “aid in dying” as a useful description of physician care at the end of life. The report was referred back to CEJA, AMA policy remains unchanged, and there will be an updated report at the 2019 annual meeting.

In a side session by the Legislative Council, the election was analyzed. Health care was the top winning issue in the election for Democrats, specifically cost, access, and the Affordable Care Act. Medicare for all (and single payer) was an issue in some campaigns, but those who advocated it generally lost. Medicaid expansion was a big issue, including in Kansas and Missouri.

Going forward, health policy issues will be ACA fixes, prescription drug prices, and possible MACRA reform. The fee schedule for E/M coding is still in play, although we have staved off the worst possible. Necessary budget cuts will looming over both the “lame duck” session and the next Congress.

Another side session discussed blockchain technology in health care. Blockchain use may enable true personal health records, with patients able to maintain their own health records, and control access to them. Other uses have been proposed, including maintenance of physician credentialing files and supply chain integrity. The technology is promising. But then, we have had a lot of promises from technology in the past. Does anyone else remember when EHR’s seemed like a great idea?

Members of the Missouri delegation serve in leadership roles. David Barbe, MD, from Mountain Grove, MO, serves as Immediate Past President of the American Medical Association. Edmond Cabbabe, MD, of St. Louis, serves on the Council for Long Range Planning and Development. Charles Van Way, of Kansas City, MD, serves on the Steering Committee of OSMAP.

Missouri and Kansas are now the only members of the Heart of America (HOA) Caucus. The other two members, Arkansas and Oklahoma, both left to join the Southeast Caucus. For the future, our two states will remain together in the HOA. Rebecca Hierholzer, MD, of Kansas City, announced her retirement from the AMA delegation, after nine years of service.

Your AMA delegation continues to support your interests at the AMA. Keep those e-mails coming! And if you have particular concerns, submit a resolution by February 19 to the MSMA Annual Convention held at the Westin Crown Center in Kansas City on April 5-7.
The Young Physician Section (YPS) of the AMA includes any physicians who are less than 40 years of age or within the first eight years after their terminal residency or fellowship training. The AMA-YPS does not establish internal policy, focusing on resolutions and reports addressed by the full House of Delegates.

At the AMA national meeting at National Harbor, Maryland, AMA-YPS adopted two resolutions to be forwarded to the HOD in June, on peer support groups for second victims and on workplace bullying. The first resolution asked the AMA to encourage local physician wellness programs to develop peer support groups for “second victims” (healthcare providers involved in unanticipated adverse events, medical errors, and/or patient-related injuries). It also asked the AMA to work with others to survey all physicians in the US to quantitate the effects of stress and burnout, and its impact on our physician workforce. The second resolution asks the AMA to work with partners to develop a strategy to eliminate bullying in medical practice. AMA-YPS had an inspiring roundtable discussion on wellness and burnout among young physicians. Finally, a compelling seminar about “Blockchain in Health Care” discussed how blockchain may be useful in pharmacy supply chains and pharmacovigilence, healthcare monitoring and analytics, prior authorizations, billing, integrated AI for improved diagnostic capabilities, enrolling patients into research studies, and empowering patients to manage their own health and medical records.

In the AMA-HOD, there was discussion about the CMS proposal to consolidate payment for E&M services, calling for congressional action before January 1 if CMS moves forward with a proposal to consolidate payment for services in the final physician fee schedule. Another issue was site of service differentials, given the ongoing disparities in Medicare payments for outpatient procedures across care settings. The AMA encouraged CMS to expand reimbursements for procedures performed in the office, to shift procedures from hospitals to more cost-effective office settings, and to have practice expense RVUs reflect the true cost of office procedures. A timely discussion on Veterans Day was had on “Ensuring Quality Health Care for Our Veterans,” to ask the AMA to advocate for greater patient access to care for veterans outside the VA, improving the safety and quality of care in the VA, and ensuring recruitment and retention of VA physicians.

Other issues that were addressed by the AMA-HOD include:

- Development of guidelines for responsible media coverage of mass shootings
- HIV post-exposure prophylaxis to survivors of sexual assault
- Reimbursement for services rendered during physician credentialing
- Prescription drug re-importation from other countries
- Advocacy for seamless interfaces between physicians’ electronic health records, pharmacies, and prescription drug monitoring programs
- Opposition to Medicare Part B to Part D changes
- Protecting physician freedom of speech
- Opposition to step therapy in Medicare Advantage plans
- Opposition to mandatory licensing requirements for qualified clinical data registries
- Protection of physician-led medical education

If you or someone you know is a young physician who may be interested in getting involved in the MSMA-YPS and/or AMA-YPS, please contact Stephen Foutes at stephen@msma.org or 800-869-6762 and/or visit the AMA-YPS webpage at www.amassoc.org/yps-annual-overview.