

# Physician Advocacy: The AMA Annual Meeting 2018



by the Missouri Delegation to the AMA and compiled by Charles Van Way, III, MD

The AMA considers all matters of health as its charge. But every year, certain things are emphasized over others. At the 2018 Annual Meeting in Chicago, June 9-13, these were the opioid crisis, public health, firearm violence, medical education, insurance and finance, prescription drugs, and physician well-being.

The opioid crisis concerns all physicians. With considerable pressure from both state legislatures and medical organizations, physicians have collectively reduced opioid prescriptions by 20% over the last 2-3 years. But the death rate continues to rise. Several resolutions addressed this by condemning the companies making opioids, by educating physicians, by better training medical students and residents, and by encouraging drug companies to produce alternative non-addicting classes of pain killers. The problem is growing, and there was little consensus on how to deal with it.

A resolution addressed the problem of drug-assisted sexual assault by calling for mandatory drug testing of all victims. Drs. Rebecca Hierholzer of Missouri and Mark Miller from the Council on Science and Public Health educated the HOD about drug facilitated assault, especially about the inability of hospital and clinics to offer immediate testing due to lack of quick reliable assays and chain-of-custody issues. Occasionally, the HOD can become collectively enthusiastic about an appealing policy, without considering whether that policy is feasible. The well-intentioned resolution was not adopted.



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Perhaps the most popular issue at the meeting was control of firearm violence. The AMA has long supported gun control. Existing policies were strengthened by resolutions supporting prohibition of “assault-type” weapons, “bump” stocks, large capacity magazines, and armor-piercing bullets; mandatory registration of all firearm owners; and requiring that persons be licensed before they can purchase a semi-automatic firearm. This highly confrontive approach had a great deal of appeal to the delegates, who were focused on mass shootings, especially at schools.

Both a report from the AMA and a presentation on prevention of firearm violence took a public health-oriented approach. The 0.3% of deaths from mass shootings are highly publicized and distressing to all of us. But 59% of firearm deaths are suicides, and 39% interpersonal violence. To lower firearm deaths, these must be addressed. The panel presentation advocated collaboration among physicians, public health, hunting organizations, gun safety groups, and the general public. The AMA appears to be adopting a carrot and stick approach, calling for restrictive regulations while still advocating a collaborative approach.

Continuing with current political issues, the HOD adopted a resolution calling for a change in the current administration’s policy of separating families of illegal immigrants, jailing the adults and placing the children elsewhere. This resolution was featured in newspaper articles across the country. As we all know, the policy has since been rescinded. But the issue remains, and implementation of new policies is “evolving.” That’s government-ese for “directionless and confused.”

A resolution from Oklahoma called for physician education on human trafficking. A large percentage of victims come to the health care system, but very few are identified by physicians or hospital staff personnel. Human trafficking is a much larger legal and public health problem than most of us appreciate, and such education will have significant impact.

The AMA remains active in improving medical education. A report discussed the growing mismatch between places available for graduate medical education and



Missouri Delegates at the 2018 AMA Annual Meeting.

the number of physicians (MD and DO) being graduated. There are more first year jobs than there are graduates of US MD/DO schools, but much fewer than the total number of applicants. An increasing number of U.S. MD/DO graduates from U.S. and international schools are without positions following graduation. The report strongly advocated expanding graduate medical education to keep pace with expanding undergraduate medical education. Placement of graduates in GME should become one of the criteria by which medical schools are judged. The problem of graduates without residencies is severe, with perhaps 3,000 to 4,000 new MDs and DOs each year being unable to find jobs a training position.

Health insurance and health care financing continues to be a major concern. The cost of health insurance is unreasonably high. The financial strain of illness has become the most common trigger for individual bankruptcies. A report from the Council of Medical Services put part of the blame for recent increases on the repeal of the individual mandate. It recommended making premiums deductible up to 500% of the present limit, educating the public on health insurance, and establishing a federal reinsurance program. A resolution from Missouri called for evaluation of medical student education in health finance; this was referred for study, presumably by the Council on Medical Education.

Prescription drug shortages continue to plague the health care system. The AMA has already declared this a public health crisis. A resolution called for steps to be taken to minimize the impact of natural disasters on the drug supply. The possible role of pharmacy benefit managers in restricting the supply of drugs and increasing their cost was also discussed, Resolutions called for more control of pharmacy benefit managers, which are now given an anti-

kickback “safe harbor” from oversight and regulation.

Continuing concerns about the electronic health record (EHR) resulted in a number of resolutions. One proposed requiring integration of prescription drug monitoring program with EHRs; this was referred for study, as it turns out to be a very complex technical issue. Other resolutions deal with requirements for interoperability and sharing of information, meaningful use requirements, integration of drug cost data, and education of students and residents in the use of EHRs. There was a Board of Trustees (BOT) report on “augmented intelligence” (AI), the new term for artificial intelligence. Several resolutions either dealt with AI or referred to it.

As always, there were a number of proposals concerning public health. Resolutions dealt with vaccination against papilloma virus. Resolutions on e-cigarettes called for effective regulation by the FDA, including listing of ingredients and national-level rules on things like access by minors.

The meeting of the Organization of State Medical Association Presidents (OSMAP) the day prior to the House of Delegates meeting was, as always, devoted to state issues. David Barbe, MD, spoke, as AMA president, of the current directions of the AMA. He included work-life balance, insurance issues, scope of practice issues, opioid use, and the always-critical issue of membership in the AMA. Other state-level issues included a movement for tort reform in Arkansas, a critical Wisconsin Supreme Court decision affecting caps on malpractice settlements, an attempt to impose medical price controls in California, and an opioid education program from Ohio. In Delaware, the medical society is beginning the use of blockchain technology to speed up prior authorization requests.

Several people from Missouri were in leadership roles. David Barbe, MD, finished his term as President of the AMA with this meeting. Dr. Barbe addressed the House of Delegates (HOD), emphasizing the importance of physician leadership. Edmond Cabbabe, MD, serves on the Council for Long Range Planning and Development. Jerry Kennett, MD, concluded eight years’ service on the Council on Legislation. Charles Van Way, MD, continues to serve on the Steering Committee of OSMAP.

Barbara McAneny, MD, was inaugurated as the 173rd president of the AMA. An oncologist from New Mexico, Dr. McAneny has promoted innovative practice models, and has been a strong voice for care of the Hispanic and Native American populations in New Mexico.

Patrice Harris, MD, was elected to be President-Elect. A physician from Atlanta, Georgia, she has been Chair of the Board of Trustees, and has been a strong advocate for the care of underserved minorities.

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# Rising Leaders: Residents and Fellows at AMA Annual 2018



by Joanne Loethen, MD

Be driven, be committed, and lead medicine forward. These were messages residents and fellows from across the U.S. heard as they attended the 2018 Annual Meeting of the American Medical Association (AMA). The Resident and Fellow Section (RFS) held its section meeting in the days preceding the AMA House of Delegates. Fifty-nine first-time RFS attendees were present, many also serving as delegates from their state or specialty societies. The section heard from outgoing president, David Barbe, MD, who spoke to the impact AMA has had on ongoing public health crises of today - namely gun violence and opioid addiction. Dr. Barbe encouraged the continuation of a strong RFS voice within the AMA to help lead change in medicine. In a joint session with the Young Physician and Medical Student Sections, the RFS also heard from Surgeon General, Jerome M. Adams, MD, MPH, who echoed similar sentiments regarding early-career physicians being engaged in policy and public health issues to help move medicine forward in a positive direction. In a later speech to the AMA House of Delegates, Adams emphasized the importance for veteran AMA members to engage with younger members of their delegations to ensure sustainability of the organization.

As part of the RFS business meeting, action was taken on sixteen resolutions across a wide variety of issues. Nathaniel Barbe, DO, and Joanne Loethen, MD, served as delegates on behalf of Missouri's residents and fellows. Resolutions acted upon covered a variety of issues including:

- Opposition to the separation of children from parents at the U.S. border.

- Coverage for post-treatment reconstruction services of breast cancer patients.
- Alleviating restrictions to expand moonlighting opportunities for International Medical Graduates on J1 visas.
- Exploring how augmented intelligence and technological innovations can safely and effectively be integrated into the delivery of effective medical care.
- Studying the feasibility of a house-staff union or similar model that could serve to uphold appropriate working standards while ensuring uninterrupted patient care.
- Advocating coverage of additional imaging for women with dense breast tissue undergoing breast cancer screening.
- Promoting discussions of fertility preservation in pediatric and reproductive age cancer patients undergoing therapies that may affect long-term fertility.
- Improving the coordination of medical care for prisoners recently released to the community.
- Supporting a mandate for state newborn screening of critical congenital heart defects.
- Evaluating barriers to medical school matriculation for students with disabilities.

In closing business, the new RFS Chair, Colin Murphy MD, took the reins and the remaining RFS Governing Council was elected.

If you or someone you know is a resident or fellow interested in becoming more involved with the AMA or attending a national meeting, visit the AMA-RFS webpage at <https://www.ama-assn.org/about/resident-and-fellow-section-rfs>

The next AMA-RFS meeting will be the Interim Meeting held November 8-10, 2018 in National Harbor, MD. This is just prior to the AMA Interim Meeting held November 10-14, 2018

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