



A-08 MAC report / resolutions briefing grid

Rpt/ Res	Title	Summary / comments
Reference Committee on Amendments to Constitution & Bylaws		
CEJA 1	Industry Support of Professional Education in Medicine	<p>Recommendations</p> <p>The Council on Ethical and Judicial Affairs recommends that the following be adopted and that the remainder of this report be filed:</p> <p>Medicine’s autonomy and authority to regulate itself depends on its ability to ensure that current and future generations of physicians acquire, maintain, and apply the values, knowledge, skills, and judgment essential for quality patient care. To fulfill this obligation, medicine must ensure that the values and core commitments of the profession protect the integrity of professional education. It must strive to deliver scientifically objective and clinically relevant information to individuals across the learning continuum—from medical school, into residency and fellowship training, and throughout continuing medical education.</p> <p>To promote continued innovation and improvement in patient care, medicine must sustain ongoing, productive relationships with the pharmaceutical, biotechnology, and medical device companies. However, industry support of professional education has raised concerns that threaten the integrity of medicine’s educational function. Existing mechanisms to manage potential conflicts and influences are not sufficient to address these concerns.</p> <p>Given medicine’s current reliance on industry funding of professional education, implementing the following recommendations will take time. Yet we must recognize the profession-defining importance of ultimately achieving these goals. To that end:</p> <p>(1) Individual physicians and institutions of medicine, such as medical schools, teaching hospitals, and professional organizations (including state and medical specialty societies) must not accept industry funding to support professional education activities. Examples of such activities include, but are not limited to, industry funding for:</p>

		<ul style="list-style-type: none">(a) residency positions and clinical fellowships;(b) didactic educational programs, such as live or web-based continuing medical education activities;(c) physician speakers' bureaus; and(d) travel, lodging, and amenities for participants of clinically relevant educational programming. <p>(2) One exception to no industry support of professional education is when new diagnostic or therapeutic devices and techniques are introduced. Given the requirement for technical training on how to use new devices, industry representatives may have to play an educational role because they could be the only available teachers. But once expertise in the use of previously new devices has developed within the professional community, continuing industry involvement in educating practitioners is no longer warranted. Technical assistance or support that industry representatives may provide physicians in the context of patient care (e.g., helping a surgeon in the operating room select the appropriately sized prosthesis components) is not considered professional education and is not ethically inappropriate.</p> <p>(3) Medical schools and teaching hospitals are learning environments for future physicians at a critical, formative phase in their careers. These institutions have special responsibilities to create and foster learning and work environments that instill professional values, norms, and expectations. They must limit, to the greatest extent possible, industry marketing and promotional activities on their campuses. Examples of such activities include, but are not limited to:</p> <ul style="list-style-type: none">(a) free food and other industry gifts for trainees and faculty, and(b) detailing visits by industry representatives. <p>Medical schools and teaching hospitals have a further responsibility to educate trainees about how to interact with industry and their representatives, especially if and when trainees choose to engage industry in varying capacities after residency and fellowship training.</p> <p>(4) The medical profession must work together to:</p>
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		<p>(a) identify the most effective modes of instruction and evaluation for physician learners, then;</p> <p>(b) more efficiently develop and disseminate educational programming that serves the educational needs of all physicians, especially for those who have difficulty accessing continuing medical education (such as those who practice in rural areas); and</p> <p>(c) obtain more noncommercial funding of professional education activities. (New HOD/CEJA Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>
007	Enhancing the Voice of the Minority Affairs Consortium	<p>Resolved, That our American Medical Association establish the Minority Affairs Consortium as a section (Directive to Take Action); and be it further</p> <p>Resolved, That our AMA modify Policy D-615.989 by deleting the second clause and inserting “establish the Minority Affairs Consortium as a section advocating in conjunction with the AMA on minority health and professional health issues of underrepresented minority physicians” (Modify Current HOD Policy); and be it further.</p> <p>Resolved, That our AMA approve a name change from the Minority Affairs Consortium to the Minority Affairs Section and be recognized as such in the AMA Bylaws (Directive to Take Action); and be it further</p> <p>Resolved, That our AMA authorize the MAC to develop a mechanism for automatically enrolling AMA members from racial and ethnic groups underrepresented in medicine as MAC members while continuing to have an opt-in enrollment process for physicians not considered a part of this underrepresented population. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$750.</p>
008	Expanding Minority Voices in the AMA Resident and Fellow Section	<p>Resolved, That our American Medical Association revise its bylaws to allow seating of a delegate to the AMA Resident and Fellow Section assembly for one representative from each national minority medical organization, including but not limited to the National Medical Association, the National Hispanic Medical Association, and the Association of American Indian Physicians. (Modify Bylaws)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>
Reference Committee A (Medical Service)		
103	AMA Progress on Removing Patient	Resolved, That our American Medical Association provide an update to its membership on the

	Translation Costs from Physician Responsibility	progress it has made on eliminating payment for translation services for patients by the physician and their future plans for addressing this problem. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.
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Reference Committee B (Legislation)

220	Bill of Rights for J-1 Visa Holding Physicians	<p>Resolved, That our American Medical Association seek legislation to establish a model employment contract to protect J1-Visa holding physicians who are employed in waiver programs. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,188.</p>
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Reference Committee C (Medical Education)

CME 7	Diversity in the Physician Workforce and Access to Care	<p>Recommendations</p> <p>Therefore, the Council on Medical Education recommends that the following be adopted and that the remainder of this report be filed.</p> <ol style="list-style-type: none"> 1. That American Medical Association Policies H-200.951, “Strategies for Enhancing Diversity in the Physician Workforce,” and H-200.054, “US Physician Shortage” be reaffirmed. (Reaffirm HOD Policy) 2. That our AMA continue to advocate for programs that promote diversity in the US medical workforce, such as pipeline programs to medical schools. (Directive to Take Action) 3. That our AMA continue to advocate for adequate funding for federal and state programs that promote interest in practice in underserved areas, such as those under Title VII of the Public Health Service Act, scholarship and loan repayment programs under the National Health Services Corps and state programs, state Area Health Education Centers, and Conrad 30, and also encourage the development of a centralized database of scholarship and loan repayment programs. (Directive to Take Action) 4. That our AMA continue to study the factors that support and those that act against the choice to practice in an underserved area, and report the findings and solutions at the 2008 Interim Meeting. (Directive to Take Action) <p>Fiscal Note: \$7,500 for staff time to research the indicated issues and to advocate as directed</p>
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Reference Committee D (Medical Education)

CSAPH 4	Ensuring the Best In-School Care for Children with Diabetes (Resolution 404, A-07)	<p>Recommendation</p> <p>The Council on Science and Public Health recommends that the following statement be adopted in lieu of Resolution 404 (A-07) and the remainder of this report be filed:</p>
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		That our American Medical Association establish policy that physicians, physicians-in-training, and medical students should serve as advocates for pediatric patients with diabetes to ensure that they receive the best in-school care, and are not discriminated against, based on current federal and state protections. (New HOD Policy)
		Fiscal Note: No significant fiscal impact
407	Rating System for Processed Foods	RESOLVED, That our American Medical Association support the concept of a simpler nutrition food label, representing a grading system, to be used in addition to the current food label. (New HOD Policy)

Reference Committee E (Science and Technology)

BOT 4	Increasing Minority Participation in Clinical Research	<p>Recommendations</p> <p>The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 912 (I-07), and that the remainder of this report be filed.</p> <ol style="list-style-type: none"> 1. That our American Medical Association advocate that: <ol style="list-style-type: none"> (a) The Food and Drug Administration (FDA) conduct annual surveillance of clinical trials by gender, race, and ethnicity to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be modeled after National Institute of Health guidelines on the inclusion of women and minority populations. (b) The FDA have a page on its web site that details the prevalence of minorities and women in its clinical trials and its efforts to increase their enrollment and participation in this research; and (c) Resources be provided to community level agencies that work with those minorities who are not proportionately represented in clinical trials to address issues of lack of access, distrust, and lack of patient awareness of the benefits of trials in their health care. These minorities include Hispanics, Asians/Pacific Islanders/Native Hawaiians, and Native Americans. (Directive to Take Action) 2. That our AMA recommend the following activities to the FDA in order to ensure proportionate representation of minorities in clinical trials: <ol style="list-style-type: none"> (a) Increased fiscal support for community outreach programs; e.g., culturally relevant community education, community leaders' support, and listening to community's needs; (b) Increased outreach to female physicians to encourage recruitment of female patients in clinical trials; (c) Continued minority physician education on clinical trials, subject recruitment,
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		<p>subject safety, and possible expense reimbursements;</p> <p>(d) Support for the involvement of minority physicians in the development of partnerships between minority communities and research institutions; and</p> <p>(e) Fiscal support for minority recruitment efforts and increasing trial accessibility through transportation, child care, reimbursements, and location. (Directive to Take Action)</p> <p>Fiscal Note: Less than \$500</p>
504	HIV and Public Health Prevention Services	<p>Resolved, That our American Medical Association encourage and provide input for the development of public health prevention services to be offered to persons reported with HIV infections, modeled after those provided for other communicable diseases. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement</p>
509	Cancer and Health Care Disparities Among Minority Women	<p>Resolved, That our American Medical Association encourage research and funding directed at addressing racial and ethnic disparities in minority women pertaining to cancer screening, diagnosis, and treatment (New HOD Policy); and be it further</p> <p>Resolved, That our AMA promote cancer education among minority women that uses an appropriate literacy level and culturally sensitive approach. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement</p>
510	Systemic Lupus Erythematosus and Its Impact on Minority Health	<p>Resolved, That our American Medical Association support legislation to increase funding for biomedical research and educational programs that work toward finding the cause and a cure for lupus (New HOD Policy); and be it further</p> <p>Resolved, That our AMA collaborate with medical specialty societies and federal organizations, including the Office of Research on Women's Health at the National Institutes of Health, involved with research and educational initiatives pertaining to lupus. (New HOD Policy)</p> <p>Fiscal Note: Implement accordingly at estimated cost of \$1,188.</p>
511	Racial and Ethnic Disparities in Maternal Mortality	<p>Resolved, That our American Medical Association work with other interested organizations, such as the Centers for Disease Control and Prevention, to seek increased public and private funding to support educational efforts to expand awareness of providers, hospitals, and patient organizations about the increasing risk of maternal mortality in the United States, and the importance of preconception care to reduce these risks (Directive to Take Action); and be it further</p> <p>Resolved, That our AMA work with other interested organizations to seek increased</p>

		<p>public and private funding to study racial disparities in maternal mortality in the United States (Directive to Take Action); and be it further</p> <p>Resolved, That our AMA report back on these efforts at the 2009 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Develop report at estimated staff cost of \$5,000.</p>
514	Adopting a Definition for Metabolic Syndrome	<p>Resolved, That our American Medical Association support the development of a consensus statement defining metabolic syndrome. (New HOD Policy)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>
Reference Committee F (Finance and Governance)		
n/a		
Reference Committee G (Medical Practice)		
705	Evaluating the Physician Quality Reporting Initiative	<p>Resolved, That, through its committee structure, our American Medical Association examine and evaluate the implementation and data relating to the Physicians Quality Reporting Initiative and report back to the House of Delegates at the 2008 Interim Meeting on compliance of the program with AMA Principles and Guidelines on Pay-for-Performance as well as any benefits, unintended consequences and negative effects for patients and physicians (Directive to Take Action)</p> <p>Fiscal Note: Estimated cost of \$4,580 for study and report.</p>
711	Seek Guidelines for Handling Prejudiced Patients	<p>Resolved, That our American Medical Association work with the appropriate authorities and health care facilities to encourage hospitals and health care facilities to adopt uniform guidelines for physicians to follow in non-life threatening emergencies when encountering abusive patients. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.</p>
Informational Reports/Other		
BOT 28	Reauthorization of the Indian Health Care Improvement Act (Resolution 221, A-07)	<p>Conclusion</p> <p>The AMA supports reauthorization of the IHCA and has expressed this support directly to Congressional staff. AMA will continue to work with Congress to find a mutually acceptable resolution to concerns surrounding Sec. 221 and to support the reauthorization of the IHCA.</p>
IMG 2	Improving the Health of Minority Populations	<p>Resolved, That our American Medical Association study broadening all public health race ethnicity data to include as many minority groups that are feasible in order to understand and reduce the occurrence of illnesses that are highly prevalent among disadvantaged minority groups. (Directive to Take Action)</p>