

## To our members and stakeholders in the health of America

The year 2003 brought additional positive news about the fiscal health of the American Medical Association (AMA). The AMA has successfully maintained a strong pattern of financial growth for four consecutive years. We attribute this to a continued focus on operating our organization in an increasingly cost-effective manner, while placing the needs of our member physicians and medical students above all other objectives.

As a result of much hard work, the AMA realized several significant accomplishments during 2003. Many were the outcome of our unwavering, aggressive advocacy efforts.

**“Our victories on Capitol Hill affect every physician and, as a result, also touch every single U.S. patient.”**

In February, after intensive dialogue with Congress by the AMA and our specialty and state society partners, we averted a 4.4 percent cut in 2003 Medicare physician payments and, instead, achieved a 1.5 percent increase. In November, the AMA successfully urged Congress to pass the Medicare Prescription Drug Bill, stopping another predicted 4.5 percent cut for 2004 and, instead, produced a 1.5 percent increase in physician payments for 2004 and 2005. The bill also provided much needed regulatory relief to physicians, reduced geographic payment disparities and more.

This same coalition, comprising the AMA, our partner medical societies, grassroots physicians and patients, also persuaded the U.S. House — for the second year in a row — to vote in favor of our proposed medical liability reforms, which include a cap on non-economic damages.

And the battle continues.

The Senate in July voted down the opportunity to make meaningful reform happen in the United States. However, the AMA continues to make national medical liability reform our No. 1 legislative priority and will do so until victory is achieved.

Other AMA accomplishments in 2003 include:

- Convincing Congress to ban ephedra;
- Achieving positive outcomes for physicians on matters of litigation concerning managed care organizations such as Aetna and CIGNA; and
- Educating members and the public on such public health concerns as obesity, older driver safety, bioterrorism preparedness, suicide and Alzheimer’s.

### Membership and advocacy

The AMA is among the most prominent legislative advocacy organizations in the United States. Our victories on Capitol Hill affect every physician and, therefore, touch every single U.S. patient. Standing together, America’s physicians wield the power to achieve meaningful improvements in health care today.

This past year was a banner one for our association’s advocacy successes on Capitol Hill. In fact, achieving two votes and victories on Medicare in one calendar year is unprecedented. With the help of the AMA, the combined voice of physicians was heard.

However, the AMA’s value as an effective voice for America’s physicians is inextricably linked to our ability to recruit and retain physician and medical student members. Strong membership creates even stronger advocacy.

Whenever the AMA goes before Congress to fight on behalf of physicians, it is routine to be asked how many physicians we represent. In 2003, we were able to achieve significant accomplishments — so it is reasonable to conclude that we can move mountains together if our numbers grow.

Our mission is to make real, meaningful improvements in America’s

health care. We can and will “heal the system” through our membership growth.

### Growing even stronger

This past year, the AMA undertook a vital, intensive membership study to learn exactly what it would take to grow our membership and, as a result, further strengthen the AMA’s position as the nation’s largest, most influential organization of physicians.

The 2003 Membership Initiative was an enormous, all-encompassing project — one centered on developing a better understanding of what our members and prospective members want and need their AMA to be. This initiative involved hiring a renowned consulting organization that could look at the AMA objectively and help us “step outside of the box” to better analyze the current state of our association, thus helping us map our future.

The 2003 Membership Initiative has helped us reinvigorate our member-centered approach and better concentrate on our core responsibilities. This process has also reminded us that the AMA needs to evolve in order to support and fulfill the changing professional needs of our members and keep us on point. As a result, the AMA is undergoing a reorganization, which involves realigning around membership.



(Clockwise from top) Herman I. Abromowitz, MD, secretary-treasurer; Michael D. Maves, MD, MBA, executive vice president/CEO; and William G. Plested III, MD, chair

Stay tuned, as 2004 promises many positive changes.

### Connecting with members

We aim to recruit, retain, involve and recognize our members with greater effectiveness and, as a result, build stronger, lasting connections with them. To accomplish this, we seek to better understand our members and their expectations, and measurably enhance the value of AMA membership.

Following from the 2003 Membership Initiative, our first project involves reaching out to our members and listening to what they have to say — because they are not just members of

our association, but individuals with unique perspectives and ideas, acutely aware of their own professional needs.

This project is called “AMA MemberConnect.” By launching this timely member survey program, we intend to make the AMA more valuable, regularly pulsing physicians and medical students on their needs and desires from their AMA.

AMA MemberConnect gives members an opportunity to provide opinions on issues that are important to them, their patients and their practices. Periodically, they will be sent surveys asking them to help set the AMA advocacy agenda for the following year; provide input on resolutions coming before the

House of Delegates, our policy-setting body; and discuss hot topics in medicine.

Survey results — as well as how the findings will be used by the AMA to effect change — will be shared with all members via our various member communications vehicles and on our Web site.

What we learn from our members will have immediate impact — helping drive and shape both our advocacy agenda and how we communicate with you.

Our message to AMA members for the year 2004:

- Tell us what you think the AMA should be.
- Help us shape the future of medicine.
- Allow us to better connect with you.

The AMA will build upon all of these connections to multiply the energy and mastery of our organization on behalf of all members.

## 2003 annual report

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The following pages show your AMA during 2003. Pages 5-13 describe the types of valuable connections we maintain and will continue to build with our members. Our connections with each of these individuals are examples of how the AMA provides the tools — and creates the community — through which AMA members can make a difference.

Pages 14-15 provide a snapshot of AMA activities, from advocacy and public health to litigation and education.

Our connections to the physicians we have profiled, as with all of our members, are vital. We pledge to listen to members even more carefully in the coming years and work even more diligently to meet their various needs.

The AMA amplifies the individual physician's voice. We connect our members to one another, harnessing the power of more than a quarter of a million American physicians to improve health care for the nation's patients.

Only by banding together can we make health care reform a reality. This, in turn, will strengthen our voice and fortify our advocacy efforts on behalf of America's physicians.

We thank all of our members for their continued involvement in the AMA's vital mission.



**William G. Plested III, MD**  
AMA chair



**Herman I. Abromowitz, MD**  
AMA secretary-treasurer



**Michael D. Maves, MD, MBA**  
AMA executive vice president/CEO