



2007 Interim Meeting Highlights for the AMA House of Delegates

Monday, Nov. 12

AMA advocacy: working for you

With doctors nationwide facing steep cuts in Medicare physician payments for 2008, the AMA continues to pressure lawmakers to pass legislation that would prevent the cuts and protect the health of America's seniors.

AMA advocacy has generated significant progress on this issue through an aggressive lobbying and advertising effort that includes e-mails, letters, automated phone calls, direct mail brochures and TV, print and Internet ads. But crunch time is approaching fast; under current law, Medicare physician payments for 2008 are scheduled to be slashed 10 percent on Jan. 1.

This summer, the U.S. House of Representatives passed legislation—the Children's Health and Medicare Protection (CHAMP) Act—that includes two years of positive updates. Now the AMA is working closely with county, state and national medical specialty societies, along with other stakeholders, such as AARP, in pressing the Senate to take immediate action to avert the cuts by adopting two years of positive updates, and to

establish a pathway for passage of a long-term solution in 2009.

It's important for updates to be funded in a way that does not make the overall cost of replacing the Medicare physician payment formula more expensive. Under current law, however, new spending increases must be offset by corresponding spending decreases or increases in revenue, and members of the Senate Finance Committee have yet to agree upon offsets. One option, which the AMA is strongly advocating, is reducing overpayments to private Medicare Advantage plans. By eliminating \$54 billion in excess payments to insurance companies, Congress can effectively fund payment increases for physicians and limit patient premium increases.

The AMA has attained numerous advocacy accomplishments this year despite intense partisanship on Capitol Hill, and a list of those achievements is available at the advocacy and member involvement booths.

Most recently, AMA lobbying efforts resulted in the U.S. Department

Undue Medicare Advantage

- Costs taxpayers about \$1,000 more per patient
- Seniors in traditional Medicare pay higher premiums to subsidize private plans
- Less choice of physicians
- Will destabilize rural health care safety net

Wasn't Medicare Advantage supposed to cost **less**, not more?

The American Medical Association, MedPAC and senior and patient groups have urged Congress to level the playing field between the traditional Medicare program and private Medicare insurance plans. Eliminating Medicare Advantage excess payments will enable Congress to: 1) prevent steep cuts in Medicare physician payments that threaten seniors' access to care and 2) lower premium increases for seniors.

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This ad targeting Congress is part of the AMA's ongoing campaign on Medicare payment.

of Education extending the "20/220 pathway," a valuable program used by medical residents to qualify for economic hardship deferment, until fall 2008. Shortly thereafter, legislation was introduced in the Senate to reverse the elimination of the 20/220 pathway.

Most recently in advocacy in the private sector, the AMA worked closely with New York Attorney General Andrew Cuomo in drafting an agreement between the Office of the New York State Attorney General and CIGNA, which will give the attorney general's office oversight of the implementation of any physician profiling programs CIGNA conducts in New York state.

New AMPAC club gets golden response

By mid-day Sunday, 113 AMA members at this meeting had joined the Capitol Club Gold, the new premium donor level (contributions of at least \$1,000, or \$500 for students and residents) of the AMA's Political Action Committee (AMPAC). Total contributions were at \$124,000 and rising. The following groups have achieved 100 percent membership in the Capitol Club Gold: the AMA Board of Trustees, the AMPAC Board of Directors, the Council on Legislation, and the Medical Student Section and Resident and Fellow Section Governing Councils. Contributions will be accepted at the AMPAC booth through the end of the meeting.

Revisit the medical staff bylaws

Physicians hold the key to ensuring that hospitals are following the rules when it comes to working with their medical staffs. That point was made clear during “Physician and Patient Advocacy: Keys to the Successful Implementation of the New Joint Commission Medical Staff Bylaws Standard MS.1.20,” an educational session on Monday morning—and at a similar session on Saturday—presented by the Organized Medical Staff Section (OMSS).

Earlier this year, the Joint Commission made major revisions to Standard MS.1.20—a move that requires medical staffs to review and amend their bylaws to ensure they are in compliance with the new standard when it takes effect in July 2009. The new standard strengthens medical staff self-governance, underscores the significance of medical staff bylaws and encourages hospitals to better cooperate with medical staffs.

OMSS Chair Stephen T. House, MD, provided an overview of the updated standard and stressed the value of bylaws review by medical staffs. Elizabeth “Libby” Snelson, a St. Paul, Minn., attorney who serves as counsel to medical staffs around the country, provided model language delegates can take back to their medical staffs. Both strongly urged physicians employed by hospitals to get involved in reviewing their own medical staff bylaws.

“Bylaws are extremely important, and that importance cannot be overstated,” Dr. House said.

He also noted the impact the updated MS.1.20 can have on both medical staffs and hospitals. By delineating the contents of medical staff bylaws, the new standard serves as something of a guide during instances when a hospital’s board of directors and medical staff don’t see eye to eye.

Delegates also received a CD-ROM with the latest edition of the



OMSS Chair Stephen T. House, MD, emphasized the importance of carefully reviewing and updating the bylaws of medical staffs.

“Physician’s Guide to Medical Staff Organization Bylaws.” Developed by the AMA Office of General Counsel, this resource addresses emerging medical staff issues and includes examples of model language that medical staffs can use to improve their bylaws.



Diana Ramos, MD, (left) and Erin Tracy, MD, chat at Saturday evening’s caucus and reception hosted by the AMA Women Physicians Congress. The event marked the first-ever Physician Mentor Recognition Program, celebrating 37 physicians who were nominated this fall by colleagues seeking to honor them as role models.

New research in med ed

Participants in Saturday’s educational program hosted by the Section on Medical Schools got a glimpse of a new multi-site translational research collaborative designed to advance the goals of the AMA’s Initiative to Transform Medical Education.

The project, called Innovative Strategies for Transforming the Education of Physicians (ISTEP), is unique in that each of its 16 research teams include experts in undergraduate, graduate and continuing medical education, said Audiey Kao, MD, PhD, vice president of the AMA’s Ethics Group.

“Very little research exists that cuts across all three stages of medical education,” said Dr. Kao.

The research sites include 27 medical schools, representing 26 percent of all medical students as well as 19 percent of resident physicians. ISTEP’s current projects include research into the prevention, diagnosis and treatment of substance abuse, as well as one that explores how to manage the influence of pharmaceutical marketing on sound prescribing. That study involves using role players who approach caregivers demanding to be prescribed a drug they saw on TV.

Much more is on the horizon for ISTEP once funding challenges are overcome, Dr. Kao said.