

**JOINT REPORT OF BOARD OF TRUSTEES AND  
COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT**

The following report was presented by Timothy T. Flaherty, MD, Chair, Board of Trustees, and J. David Nagel, MD, Chair, Council on Long Range Planning and Development:

**IMPLEMENTATION OF AMA POLICY  
(RESOLUTIONS 602 AND 606, I-00)**

**HOUSE ACTION: RECOMMENDATIONS ADOPTED AND  
REMAINDER OF REPORT FILED**

**BACKGROUND**

At its 2000 Interim Meeting, the American Medical Association House of Delegates considered Resolution 602 and Resolution 606. Although Resolutions 602 and 606 have the same title (“Implementation of AMA Policies”), their resolve sections differ slightly. Resolution 602, introduced by the Michigan delegation, asks:

That our American Medical Association reexamine the process of implementation of and adherence to its policies, collection of reports of violations, define the steps it will take when its policies are violated, and produce a report and widely disseminate it to members.

The resolve section of Resolution 606, introduced by the International Medical Graduates Section, states:

That our American Medical Association develop clear mechanisms for how reports of AMA policy violations could be collected and define the steps it will take to remedy these violations, with a report back at the 2001 Annual Meeting.

Reference Committee F proposed and the House agreed that Resolutions 602 and 606 should be referred to the Board of Trustees for study by the Council on Long Range Planning and Development. The Board and the Council subsequently discussed this assignment and agreed that they should respond to it through a joint Board-CLRPD report.

To initiate work on the assignment, the CLRPD met with the author of Resolutions 602 and 606 to find out more about the perceptions and concerns that underlie the resolutions. The Council asked about what was meant by the term, “policy violations.” The author recounted instances in which physicians had responded to AMA membership recruitment efforts with descriptions of situations where the AMA had an opportunity to advocate its policies, but had not done so. The author indicated that, in some instances, the AMA was addressing the physician’s concern but the physician was unaware of the AMA’s efforts. In other instances, the AMA was unaware of the specific situation that was of concern to the physician.

As used in Resolutions 602 and 606, the term “policy violations” relates to circumstances in the health sector environment that are inconsistent with the policies of the AMA. These situations represent potential opportunities for our AMA to advocate its policy positions.

**STUDY PLAN AND RESPONSE**

After reviewing Resolutions 602 and 606, considering the testimony presented to Reference Committee F on the resolutions, and hearing from the author of the resolutions, the Board and the CLRPD decided that their study and response should include the following dimensions:

- A description of the AMA policy system including:
  - The purpose and function of AMA policy;
  - A taxonomy of AMA policy, including identification of the types of AMA policy that are relevant to Resolutions 602 and 606;
  - The processes used to establish AMA policy;

- The requirements to adhere to AMA policy and the consequences that could follow from non-adherence to certain types of AMA policy;
  - The approaches that the Association uses to identify situations that are inconsistent with AMA policy and decide which situations to address through communication, representational, and advocacy efforts; and
  - The mechanisms used to implement AMA policy;
- An overall assessment of the AMA's approach to implementing its policies; and
  - Identification of measures that can enhance the ability of our AMA to implement its policies and steps that the Association can take to improve physicians' access to information about efforts to implement AMA policy.

The basic finding of the Board-CLRPD study is that: (1) our AMA works hard to implement its policies, using a variety of mechanisms and conduits; (2) the Association has had many successes and some disappointments in implementing its policies and advocating on behalf of patients and physicians; and (3) the AMA's membership market share and finances are factors that constrain the ability of our AMA to implement its policies. The more members that the AMA has, the greater is the credibility of the Association's when it speaks of behalf of patients and physicians and the more resources that the AMA has to pursue its advocacy objectives. Currently, only 30% of US physicians belong to the AMA.

Another finding is that communicating with physicians about the Association's successes in implementing and advocating for AMA policies continues to be a major challenge. Many physicians are not aware of the efforts that our AMA makes on their behalf. Consequently, the AMA must continue its efforts to achieve effective, two-way communications with physicians.

#### WHAT IS THE PURPOSE OR FUNCTION OF AMA POLICY?

Physicians have consistently indicated that advocacy is the AMA's most important "product" and that their principal expectation of the AMA is effective advocacy on behalf of patients, medical education, and the medical profession. The purpose of AMA policy is to serve as the conceptual foundation for AMA advocacy efforts.

#### WHAT ARE THE TYPES OF AMA POLICY?

One of the first steps in the BOT-CLRPD study was to determine what Resolutions 602 and 606 mean by "AMA policy." In the broadest sense, "policy" is a guide to decisionmaking and action. Most organizations, including the AMA, establish policies on how the organization itself should function. These sorts of policies usually relate to topics such as employee compensation, vacations, hours of work, etc.

Unlike most organizations, our AMA (and other medical associations) has a formalized process to develop normative statements about how the US health care system should be organized and how it should function and how the Association should be governed. The CLRPD has developed the following taxonomy for these types of AMA policy:

1. *Policies of the AMA House of Delegates* - The House establishes several types of policies:
  - (a) Statements on the appropriate organization and functioning of the US health care system, including all aspects of the continuum of medical education and positions on specific health care issues;
  - (b) Statements on the organization, governance, and functioning of the AMA; and
  - (c) Directives, which are statements by the House to the AMA Board about actions that the AMA and/or the Board should take; for example, study an issue and report back to the House, write a letter, advocate a specific position, etc.
2. *Current Opinions of the Council on Ethical and Judicial Affairs (CEJA)* - Current Opinions are CEJA's interpretations of the AMA's Principles of Medical Ethics as they apply to issues and situations in the practice of medicine.
3. *AMA Bylaws* - The Bylaws are the operational rules of the Association; they are established by the AMA House of Delegates, usually through adoption of recommendations generated by the AMA Council on Constitution and Bylaws.

The comments of the author of Resolutions 602 and 606 clearly indicate that the resolutions relate to a subset of our AMA's policy base. The resolutions focus on policies about the way that the US health care system should be organized and function and on policies about the ways that the participants in the health care system should function. Both the AMA House and CEJA develop such policies. Accordingly, in the remainder of this report, the term "AMA policy" refers to these aspects of AMA policy (i.e., items 1(a) and 2 in the CLRPD's taxonomy, as presented above).

#### HOW IS AMA POLICY ESTABLISHED?

The AMA House of Delegates and CEJA establish AMA policy. The processes through which they establish policy are well understood by the AMA House and, therefore, only an abbreviated description of the processes is presented in this section.

##### *The House's Policy Development Process*

The AMA House uses the following steps to develop its policies:

- Step 1: Recommendations for new House policies or modifications in current House policies are submitted to the House through reports and resolutions. Reports can be submitted to the House by the Board, AMA Councils, and Special Committees of the House. AMA Sections can submit informational reports to the House on their activities. Resolutions can be submitted to the House by AMA delegates, Federation delegations, and by the AMA Sections. About 250 reports and resolutions are submitted to each House meeting.
- Step 2: The Speakers of the House allocate the reports and resolutions to appropriate reference committees in accordance with the topic areas addressed by the various reference committees.
- Step 3: The reports and resolutions are compiled into the House of Delegates Handbook and distributed to delegates, alternate delegates, and others. Information on the reports and resolutions is also posted on the AMA web site.
- Step 4: The Convention Committee on Rules and Credentials develops and submits its report to the House. This report includes recommendations on how the House should handle late resolutions and resolutions that could be considered to be reaffirmations of current House policy.
- Step 5: The Reference Committees hold open hearings and, based on what they hear and on their own judgments, send recommendations to the House on how the House might handle the recommendations for additions or modifications to House policy.
- Step 6: The House acts on the recommendations of the Reference Committees and, thereby, adds to or modifies its policies.
- Step 7: The AMA Board develops and maintains an assignment grid on follow-through measures that should be taken on each action of the House. In a typical year, the House acts on approximately 500 items of business (reports and resolutions).
- Step 8: Information on the actions of the House is posted on the AMA web site immediately after each meeting of the House.
- Step 9: The AMA's PolicyFinder programs (stand-alone and web-based versions) are updated to reflect the actions of the House and are made available through the AMA web site.
- Step 10: The Speakers oversee the process of developing the Proceedings for each meeting of the House and posting the Proceedings on the AMA web site.
- Step 11: At the next meeting of the House, the Board provides a report on the steps that were taken to follow through on the House's actions on resolutions.

Additional information about the House's policy development process is available in Section 2.50 of the AMA Bylaws (go to [www.ama-assn.org/go/policyfinder](http://www.ama-assn.org/go/policyfinder) to review the AMA Bylaws) and through the "About AMA Policy" web page ([www.ama-assn.org/go/aboutpolicy](http://www.ama-assn.org/go/aboutpolicy)). The process of developing AMA policy also is described in two publications: *Guide to AMA House of Delegates Meetings* (May 2002) and *Procedures of the House of Delegates* (December 2001).

*CEJA's Policy Development Process*

The Council on Ethical and Judicial Affairs interprets the AMA Principles of Medical Ethics as they apply to aspects of medical practice and health care. CEJA's interpretations are published in the Current Opinions of the Council on Ethical and Judicial Affairs (go to [www.ama-assn.org/go/policyfinder](http://www.ama-assn.org/go/policyfinder) to browse or search Current Opinions).

CEJA has the independent authority to determine what should be included in its Current Opinions. However, CEJA routinely gathers input from the AMA House before issuing new Opinions.

**WHAT ARE THE REQUIREMENTS TO ADHERE TO AMA POLICY?**

Through communications, representation, and advocacy, our AMA works to persuade individuals and organizations of the appropriateness and correctness of its policy positions. When the AMA becomes aware of situations that are inconsistent with its policy positions, the Association can, and often does, bring the inconsistencies to the attention of the organizations, institutions, and individuals involved and encourages them to consider AMA policy. However, the AMA does not have the authority to impose its policies on others.

Some individuals and entities that function within the framework of the AMA are required to adhere to aspects of AMA policy.

AMA policy is binding on anybody who speaks on behalf of the AMA (see Bylaws 12.20 and 5.4012). However, in certain situations, the Board is authorized to take actions or espouse positions that differ from established AMA policy (see House Policies H-605.040 and H-605.070, AMA Policy Database).

AMA policy is binding on the AMA Board in managing and conducting the affairs of the AMA (see Bylaws 5.401 and 5.4012 and House Policy H-605.040).

The AMA Constitution, Bylaws, and Principles of Medical Ethics are binding on physician members of the AMA. Bylaw 1.611 states that a member can be censured, suspended, or expelled from the American Medical Association for an infraction of the Constitution or Bylaws, for a violation of the Principles of Medical Ethics, or for unethical or illegal conduct.

Constituent and component societies should not unfairly deny membership to individuals. Bylaw 6.4024, which relates to the functions of CEJA, indicates that state associations and their component societies should not deny membership on the basis of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, age, or for any other reason unrelated to character or competence. Repeated violation of this provision could result in the society being declared to no longer be a constituent and/or component member of the AMA.

Except for AMA policy on discrimination in membership, the organizations that are represented in our AMA House of Delegates are not required to follow or support the Association's policies. In fact, the AMA Bylaws specifically exempt state associations from having to adhere to AMA policy. Bylaw 2.115 reads as follows:

**Autonomy of Constituent Medical Associations.** The participation of a constituent medical association in the House of Delegates is voluntary. Policy actions of the AMA do not in themselves bind a constituent medical association or subject it to any obligation that it does not voluntarily assume.

**WHAT ARE THE REQUIREMENTS TO IMPLEMENT AMA POLICY?**

Bylaw 5.403 gives the Board the responsibility to review all resolutions and recommendations adopted by the House of Delegates and to determine how to fulfill the charge from the House. Consequently, the AMA Board serves as the entity that oversees the implementation of AMA policy through communications, representation, and advocacy.

**HOW DOES THE AMA IDENTIFY ADVOCACY OPPORTUNITIES AND SET PRIORITIES?**

Although advocacy is the AMA's most important product, the Association faces limits on the resources it can expend on advocacy. Consequently, the AMA employs a process to identify advocacy opportunities and prioritize them.

Every February, the AMA Board holds a strategic planning session. At this session, the Board identifies and prioritizes issues that the Association might address through advocacy. As input to its decisions on advocacy and issue priorities, the Board reviews material from a wide variety of sources, including the following:

- *Review of the Actions of the AMA House* - The Board considers the actions of the House when it sets advocacy priorities. The resolutions that flow into House meetings are a rich source of information about emerging issues, advocacy opportunities, and the concerns of members. In some cases, the actions of the House identify specific advocacy opportunities and suggest to the Board the priorities that should be assigned to those opportunities. The House has recently undertaken an experiment to prioritize its own actions.
- *An Environmental Analysis: Trends and Implications* - The Board reviews a report on environmental trends and their implications for patients, physicians, and organized medicine. This report is prepared by the CLRPD in cooperation with the other AMA Councils.
- *Strategic Suggestions from the AMA's Councils, Sections, and Special Groups* - For every Board planning session, the Councils, Sections, and Special Groups develop reports on issues and concerns that they believe the Board should consider in setting the Association's advocacy strategy.
- *The Suggestions of the CLRPD* - Consistent with its role to serve as a strategic advisor to the Board, the CLRPD develops a presentation for each Board planning session on aspects of AMA's strategy.
- *Overview of the Future Legislative Environment* - At every planning session, the Board receives a presentation about likely legislative developments at the state and federal levels. These presentations include identification of specific legislative proposals that are expected to arise over the next year or two and evaluations of alternative approaches that our AMA might employ to address the proposals.
- *Environmental and Strategic Input from Other Sources* - The Board also reviews information on the environment of medicine that has been developed by consulting firms, Federation organizations, academics, and government bodies.
- *Suggestions from External Consultants* - At most of its planning sessions, the Board hears from one or more external consultants about various aspects of AMA strategy, including advocacy.

The AMA Board is constantly reassessing the Association's advocacy strategy. At every meeting, the Board receives reports from staff on the status of the Association's advocacy efforts and about emerging issues that the AMA might address through its advocacy efforts. In developing this material for the Board, AMA staff scans media reports, journals, newsletters, court filings and decisions, and legislative developments and consults with the staffs of other Federation organizations. Board members also bring in information that they have received from their sources.

In summary, the AMA's process for identifying advocacy opportunities involves continuous scanning of the environment, using a wide variety of sources of information. The Board and other components of the Association assess and reassess the information on the environment, select the issues the AMA should address, and prioritize them.

#### HOW IS AMA POLICY IMPLEMENTED?

Our AMA works to implement its policies in both responsive and proactive ways. Responsive policy implementation involves making the positions of the AMA readily available to interested parties and by responding to inquiries about AMA policies and events in the public and governmental arenas. Proactive implementation involves undertaking campaigns to convince legislators, businesses, the media, the public, and others of the correctness and appropriateness of the AMA's policy positions.

AMA policy is implemented in the following specific ways:

- *AMA policy is implemented through communications* (letters, telephone calls, and in-person visits by AMA representatives). After every meeting of the House, the AMA sends communications about the House's policy decisions to appropriate individuals and bodies. AMA policy provides the foundation for much of the AMA's correspondence to the media, legislators, and organizations about health care issues. Presentations by AMA spokespersons typically communicate aspects of AMA's policy.

- *AMA policy is implemented through representation on standard-setting and accreditation bodies.* The AMA appoints or nominates individuals to serve on a variety of standard-setting and accreditation bodies, such as the 26 Residency Review Committees, Accreditation Council for Graduate Medical Education, Accreditation Council for Continuing Medical Education, Liaison Committee on Medical Education, American Accreditation HealthCare Commission, and Joint Commission on Accreditation of Healthcare Organizations. These individuals help communicate and promote AMA policy on the issues addressed by the bodies on which they serve. New policies and modifications of existing policies are communicated to these individuals after each meeting of the House.
- *AMA policy is implemented through the legislative process.* Our AMA works to counter legislative proposals that are inconsistent with Association policies. The AMA frequently works with state associations, specialty societies, and other types of medical associations in opposing undesirable legislative proposals.

On its own initiative and in response to directives from the AMA House, Board, or the Council on Legislation, AMA's legislative staff also develops model state and federal legislation that, if enacted, would implement key components of the AMA's policy. The Council on Legislation reviews all such model legislation and sends it to the AMA Board for final approval.

Model legislation that is designed for implementation at the state level is distributed to state medical associations. State medical associations typically take the lead in advocating for the implementation of AMA's state-level model legislation. Only when state associations request AMA assistance does our AMA become directly involved in efforts to promote its model legislation to state governments.

Model legislation that is designed for implementation at the national level is promoted primarily by the AMA's Washington Office. In many instances, the AMA works with state associations and specialty societies to have model legislation introduced by members of Congress and enacted at the national level.

- *AMA policy is implemented through litigation.* Most of the efforts to implement AMA policy through litigation flow through the Litigation Center of the AMA. The Litigation Center is an unincorporated association between the AMA and the state medical associations. Its purpose is to coordinate and integrate the litigation efforts of Federation organizations at the state level. Our AMA and the state medical associations that participate in the Center fund the activities of the Center.

A 10-person Executive Committee that consists of representatives of the AMA and state medical associations directs the activities of the Litigation Center. The Executive Committee reviews all requests for litigation support to determine if the case is consistent with the mission and objectives of the Center and with the policies of the AMA. If the Executive Committee approves support by the Litigation Center for a case, the decision to use the AMA's name must also be approved by AMA staff and, in certain types of cases, by the AMA Board of Trustees. The positions espoused by the Litigation Center must be consistent with AMA policy.

From time-to-time, the AMA also works to implement AMA policy through litigation at the national level. Most of these efforts involve filing amicus curiae briefs with courts. In many instances, the AMA works with state and specialty societies to implement policy through litigation at the federal level.

- *AMA policy is implemented through advocacy campaigns.* The AMA works to implement its policies through advocacy campaigns at the national level, by participating in advocacy campaigns at the state level, and through advocacy to private sector organizations.

Advocacy campaigns at the national level - Consistent with the directions set through the AMA's strategic planning processes and through its oversight of AMA activities, the Board oversees the AMA's efforts to implement policy through advocacy campaigns. Because only a limited number of issues actually see legislative action in any year, the AMA adjusts the timing and focus of its advocacy campaigns to be consistent with the legislative environment. In advocating AMA policy at the federal level, the Association often works with specialty societies and other medical associations that lobby at the national level.

Advocacy campaigns at the state level - Through the AMA's Advocacy Resource Center (ARC), the Association supports and participates in efforts to implement its policy at the state level. However, because a one-to-one agreement does not necessarily exist between the policies of the AMA and those of state associations, only certain AMA policies are advocated through the ARC.

The ARC is a joint program of the AMA and the state medical associations. It strives to enhance and advance the collective state level advocacy efforts of organized medicine. To achieve this objective, the ARC develops support "tools" for advocacy efforts by medical societies and member physicians. These support tools include legislative materials, legal information, communications tools, economic information, etc. Much of this material is available through the ARC pages on the members-only portion of the AMA web site.

Advocacy in the private sector - AMA policy is also implemented through advocacy campaigns directed at private sector organizations, primarily HMOs and insurers. The AMA's Private Sector Advocacy Group monitors developments in the private sector, identifies abusive practices, and works with state, county, and specialty societies to place public pressure on entities that are engaging in unfair and abusive practices.

- *AMA policy is implemented through advocacy to regulatory bodies.* Legislation is often translated into action through regulations. The AMA works in both formal and informal ways to influence regulatory bodies. The approaches that our AMA employs include direct communications; testimony at regulatory hearings; and submission of formal, written comments on proposed regulations. A unit of the AMA's Washington Office focuses specifically on ensuring that, to the extent possible, federal regulations are consistent with the policies of our AMA.
- *House policy is implemented through Board follow-through to each House meeting.* By means of an assignment grid, the AMA Board ensures follow-through on each recommendation and resolve that is adopted by the House.
- *AMA policy is implemented by making information about AMA policies available to interested parties.* Organizations and individuals that want to know the AMA's positions on topics can access information about AMA policy through the AMA web site. The PolicyFinder program is the principal mechanism used to make AMA policy available through the AMA web site. In addition, the AMA's leaders and staff respond to large number of inquiries about AMA policy positions.
- *AMA policy is implemented through the judicial activities of CEJA.* The Council on Ethical and Judicial Affairs plays a role in helping to implement AMA's policies through its judicial functions. Bylaw 6.4024 gives CEJA the responsibility for investigating and making recommendations relative to claims that physicians have been denied membership in constituent or component societies because of discrimination. The Council also helps implement AMA's policies on medical ethics (Current Opinions of CEJA) by evaluating charges of unethical behavior by member physicians.

The AMA also works to implement its policies by fostering advocacy planning and coordinated action within the Federation. Mechanisms that the AMA uses to achieve this goal include:

- *AMA Annual and Interim Meetings* - In addition to normal House business, there are numerous forums for interchange among Federation representatives. These include the AMA sections, the Specialty and Service Society, the Women Physicians Congress, the Minority Affairs Consortium, the specialty section councils, numerous state and regional caucuses, and many other *ad hoc* and informal committees and caucuses.
- *National Leadership Conference* - The NLC is open to leaders and staff from the entire Federation. This annual three-day meeting brings leaders from the Federation together to address relevant issues to the profession and provides hands-on training for leadership development.
- *The Presidents' Forum* - This annual two-day meeting brings together the elected leadership of the 102 specialty societies seated in the AMA House and the executive committee of the AMA Board. The meeting participants discuss relevant issues and strive to create opportunities to work together on science, public health, medical education, and public and private sector advocacy initiatives.

- *Advocacy Resource Center* - The ARC is an AMA/state medical association coalition designed to identify and prioritize the Federation's state legislative advocacy agenda and provide tools to pursue that agenda.
- *CPT Editorial Panel* and *CPT Advisory Committee* - These entities provide an opportunity for national specialty societies to participate in the development of new CPT codes.
- *AMA/Specialty Society RVS Update Committee (RUC)* and *Practice Expense Advisory Committee (PEAC)* - RUC and PEAC enable all major specialty societies to participate in setting the values associated with CPT codes, including the practice expense portion of the Resource-Based Relative Value System (RBRVS).
- *The Litigation Center* - The Litigation Center is an AMA/state medical association effort to pool resources and litigate key issues on behalf of the profession.
- *AMA Federation Relations Staff* - The AMA's Federation Relations staff is a cadre of nine field representatives who maintain regular interaction with all state, county, and specialty societies in the Federation.
- *Special Purpose Meetings* - From time to time, the AMA convenes meetings of Federation organizations to address critical issues.

In addition, the AMA Board spends a significant amount of time and resources visiting with Federation organizations and promoting cooperation among Federation organizations.

#### WHAT IS THE OVERALL ASSESSMENT OF POLICY IMPLEMENTATION AT THE AMA?

After reviewing the AMA's policy development system and the Association's approach to policy implementation, the Board and the CLRPD concluded the following:

- Policy implementation is the top priority at the AMA;
- The Association works hard to implement its policies, using a variety of mechanisms and conduits; and
- The AMA has had many successes in implementing its policies. (The report of the EVP, which is distributed at each House meeting, provides a listing of the AMA's advocacy successes.)

The input that the Board and CLRPD received during their study suggests that some fundamental misunderstandings may exist about AMA policy implementation. Our AMA literally has thousands of policies (the House of Delegates has established more than 3,300 policies and CEJA has established more than 195 statements on medical ethics). To make maximum effective use of its resources, the AMA must focus its advocacy campaigns on a selected set of high-priority issues. Further, the efforts of the AMA may not always be apparent to the grassroots member because the AMA often works through Federation organizations to implement its policies at the state and local levels.

The Board and the CLRPD recognize that communicating with physicians about AMA's policy implementation efforts and advocacy successes is an ongoing challenge. Attitudinal studies and focus group analyses consistently indicate that many physicians do not have a good understanding of the mission and role of the AMA. They are often unaware of the advocacy initiatives that the AMA undertakes on behalf of patients and physicians. Even if they are aware of these activities, some do not understand how the efforts of the AMA are relevant to them in their day-to-day practices.

A certain amount of "distance" continues to exist between the AMA and its individual members. AMA members often have only limited ability to participate in the Association's governance, policy development, and policy implementation activities. This situation contributes to a lack of understanding of our AMA's efforts to implement its policies on behalf of patients and physicians.

The Board and the CLRPD agree that the members of our AMA are a largely untapped resource that can help the Association implement its policies. Members can help the AMA identify opportunities that might be addressed through policy advocacy activities and can help the AMA promote its policy positions to various audiences.

In summary, the overall assessment of the Board and the CLRPD is that our AMA does an excellent job of implementing its policies and has had many successes in communicating, representing, and advocating its policies. However, awareness of the efforts and successes of the AMA is low among some segments of the physician population. Consequently, the AMA must:

- Facilitate more two-way communications between the AMA and physicians, particularly about the Association's policy implementation efforts;
- Achieve more direct involvement of individual AMA members in the activities of the Association; and
- Energize individual members to help the AMA identify advocacy opportunities and promote the Association's policies to various audiences.

#### WHAT CAN BE DONE?

Our AMA's web site is a resource that has enhanced two-way communications between the Association and physicians (and others) and has facilitated the participation of members in the activities of the Association. For example, through the AMA web site, members can:

- Communicate with AMA delegates, elected leaders, and staff;
- Find information on AMA policies and the actions of the AMA House of Delegates;
- Participate in discussions of the items of business that are being considered at upcoming House meetings;
- Find information on the activities of the AMA councils, sections, and special groups;
- Provide the AMA with opinions on key health issues (Member Connect); and
- Help the AMA promote its policy positions to legislators and the media through the AMA Grassroots Action Center.

In looking at the AMA web site, the Board and the CLRPD realized that some reorganization and expansion of the "Policy and Advocacy" page would be beneficial in further enhancing communication with physicians about the implementation of AMA policy and in promoting more member participation in the Association. Accordingly, the Board and the Council worked through the AMA's e-Medicine Advisory Committee (EMAC), which advises on the design and content of the AMA web site, to initiate a process of modifying the "Policy and Advocacy" page.

The design concept that the Board and Council suggested was that the page should be more visible on the AMA web site and should be organized such that it will enable physicians to find answers quickly to their questions on AMA policy and advocacy. In other words, the page should serve as the one place that physicians could go to get answers to all of their questions on AMA policy and advocacy (the "one-stop shopping" concept). The page should serve as the place that AMA spokespersons and staff could refer those physicians who ask critical questions about AMA's policy implementation efforts.

The revised "Policy and Advocacy" page will be organized around the questions that physicians have about AMA policy and advocacy. Those questions are likely to include the following:

1. What is AMA policy and how is it created and how is it implemented?
2. What are the AMA's policy positions?
3. What additional information is available on key policy topics?
4. How can I participate in the development of AMA policy?
5. What is the AMA doing to implement its policies?
6. What are the AMA's recent advocacy successes?
7. How can I participate in advocacy of AMA policy?

The process of redesigning and expanding the "Policy and Advocacy" web page is already underway. Eventually, the page may include resources that individual members could use to help promote AMA policy. The result should be an expanded flow of information about situations that could or should be addressed through policy implementation activities and more direct involvement of members in the implementation of AMA policy.

The Board also is working to develop an AMA Representatives Database. This database will include information on AMA members and staff who serve on health sector bodies and/or have the ability to reach key decisionmakers in health care. This database will enable the Board to send information on specific AMA policies to individuals who are in positions to communicate and promote those policy positions to influential organizations and individuals. When completed, the database will be an additional conduit for advocacy of AMA policy and should further enhance the ability of the Association to implement its policies.

Additional mechanisms to coordinate and integrate the advocacy planning and actions of the Federation may enable organized medicine to be more effective in serving patients and the medical profession and may help our AMA implement its policies. The goal of achieving better unity of voice and action in the Federation has sparked a number of studies over the past decade, including the Study of the Federation, the Federation Coordination Team, the Commission on Unity, and the SAGE. As a result, a variety of additional approaches are currently under consideration by the Board.

The Board and the CLRPD also believe that adjustments should also be made in the AMA's governance policies to reflect:

- The responsibility of delegates and alternate delegates to identify and report situations that might be addressed by policy implementation efforts and, when appropriate, to participate in AMA policy implementation efforts; and
- The role that individual members can play in identifying and reporting, either directly or through their AMA delegates, situations that might be addressed by policy implementation efforts and by assisting in the implementation of AMA policy positions.

#### HOW HAS THIS REPORT RESPONDED TO REFERRED RESOLUTIONS 602 AND 606?

Referred Resolutions 602 and 606 (I-00) call for the following:

- A reexamination of the process of implementing AMA policy;
- A reexamination of the process for collecting reports of "policy violations;"
- Definition of the steps the AMA takes when its policies are not being followed; and
- Production and wide distribution of a report on these topics.

In adopting Item 17 in the report of Reference Committee F at the 2000 Interim Meeting, the House directed the CLRPD to study the issues raised in Resolutions 602 and 606 and report back.

This report provides an extensive description of the approaches the AMA uses to identify situations in the external environment that are not consistent with AMA policy, how the AMA responds when it identifies these situations, and the mechanisms that the AMA uses to implement its policies. Submission of this report to the AMA House at its 2002 Annual Meeting responds to the request to produce a report and distribute it to members. In addition, the CLRPD will use the material in this report to update the "About AMA Policy" page on the AMA web site.

As a result of its study of the issues raised in Resolutions 602 and 606, the Board and the CLRPD are taking steps to:

- Improve physician access to information about AMA policy and how the Association is working to implement its policies;
- Facilitate the ability of delegates, alternate delegates, members, and others to inform our AMA about situations in the health sector that are inconsistent with AMA policy and might, therefore, present good opportunities to implement AMA policy;
- Expand our AMA's capacity to address situations that are inconsistent with the Association's policies by making more effective use of delegates, alternate delegates, and members;
- Identify AMA members who are in positions to advocate Association policies to key organizations and individuals; and
- Examine mechanisms and approaches that can improve unity of voice and action in the Federation of Medicine.

## RECOMMENDATIONS

The AMA Board of Trustees and the Council on Long Range Planning and Development recommend adoption of the following in lieu of Resolutions 602 and 606 (I-00).and that the remainder of this report be filed:

1. The American Medical Association Board of Trustees and the Council on Long Range Planning and Development, working through the e-Medicine Advisory Committee, continue the process of redesigning and expanding the AMA's web page on policy and advocacy in order to make it more visible on the AMA web site and more useful in communicating with the public and physicians about AMA policy and policy implementation efforts, identifying advocacy opportunities that the AMA might pursue, and facilitating the participation of individual AMA members in the activities of the AMA.
2. The AMA Board of Trustees continue its efforts to develop additional ways to promote and implement AMA policy in the Federation of Medicine, the health sector, and society. The AMA Board also should continue its efforts to identify and implement mechanisms to enhance unity of voice and action within the Federation of Medicine.
3. Policy H-600.031 be modified by addition and deletion to read as follows:

H-600.031, "Roles and Responsibilities of AMA Delegates and Alternate Delegates"

Members of the AMA House of Delegates serve as an important communications, policy, and membership link between the AMA and grassroots physicians. The delegate/alternate delegate is a key source of information on activities, programs, and policies of the AMA. The delegate/alternate delegate is also a direct contact for the individual member to communicate with and contribute to the formulation of AMA policy positions, the identification of situations that might be addressed through policy implementation efforts, and the implementation of AMA policies. Delegates and alternate delegates to the AMA are expected to foster a positive and useful two-way relationship between grassroots physicians and the AMA leadership ~~and governance.~~ To fulfill these roles, AMA delegates and alternate delegates are expected to make themselves readily accessible to individual members by providing the AMA with their addresses, telephone numbers, and email addresses so that the AMA can make the information accessible to individual members through the AMA web site and through other communication mechanisms.

The roles and responsibilities of delegates and alternate delegates are as follows:

1. regularly communicate AMA policy, information, activities, and programs to constituents so he/she will be recognized as the representative of the AMA;
  2. relate constituent views and suggestions, particularly those related to implementation of AMA policy positions, to the appropriate AMA leadership, governing body, or executive staff;
  3. advocate constituent views within the House of Delegates or other governance unit, including the executive staff;
  4. attend and report highlights of House of Delegates meetings to constituents, for example, at hospital medical staff, county, state, and specialty society meetings;
  5. serve as an advocate for patients to improve the health of the public and the health care system;
  6. cultivate promising leaders for all levels of organized medicine and help them gain leadership positions;
  7. actively recruit new AMA members and help retain current members; and
  8. participate in the AMA Membership Outreach Program.
4. The following new policy be adopted by the AMA House of Delegates:

"Participation of Individual Members in the Activities of the AMA"

AMA members are encouraged to participate in the activities of the AMA, particularly in the following ways:

1. Through the AMA web site or other communications conduits, provide comments and suggestions to the AMA Board and the AMA Council's on their policy development projects and on other AMA products and services;
2. Participate in the online discussion groups on the items of business included in the Handbook of the House of Delegates;
3. Communicate their views on the items of business in the House's Handbook to their AMA delegates and alternate delegates ;
4. Inform the AMA, directly or through their AMA delegates, of situations that may represent opportunities to implement the Association's policy positions;
5. Help the AMA promote its policy positions;
6. When opportunities present themselves, explain the value of the AMA and the importance of belonging to the AMA to physicians; and
7. Work to help the AMA increase its membership level.