

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES**55TH INTERIM MEETING
SAN FRANCISCO, CALIFORNIA
December 1- 5, 2001****CALL TO ORDER AND MISCELLANEOUS BUSINESS**

CALL TO ORDER: The House of Delegates convened its 55th Interim Meeting at 3:00 p.m., on Saturday, December 1, in the Grand Ballroom of the San Francisco Hilton and Towers, John A. Knote, MD, Speaker of the House of Delegates, presiding. The Sunday session, December 2, Tuesday session, December 4, and Wednesday session, December 5, also convened in the Grand Ballroom. There was also an executive meeting of the House on Tuesday, December 4, with only Delegates, Alternate Delegates, ex officio members of the House, and such employees of the AMA necessary for the House's function in attendance, in accordance with AMA Bylaws regarding such sessions.

INVOCATION: John H. Vassall, MD, AMA Delegate from Washington, delivered the following invocation on Saturday, December 1:

The world has changed since last we assembled as a House of Delegates. Thousands of lives were suddenly lost and thousands of lives have been shockingly changed. Like a prism bending, refracting and splitting the light, acts of hideous hatred, and...ineffable deeds of heroism bend and refract and split our perception of our world and our lives.

Human life is at the core of medical practice. It is only fitting that we seek guidance from a source greater than life itself as we open our deliberations in this House. Let us pray.

Heavenly Spirit, let us feel Your presence in this place. Let us know Your wisdom and Your truth. As we conduct our business let us understand that we are doing Your work and therefore let us seek Your deeper meaning, and Your higher purpose.

By whatever name we call You, Oh God, Allah, Ha Shem, Great Spirit. Your name is love and your love extends to every human soul and to every human spirit.

God of our weary years, God of our silent tears. Thou who has brought us thus far on the way, thou who has by Thy might, lead us into the light, keep us forever in the path we pray. Amen.

DISTINGUISHED SERVICE AWARD: John G. Wiegenstein, MD, of Okemos, Michigan, was presented the 2001 Distinguished Service Award in recognition of his outstanding service to the medical profession and extraordinary efforts in the creation of the specialty of Emergency Medicine and founding of the American College of Emergency Physicians.

CITATION FOR DISTINGUISHED SERVICE: The 2001 Citation for Distinguished Service was presented to Larry Gelbart, of Beverly Hills, California, for creating the television program M*A*S*H. The television program, which depicted a front-line Army hospital during the Korean War, ran for 13 years and inspired many young people to pursue careers in medicine.

SCIENTIFIC ACHIEVEMENT AWARD: Francis S. Collins, MD, PhD, of Bethesda, Maryland, was presented the 2001 Scientific Achievement Award in recognition of his outstanding leadership in the field of medical genetics, and oversight of the Human Genome Project, the international effort to map and sequence all human DNA and determine its function.

JOSEPH B. GOLDBERGER AWARD IN CLINICAL NUTRITION: The 2001 Joseph B. Goldberger Award in Clinical Nutrition was presented to Philip M. Farrell, MD, PhD, of Madison, Wisconsin, to honor his outstanding career in Pediatrics and his landmark contributions to the field of nutrition, especially with regard to newborn infants.

MEDICAL EXECUTIVE ACHIEVEMENT AWARD: The Medical Executive Achievement Award was presented to Roger F. Mecum, in recognition of his service to organized medicine, especially as Executive Vice President of the Pennsylvania Medical Society; and to Donald C. Jones, to honor his career in organized medicine, including service as Chief Executive Officer of the American Association of Clinical Endocrinologists and as Executive Vice President of the Florida Medical Association.

CREDENTIALS: The Convention Committee on Rules and Credentials reported that on Sunday, December 2, 512 out of 549 delegates (93.3 percent) had been accredited, thus constituting a quorum; on Tuesday, December 4, 538 out of 549 delegates (98.0 percent) were present; and on Wednesday, December 5, 540 out of 549 (98.4 percent) were present.

REPORTS OF THE CONVENTION COMMITTEE ON RULES AND CREDENTIALS: The following reports were presented by Walter E. Matern, MD, Chair:

Sunday, December 2

HOUSE ACTION: ADOPTED

Your Committee on Rules and Credentials recommends that:

1. House Security

Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly badged will be permitted to attend.

2. Credentials

The registration record of the Convention Committee on Rules and Credentials shall constitute the official roll call at each meeting of the House.

3. Order of Business

The order of business as published in the Handbook shall be the official order of business for all sessions of the House of Delegates. This may be varied by the Speaker if, in his judgment, it will expedite the business of the House, subject to any objection sustained by the House.

4. Privilege of the Floor

The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chair of the Board of Trustees, or others who may expedite the business of the House, subject to objections sustained by the House.

5. Procedures of the House of Delegates

The June 2000 edition of the "Procedures of the House of Delegates" shall be the official method of procedure in handling and conducting the business before the AMA House of Delegates.

6. Limitation on Debate

There will be a 3-minute limitation on debate per presentation subject to the Speaker, who may waive the rule for just cause.

7. Conflict of Interest

Members of the House of Delegates who have a substantial financial interest in commercial enterprise, which interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest before testifying at a reference committee on the matter or speaking on the floor of the House of Delegates on the matter.

Supplementary Report, Sunday, December 2

**HOUSE ACTION: LATE RESOLUTIONS 1002 (819), 1003 (222) AND 1004 (121)
ACCEPTED**

LATE RESOLUTION 1001 NOT ACCEPTED

**EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS
115, 203, 213, 214, 302, 402 AND 403**

**RESOLUTIONS 205, 216, 217, 218, 705 AND 706 EXTRACTED AND
REFERRED TO APPROPRIATE REFERENCE COMMITTEES**

The Convention Committee on Rules and Credentials met Saturday, December 1, 2001 to discuss Late Resolutions 1001 through 1004. Sponsors of Late Resolutions that are received prior to a week before the opening of the House of Delegates are informed of the time the Convention Committee on Rules and Credentials meets to consider Late Resolutions, 10:00 a.m. on Saturday, and the opportunity to present for the Committee's consideration the reason the resolution could not be submitted in a timely fashion and the urgency of consideration by the House of Delegates at this meeting. Sponsors of Late Resolutions 1002 through 1004 appeared to discuss their resolutions.

LATE RESOLUTIONS

Because of the number of Late Resolutions, your Committee is including its recommendations on a consent calendar based upon whether or not the resolution met the criteria for consideration as a Late Resolution.

CONSENT CALENDAR

Recommended for Acceptance:

1. Late Resolution 1002 - JCAHO's New Standards for Pain Management
Submitted by Arkansas Delegation
2. Late Resolution 1003 - Sexual Assault Legislation
Submitted by New York Delegation
3. Late Resolution 1004 - Support for Maintaining the Medicare Carrier Advisory Committee and Carrier Medical Director
Submitted by Georgia Delegation

Recommended Not Be Accepted:

1. Late Resolution 1001 - Glaring Headlights
Submitted by International College of Surgeons - US Section

REAFFIRMATION RESOLUTIONS

The Speakers asked the Convention Committee on Rules and Credentials to review the recommendations for placing resolutions introduced at this meeting of the House of Delegates on the Reaffirmation Calendar. The Committee recommends that current policy be reaffirmed in lieu of the following resolutions:

1. Resolution 115 - Physician Payment for Services Provided
2. Resolution 203 - Removal of the Income Threshold for the Interest Deductibility of Educational Loans
3. Resolution 205 - Medicare Investigation Search and Seizure Process
4. Resolution 213 - Retroactive Denial of Payment
5. Resolution 214 - EMTALA Reform
6. Resolution 216 - HIPAA Privacy Regulations Implementation
7. Resolution 217 - Disclosure of Fee Schedules

8. Resolution 218 - HIPAA
9. Resolution 302 - Reduced Continuing Medical Education (CME) Fees for Retired Physicians
10. Resolution 402 - Seatbelt Use in Young Drivers and Passengers
11. Resolution 403 - Alcohol and Youth
12. Resolution 705 - Fair Payment for Separate Services
13. Resolution 706 - Inadequate Specificity of Claims Rejection

Wednesday, December 5

HOUSE ACTION: ADOPTED

Your Convention Committee on Rules and Credentials wishes to commend the Speaker, Doctor Knote, and the Vice Speaker, Doctor Nielsen, for the outstanding manner in which they have assisted our deliberations by their fair and impartial conduct of the House of Delegates and to commend the members of the House for their cooperation in expediting the business before us.

Your Convention Committee wishes at this time to offer the following Resolution:

Whereas, The Interim Meeting of the House of Delegates of the American Medical Association has been convened in San Francisco, California during the period of December 1-5, 2001; and

Whereas, This Interim Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of policy deliberations and fellowships; and

Whereas, The City of San Francisco has extended to the members attending this Meeting the utmost hospitality and friendliness; therefore be it

RESOLVED, That expressions of deep appreciation be made to the AMA Board of Trustees for arranging this meeting, to the management of several participating hotels, to the City of San Francisco, to the members of the Alliance who always contribute so substantially to our meetings, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Interim Meeting of the House of Delegates.

APPROVAL OF MINUTES: The Proceedings of the 150th Annual Meeting of the House of Delegates, held in Chicago, Illinois, June 17-21, 2001, were approved.

ADDRESS OF THE PRESIDENT: The following remarks were presented by Richard F. Corlin, MD, President of the American Medical Association, on Saturday, December 1:

Mr. Speaker. Respected guests, delegates, alternates, staff and friends. The horror of September 11 is just 81 days behind us. That horror has changed our lives--and quite likely they will never be the same. Our president said it best, when he visited our colleagues at the CDC in Atlanta. He said:

“None of us would ever wish the evil that has been done to our country, yet we have learned that out of evil can come great good. During the last months, we have shown the world America is a great nation.”

That says it all--that how we respond to external evil brings out the very best in all of us.

It's like a story told about the early days of the United Nations. When the UN was first established, and all the countries that were involved gathered in one place, one diplomat asked another what it would take to give these disparate countries a common agenda and a common purpose.

The other diplomat replied: “In order for all of them to subvert their own good for the common good--it would take an attack from Mars.”

Ladies and gentlemen, the attacks on the World Trade Center and the Pentagon were our attack from Mars.

And our response has been to show the world these past months what a great organization the AMA can be--and is. You need only look at Board Report 26 to see how well we have assembled our resources, mobilized our officers and staff, and gotten the word out to patients and physicians alike that our role is to serve.

Earlier this week, I took part in the introduction on Capitol Hill of a new House bill that is a hallmark of how well the Federation can work together for the common good of all medicine. The bill--the Medicare Physician Payment Fairness Act of 2001--will make important changes to the Medicare physician payment formula.

You may recall that CMS left the problem of the flawed formula--a problem we've been pointing out for years--up to Congress to fix. That flawed formula punishes physicians who treat Medicare patients--and punishes the older members of our families who rely on these same physicians. Congress must act to prevent an unacceptable across-the-board cut in Medicare payment. This would be the fourth Medicare payment cut to physicians over the last ten years.

If that 5.4 percent cut becomes effective--Medicare payments to physicians will have averaged only a 1.1 percent increase per year since 1991. That's 13 percent less--than the increase in physician practice costs. And remember, if you practice in an environment with 50 percent overhead, a 5.4 percent cut in reimbursement means a 10.8 percent cut in take-home pay.

We've had to convince our lawmakers that this is a disaster that's about to occur unless they act now. It's hard to overstate the lobbying effort that's gotten us this far: our AMA, the states, specialties, even group practices--have joined together--setting aside differences and self-interests for the common good--to ensure fairness and access in the Medicare program. Working together for a common cause.

And the great news is--it's working. Senator Jeffords, the Independent, has introduced Senate Bill 1707, a tripartisan bill with Senator Breaux, the Democrat, and Senator Kyl, representing the Republican Party. And the press conference I attended on Wednesday was to introduce the companion House bill, sponsored by House Energy and Commerce Committee Chairman Billy Tauzin (R-LA), ranking member John Dingell (D-MI), Health subcommittee chairman Michael Bilirakis (R-FL), and subcommittee ranking member Rep. Sherrod Brown (D-OH).

Congress's response is a great tribute to the hard work of organized medicine--working together for our patients--and our profession. We are making good progress. But we need your help convincing Congress of the urgent need to act now.

Before this meeting ends, we need every physician here to contact their member of Congress and urge them to support House bill H.R. 3351. That's H. R. 3351. You can call the AMA's Grassroots hotline number to patch straight through to your representatives: 1-800-833-6354.

We've put "urgent request" flyers on your chairs. And more are available in the back of the room. They have details on how to make those calls to Congress--use them yourselves and pick up extras to post on your hospital staff bulletin boards as soon as you get home. Start calling Monday when their offices are open. And call your colleagues back home and urge them to do the same thing.

Our advocacy of regulatory relief is another success story made possible by physicians rallying around a common objective. Our AMA organized a specialty society work group on MERFA legislation that coordinates joint visits to Capitol Hill, reviews legislative language and adjusts our strategy and tactics as we move through the legislative process on Medicare regulatory reform.

The original MERFA bill--the Medicare Education Regulation and Fairness Act--spawned separate bills developed by the House Energy and Commerce Committee, the House Ways and Means Committee and the Senate Finance Committee. Now the issue appears on the agenda for all three Medicare committees of jurisdiction. Now it's just a matter of when--not if--Congress will enact legislation to give physicians due process protection for Medicare audits.

The same model is being used on our antitrust campaign. A joint AMA/specialty society workgroup has developed new antitrust legislation that will soon be introduced in Congress.

We're also well aware of the growing professional liability crisis--the likes of which could eclipse what we witnessed in the 70s, when I personally became involved in the fight for liability reform. The six-figure premiums and physicians giving up part of their practices due to liability costs are no longer isolated occurrences--and are no longer tolerable. These problems are spreading across the country--not just in the traditional trouble spots--but in places like West Virginia and Mississippi. This is fast becoming an access and quality issue for patients across the country.

This situation cannot continue the way it is. Our AMA is strongly committed--and already deeply involved--in making professional liability reform a reality in Washington--and in the states. The battle will not be easy or short--but with facts and unity we will win. Our members and our patients demand nothing less. To achieve this victory, we must convince our physicians--all physicians--that they have to make the contributions to fill the war chests needed to win this battle.

As in the past, when medicine works together, we are far more likely to succeed. This is a lesson that has been repeated time and time again. Our representatives on the old PPRC--the Physician Payment Review Commission--were told by Capitol Hill insiders: When medicine is split, Congress is reluctant to act.

Instead, their tendency is to move on and deal with hospitals or HMOs or trial lawyers or labor unions or almost anybody else that has a better track record of presenting a united front. That unity is worth far more to all of us than any temporary issues that threaten to split us. And we all must realize that our true commitment must be to that unity within the profession.

The AMA has been evolving into not only being a leader, but a convener and a facilitator. Many examples illustrate this new role, but I'd like to tell you about one in which I was deeply involved.

As you know, in my inaugural last June, I called for a nonpolitical look at the state of gun-related deaths and injuries using a public health or epidemiological model. And let me remind you, this discussion is not about attacking the Second Amendment to the Constitution--or banning guns. What it is about is how we, as people--and as physicians and a profession--can work together to avoid preventable injury and death.

Less than a month ago, we convened a group representing the whole spectrum of organizations involved with the issue of gun violence. We had doctors, educators, specialty society and foundation representatives, and policy analysts--including several who represented pro-gun groups.

Our analogy was to another epidemic in our nation--motor vehicle fatalities. The collection and analysis of data about auto deaths prompted such preventive measures as mandatory seat belt laws, and anti-drunk driving campaigns--as well as improved vehicle design, child-restraining devices, the third brake light, and airbags. And resulted in a reduction of auto deaths--by at least 50 percent.

To take a closer look at the epidemic of gun violence in our country, we examined the perpetrator, the weapon and the environment. In just two days of civil yet provocative discussion, we identified what more we need to know about guns, the people who use them, and the settings in which they cause injury or death. The conference participants agreed that gun-related injuries and deaths are a serious public health issue, that physicians and the AMA have an important role to play in this issue, and that much more research and education are needed in this area.

We achieved our goal: To successfully bring together a number of people from various sides of the issue who had never sat in the same room together to discuss the issue. And they all welcomed the opportunity to share their views with one another about the public health issue of gun violence. As a result, our AMA now has partners and allies representing the entire spectrum of thinking on gun-related issues who can attest to the seriousness of this public health issue and help bring it out of the political no-man's land in which it has been held hostage.

Conference participants, when asked to think about the AMA's role in the issue of gun-related death and violence, saw the AMA as the one national organization that can:

- Reposition the issue;
- Partner with a wide range of public and private stakeholders;
- Investigate physician attitudes;

- Provide physician education;
- Coordinate the development of a standardized data set concerning gun violence; and
- Lead public health efforts.

Bringing physician leadership to this issue will allow it to rise above the level of polarized, angry rhetoric and stalemate.

Also important is the work that we've been able to accomplish in the newly activated field of biological threats and terrorism. Our roots in public health go back as far as Dr. Nathan Davis, the father of our organization. And that commitment is ever before us in the words of the AMA mission statement: "to promote the art and science of medicine--and the betterment of public health."

President Bush tells us that we are now engaged in the first war of the 21st century. We are at war not because we want to be. But because we have to be. Thousands of innocent people were murdered on September 11 by a band of thugs. We were attacked not for what we do--but for who we are. And history has shown us that people who attack others for who they are--are always wrong--and always lose. But it takes all of us to ensure victory.

Our role is clear. Our strategy is laid out in Board Report 26:

- To create a reliable and open link between the physician and the public health system.
- To create a truly functional emergency response system.
- To educate physicians across the continuum of practice and professional levels.
- And to educate our patients and the public.

Because we are not only the doctors of America--but because the AMA is America's doctor.

And when we look back upon this time--both to the unity within our country and the growing unity within our profession from the perspective of the future--five years or more from now--I hope we will be able to say, as Winston Churchill said about the time when bombs rained heavily on London: "This was our finest hour."

Thank you.

ADDRESS OF THE EXECUTIVE VICE PRESIDENT-DESIGNATE: The following remarks were presented by Michael D. Maves, MD, MBA, Executive Vice President-Designate of the American Medical Association, on Saturday, December 1:

Mr. Speaker, Dr. Flaherty, Officers and Trustees, Members of the House of Delegates, AMA staff, distinguished guests--thank you for your warm welcome. I'm no stranger to this House, but I have to tell you that from up here, the view is very different. What I see as I look out at you is the very personification of all the might and majesty of this, our noble profession--and I am humbled.

Many faces are familiar. Many are old friends. Some of you may already know me; some of you may only know of me. But I promise each of you this: before we all head home next Wednesday, I hope to say hello to each one of you personally. And I'll be listening to what you have to say--about our AMA and what you believe it will take for us to get the job done that we all believe we must do.

Now I've always set goals for myself that are so high that even my kids joke about them. Like run the Marine Corps marathon. (I actually did that.) Bike across Montana. (Did that this summer.) Spend a night at the Mt. Everest base camp. (Not there yet.) Or sign on as medical officer for an expedition to the South Pole. (Which might actually happen!)

But I have to confess that becoming the Executive Vice President of the AMA is not something that I was planning on when I was in high school back home in Toledo, Ohio. But--looking back--I see now that each twist and turn my career has taken was absolutely necessary to bring me to this moment. And along the way the men and women of medicine I've been privileged to work with have taught me essential lessons that are part of the armamentarium I'll need if I'm going to succeed in the job you're hiring me to do.

Lesson Number One: Trust your instincts. In college, my head told me to study organic chemistry--but my heart demanded that I turn to medicine. And, just like you, I followed my heart and answered the same call everyone here has answered in their own life. And I've loved every minute of it.

That leads me to Lesson Number Two: Be a physician--first, foremost and forever.

I still see patients every week at a walk-in clinic at Georgetown University Medical Center in Washington. No serious surgery; I simply don't have the time. So it's sinusitis, otitis, reflux disease, HIV. And I love it--even though I had to sign contracts with 60 different managed care companies to do it--even as a part-timer.

I hope I never have to break my connection with patients--it's like the high voltage wire that energizes and excites us still. And reminds us why we're in this profession in the first place. Now I'm not certain of my plans when I move to Chicago--but I'm glad I'm already licensed to practice in Illinois.

Lesson Number Three is an absolute in today's world: Good management makes for good medicine.

It might surprise you to know that I first learned this, not in the trenches of managed care, but within the ivy walls of academy--teaching surgery at the University of Iowa Hospitals and Clinics.

Medical school faculty may make superb clinicians--but they tend not to be as good at the business of medicine.

So, at the ripe old age of 38, I went after an MBA. Still a surgeon and teacher by day--and a regular graduate student by night. Sitting around the kitchen table, studying with my own kids. Totally committed to the proposition that the best medical management is necessary to ensure the best medicine. And the best patient care.

The lesson was reinforced, first at St. Louis University, where the department of otolaryngology was pretty much decimated. We learned first-hand what was needed to rebuild the patient base, restore the residents' success rate on their board exams--and bring the department's finances back into the black.

Then, during five years as EVP of the American Academy of Otolaryngology - Head and Neck Surgery, it all came together: physician, administrator, advocate. We had two challenges: Assert the AAO-HNS as a political presence. And build the membership.

We did both. Today I think it's safe to say that the AAO-HNS is a real "player" politically when it comes to the important issues. As for membership--we expanded our base to the point we were able to roll back the annual dues while staying fiscally strong. I am still as proud as I can be of being part of that successful AAO-HNS team that still works so hard to serve their members and the patients they care for.

Lesson Number Four: Just as much as good management, diplomacy equals good medicine, too.

My years on the Relative Value Update Committee--the RUC--taught me on a national political level the positive power of leading even the most contentious players to work together.

The bottom line always proves to be this simple: That even with conflicting egos and agendas, what is best for American medicine is what we always need to do. And it can be done--if we just work together.

So if I have a single message today--for delegates, for trustees, for management, for staff--it is this: We will work together to do what is best for our patients, for our practices, for our profession--and, yes, for our country.

We'll have to work together if we are to turn Lesson Number Five into reality. The lesson is: Deliver the value, and we will deliver the members.

I'm not going to even try to kid you. For too long, too many freshly-minted CEOs have come before too many medical societies and have promised too many times that they will stem the membership tide--and they all have failed.

What I will tell you is that I believe with every fiber of my being that we need to pull out all the stops if we have any chance at all to succeed where all the others have failed.

We must keep everything on the table. We must conduct a cold, calculated 360-degree examination of where we are and how we got there. And then we must deliver to physicians all across the country hard, practical evidence that this AMA--our AMA--reflects the same principles and values that they themselves hold dear.

We will show them that there is no other true voice of American medicine--because you are that voice.

That the AMA Code of Medical Ethics is a beacon to physicians everywhere--because you are its stewards.

That American physicians adhere to the world's highest professional standards--because you set those standards.

That patients everywhere benefit from physicians who use the very latest medical information--because you publish that information.

That the patient-physician relationship is still the heart and soul of American medicine--because you are the guardian of that relationship.

And it all begins right here--in your hearts, in this House, in our AMA.

But it will not happen without hard work. Lots of hard work. And that's Lesson Number Six: Let me tell you about it. Some of you may know that I obtained my medical degree, did my residency and was a research fellow at The Ohio State University. And once you've admitted yourself to the world of Ohio State--well, the Buckeyes never let you go.

Here's what I mean....This is a piece of real Ohio State Astroturf that I carry on my key chain. It's always with me. I got it when they tore up the Astroturf in the Horseshoe to put in real turf. The kind of grass that was made famous by Woody Hayes and his celebrated three yards and a cloud of dust.

Woody Hayes had an amazing football career. 238 wins. Four national championships. 13 Big Ten Titles. 8 Rose Bowls. 56 All-Americans. Three Heisman Trophy winners.

Why do I tell you this? Because Woody used to tell people something about himself that I want to tell you today--something that I apply to myself as well. Woody said there were a lot of coaches out there a lot smarter than him--but there was no one out there who worked harder than he worked.

And that's my promise to you--no one is going to work harder than I'm going to work to prove to physicians everywhere that the AMA is essential to their practices and to their lives; to deliver the value and the service to our members that they cannot ever hope to find anywhere else; to fight with every fiber for the policies and programs that this House decides are necessary for physicians to deliver the very best medical care possible to the patients of America; and to stand for the principles that have made the AMA the great and respected national institution it's always been--and always will be.

For a doctor like myself, this is the greatest job in the greatest and most noble profession in the world. And I can hardly wait to begin! Thank you for this honor and privilege.

REPORT OF THE DEPUTY EXECUTIVE VICE PRESIDENT: The following printed report of Robert W. Gilmore, MD, Deputy Executive Vice President of the American Medical Association, was distributed to the House of Delegates:

Attached, for your information and reference, is a compiled overview of the activities of the AMA since the 2001 Annual Meeting. This is a lengthy document; but in truth your Association has been a very busy place with significant accomplishments in every area. In particular, I would call your attention to several specific, highly visible, critical areas:

Advocacy: Advocacy has fully engaged Congress on the Medicare Update issue. This is an uphill battle as it involves revision of existing statutes and will increase government expenditures. At best we could hope for a diminution of the reduction of the 2002 conversion factor and 2002 change in the SGR formula if the Jeffords Bill (S. 1707) passes.

Bioterrorism: Our AMA has been leading, educating, coordinating and helping the national effort since well before September 11, and we do not intend to stop. The education modules you will receive at I-01, key *JAMA* articles of the last four years, management protocols for bioterrorism, and assistance on disaster planning are being shared with all physicians nationally.

Finances: The AMA is financially sound; projected to meet budget for FY2001 and has a projected “break even” budget for 2002. This has been accomplished for the most part by expense reduction in an environment of decreasing revenue.

Membership: Though we are projecting a membership decline by year end, there are some positive developments. For example, membership enrollment via our web site and the accrual of life members has dramatically increased. Responsibility for membership has shifted to the Deputy EVP to provide organization-wide focus and accountability. Communication, membership processing, and member retention are receiving increased emphasis.

Please take the time to read these accomplishments of your Association--and use them to inform other physicians of what we are doing. There is nothing more compelling than a well-informed delegate who returns home to “spread the word” to other physicians.

ADVOCACY

Government Affairs

- Worked aggressively to stop the Centers for Medicare and Medicaid Services (CMS) from establishing and publishing a reduction in the Medicare conversion factor for 2002. The AMA identified and advocated numerous adjustments to the Sustainable Growth Rate (SGR) and Medicare Economic Index to avert a payment cut. While CMS did publish a rule with a 5.4 percent payment cut, AMA efforts succeeded in increasing the spending pool for physician services by \$720 million through 2001. The AMA also convened a broad coalition of specialty societies and other practitioner groups and led an effort to make key members of Congress aware of the payment update problem and secure their commitment to fixing it. The result: Sens. Jim Jeffords (I-Vt.) and John Breaux (D-La.) introduced the Medicare Physician Payment Fairness Act of 2001, to increase the update from -5.4 percent up to -0.9 percent and obtain recommendations from the Medicare Payment Advisory Commission for replacing the flawed update formula with a new system.
- Successfully advocated that the House Ways and Means Committee and House Energy and Commerce Committee include important regulatory relief principles in their respective bills--H.R. 2768, the Medicare Regulatory and Contracting Reform Act of 2001 (MRCRA), and H.R. 3046, the Medicare Regulatory, Appeals, Contracting and Education Reform Act (RACER). The AMA worked aggressively to overcome opposition to key reforms from CMS and the HHS Inspector General. The legislation would significantly revise the tactics used by the Medicare carriers to calculate and obtain repayment of alleged Medicare overpayments from physicians and providers. Use of extrapolation would be curtailed, carriers would be required to substantially improve the education provided to physicians about Medicare’s rules and policies, due process protections would be established for physicians faced with government audits, and, if new evaluation and management documentation guidelines are developed, CMS would be required to pilot test them before they could be implemented nationwide. Due to advocacy efforts by organized medicine, the bills enjoy widespread bipartisan support, and the legislation is expected to be enacted in the 107th Congress.
- Advocated for passage of the Bipartisan Patient Protection Act of 2001. In the Senate, the AMA successfully advocated for passage of S. 1052, by a vote of 59-36. Prior to final passage, the AMA took a position on one motion and eight amendments, for which there were roll call votes, and prevailed on all of them. In the House, a decision by one of our chief allies to support an alternative led to passage of a substitute bill by a vote of 218-213. The patient protection provisions in both the House and Senate bills are virtually identical. Differences between the House and Senate bills largely focus on liability provisions.
- In alliance with several specialty societies, successfully lobbied the Senate to include the provisions of S. 543, the Mental Health Equitable Treatment Act of 2001, sponsored by Senators Pete Dominici (R-N.M.) and Paul Wellstone (D-Minn.), as an amendment to the FY 2002 Labor-Health and Human Services-Education Appropriations Bill. Final action will have to be taken by a House-Senate conference committee.

- Continued to work on changes in antitrust policy to allow groups of self-employed physicians to negotiate with large health plans without the fear of violating antitrust laws. Principal sponsors Reps. Bob Barr (R-Ga.) and John Conyers (D-Mich.) are completing the final elements of the bill.
- Provided the Department of Health and Human Services (HHS) and the General Accounting Office (GAO) with vital information about the CPT coding system after Sen. Trent Lott (R-La.) and Rep. Nancy Johnson (R-Conn.) requested that the groups study replacing CPT with a new coding system. The AMA stressed the importance of maintaining a coding system that is developed and maintained by the practitioner community. We also explained in great detail the disruption that would be caused and costs that would be incurred throughout the health care system if CPT were replaced with an unknown, untested system. Afterward, the HHS secretary informed Sen. Lott that he could see no reason to consider replacing CPT.
- Worked extensively since September 11 with various federal agencies to identify gaps in disaster response and the public health infrastructure. The AMA is continuing to pursue numerous opportunities to educate patients and physicians about issues surrounding bioterrorism. Several examples of our educational efforts include cosponsoring weekly telecasts with the Centers for Disease Control and Prevention on bioterrorism; timely updates on the AMA's web site; and dissemination of the CDC's critical health alerts. The AMA has also worked closely with relevant House and Senate committees as they develop legislation.
- With more than three dozen medical specialty societies, urged the administration to terminate the Aspen contract to develop "clinical examples" for E&M documentation guidelines, and called on the administration to reconsider their commitment to those guidelines. Secretary Thompson agreed to terminate the Aspen contract and announced his intention to form an advisory group to consider changes in the codes and documentation that physicians use for E&M services. The AMA's CPT Editorial Panel proposed an alternative work group to examine the E&M codes and retain autonomy for CPT. CMS expressed its support for the panel's approach. The new work group will conduct most of their work during the first half of 2002.
- In response to drafts of a revised application form for obtaining a Medicare provider number, furnished numerous recommendations to CMS for improving the Form 855 and the way Medicare contractors process the applications. For example, one of the biggest criticisms of the process has been that, although carriers were supposed to process applications in 45 days, they would return the forms to physicians because of missing or incomplete information and then restart the 45-day clock from the beginning after the missing information was provided. Under procedures for processing a revised application form, carriers will have 60 days to process the forms. While there may be a pause as missing information is obtained, the clock will continue from the point at which it stopped rather than restarting at day 1. The AMA also has continued its objections to a CMS plan to issue new rules that would expand the provider number requirements in a manner that would affect all physicians. The AMA will continue working to derail any new proposed rule that would increase the burden of obtaining and keeping a Medicare provider number.
- Secured a major improvement in the revised application form for obtaining a Medicare provider number through its inclusion of a new section requiring "all non-physicians (excluding physician assistants) who require a supervising and/or collaborating physician to qualify for Medicare billing privileges" to list the name and Medicare numbers of their supervising and/or collaborating physician(s) on the form. The AMA and many other leading national and state medical organizations previously have criticized CMS for its failure to enforce the federal requirement that advanced practice nurses have collaborative agreements with physicians in order to bill for services under the Medicare program. The addition of this section to the enrollment form is a significant step forward in addressing these concerns.
- Convinced the HHS to review the existing EMTALA regulations before issuing further EMTALA regulations. A work group met with their counterparts in the hospital community to explore EMTALA concerns and participated in joint congressional briefings on EMTALA. Both the House and Senate have introduced legislation calling on HHS to establish an EMTALA task force to review existing EMTALA regulations. The House version of the legislation also would assure peer review before terminating a physician from Medicare for an EMTALA violation.

- Continued to advocate that the CMS' Physician Regulatory Issues Team (PRIT) take meaningful steps to reduce the regulatory burden placed on physicians. Consistent with AMA policy, we also provided the PRIT director with feedback on proposed policy changes affecting administrative requirements for ordering blood glucose monitoring strips.

Political Affairs

- Redesigned the AMA in Washington web site--www.ama-assn.org/grassroots--to ease navigation as well as highlight the AMA's grassroots tools available on the Internet. AMA letters, testimony and comments are now arranged by issue. This allows visitors to find all relevant material on a subject in one place. The new look and feel provides quick links to bill text, the AMA's Grassroots Action Center, as well as key votes on the AMA's legislative agenda.
- Embarked on a full-scale grassroots education and mobilization program to affect a legislative fix for the 2002 Medicare Physicians Payment Update. Through a number of grassroots activation mechanisms, including Federation Alerts, blast faxes and Cyberdocs e-mails, the Physicians Grassroots Network (PGN) was galvanized. Political Affairs also coordinated with all 51 medical societies in the states and the District of Columbia in securing signatories for two "sign-on" letters supporting the AMA's position on this issue in the House and support for the Jeffords-Breaux bill in the Senate.
- Actively engaged in the enhancement of the PGN, which consists of 85,000 physicians, students and Alliance members from around the country. Work is underway to develop a new database system as well as update fax numbers and e-mail addresses to effectively communicate with these self-identified activists. This project includes plans to gradually shift from a fax-oriented activists' notification network to one more reliant on e-mails and the web. In addition, new activists are being recruited to further advance the political and legislative agenda of the AMA.
- Actively supported Medicare regulatory relief legislation currently being considered by Congress, including the Medicare Education and Regulatory Fairness Act (MERFA), through regular communications with the Federation and grassroots physicians. Aggressively generated physician grassroots support for MERFA and other pending legislation via fax, e-mail and regular telephone contact promoting grassroots action. As other regulatory relief legislation has moved through the House Ways & Means and Energy & Commerce committees, Political Affairs has conducted multiple grassroots programs targeting AMA physicians and the Federation in an effort to encourage the committees to adopt language that will provide physicians with much needed regulatory relief.
- Partnered with the Medical Association of Georgia to implement a "Patients as Partners" pilot project. This initiative activated more than 6,000 patient advocates throughout Georgia to contact their members of Congress via direct mail, phone messages, patch-through calls, and the AMA's toll-free hotline to support the patients' bill of rights. More than 60 percent of patient advocates contacted via patch-through calling agreed to contact their member of Congress.
- Communicated with the PGN and the Federation on a constant basis regarding support for the McCain-Edwards/Ganske-Dingell patients' bill of rights. Physicians were encouraged via blast fax and Cyberdocs e-mails to contact their members of Congress in support of the McCain-Edwards/Ganske-Dingell patient protection legislation using the AMA Grassroots Hotline or the AMA in Washington web site. In addition, several all-Congress letters were distributed to state medical societies for approval and sign-on participation. These letters communicated AMA and state medical society opposition the Frist-Breaux and Fletcher patients' bill of rights and reiterated our support for the McCain-Edwards/Ganske-Dingell legislation. Following the House and Senate votes on patient protection legislation, comparison charts and roll call vote totals were sent to the Federation and posted on the AMA in Washington web site.

Legislative Affairs

- Assisted in analyzing the effect of the Norwood amendment to the House version of the patients' bill of rights and recommended to the Board that the AMA should continue to oppose it, principally because it would roll back positive case law and obliterate existing state managed care accountability laws. At the same time, the

- Council on Legislation urged that the AMA work to rewrite portions of the House-passed bill to bring it into closer conformity with the Senate-passed bill that the AMA had worked to move through that body just after the Annual Meeting.
- Urged the AMA to become more proactive on professional liability reform that must be achieved through the legislative process.
- Because of the need to address emergency preparedness to counter the threats caused by terrorism, discussed appropriate responses for physicians and the AMA. At the Interim Meeting, the Council on Legislation will consider and make recommendations on model state legislation that would give authorities broad powers to implement many traditional public health safety measures including management of health resources, quarantine and contact tracing and treatment to deal with a biological attack, as well as model state legislation on emergency medical licensing reciprocity. It also will review existing laws and proposed bioterrorism bills currently before Congress.
- Remained active in reviewing other key legislation and regulatory items before Congress and the Bush administration. In particular, the council has reviewed carefully and provided the Board with guidance and recommendations on emerging resident physician work hour bills, GME reform bills, as well as genetic nondiscrimination and anti-tobacco legislation. The Board also has approved nine different model bills, many in response to House of Delegates deliberations, to aid our overall advocacy effort.
- Continued to advocate on AMA priorities before Congress and administrative agencies. We submitted dozens of formal comments and policy letters to advance the AMA's advocacy agenda on issues such as regulatory relief, Medicare reform, MSA expansion, the uninsured, antitrust relief and patient safety. Of particular note, AMA staff worked to write, perfect and advance Medicare billing fairness legislation that has now moved through the House Ways and Means and Energy and Commerce Committees and currently is poised for House floor action. This important regulatory relief bill would do much to interject due process protections into the current unconscionable practice of extrapolation of certain Medicare reimbursement claims. Similar legislation is soon expected in the Senate, based on AMA legal and lobbying efforts.
- Conducted a successful State Advocacy Roundtable Meeting bringing together state medical society and national medical specialty society lobbyists to discuss aspects of their state legislative sessions. Featured topics included access to affordable pharmaceuticals, prompt payment, state patient protection laws, and patient safety.
- Sponsored and staffed a booth at the National Conference of State Legislatures (NCSL) Annual Meeting in San Antonio, Texas. The booth, well attended by many state legislators, was developed in conjunction with several national medical specialty societies. This cooperative project highlighted educational material for state legislatures on such topics as scope-of-practice and state patient protections. We also continue to work to impact the policies of organizations of state government officials by advocating our policy at meetings of the National Association of Insurance Commissioners and the National Council on Insurance Legislators.
- Launched a new access to affordable pharmaceuticals campaign on the Virtual ARC web site, www.ama-assn.org/ama/priv/category/5324.html, which includes AMA policy, a detailed analysis of targeted groups, state legislative approaches, and legal developments. Moving forward, the ARC will coordinate the collection and dissemination of state Medicaid budget information to facilitate 2002 state medical society legislative agendas on this topic.
- Began coordination of new ARC campaign on professional liability insurance. Elements will include analyses of viable approaches, including legislative and judicial reform, liability premiums and state reform approaches.
- Developed detailed analysis and commentary on state patients' rights laws, external review and managed care accountability proposals for use during federal PBR advocacy.
- Advocated AMA views on state legislative issues, including prompt payment, access to affordable pharmaceuticals, professional liability reform, patient safety and scope of practice. Such advocacy at the state level includes analysis of legislative proposals across all 50 states and regular interaction with Federation members.

- Continued upgrading and development of additional modules to the Compliance Interactive Tutorial System (CITS), a member-only benefit. In 2001, new modules included Medicare Overpayments to Physicians, Physician Joint Venture Safe Harbors and Gifts to Physicians. Launched in January 2000, CITS now has nine modules.
- Expanded use and maturity of the highly successful National House Call (NHC) strategy in support of key advocacy initiatives. This included a partnership with the Robert Wood Johnson Foundation, through regional town hall meetings, to lay the foundation for a strategic advance on “insurance for the uninsured.” We also introduced the Medicare regulatory reform initiative, MERFA, into the grassroots activity of NHC. Additionally, NHC activity secured PBR passage in both bodies of Congress in this year’s session, leading to conference committee.

Private Sector Advocacy

- Succeeded in dramatically raising public awareness of the serious problem of health insurers’ late payment to physicians, particularly through our work with a number of state medical associations (Alabama, Colorado, Oregon, Nebraska, New Jersey and Utah) as part of the AMA’s ongoing payment timeliness campaign. Those initiatives resulted in a flurry of local and national press coverage highlighting the problem and the serious repercussions on physician practices and access to care. These activities, especially the prompt payment survey data collection and presentation process, have put additional pressure on state regulators to enforce existing prompt payment laws and on state legislators to pass effective prompt pay legislation.
- Released “Competition in Health Insurance: A Comprehensive Study of US Markets” in November. This study, completed by the AMA’s Private Sector Advocacy unit and the Center for Health Policy Research, in consultation with Stephen Foreman, JD, PhD, MPH, is the most comprehensive analysis ever performed of health insurance markets across the country. It shows what patients and physicians have long known: that in many health insurance markets across the country, health insurers wield too much market power. This study provides market concentration (based on US Department of Justice 1992 Merger Guidelines) and health insurer market share information for 46 states and 40 metropolitan statistical areas (all with populations over one million). The study focuses on markets that are highly concentrated and particularly on those where a single insurer has a market share greater than 30 percent. It is anticipated this study will provide much-needed information to support the need for federal antitrust relief for physicians.
- Released a joint guidebook in November with the California Medical Association (CMA) entitled “Benchmark Capitation Rates: A How-To Guide for Calculating Fee-For-Service Equivalents.” AMA and CMA retained the services of MMC Enterprise Risk Consulting, Inc., to assist with the actuarial analysis. This guide was undertaken because physicians often find themselves at a distinct disadvantage when negotiating contracts with health insurers. Physicians often lack the necessary tools or data, such as information about practice expenses and demographic data, to negotiate on a “level playing field” with health insurers. Physicians can use this guidebook to assess the financial viability of capitation rates proposed by health plans. Physicians also will have the option of calculating a per-member-per-month (PMPM) rate for a non-elderly population based either on average fee-for-service payments made for a commercial population or on the Medicare payment scale.
- Established an electronic information clearinghouse so physicians could report information about administrative and payment hassles they encounter with third party payors. Private Sector Advocacy developed the “Health Plan Complaint Form” to serve as a tool for the collection of information related to the administration of health plans by health insurers and third party payors. It gathers very sophisticated data on the types and the severity of the administrative and payment “hassles” physicians experience on a day-to-day basis in the managed care environment. This information will be used for advocacy efforts. All data will be processed and aggregated in a secure and confidential manner.

Health Policy

- Developed and widely distributed brochures and booklets on the key campaign issues of health system reform and Medicare transformation. Participated in a number of congressional briefings and conferences on health system reform to publicize AMA’s proposals.

- Produced data and analyses that supported the need for greater funding of Medicare physician payment in 2002, demonstrated the need for antitrust relief for physicians, and provided benchmarks for physicians to assess the actuarial fairness of managed care contracts.
- Completed the five-year review of the Medicare physician payment RBRVS. Ninety-three percent of the RUC's 870 recommendations from the review for physician payment changes were accepted by the Centers for Medicare and Medicaid Services (CMS). An additional 300 recommendations for new and revised CPT codes also were submitted to CMS in 2001.
- Coordinated the work of more than 50 national medical specialty societies to begin refinement of the practice data used to calculate practice expense relative values for the Medicare RBRVS.
- Redesigned the survey of physician socioeconomic information to streamline the questionnaire, reduce survey cost, and increase the response rate. The new survey was successfully pretested and is close to completion.
- Through the Council on Medical Service, developed a number of new AMA socioeconomic policy reports and recommendations on inappropriate bundling of medical services by third party payors; the effects of closing safety-net hospitals; criteria for level of care status; transitional issues in moving toward a system of individually selected and owned health insurance; hospital mergers; Medicare review activities; and the potential impact of genetic-based technology on the future practice of medicine.
- Successfully advocated for the incorporation of key AMA policy into the final revised versions of the utilization management and claims processing standards developed by the American Accreditation HealthCare Commission/URAC.
- Completed the Policy Coordination Team's (PCT) 2001 Policy/Advocacy Initiatives Survey of physicians. Presented analysis of PCT survey results to AMA senior management to assist in issue prioritization by the Board in February 2002.
- Enhanced the Health Policy Group and Council on Medical Service web sites by adding new content, images, links and "highlights" sections. The Health Policy web site reached an all-time high number of page views in November.
- Completed research studies that assessed physicians' opinions of AMA initiatives and prioritized initiatives; examined physicians' concerns and needs after September 11 and how the AMA can address those needs; and measured group practice physicians' perceptions of the AMA and AMA membership.
- Implemented Member Connect, an online advocacy tool that provides physicians with the ability to easily and quickly have input to the AMA through surveys and receive information on advocacy issues. To date, 2,000 AMA member physicians are registered for Member Connect, and three surveys--Medicare administrative burdens, managed care accountability and payment issues, and professional liability--have been conducted.
- Developed "Portrait of Physicians," a snapshot of physician opinion about the current health care environment and the AMA, based on AMA and other surveys of physicians.
- Added information to its web site about TRICARE and TRICARE For Life (TFL). This information, designed for physicians and their patients, has also been circulated to the various AMA offices that deal on a day-to-day basis with the Federation. The URL is www.ama-assn.org/ama/upload/mm/363/tricare2.pdf. Under TFL, Medicare-enrolled military retirees will see reduced costs, and physicians will see reduced red tape. TFL, which went into effect October 1, provides the equivalent of supplemental insurance to Medicare. TRICARE is the military's triple option health benefit for active duty personnel and their dependents. TRICARE provides beneficiaries with HMO, PPO and FFS health benefit options.

Federation Relations

- Participated in AMA National House Call visits to Florida, New York, Texas, Delaware, Pennsylvania and New Jersey, which generated favorable press toward the patients' bill of rights legislation.

- Successfully planned and managed the domestic Nathan Davis Awards for Outstanding Government Service on July 17. The 2002 Dr. Nathan Davis Awards will be presented on January 29 at the Hyatt Regency Hotel, Washington, DC. The change in date from July to January for this award was made so as not to conflict with the International Dr. Nathan Davis Awards. Even with the change of date and a severely shortened nomination process of only three weeks, we received 47 nominations for all award categories.
- Convened the 2001 Presidents' Forum July 18-19 in Washington, DC. The forum drew 135 attendees from 41 national medical specialty societies and brought relevant programs and networking opportunities to the executive vice presidents, presidents and presidents-elect.
- Completed report and recommendations of the SAGE Workgroup on Inter-Medical Society Relations and Governance.
- Convened almost all scheduled Federation meetings, despite the September terrorist attacks. Two specialty society annual meetings were cancelled (American Academy of Physical Medicine & Rehabilitation and the Association of Military Surgeons of the US). None of the state societies cancelled their meetings. State and County Relations staff continued its outreach activities by attending 21 state medical society meetings and visiting several county medical societies.
- Convened the second AMA University for staff of specialty societies on October 12. The one-day event brought 12 staff from eight specialties to learn more about the operations of the AMA and to get acquainted with AMA staff. AMA University was created last year as a creative way to network with the Federation in a cost-effective and time efficient manner and to work toward unity.
- Actively planning for the 2002 National Leadership Conference, both in terms of program content and fund raising. The NLC steering committee, a strong cross-organizational team, has been meeting regularly to ensure major AMA initiatives and programs are highlighted. The theme for the 2002 NLC is "Leadership for the Future: Unifying Medicine."

GOVERNANCE AND OPERATIONS

Constituency Groups

House of Delegates (HOD)

New House Schedule - A survey of the members of the House of Delegates generated a report prepared by the Speakers that was the first step in eventually shortening both the Annual and Interim meetings by one day. The 2001 Interim Meeting will open on Saturday afternoon for the presentation of awards, speeches by AMA and Alliance officials, and other ceremonial activities. For the 2002 Annual Meeting, the Saturday opening will continue, and elections will be held on Tuesday rather than Wednesday of the meeting.

Biological and Chemical Warfare - In response to the threat of biological and chemical warfare and the need for physician involvement in community disaster preparedness, a major portion of the 2001 Interim Meeting will be devoted to educational sessions on these issues. Experts from around the nation are being assembled to bring the latest information to the delegates and alternate delegates.

Also, extra security precautions are being taken to include the increase in the number of security officers, including armed officers from the San Francisco Police Department. Photo identification will be required to obtain a badge from the AMA registration desk, and badges will be required for entrance to all meetings.

Special Publications - The 2001 "Pictorial Directory of the House of Delegates" was published prior to the Annual Meeting and is available for purchase at \$10 per copy. This popular directory continues to be posted on the AMA web site, where it is updated regularly. The "Proceedings of the House of Delegates" is available upon request in CD-ROM. It is also available on the web site along with reports and resolutions and annotated reference committee reports detailing the House action on every item of business. This information is placed on the web site quickly and has become a valuable resource to members of the House, other society leaders and Federation staff.

Communications - Frequent news reports are sent electronically and by more traditional means to members of the House. These reports from the Speakers and other AMA officials are designed to keep the delegates abreast of late-breaking news about the AMA and government actions and policies that affect the practice of medicine. Recently, special bulletins about anthrax were transmitted instantly.

Medical Student Section (MSS)

Advocacy - Alleviating medical education debt remains a major advocacy issue for the MSS. The section continues to work with the Council on Medical Education, residents and young physicians to bring this issue to the forefront and achieve legislative successes that will provide some debt relief. A measure of success was achieved six months ago with the passage of the Economic Growth and Tax Relief Reconciliation Act of 2001 in June. The law increases the income levels for eligibility for the student loan interest deduction tax cut package and repeals both the limit on the number of months during which interest paid on a qualified education loan is deductible and the restriction that voluntary payments of interest are not deductible.

In addition, the MSS is working closely with the Resident & Fellow Section on the issue of resident work hours. This fall, MSS leadership attended an exploratory meeting on the issue with more than 40 other resident and student leaders and a conference on sleep, fatigue and medical training sponsored by the Council on Medical Education and the American Academy of Sleep Medicine.

The MSS Government Relations Internship Program successfully completed its fourth summer session. Through this program, stipends up to \$2,500 are available for selected students to participate in their own legislative internship programs and seminars conducted at the AMA Washington office. A new brochure and promotional materials were developed for use in promoting the program. Fourteen medical students participated, with internship sites ranging from the offices of Sen. Tim Hutchinson and Rep. Tom DeLay to the Centers for Medicare and Medicaid Services, Department of Health and Human Services and American College of Emergency Physicians.

Communications - Funding was secured for a medical student newsletter to be developed and mailed to the entire medical student membership to inform them of AMA and MSS activities and accomplishments. The first issue of the MSS newsletter was mailed in November. It highlighted the key advocacy issues of medical student debt and resident work hours, the MSS Government Relations Internship Program, and the MSS response to the September 11 tragedy. The MSS also continues its work on the MSS web page and its biweekly e-mail updates. More than 15,000 student members currently are subscribed.

Community Service - The MSS continues its efforts to promote and enroll children in the Children's Health Insurance Program (CHIP) as part of the MSS National Service Project. The MSS project began almost two years ago at the 2000 Annual Meeting, when students went to Lincoln Park Zoo to educate families about CHIP. Subsequent national projects included outreach events at the Central Florida Fairgrounds and Chicago's Puerto Rican Day Parade. Given these three successful national events, many student chapters have developed similar CHIP programs at the local level. In addition to planning a final CHIP outreach event in San Francisco, a new service project will be selected at the 2001 Interim Meeting with a kick-off event at the 2002 Annual Meeting.

The popular MSS Policy Promotion Grant program continues to play a key role in providing opportunities for medical student members to be active in the AMA and to plan activities that promote the AMA on campus and in their communities. The Department of Medical Student Services has received hundreds of grant applications for student-initiated projects this year. The program also offered a special grant opportunity to support chapter activities related to America's healing process from the September 11 attacks.

Leadership Development - Applications for the third annual Leadership Award Program, sponsored by the AMA Foundation, are due December 21. This award will once again send 25 students and 25 residents to the AMA National Leadership Conference. The award program focuses on non-clinical leadership skills in medicine or community service. The objective of the program is to encourage involvement in organized medicine and continue leadership development among promising young leaders.

Finally, the MSS sponsored three regional meetings in fall 2001. The regional meetings are organized and implemented by medical students and are designed to promote local level activity and activism in organized medicine. The meetings were held in Nebraska, Oklahoma and New York. Topics included chapter development, bioterrorism and youth violence.

Resident and Fellows Section (RFS)

Over the past few months, the RFS has been working closely with the AMA's legislative staff, the Councils on Legislation and Medical Education and other national organizations to develop and promote alternatives to the recent proposed federal regulation/legislation of resident work hours/conditions. Progress is being made on many possible solutions for the AMA and its younger members.

In August, the RFS jointly sponsored a resident work hours exploratory meeting in Washington, DC. This unprecedented event brought together 42 resident and medical student leaders representing 14 organizations (specialty societies and interest groups) to explore opportunities for collaboration to address the problem of resident working conditions. The RFS also participated in the AMA Council on Medical Education- and the American Academy of Sleep Medicine-cosponsored workshop on "Sleep, Fatigue and Medical Training: Optimizing Learning and the Patient Care Environment" in October. The workshop provided a diverse group of invested professional and public organizations a forum to present scientific information, share experiences and approaches, and begin a more formal interdisciplinary dialogue on this important and timely topic.

The RFS continues to work with the AMA Department of Membership, Marketing and Sales to enhance specific products for residents (i.e., career planning consultation, special publications, etc.), and is developing strategies to pilot unified resident membership with specialty societies.

The RFS educated more than six resident groups on their representational options and provided extensive information on PRN and labor organizations, including specific information and assistance on starting independent housestaff organizations.

Finally, the RFS has increased its communications to residents with the introduction of the RFS quarterly newsletter to all members. The first issue was mailed in September. The RFS also continued monthly blast e-mail updates to more than 6,000 residents, and published monthly articles in *Resident and Staff Physician*.

Young Physicians Section (YPS)

The YPS developed a comprehensive communications plan to continue funding for communications activities to all young physicians for 2001-02. Working with the Department of Member Communications, the YPS will produce and disseminate quarterly targeted communications pieces.

Beginning at the 2001 Interim Meeting, the YPS will shorten its business to streamline costs and encourage greater participation by young physicians in the AMA House of Delegates. Similar activities will begin at the AMA House of Delegates based on a resolution submitted by the YPS.

The YPS developed several new web-based publications for young physicians based on section policy and anticipated needs. New web-based products include a resource guide for physician reservists and a resource guide for physicians assessing practice opportunities.

The YPS is looking at new opportunities to reach out to young physician members and nonmembers. In partnership with the American Academy of Pediatrics and the AMA Women Physicians Congress, the YPS co-hosted a luncheon for young pediatricians and provided a speaker for the luncheon.

Organized Medical Staff Section (OMSS)

Over the last six months, the OMSS Governing Council finalized recommendations for improving the section's value and relevance to members and the AMA. These recommendations will be considered at the OMSS Interim Assembly Meeting.

The OMSS continues to advise the Advocacy group on EMTALA regulatory issues for discussion with the Centers for Medicare and Medicaid Services. The section also supports legislation to limit the scope of EMTALA to its original congressional intent. At the Interim Meeting, the OMSS will host an education program on the problem some hospitals and their medical staffs are having maintaining an on-call physician panel and ways to best address this issue.

Having identified and addressed bioterrorism preparedness as a major medical staff issue in June, the OMSS will present a second program, "Bioterrorism: Preparing for and Responding to Attacks," at the 2001 Interim Assembly Meeting. The OMSS has worked closely with the Science, Quality and Public Health staff to identify resources to assist hospital medical staffs in preparing for and responding to a biological and/or chemical attacks.

International Medical Graduates Section (IMGS)

After the HOD adopted changes to the IMG Section's bylaws at the 2001 Annual Meeting, the IMG Section focused on making infrastructure changes to strengthen the section. The section is building stronger relationships with ethnic medical societies, in an effort to be perceived as a forum for all ethnic and other IMG societies to use to work together. The section sent letters to ethnic society leaders encouraging increased communication and participation. The section has increased its outreach to specialty and state societies to help build a more formal IMG Congress for Annual and Interim meetings. At this Interim Meeting, the section will select a nominating committee who will review and nominate candidates for the 2002-03 IMG Section Governing Council.

Senior Physician Services (SPS)

The SPS Governing Council has begun researching the needs of senior physicians who wish to apply their knowledge in volunteer settings. The Governing Council is planning to publish guidelines and a list of resources in 2002. In addition, the SPS has responded to the terrorist attacks on America by discussing a role for retired and part-time physicians in case of a national emergency. The SPS is asking physicians to make themselves available to cover the patients of reservist physicians called to duty, to prepare to treat victims of biological and chemical attacks, and to serve as community educators on issues related to disaster preparedness.

Minority Affairs Consortium (MAC)

The MAC continues to work with its member minority medical associations to promote membership in the MAC and the AMA. A joint membership recruitment effort was launched with the National Hispanic Medical Association. Also, MAC was well represented at the National Medical Association annual meeting with an expanded exhibit space, including participation by AMA Press and AMA Solutions, as well as through a keynote speech by AMA President Richard Corlin, MD. MAC also continues to reach out to mentor minority medical students, including regular articles in the *Journal for Minority Medical Students* and the Virtual Mentor, and most recently, with the release of a preliminary version of its "Transitioning Into Residency" resource guide. The MAC Governing Council met in Chicago in October to evaluate the current activities and future initiatives of the MAC.

Women Physicians Congress (WPC)

As part of its initiative to work more closely with the YPS to reach out to the many women physicians who are under 40 or new to practice, WPC representatives spoke about the WPC/AMA at an AMA-hosted luncheon at the American Academy of Pediatrics (AAP) YPS annual meeting. In another collaborative activity with the AAP, the WPC and the AAP Committee on Pediatric Workforce have joined forces to survey physicians on their definition of and experience with part time work. The WPC sponsored the annual Women in Medicine Month activity in September. This year's theme was "Leaders Making a Difference." Finally, the WPC has mailed its fall newsletter to more than 3,500 WPC members. The newsletter includes the first registration mailing for the 2002 Women Physician Leaders Summit.

Office of Group Practice Liaison

The Advisory Committee on Group Practice Physicians is continuing its work with the Council on Long Range Planning and Development in order to better understand the issues that medical groups are facing today and how organized medicine can better respond. They also have been active participants in a series of highly successful teleconference calls sponsored by the Office of Group Practice Liaison on the various aspects of the HIPAA regulations.

The committee also completed planning the third Group and Faculty Practice caucus that will be held Saturday, December 1 at the Grand Hyatt hotel. The caucus will include a policy discussion as well as an educational session on conflict resolution.

Federation Unity Project

Since the June House meeting, the work groups formed by the Special Advisory Group Extraordinaire (SAGE) have completed their work products. Their recommendations were to go before the SAGE at a September meeting for consideration and their recommendation to the AMA Board. The SAGE was scheduled to prepare a report for the AMA Board to review at its October meeting. Unfortunately, the events of September 11 resulted in the cancellation of the September SAGE meeting, and the remaining timeframe for rescheduling a SAGE meeting in time for Board discussion and preparation of a final report to the House was too short.

Given the importance that the SAGE members and the AMA Board place on this project, the Board, at the request of the SAGE, has postponed the final report to the House until the 2002 Annual Meeting. The SAGE now is scheduled to meet the weekend of December 14-16.

Strategic Management and Planning

During the last year, the AMA began implementing its new strategic planning process, which seeks to increase stakeholder input at the beginning of the process. At its February meeting, the Board of Trustees reviewed the recommendations of councils, sections and special groups, and it began a prioritization process to develop a focused issue agenda for the AMA. At its June and October meetings, the Board reviewed the program strategic plans for AMA Advocacy and Medical Education activities. Through this new planning process, the AMA is in a better position to evaluate risks and benefits of actions, allowing the AMA to make decisions that are in the best interest of the association and its members. Initial preparations for the 2003 planning cycle currently are under way in the form of gathering stakeholder input from AMA councils, sections and special groups as well as updating the AMA's environmental analysis. The 2003 cycle will begin at the February 2002 Board planning meeting.

Information Technology

The primary goals of the Information Technology group (ITG) are to enable operational improvements, support new business opportunities, and implement cost-effective solutions that enhance the ability of the AMA to achieve its mission of serving the physicians and patients of America.

AIMS Project Update

This fall, we completed the last milestone for the AIMS project with the implementation of the AIMS-invoice and payment processing module. At present, more than 500 AMA employees are using the AIMS systems. With the implementation of this final component, the AMA Service Center and other users throughout the AMA are reaping the benefits of the AMA's first integrated membership system. To recap, AIMS is an integrated family of products consisting of four major enterprise systems:

Invoice & Payment (IP) - AIMS-IP contains all billing and payment information for members and prospective members, and will process more than \$60 million in annual dues revenues. The benefits to the AMA include more rapid processing of dues payments and subsequent initiation of member benefits.

Computer Aided Matching (CAM) - AIMS-CAM provides an automated way to match and update our physician data with the hundreds of external data sources we receive (i.e., state licensing boards). AIMS-CAM saves many hours of manual labor required to hand match information, and improves the accuracy, quality and timeliness of our physician data.

Constituent Management (CM) - AIMS-CM was the first end-user application that enabled AMA staff to view all information on physicians from a single unified system, rather than in separate systems for residents, students, physicians, etc. This unified customer view has given AMA staff a complete longitudinal view of our members and enables them to update this information while speaking with a member or prospective member. Having a single "holistic" view of the customer helps all of us to better serve our members.

Customer Data Warehouse (CDW) - AIMS-CDW is the foundation of the AIMS family of applications. It currently contains up-to-date and historical information on more than 1 million individuals (members, prospective members and non-physician customers). This database serves as a decision support tool for health policy research, is a

statistical modeling tool to help membership marketing perform predictive studies on member retention, enables AMA Press to analyze customer purchasing patterns and create tailored marketing campaigns, and generates in excess of \$40 million per year in revenue.

As our use of the AIMS family of systems matures and broadens, we anticipate leveraging the AIMS foundation architecture to support new and existing business opportunities.

Internet Initiatives

Specialty Society Relations - An Internet-based Specialty Society Balloting system was launched to allow members to select their representatives for the House of Delegates.

Online Membership - Enhancements to the AMA's online membership system will allow for a smoother renewal/joining process for members. Additional enhancements to back-office functionality will facilitate quicker and more accurate processing.

JAMA Reprints - A new initiative was started to develop a web-based e-commerce site for the purchase of *JAMA* reprints. The anticipated launch for this site is planned for the second half of 2002.

Products and Services - In conjunction with the Strategic Planning group, we have developed a centralized online database of products and services offered by the AMA.

FREIDA Online - We are undertaking a complete re-write of the Fellowship and Residency Electronic Interactive Database (FREIDA) Online web site to enable easier updates and improve the residency search capabilities for medical students.

E-Profiles - We have begun enhancements to the E-Profiles e-commerce application to include additional DEA and licensure information, as well as making the site accessible to the blind. We are working in conjunction with the Social Security Administration to enable them to use E-Profiles to audit medical claims.

CPT Document Management System - This internet-enabled application allows CPT panel members and advisors to participate in the peer review process for current and proposed CPT code changes.

CPT Online - We have expanded the CPT Online "web store" to enable customers to purchase ICD-9 products over the Internet.

Physician Electronic Information Clearinghouse - In accordance with Resolution 701 (A-01), we have begun the process of creating an online clearinghouse to enable physicians to report and exchange information about administrative disputes with third party payors.

Other IT Initiatives

Finance and HR - A web-based Employee Self Service Center (ESSC) was launched that allows employees to manage appropriate personnel and benefits information online.

Corporate Services

The Corporate Services group continued to manage building and meeting services effectively, resulting in substantial cost containment and cost savings to the AMA.

Facility Planning and Coordination completed consolidation of all operating units, improving adjacencies and maximizing use of existing resources with almost no capital expenditure. Currently engaged in extensive planning and pricing study to evaluate feasibility of subleasing surplus space at the office. Construction & Building Services completed energy savings conversion of lighting systems on the boardroom and has maintaining aging building systems without large capital expenditures.

Meeting Services - The events of September 11 caused a great deal of focus on canceling and rebooking of a number of meetings and staff travel effected by the events. Greater emphasis on security and safety has been instituted both for the upcoming Interim Meeting and meetings/travel in general. Meeting Services also focused on the contracting of space for future Interim Meetings through 2010 to insure that all of AMA's space requirements can be met efficiently.

Administrative Services - A new contract was negotiated for the lease of 35 new digital convenient copiers located throughout the Headquarters including a color copier in Reprographic Services. This equipment will eventually allow for desktop printing on the copier and elimination of some laser printers. Also, the cell phone policy was revised to allow for more cost-effective use of cell phone technology.

Risk Management

The AMA's risk management program continues with a focus on risk assessment. Key attributes of the AMA's risk management area are a more targeted and proactive assessment of AMA risk issues; the creation of a risk assessment tool for all levels of management for all major new initiatives; an ongoing, education program targeted to AMA managers focusing on risk management policies; an introduction to the AMA's risk assessment tools and an intranet site providing AMA staff and management with risk assessment tools and policies related to risk management. Over time, the AMA's risk management program should result in a more proactive and disciplined management of risk, reduction in exposure to unacceptable risks and identification of acceptable risk levels.

Office of International Medicine

In the past six months we have hosted two groups of physician leaders from China. These groups visited the AMA to learn more about physician education, credentialing and liability issues. We also hosted an official from the Australian Medical Association.

The Office of International Medicine still is coordinating the meetings of the International Strategy Team. This interdepartmental team consists of key staff involved in international advocacy and business efforts and meets several times a year to exchange information and leverage contacts on projects and initiatives.

Planning is underway for the 2002 World Medical Association (WMA) General Assembly to be held in Washington, DC, October 2-6. Our previously planned scientific program on bioterrorism has become even more relevant. We have a highly qualified planning team in place, including D.A. Henderson, MD, the newly-appointed head of the Office of Public Health Preparedness. The team soon will be finalizing the roster of international speakers for the assembly. The scientific session will offer AMA category I CME credit and will be open to any interested physician. Other activities include a welcome reception and gala banquet for all attendees.

In addition to the bioterrorism conference in October, the WMA will consider a proposed declaration on bioterrorism that the AMA submitted this fall. The declaration condemns the research, development, production or use of biological weapons as morally and ethically unacceptable and urges fellow WMA members, representing national medical associations from 76 countries, to establish effective international control measures to minimize the potential for a catastrophic scenario. It also includes a call to strengthen public health infrastructures and enhance the medical preparedness and response capacity.

Corporate Relations

Policymaking meetings - Corporate representatives are invited to observe the AMA's policymaking process by attending the Annual and Interim Meetings. Seventeen corporate representatives attended the Annual Meeting in Chicago.

Staffing Selection Committee - Corporate Relations staffs the Selection Committee for the Public Member of the Board of Trustees. Russell W.H. Kridel, MD, was selected chair of this committee. The Federation, sections, organizations with observer status and delegates were invited to nominate candidates before the November 19 deadline. The committee will present a candidate to the House of Delegates at the 2002 Annual Meeting.

Auto-safety brochures - A mailing to 75,000 randomly selected physicians offering the AMA's free auto-safety brochures in English and Spanish resulted in hundreds of orders. Since 1997, the auto safety project aimed at the parents of young children and funded by General Motors, has resulted in distribution of over 11 million brochures.

Media briefings - Funding was secured for these media briefings held during the second half of 2001: obesity (Abbott Labs), food biotechnology (Council for Biotechnology Information) and bone and joint diseases (Amgen). In addition, briefings in 2002 are tentatively scheduled on pain management, mental health in children, anemia, HIV/AIDS, and workplace safety.

National Leadership Conference - Funding for the 2002 National Leadership Conference has been secured from the Council for Biotechnology Information, CTL ImmunoTherapies, Genaisance Pharmaceuticals, Glaxo SmithKline, and Pfizer, and we continue to seek additional sponsors.

World Medical Association General Assembly - Pfizer has agreed to be one of two major underwriters of the World Medical Association General Assembly in Washington, DC, in October 2002. Several additional companies also have indicated their intention to be sponsors of the WMA meeting.

AMA Foundation

Health literacy - The Foundation received a \$1.5 million grant from Pfizer to collaborate on a two-year implementation of the Health Literacy Initiative. Over the next two years, program staff will work to make physicians aware of the problem of low health literacy and to provide them with diagnostic tools and office procedures to help them identify high-risk patients. The AMA Alliance also will play a significant role in their local communities. The Alliance has already distributed health literacy kits and will continue to work with the Foundation to bring the issue to their community and state organizations.

Strategic planning - The Foundation now has a strategic planning committee led by Robert Bogin, MD. The committee has held two meetings and presented a new vision statement, which was approved by the Foundation Board. The committee hopes to have an operational strategic plan in place in the next few months.

Direct mail - Foundation staff worked with membership communications to target new potential donors to the Foundation. We are conducting an acquisition mailing to a segment of the strong loyalists and senior physicians. A special mailing also is going out the House of Delegates. A creative new piece was designed for the Foundation's year-end appeal, and it will go out at the beginning of December.

Board relations - An orientation was held for several new board members at the October board meeting. Duane Cady, MD, and Dolores Chandra, chair of the Alliance Foundation Committee, are the new board members.

Alliance activities - Staff attended the Leadership Confluence, where Foundation President Bruce Scott, MD, spoke to the Foundation committee. Over the past several months we have worked with the Alliance to establish a new fund, "The Fund for Better Health." The fund will award grants to individuals, community groups and organizations that are involved in projects such as violence prevention, tobacco awareness, health literacy and other public health initiatives.

Past Presidents' Club - An advisory committee made up of past presidents of the Foundation will hold its first meeting at the Interim Meeting.

HUMAN RESOURCES

At the beginning of the second quarter, Human Resources (HR) reorganized into three units: Employment Services, Organization Development, and HR Operations & Programs (which includes Benefits, Compensation and HR Information Systems). This reorganization was designed to provide the full range of HR services to our employees in more strategic ways, and thereby weave HR more effectively into the fabric of the organization.

HR also created a new vision as we entered the 21st century to work with senior management and association leaders to attract and retain a best-of-class workforce; encourage our employees to make their highest contribution towards serving and representing members' interest; and create a culture that promotes the AMA vision and values throughout the organization.

Since then, HR has been busy turning vision into reality, with the following accomplishments:

- We recruited for key positions, including the EVP/CEO, deputy EVP, general counsel, VP/publishing and the membership consultant. Searches are underway for the VP/medical education and VP/ethics.
- We prepared the organization to address the safety and security challenges that resulted from the events of September 11 by creating a disaster preparedness action plan for staff at all AMA locations. We also initiated extensive communications to employees regarding emergency procedures, building security and business travel; and established an inter-disciplinary task force that will help the AMA continue our operations and service to our members as seamlessly as possible if future disasters occur.
- HR recreated the employee benefits statement to provide employees with a complete picture of their total compensation.
- A new Employee Self-Service Center was rolled out, so staff can gain instant online access--from work or from home--to their pay and job information, and review and change their benefits. Many companies with whom we compete for talent have instituted these service centers because they reduce paper, promote efficiency, and improve employee access to their information.
- There are new enhancements to our benefit plans that will be available in January 2002. They include an expanded commuter benefit plan, web access to 401(k) account information, and direct links from the AMA intranet to claims information from our health, dental and flexible spending account providers. Some transactional functions were outsourced at no additional cost to the AMA--but freed up valuable time for staff to work on other important projects.
- In response to some decisions by the US Supreme Court, HR designed and delivered a harassment prevention workshop that more than 850 staff have attended. In addition, HR is implementing some regulatory changes for the 401(k) and pension plans.
- A new employee orientation is underway that is designed to inspire and motivate employees--and provide them with comprehensive, interesting information, and opportunities to interact with our members.
- HR also improved the quality of the employee assistance program we offer by retaining a new provider. Employee Resource Systems will deliver expanded, confidential counseling and information to our employees on a broad range of topics from mental illness to care for the elderly.
- HR currently is reviewing the AMA's compensation systems so that we can continue to attract and retain outstanding talent. Employers always are challenged to find competitive ways to reward their people, and the AMA wants to let our staff know that we appreciate their hard work.
- The staff formerly called recruiters assumed important new responsibilities as HR Representatives. Besides finding great candidates, these HR Reps worked alongside their customers in other departments to help them take care of our greatest asset, our employees.

PROFESSIONAL STANDARDS

Professional Standards continues to focus its efforts on providing physicians with the foundations of professionalism. The group's strategic plan provides a continuum of support for the medical profession that:

- stresses the encouragement and development of medical knowledge;
- integrates that knowledge into medical practice and public health;
- measures and analyzes clinical outcomes to improve medical performance and knowledge; and
- encourages refinement of health and medical practice based on evaluation and data.

The areas within Professional Standards are Science, Quality and Public Health; Professional Standards Policy and Advocacy; Medical Education; and Ethics Standards.

Science, Quality and Public Health

The Science, Quality and Public Health area is charged with promoting medical science, collecting that knowledge, and disseminating it to physicians. It also is responsible for public health advocacy initiatives that bring medicine and public health together. The Quality area is committed to facilitating a unified physician-driven effort in medicine pertaining to clinical practice guidelines and performance measurements.

Science in Clinical Practice

Bioterrorism - The recommendations contained in Council on Scientific Affairs Report 11-I-00 were endorsed by the Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction (Gilmore Commission) in its third report to Congress as a valid approach for improving local disaster preparedness through public-private cooperation. The AMA continues to participate in the bioterrorism preparedness and response core capacity project, which was initiated by the Centers for Disease Control and Prevention (CDC). In October, the AMA introduced a Declaration for Reducing the Threat of Biological Weapons at the World Medical Association meeting in France. Action on the declaration is expected in spring 2002. An AMA web site devoted to disaster preparedness--www.ama-assn.org/go/disasterpreparedness--went live in September. Special continuing medical education sessions devoted to medical response and preparedness for terrorism and other disasters will be held at the 2001 Interim Meeting. In addition, a quick reference guide for physicians, "Characteristics of Selected Bioterrorism Agents," will be available at the meeting.

Influenza Vaccine - A second meeting with all major stakeholders, cosponsored by the AMA and the CDC, was held at AMA headquarters in August to review the flu vaccine distribution system and lessons learned from the circumstances that led to last season's delays and shortages. The findings and recommendations of this meeting are contained in a BOT report for the 2001 Interim Meeting.

Genetics - The Genetics & Molecular Medicine Web site--www.ama-assn.org/go/genetics--continues to add new resources. Free online CME on the social and ethical issues of genetic testing for breast cancer is now available--www.ama-assn.org/go/CME-BRCA. The AMA's genetics program provided expert testimony to the Department of Health and Human Services Secretary's Advisory Committee on Genetic Testing on the continuing challenge genetics presents to health care professional education. In December, the AMA is sponsoring a workshop on the convergence of CME, genetics and performance measures. CME directors from the specialty societies and the genetics and performance measurement communities will participate.

Drug Policy - Drug-policy issues that the AMA continues to address include medication errors, direct-to-consumer advertising of prescription drugs, the professional package insert, drug formularies, electronic prescriptions, Internet prescribing, prescribing of controlled substances for pain, antibiotic resistance, drug and vaccine delays and shortages, immunization of adults and children, therapies for asthma and foodborne illnesses, patient medication information, off-label uses, Rx-to-OTC switches, dietary supplements, genetically modified foods, medical marijuana, and selected issues in infectious disease (e.g., hepatitis C, transmission of bloodborne pathogens, HIV/AIDS, antibiotic resistance).

United States Adopted Names (USAN) - The USAN program continues to participate in review of potential brand names with the Institute for Safe Medication Practices, Safe Medication Practices and Consulting, the Brand Institute, and Crescent Pharmaceutical Branding to eliminate names that may cause medication errors due to confusion and thus compromise patient safety. USAN, in conjunction with the World Health Organization and World International Property Organization, released a statement on the misuse of USAN as domain names. New liaison with the Center for Biologics Evaluation and Research at the Food and Drug Administration led to the appointment of two experts to assist the USAN secretariat in naming new drug products that are the result of gene therapy. The re-nomination process of the USAN Council and USAN Review Board for 2002 has been initiated. The USAN web site came online in July--www.ama-assn.org/go/usan.

Clinical Research Roundtable (CRR) - The Council on Scientific Affairs (CSA) continues to monitor the progress of the Clinical Research Roundtable. Information on the roundtable's most recent activities is available on the CSA web site--www.ama-assn.org/ama/pub/category/2828.html.

Organ Donation - The AMA, in collaboration with the American Bar Association, provided a second year of support for National Healthcare Decisions Week in October. The AMA is sponsoring a study using focus groups of physicians on the role of physicians in organ donation. Based on the results, recommendations will be issued on educational strategies to support physician's roles in organ donation. The AMA's organ donation web site--www.ama-assn.org/go/organdonation--continues to provide a portal to current news stories on organ donation and updates on initiatives to promote organ donation.

Educating Physicians and the Public

Internet - A dedicated web site on disaster preparedness and medical response--www.ama-assn.org/go/disasterpreparedness--was launched within days after the events of September 11 to provide frequently updated information on a variety of subjects related to responding to terrorism and other disasters to physicians and the public. The CSA web site--www.ama-assn.org/go/csa--provides summaries of all 150 CSA reports produced by the council from 1994 through June. The full text of 78 of these reports also is posted, as well as complete bibliographic information for the 66 CSA reports published between 1991 and the present.

The web sites on resources on infectious disease (www.ama-assn.org/go/infectious), organ donation, genetics & molecular medicine, USAN, clinical quality improvement, adolescent health online (www.ama-assn.org/go/adolescenthealth), medicine & public health (www.ama-assn.org/ama/pub/category/3611.html), violence prevention, SmokeLess States, and alcohol and other drug abuse (www.ama-assn.org/ama/pub/category/3337.html) continue to offer physicians and the public information on a variety of medical, quality improvement and public health issues.

Foodborne Illness - As part of the President's Food Safety Initiative and supported by a House of Delegates resolution from the 1997 Interim Meeting, the AMA, in collaboration with the CDC, US Department of Agriculture, and Food and Drug Administration, produced an educational primer on diarrheal foodborne illnesses, "Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians." As of October, more than 11,000 copies had been distributed. The primer also was published in the Morbidity and Mortality Weekly Report and received national media coverage. An update is planned for 2002.

Federation of State Physician Health Programs - The Federation of State Physician Health Programs, working with the Physician Health Program, coordinates activities among the various state medical society-sponsored physician health programs to build common practices and policies and carry out liaison activities with licensing authorities. A Federation of State Physician Health Programs web site will be launched in January 2002.

Special Themes to Promote the Health of the Public

Health Literacy - The AMA's Health Literacy Introductory Kit is a CME self-study program aimed at raising physician awareness about the prevalence of low health literacy and how it may affect their relationship with patients. The kit includes a video with vignettes illustrating the range of persons affected by this issue and the problems they experience in the medical encounter. The video and other written materials can be used for self-study or for leading a discussion about health literacy with colleagues. Kit materials have been used in medical schools, residency programs, group practices, hospital staff programs and many national conferences. The Department of Veteran's Affairs recently ordered more than 700 kits for distribution nationally. The Department of Defense Office of Health Affairs patient safety working group is sponsoring a health literacy seminar using the video and materials as part of its three-day patient safety workshops, which will eventually be given to 500 facilities worldwide. A program on reducing malpractice risk through attention to patients' low health literacy problems and the use of more effective communication techniques is being piloted with the Illinois State Medical Inter-Insurance Exchange.

Family Violence - The AMA National Advisory Council on Family Violence met at AMA headquarters in November to discuss a new strategic plan to guide activities for the upcoming year. The council also discussed directions for implementing Resolution 419 (I-00), which called for efforts to educate physicians about family violence.

Youth and School Violence - The Commission for the Prevention of Youth Violence--a partnership of the AMA, the American Academy of Pediatrics, American Academy of Family Physicians, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Public Health Association, American Nurses Association, AMA Alliance, American College of Physicians-American Society of Internal Medicine, and the office

of the US Surgeon General--met in June 2001 to discuss education, training, and advocacy issues in violence prevention. More than 10,000 copies of the commission's report to the nation, "Youth and Violence," have been distributed. The AMA's violence prevention web site--www.ama-assn.org/ama/go/violence--provides physicians and patients with information and resources about preventing violence in their families and communities. A speaker's kit will be available in December to assist physicians in preparing for community presentations on youth violence.

Alcohol - The AMA/Robert Wood Johnson Foundation (RWJF) program "A Matter of Degree (AMOD): Reducing High Risk Drinking Among College Students" (10 university-city partnerships) completed the first half of a national communications advocacy campaign to build awareness of solutions to reducing high-risk drinking and use communications to help pass new public policies in five cities. This resulted in restricting drink specials in Iowa City, new land-use restrictions in Newark, Del.; a new Nebraska state drivers license; mandatory alcohol server training in Burlington, Vt.; and effective blocking of alcohol industry efforts in Tallahassee, Fla. A national AMA poll examined parental attitudes and found high degrees of concern about college binge drinking. A follow-up national press conference and video news release in August, featuring AMA Chair-Elect, J. Edward Hill, MD, generated more than 300 broadcast stories, an interview on "Good Morning America," and more than 300 print stories. The AMA also conducted a forum on community economic development, and was featured in a showcase presentation at the 15th Annual National Meeting on Alcohol, Other Drug and Violence Prevention in Higher Education.

The AMA/RWJF project "Reducing Underage Drinking through Coalitions" (RUDC) convened participants, including three physician legislators, from its 12 states and five others at a forum in Chicago in August to discuss the health implications and strategies for increasing alcohol excise taxes. The AMA released a policy paper, "Partner or Foe?," that analyzes the role of the alcohol industry in underage drinking. This assisted Dr. Hill in forcing Microsoft's MSN Internet service to remove a book on drinking games and home brewing kits from its Back to School CARE Package web site. This generated widespread positive media coverage. RUDC coalitions were instrumental in passage of new legislation and regulations that: require beer keg registration (Georgia, Missouri); block web site sales (Georgia); allow use of minors in store compliance checks (Indiana, Pennsylvania); five laws, including increased penalties for sales to minors (Texas); new minors' drivers license (North Carolina); rewrite liquor laws (Washington, D.C.); and strengthen minor possession rules (Oregon). State medical societies especially active in RUDC are Indiana, Missouri, North Carolina, Oregon and Texas.

Tobacco - The SmokeLess States National Tobacco Policy Initiative is fully underway with 40 new grants awarded to statewide coalitions by the RWJF. The initiative is a collaborative effort among the AMA, the Foundation, and the 40 statewide coalitions, with the goal of reducing tobacco use and the harm associated with it. The SmokeLess States national program office, based at the AMA, administers and provides technical assistance to the recipients of the one- to three-year grants. SmokeLess States grantees, who receive additional funding from their member organizations, are focusing their efforts on three tobacco policy areas: increasing state tobacco excise taxes to reduce the demand for tobacco products; reducing exposure of the population to secondhand smoke; and fostering changes in Medicaid and private insurance to cover tobacco dependence treatment. These policy areas were chosen with the expectation of significantly diminishing the burden of tobacco use on individuals and society as a whole. Ten coalitions that did not receive funding earlier currently are going through a grant application process to join the SmokeLess States initiative. More information is available on the AMA's SmokeLess States web site--www.ama-assn.org/go/smokelessstates.

Some of the AMA's other recent tobacco policy advocacy work includes urging the US government, through the HHS secretary, to continue US support for a strong world treaty on tobacco (the Framework Convention on Tobacco Control) and reconsider recently proposed changes that would weaken the treaty; urging the Bush administration, through a letter to US Attorney General John Ashcroft, to fully fund and staff the lawsuit by the Department of Justice against the tobacco industry that holds the industry accountable for deceiving the public about the health effects of tobacco use; supporting legislation that would authorize strong Food and Drug Administration regulation over tobacco products; and co-sponsoring with SmokeLess States the 2001 National Conference on Tobacco or Health in New Orleans that attracted more than 2,000 participants for approximately 160 tobacco prevention and control sessions.

Health Needs of Medically Underserved Populations

Special Needs of the Elderly - The AMA has begun a project to develop a practical guide for physicians on counseling older patients about conditions that may impair their ability to continue driving. Physicians need to be able to assess the patient's impairments and safety risk to the public as well as to the individual, with the goal of maintaining safe driving and independence as late in life as possible. The project will examine the scientific evidence behind impairment assessments, rehabilitation techniques and counseling practices. There is continuing demand from residency and hospital programs for the AMA booklets on "Diagnosis, Management and Treatment of Dementia: A Practical Guide for Primary Care Physicians" and "Medical Management of the Home Care Patient: Guidelines for Physicians."

Special Needs of Family Caregivers - The 22 million Americans who are caregivers for a family member with a chronic illness are at increased risk for physical and psychological problems. They face increased morbidity and premature mortality, but often are unaware of their own health problems. The AMA has developed and tested a quick and simple caregiver health self-assessment questionnaire to help physicians add a preventive service to their busy practices. All materials, scoring information and resources for referral can be downloaded from the web at www.ama-assn.org/ama/pub/category/4642.html. The questionnaire is available in English and Spanish.

Special Needs of Adolescents - The AMA received a five-year grant from the Health Resources and Services Administration and the Maternal and Child Health Bureau to support the work of the National Coalition on Adolescent Health. The AMA Child and Adolescent Health Program recently published and distributed a revised workbook on cultural competency for physicians working with adolescents.

Medicine and Public Health

Safe Community Syringe Disposal - In 2001, the AMA helped establish a coalition called the National Organizations for Sharps Safety and Training in the Community (NO-SSTIC) to address the public health problem of syringe and other sharps disposal. It includes key representatives from professional associations, industry, and public health to identify and address major barriers to safe disposal of used sharps in community settings, formulate strategies to improve options for safe community disposal of used sharps, and develop practical recommendations to improve safe sharps disposal options at the community level. The coalition currently is preparing a problem identification statement that will be released in early 2002, with national press coverage.

Roadmaps for Clinical Care - The AMA has developed a new product line, "Roadmaps for Clinical Care," to help physicians incorporate disease prevention and health promotion into medical practice. The first product, "A Primer on Population-Based Medicine," was distributed in November. The first volume of a monograph series, "Case Studies in Disease Prevention and Health Promotion," will target family violence. The text will be completed in December.

Clinical Quality Improvement

Practice Guideline Partnership - The Practice Guidelines Partnership meeting scheduled for September 21 was cancelled due to the national tragedies. The partnership will meet next on February 8, 2002, at which time it will discuss issues surrounding the regular review and updating of clinical practice guidelines.

National Guideline Clearinghouse(NGC) - The AMA continues to ensure physician input into the NGC through its participation on the policy board. The NGC currently includes 1,016 guideline summaries and abstracts from 167 guideline developers. Medical specialty societies produce 44 percent of the guidelines represented in NGC. The Agency for Healthcare Research and Quality (AHRQ) has initiated a new National Quality Measures Clearinghouse. The co-chairs of the Physician Consortium for Performance Improvement have contacted AHRQ to begin dialogue about how The Consortium might appropriately collaborate with AHRQ on this new initiative.

Quality Care Alert (QCA) - A QCA on colorectal cancer screening and surveillance was published on the AMA web site in July--www.ama-assn.org/ama/pub/category/5246.html. In October, the American Society of Colon and Rectal Surgeons mailed 2,500 copies of the colorectal cancer QCA to its physician members. The QCA on prevention of pneumococcal disease was revised to include recommendations on pneumococcal conjugate vaccine and is under review by content experts and sponsoring medical specialty societies.

The Physician Consortium for Performance Improvement - The first day of the consortium's July 26-27 meeting was dedicated to working sessions of several consortium work groups. At its July 27 meeting, the consortium discussed a more inclusive framework for consortium membership and voted to invite various potential collaborators to the October 18-19 meeting. The consortium also approved public comment periods for draft measurement sets for preventive care and screening and for asthma. On October 18 the consortium's implementation work group sponsored a well-received mini-conference, *Motivating and Sustaining Quality Improvement in the Physician's Office: Innovative Strategies that Work*. At its October 19 meeting, the consortium approved the physician performance measurement set on preventive care and screening for testing and received a status report on the core physician performance measurement set on asthma, which requires further review and refinement by the asthma work group. A condensed version of the adult diabetes core physician performance measurement set was distributed to the members. Similar versions of the chronic stable coronary artery disease and prenatal testing measurement sets are in development.

The consortium is charged with (1) improving patient health and safety by identifying, developing and promoting the implementation of evidence-based clinical performance measures that enhance the quality of patient care and foster accountability; and (2) advancing the science of clinical performance measurement and improvement.

Consortium Demonstration Projects - On October 18, consortium members heard three presentations regarding the feasibility and reliability of two of its measurement sets: prenatal testing and chronic stable coronary artery disease (CAD). The Arkansas Foundation for Medical Care (AFMC) and the Iowa Foundation for Medical Care (IFMC) tested the prenatal set in different patient populations and reported on the time required to find and abstract the required data and suggestions for improving the clarity of measure specifications. IFMC also tested the CAD measures and reported high reliability between two abstractors reviewing the same medical records. The AMA will work with AFMC and IFMC to encourage publication of these findings. Also on October 18, consortium members heard a status report on a demonstration project to test the feasibility of obtaining data for consortium performance measures from an existing computer-based patient records system. In addition, the consortium is collaborating with the American College of Physicians-American Society of Internal Medicine to evaluate the feasibility of the consortium's adult diabetes performance measurement set.

Collaborative Work with JCAHO and NCQA - Work has progressed in the AMA's ongoing collaboration with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA) to coordinate performance measurement at the physician, health plan, and hospital levels. Since the release of "Coordinated Performance Measurement for the Management of Adult Diabetes" in April, the expert panels for the other two ongoing projects have advanced their respective work. The cardiac expert panel met in July to discuss technical issues related to measures of cardiac care and refined its recommendations on cardiac measures. The pregnancy and neonatal care expert panel met in a series of conference calls in October and narrowed down its list of recommended measurement areas for prenatal care, delivery, postpartum care and neonatal care. Additionally, the AMA, JCAHO and NCQA signed an agreement in August to accept external, unrestricted funding for joint development of a core set of performance measures for pain management. The funds are being provided by Purdue Pharma, LP, although control and responsibility for the design and content of this project and ownership of all project results belong solely to the AMA, JCAHO and NCQA. Planning also is underway to begin collaborative work on asthma. The chief executives of the three collaborating organizations met in July to review the ongoing projects and to consider future opportunities to coordinate performance measurement. The AMA will host the next executive meeting, a videoconference, in December.

Clinical Quality Improvement Web Site - The Division of Clinical Quality Improvement's web site--www.ama-assn.org/go/quality--continues to be updated and enhanced. The consortium's "limited access" web site provides meeting agendas and supporting materials to assist in the development of physician performance measures and facilitate communication with consortium members.

Professional Standards Policy and Advocacy

The Professional Standards Policy and Advocacy area works to ensure that the best science and the highest professional standards inform AMA efforts on behalf of patients. It also supports AMA participation in the JCAHO, COLA, the National Quality Forum and the NCQA.

National Quality Forum (NQF) - The NQF is a private sector, non-profit membership organization formally launched in 1998, which began operations in late 1999. It is an outgrowth of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. AMA Immediate Past President Randolph D. Smoak Jr., MD, is a non-voting liaison member of the board of directors and sits on the Research and Quality Improvement Council. AMA President-Elect Yank D. Coble Jr., MD, is the vice chair of the Provider and Health Plan Council.

The NQF recently completed its first work product, a list of "serious reportable events" for use by states who choose to implement a mandatory patient safety reporting system. It also received recommendations from a steering committee on racial and ethnic health disparities, as well as a comprehensive positioning document from its strategic framework board. Current work groups continue to develop a compendium of best practices in the area of patient safety and a set of recommended performance measures in inpatient health care. The AMA has continued to monitor the activities of this entity very closely and to facilitate input from Federation societies into the NQF process.

Accreditation Activities - The AMA continues its commitment to quality improvement through voluntary accreditation at all levels and active participation in JCAHO, COLA, NCQA and the American Accreditation Healthcare Commission (AAHCC/URAC). Through these venues, our AMA-advocated policy positions on issues such as using restraints and seclusion, disease management, utilization management, claims processing, health web sites, patient safety, critical access hospitals, and staffing effectiveness in health care facilities. Board of Trustees Report 15-I-01, "Update on AMA Activities in Healthcare Accreditation Organizations," provides information on AMA activities in health care accreditation organizations.

Patient Safety - The AMA continues to work actively in the field of patient safety, according to the principles adopted by the House of Delegates. Active advocacy in legislative and regulatory arenas has been supplemented by active collaboration on science and policy projects with other national organizations from the hospital, pharmaceutical and patient interest communities.

Medical Education

The Medical Education group is responsible for supporting the development, promulgation and implementation of policies fulfilling the profession's responsibility to ensure the competence of its members. Under the guidance of the Council on Medical Education and the Section on Medical Schools, the unit addresses issues related to maintenance of educational quality through accreditation, the welfare of medical students, resident physicians and faculty, health care delivery systems, physician professional development, and publication of educational data. Medical Education serves as the key AMA liaison with the Accreditation Council for Graduate Medical Education (ACGME) and the Accreditation Council for Continuing Medical Education (ACCME), and in partnership with the Association of American Medical Colleges (AAMC), provides staff support for the Liaison Committee on Medical Education.

Environment of Medicine/Medical Education

Annual Updates in the Journal of the American Medical Association (JAMA) - The annual medical education issue of *JAMA* contains data that serve as a major contribution to medical education literature. The 2001 medical education issue focused on how medical education is addressing the internal and external challenges to the profession of medicine, including the decline in interest in primary care and the lack of change in duty hours for residency programs that typically have the greatest on-duty hours.

Medical Student Debt - The Council on Medical Education and the Section on Medical Schools are working to implement recommendations for reducing the debt burden of young physicians that were adopted by the House of Delegates last year. This includes collecting and disseminating information on best practices used by medical schools to reduce the debt that students incur.

25th Anniversary of the Founding of the Section on Medical Schools - The section was established during the 1976 Interim Meeting of the House of Delegates. In the past quarter-century, it has grown from a membership of 280 to more than 550 representatives, with up to five representatives from each of the 125 accredited US medical schools. Over the years, the section has introduced over 75 resolutions adopted as AMA policy on such topics as medical education, patient care and clinical research.

Medical Education Bulletin - The expanded version of the "Bulletin" that is distributed to all members of the Section on Medical Schools--as well as residency training program directors, medical education directors at US teaching hospitals and the AMA appointments to Residency Review Committees--was acknowledged as an important source of information about medical education and the AMA.

Physician Workforce Issues

Creating an Appropriate Work Environment - Because excessive work hours affect the ability to learn and provide care, the Council on Medical Education cosponsored a conference with the American Academy of Sleep Medicine in October to determine the effect of acute fatigue and chronic sleep deprivation on resident and student education, resident physician performance and well-being. There was broad participation in the conference by academic physicians, resident physicians and sleep researchers from the transportation, military, and aviation and space industries. A summary report of the conclusions and recommendations will be available in spring 2002. This resource will help the council develop recommendations for work hours, including moonlighting, that promote the highest quality of education and patient care.

Principles for Graduate Medical Education - In addition to continuing support of the current AMA policies on graduate medical education as delineated in the report prepared by the Council on Medical Education, the council is working with the Medical Student Section and the Resident and Fellow Section to promote a better understanding of accreditation of educational institutions and residency training programs.

Curriculum and Professional Issues

Career Information for Premedical and Medical Students - The Medical Education group has developed a web site for high school and college students interested in medicine as a career. The site links to other relevant sites to provide potential applicants and their advisors with comprehensive information.

FREIDA Online - Available through the AMA home page, the Fellowship and Residency Electronic Interactive Database Access (FREIDA) is used extensively to search more than 7,800 ACGME-accredited programs and 200 board-approved combined specialty programs. An extensive revision in FREIDA is underway to provide better service to medical students and program directors that will help this service continue to be a leader in providing information on graduate medical education in the United States.

Joint GME Survey - This is the second year of the joint AMA and AAMC web-based survey of accredited residency programs. The difficulties in completing the original version of the survey have been resolved and compliance with completion of the survey is far in excess of last year. The exchange of data is seamless with both organizations having immediate access to information as it is entered. The results of this survey provide data used in research on workforce and to update FREIDA Online and the AMA Physician Masterfile.

Graduate Medical Education Directory - The 2001-02 edition of the "green book" was printed in March. It includes contact information for nearly 8,000 ACGME-accredited and combined specialty programs and 1,600 GME teaching institutions, as well as institutional and program requirements for 112 specialties/ subspecialties and medical specialty board certification requirements. New this year, are program requirements in five newly approved subspecialties.

Licensing Publication - The 2001-02 edition of "State Medical Licensure Requirements and Statistics" was published in August. This 130-page book provides key state-by-state statistics on licensing requirements, fees, licensure renewal, continuing medical education requirements and exam pass/fail percentages. New this year are expanded data from osteopathic licensing boards.

GME E-mail Newsletter - Introduced this summer is a new service for residency/fellowship program directors. Delivered via e-mail once a month, the "GME Program Directors E-letter" covers information of interest to the graduate medical education community. Among the e-letter's more than 8,000 readers are GME program directors and staff, hospital administrators, professional associations, certifying/licensing boards, governmental organizations, and the media. Archive issues of the e-letter soon will be available via the FREIDA Online web site.

GME Publication - The “GMED Companion: Supplemental Data for Choosing Your Residency Program, 2001-02,” was published in June. This 450-page book features key data on 4,200 specialty programs, such as salary, start dates, hours of duty per week and curricula, displayed in a grid format for easy comparison between programs. Also included are articles on obtaining a residency, international medical graduates and growth of specialization in GME as well as medical education data tables, lists of women’s health residency/fellowship programs and GME programs in Canada.

Gifts to Physicians - The Council on Medical Education continues to address issues related to gifts to physicians from industry. The AMA has initiated an educational campaign targeted to physicians and industry. A working group for the campaign oversees the various components of this effort.

Enhanced AMA Physician’s Recognition Award (AMA PRA) and Improved Online Resources - CME Select contains online CME courses, AMA PRA information and applications, CME resource guides and activity surveys for providers of accredited CME activities. The National CME Online Locator, a searchable Internet database on the AMA home page, includes more than 2,000 national AMA PRA category 1 activities offered by sponsors accredited by the ACCME.

Test New Ways for Physician’s to Earn PRA Category 1 Credit - The AMA has initiated two separate pilot projects. The first is focused on the delivery of CME on the Internet that is specifically self-directed and self-initiated by the physician. The second concentrates on performance measurement activities as accredited education. At the conclusion of these projects, the AMA will have established the appropriate rules and parameters that would allow all accredited providers of CME to designate these types of educational activities for AMA PRA category 1 credit.

Domestic Violence Education - In response to Resolution 419 (I-00), the Medical Education group is working with the National Advisory Council on Family Violence and other groups to define the competencies physicians need to identify to prevent violence and abuse. The next step will be to develop recommendations about how to incorporate these competencies into the continuum of medical education (undergraduate, graduate and continuing).

Accreditation Processes and Related Health Professions

Affiliation with Accrediting Bodies - The AMA continues to play a fundamental role in setting standards for medical education and ensuring adherence to these educational standards through sponsorship of the LCME and participation in the ACGME and the ACCME. Interest in establishing new medical schools and developing new models of affiliation has enhanced the consequences of these activities.

Reorganization of Accreditation Standards - The LCME has completed the process of reviewing, revising and reorganizing the standards for accreditation of educational programs leading to the MD degree. The revisions eliminate redundancies and make the standards easier for schools and accreditation reviewers to interpret. The parent bodies of the LCME, the Council on Medical Education and the AAMC, must approve the revisions prior to their being used in accreditation decisions.

Health Professions Education - The new edition of the “Health Professions Career and Education Directory” will be published in January 2002, with information on more than 6,300 educational programs and 2,800 educational institutions in 53 different professions. In addition, the “Health Professions Career and Education E-letter,” sent monthly via e-mail to 5,000 health professions’ program directors, institution presidents/CEOs, professional associations and federal agencies, continues to add new subscribers and draw attention to the AMA’s role in allied health education.

Ethics Standards

The Ethics Standards area, composed of the Council on Ethical and Judicial Affairs (CEJA), the Ethics Resource Center and the Institute for Ethics, continues to examine and promote physician professionalism by establishing ethics policies, developing educational programs, and pursuing rigorous and scholarly research. Ethics Standards examines critical ethical issues in medicine and provides concrete means of addressing them in accordance with the ethical standards of the medical profession. The wide diversity of recent products, services and the progress in ongoing programs attest to the AMA’s national leadership in ethics.

CEJA Report, "A Declaration of Professional Responsibility" - CEJA recommends that the AMA seize a unique opportunity to lead an international response to bioterrorism, AIDS and other health threats by adopting "A Declaration of Professional Responsibility: Medicine's Social Contract with Humanity." The declaration is a powerful statement by which the worldwide community of physicians can publicly affirm their dedication to the ideals and obligations of the profession. CEJA recommends that the AMA assume a leadership role by adopting the declaration and disseminating it to all medical societies within the Federation and then to medical societies around the world for their support.

Other CEJA Reports - Once adopted, the recommendations of CEJA reports become the basis of opinions included in the AMA "Code of Medical Ethics." However, the reports themselves form an invaluable resource for all state and specialty societies, policymakers and other interested parties and, therefore, are being disseminated more broadly than ever. Several recent reports have been published in the medical literature, and their full text now is available through CEJA's web site--www.ama-assn.org/ceja.

Professionalism Speaker's Kit - The Professionalism Speaker's Kit provides AMA and Federation leaders presentation materials focusing on the importance of strengthening professionalism in medicine. Each compact kit contains a Powerpoint slide presentation; an eight-minute videotaped interview of physician-ethicist Edmund D. Pellegrino, MD, highlighting the importance of role modeling and mentoring; and a directory of CEJA opinions discussed in the slide presentation, which can be printed for distribution to audiences. The kit provides medical audiences with a greater understanding and appreciation of the factors that shape professionalism, including the value of the AMA "Code of Medical Ethics."

Pocket Principles - To celebrate the AMA's historical commitment to ethics and the recent revision of the "Principles of Medical Ethics," four pocket-sized versions of the AMA code have been created for distribution to medical students, residents, clinicians, physician-researchers and physician-educators. Each version contains a brief history of the code, the "Principles of Medical Ethics," a description of the deliberative process by which the House of Delegates interprets the principles, and a series of ethical scenarios specific to the physician's role.

E-Force - A conference was convened in November to refine a set of performance measures for the protection of privacy and confidentiality in health care delivery; develop methodology for field testing those measures; and provide a model for establishing objective, authoritative validation of the role of ethics in health care. An October E-Force meeting reviewed existing policies and practices for designing health benefit packages and adjudicating coverage decisions. A final report is being prepared.

Code of Medical Ethics Online Course - This interactive CME ethics course based on the AMA "Code of Medical Ethics" is being launched through the AMA CME Select web site--www.ama-assn.org/cmeselec. The first module addresses issues related to patient care, including confidentiality, informed consent and end-of-life care, by presenting short case scenarios and discussing the relevant opinions of the code.

"Professing Medicine" - This commemorative volume of essays and discussions, many of which have appeared on the Ethics Standards area's online journal, Virtual Mentor, explores ethics and professionalism issues that confront medicine. "Professing Medicine" focuses on five challenges the profession faces: educating for professionalism, fostering trust in the patient-physician relationship, caring for poor and vulnerable populations, reconnecting to essential ideals, and strengthening the social contract. "Professing Medicine" is a call to action--an effort to empower medical students, their teachers, and all physicians to profess and strengthen medicine.

Oath Project - The institute collected all oaths currently in use in US allopathic and osteopathic medical schools. Results of a comparative study to determine ethical values espoused in these oaths soon will be submitted for publication. The oath registry now is available on the Ethics Standards web site--www.ama-assn.org/ethic--for use by medical educators and students.

Training Programs - The Institute for Ethics' fellowship program has been redesigned to recruit and train future leaders of medicine. Outstanding medical students have the opportunity to spend a year at the AMA, contributing to the development of ethics policy and research and educational projects. The institute also continues to recruit prominent ethicists as visiting scholars. The current visiting scholar has been instrumental in clarifying the ethical issues regarding catastrophic bioterrorism events.

Physician Mentor Registry - Many physicians have benefited from the advice and counsel of a more experienced physician. To further this dynamic, the newly launched Physician Mentor Registry--www.virtualmentor.org--strengthens professionalism by providing medical students, residents and other new physicians with a registry of physicians who are willing to act as online mentors.

COMMUNICATIONS AND CORE IDENTITY

Member and Business Communications

The Member and Business Communications unit distributes AMA news and information to AMA members and other important internal stakeholders. Key to this effort are partnerships within the AMA--including Advocacy, Federation Relations, Professional Relations and Membership--to better coordinate and integrate all communications for AMA audiences.

Member Communications

The goal of Member Communications is to keep AMA members and prospective members well informed of AMA activities and all dimensions of AMA membership. The department's most recent projects include:

Support for AMA bioterrorism and medical preparedness communications - Member Communications has assisted the Science, Quality and Public Health group in publicizing the resources it posts on the disaster relief and preparedness web site. This includes daily news items on the AMA home page, special bioterrorism news sections in its electronic newsletters, and a weekly e-mail to the House of Delegates alerting them to new resources on the site.

Targeted section and special group newsletters - The department is working with Professional Relations to write and produce nine quarterly newsletters to the sections and special groups. The first newsletters, which offer concise news and an emphasis on developing "two-way" communication between section leaders and their constituents, were completed this fall.

Ongoing Member Communications projects and publications:

Web communications - "News from the AMA," Member Communications' web site--www.ama-assn.org/go/news--provides a direct portal at the AMA home page for members, the public and the press looking for the latest information about advocacy, initiatives and AMA products. It is updated daily and provides links to AMA leaders' speeches, media releases, statements and electronic versions of print materials produced by the department. The department also writes the weekly feature article that appears on the AMA home page.

Member Communications also produces "From the President," a web site of the current AMA president, which includes monthly messages from the president on current issues in organized medicine.

Weekly electronic newsletters - "AMA E-mail News Briefs," sent to approximately 40,000 AMA members, offers diverse, value-added news in a concise format that links readers to the AMA web site for more extensive information. "AMA/Federation News," produced in collaboration with AMA Federation Relations, brings members of the Federation timely news and useful information from the AMA.

Communications with the House of Delegates - "Meeting Highlights," an on-site newsletter at Annual and Interim Meetings, serves as a primary news source during the meetings and provides delegates and alternate delegates information on significant House actions that they may pass on to their member constituents. Delegates also receive a monthly e-mail letter from the AMA Board chair highlighting in-depth news and activities from the AMA and giving them important information they can share with their constituents.

"AMA for You" - "AMA for You" runs twice a month in *AMNews*. Stories and graphics highlight AMA advocacy, news about the Federation, AMA initiatives and benefits of AMA membership.

Support for AMA campaigns and special projects - Member Communications plays a vital role in supporting special AMA advocacy campaigns, particularly the AMA National House Call. The department produced comprehensive materials, including web sites, news releases, op-eds, talking points, speeches, print advertisements, displays and

targeted blast faxes and e-mails. Also, the department has assisted with a number of special projects, including advocacy achievement cards, flyers highlighting the Pride in the Profession award winners, and miscellaneous membership materials.

Business Communications

Business Communications has continued to provide marketing communications support for AMA's business ventures, including Medem and Preference Solutions (formerly HealthCarePro Connect), and has played an increasingly substantial role with the AMA Internet ID. Re-launched in September with VeriSign as the technology provider, the AMA Internet ID has new collateral materials and a new marketing communications plan, created in close collaboration with the Internet Services area. Business Communications also has expanded its reach in other revenue-producing areas of the AMA, working more closely with the database licensing unit to ensure consistency of strategy and message between this unit and other units as well as the other AMA business initiatives.

Integrated Communication Services (ICS)

From June to mid-November, ICS provided marketing communications support for approximately 200 AMA projects of varying complexity--from business cards to full-blown campaigns. Projects include:

- Package design and production of 2,000 bioterrorism and disaster preparedness information folders with ten printed inserts, resources on CD and a quick reference guide on biological weapons;
- Creation of official publications and documents, including the "2002 Plan and Budget" and biographical profiles of AMA Trustees;
- Design and production of books, such as "Competition in Health Insurance" and "Benchmark Capitation Rates" for Marketplace Advocacy, and "Professing Medicine for Ethics Standards";
- Marketing brochures for the 2001 Physician Masterfile Professional Data and survey package for the Group Practice Census;
- Program and complete business identity package coordination for the AMA Internet ID;
- Direct mail campaigns, print advertising, agenda books and signage for Interim Meeting activities for membership sections;
- Recognition items for the Interim Meeting, such as plaques, ribbons and a custom framed citation for the AMA-OMSS Gary F. Krieger, MD, Memorial Lecture;
- Revamp of the SmokeLess States newsletter and production of six new membership section newsletters;
- Targeted ethics education materials, including four pocket cards and a speaker's kit (videos/disks);
- Grant-based products, such as "Delivering Culturally Effective Health Care to Adolescents," "Healthy Youth 2010" and "The Parent Package"; and
- Promotional and staff support for the Gifts to Physicians from Industry initiative.

Employee Communications

Employee Communications has been fully staffed since mid-March. The primary vehicle for internal communication is "PM Update," a daily, afternoon e-mail newsletter that ties together breaking health news, AMA program updates and employee news. Staff response to "PM Update" has been very positive and employees are enthusiastic about contributing information.

Employee Communications has formed a task force representing multiple areas within the AMA to begin revamping and improving the intranet. The first step was a survey of all employees to gather information about how they currently use the intranet and where they see room for improvement. The survey was launched November 1 and results are expected before year end.

Advocacy Communications

Following the 2001 Annual Meeting, Advocacy Communications continued its increasingly successful program to leverage the AMA's public policy advocacy goals with intensive and sustained national and grassroots communications and outreach campaigns. However, since September 11, as the nation, administration and Congress altered priorities, Advocacy Communications, too, shifted its focus to support the AMA's new activities related to medical preparedness and disaster response

In the months prior to September 11, Advocacy Communications launched its most extensive deployment of the AMA's successful National House Call since the program's inception in 1999. Jointly directed by Advocacy and Communications staffs in Chicago and Washington, DC, National House Call applies the power of national and grassroots communications campaign techniques to advance medicine's advocacy agenda.

Our main objective through the year's first three quarters was enactment into law of a meaningful patients' bill of rights. Coming out of the June meeting, Advocacy Communications linked inside-the-Beltway advertising with a targeted grassroots media push to build public and political pressure for the Senate passage of the bipartisan McCain/Edwards/Kennedy bill shortly before the July 4 holiday.

Then, the week of July 9, as the debate moved toward a vote in the House of Representatives, Communications simultaneously deployed an unprecedented six field teams of AMA trustees and staff to seven states for a comprehensive, coordinated media tour of key congressional districts. As always, partnership with the Federation was a critical component. House Call staff coordinated with state and county medical societies to arrange an effective schedule of media interviews, meetings with local physicians, medical students and residents, other health care professionals, government officials, the Alliance and other Federation partners.

States visited during this Senate-House campaign were Arizona, Delaware, Florida, Georgia, New Jersey, New York, Ohio, Pennsylvania and Texas. In all, AMA and other medical society leaders participated in some 57 House Call events in 27 cities. Media interviews and editorial board meetings resulted in more than 29 news articles, seven editorials--all in support--and more than 70 radio and TV news broadcasts.

During the same period, the advocacy media relations staff in Washington, DC, handled approximately 2,500 news media queries, issued 54 news releases and AMA statements on issues ranging from CPT to patients' rights to the Medicare physician payment update to educating physicians and patients about bioterrorism. Staff also placed leadership letters to the editors of *Redbook* (Medicare regulatory relief) and *The Wall Street Journal* (managed care reform).

The September terrorist attacks came just as Advocacy Communications was preparing a multi-phase fall campaign to: (1) provide support for AMA lobbying during the PBR conference process; (2) lay down a message in Washington, DC, on the uninsured, aimed at influencing the Senate Finance Committee's expected late-September markup of uninsured funding legislation; (3) open a major regulatory relief (MERFA) messaging offensive to show that the AMA is fighting for physician rights; and (4) challenge states to spend tobacco settlement money on tobacco prevention and public health and urge the government to continue with anti-tobacco litigation.

This plan was shelved on September 12 as the nation's attention shifted to the war against terrorism and away from most other public policy issues. Many Advocacy Communications programs have remained suspended since then until the public, media and policymakers are once again receptive to proactive strategies on health care issues. Accordingly, in this fourth quarter Advocacy Communications has redirected its efforts to support the AMA's overall strategic communications related to bioterrorism.

Leadership Communications

Top AMA leaders advocate for the AMA agenda with key audiences through their speeches, columns, op-eds and other communications. The AMA speechwriting team works with them to prepare these timely messages. During the second half of 2001, the speechwriting team produced more than 100 speeches, columns, op-eds and sets of talking points. Strategic messages included the patients' bill of rights, regulatory reform, privacy and confidentiality, prompt payment, gun-related deaths and injuries, and terrorism and bioterrorism.

AMA leaders made major presentations to 13 state and 10 county or local medical societies, four specialty societies, four business or professional groups, six educational and four international venues. In addition, speechwriters worked with AMA leaders on 16 speeches delivered at the Annual Meeting and eight speeches delivered at the July Presidents' Forum.

Dr. Corlin's inaugural speech, "The Secrets of Gun Violence in America: What We Don't Know Is Killing Us," appeared in the August 1 issue of "Vital Speeches of the Day." His speech to the Texas Medical Association Summit 2001 was excerpted in the November issue of "Speechwriter's Newsletter" under the title "How the medical profession will respond to terrorism."

Dr. Flaherty's "From the Board Chair" commentary column appears in the first issue each month of AMNews. Topics have included medicine's response to bioterrorism, aging and the nursing shortage, and the AMA's successful National House Call program.

In response to a resolution adopted by the House of Delegates, a new commentary column from the AMA president was launched in *AMNews* on August 20. The column now appears in the third issue each month. Initial topics selected by Dr. Corlin have included the disposition of tobacco settlement monies, HCFA's transformation into CMS, the physician response to terrorism, and the value of AMA membership.

Media Relations

The AMA's three media relations divisions--News & Information, Science News and JAMA/Archives--continue to utilize proactive media outreach strategies in promoting the AMA and its work to all audiences.

News & Information

The News & Information department handled a variety of topics in the last half of 2001 that resulted in media placements around the world, including in *The New York Times*, *The Wall Street Journal*, *Washington Post*, *USA Today*, *Chicago Tribune*, *Lancet*, *International Herald Tribune*, Associated Press, CNN, MSNBC, all the major television networks, and hundreds of other media outlets.

In late August, as college students were returning to campus, News & Information did a major promotion of the AMA's collaboration with The Robert Wood Johnson Foundation to reduce underage drinking. The "A Matter of Degree" campaign promotes the use of campus-community partnerships to reduce the powerful social influences that encourage college students to binge drink. Members of the press received a detailed media kit, including staggering statistics on the dangers associated with college drinking, and AMA Chair-Elect J. Edward Hill, MD, held a teleconference with reporters from around the country. He also appeared on ABC's "Good Morning America."

At the same time, the department launched a highly visible--and successful--campaign with the Office of Alcohol and Other Drug Abuse to remove drinking paraphernalia for sale in the "Back to School" portion of the MSNBC web site. Our letter prompted MSNBC to remove the products quickly and issue an apology in response to Dr. Hill's letter. The story was reported worldwide by the Associated Press and picked up by several other media outlets.

In September, News & Information was at the center of the AMA's response to the terrorist attacks in New York and Washington, DC. Only a few hours after the attacks, we contacted the Federation via e-mail with a call for physicians and other medical personnel to volunteer in case their services were needed at the disaster scenes. More than 3,000 people responded, many of them offering to go anywhere they were needed at a moment's notice. The News & Information team helped compile that information into a list presented to HHS Secretary Tommy Thompson. The department also promoted the effort through the news media, including two appearances on the top-rated news station in Chicago, WLS-TV.

The attacks of September 11 also put the News & Information department at the forefront of a new issue confronting the nation: the threat of bioterrorism. Almost immediately following September 11, there were phone calls from reporters wanting the best information on anthrax, smallpox and a host of other bioweapons. At the onset, Communications had a comprehensive report from the Council on Scientific Affairs that had been completed months before the terrorist attacks. That report set the tone for the AMA's lead role in this issue.

Physician, patient and media interest quickly intensified with the diagnosis of the Florida, New York and Washington, DC, anthrax cases. In October alone, the department handled hundreds of calls on the topic of anthrax from all the major news outlets and dozens of smaller markets and trade publications. Dr. Corlin and Dr. Flaherty both appeared live on separate CNN programs devoted to the topic. Several news releases were issued, ranging from the AMA's bioweapons declaration at the World Medical Association meeting to a reminder that antibiotics should not be taken unless necessary, and should never be taken without a physician's supervision. Our efforts helped us keep the nation calm during trying and confusing times.

At the same time, there were other issues that needed attention, even as the nation continued to face the bioterrorism threat. News & Information recently issued a news release warning consumers about the dangers of reduced-carcinogen cigarettes, which led to national reports by Reuters and Fox News Channel. It also wrote letters to media outlets about advertising for these cigarettes, and it will continue to monitor this issue in the coming months.

Science News

Science News continues to serve as an important liaison for communicating important science and public health initiatives to the media. Since the 2001 Annual Meeting, the department has hosted two successful media briefings on obesity and food biotechnology. These day-long briefings drew an average of approximately 50 reporters for each event and resulted in numerous stories about these important public health concerns.

Another briefing scheduled for 2001 included diseases of the bones and joints, which was cancelled due to its proximity to the attacks in New York. The division also hosted the AMA's 20th Annual Science Reporters Conference in San Francisco, a two-day event attended by 41 people, which included local and national media. Several trade magazines have issued reports based on information from the conference, and Science News anticipates receiving a good deal of additional coverage from this event.

In addition to its work with the AMA Council of Scientific Affairs, Science News also is working with the Science, Quality and Public Health group to promote its work.

JAMA/Archives

The department produces 48 news release packets during the year highlighting studies from *JAMA* and the *Archives* journals. News releases are sent via e-mail to approximately 1,600 reporters and also are posted on the media-only web site EurekaAlert (available to 2,500 reporters) and on the *JAMA* web site, which makes these releases available to the public.

Studies receiving wide media coverage during the past six months include folic acid reducing birth defects, the prevalence of personality disorders, health information on the Internet being written at too difficult a level, certain herbal medications possibly causing surgery complications, a supplement with zinc that may delay progression of macular degeneration, early pregnancy test results that may not always be accurate, and the use of non-prescription weight loss products being common among young women.

JAMA also published clinical case studies of four inhalational anthrax cases. Because of public health implications, the reports were released early at www.jama.com, and a news release was distributed to notify the media. These studies received major attention from the media, having been referenced in hundreds of news articles. A release also was distributed promoting other articles on bioterrorism from *JAMA*.

JAMA was part of a joint editorial with other major medical journals that outlined revised manuscript requirements to strengthen accountability, integrity and independence of medical research manuscripts. This editorial received extensive coverage.

Recent theme issues have included violence and human rights, medical education and human genetics. A media briefing was held at the National Press Club in Washington, DC, for the genetics theme issue. Nearly 30 reporters attended, including representatives from the *Washington Post*, CNN, *USA Today*, NPR and Reuters. The briefing received significant media coverage.

Newspapers that reported on *JAMA* and *Archives* articles since June include *The New York Times*, *USA Today*, *The Wall Street Journal*, *Washington Post*, *Chicago Tribune*, *Los Angeles Times*, *International Herald Tribune*, *The Times of London*, *Boston Globe*, and *San Francisco Chronicle*. Major television networks covered various *JAMA* articles, including NBC Nightly News, ABC's World News Tonight, the CBS Evening News, CNN and the Today Show on NBC. For radio, the major national networks (NBC, ABC, CBS, CNN, NPR) reported on *JAMA* studies. Magazine coverage included *Newsweek*, *US News & World Report* and *Time*. The Associated Press wire service, which is used by 1,700 newspapers and 6,500 broadcast outlets, covers *JAMA* on a weekly basis. In the last six months, millions of people heard or read about important medical information published in *JAMA* and the *Archives* journals.

The *JAMA/Archives* Media Relations department operated a press office at the *JAMA/BMJ* Peer Review Congress in Barcelona. About 20 reporters, most of them from Europe, covered this conference.

The department also produces a weekly video news release on a selected *JAMA* article, seen by an average of 19 million Americans. This VNR is made available via satellite to approximately 400 television stations.

Plans to improve media coverage of *JAMA* include the development of a media-only web site, which would allow reporters to have access to *JAMA* articles five days before the embargo date. This would increase press coverage by allowing more reporters to receive studies in a more timely and efficient manner, and not be subject to delays from the postal system or faxing problems.

PUBLISHING, MEMBERSHIP AND BUSINESS SERVICES

AMA Publishing, Membership and Business Services is made up of seven principle areas: Membership, Periodical Publishing, *AMNews* Editorial, AMA Press, Internet and Database Operations, New Business Development and AMA Insurance Agency. In 2001, these areas will account for more than \$230 million in revenue and almost \$110 million in contribution margin. This contribution margin provides much of the funding for all of the good work the AMA does in the areas of advocacy, communications and professional standards, while also contributing to cover the infrastructure necessary to run the organization.

Overall it has been a difficult year, however, it is important to understand that the softening of the nation's economy and the events of September 11 impact the businesses of the AMA. The news also is full of earnings reports that have fallen short for the past several quarters. Though we are a not-for-profit association, many of our business lines are influenced by these same trends.

Membership

We have been focusing much attention on membership in the AMA this year, both on evaluating alternative models of memberships and reengineering the current processes of membership marketing.

Our membership has remained stable since the late 1980s, with only small gains and losses throughout the last decade. As the number of physicians in the country has increased, our stable membership count has meant that our share of the physician population has declined. This long-term trend has accelerated in 2001 and as a result, we expect to end the year with another decrease in membership.

These membership downturns are the recognition of at least three chronic membership issues: environmental factors, which have made physicians more price sensitive; continued negative impact of policy positions and negative press; and research that has demonstrated that members don't see "value" in belonging to the AMA.

Despite these challenges, membership has seen several bright spots this year. Two programs have shown particular promise. First, membership through our web site has taken off this year. Spurred on by the 10 percent dues reduction for membership through the web authorized by the Board last year, we now have almost 8,000 members through this channel, a 300 percent increase over the 2,000 last year. Residents and full physicians account for almost this entire number. Second, the lifetime membership option has reached its first birthday with more than 1,700 lifetime members.

In addition to these two successful programs, the Advisory Committee on Membership (ACM) directed the creation of a special retention campaign. This campaign was targeted at 35,000 recently lapsed members and involves leadership from both the Board and House to directly contact physicians in their states. While the impact will be difficult to quantify for 2001, we expect a significant positive impact in 2002.

It also is significant to note that we have made a strategic decision to transition the management of the Membership department from the publishing and business services group to the office of the Deputy Executive Vice President. As both a senior manager and a physician, the Deputy EVP will be in a unique position to influence our thoughts and direction on membership issues. We believe this is the first important step to effecting some lasting change in this area. The transition will take place in three phases and will be complete by February 2002.

Our overall challenge in the membership arena remains formidable. To achieve substantial progress, all key elements of the AMA need to work together and focus on increasing the value that physicians perceive in being a member. As the ACM has articulated, this means fundamental reform in the way we approach membership development within the Federation. Without those reforms, progress will continue to be difficult. At the same time, we remain optimistic because we know we are up to the task.

Periodical Publishing

In late 2000, the medical publishing industry experienced an unexpected downturn in advertising and subscription revenue, which continued throughout 2001. In fact, the overall market for display advertising declined by almost 20 percent. This industry decline has its roots in a sluggish economy, but was accelerated by fewer new product approvals by the FDA and other factors. However, despite this difficult market, all of our properties have managed to maintain or increase market share. As a result, the AMA has been named the number one advertiser in the multi-specialty market--a spot that *Medical Economics* has long held.

To revitalize advertising revenue, the Association of Medical Publications (AMP) commissioned a major promotion effectiveness study. The findings demonstrate a return on investment (ROI) for journal advertising of \$4.97 for every \$1 spent versus 19 cents for every dollar spent on direct-to-consumer advertising. We presented these findings across the industry in May and will continue to do so in a variety of forums. We hope this will help the pharmaceutical industry refocus its marketing budget on medical journal advertising.

The periodical publishing group has been successful in diversifying its revenue base. In 1996, display advertising revenue accounted for 69 percent of total publishing revenue. In 2001, that number shrunk to 54 percent. While cyclical trends in this industry are typical, these trends have refocused our attention on continuing to diversify our revenue base to protect against such trends in the future.

Regardless of market fluctuations, the publication of *JAMA*, *AMNews* and the *Archives* journals is central to our mission of remaining the world leader in information dissemination on health and medical practice.

AMA Business Products

The Business Products group consists of AMA Press, Reimbursement and Coding Products, and AMA Solutions. This group has been successful in integrating these disciplines and creating a cohesive message in a cost-efficient manner that will maximize our Business Products group revenues.

Additionally, the Business Products group has worked diligently to improve all relationships with outside vendors. In completing this task, it successfully renegotiated the purchase price for ICD-9 and HCPCS products with suppliers, which will result in significant future savings.

From a strategic perspective, the group has established an international distribution channel for a variety of products. Also, in conjunction with *JAMA* and the *Archives* journals, AMA Press successfully launched the "Users Guide to Medical Literature." This accomplishment is strategically significant as it is an example of synergy between our scientific content and publishing capacity.

Also, the Department of Health and Human Services (HHS) selected Current Procedure Terminology (CPT) as the standard code set for reporting health care services in electronic transactions. We believe this is an important step toward the standardization of national health care information and will support patient care by facilitating data collection and communication among health care professionals.

The Business Products group has successfully addressed challenges associated with new fulfillment center including shipping and system issues and accounts receivable management. Anticipated financial results are expected to be strong for 2001.

Electronic and Database Products

Database Licensing and Credentialing has completed another strong year as a result of increased contract compliance, improved customer support and a strong direct-sales effort. In 2001, the group added a number of new clients and grew revenue by more than \$1.6 million.

The AMA's Online Oversight Panel has changed its name to EMAC. The mission of the EMAC, however, remains the same as it continues to play an active role in the AMA's Internet strategy and direction. Meetings are held via conference calls and in person during the Annual, Interim and NLC meetings. The EMAC is briefed on all new Internet initiatives.

Staff continues to improve the quality of the AMA Physician Masterfile by collecting licensure data from most of the 67 licensing boards on a monthly basis rather than twice a year.

We also have moved the AMA Physician Profile Service to the Internet at www.ama-assn.org/amaprofiles. Now customers can pay for and receive a biographic and practice record of a physician directly from the Internet, thereby eliminating staff intervention. Results for the first full year of operations indicate that more than 80 percent of the orders were fulfilled online within 24 hours, and 350 new users of this service have been added.

AMA Insurance Agency, Inc.

The AMA Insurance Agency, Inc. continues to be a strong performer. Pre-tax profit at year-end 2001 is expected to be \$8.9 million, bringing the pre-tax total to almost \$70 million since its inception 14 years ago.

It is important to understand that the agency is a mature business with a unique business model. In this model, the business truly acts as an "agency" and as such sells products offered and underwritten by major insurers. Revenue comes from commissions collected on our sales.

In 2001 the agency's most important accomplishment was managing the selection of U.S. Life to replace Provident as one of our major carriers. This transition was a major accomplishment because of consolidation in the industry and fewer companies willing to write premiums.

In addition, the agency also coordinated with AMA membership on delinquent dues campaign/member benefit. It also managed the successful electronic data interchange implementation, which resulted in more than 80 percent of Medicare claims submitted online, and revamped its web site, navigation, content and product information to set the stage for electronic commerce.

New Business Ventures

Medem - The AMA, along with the American Academy of Ophthalmology; American College of Obstetricians and Gynecologists; American Society of Allergy, Asthma and Immunology; American Society of Plastic and Reconstructive Surgeons; American Psychiatric Association and the American Academy of Pediatrics, formed Medem, Inc. in late 1999.

In 2001, Medem managed through a difficult year in the "dot.com" industry, and was able to grow its physician network to a critical mass of approximately 70,000 physicians. Medem also expects to hit its revenue targets for 2001 to set the stage for 2002. In 2002, Medem is continuing to expand its revenue base and product offerings and may seek additional funding to enhance future operations.

Preference Solutions (formerly HealthCareProConnect) - In September 2000, we finalized a new business partnership between the AMA and Acxiom Corporation. The new company, Preference Solutions, will use the latest information technology to bring physicians greater control over how they are contacted and the kind of information they receive. At the same time, it will enable those who market to physicians to control costs and improve response rates by more closely targeting product and service offerings to match physician preferences.

In 2001, Preference Solutions executed against its business plan. More specifically, the company created a privacy advisory board; completed product development of its first product, Contact Preferences; and signed its first major customer. In 2002, Preference Solutions will evolve the business in a way that maximizes utility to physicians, while beginning to provide return for investors.

AMA Internet ID - The service was launched in October 1999 with underlying technology supplied by Intel's Internet Authentication Services (IAS). When Intel decided to exit the IAS business, it deemed VeriSign, the market leader in Internet trust products and services, the best choice for the continuing development and enhancement of the AMA Internet ID.

Much of our activity in 2001 was in renegotiating our contract with Intel and successful transitioning the business to VeriSign. Amidst these challenges, initial product development was completed and sales and marketing efforts significantly enhanced to ensure future success. In 2002, we expect to enroll up to 10 new states to use this service, and we will continue to work to expand our revenue base and product offerings.

OFFICE OF THE GENERAL COUNSEL

The Office of General Counsel provides legal advice and services to the Board of Trustees, the House of Delegates and AMA staff. The General Counsel's office also manages the litigation of the AMA, and its Litigation Center advances AMA policy on behalf of state medical societies and its members.

Health Law and Litigation Division

The Health Law and Litigation division provides legal advice and litigation support to the AMA, and serves as counsel on disciplinary matters to CEJA. The division also supports AMA policy in the courts and before other regulatory bodies, provides information and advice to the specialty sections, and monitors and analyzes the health law issues that affect the AMA, its members and their patients.

During the past year, Health Law has focused on the following current issues and projects:

- Leading an interdisciplinary staff team in the development and implementation of a plan to assist members in understanding and complying with HIPAA regulations.
- Developing educational materials and seminars, available through various areas of the AMA, on the HIPAA privacy regulations.
- Working with advocacy to evaluate and educate state medical societies on a variety of HMO liability legal theories in an effort to preserve state causes of action against MCOs.
- Assisting advocacy in comments to the administration and development of educational materials pertaining to recently issued anti-self referral regulations.

In addition, the Litigation Center has been very active on behalf of our members and its state medical society members. The range of lawsuits it is involved with addresses a wide spectrum of issues including physician payment, fraud and abuse, medical staff, regulatory burdens, ERISA preemption, professional liability, peer review, medical society advocacy, patient rights, scope of practice, anti-tobacco, and wrongful termination of physician employment. It files or supports lawsuits at the trial level and files amicus curiae briefs in appellate courts. Recent case highlights:

- The United States Court of Appeals for the Seventh Circuit, following the arguments in a Litigation Center brief, found that the American Association of Neurological Surgeons had been justified in suspending one of its members, who had testified as an expert witness in a medical malpractice suit without substantial support in the medical literature. The court concluded that the disciplined physician's testimony had been "irresponsible."
- Based in part on arguments made in a Litigation Center amicus brief, the Ninth Circuit agreed to rehear a case brought against the authors of an anti-abortion web site. This web site identifies specific physicians who perform abortions and urges abortion protesters to bring these physicians to "justice," with the inference that murdering the physicians may be an appropriate form of justice.

Corporate Law Division

The Corporate Law division provides a broad range of support to all operating units within the AMA. The division's business law services include the structuring, negotiation and documentation of transactions for publishing, data licensing, vendor, e-commerce and other commercial ventures. The division also provides business law advice and services for AMA's non-commercial ventures including science and technology, medical education and ethics. The division provides valuable legal services to various councils and affiliated organizations such as the AMA Foundation, World Medical Association, AMPAC, Council on Constitution and Bylaws and AMA subsidiaries. In addition, the division provides the full range of corporate legal services to the AMA relating to

employment law, benefits, real estate, taxation, governance and intellectual property protection. The division also responds to requests for general legal information from members of the AMA and staffs of state and specialty medical societies.

Corporate Law serves as transaction counsel for AMA business operations. Most recently, Corporate Law provided substantial services to the AMA's business team analyzing proposals for Internet based services for physicians, transitioning AMA Internet ID responsibilities to VeriSign, Inc., and advising management on options for additional support for Medem, Inc. The division also continues to evaluate the appropriate corporate structure for the AMA's business operations.

Corporate Law provides contract drafting, negotiation and transaction counseling to all the AMA's revenue-generating operations, and facilitated the execution this year of approximately 172 list house and end-user licenses that form the backbone of the AMA's profitable database licensing operation. Corporate Law also finalized approximately 250 licenses and related agreements this year in support of the AMA's CPT business. Recently, Corporate Law assisted CPT management in finalizing an amendment to the CMS/AMA agreement that allows for expanded Internet distribution of CPT by CMS for use in the Medicare program, while continuing to protect the AMA's copyright.

Corporate Law is responsible for the maintenance of the AMA's portfolio of more than 50 trademarks and service marks, and it assists management in obtaining new registrations. Corporate Law responds to infringement or other misuses of AMA's copyrighted works, trademarks and related domain names, including litigation when appropriate.

Corporate Law continues to assist in the development and monitoring of the legal parameters that allow the AMA to use Internet technology in support of its mission. In the last six months we have provided services that support the AMA Internet ID, Preference Solutions--the AMA's joint venture with Acxiom--and Medem's continued efforts to build physician Web sites.

Corporate Law provides legal support for the expanding area of licensing of *JAMA*, the *Archives* journals and *AMNews* over the Internet and through other electronic media. The division provides legal services for the publications' web sites, which allow access to full-text articles of *JAMA* and the *Archives* journals, and continues an aggressive initiative of registering the *JAMA* trademark in foreign countries and opposing competing registrations. The division also is protecting the *JAMA* trademark domestically, notifying infringers to cease promptly and, when necessary, filing suit to stop the use of *JAMA*'s name in advertising.

Corporate Law staffs the Council on Constitution and Bylaws and provides preliminary review to resolutions submitted to the House of Delegates that relate to governance, antitrust, business and corporate law issues. The Corporate Law group has also devoted considerable resources in coordinating responses to requests for information from the Select Committee of the House of Delegates established at the 2001 Annual Meeting, and in assisting the General Counsel in supervising the defense of *Anderson v. American Medical Association et al.*

FINANCE

The Office of Finance continues to focus its efforts on financial discipline and strengthening financial policies and procedures. Establishing routine financial reviews with managers and implementing the new membership processing system have also been high priorities.

CONCLUSION

As this report illustrates, the AMA remains a ready advocate for the profession of medicine and the health of America. With help from our leadership, both in the government and in the medical community, we can rise to any challenge that may come before us.

As a representative of the AMA's House of Delegates, you have the opportunity to contribute to the AMA's efforts--and we welcome your voice.

On behalf of America's physicians and their patients, thank you for the time and energy you devote to organized medicine--through your state, county or specialty societies and more importantly, through the AMA House of Delegates.

REMARKS OF THE PRESIDENT OF THE AMA ALLIANCE, INC.: The following remarks were presented by Elizabeth Kagan, President of the AMA Alliance, on Saturday, December 1:

Good afternoon.

I am honored to represent the AMA Alliance, and to have the opportunity to speak with you--the leaders of American medicine.

Holding this office has given me a profound appreciation of what you do--your everyday nobility, and dedication. Those qualities are reflected not only in the daily business of healing and providing hope to countless individuals, but also in your leadership, your mission, your lifelong commitment to making a difference for our country.

The Alliance shares your commitment to making a difference--and strengthening the health of our nation. The Alliance stands by you whether at home...or in your office...or as a registered nurse or fellow physician...or like me, as your attorney guiding you through the maze of health care rules and regulations or running interference through risk management issues. Though who we are and what we do individually is diverse and different, we stand shoulder to shoulder with you.

I was interested to see Dr. Corlin's recent commentary in *AMNews* under the title: "Where would we be without the AMA?," because, recently, I've been asking myself the exact same question about your AMA Alliance.

This is more than an academic exercise. The Alliance has fewer members and fewer organized state alliances today than we had in 1950. And this despite the fact that there are four times as many trained physicians in our country today as there were in 1950. In fact, for the last year, the Alliance membership numbers represent less than 15 percent of the total AMA membership.

So it's with a sense of urgency that I pose this question to you today: Where would America be if there were no Alliance?

For starters--there might be fewer trained physicians and researchers providing the everyday miracles we so depend on. Imagine 40,000 fewer physicians in our country--40,000 fewer pairs of healing hands...40,000 fewer hearts devoted to our nation's public health...thousands fewer of our finest minds devoted to the research that will make life better for our kids and grandkids.

That's because the Alliance has raised over \$76 million for the AMA Foundation since 1953. Those millions have gone to helping those 40,000 students and researchers realize the dream of a career in medicine, helped physicians continue lifelong learning throughout their careers, and also supported public health needs like health literacy.

Imagine no Alliance determined to secure a sound medical education for the next generation of physicians or research dollars for the next medical breakthrough. Who would fill the void?

But that's not all that would be lost if there were no Alliance.

What if the Alliance weren't spearheading grassroots efforts to support your legislative priorities? What if we weren't there to support your efforts to protect the physician-patient relationship from those who would sever it?

Had Alliance members not fought hard in state capitols across this nation--all 50 states--to help enact legislation banning "gag clauses" in managed care contracts, might some of the 48 states which passed such legislation have failed to do so?

Would a national Patients' Bill of Rights have to wait even longer if Alliance members weren't determined to speak up, call in, and sound off in support of the AMA? In the meantime, what will happen to people like Lynn, who is 39 and dying? Her insurance company has just denied what could be her last chance for life--her only chance to watch her children grow up. Someone far removed from her daily struggles has decided that the lifesaving treatment she desperately seeks is experimental, and denies it. She can't afford it without insurance coverage. And her only option is to appeal it to the very people who denied it in the first place.

Imagine the consequences to Lynn and the millions in her situation if there were no Alliance to fight for patient and physician rights.

And imagine the tear to the fabric of communities across the country without the commitment and talent and energy of Alliance members. As the nation's largest and oldest proactive grassroots organization focused on public health, we make that fabric stronger in countless ways--from anti-smoking programs, to responsible sexual behavior for teens, to parenting skills, to shelters for women and children. We focus not just on solutions--but on prevention.

If there were no Alliance, who would partner with America's Promise to create Communities of Promise, with the goal of helping kids in need find relationships with caring adults and the health, education and skills that will enable them to reach their full potentials?

The Alliance has made just such a commitment, with a goal to expand to 15 sites across the country by 2003.

If there were no Alliance, imagine the loss for kids like Jenny--who is only 5 but has already learned magic. She knows how to make herself invisible, in hopes that tonight the man in her house won't see her--or maybe he will just yell instead of slap, and she listens for her mother because any sound is better than no sound at all. But then Jenny's mother hears about a place where they can go and be safe. Jenny leaves all her meager worldly possessions behind and leaves the only home she has ever known. But when they get to her new home not only is it bright and cheery, but most important, no one is yelling or raising their hand to hit. And Jenny has books to read and toys to play with--and learns that hands are for hugs, not for hitting.

Where would kids like Jenny go--where would they be--if there were no Alliance?

And finally, imagine the incalculable loss to the efforts to reduce youth violence in our country if there were no Alliance.

What would be the loss if the Alliance weren't out there every day, working to build public awareness about the causes of our nation's most dire public health epidemic and what can be done to prevent it?

What would be the loss if the Alliance weren't using its collective voice to demand greater responsibility from the gunmakers and toymakers, the sports leagues, the media and parents?

What would be the loss if our conflict resolution books and activities hadn't been used to teach more than 1.2 million children from preschool through fifth grade ways to manage their anger and, more recently, to deal with bullies?

If there were no Alliance, what would happen to Brian--just one of the 160,000 kids who skip school each day because they're afraid? When Brian confides that he's being bullied, he's told to quit whining...to stand up and be a man...to learn to deal with it. So Brian stays by himself...feels bad about himself...and represses his anger.

That is until someone comes to his classroom and says that bullying is not just boys being boys and is not normal--and that he doesn't deserve to be picked on or be afraid. Finally, Brian's teacher and friends stand up for him and against the bully--and finally for the first time in a long time he feels safe and happy again.

I wish I could tell you that the Alliance has the solution for violence. But we all know there is no one simple solution. That's all the more reason that the Alliance's ironclad commitment to a variety of preventative measures is an absolute requirement if we're to turn the tide of youth violence in this country.

Ladies and gentlemen, today I've asked you to ponder the mission and benefits of your Alliance not just to provoke your thinking, but also to gain your commitment.

The mission the Alliance has carried out for 80 years--to support medical education and research, to advocate for appropriate medical legislation, and to improve the health and safety of our communities--is as crucial to medicine and to America as it has ever been. It is also a mission we are uniquely qualified to pursue.

But to further our mission requires the same commitment, the same dedication, and the same focus on action and results that make you leaders of American medicine.

And we cannot do it without your help--and your spouses'.

Think of what we've accomplished with 15 percent of your spouses as members. Imagine what we could accomplish if 50 percent were members. Or 75 percent.

How many more dollars could we raise for medical education and research? How many more phone calls could we make to Washington? How many more Lynns and Jennys and Brians could we make safer and healthier? How many more Americans could we make a difference for?

I have always heard: "Look to yourself before you look to others"--and that is exactly what we, as an organization, have done. In June of this year, our House of Delegates passed a report from our Task Force on Strategic Directions--a report two years in the making. Since June we have reached out to all of our grassroots members--asking hard fundamental questions about our role, our members and our structure and posing alternatives to consider. These results and any consequential changes will be presented to our House of Delegates next June.

And now that we've looked within, I'm looking to you with a simple request--when you return home, please talk to your spouse. If they're not a member of the Alliance, encourage them to join. Tell them about our efforts--and our impact. Tell them that the issues we are tackling are the most urgent in America--and that they can make a real difference every day--just as you do, the leaders of American medicine. They can make that difference with their ideas, their time or simply their dues.

So as you go about your own urgent business over the next few days, and as you return home, I ask that you keep in mind this question:

If your Alliance didn't exist--who would take our place?

REPORT OF THE AMPAC BOARD OF DIRECTORS: The following report was submitted by Roy W. Vandiver, MD, Chair of the AMPAC Board of Directors:

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding AMPAC's activities. Since its creation more than 40 years ago, AMPAC has been an innovative leader in grassroots political involvement. As the oldest non-labor political action committee in the United States, AMPAC has a proud history of working in concert with the state political action committees to elect federal officeholders who support the agenda of patients and physicians.

AMPAC remains a potent bipartisan force in the nation's capital. Working with the Federation, we can strongly impact public policy through a variety of programs including involvement in federal campaigns, political education and grassroots advocacy.

AMPAC MEMBERSHIP

As of November 15th, total AMPAC membership stands at 50,377. This compares with a year-to-date membership of 53,405 in 2000 and 55,587 in 1999. Revenue-to-date is \$2,544,063. This compares with \$2,650,325 for 2000 and \$2,644,556 for 1999.

We are pleased to report that Florida, Georgia, Hawaii, Indiana, Mississippi and Missouri have met their AMPAC membership goal this year. Two more states, Kentucky and South Carolina, will reach their goal before the end of the year, bringing the total to eight states achieving goal attainment in 2001.

Overall, the percentage of Federation members who are supporting AMPAC remains in the same range as previous years, around 14 percent. State PACs have membership levels ranging from 0.2 percent to 39.4 percent. Considering the decrease in AMA membership, this is a net positive for AMPAC. Relative to the AMA's changing membership levels, participation in our political action committee has actually increased. However, there is still plenty of room for improvement. AMPAC membership from the Federation stands at 42,519, down 2,517 from last year's 45,036. The 7,858 AMPAC direct members are down 511 from last year's level of 8,369.

Membership retention continues to be a concern for AMPAC and state PACs. While the number of non-renewals has not increased dramatically, it is still an area that needs significant improvement. AMPAC can not continue to replace one-third of its membership each year. We will aggressively work with state political action committees in 2002 to generate new members as well as retain existing members.

AMPAC's online partnership with the states, AMPACOnline.org, has had a slow first year due to some technical problems. These issues have been resolved and AMPACOnline is functioning as originally intended. In 2002, we hope to develop the site beyond its current function as merely another way to join AMPAC and a state PAC. These plans include providing new benefits that will give members access to interesting and informative content on national politics and the AMA's political activity.

POLITICAL ACTION

Continuing to successfully foster cooperation between AMPAC and the state PACs is a primary goal of AMPAC. In September, the board invited representatives from all state medical society political action committees to the AMPAC Board of Directors meeting. More than 50 participants spent two days discussing opportunities to better work together in developing a business partnership by improving communications, fundraising, and political efforts on behalf of physician-friendly candidates.

The cooperative relationship is demonstrated in a district matching grant program AMPAC is offering to state medical societies and political action committees. Once the legislative redistricting process has been completed in each state, we will provide assistance in the recalibration of their membership and grassroots lists. This will enable state medical societies to determine which state and federal legislative districts their members and grassroots activists live in. When support is needed for a particular piece of legislation or for a political candidate, states will have ready access to a current database of physicians and activists who are constituents of key legislators.

Another program that will benefit state medical societies and provide a substantial boost to the overall political efforts of organized medicine is AMPAC's extension of the Physicians as Political Candidates research program. The research results of this project, which has been ongoing for several years and has helped elect a number of physicians to Congress and other levels of government, are provided to any physician interested in running for elective office. Focus groups were conducted across the nation and the conclusions can be used to help physician-candidates develop campaign strategies and messages.

CAMPAIGN AND CANDIDATE SCHOOLS

AMPAC's widely known and highly regarded Campaign School was held in February in Washington, DC. The program has trained thousands of candidates and campaign workers over the years and this year's class was comprised mostly of physicians. The AMPAC policy of giving enrollment preference to AMA members was credited with generating a number of new memberships.

The 2001 Candidate Workshop was a new program developed to address the specific role physicians, spouses, campaign workers and volunteers can play in developing successful campaign strategies. Many who attended were physicians with immediate plans to run for office. The evaluations and comments from both the 2001 schools reflect the high quality and continuing popularity of this unusual member benefit. The 2002 AMPAC Campaign and Candidate Schools have already attracted significant physician interest. The Candidate's Workshop is scheduled for February 8-10, 2002 and the Campaign School will be held March 20-24, 2002.

BELLE CHENAULT AWARD

The winners of the Belle Chenault Award for Political Participation were honored during the AMA and AMA Alliance Annual Meetings in June. Cheryl Dolan of Florida and Carole Thompson of Texas were presented with their awards at the annual AMPAC/Alliance Breakfast. The winners' names have been engraved on the large silver bowl that displays the name of each winner since the award's inception in 1987.

CONCLUSION

On behalf of the AMPAC Board of Directors, I'd like to thank all of our members for continued involvement in political and grassroots activities. Through this support and leadership we positively impact public policy decisions that are beneficial to our patients and our profession.

IN MEMORIAM - F.J.L. BLASINGAME, MD: The Board of Trustees presented the following in memoriam of F.J.L. Blasingame, MD:

Francis James Levi (Bing) Blasingame, MD, Executive Vice President of the American Medical Association from 1958-69, died Nov. 3, 2001 at age 96.

Dr. Blasingame was the AMA's first Executive Vice President, and in that role he oversaw a major transformation of the organization's management structure, establishing clear reporting relationships and defining new roles for the Board of Trustees and the staff.

He placed great emphasis on the scientific meetings of the AMA and worked to increase the scope and prestige of the *Journal of the AMA*.

Before becoming AMA Executive Vice President, Dr. Blasingame had practiced surgery in Wharton, Texas, and was active at all levels of organized medicine. He was president of the Texas Medical Association in 1954, and was a TMA Delegate to the AMA House of Delegates until being elected to the AMA Board of Trustees. He was vice chair of the Board before becoming Executive Vice President.

After leaving the AMA, Dr. Blasingame served as a medical consultant on numerous projects, including the establishment of a medical school at Texas Tech. He also wrote a syndicated health column and newsletter.

Dr. Blasingame's long career had a major impact on the course of organized medicine. We send our condolences to his family.

IN MEMORIAM - JAMES H. SAMMONS, MD: The Board of Trustees presented the following in memoriam for James H. Sammons, MD:

James Harris Sammons, MD, Executive Vice President of the American Medical Association from 1974-1990, died June 17, 2001 at age 74.

Dr. Sammons devoted much of his life and energy to organized medicine. While practicing family medicine in Baytown, Texas, he became active in the Texas Medical Association and in the American Medical Political Action Committee. He served as president of the Houston Academy of Medicine and the Texas Medical Association, and as president of the American Medical Political Action Committee. He became an AMA delegate from the Texas Medical Association in 1964, and was elected to the Board of Trustees in 1970; he became Board chair in 1973.

Dr. Sammons' tenure as Executive Vice President was marked by a number of significant accomplishments. His leadership was instrumental in resolving the financial crisis that confronted the AMA in 1975-76 and restoring the organization to the fiscal soundness it continues to enjoy. He was instrumental in the construction of both the current AMA headquarters building and the Washington office building. His energy and political acumen played a major role in building the political influence and organization of the AMA.

Dr. Sammons played a major role in shaping the American Medical Association into the strong organization it is today. Our condolences go to his family.

RECOGNITION OF RETIRING MEMBERS OF THE HOUSE OF DELEGATES: The following delegates and alternate delegates were recognized by the House of Delegates as serving at their last meeting of the House (listed alphabetically by state and specialty society):

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Arizona

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and Gynecologists

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