



House of Delegates 2011: Resident and Fellow Highlights

Resident and Fellow Section Governing Council

November 2011

ama-assn.org

Policies Passed by HOD 2011

- GME Funding as a Top Priority
- Grassroots Campaign to Support Private Contracting
- National Drug Shortages
- Challenging Implementation of ICD-10
- Guidelines for Health Insurance Exchanges

GME Funding as a Top Priority

Background:

Proposed cuts to Graduate Medical Education range from \$60 billion to \$10 billion dollars.

- Even a small reduction in GME support will have a significant impact; a 1% change in the Indirect Medical Education payment calculation will eliminate over \$1.2 billion in annual teaching hospital support
- By 2015, the physician shortage will reach 62,900 physicians in all specialties; 91,500 doctors by 2020
- The Medicare population will grow by 36% over the next 10 years
- Even though teaching hospitals represent only 6% of all hospital, they provide 75% of all burn care units; 62% of pediatric ICUs; 61% of all Level 1 regional trauma centers; 41% of all hospital charity care; and 25% of all Medicaid hospitalizations
- Proposed GME cuts will force teaching hospitals to lay-off up to 73,000 staff and close training programs

The HOD Voted to:

- Make increasing support and funding for GME programs and residencies a top priority of the AMA in its national political agenda
- Immediately work with Congress to expand medical residencies in a balanced fashion based on expected specialty needs throughout our nation to produce a geographically distributed and appropriately sized physician workforce
- Continue to work closely with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, and the American Osteopathic Association to raise awareness among policy makers and the public about the importance of expanded GME funding to meet the nation's current needs

Grassroots Campaign for Private Contracting

Background:

The AMA has policy (D-390.988) in support of allowing physicians to engage in “private contracting” with Medicare patients. Private contracting allows Medicare patients to use their benefits to see a physician that does not accept Medicare. Currently, if a patient’s physician does not accept Medicare, that patient has to pay for the entire visit out of pocket. Allowing the ability for US physicians to privately contract is the subject of The Medicare Patient Empowerment Act (H.R. 1700) introduced in May 2011 by both Houses of Congress.

The HOD Voted to:

- Initiate and sustain a well-funded grassroots campaign to secure public support for passage of The Medicare Patient Empowerment Act
- Amend the AMA's strategic plan to emphasize efforts to remove current restrictions in Medicare law to allow patients and physicians to enter into private contracts without penalty to either party

National Drug Shortages

Background:

The importance of standard cytotoxic therapeutics has suddenly become apparent, owing to shortages of the common drugs of cancer treatment — methotrexate, leucovorin, 5-fluorouracil, cytosine arabinoside, vincristine, etoposide, the anthracyclines, paclitaxel, cisplatin, and others. The list of generic drugs in short supply across all medical specialties includes antibiotics, anesthetic agents, antihypertensive medications, and common electrolyte solutions and vitamins. These shortages have forced physicians to prioritize patients, improvise standard regimens (substituting capecitabine for 5-fluorouracil, for example, in adjuvant therapy for colorectal cancer), and at times, choose unproven treatment options for patients with curable disease. Congress has held hearings, and proposed legislation requiring early warning of impending shortages from companies anticipating problems with drug supply.

The HOD Voted to:

- Support legislation, such as H.R. 2245 and S. 296, that would require manufacturers to notify the Food and Drug Administration (FDA) of any discontinuance, interruption or adjustment in the manufacture of a drug that may result in a shortage
- Publicly declare the problem of unsafe and unverifiable medicines and medicine shortages a national public health emergency
- Advocate that the US Food and Drug Administration and/or Congress require drug manufacturers to establish a plan for continuity of supply of vital and life-sustaining medications and vaccines to avoid production shortages whenever possible
- Support the recommendations of the 2010 Drug Shortage Summit and work in a collaborative fashion to implement these recommendations in an urgent fashion

Halting Implementation of ICD-10

Background:

The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (known as "ICD-10") is a medical classification for the coding of diseases, signs and symptoms, abnormal findings, social circumstances, and external causes of injury or diseases, as maintained by the World Health Organization (WHO). The code set allows more than 14,400 different codes. Using optional sub-classifications, the codes can be expanded to over 16,000 codes. The United States will begin officially using ICD-10 on October 1, 2013. All HIPAA "covered entities" are mandated by law to use the ICD-10. A 2008 study found that a small three-physician practice would need to spend \$83,290 to implement ICD-10, and a 10-physician practice would have to spend \$285,195.

The HOD Voted to:

- Vigorously work to stop the implementation of ICD-10
- Reduce the unnecessary and significant burdens created by ICD-10 on the practice of medicine
- Work with other national and state medical and informatics associations to assess an appropriate replacement for ICD-9

Health Insurance Exchanges

Background:

The Affordable Care Act included provisions for states to establish American Health Benefit Exchanges (AHBE) and Small Business Health Options Program (SHOP) Exchanges. Starting in 2014, individuals and small employers with no more than 100 employees will be able to purchase qualified coverage on these exchanges. The exchanges must be administered by either governmental or non-profit entities. Individuals eligible to purchase coverage on the AHBE exchanges include US citizens and legal immigrants who do not have access to affordable coverage offered by their employers.

The HOD Voted to:

- Support using the open marketplace model for any health insurance exchange, with strong patient and physician protections in place, to increase competition and maximize patient choice of health plans
- Advocate for the inclusion of actively practicing physicians and patients in health insurance exchange governing structures and against the categorical exclusion of physicians based on conflict of interest provisions
- Support the involvement of state medical associations in the legislative and regulatory processes concerning state health insurance exchanges
- Advocate that health insurance exchanges address patient churning between health plans by developing systems that allow for real-time patient eligibility information