Nearly 700 physicians, residents and medical students gathered in Chicago for the 2023 AMA Annual Meeting to consider a wide array of proposals to help fulfill the AMA’s core mission of promoting medicine and improving public health.

Foremost on their minds was the need to fix Medicare now, which is the first pillar of the AMA Recovery Plan for America’s Physicians that is rebuilding critical components of the medical profession by:

- Leading the charge to reform Medicare pay.
- Fixing prior authorization.
- Fighting scope creep.
- Reducing physician burnout.
- Supporting telehealth.

“Practices are on the brink. Our workforce is at risk. Access to care stands in the balance. And duct-taping the widening cracks of the dilapidated Medicare payment system is not sustainable. The patches are not holding,” outgoing AMA President Jack Resneck Jr., MD, said on the floor of the House of Delegates moments after a key resolution on Medicare payment was adopted Monday.

Major reforms to tie Medicare payment to inflation (PDF), change budget-neutrality rules (PDF) and fix the Merit-based Incentive Payment System (PDF) are essential, said Dr. Resneck, now the AMA’s immediate past president.

“We will demand it. We will fight for it. Let’s get this done,” Dr. Resneck concluded, earning a standing ovation from delegates.

In an interview at the Annual Meeting, AMA Senior Vice President of Advocacy Todd Askew provided an update on the Recovery Plan’s progress and further outlined the AMA’s plan to overhaul Medicare physician payment.
Seeking a “more equitable tomorrow”

At AMA Annual Meetings, three major speeches set the tone—one from the newly inaugurated AMA president, another from the outgoing president, and an update from the organization’s CEO.

This year’s AMA presidential inauguration of anesthesiologist Jesse M. Ehrenfeld, MD, MPH, was an historic occasion as it marked the first time an openly gay person has held the highest office in organized medicine. Dr. Ehrenfeld spoke movingly about the dramatic changes that have happened since his first AMA meeting in 2001, and about how much more must be done to achieve optimal health for all.

“Standing on this stage tonight and accepting the honor of the AMA presidency is proof that our organization can evolve. This is why visibility matters,” he said. “This is why, when you have a platform like this one, you have a responsibility to use it for the greater good and to try and lift up those who haven’t yet found their voice.”

Learn more about Dr. Ehrenfeld’s vision for the coming year as AMA president.

Also, read about the AMA’s new president-elect, otolaryngologist Bruce A. Scott, MD, and catch up on this year’s AMA election results.

AMA equipped to fight attacks on physicians

The physician advocate’s journey isn’t a marathon, Dr. Resneck said in his final prepared remarks to the assembled AMA House of Delegates. It’s more than that, because the tireless work of improving the health of the nation and bettering the profession of medicine for today’s doctors and tomorrow’s physicians is unending.

“We are more resolute in our work because of the challenges and existential threats to our profession and our patients,” he said. “Even when there are temporary setbacks, our common cause is to speak out for, and to advance our flame, our ethical values, and our common purpose—that is what keeps us going.”

Learn more with Dr. Resneck about the pride he sees patients and physicians taking in the way the AMA fights on their behalf.
Physicians’ unified voice is essential

The vast majority of physicians belong to one or more of the state and medical specialty societies represented in the House of Delegates, the deliberative body that develops the policies that guide the nation’s largest physician membership organization.

“That connection conveys something specific to many, particularly those in Washington, D.C.,” said AMA Executive Vice President and CEO James L. Madara, MD, during his speech at the opening session.

“It conveys that AMA policies provide the clearest surrogate of the net of physician voice,” Dr. Madara added, noting later that the AMA is often recognized as the “unified voice of the profession.”

Learn more with Dr. Madara about the vital importance of physicians' finding common ground to move medicine forward.

10 things to catch up on

The AMA’s policymaking meetings may seem to start slowly, with thoughtful education sessions and detailed reference-committee testimony, but they conclude with a flurry of votes and AMA news releases. Even die-hard physician advocates can have trouble keeping pace.

In case you missed it, here are 10 stories worth revisiting from the Annual Meeting.

1. **Fixing Medicare physician pay system a top priority for the AMA**
   The AMA has been on the road fighting for Medicare physician payment reform for well over a decade, and the system remains on an unsustainable path. Temporary patches and ongoing cuts to the Medicare physician payment system have left physician practices and patient access to care at serious risk.

   “This cannot wait; we are past the breaking point,” Dr. Resneck said. “Our patients are counting on us to deliver the message that access to health care is jeopardized by Medicare’s payment system. Being mad isn’t enough. We will develop a campaign—targeted and grassroots—that will drive home our message.”
Oversight needed on payers’ use of AI in prior authorization
As health insurance companies turn to AI to speed up patient claim and prior-authorization decisions, the AMA will advocate for greater regulatory oversight of the practice.

"The use of AI in prior authorization can be a positive step toward reducing the use of valuable practice resources to conduct these manual, time-consuming processes. But AI is not a silver bullet,” said AMA Trustee Marilyn Heine, MD.

“As health insurance companies increasingly rely on AI as a more economical way to conduct prior-authorization reviews, the sheer volume of prior-authorization requirements continues to be a massive burden for physicians and creates significant barriers to care for patients,” added Dr. Heine. “The bottom line remains the same: We must reduce the number of things that are subject to prior authorization.”

Emergency departments must be led by physicians
Centers for Medicare & Medicaid Services regulations require that, for a hospital to provide emergency care, all emergency departments must be directed by a qualified medical staff member.

Delegates directed the AMA to advocate the establishment and enforcement of legislation or regulations that ensure only physicians supervise the provision of emergency care services in an emergency department.

The AMA also will oppose legislation or regulation allowing pharmacists to test, diagnose and treat medical conditions—a scope-of-practice expansion that was introduced in 17 states.

Stop probing physicians on irrelevant mental health history
Delegates created policy to ensure that only relevant mental health information would be used in licensing and credentialing.

Questions on physician applications for licensure and credentialing that seek mental health information are invasive and often irrelevant. Data from the American Psychiatric Association finds no evidence that physicians who are treated for mental illness are more likely to harm a patient than a physician who has not sought treatment.
The AMA’s actions will help protect physicians from discrimination and confidentiality violations in the licensing, privileging and credentialing processes that these questions can create.

**Telehealth works, so keep it working**

Telehealth has helped boost access to historically underserved populations, older adults living in rural areas, patients with chronic conditions and those with mobility or transportation issues. The AMA wants to continue ensuring that patients in underserved areas and seniors with complex health conditions have the technology skills to take advantage of this new mode of care.

“We need to better understand what underlying challenges and barriers exist to digital health literacy. With that information, the AMA will continue advocating for solutions to meet the needs of marginalized populations of varying location, education, culture and age,” said AMA Trustee Alexander Ding, MD, MS, MBA. “Digital literacy is an important health equity issue with the power to bring us closer to achieving best health for all.”

**Physicians affirm, clarify duty to promote equitable care**

The disproportionate impact of the COVID-19 pandemic on patients from historically marginalized racial and ethnic groups cast new light on health inequities, adding urgency to calls for changes to how physicians are trained and health care is delivered. Delegates adopted ethics policy advising physicians and health care organizations on their roles in advancing health equity.

“To make meaningful progress in achieving equitable care, physicians must recognize how the pathologies of social systems impact their patients’ lives,” said AMA Trustee David H. Aizuss, MD. “The commitment to serve patients in need means that we have an obligation to examine prevailing attitudes, habits, policies and practices that determine what care is available to who and to take steps to remove or re-engineer obstacles that undermine the ability to ensure equitable care for all.”

**AMA: Use of BMI alone is an imperfect clinical measure**
Body mass index (BMI) is easy to measure and inexpensive. It also has standardized cutoff points for overweight and obesity and is strongly correlated with body fat levels as measured by the most accurate methods. But BMI is an imperfect measure because it does not directly assess body fat.

“There are numerous concerns with the way BMI has been used to measure body fat and diagnose obesity, yet some physicians find it to be a helpful measure in certain scenarios,” Dr. Resneck noted. “It is important for physicians to understand the benefits and limitations of using BMI in clinical settings to determine the best care for their patients.”

Educate doctors, public on how loneliness affects health
Social isolation and loneliness have been recognized as significant public health concerns, adversely affecting mental well-being as well as quality of life.

To address this growing public health problem, delegates adopted new policy to “encourage research to assess how forming networks earlier in life helps to reduce loneliness and social isolation for adults, with a special focus on marginalized populations and communities with limited access to resources.” They also directed the AMA to develop educational programs for patients and physicians on the topic.

AMA: Don’t back down on diversity in medicine
With the U.S. Supreme Court set to rule on two lawsuits seeking to undo affirmative action for institutions of higher learning, including medical schools, the House of Delegates adopted several policies amplifying the AMA’s support for diversity in medical education.

“Efforts to do away with affirmative action undermine decades of progress in creating a diverse physician workforce and will reverse gains made in the battle against health disparities,” Dr. Ehrenfeld said.

It’s necessary to “bolster the pool” of students from historically excluded racial and ethnic groups “who wish to pursue a career in medicine and the consideration of race is one of many parts of the equation—along with test scores, grades and interviews—when determining the mix of students that will result in a class of physicians best equipped to serve all of the nation’s patients,” he added.
To thwart medical student burnout, make it easier to seek time off

About half of U.S. medical students report experiencing burnout, and they are more likely than their same-age peers outside of medicine to experience depression or depressive symptoms. When time off is needed, medical students generally have little recourse. Medical schools often lack standardized institutional policies for the implementation of excused absences.

“Medical schools need to create an educational environment that assures that graduating medical students meet the standards for achieving the medical degree with the flexibility to meet the individual needs of their students,” says an AMA Council on Medical Education report, whose recommendations on excused medical absences were adopted.

In other action, AMA delegates took steps to:

- Educate patients about misleading AI-generated medical advice.
- Support a ban on many physician noncompete provisions.
- Clarify that it’s OK to code for multiple E/M services in one visit.
- Train future physicians to lead interprofessional care teams.
- Boost family planning and fertility support for physicians.
- Find better ways to do medical student clerkship grading.

To catch up with these items and other news from the House of Delegates’ gathering in the Windy City, read our highlights from the 2023 AMA Annual Meeting.