

Policy aims driven by physicians' core values: AMA president

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Kevin B. O'Reilly

News Editor

“This week we shared a moment of tremendous impact in our country,” AMA President Andrew W. Gurman, MD, said of the recent presidential election during Saturday’s opening of the 2016 AMA Interim Meeting. “The policies that have been developed by this House of Delegates serve our patients and professions well. These are our guides: our mission, our policies and our values.”

Future changes in health coverage will be evaluated against three metrics, Dr. Gurman said. “Will the proposals cover more, the same or fewer people? Because we know that people who don’t have insurance live sicker and die younger. Do the proposals provide adequate access, choice and coverage? Do the proposals advance high-quality care?”

“As long as we adhere to these principles, we will be fine,” Dr. Gurman said. “Our patients will be fine, our profession will be fine and our country will be fine.”

Physicians also opted for a profession pledged to core values, as reflected in the newly updated version of the AMA’s *Code of Medical Ethics*, a commemorative, leather-bound version of which was presented to Dr. Gurman at a ceremony before his speech to mark the Code’s first wholesale update, reorganization and modernization in 50 years.

Those values are reflected in physicians’ every day work, but also as they advocate to improve the nation’s health and serve patients, said Dr. Gurman, an orthopedic hand surgeon from Hollidaysburg, Pa.

Advancing public health

He noted several high-profile examples of the leadership shown by the AMA and the House of Delegates. They include the Association’s calling on the maker of life-saving EpiPens to “rein in the exorbitant costs” that had risen over 400 percent in seven years. Pressure from the AMA, together

with public outrage, led the manufacturer to cut patient costs within days.

When the Zika virus emerged as a U.S. public health danger, the AMA started a resource center for physicians and the public to obtain reliable updates on the infectious disease, Dr. Gurman said.

Dr. Gurman also lauded the AMA's move to take responsibility "to play a leading role in addressing the opioid epidemic that is claiming the lives of 78 Americans every day." The AMA's Task Force to Reduce Opioid Abuse, he noted, has worked with other leading national health organizations to help physicians and other prescribers make more use of prescription drug monitoring programs (PDMP).

Meanwhile, more than two dozen new state laws have been enacted to increase access to naloxone, the drug that can reverse the effects of opioid overdose. And finally, he noted, opioid prescribing fell in every state in 2015. The AMA also supported the Comprehensive Addiction and Recovery Act, which passed Congress in July and strengthens state-run PDMPs while expanding naloxone availability to first responders.

"We will continue to fight to assure this new law is sufficiently funded so that it may succeed," Dr. Gurman said.

Protecting medicine

As much as the profession's core values have driven patient-facing advocacy efforts, they also have informed the AMA's activities relating to physicians' practice and payment environment.

"We cannot effectively serve patients if we are bogged down by burdensome regulations, or if our patients cannot access care because of insurance mergers or narrow networks," Dr. Gurman said.

Along these lines, Dr. Gurman highlighted how the AMA has fought to block the proposed Anthem-Cigna and Aetna-Humana health plan mergers, which the U.S. Department of Justice and the attorneys general from several states have sued to block.

He also noted how the AMA found a willing ally in Centers for Medicare and Medicaid Services' (CMS) Acting Administrator Andy Slavitt to help modify burdensome regulations that were proposed as part of the new Quality Payment Program (QPP), created by the Medicare Access and CHIP Reauthorization Act (MACRA).

The strong working relationship with Slavitt, along with detailed recommendations from the AMA and many others in organized medicine, "paid off" with key changes, Dr. Gurman said. They include a longer transition period to prepare for the QPP, four options for physicians to avoid pay penalties in

the first year, lowered reporting requirements, exemptions for more low-volume physicians and practices, more flexibility for physicians practicing in small, rural and medically underserved settings and expanded possibilities for physician-led APMs.

Providing practical tools

The AMA's work also helps physicians in a very pragmatic fashion, Dr. Gurman said. He pointed to tools such as the Payment Model Evaluator.

The tool provides an initial assessment so physicians can determine how their practices will be affected by the QPP, he said. "It's a simple online questionnaire that suggests guidance for participating in the QPP payment model that is best for your practice."

In addition, the AMA has added modules to its STEPS Forward™ collection of practice-improvement strategies that cover topics such as quality improvement and value-based care. These can "help you transition to the QPP," Dr. Gurman said.

"Remember that the transition to Medicare's Quality Payment Program will take years," he said. "Know the AMA is committed to helping you prepare for every milestone."

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