

Highlights from the 2019 AMA Interim Meeting

Kevin B. O'Reilly

News Editor

Catch up with the news and other key moments from the AMA House of Delegates' meeting in San Diego.

The 2019 AMA Interim Meeting concluded Nov. 19. The delegates will next gather in Chicago, in June 2020.

Wednesday, Nov. 20

Protecting residents, fellows displaced by hospital closures

In light of the recent closure of Hahnemann University Hospital, which displaced more than 570 residents and fellows, the AMA adopted policy aimed at ensuring residents and fellows impacted by unexpected teaching hospital closures are financially and professionally protected.

Specifically, the new policy calls for the AMA to urgently partner with interested parties to identify viable options to secure medical liability insurance "tail coverage" for residents and fellows affected by the Hahnemann closure, covering their time at Hahnemann, and also for residents and fellows impacted by any future teaching hospital closures, at no cost to those who are displaced. [Read more.](#)

Modernize public health surveillance to ease doctors' reporting burden

Disease surveillance is an essential public health function that requires coordination between health care and public health agencies. The surveillance data is used to monitor, control and prevent diseases. However, authority to require notification of cases of diseases resides with the jurisdiction's state legislature, causing varying reports. These reports have often been created manually or by telephone, mail or fax, which is time consuming and disruptive to workflow. Delegates adopted new policy to ensure new disease-reporting requirements are based on scientific evidence and do not add

to the burden placed on physicians. Read more.

Stop sales of e-cigarettes that lack FDA approval

The House of Delegates has adopted policy to “urgently advocate for regulatory, legislative or legal action at the federal or state levels to ban the sale and distribution of all e-cigarette and vaping products, with the exception of those which may be approved by the FDA for tobacco-cessation purposes and made available by prescription only.”

“The recent lung illness outbreak has alarmed physicians and the broader public health community and shined a light on the fact that we have very little evidence about the short- and long-term health consequences of e-cigarettes and vaping products,” said AMA President Patrice A. Harris, MD, MA. “It’s simple—we must keep nicotine products out of the hands of young people and that’s why we are calling for an immediate ban on all e-cigarette and vaping products from the market.” Read more.

AMA to boost education on methadone maintenance therapy

The AMA supports the evidence-based use of methadone in the treatment of opioid-use disorder (OUD), and model state legislation drafted by the AMA calls for all payers to make all forms of medication-assisted treatment (MAT) available without prior authorization and placed on a formulary’s lowest cost-sharing tier.

The AMA board “strongly supports additional educational efforts to, at the very least, reduce the stigma” of methadone maintenance therapy (MMT). Delegates have directed the AMA Opioid Task Force to “increase its evidence-based educational resources focused on MMT and publicize those resources to the Federation of Medicine.” Read more.

Tuesday, Nov. 19

Physicians see big promise in use of real-world data, evidence

Doctors have traditionally relied on evidence from randomized controlled trials to help guide their decisions on which drugs and devices to use in treatment. However, real-world data (RWD) and real-world evidence (RWE) are now increasingly used in health care to enhance evidence from

randomized controlled trials to provide proper patient care. Delegates adopted policy supporting the generation and use of real-world data and real-world evidence fit for regulatory purposes. Read more.

Boost transit for improved access to care

Barriers exist for patients to access affordable public transportation. Additionally, shifting from personal car use to public transportation can lead to a sixfold drop in greenhouse gas emissions, according to a resolution introduced by the Michigan delegation. Implementing a new transit system can help increase physical activity and decrease body mass index among new users, while also improving access to health care for underserved populations and geographical areas.

Delegates adopted new policy supporting “the establishment, expansion and continued maintenance of affordable, accessible, barrier-free, reliable and clean-energy public transportation.”

Additionally, the AMA amended existing policy to advocate “that health be considered one of the goals in transportation planning and policy development including but not limited to the establishment, expansion and continued maintenance of affordable, accessible, barrier-free, reliable and preferably clean-energy public transportation.”

Use dedicated courts to put veterans on road to recovery

As a result of their service, U.S. military veterans may be subject to illnesses that include neurological and psychiatric conditions—such as cognitive impairment, traumatic brain injury, depressive disorders, anxiety disorders or post-traumatic stress disorder—that bring them in contact with the criminal justice system.

Dedicated Veterans Courts have been shown to effectively steer former military personnel away from incarceration and toward the treatment they need, says a resolution presented by the AMA Medical Student Section.

To promote wider use of this intervention, delegates directed the AMA to “support the use of Veterans Courts as a method of intervention for veterans who commit criminal offenses that may be related to a neurological or psychiatric disorder.”

Veterans Courts are based on the model provided by mental health treatment courts and drug courts, but they also provide specialized programs, resources, and personnel to support veterans based on their unique life experiences. The VA reports that 551 veterans court programs were in operation last year.

“Studies have found that treatment offered by veterans courts results in declines in recidivism rates by 12 percent as well as decreases in symptoms of PTSD, depression, substance use, and sleep disturbances and improvements in emotional and social well-being,” said AMA Trustee Willarda V. Edwards, MD, MBA, CDR USNR-R.

Make healthful food options available at all health care facilities

AMA policy has already encouraged healthy, plant-based food options in hospitals. Such diets have been shown to improve health in everyone, not just patients in hospitals. These options also have the potential to be cheaper than other alternatives, according to a resolution introduced by the AMA Medical Student Section.

Given the need for healthy, plant-based options at all medical care facilities, delegates amended existing policy to:

- | Encourage healthful food options be available, at reasonable prices and easily accessible, on the premises of health care facilities.
- | Call on all health care facilities to improve the health of patients, staff and visitors by: providing a variety of healthy food, including plant-based meals and meals that are low in saturated and trans-fat, sodium and added sugars; eliminating processed meats from menus; and providing and promoting healthy beverages.
- | Call for health care facility cafeterias and inpatient meal menus to publish nutrition information.

mHealth apps should be accessible to all patients

Few mobile health (mHealth) applications address the needs of patients who have poor health or with low English literacy. Existing national policy fails to address barriers to equal access to mobile health technologies for vulnerable, linguistically diverse, culturally diverse and low-income communities, according to a resolution introduced by the AMA Medical Student Section.

Interventions offered by mobile devices can enhance the health of minority and low-income

individuals, reduce medical care costs and close health gaps between populations, if developed appropriately.

To address this, the AMA will encourage “the development of mobile health applications that employ linguistically appropriate and culturally informed health content tailored to linguistically and/or culturally diverse backgrounds, with emphasis on underserved and low-income populations.”

“There are currently not enough available mobile health apps that meet the needs of vulnerable, culturally diverse and low-income communities, which continues to exacerbate health disparities,” said AMA Board Member William A. McDade, MD, PhD. “Timely interventions offered by mobile devices, such as personalized medication reminders, have the potential to reduce the cost of care for these patients and close existing health gaps.”

—

Sunny spots should dispense free sunscreen

One in five Americans will be diagnosed with skin cancer. While sunscreen can help protect people from skin cancer, individuals of lower socioeconomic status who require year-round sun protection, such as the homeless or those who spend a significant part of their day outside, may require financial assistance to adhere to guidelines, according to a resolution introduced by the AMA Medical Student Section.

However, the availability of public sunscreen has been shown to increase application and decrease sunburn occurrence in sun-sensitive individuals.

To reflect this, delegates adopted new policy as part of a successful skin cancer prevention strategy, to support free public sunscreen programs that:

- | Provide sunscreen that is SPF 15 or higher and broad spectrum.
- | Supply the sunscreen in public spaces where the population would have a high risk of sun exposure.
- | Protect the product from excessive heat and direct sun.
- | Patients are also reminded to be educated on sun protective behavior.

“Skin cancer is the most common form of cancer in our country. With one in five Americans developing skin cancer in their lifetime and more than 5 million Americans treated for the condition each year, it is important that we have a successful skin cancer prevention strategy in place,” said AMA Board Member Scott Ferguson, MD. “Providing free sunscreen in public spaces will go a long way toward protecting more people from the negative health consequences that sun exposure can cause to that unprotected skin.”

Let children of H1-B physicians stay in U.S. as adults

Adults who were brought to the U.S. legally as children by their physician parents could be forced to leave the country after turning 21. The house of Delegates has adopted policy that says they should be allowed to stay.

Many physicians with H-1B visas—including some who have been here for decades—have been actively practicing in the U.S. as they wait to receive their green card due to a massive backlog caused by legislatively mandated per-county limitations. Their children and spouses can reside in the U.S. with them after obtaining an H-4 visa. Children, however, lose their H-4 status when they turn 21 years old. [Read more.](#)

Doctors back innovative local efforts to battle opioid epidemic

While recognizing that opioid-epidemic reversal strategies that may work in one community may not be transferable elsewhere, successful local programs can still provide lessons and inform the development of treatment and prevention efforts in other communities, according to an AMA Board of Trustees report whose recommendations delegates have adopted.

The report highlights strategies in Huntington, West Virginia, and Clark County, Indiana, and examines whether other communities could use them as examples for their own efforts. [Read more.](#)

New PA board-certification practices could confuse public

For-profit entities have emerged offering to certify physician assistants (PAs) and other midlevel providers, suggesting they are on equal par with board-certified physicians.

To stand against this trend and intrusion on physician scope of practice, delegates modified existing policy to oppose:

- | Efforts by organizations to board certify physician assistants in a manner that misleads the public to believe such board certification is equivalent to medical specialty board certification.
- | Any action, regardless of intent, by organizations providing board certification for non-physicians that appears likely to confuse the public about the unique credentials of medical

specialty board certification or take advantage of the prestige of medical specialty board certification for purposes contrary to the public good and safety.

AMA will study the ethics of ads in EHRs

To help subsidize electronic health records (EHRs) for small practices that can't afford them, pharmaceutical advertisements have begun to pop up in the EHR while physicians work in them.

The House of Delegates said this practice needs to be investigated and directed the AMA to:

- | Encourage the federal government to study the effects of direct-to-physician advertising at the point of care, including advertising in EHRs, on physician prescribing, patient safety, health care costs, and EHR access for small practices.
- | Study the prevalence and ethics of direct-to-physician advertising at the point of care, including advertising in EHRs.

Delegates seek robust curricula on sexual orientation, gender ID

About 8 million U.S. adults identify as lesbian, gay or bisexual, and 700,000 identify as transgender, according to figures cited in a resolution presented at the Interim Meeting.

When contrasted with the general public, research indicates that sexual and gender minorities experience worse health outcomes in several areas, including modifiable risk factors for cardiovascular disease, risk of mortality from breast cancer, substance use disorders, sexually transmitted infections and mental health disorders.

Delegates amended AMA policy to encourage training institutions—at both the undergraduate and graduate medical education levels—to put more comprehensive curricula into place that inform medical students and residents on how to care for populations from diverse sexual orientations and gender identities.

“With research showing significant disparities among patients facing health issues related to sexual orientation and gender identity, it is important that our future physicians have the training they need to recognize these health issues and better treat their patients,” said AMA Trustee Grayson W. Armstrong, MD, MPH

According to the amended policy , the AMA will:

Support the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age.

- | Support students and residents who wish to conduct on-site educational seminars and workshops on health issues related to sexual orientation and gender identity.
- | Encourage medical accreditation bodies to both continue to encourage and periodically reassess education on health issues related to sexual orientation and gender identity in the basic science, clinical care, and cultural competency curricula in undergraduate and graduate medical education.

More training needed on health care finance

It's well documented that the United States spends more on health care than any other nation.

Citing research indicating that educational interventions on health care finance during residency training may have a positive impact on future health care spending in the future—and in light of a lack of explicit language that encourages coverage of this topic in residency—delegates amended existing policy on the topic.

According to the amended policy, the AMA will:

- | Ask medical schools and residencies to encourage that basic content related to the structure and financing of the current health care system, including the organization of health care delivery, modes of practice, practice settings, cost effective use of diagnostic and treatment services, practice management, risk management, and utilization review or quality assurance, is included in the curriculum.
- | Ask medical schools and residencies to ensure that content related to the environment and economics of medical practice in fee-for-service, managed care and other financing systems is presented at educationally appropriate times during undergraduate and graduate medical education.
- | Encourage the Liaison Committee on Medical Education to ensure that survey teams pay close attention during the accreditation process to the degree to which “socioeconomic” subjects are covered in the medical curriculum.

"While many medical schools and residency programs currently provide students and residents with training in health care financing, it has become clear that future physicians require further instruction to ensure they are well-prepared to deliver care to patients in modern health systems," said AMA Immediate Past President Barbara L. McAneny, MD.

"Medical students and residents with a deeper understanding of cost, financing, and medical economics, will be better equipped to provide more cost-effective care that will have a positive impact for patients and the health care system as a whole," Dr. McAneny said. " We will continue working to ensure future physicians are ready on day one to meet the needs of patients in the modern health care environment."

Doctors to develop model legislation banning conversion therapy

The House of Delegates has directed the AMA to develop model state legislation and advocate for federal legislation to ban "reparative" or "conversion" therapy for sexual orientation or gender identity.

"It is clear to the AMA that the conversion therapy needs to end in the United States given the risk of deliberate harm to LGBTQ people," said Dr. Kobler. "Conversion therapy has no foundation as scientifically valid medical care and lacks credible evidence to support its efficacy or safety."

According to research cited in an AMA resolution presented by the Michigan delegation, an estimated 350,000 adolescents have undergone conversion therapy, and up to 40,000 U.S. teens will undergo the therapy this year.

The AMA already has policy opposing the use of "reparative" or "conversion" therapy for sexual orientation or gender identity. The American Academy of Pediatrics and many other organizations representing social workers, psychologists and school counselors also oppose the practice, and the American Psychiatric Association also has called upon lawmakers to ban such therapy as "harmful and discriminatory."

LGBTQ youth are five times more likely to attempt suicide compared with heterosexual youth, according to research cited in the resolution. As of now, 18 states and the District of Columbia have banned the use of conversion therapy practices by licensed health care practitioners on minors, the resolution says.

Call for greater accountability on medicine's racial pay gap

Disparities in physician pay are not limited to gender, says a resolution presented by the AMA Medical Student Section. There are also racial disparities in compensation among doctors after controlling for relevant factors, according to research cited in the resolution, which also points to longer promotion timelines among black and Hispanic faculty at academic medical centers.

To address these gaps, delegates adopted new policy to support:

- | Measures to eliminate racial disparities in pay and specific challenges that minority physicians face in regards to equal pay financial attainment.
- | Work with appropriate stakeholders to study effective and appropriate measures to increase the transparency and accountability of physician earnings through establishing transparency measures, in which physicians can access information including but not limited to the salaries and race of medical physicians.

“The statistics on racial pay disparities in medicine are jarring, and more must be done to spur change and eliminate the imbalance and bias that adversely affect members of our profession,” said AMA Trustee Michael Suk, MD, JD, MPH, MBA. “The new policy is a step in the right direction for bringing positive change to physicians of color and strengthening the AMA’s commitment to improving equity in medicine.”

List transgender patient’s preferred name in EHR

Delegates moved to bolster the AMA’s existing policy on promoting inclusive gender, sex and sexual orientation options on medical documentation.

The current policy supports the voluntary inclusion of a patient’s biological sex, current gender identity, sexual orientation and preferred gender pronoun, and delegates modified AMA policy to also support inclusion of “preferred name and clinically relevant, sex-specific anatomy” in medical documentation.

“The newly amended policy reinforces the importance of EHRs that contain inclusive information on transgender patients,” said AMA Trustee William E. Kobler, MD. “Without this information, transgender patients and their specific health care needs cannot be identified or documented, the health disparities they experience cannot be addressed, and the provision of important health care services may not be delivered.”

Monday, Nov. 18

AMA touts pathways to train more addiction medicine physicians

The 2015 National Survey on Drug Use and Health indicated that more than 20 million Americans live with a substance-use disorder—including 2 million Americans who have an opioid-use disorder—yet federal officials say that only 10% of those affected receive treatment for the condition.

The nation has only about 3,500 physicians trained in addiction medicine to meet that need. While medical schools and residency programs are working to address the shortage, the public health challenge of substance-use disorder requires more working physicians in the field in the near future. Read more.

Spread physician training on veterans’ issues beyond VA

Data indicate that physicians who are not employed by the U.S. Department of Veterans Affairs (VA) and provide patient care for veterans encounter barriers that prevent them from providing the best possible quality of care.

Physicians who train in the VA are required to complete education modules that address the specific needs of veterans, such as traumatic brain injury.

With an aim to make those resources available to physicians treating veterans who are not employed by the VA, delegates amended policy on the topic to “support access to clinical educational resources for all health care professionals involved in the care of veterans such as those provided by the U.S. Department of Veterans Affairs to their employees with the goal of providing better care for all veterans.”

AMA develops Rx for drug prices that are high and rising

Arbitration in determining prescription drug prices is a viable mechanism to address the burden of high and escalating pharmaceutical prices in the U.S. market and builds upon existing policy in favor of drug-price negotiation—and opposed to price controls, says an AMA Council on Medical Services report whose recommendations were adopted at the 2019 AMA Interim Meeting in San Diego.

“As prescription drug prices have spiked, the AMA has strongly advocated for more competition and

transparency in the pharmaceutical marketplace to protect patients,” said AMA President Patrice A. Harris, MD, MA. “There are situations in which payers have weakened bargaining power to negotiate lower drug prices due to a drug’s lack of competition in the marketplace, which means patients are left with high out-of-pocket costs and questioning whether they will be able to afford the medications they need.” Read more.

Physicians have duty to monitor their own competence

Physicians’ ethical responsibility to provide competent care is fluid and context-dependent at different phases of their careers, according to an AMA Council on Ethical and Judicial Affairs that delegates have adopted.

“The ethical responsibility of competence requires that physicians at all stages of their professional lives be able to recognize when they are and when they are not able to provide appropriate care for the patient in front of them or the patients in their practice as a whole,” says the report. Read more.

Give med school grads at least 10 years to finish licensing exams

Passage of a series of licensing exams is a requirement for physicians to earn full and unrestricted license to practice medicine in the U.S.

But these requirements can be confusing for, and burdensome to, young physicians who are often living lives that require geographic mobility, particularly after residency. So says an AMA Council on Medical Education report whose recommendations were adopted by delegates. They are urging a time limit of at least 10 years for completion of licensing exams. Read more.

How APMs should account for patients who require more care

Alternative payment models (APMs) can eliminate barriers to care coordination that often exist in traditional payment systems, but better risk adjustment is needed to account for patients who require more services, according to an AMA Council on Medical Service report whose recommendations were adopted by delegates.

Delegates adopted policies to support:

- | Risk-stratification systems that use fair and accurate payments based on patient characteristics, including socioeconomic factors, and the treatment that would be expected to result in the need for more services or increase the risk of complications.
- | Risk-adjustment systems that use risk corridors that use fair and accurate payment if spending on all patients exceeds a pre-defined percentage above the payments or support aggregate stop loss insurance at the insurer's cost.
- | Risk-adjustment systems that use fair and accurate payments for external price changes beyond the physician's control.
- | Accountability measures that exclude from risk adjustment methodologies any services that the physician does not deliver, order, or otherwise have the ability to influence.
- | Risk-adjustment mechanisms that allow for flexibility to account for changes in science and practice as to not discourage or punish early adopters of effective therapy.

Payer-backed care shopping plans shouldn't coerce patients

There are programs offered by employers and insurance companies that offer patients financial incentives when they use shopping tools to compare prices on health care items and services and choose lower-cost options.

These financial incentive program (FIPs) can empower patients to make informed health care choices, but FIPs need to be transparent and never coerce patients to accept lower-cost care that could jeopardize their health, according to an AMA Council on Medical Service report whose recommendations were adopted at the 2019 AMA Interim Meeting in San Diego.

“With payers increasingly looking to FIPs as an avenue for reducing patient costs, it is essential that health care quality not be sacrificed in the process, and that fragmentation of care is minimized,” says the report, adding that the FIPs it describes “claim to base their decisions on care quality” but do not include metrics or data on how they evaluate quality. [Read more.](#)

AMA to boost health-policy paths for doctors

The House of Delegates has adopted new policy to “encourage and support efforts to educate interested medical students, residents, fellows and practicing physicians about health policy and assist them in starting or transitioning to careers that involve health policy.”

Delegates also directed the AMA to:

- | Recognize, encourage, and support the primary health policy training found in the physician specialties of public health and general preventive medicine, occupational and environmental medicine, and aerospace medicine.
- | Significantly increase its collaborative efforts with the National Academy of Medicine to make physicians aware of existing health policy training opportunities and help them to apply for and participate in them.
- | Engage with alumni of health policy training programs and joint degree programs and provide opportunities for them to share their health policy experiences with medical students, residents, fellows, and practicing physicians.
- | Include health policy content in its educational resources for members.
- | Work with the Office of the U.S. Surgeon General to disseminate information to medical students, residents, fellows and practicing physicians about opportunities to join the Commissioned Corps of the U.S. Public Health Service.
- | Consider options for funding a one-year educational training program for practicing physicians who wish to transition from clinical practice to employment within the health policy sector.

Epidemiologist elected to AMA Board of Trustees

Harris Pastides, PhD, president emeritus of the University of South Carolina's flagship system, was elected to the board during the Interim Meeting. Pastides is the fifth person ever to hold the public member position on the board.

From more than a decade, Pastides served as the 28th president of the University of South Carolina system, which serves more than 52,000 students across eight institutions and 20 geographic locations.

"Harris Pastides is an exemplary leader and educator and brings with him a wealth of knowledge, experience and skill to the AMA Board of Trustees," said AMA Board Chair Jesse M. Ehrenfeld, MD, MPH. "The AMA is driving the future of medicine by reimagining medical education, training and lifelong learning, and we look forward to benefiting from his expertise in higher education as we work to make medical education easy to access across a physician's lifetime." [Read more.](#)

Learn how AMA policy gets made

And earn CME while doing it. Today at 2 p.m. PDT, the AMA House of Delegates' first business session of the 2019 AMA Interim Meeting will open. Delegates will consider proposals, offer testimony and amendments, and vote. Watch this space for updates on the policy actions they take.

Now, the best way to learn about these physicians' democratic process is to see it in person. However, the AMA Ed Hub™ offers a very informative CME module, "How AMA Policy is Made," which is designated by the AMA for a maximum of 0.75 *AMA PRA Category 1 Credit*™.

Through the module, you will learn to:

- | Describe the AMA sections.
- | Summarize how the sections contribute to AMA policymaking efforts.
- | Describe the process through which ideas generated by section members become AMA House of Delegates policies.
- | Illustrate parliamentary procedure and its use in the AMA policymaking process.

The AMA Ed Hub™ is an online platform that consolidates all the high-quality CME, maintenance of certification, and educational content you need—in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.

This morning's education sessions

All times PDT:

- | **8–9:30 a.m.** "Training physicians in the art of the public forum." Grand Hall D. CME.
- | **9:30–11 a.m.** "Council on Ethical and Judicial Affairs open forum." Grand Hall C. CME.
- | **9:30–11 a.m.** "President's Panel Discussion: Physicians' Obligation to Lead." Harbor Ballroom C. CME.

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The AMA designates each live activity for the maximum number of *AMA PRA Category 1 Credit*™, unless otherwise noted. The deadline to claim credit is July 31, 2019. Log in to AMA Ed Hub™ for additional information.

Sunday, Nov. 17

This afternoon's education sessions

All times PDT:

- | **2–3:30 p.m.** “Training physicians in the art of the public forum.” City View. CME.
- | **2–4 p.m.** “AMA Litigation Center open meeting.” Harbor Ballroom. CME.
- | **2:30–3:30 p.m.** “Back to the basics: The fundamentals of extraordinary leadership.” Coronado D. CME.
- | **3–4:30 p.m.** “Changes to reporting evaluation and management office visits: How to prepare for 2021.” Harbor Ballroom G–I.

Reference committees meet this morning

AMA delegates will offer testimony today on more than 100 reports and resolutions up for consideration at the meeting. Delegates draw on their expertise, the best evidence in the medical and health policy literature, and the insights of their state and medical specialty societies to weigh in on proposals that run the gamut of issues affecting patients and physicians.

These reference committees will meet from 8:30 a.m.–noon PDT today:

- | Reference Committee on Amendments to Constitution & Bylaws, which covers the **AMA constitution, bylaws and medical ethics matters**. Grand Hall C.
- | Reference Committee B, which covers **legislation**. Harbor Ballroom G–I.
- | Reference Committee C, which covers **medical education**. Harbor Ballroom A–C.
- | Reference Committee F, which covers **AMA governance and finance**. Seaport Ballroom.
- | Reference Committee J, which covers **medical service, medical practice and insurance matters**. Harbor Ballroom D–F.
- | Reference Committee K, which **covers science and public health**. Grand Hall D.

Watch this short video to learn more about how AMA policy is made.

Saturday, Nov. 16

With bold actions, physicians earn public's trust: AMA president

Doctors can use the public's faith in them to fiercely advocate for the greater good, Patrice A. Harris, MD, MA, said tonight during the AMA House of Delegates' opening session.

"People mistrust advertising, government, the media and technology," said Dr. Harris, the Association's 174th president. Yet the public continues to rank physicians among the most trusted professions.

"How have we maintained that level of trust when we see it slipping away in other areas of society? Because of the values of our profession, and our aspirations to meet the three dimensions of trust: competency, honesty and compassion."

A key "characteristic of trustworthiness is honesty—or as my grandmama used to say: 'Truth-telling,'" Dr. Harris said.

"As physicians, we are honest with our patients—even when the news may be difficult to share or not what they were expecting. Bringing that honesty and truth-telling to bear, the AMA uses our voice to speak out for those who—for far too long—had no voice."

Dr. Harris highlighted many recent instances in which the AMA, the nation's largest physician organization, has used it to fight for the greater good. [Read more.](#)

The right tech can help give doctors back time with patients: AMA CEO

The combination of powerful technologies and physicians' distinctively human capabilities can advance medicine, James L. Madara, MD, told delegates today.

Augmented intelligence (AI) is certain to be a key player in revolutionizing health care for the next generation of physicians and patients. But what about actual intelligence, the kind produced by human brains?

It, too, will be instrumental, Dr. Madara noted. To make his point, Dr. Madara cited a recent anecdote from tech entrepreneur and investor Elon Musk, the founder of electric automaker Tesla. When the car company struggled to keep up with the production schedule on the Tesla Model 3, Musk came to the conclusion that the problem was an overreliance on AI.

“Now, this story captures two principles,” Dr. Madara said. “The first is that to produce something of value, one needs to perform a complicated series of discrete actions in a highly coordinated way. The second, the best outcomes may require powerful technologies optimally mixed with distinctively human capabilities.” Read more.

Cancer-prevention leader earns AMA’s highest honor

The AMA today presented **Otis Webb Brawley, MD**, with the Association’s highest honor, the Distinguished Service Award.

“A leader, an advocate, and an always-accessible mentor and teacher, Dr. Brawley epitomizes the best in medicine, research and education,” said AMA President Patrice A. Harris, MD, MA. “Dr. Brawley is devoted to his family, his profession and the pursuit of a better, healthier tomorrow. It is an honor to present him with this award for a lifetime of service.”

Dr. Brawley, the Bloomberg distinguished professor at Johns Hopkins University Schools of Medicine and Public Health, previously served as chief medical and scientific officer for the American Cancer Society and director of the Georgia Cancer Center at Grady Memorial Hospital in Atlanta. At the American Cancer Society, he was responsible for promoting the goals of cancer prevention, early detection and quality treatment through cancer research and education.

With the Bloomberg distinguished professorship, Dr. Brawley is leading a broad interdisciplinary research effort of cancer health disparities at JHU’s Bloomberg School of Public Health and the Johns Hopkins Kimmel Cancer Center, working to close racial, economic, and social disparities in the prevention, detection, and treatment of cancer in the United States and worldwide.

Meanwhile, the AMA presented **William H. Hester, MD**, with the Benjamin Rush Award for Citizenship and Community Service for a lifetime of service to his country and community. The award recognizes physicians who have gone above and beyond their professional call of duty to make an outstanding public service contribution. Dr. Hester is associate dean of the College of Medicine at the Medical University of South Carolina.

“As a high school teacher, battalion surgeon in Vietnam, family physician and trailblazer, Dr. Hester has spent his entire life leading and serving,” Dr. Harris said. “Across 51 years of medical service, he



has distinguished himself and improved the lives and health of the people around him. It is an honor to present him with this award.”

Learn more about Dr. Hester.

The AMA also gave Medical Lifetime Achievement Awards to:

- | William O. Huckabay Jr., former executive director of the Shreveport Medical Society in Louisiana.
- | Dale Mahlman, former executive vice president of the Nebraska Medical Association.
- | Glenn Randy Marshall, executive director of the New Mexico Medical Society.
- | Newell E. Warde, PhD, executive director of the Rhode Island Medical Society.

This award honors medical executives of county medical societies, state medical associations or national medical specialty societies who have contributed substantially to the goals and ideas of the medical profession.

Watch the opening session online

If you're not joining us here in San Diego, you can still watch the complete 2019 AMA Interim Meeting opening session via live streaming on Facebook. Among other things, the session will feature speeches by AMA Executive Vice President and CEO James L. Madara, MD, and AMA President Barbara L. McAneny, MD.

The opening session begins shortly after 2 p.m. PST, Saturday. Tune in on Facebook Live.

Today's education sessions

All times PST:

- | **8–8:45 a.m.** “U.S. health care reform—Diving into the economic, physician and patient aspects of proposed health care plans.” La Costa (Marriott).
- | **8:30–9:15 a.m.** “Developing sustainable global health projects in the age of voluntourism.” Coronado (Marriott).
- | **8:30–9:15 a.m.** “Amplify your voice: how physicians can shape health policy.” Harbor Ballroom G–H. CME.
- | **9–9:45 a.m.** “Identifying clinical problems and driving needs-oriented innovation in medicine .” La Costa (Marriott).

- | **9:30–10:15 a.m.** “Using cost-effectiveness to determine coverage priorities.” Coronado (Marriott).
- | **9:45–11 a.m.** “Update on ABMS Continuing Board Certification.” Grand Hall D. CME.
- | **10–10:45 a.m.** “Telemedicine and mobile apps—Accessing birth control without stepping foot in a clinic.” La Costa (Marriott).
- | **Noon–1:30 p.m.** “The impact of vision and hearing loss in the senior population—Why seeing and hearing are believing.” Grand Hall C. CME.
- | **5:15–6 p.m.** “Addressing the challenge of equitable drug pricing in the era of precision medicine.” Harbor Ballroom B. CME.
- | **6–6:30 p.m.** “Investigating gender bias in medical school evaluations.” Harbor Ballroom A.

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The AMA designates each live activity for the maximum number of *AMA PRA Category 1 Credit™*, unless otherwise noted. Log in to AMA Ed Hub™ for additional information.

Friday, Nov. 15

Today’s educational opportunities

With the first full day of the meeting come a slew of educational opportunities for the physicians in attendance.

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The AMA designates each live activity for the maximum number of *AMA PRA Category 1 Credit™*, unless otherwise noted. Log in to AMA Ed Hub™ for additional information. All times PST:

- | **8–8:45 a.m.** “Managing gender bias in medical careers.” La Costa (Marriott). CME.
- | **8:30–9:15 a.m.** “Adverse childhood experiences and trauma informed care for migrant populations and displaced peoples.” Coronado (Marriott).
- | **8:30–noon.** “No street left behind: How integrated systems affect social determinants of health.” Marina E (Marriott). CME.
- | **9:15–10:15 a.m.** “Peer review survival kit: Is your peer review process safe?” Marina D (Marriott). CME.
- | **Noon–1:15 p.m.** “Family detention in U.S. immigration: The interface of medical ethics and advocacy

.” Marina F (Marriott).

12:30–1:15 p.m. “AMA policymaking life cycle—Turning ideas into policy and then into solutions!” Marina D (Marriott). CME.

1–1:45 p.m. “Professionalism on social media, and its uses in networking, advocacy, and professional development.” La Costa (Marriott).

1–2:30 p.m. “Employer-driven innovations: Reshaping health care delivery.” Marina E (Marriott). CME.

1:30–2:15 p.m. “I am human: A look at shortcomings in the United States prison health care system.” Coronado (Marriott). CME.

1:30–2:30 p.m. “The credentialing, privileging and enrollment processes: How what you don’t know can hurt you!” Marina D (Marriott). CME.

1:45–2:45 p.m. “The power and promise of Project ECHO to enhance patient care through empowered learner communities.” Grand Hall. CME.

2–3 p.m. “Seeking mental health care as physicians and future physicians.” Marina G (Marriott).

2:30–3:15 p.m. “Structural violence—Understanding the bias against patients with a history of substance abuse.” Coronado (Marriott).

2:45–3:45 p.m. “Demystifying employment contracts.” Marina D (Marriott). CME.

3–3:45 p.m. “Cultural humility and implicit bias: Moving toward equitable health care.” La Costa (Marriott). CME.

3–4 p.m. “Recruiting, retaining, ‘retraining’ and rewarding community physicians.” Grand Hall D. CME.

3:30–4:15 p.m. “Unraveling the mysteries of surprise billing.” Coronado (Marriott).

Learn about all the great education sessions offered over the course of the 2019 AMA Interim Meeting.

Thursday, Nov. 14

Follow the meeting online

Look for and use the #AMAmtg hashtag to help track the meeting’s special moments as they unfold and follow the AMA on Twitter.

You also can use the #OurAMA hashtag to share your favorite AMA memories and talk about what you’re seeing at the meeting and the impact it will have on the future of medicine.

And find out how AMA members move medicine—and share how you are doing it—by using the #MembersMoveMedicine hashtag

The AMA's Facebook page also features a steady flow of outstanding meeting-related content.

And to get a real insider's view of the sights at the Interim Meeting, follow the AMA on Instagram.

Quick links for the meeting

These essentials will help you get the most out of the meeting, in person or online.

- | Access reports and resolutions delegates will consider, as well as reference committee reports and final actions as they become available.
- | Search the AMA Pictorial Directory to find your peers and stay connected before, during and after Annual and Interim Meetings (AMA members only).
- | Find out more about the education sessions held at the meeting and how to claim *AMA PRA Category 1 Credit*[™] when available.
- | Download and use the AMA meeting app for iPhone or Android to access hotel maps and a full list of sessions and activities.

2019 AMA Interim Meeting now underway

Learn about what you should expect as hundreds of physicians, residents and medical students gather today through Nov. 19. They are meeting in San Diego to consider proposals addressing a wide range of clinical practice, payment, medical education and public health topics.

Among the big issues:

- | Addressing high drug prices with an international pricing index and other price controls.
- | Tightening regulations for vaping products and electronic cigarettes.
- | Preserving net neutrality for modern health care.
- | Ensuring access to safe and quality care for veterans.
- | Advocating federal legislation banning conversion therapy.
- | Enhancing medical education standards to improve health care for LGBTQ patients.
- | Training future physicians in health care finance.

Read more.