

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

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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, AMA Executive Vice President and CEO James L. Madara, MD, noted in his address to delegates at the opening session of the 2019 AMA Interim Meeting in San Diego.

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.”

These principles, Dr. Madara said, are reflected in the AMA’s work on evaluating and acting on chronic disease. Among the interventions the CEO cited:

Policies and reports adopted in the AMA House of Delegates over the past half decade that detail significant health burdens of diabetes and hypertension.

- The AMA’s work to create electronic learning modules on topics related to chronic disease in its STEPS Forward[™] and Ed Hub[™] platforms.
- The Association’s Target: BP[™] program that now connects 1,200 entities, from health systems to individual physician offices. By the end of 2021, program aims to have 22 million

patients with hypertension enrolled, 2.5 million of whom will already have systolic pressures lessened.

The Integrated Health Model Initiative, which has recently developed an electronic means of capturing remote blood pressure without cumbersome paper flow.

“When complete, our collective work will have ushered in more accurate and organized measures of blood pressure, better insights into how to better control blood pressure, no paperwork, and added revenue to physicians for evaluating and acting on hypertension, this the No. 1 killer in our society,” Dr. Madara said.

“This blood pressure story is but one example of how we’re harnessing the power of the AMA—expertise across many units cross-leveraging many strengths—and doing so in a systematic and coordinated fashion.”

Innovation, CME coincide

In providing additional examples of what can be accomplished with the collective power of the AMA’s membership, Dr. Madara again called out the AMA Ed Hub.

Launched in May, the platform hosts a broad spectrum continuing medical education (CME) content. Some of that material is sourced from the American College of Radiology, with other medical specialties, expressing interest in a similar arrangement.

Ed Hub also began electronically syncing CME offerings with specialty boards, such as the American Board of Internal Medicine, and has the capability to connect with state licensing processes. That automatic tracking is now being piloted in North Carolina, Tennessee and Maine, and other states will follow.

Taking the concept of innovation a step further, Ed Hub is working with the AMA’s tech incubator, Health2047 Inc., to potentially develop AI features that could personalize a physician’s CME options.

“Imagine a future where your CME choices are crafted as a bespoke menu, customized to what you actually see in your practice, and where the hassles of filling out forms for credentialing and licensing disappear. That’s the pathway we’re building,” Dr. Madara said.

The human element to providing care

Technology advancements, Dr. Madara said, are only a tool to provide better care—not a way to replace physicians, nurses and other dedicated health professionals.

Dr. Madara illustrated that point through the changes in the process of counting blood cell types. As a medical student, he counted them using a clicker. Over time, that process changed from a clicker to a coulter counter to a flow cytometers to a cell separator.

“Each time, the old task was replaced by a more interesting new task—allowing advances in diagnosis and therapy,” he said. “When it comes to powerful new tools and machines, it’s important to remember these replace tasks, not jobs. It’s our role to imagine new frontiers—new tasks—that further advance our fields with yesterday’s brute labor now taken up by the machines.”

In the end, more time with patients for physicians because of these advancements will change the job, in a way that makes it more fulfilling.

“Count me among those excited about the future of medicine, and the powerful new tools that will define the new era of personalized patient care, and also personalized physician education driven by the AMA Ed Hub,” he said. “I’m confident in the physician’s ability to always reach the next future state—in part because physicians will always have the AMA as their powerful ally in patient care, and because we will forever strive to ‘promote the art and science of medicine and the betterment of public health.’”