

SPS member profile: Thomas (Tom) James, III, MD

August 2022 member spotlight



Thomas (Tom) James, III, MD

Specialty: Internal Medicine and Pediatrics

Medical school: University of Kentucky College of Medicine

Liaison to Senior Physicians Section from Kentucky

Chief medical officer, Passport Health Plan of Kentucky; Primary care at Family Health Centers Louisville

Volunteer: Board of Pittsburgh Opera, Board of Kentucky Opera, Laughlin Children’s Center Pittsburgh

Q: You wrote an article for the Greater Louisville Medical Society opinion page where you discussed your experience submitting a resolution to the AMA’s Senior Physicians Section (SPS). You noted that your lack of experience drafting a resolution for the AMA’s House of Delegates seemed daunting at first. Can you expand on that?

A: Every couple of months the SPS would host educational or policy development meetings, often engaging interesting speakers. I suspect that all of the sections do this, to some extent. For the SPS, the focus is on issues of relevance to seniors and senior physicians. Often during discussions at SPS, and especially SPS policy development meetings (composed of leaders and liaisons from state societies, of which I am one), someone with a specific interest might propose a resolution idea.

Q: As the initial author of resolution 515 from the 2022 Annual Meeting, “Reducing Polypharmacy as a Significant Contributor to Senior Morbidity,” can you explain how the process began for you?

A: I decided I would try to [address] a longstanding clinical concern of mine, polypharmacy. In my clinical practice over the years, I have been amazed by the number of medications that some of my patients have in their possession. In training I learned how to *add* medicines, but I was never taught how *subtract* them. And I suspect that is true for the majority of practicing physicians. In my career I have admitted more patients than I would like who’d had adverse drug events, frequently due to their confusion over their medicines, resulting in polypharmacy.

At one of the SPS sessions, the leader asked for other topics for discussion. I had not been part of the Section very long, and it seemed that many of these senior physicians from around the country all knew each other. So, somewhat awkwardly, I ventured my thoughts on polypharmacy and my concerns with too many medications leading to inappropriate dosing and/or drug interactions. I expected silence followed by the delegate’s quickly asking for other suggestions. But, to my surprise, there were supportive comments from other SPS members.

The next step is that I met with Dr. Louise Andrew, AMA SPS delegate at the time, who helped me shape a rather nebulous concept into a series of actionable steps that the AMA might take. Dr. Andrew, with both clear focus and gentle humor, helped me shape up my concept from a block of marble into a recognizable statue. We arrived at a series of whereas clauses related to the medical problems stemming from too many medications in the patient’s possession, quality of care issues, and who else other than physicians are attempting to take action to reduce the impact of polypharmacy. After a few meetings there was consensus on the modifications of resolved clauses, and the SPS Governing Council and members voted to transmit the resolution to the HOD.

Q: What is the most important lesson you have learned and how has it impacted your career in organized medicine?

A: With support from Dr. Andrew and the entire SPS, my concern was brought to the AMA House of Delegates, and finally on June 15 it was debated and adopted with useful modifications. How gratifying that my thoughts were not only welcomed but supported by colleagues from all over the country and then by the AMA itself, and that I may have helped improve the safety and health of our patients. Now know I have supportive colleagues in our Senior Physician Section, and ultimately, a most powerful ally in our AMA.

Q: Now that you have had one resolution submitted what are your next steps for that policy?

A: From my personal professional perspective, I have reallocated some of my time when I am in clinic of the federally qualified health center in Louisville where I work part time. I am now spending a few minutes before the patients come in to go over the medication lists in our electronic medical records to see where there may be potential drug interactions or if the list is so long as to confuse the patients.



A fund-raiser at Churchill Downs for WellSpring Coalition for the Homeless

As you may know, I am board certified in internal medicine and in pediatrics. So, reviewing the charts ahead of seeing my patients for the day, is not dissimilar to what my prior review of pediatric charts for immunizations. I know myself that when I start to see the patient there are so many other issues that come up in the exam, that it is much better that I review the medication lists before seeing any patients that day.

Q: Any advice for other senior physicians on submitting a resolution idea to the SPS?

A: This goes back to the old residency aphorism: See One; Do One; Teach One. My local county medical society, Greater Louisville Medical Society, has now enlisted me to work with other physicians who have ideas that they would like to see turned into actionable resolutions either within the Kentucky Medical Association or at AMA. Just as Dr. Andrew helped guide me through the process, I am hoping not only to lead other Kentucky physicians in developing their ideas, but by our conversations help to encourage other doctors to become more engaged. I wrote one article for the Greater Louisville Medical Society magazine on what I had learned, hoping others will pick up on that.

Contact us

Have information about SPS members doing great work? Email us at sps@ama-assn.org.