

## **REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT**

The following report was presented by Mary T. Herald, MD, Chair:

### **1. MINORITY AFFAIRS SECTION AND INTEGRATED PHYSICIAN PRACTICE SECTION, FIVE-YEAR REVIEWS**

*Reference committee hearing: see report of [Reference Committee F](#).*

**HOUSE ACTION: RECOMMENDATIONS ADOPTED  
REMAINDER OF REPORT FILED**  
*See Policy G-615.003*

AMA Bylaw 7.0.9 states, “A delineated section must reconfirm its qualifications for continued delineated section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.” AMA Bylaw 6.6.1.5 states that one function of the Council on Long Range Planning and Development (CLRPD) is “to evaluate and make recommendations to the House of Delegates, through the Board of Trustees, only with respect to the formation and/or change in status of any section. The Council will apply criteria adopted by the House of Delegates.”

The Council analyzed information from letters of application submitted by the Minority Affairs Section (MAS) and the Integrated Physician Practice Section (IPPS) for renewal of delineated section status.

#### **APPLICATION OF CRITERIA TO THE MINORITY AFFAIRS SECTION**

Criterion 1: Issue of Concern - Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group.

Initially established in 1992 as a Board of Trustees advisory committee, the House of Delegates (HOD) adopted the MAS as a delineated section in 2011. The MAS facilitates the development of information and policies for underrepresented minority (URM) physicians and medical students, and provides a national platform to advocate for minority health issues. URMs represent only nine percent of the U.S. physician workforce. In the medical profession certain racial and ethnic groups, such as African Americans, Hispanics/Latinos, and American Indians/Alaska Natives lag significantly behind their numbers in the general population. Studies have documented that physicians from diverse backgrounds increase patient satisfaction, provide culturally competent care, and decrease racial and ethnic health care disparities.

CLRPD assessment: The MAS provides the only formal structure for minority physicians to participate directly in the deliberations of the HOD and activities of the AMA.

Criterion 2: Consistency - Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative.

The primary objectives of the MAS are to influence and contribute to AMA policy and program development on issues of importance to minority physicians and the AMA. The section works to eliminate racial and ethnic disparities in health care and improve the health status of minority patients; promote diversity in the profession and increase the number of URMs in medicine; assist physicians in delivering culturally effective health care; and increase membership, participation, and leadership of minority physicians in the AMA.

The MAS collaborates with other sections on policy development and reports, and planning educational sessions and outreach programs. The section developed the Doctors Back to School™ program as a diversity pipeline initiative to inspire the next generation of URM physicians. The MAS collaborates with the Medical Student Section as well as external partners by connecting members with minority youth in classrooms and school assemblies around the nation. Since its launch in 2002, tens of thousands of children have been engaged through this educational program.

The MAS collaborated with the Accelerating Change in Medical Education (ACE) strategic focus area by participating with ACE grant recipients in efforts to identify best practices and common barriers to increasing diversity at their institutions.

**CLRPD Assessment:** The MAS serves its constituents by bringing professional issues unique to them to the forefront of organized medicine and by providing targeted educational and policy resources.

**Criterion 3: Appropriateness** - The structure of the group will be consistent with its objectives and activities.

The MAS convenes a nine-member governing council (GC) to direct the section's agenda and strategies. Only current MAS members with an active AMA membership are eligible to be nominated to the designated positions on the GC. Prior leadership experience and an interest or expertise in minority health issues are recommended for anyone wishing to run for the GC. Three minority physician organizations (National Medical Association, Association of American Indian Physicians, and National Hispanic Medical Association) nominate representatives to be elected to designated positions on the GC. Each of the three AMA fixed sections (Medical Student Section, Resident Fellow Section, and Young Physicians Section) also nominates their respective representatives, whom the MAS membership elects via electronic ballot. The GC elects its chair and vice-chair in a closed session at each Annual Meeting of the HOD. To facilitate section business and policy development, the section's GC meets in-person three times each year. Additional GC meetings are held monthly via teleconference.

**CLRPD Assessment:** The MAS convenes a GC from its members. The section has established business meetings that are open to its members and provides venues for sharing concerns and identifying opportunities for URM physicians and medical students, which is consistent with the objectives of this section.

**Criterion 4: Representation Threshold** - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. The formal group would be a clearly identifiable segment of AMA membership and the general physician population. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members.

Over 4,400 medical students and physicians have joined the MAS via an online registration form. Approximately 300 members are active participants in MAS programs, events, and meetings. The AMA has approximately 24,000 URM members and all of these physicians are eligible members of the MAS. The section undertakes regular communications and recruitment efforts to attract new members. When the AMA attends ethnic medical association meetings, the primary goal is to recruit new AMA and MAS members.

**CLRPD Assessment:** The MAS is comprised of members from an identifiable segment of AMA membership and the general physician population. This group is able to represent a minimum of 1,000 AMA members.

**Criterion 5: Stability** - The group has a demonstrated history of continuity. This segment can demonstrate an ongoing and viable group of physicians will be represented by this section and both the segment and the AMA will benefit from an increased voice within the policymaking body.

Approximately, 100 members attend each of the two MAS meetings held in conjunction with HOD meetings. A typical agenda for a MAS meeting includes a networking reception, a report from the chair on current MAS activities, the MAS delegate's report on resolutions, a keynote presentation on a critical minority health issue, and a discussion of new business. Physicians have benefited from participation in the MAS in the following ways: members vote and comment on MAS resolutions before they are submitted to the HOD, propose strategies to increase diversity in the recruitment and selection of nominees (e.g., proposed revisions to the AMA Nominations Form), identify gaps in policy, and propose research projects that may improve minority health. Examples of issues brought forth by the MAS to the HOD include the need for expanded immunization promotion in minority communities; broader awareness of sexual violence against Native American/Alaska Native women; and inclusion of cultural competency, medical translators, patient navigators, and diversity in the physician work force to address racial and ethnic disparities in patient outcomes.

**CLRPD Assessment:** The MAS has a long history with the AMA, which benefits from having a distinct voice of the MAS in the HOD. Since its inception, the MAS has taken numerous steps to align its structure with the policymaking activities of the AMA.

**Criterion 6: Accessibility** - Provides opportunity for members of the constituency who are otherwise underrepresented to introduce issues of concern and to be able to participate in the policymaking process within the AMA HOD.

The MAS represents the interests of its members in the HOD through the actions of its elected delegate. Individual members with an active AMA membership may submit resolutions for consideration, which the GC either approves for adoption as written or works with the author(s) on refining language and/or researching citations. To develop a consensus on MAS resolutions, section members meet virtually and offer votes supporting or opposing a resolution. Members also may submit comments or testimony, which suggest revisions to the original resolution. The GC considers all comments, votes, and testimony before editing the resolution for a final ratification vote. A majority vote of those present (via electronic vote) directs the action of the GC and delegate to submit (or not submit) a resolution to the HOD. Additionally, the MAS holds business meetings in conjunction with HOD meetings to solicit additional ideas and identify gaps in current policies to submit at future HOD meetings. The section contributes to the advocacy agenda by participating in the Grassroots Advocacy Network on issues such as repealing the sustainable growth rate (SGR) and the Save GME initiative.

**CLRPD Assessment:** The MAS provides numerous opportunities for members of the constituency who are otherwise underrepresented to introduce issues of concern and to be able to participate in the HOD policymaking process.

## CONCLUSION

The CLRPD has determined that the MAS meets all criteria; therefore, it is appropriate to renew the delineated section status of the section.

## APPLICATION OF CRITERIA TO THE INTEGRATED PHYSICIAN PRACTICE SECTION

**Criterion 1: Issue of Concern** - Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group.

The HOD adopted the Integrated Physician Practice Section (IPPS) as a delineated section in 2011 and the section held its inaugural meeting at the 2013 Annual Meeting. The precursor to the IPPS was the Advisory Committee on Group Practice Physicians, a Board-appointed committee founded in the early 1990s. The characteristic that distinguishes IPPS from other AMA component groups is that the section focuses on the continuum of care through an integrated delivery system. The IPPS works to advance the interests of multi-specialty, physician-led, integrated health care delivery systems, and medical groups actively working toward systems of coordinated care. Since the founding of the IPPS, key factors have moved health care delivery in the direction of integrated, accountable care, including implementation of the Affordable Care Act and its requirement that Medicare create an Accountable Care Organization (ACO) program, and the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

**CLRPD assessment:** The IPPS provides the only formal structure for physicians in or actively working toward multi-specialty, physician-led, integrated health care delivery groups or systems to participate in the deliberations of the HOD and impact policy.

**Criterion 2: Consistency** - Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative.

The IPPS collaborates with other sections, most frequently with the Organized Medical Staff Section, on topics of common interest. Both sections participate in biannual meetings with the AMA-appointed Commissioners to the

Joint Commission. AMA councils have sought IPPS's input on a variety of reports. The Council on Ethical and Judicial Affairs (CEJA) met with the IPPS seeking early input on its report on free pharmaceutical samples, and the Council on Medical Service (CMS) sought IPPS input on reports related to physician-led team-based care. Further, the IPPS contributes to efforts of the Physician Satisfaction and Practice Sustainability focus area by providing input on alternative payment models, contributing to surveys of physician leaders, and participating in a multi-stakeholder work group to develop the AMA/AHA integrated physician leadership model, which resulted in the Integrated Leadership for Hospitals and Health Systems: Guiding Principles.

**CLRPD Assessment:** The IPPS works with a variety of groups to help support the vital work of the AMA related to health system reform and physician-led integrated care. Additionally, participation in the IPPS serves as a key member benefit for physician groups considering AMA group membership.

**Criterion 3: Appropriateness** - The structure of the group will be consistent with its objectives and activities.

Candidates for the IPPS governing council (GC), including the delegate and alternate delegate, must be from physician-led, integrated groups or health systems and meet the criteria for Associate membership in the IPPS. Voting members of the IPPS select GC members. Following the completion of its first cycle of meetings, the GC proposed and the Board adopted changes to the IPPS Internal Operating Procedures to refine its governance structure and election procedure. To ensure balanced representation from groups of varying size, the IPPS added slotted seats for representation from a small-medium sized group (50 physicians or less) and a large group (more than 51). The "officer track" was eliminated, and a chair and vice chair are now elected separately. Intra-council elections were eliminated and replaced with direct elections for all positions.

**CLRPD Assessment:** The IPPS convenes a GC from its members. The section has established business meetings that are open to its members and provides venues for sharing concerns and identifying opportunities for physicians from various-sized group practices, which is consistent with the objectives of this section.

**Criterion 4: Representation Threshold** - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. The formal group would be a clearly identifiable segment of AMA membership and the general physician population. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members.

Regarding potential IPPS membership, no existing data clearly identify eligible members. Additionally, potential members of IPPS span a broad spectrum. Members could be from physician-led, integrated, multi-specialty groups of all sizes and types, or from small independent practices of any specialty aligned through one of a variety of models such as IPAs, PHOs, ACOs, etc. Since there is no way to know if a physician is from an organization that fits these descriptors, the IPPS casts a wide net in seeking to attract members and welcomes any physician who either meets the IPPS member criteria or is simply interested in learning more about physician-led integrated care.

Currently, 46 organizations have completed the IPPS certification form. The number of physicians practicing within those organizations is approximately 41,000. Assuming an AMA market share of 14 percent of practicing physicians, there are approximately 5,800 physician members in those groups. Meeting registration varies from 80-120 attendees, and the number of IPPS-certified physicians at any given meeting is 25-35.

**CLRPD Assessment:** A substantial number of AMA members would be represented by IPPS. This group is able to represent a minimum of 1,000 AMA members.

**Criterion 5: Stability** - The group has a demonstrated history of continuity. This segment can demonstrate an ongoing and viable group of physicians will be represented by this section and both the segment and the AMA will benefit from an increased voice within the policymaking body.

The IPPS has been fully functioning as a section for 2.5 years and has sponsored five meetings; thus, the amount of data indicating stability is limited compared to other sections. Before each meeting, the IPPS uses the AMA database to identify group practice physicians in surrounding states and sends an email inviting them to the IPPS meeting. Further, the IPPS has developed a database that includes mailing addresses for over 600 physician leaders from mostly large multi-specialty groups and Medicare ACOs. While the IPPS is still developing its policymaking

process and capacity, the section's voice has benefited the AMA's policy development process on a number of occasions resulting in the adoption of new AMA policy, such as the importance of physician leadership in all modes of practice, and quality reporting for physician-led, team-based care. These policy positions bring the section's unique perspective to bear on AMA policy.

**CLRPD Assessment:** As a relatively new section, the IPPS has not yet had the opportunity to demonstrate the same level of stability as other sections. However, since its inception, the IPPS has taken numerous steps to align its structure with the policymaking activities of the AMA and grow its membership. The AMA and physicians from physician-led integrated practices benefit from having a distinct voice of the IPPS in the HOD.

**Criterion 6: Accessibility** - Provides opportunity for members of the constituency who are otherwise underrepresented to introduce issues of concern and to be able to participate in the policymaking process within the HOD.

At each meeting, the IPPS GC presents a report identifying select items from the HOD Handbook that may be of particular interest to members of the IPPS, as well as all IPPS resolutions. The IPPS Policy Development Committee is open to all members, who are invited to comment on the items, as well as raise items of interest from the HOD that have not been included. During the discussion, if it is unclear where the attendees stand on an issue, the Chair calls for a vote. It is through this discussion and voting process that the IPPS develops consensus on HOD business. The IPPS has actively sought to include physicians from smaller and independent practices, a minority within the section, with the creation of a slotted seat on the GC for a physician from a smaller integrated practice. Frequently, breakout sessions during the meetings are organized by group size, thereby affording smaller groups greater opportunity to be involved. At the I-15 meeting, IPPS reached out to members of the HOD by offering an education program, "How to integrate and remain independent."

**CLRPD Assessment:** The IPPS provides numerous opportunities for members of the constituency who are otherwise underrepresented to introduce issues of concern and to be able to participate in the HOD policymaking process.

## CONCLUSION

The CLRPD has determined that the IPPS meets all criteria; therefore, it is appropriate to renew the delineated section status of this section.

## RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Minority Affairs Section and the Integrated Physician Practice Section through 2021 with the next review no later than the 2021 Interim Meeting and that the remainder of this report be filed.