AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

66th INTERIM MEETING
Honolulu, Hawaii
November 10–13, 2012

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened its 66th Interim Meeting at 2 p.m. on Saturday, Nov. 10, in the Kalakaua Ballroom of the Hawaii Convention Center, Andrew W. Gurman, MD, Speaker of the House of Delegates, presiding. The Sunday, Nov. 11, Monday, Nov. 12 and Tuesday, Nov. 13, sessions also convened in the Kalakaua Ballroom. The meeting adjourned Tuesday morning.

INVOCATION: A native Hawaiian chant and invocation were delivered by S. Kalani Brady, MD, AMA member and associate professor of Native Hawaiian Health at the John A. Burns School of Medicine at the University of Hawaii.

> Ladies and gentlemen, the prayer of Queen Liliu'okalani, the last reigning monarch of the Kingdom of Hawaii, translated:
> Your great love, which comes from heaven, true love for each of us is holy indeed.
> Do not look on the wicked sins of human, but absolve and cleanse, indeed.
> And so, O Lord, bring down to us on wings of heaven, peace for all of us now and forever more.
> Amen.

AWARD PRESENTATIONS: The following awards were presented during the opening session on Saturday, excepting the Medal of Valor, which was presented on Sunday morning.

- Distinguished Service Award – Mark J. Kubala, MD, a neurosurgeon from Beaumont, Texas, for his meritorious professional and community endeavors.
- Benjamin Rush Award for Citizenship and Community Service – Peter J. Dehnel, MD, a pediatrician in Minneapolis-St. Paul, Minnesota, for his efforts to reduce tobacco use and prevent childhood obesity.
- William Beaumont Award in Medicine – Latha Ganti Stead, MD, an emergency physician in Gainesville, Florida, in recognition of her attaining the rank of full professor in only seven years while maintaining superb clinical skills, a mentoring role for her junior colleagues and a research lab studying traumatic brain injury.
- Medal of Valor – Susan L. Nagele, MD, a family physician from Urbana, Illinois, who has served as a medical missionary since 1984 with Maryknoll Lay Missioners in Africa (currently in Mombasa, Kenya), establishing multiple health centers despite considerable personal risk amid armed conflicts.
- AMA Foundation Award for Health Education – Shakeeb Chinoy, MD, a pediatrician in Bloomfield Hills, Michigan, for his leadership of the "Trim and Fit Kids Program."
- AMA Foundation Issac Hays and John Bell Award for Leadership in Medical Ethics and Professionalism – Abraham L. Halpern, MD, a psychiatrist in Mamaroneck, New York, in acknowledgement of his myriad professional presentations, peer-reviewed articles, book reviews and commentaries on ethics and human rights.
- Medical Executive Lifetime Achievement Award – James L. Jordan, recently retired executive director of the Alaska State Medical Association, for his effective service as an advocate for the physicians and patients of Alaska.
- Medical Executive Lifetime Achievement Award – Denise Zimmerman, Executive Vice President of the Pennsylvania Medical Society, for her three decades of service on behalf of physicians, including efforts promoting tort reform and patient health and safety.

OFFICIAL OBSERVERS: The Speaker, Dr Gurman, announced that the American Association for Accreditation of Ambulatory Surgery Facilities had resigned as an Official Observer to the House of Delegates. The House accepted the report as information.

REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS: The following reports were presented by Brooks Bock, MD, Chair:

CREDENTIALS: The Committee on Rules and Credentials reported that on Saturday, Nov. 10, 401 out of 504 delegates (79.6%) had been accredited, thus constituting a quorum; on Sunday, Nov. 11, 444 delegates (88.1%) were present; on Monday, Nov. 12, 468 (92.9%) were present; and on Tuesday, Nov. 13, 470 (93.3%) were present.

RULES REPORT – Saturday, Nov. 10

HOUSE ACTION: ADOPTED

Your Committee on Rules and Credentials recommends that:

1. House Security

   Maximum security shall be maintained at all times to prevent disruptions of the House, and only those individuals who have been properly badged will be permitted to attend.

2. Credentials

   The registration record of the Committee on Rules and Credentials shall constitute the official roll call at each meeting of the House.

3. Order of Business

   The order of business as published in the Handbook shall be the official order of business for all sessions of the House of Delegates. This may be varied by the Speaker if, in his judgment, it will expedite the business of the House, subject to any objection sustained by the House.

4. Privilege of the Floor

   The Speaker may grant the privilege of the floor to such persons as may be presented by the President, or Chair of the Board of Trustees, or others who may expedite the business of the House, subject to objections sustained by the House.

5. Procedures of the House of Delegates

   The November 2011 edition of the "House of Delegates Reference Manual: Procedures, Policies and Practices" shall be the official method of procedure in handling and conducting the business before the AMA House of Delegates

6. Limitation on Debate

   There will be a 3-minute limitation on debate per presentation subject to waiver by the Speaker for just cause.

7. Conflict of Interest

   Members of the House of Delegates who have a substantial financial interest in a commercial enterprise, which interest will be materially affected by a matter before the House of Delegates, must publicly disclose that interest before testifying at a reference committee on the matter or speaking on the floor of the House of Delegates on the matter.

8. Conduct of Business by the House of Delegates

   Each member of the House of Delegates, and the AMA Officers and Board of Trustees resolutely affirm a commitment to be courteous, respectful and collegial in the conduct of House of Delegate actions, characteristics which should exemplify the members of our respected and learned profession.

SUPPLEMENTARY REPORT – Sunday, Nov. 11

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS
LATE RESOLUTIONS 1001 (821) AND 1002 (822) ACCEPTED

EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS 204, 205, 206, 808, 901, 914 and 919

LATE RESOLUTIONS

The Committee on Rules and Credentials met Saturday, Nov 10, to discuss Late Resolutions 1001 and 1002. Sponsors of late resolutions that are received prior to the opening of the House of Delegates are informed of the time the Committee on Rules and Credentials meets to consider late resolutions, 8:30 a.m. on Saturday, and the opportunity to present for the Committee's consideration the reason the resolution could not be submitted in a timely fashion and the urgency of consideration by the House of Delegates at this meeting. The sponsors of the late resolutions appeared to discuss the resolutions.

Recommended for acceptance

1. Late 1001 – Medical Staff Autonomy to Assure Quality Care (See Resolution 821)
2. Late 1002 – Medicare Cuts to Pathology Services (See Resolution 822)

REAFFIRMATION RESOLUTIONS

The Speakers asked the Committee on Rules and Credentials to review the recommendations for placing resolutions introduced at this meeting of the House of Delegates on the Reaffirmation Calendar. Reaffirmation of existing policy means that the policies reaffirmed remain active policies within the AMA policy database and therefore are part of the body of policy that can be used in setting the AMA's agenda. It also resets the "sunset clock," so such policies will remain viable for 10 years from the date of reaffirmation. The Committee recommends that current policy be reaffirmed in lieu of the following resolutions (current policy and AMA activities are listed in the Appendix to this report):

1. Resolution 204 – Establishing a Safe Harbor for Integrated Care of Obstructive Sleep Apnea
2. Resolution 205 – Increase the Ability of CMS to Change Payment Guideline for Immunizations Without New Congressional Legislation
3. Resolution 206 – Opposition to Criminalization of Reproductive Decision Making
4. Resolution 808 – Surveying Actual Costs of Medical Practice
5. Resolution 901 – Comprehensive Evidence-Based Drug Treatment in Prisons
6. Resolution 914 – Pediatric Workforce Shortages
7. Resolution 919 – Electronic Cigarettes

APPENDIX

1. Resolution 204 – Establishing a Safe Harbor for Integrated Care of Obstructive Sleep Apnea
   - D-385.963 Health Care Reform Physician Payment Models
   - H-160.915 Accountable Care Organization Principles
   - In addition, AMA advocacy activities also cover the goal of Resolution 204, as indicated in the following documents:
     – AMA Letter to Health and Human Services Inspector General Levinson, concerning the Office of Inspector General (OIG) Solicitation of New Safe Harbors and Special Fraud Alerts [OIG-120-N],

urging the OIG to issue program integrity law waivers for innovative payment and delivery models; February 27, 2012.
- AMA White Paper: Medicare and Medicaid Program Integrity - Recommendations for Greater Value and Efficiency, urging program integrity law waivers for innovative payment and delivery models; June 2012.

2. Resolution 205 – Increase the Ability of CMS to Change Payment Guideline for Immunizations Without New Congressional Legislation
   - H-440.875 Assuring Access to ACIP/AAFP/AAP-Recommended Vaccines
   - H-440.860 Financing of Adult Vaccines: Recommendations for Action
   - In addition, the AMA letters described below support the goals of Resolution 205:
     - AMA/medical specialty society sign-on letter to HHS Secretary Sebelius regarding covering vaccines under Part B instead of Part D; June 25, 2009.
     - AMA comment letter to CMS Administrator Berwick regarding the physician fee schedule rule proposed rule for calendar year 2011, urging that (i) CMS adopt the ACIP-recommended adult immunization schedule for adults 65 years and older, including influenza, pneumococcal and hepatitis B vaccines, along with the vaccines for Herpes Zoster and Tetanus (Td); and (ii) all vaccines recommended by the ACIP and covered by Medicare be reimbursed via Medicare Part B. (see page 29); August 24, 2010.
     - AMA comment letter to CMS Administrator Tavenner on the physician fee schedule proposed rule for calendar year 2013 expressing our strong support for Part B coverage of the Hepatitis B vaccine for high risk groups, specifically persons with diabetes. (See page 49); September 4, 2012.

3. Resolution 206 – Opposition to Criminalization of Reproductive Decision Making
   - H-5.989 Freedom of Communication Between Physicians and Patients
   - H-373.995 Government Interference in Patient Counseling
   - H-160.954 Criminalization of Medical Judgment
   - H-160.946 The Criminalization of Health Care Decisionmaking
   - D-160.999 Opposition to Criminalizing Health Care Decisions
   - In addition, AMA advocacy activities also cover the goal of Resolution 206, as indicated in the following documents:
     - AMA Letter to the Editor, authored by Dr Wah, published in USA Today, entitled “Don’t legislate medicine”; May 28, 2012
     - AMA Briefing paper on the Advocacy Resource Center campaign entitled, “Keeping politics out of the exam room: protecting the patient physician relationship”; 2012.

4. Resolution 808 – Surveying Actual Costs of Medical Practice
   - H-400.984 Geographic Practice Costs
   - H-400.966 Medicare Payment Schedule Conversion Factor
   - D-390.963 Improving the Medicare Economic Index
   - D-400.985 Geographic Practice Cost Index

5. Resolution 901 – Comprehensive Evidence-Based Drug Treatment in Prisons
   - H-430.994 Prison-Based Treatment Programs for Drug Abuse
   - H-430.997 Standards of Care for Inmates of Correctional Facilities

6. Resolution 914 – Pediatric Workforce Shortages
   - H-200.954 US Physician Shortage
   - H-200.955 Revisions to AMA Policy on the Physician Workforce
   - D-305.967 The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education

7. Resolution 919 – Electronic Cigarettes
   - H-490.909 Use of Electronic Cigarettes in Smoking Cessation Programs
   - H-490.917 Physician Responsibilities for Tobacco Cessation

SUPPLEMENTARY REPORT – Monday, Nov. 12

HOUSE ACTION: RECOMMENDATION ADOPTED
LATE RESOLUTION 1003 ACCEPTED

LATE RESOLUTION

The Committee on Rules and Credentials met Sunday, November 11, 2012 to discuss Late Resolution 1003. Sponsors of Late Resolution 1003 met with the Committee and were given the opportunity present for the Committee's consideration the reason the resolution could not be submitted in a timely fashion and the urgency of consideration by the House of Delegates at this meeting.

Recommended for acceptance

1. Late 1003 – Federal Physician Attendance at Medical Meetings

CLOSING REPORT – Tuesday, Nov. 13

HOUSE ACTION: ADOPTED

Your Committee on Rules and Credentials wishes to commend the Speaker, Doctor Gurman, and the Vice Speaker, Doctor Bailey, for the outstanding manner in which they have assisted our deliberations by their fair and impartial conduct of the House of Delegates and to commend the members of the House for their cooperation in expediting the business before us.

Your Committee wishes at this time to offer the following Resolution:

> Whereas, The Interim Meeting of the House of Delegates of the American Medical Association has been convened in Honolulu, Hawaii, during the period of November 10-13, 2012; and
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> Whereas, This Interim Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of policy deliberations and fellowship; and
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> Whereas, The City of Honolulu has extended to the members attending this meeting the utmost hospitality and friendliness; therefore be it
>
> RESOLVED, That expressions of deep appreciation be made to the AMA Board of Trustees for arranging this meeting, to the management of the Hawaii Convention Center and the Hilton Hawaiian Village, to the City of Honolulu, to the members of the Alliance who always contribute so substantially to our meetings, and to the splendid men and women of our American Medical Association staff who participated in the planning and conduct of this Interim Meeting of the House of Delegates.

APPROVAL OF MINUTES: The Proceedings of the 161st Annual Meeting of the House of Delegates, held in Chicago, Illinois, June 16-20, 2012, were approved.

ADDRESS OF THE PRESIDENT: AMA President Jeremy A. Lazarus, MD, delivered the following address to the House of Delegates on Saturday, Nov. 10.

My thanks to this House. In these last eventful months, our partnerships and cooperation have never been more crucial. Or more welcome.

At my inauguration, I promised to run and not grow weary. Since then, I've spoken to more than 30 state, county, ethnic and international medical organizations, from Alaska to Florida, California to New York, New Orleans to Minnesota, the Northwest Territories of Canada to Montreal, Bangkok, Thailand to Bournemouth, England.

The word “run” has new meaning for me. And I mean “run” literally. More than once, Debbie and I heard the final boarding call even as we were racing past the Starbucks and the gift shops to the gate. And at least once we found ourselves on the wrong plane to the wrong country, with a crew that didn’t speak English. That flight nearly ended with us attempting a personal record for a free fall through the atmosphere. I can say that, while my feet might be a bit sore, my sneakers are still tied; I’m still on the course, and we’re making progress—together—toward the finish line.

Throughout, I’ve been witness to the ongoing evolution of health system reform. Some of it historic. In June, the Supreme Court voted 5-4 to uphold the individual responsibility to obtain health insurance. It means millions will get the coverage they need to get healthy and stay that way – and take a stake in the system. Yet the AMA has noted time and again that the Affordable Care Act was just a first step toward reform. Some physicians said we went too far in support of the ACA. Others, not far enough. Fair enough. Two diametrically opposed views—but contained within, a common ground the AMA is big enough to embrace. And strong enough to advance.

So let me tell you some exciting news of what we’ve accomplished. We persuaded CMS to revise its ACO rules, so that relevant quality measures are used, and financial risks reduced. We secured physician representation on insurance exchanges, and that health plans comply with state scope of practice laws. On this, we’ve got your back.

The AMA won a delay in the implementation of ICD-10 – needed relief from competing Medicare incentive and penalty deadlines. We eliminated unrealistic lab test order requirements, got multiple extensions on E-prescribing penalties, and protection from unreasonable audits. Working with state societies, the AMA achieved more than 100 legislative victories in 2011–12—on Truth-in-Advertising, preserving existing medical liability reforms and protecting the patient-physician relationship. We’ve got your back.

With 10 other specialty societies, the AMA is working to help overturn a Florida law that prohibits physicians from asking patients and families about guns in their home and from noting a patient’s gun ownership in the medical record. Lawmakers cannot insert the state into the patient-physician relationship by dictating, prohibiting or threatening the open communication between patient and physician. It’s shown that patients who get physician counseling on firearm safety were more likely to adopt one or more safe gun-storage practices. We want to reduce firearm-related accidents and suicides.

And last month, the Litigation Center joined the Medical Association of Georgia to fight an insurance industry push to overturn state law that requires physician bills be paid on time. It has national implications for holding third-party administrators accountable for late payments.

The AMA has also joined 25 other organizations to urge the Supreme Court to maintain race as a factor in medical school admissions. The AMA and others don’t want to limit opportunities for minorities who want to enter medicine, which could limit care for an increasingly diverse population.

So, you see in all these ways, for students, independent physicians, or those in a group, or those employed – we’ve got your back. The AMA will continue to fight for you. So will I.

And of course, we’d like even more physicians to fight for—and with. The good news: membership is up in all dues-paying segments – so please continue to help us bring more doctors into the fold. It makes us even more effective in shaping the rules for our evolving health system. For example, the AMA’s Payment and Delivery Reform Leadership Group is ensuring physicians have what they need to go forward.

I’m especially proud of the AMA-convened Innovators Committee, 12 physicians from across the federation, on the front lines. In June, they went to the White House to discuss payment and delivery models and the administrative burdens that hamper participation. Giving voice to physicians. And watching your back.

The AMA has also taken our case to Congress. In September I joined a Senate roundtable on the Sunshine Act provisions of the ACA, to voice AMA support for increased transparency. And to caution that physicians need to review their information and challenge errors. We don’t need witch hunts against innocent physicians based on inaccurate reports. Such testimony is crucial to making sure the powers that be hear physician concerns loud and clear.

We're proud of these victories. We also know the work ahead, to confront what conflicts with our interests. Like the Independent Payment Advisory Board, which should be scrapped outright. And to raise urgent issues that weren't addressed—like the flawed, costly medical liability system. The ability to contract privately with Medicare patients, as outlined in the Medicare Patient Empowerment Act. And the broken Medicare physician payment formula.

Last month, the AMA and 110 state and specialty societies fired a joint letter to Congressional leaders demanding a fix to the broken SGR. It was a unified message only the AMA could deliver—and because of that unity, it got the attention of Congress and the White House. We told them delivery reform is needed to offer patient choice and options. That Medicare must support the infrastructure—that reform demands. And that payment reflect the costs of providing services as well as progress on quality and cost. The power behind the message was clear—the AMA, state societies and specialties, working together in the interests of our patients and profession.

When I spoke in June, we were on the eve of a global event that brings the world closer—the Olympics. And now, we're just past a national election. It was contentious—again—and again demonstrated a deep national divide. For our part, the AMA will continue its work with the White House and the new Congress to implement health system reform and defend the interests of physicians and patients. In the last four years we've built key relationships to help us continue our progress.

In the wake of elections, throughout our history, we've hoped the better angels of our nature would set aside what is partisan, ideological or just plain self-interested and come together to act in the best interests of the people. And while we as a people sometimes fall short of this civic optimism and fall prey to cynicism, the goal is still worthy.

We saw that in the days before the election when Superstorm Sandy battered the Jersey Shore and New York City. In its wake were loss of life, destruction of property, thousands without homes and an estimated 50 billion dollars in damage. But instead of finger-pointing and blame, second-guessing and shame, we saw federal, state and local authorities working together, along with non-profit aid groups like the Red Cross. Joined by those who helped rescue and protect the victims, and who restored power and communications. Working together to ease the pain of a shared catastrophe. And start a return to normalcy.

For years, the AMA has urged America's physicians to speak with one voice—that together we are stronger—and that we help doctors help patients. But to turn words into deeds takes a certain strength in ourselves, to give just a bit more, to push ourselves just a bit further. To confront and overcome the crucial issues at hand, it is to us as physicians to pursue less fragmentation, and cultivate more cooperation. To move from divisiveness to diplomacy, from conflict to collaboration, from the narrow self interest of personal gain to the national interest of mutual goals.

Now, I've seen firsthand how many of you who have disagreed with AMA actions are also those who work the hardest to bring new members into the AMA family. And I thank you for that. I understand full well the conflicts we face. As leaders in state and specialty societies, we advance the priorities of those organizations. But when we meet at the AMA, it may be difficult to step back from those priorities. So today I ask your help. In these pivotal months ahead, I ask all of you to take a long look at the bigger picture.

Let's follow the rules this House reaffirmed today, to look first at what is best for the physicians and patients of this nation and to be ambassadors for the AMA to our states and specialties. Be part of a community with your neighbors, your patients and a team with your colleagues. Big aspirations, big goals. But the AMA can help make them happen.

Working through the democratic process of this House of Delegates, we enact policies that affect the entire health care system and every patient. With our partners, we work to implement through the Board what this body has decided. This unity of purpose makes us a powerful force. As such, we need to be mindful of the impact on our credibility and our future if we don't all pull in the same direction once a policy is accepted. There are acts of principle, which are debated in this House of Delegates, and then there are acts of sabotage outside this House of Delegates.

I know I'm speaking here of ideals. Noble, worthy of pursuit, perfect when they synchronize with achievement, but difficult to fulfill for new physicians who leave med school 160,000 dollars in debt. Or for those encountering unavoidable conflicts among specialties, states, cultures, ideology and geography.

But between ideals and reality are the immutable principles of our ethics. To listen to our heart and be driven by science and not the latest fad or the biggest pile of cash. Knowing in our heart that a medical school diploma is not a treasure map. It seems to me the stars have aligned in such a way that our loftiest aspirations are exactly what's needed now to transform our health care system. And to embrace a new set of core values, ones better suited to integrated care.

For years, physicians have cherished autonomy. The physician Atul Gawende put it this way:

> "The core structure of medicine—how health care is organized and practiced—emerged in an era when doctors could hold all the key information patients needed in their heads and manage everything required themselves."

But this was before the red tape of big insurance and big government. Before physician shortages, aging populations, and chronic conditions. And before we had 6000 drugs and 4000 clinical procedures at our disposal.

It once made sense for physicians to value autonomy, independence, and self-sufficiency. But the game has changed. Integrated care asks us to cultivate mutual trust. To recognize that each team member offers unique skills and knowledge. To support this trust with open and timely communication. It requires us to recognize that the general practitioner has different skills to offer the Alzheimer's patient than the neurologist. Or the psychiatrist who treats their depression. Or the caregiver who administers their medications. But all have something to offer.

And finally, we must go all-in to improve the quality of health care for our patients and the country. That means collecting, sharing, and analyzing data, leveraged to care for patients. And while team-based care is just one aspect of our medical world, it's a big one, and its evolution depends on how well it keeps patients healthy, and how well it functions for physician members. For that reason, I'm pleased that a new Integrated Physician Practice Section is joining the House of Delegates, which will address issues facing physicians in group and integrated practices.

Of course, during my travels on behalf of the AMA, I've met physicians who resist this concept of collaborative care. Perhaps they are trying to ride out a wave they fear will become a tsunami, or believe that these changes hamper their ability to think, create or do good by patients. I understand their concerns. In fact, if their approach can match the quality goals of these new, evolving systems, I support what they are doing.

The AMA does not subscribe to one-size-fits-all solutions and welcomes all ideas. Nonetheless, for most physicians, these new systems can bring better results. A great example is the Southcentral Foundation in Anchorage, which I learned about firsthand when addressing the Association of American Indian Physicians in August. Run by and for Alaska Natives, they've earned national attention for reducing health disparities and improving outcomes. Patients are assigned to a health care team: say, a physician, a nurse, medical assistants, even traditional healers. In the last decade, Southcentral Foundation has seen a decrease of 40 percent in ER visits, 75 percent in hospitalizations, and 30 percent in routine doctor visits. And they've made inroads in curbing disparities. Today, binge drinking, strokes, heart disease and cancer rates for natives are about the national average, a major victory for the demographic.

And in August, I saw another example at the University of Florida. My host was David Paulus, MD, an AMA member and member of this House, who works at the university's academic health center. I thought I was in pretty good shape, but chasing Dave around campus is an extreme workout in and of itself. On rounds, I watched him administer anesthesia to a patient. The scene was buzzing with activity. A team of professionals working together, from the nurses to the staff operating sophisticated technology. In all, I counted eight people assisting in the patient's care, all under physician leadership, each executing their roles according to their training, experience and licensure. Each crucial to treating this patient.

Our ethical imperative requires us take on even bigger challenges, however. We need to have a difficult but necessary conversation with the public and our leaders about the tough choices ahead.

In June, the AMA passed ethics policy that calls on physicians to be stewards of the resources society entrusts to us. To follow policies on issues such as: cost versus value; end of life care; the responsibility of patients to own their own health; the need for more public health investment; the very unsustainability of the system itself—absent fundamental change.

The fact is, a big chunk of health care—as much as 30 percent—is redundant or unnecessary. As we try to reign-in costs, physicians can be part of the solution. At the same time, we can't do it alone. Patients need to guard their own

health: eat better, don't smoke, or drink to excess, hit the gym or walk around the block, be positive, take medications as ordered, follow-up with their doctor.

And we need to remind elected officials and policy makers that even the most skilled physician can't cure social determinants of health like poverty, unemployment, and limited or no access to transportation, exercise resources or healthy food. To consider this when taking actions that affect physicians, and to do their fair share in building a better, more equitable system. And it's for us to consider as we work together towards achieving the AMA's new strategic plan and realizing the mission of the AMA.

As you know, we're shifting focus to three areas critical to our health care future, which must take shape through physician leadership:

One: Improve patients' health outcomes and reduce costs

Two: Accelerate change in medical education to align physician training and education with the evolving health care system; and

Three: Enhance professional satisfaction and practice sustainability by helping physicians adopt delivery and payment models that make sense for their practices.

These are big, ambitious goals, and Dr. Madara will share the details with you, but they build on the AMA legacy of guiding physician professionalism, setting standards for medical education, and advancing medical science. They articulate the policies of this House of Delegates, and define the AMA's role in shaping 21st century health care. I support it. The Board of Trustees supports it. Now we need you to help achieve it.

This strategic plan re-affirms the AMA as the spearhead to help physicians succeed in health care's brave new world dawning. And it means a better and healthier future, not just for patients and physicians, but for the country as a whole.

When I spoke to you in June, I mentioned a passion beyond medicine, and that is competing in triathlons. I've competed in 13 to date, and my favorite is the one on the big island of Hawaii. Competitors come from around the world, and the buzz at the start is contagious. Everyone races into the water, a crowd cheering you on. Once out of the water and onto the bicycle, you still feel pretty good after those first 10 or 20 miles. But by the time you get to mile 30, it's not the same as when you began. You're biking through lava fields. The temperature has shot up to 100 degrees. Crowds have dwindled. A sharp uphill turn at the midway point forces you to lean into the pedals with everything you've got.

At the same time, the wind is blasting you with all it's got. And the thing about the wind, it doesn't get winded. At mile 40 you wonder why you're not going faster. Was there a hole in your training? By mile 50 you realize that when you signed up for this event, the hole was apparently in your head. Still, you push on. You focus on getting to the summit. And coming back down. Finally, you get there. You turn around. And you're greeted by a blast of wind in your face. In my experience, the wind in Kona is always blowing in your face.

And as bad as it's been, the return trip is worse. By mile 112 of the bike ride you're exhausted. But still you start the marathon. Your legs are jelly. The jokes are over. You contemplate quitting. Head for the beach and a drink with a tiny umbrella. But then, suddenly, you're transformed. You spot a mile marker and realize you're near the next rest station. So you focus all your energy on this one small goal, nothing more. Get there, drink some fluids, take a breather, and discover you have enough energy to push for the next one.

When things really get bad, you seek other options. Slow down and walk. Talk to the other athletes. Commiserate. Encourage one another. And before you know it, you're running again. And when you cross that finish line, it's an experience like no other.

To me, in so many ways, competitions like this remind me so much of the long path to health system reform and the AMA's response. It's a long, sometimes torturous process, but the pride in accomplishment—pushing ourselves past our limits in pursuit of a worthy goal, to overcome terrain, conditions and our own fears and discomfort—adds up to a victory that goes beyond the personal into something greater than ourselves. Shared with our patients, our profession and this nation.

I've talked today about how the AMA has your back, what we've accomplished, and how our destiny is on track to re-shape healthcare.

Now, I ask for your help. To have the AMA's back in this effort. To support our new strategic plan, and help it fulfill its bright promise to improve our health care system for physicians and patients. To put the AMA out front of the inevitable and necessary transformations wrought by a new century.

It's said that there is a moment in every race where you reach a decision—to either quit, or ease up, or tell yourself "I can do this." Well, we can do this. We trained all of our adult lives to be the best physicians we can be. We can launch into this work before us and be on the course, for our patients and ourselves.

It has always been within each one of us to exceed even our own expectations. That's what persistence teaches us. It's a definition of dedication, and that's why, as members of America's premier medical association, each one of you will cross the finish line and feel the joy of the great thing you have accomplished. Together. Thank you.

REMARKS OF THE CHAIR OF THE AMPAC BOARD: The following comments were offered by William Hamilton, MD, on Saturday, Nov. 10.

Aloha and good afternoon. It is my pleasure to be here today on behalf of AMPAC, the bipartisan Political Action Committee of our AMA. It has certainly been a busy and an exciting year for us and an important election cycle for medicine.

We put together a short video that highlights AMPAC's role in this year's elections and how our activities have made a real difference in advancing medicine's agenda, and we'll play that video for you now. [A video was played.] Thank you very much for your commitment to AMPAC. Without your support, AMPAC would not have had the resources to engage in the activities that you just saw in this video.

As Tuesday's election proved once again, campaigns are becoming longer and more expensive every cycle. Five years ago at this meeting, we introduced the Capital Club Gold to help AMPAC raise funds we needed to participate in the increasingly expensive political process. Earlier this year we introduced one more level, Capital Club Platinum. Capital Club Platinum is $2500 annually, and in our first year Platinum received far more support than even we anticipated. So far 43 members have joined at this level, and membership continues to grow. To the members of Capital Club Platinum, I would like to thank you very much for your tremendous support for AMPAC in Platinum's inaugural year.

Fund-raising for the 2014-cycle has begun. Yes, there is no rest for the weary, and during this meeting, we are promoting Capital Club Platinum, as well as Capital Club Gold and Silver for 2013. If you have not already had a chance to contribute to AMPAC this year or if you would like to contribute in 2013, as I know many of you would like to do so, please visit our AMPAC booth just outside this room and take care of this very important duty to your profession.

Now, there is not a Capital Club luncheon at this event. In lieu of an event, please stop by our booth if you're a Capital Club member and pick up your gift as a small token of our appreciation for your continued support.

And, finally, I just wanted to comment, as I was the leaving podium at the Annual Meeting of this report, Dr. Gurman confused a number of you by commenting on my nice tie. Dr. Gurman is not just a slave to fashion, although he is that, but this is the AMPAC tie, the Capital Club tie. You can have one of these by donating, so stop by the booth, take a look at it, and we'd appreciate your donations. Thank you very much.

REMARKS OF THE EXECUTIVE VICE PRESIDENT: The following remarks were presented by James L. Madara, MD, Executive Vice President of the American Medical Association, on Saturday, Nov. 10.

This has been an extraordinary week for our country. On Tuesday, voters went to the polls to cast their votes in deciding who will lead this country during the next four years. The 2012 Presidential campaign was compelling,

intense and hard-fought, at times even troubling, as both candidates shared with American voters their respective visions and differing philosophies for how to best move our country forward. Of course, while the AMA leadership followed the campaign closely, our focus was not on the partisan divide but on how, regardless of outcome, we could achieve AMA strategic and policy goals.

Last Tuesday President Obama was re-elected. We congratulate him and look forward to working with him as well as both sides of the aisle in the new Congress as we continue to tackle the many critical issues confronting health care and medicine. All the while keeping our eye on the ball—the strategy and policy goals of our AMA.

This latest exercise in democracy is quintessential America. Citizens from every state, representing every interest, every race and diverse points of view, coming together, leveraging their voices and their votes in helping shape the future of this country.

Our gathering reflects this national tradition. Because here in this House of Delegates, physicians representing more than 185 medical societies from every state, specialty and practice setting—also with diverse points of view, occasionally markedly so—have come together to lend their voices and their insights in shaping medicine's future. Indeed, it is the fact that your 185 societies represent the vast majority of American physicians, allied with the fact that this assembly forms our policy and elects our Board and President, that gives the AMA the powerful voice it has nationally and in our nation's capital.

Last year AMA membership increased for the first time in several years. I'm happy to report that it is up again across all categories this year even though the year is not yet complete.

Membership, advocacy, practice tools, research and education, and this House of Delegates comprise the AMA Equation, an equation that intersects with the lives of physicians each and every day.

None of the accomplishments Dr. Lazarus highlighted would have been possible without this body's hard work and leadership. The need for your voice and your leadership on the important issues affecting medicine has never been greater. The changes we are experiencing across health care today are unprecedented. In fact, I think it's fair to say that the changes we will experience over the next few years will mark the greatest period of change experienced by our, the past, or the next generation of physicians.

With so much change taking place and so much at stake, the primary question we need to ask ourselves is this: Do we want our AMA to play a prominent role in shaping this change? Of course our answer is a resounding yes. The answer is an obvious one. The implication of this answer is equally obvious: we have challenging and uncertain work ahead of us, but as the banners that hang at AMA headquarters in Chicago assure us: Together we are stronger.

Today, I will share with you some of the ways our AMA is working to shape this change. Dr. Lazarus has already highlighted elements of the important work we are doing in Washington and alongside you in our statehouses. I'll spend my time updating you on the progress we're making toward implementing the AMA's rolling 5-year strategic plan in the mission areas that I outlined in detail last June.

Our plan focuses on three areas that reflect the policies of this House and that we believe are cornerstones for building a healthcare system that will enable sustainable practices and better health outcomes for patients. These three cornerstones are:

- Improving patients' health outcomes in ways that add value
- Accelerating change in medical education to align physician training and education with the future needs of our health care system; and
- Enhancing professional satisfaction and practice sustainability by helping physicians navigate delivery and payment models

These strategic goals are high aspirations, difficult and challenging objectives, and, as I said in June, have the commonality of shifting our work from process to outcomes, from convening to additionally doing through partnerships. I've developed the habit of referring to these goals as our "moon shots," plans that at first may seem to exceed our grasp, yet ARE reachable if we focus, make the commitment and work strategically—together—to achieve them.

Of course, the initial moon shot was announced 51 years ago when President Kennedy announced the audacious goal of landing a man on the moon and returning him safely to Earth. At the time, many—including scientists—were skeptical. Many thought Kennedy's vision unrealistic, an overreach. Many technologies necessary to achieve a moon landing didn't even exist! However, Kennedy's vision and challenge sparked ideas and innovation. The rapidly assembled team of scientists began with an affirmative view that "we will send a man to the moon," leaving them only to answer the question how to do it.

Similarly, we face questions when it comes to improving outcomes for patients, medical students and physicians. Specifically:

- How will we improve patient outcomes and as a consequence positively influence the nation's GDP, both in terms of value and on physiological capital?
- By changing the structure of medical education for the first time in a century, how can we better align medical student training with the needs of tomorrow?
- By defining elements in delivery systems that lead to physician satisfaction how can we force embedment of such that will allow practices to be enjoyable and sustainable?

How can we achieve these three most difficult things, these three moon shots? Like Kennedy's challenge, our long-range strategy is aimed at mobilizing the AMA, this House, the thousands of physicians you represent and the larger medical community. The achievements that are possible through the fulfillment of this strategy will not only shape a better future for patients and physicians but for the country as a whole. Our plan will require new ideas and innovation. The policies you pass and the vital work done through our councils, sections and special groups will continue to fuel our plan. Like Kennedy's mission, we know we will not get there overnight, but the work is already underway.

Because changes to affect patient outcomes, medical education and our practice environments ARE and will continue to occur. We must make sure that these changes are beneficial. This requires that these changes be shaped by physicians. Thus our plan to do so under physician leadership.

Your AMA Board of Trustees and the senior management team has spent much of this past year not only carefully considering the question "How can we do it?" but moving aggressively forward. So let me update you on the progress we're making, starting with our work toward improving health outcomes.

Improving Health Outcomes

As physicians our common purpose is to provide the best care possible with the goal of maximizing the health of our patients and our population. Health is an invaluable national asset, but many variables contribute to poor health outcomes, from social and environmental determinants to the accessibility of health care and the choices our patients make.

Medicine is complex and ensuring all patients get the care they need, when they need it, is a Herculean task, as is preventing the development of disease. As physicians, we work to deliver the best care to our patients on an individual basis each and every day. Now our strategic work toward improving health outcomes aims to help our medical profession do the same collectively. Our internal team lead by Karen Kmetik continues to meet with leaders and experts in the outcomes arena to better assess all the current work being done and to determine where AMA can make a meaningful and significant contribution.

We will begin by identifying a few conditions representing a broad swath of disease burden in our society. For these conditions, we will, working with numerous experts, most often derived from societies within this House, select specific long-term and intermediate outcomes—both clinical and patient-reported. The result will be a national outcomes dashboard which we will be a central engine for the identification and promulgation of strategies to improve health outcomes.

In this effort, we will partner with other leading organizations, including our federation partners, that share common purpose—maximizing results by combining voices, expertise and reach—while making AMA's distinct role apparent. We will engage physicians; learn from them; and with communication, education, tools and opportunities for collaboration help them adapt and apply effective strategies that emerge, a role the AMA is uniquely qualified to play.

We will simultaneously bring to the work AMA's deep expertise in addressing disparities, public health and ethics, powerful and natural amplifying disciplines for the AMA dashboard. The work and goals required are ambitious. But the payoff is well worth it. By improving health outcomes, we can help our patients and population live healthier, more productive lives, while reducing the enormous costs associated with these diseases and conditions.

In short, we can advance what the Nobelist Robert Fogal has termed the physiological capital of our nation. The result we seek being nothing less than an AMA-driven enhancement of our nation's GDP through the summation of cost savings that come naturally from improved outcomes plus the enhancement of productivity derived from improved physiological capital.

Accelerating Change in Medical Education

Our second focus area gets ahead of the changes coming to health care delivery by working at the source :medical education. This is certainly not new territory for us. The AMA has been a leader in shaping medical education in this country for most of its existence, including developing the standards that were included in the historic Flexner Report in 1910.

More recently, in 2005, we launched the Initiative to Transform Medical Education to examine the gap between current physician training and the future needs of our health care system. And we discovered a clear need for change.

- More flexibility and individualized learning;
- Training in teamwork;
- Development of active, life-long learning tools;
- Measures to promote continuous improvement and increased patient safety;
- And aligning training to match the reality of the environment in which physicians ultimately practice

Seven years later, a number of schools have made incremental adjustments along these lines. However, the fundamental structure of medical education remains unchanged; unchanged for a century, which is why change has been only incremental. This pace of this change now needs to accelerate dramatically.

Over the next five years, the AMA will effect changes to better align medical education and training with our evolving health care system. Key objectives will include:

- Developing new methods for measuring and assessing key competencies for physicians at all training levels to create more flexible, individualized learning plans.
- Promoting exemplary methods to achieve patient safety, performance improvement and patient-centered team care.
- Improving understanding of the health care system and health care financing in medical training.
- Enhancing development of teamwork throughout the medical education learning environment.

To achieve these objectives, we will establish partnerships with select medical schools who propose innovative models to address these objectives. Under the direction of Dr. Susan Skolechek, an authority in medical education, this work is well underway. Earlier this week, I joined Susan at the AAMC meeting in San Francisco. There, we announced the process to select and support schools that seek to revise curricular structure around our targeted objectives and form an AMA learning consortium around these coordinated restructuring efforts.

Medical school deans and others in the academic community have voiced great enthusiasm for what the AMA is leading, again based on the policies of this House, and we look forward to working with them to shape needed changes in medical education. We intend to select 5-10 proposals in the Spring of 2013 and, after a year of program restructuring by the selected schools, launch the programmatic activity at these sites beginning in the summer of 2014.

Shaping Delivery and Payment Models

Our third strategic goal is to enhance professional satisfaction and practice sustainability by shaping new payment and delivery models. We want to help physicians not just cope but proactively shape the conversation concerning how health care is organized, delivered and paid for in the future.

Toward that end, the AMA is establishing field research partnerships with 30 physician organizations in six states, from individual physicians to large integrated organizations. This work is lead by Dr. Jay Crosson, a noted authority on practice and care structure, and has been coordinated with leadership of the medical societies from the six diverse states.

We'll work with these practices to determine which elements for internal practice design and external practice relationships best support both high quality patient care and long-term physician satisfaction and practice sustainability. We'll share the results with our members, so that each individual physician can choose what works for their practice in their community. Best practices with options is vital, because we know that models that work for a large multi-specialty practice in Miami won't necessarily work for a small practice in Muskegon. We'll also showcase the most effective and desirable models and, working with our Advocacy team, build momentum for their adoption in both the public and private sectors.

Again, ambitious goals but ones worthy of AMA leadership and commitment. Physicians want and need help in navigating the rapidly evolving health care environment, and through this initiative the AMA will work to provide it. Our aspiration here is nothing less than this: that in the future every member of this House would, without hesitation, recommend a career in medicine to their nieces, nephews and their own children for the personal and professional satisfaction this great profession offers

Not a Single Step but Many

As I said earlier, this strategic mission-focused plan is built on the foundation of policies developed by this House and the considerable work done through our AMA councils, sections and special groups. And this work must continue.

Let me also state unequivocally that, while the work I outlined represents major new focused investments in important areas, other critical work also is ongoing, from our determined and focused work in advocacy, to our support of critical topics such as graduate medical education. There's a great deal of work ahead of us, but our opportunity to shape a better health care future under physician leadership has never been greater.

In closing, let me return to the "race to space" that President Kennedy ignited with his 1961 speech and the iconic American hero who would ultimately play a starring role, Neal Armstrong. Armstrong was one of the most humble and private heroes our country has known. In fact, some journalists noted that it had been easier landing a man on the moon than landing an interview with Armstrong.

Armstrong said that while he was proud to be the Commander of Apollo 11, he refused to let his individual role overshadow the work of countless others who made it possible. He said his achievement was the product of many minds and strong wills, reminding anyone who asked that it took a team of 400,000 to get the job done. Thousands of the world's best engineers, scientists, researchers, support staff, and even seamstresses who carefully stitched together the space suits required to withstand extreme temperatures.

Following his passing earlier this year, his family released a statement that read in part, "Neil Armstrong was a reluctant American hero who always believed he was just doing his job." Humble words about an extraordinary man, but if Armstrong's legacy teaches us anything, it teaches us that when quiet heroes work together toward a greater cause they can accomplish great things.

Our medical profession is full of quiet heroes, women and men who do their extraordinary work each and every day, meeting the needs of America's patients in various ways across the health care spectrum. They do so admirably, but too often within a system that is not serving them well. They deserve better. You deserve better. Our patients deserve better.

I truly believe this is the AMA's "moonshot moment." Our quest to shape a better future for patients and physicians during this time of great change will differ from Armstrong's feat. Our work will not culminate with a single brilliant step at one precise moment in time, but rather it will improve the lives of each of our 310 million citizens as well as each of our 900,000 physicians over a lifetime. Years from now, let us be able to reflect on the fact that the AMA, this House of Delegates—each one of us—displayed the courage and commitment to take on critical issues

confronting our health care system and that we succeeded in landing it in a safe and better place for generations to come.

All the best for a successful and productive meeting. I look forward working with you in the days, months and years ahead.

REPORT OF THE AMPAC BOARD OF DIRECTORS: The following report was submitted by William L. Hamilton, MD, Chair of AMPAC.

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates. The 2012 election cycle presented some unique challenges for AMPAC and organized medicine. Congressional redistricting resulting from the 2010 Census created a number of open seat races, incumbent vs. incumbent battles, and new district dynamics for House races across the country. With the White House and U.S. Senate majority up for grabs, the partisan rancor intensified nationally and further contributed to one of the most contentious election seasons in history.

Political Action

AMPAC responded to the challenges and played an important role in influencing election outcomes on behalf of medicine. Working together with state medical society PACs, AMPAC invested over $3.1 million in the 2012 cycle. This included contributing more than $1.8 million to physician-friendly candidates for the U.S. House and Senate from both political parties. We also worked with our state partners to conduct a robust partisan communications program in support of 66 House candidates and 9 Senate candidates specially identified as important allies for medicine, and sent out more than 100,000 customized mail pieces on their behalf.

AMPAC executed four independent expenditure campaigns totaling over $1.1 million on behalf of Representative Nan Hayworth (R, NY-18), Representative Joe Heck (R, NV-3), Challenger Ami Bera (D, CA-7), and open seat candidate Sayed Taj (D, MI-11). All four of these candidates are physicians whose races were among the most tightly contested in the country. AMPAC conducted highly targeted activities in each race that yielded over 750,000 pieces of mail, 210,000 Get-Out-The-Vote phone calls, and over 25 million views/impressions of geo-targeted online video and TV ads. These tactics were guided by polling done in advance in each district which helped identify key voting demographics where medicine's message would carry greater impact, effectively micro-targeting AMPAC's efforts. The strategy specifically focused on new media outlets online to communicate a positive, research-based message. By doing so, AMPAC activities effectively reached the desired audience while avoiding the log-jam of mostly negative, attack ads generated by outside groups spending millions on more traditional outlets such as television and radio.

Heck and Bera both emerged victorious, while Hayworth and Taj mounted strong efforts but fell just short. In all four races, AMPAC activities played an important role, especially in Bera's extremely tight race where literally every single vote was precious.

A total of 353 AMPAC supported candidates won election/reelection and the total number of physicians in Congress has held steady at 20. AMPAC's total win rate in the 2012 cycle was 94%.

AMPAC Membership Fundraising

During the 2012 election cycle, AMPAC raised $1,868,180.30 in hard dollars for candidate contributions. This amount, combined with AMPAC's corporate Political Education Fund receipts of $536,566.89, brings the 2012 cycle total to $2,404,747.19.

This has been an exciting membership year for AMPAC, starting with the introduction of AMPAC's newest donor level, Capitol Club Platinum. This is the highest membership level, with members contributing $2,500 annually. In its inaugural year, 43 physicians have joined at the Platinum level. Overall Capitol Club participation has already surpassed 2011 year-end participation and is running 14 percent ahead with 744 members, compared to 654 at the end of 2011. Finally, not only has AMPAC already raised more hard dollars than we did by the end of 2011, but we have outperformed our hard dollar fundraising total from 2010 as well.

As a special benefit of Capitol Club membership, AMPAC is promoting its fifth annual Capitol Club Sweepstakes. One lucky AMPAC Capitol Club Platinum, Gold or Silver contributor will have a chance to win an all expense paid trip to the 2013 Major League Baseball All-Star Game, which will be held at New York's Citi Field. All entries must be submitted to the AMPAC booth by 9 a.m. on Tuesday morning to be eligible. The drawing will be held at 10 a.m. and announced during Tuesday's business session. All 2012 Capitol Club Platinum members will automatically receive five entries, Gold members will automatically receive two entries and Silver members will receive one entry. Contributions to upgrade your Capitol Club level will be accepted at the AMPAC booth for those who want to increase their odds of winning.

Each year, AMPAC's goal is to have 100 percent participation among members of the House of Delegates. Last year, 66 percent of the House joined AMPAC, and for this year, we are at just 65 percent. Fortunately there is still time to contribute and surpass last year. No matter how large or small, your AMPAC contribution helps to strengthen the AMA's advocacy on behalf of you and your patients. If you have not already had a chance to contribute to AMPAC, you are strongly encouraged to visit the AMPAC booth and show your support today.

AMPAC Political Education

Sixty physicians and Federation staff attended the October 4-5 AMPAC Federation Meeting in Washington, DC. This annual meeting provides an opportunity for state PAC leaders to come together and share ideas for effective political action. The meeting has also provided opportunities for state leaders to lobby their Congressional delegations. This year, meeting participants scheduled over 65 meetings with Congressional offices to present organized medicine's principles for Medicare payment reform in advance of the important "lame duck" session of Congress.

In 2013, AMPAC will once again host the Candidate Workshop and Campaign School to help AMA members become more effective advocates for medicine as both candidates and skilled campaign volunteers. The Candidate Workshop, to be held February 15-17, is ideal for those considering a run for public office. The Campaign School, to be held April 17-21, is an intensive hands-on seminar that trains participants as campaign experts. Both programs will be held in the Washington, DC area. Enrollment is open to AMA members, their spouses and immediate family members, and Federation staff. AMPAC, through its Political Education Fund, covers lodging, meals, tuition and course materials, a significant benefit to AMA members. Information is available at the AMPAC booth.

Conclusion

On behalf of the AMPAC Board of Directors, I would like to thank all of our members for their continued involvement in political and grassroots activities. Just as we have a responsibility to care for our patients, we also have a duty to our profession and to our patients to assure that the interests of medicine are properly represented in the halls of Congress.

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Gerald Murphy, MD

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Janice Kirsch, MD

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