

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

### 69<sup>th</sup> INTERIM MEETING

Atlanta, Georgia

November 14–17, 2015

#### CALL TO ORDER AND MISCELLANEOUS BUSINESS

**CALL TO ORDER:** The House of Delegates convened its 69<sup>th</sup> Interim Annual Meeting at 2 p.m. on Saturday, Nov. 14, in the Atrium Ballroom of the Atlanta Marriott Marquis, Susan R. Bailey, MD, Speaker of the House of Delegates, presiding. The Sunday, Nov. 15, Monday, Nov. 16, and Tuesday, Nov. 17, sessions also convened in the Atrium Ballroom. The meeting adjourned following the Tuesday morning session.

**INVOCATION:** The following invocation was delivered by the Rev Dr Joanna M. Adams, Pastor Emeritus of Morningside and Trinity Presbyterian churches in Atlanta.

Let us pause now for a word of prayer.

O God, our creator and sustainer, we are grateful for this moment of quiet and peace in a world that is torn apart today by terrorism and religious hatred and cultural clashes. It is a good thing for us to be together.

In our diversity, in our shared commitments, it is the comfort to recall that you have promised to be an ever present help in time of trouble. And before we ask your presence and blessing with us here in Atlanta, may we offer a prayer of intercession for the people of Paris, for those whose lives have been lost, for their family and friends who grieve over their senseless deaths. We lift up those who have been injured and those all over the city, doctors and other health care professionals who are caring for them. Lord, have mercy.

And now we do call forth your blessing upon this gathering of the American Medical Association, grateful for its rich history and for the indispensable contribution made to the health and well-being of the boys and girls and men and women of our great land. Help us to preserve that great tradition, as long as we also hold before us the new things we're doing in the medical arts so that we might be agents of your healing for the world.

You're bold to say just a single prayer for us. We've traveled from places near and far. Some of us are weary and stressed out right now. Some are dealing with deep worries. Some of us are facing illness ourselves.

We offer our personal needs to you, trusting that you care and that you will heal. Destroy anything within us that is dark, and turn us toward the good. Hold us; hold us close in your love.

We close our prayer by asking your blessing on our nation and upon our world. Help us to remember the great truth of every single great world religion: that our future as a human race depends on our adherence to the golden rule. Wherever we are, may we treat others as we, ourselves, would like to be treated.

We pray in the power of your spirit. Amen.

**AWARD PRESENTATIONS:** The following awards were presented during the opening session on Saturday, Nov. 14.

Distinguished Service Award – Joseph P Bailey, Jr, MD, of Augusta, Georgia for meritorious service in the science and art of medicine.

AMA Foundation Award for Health Education – Prerna Mona Khanna, MD, of Oak Brook Terrace, Illinois for her ongoing service as a journalist in promoting health education.

Isaac Hays and John Bell Award for Leadership in Medical Ethics and Professionalism – Bernard Lo, MD, an internist and bioethicist from New York City for his devotion to improving the medical profession through extensive ethics research and education.

Medical Executive Lifetime Achievement Awards

- Errol Alden, MD, recently retired executive director of the American Academy of Pediatrics.
- Corrine Broderick, executive vice president of the Massachusetts Medical Society.
- Michael Cates, Executive Vice President of the Memphis Medical Society.
- William Calvin Chaney, recently retired from the American College of Emergency Physicians.
- Lelan Woodmansee, executive director of the Greater Louisville Medical Society.

**REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS:** The following reports were presented by J. Mack Worthington, MD, Chair:

**CREDENTIALS:** The Committee on Rules and Credentials reported that on Saturday, Nov. 14, 466 out of 540 delegates (86.3%) had been accredited, thus constituting a quorum; on Sunday, Nov. 15, 499 delegates (92.4%) were present; on Monday, Nov. 16, 515 (95.4%) were present; and on Tuesday, Nov. 17, 517 (95.7%) were present.

**RULES REPORT - Saturday, November 14**

**HOUSE ACTION: ADOPTED**

Madam Speaker, Members of the House of Delegates:

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 her 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 2014 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, excepting Parliamentary Procedure, the authority for which is the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*.
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, November 15****HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS****LATE RESOLUTION 1001 (225) ACCEPTED****EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS 2, 201, 204, 207, 215, 802, 803, 805, 810, 908, 914 AND 920**

## (1) LATE RESOLUTION

The Committee on Rules and Credentials met Sunday, Nov. 15, to discuss Late Resolution 1001. Sponsors of the late resolution met with the Committee on Rules and Credentials to consider late resolution 1001 and were given 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.

Accepted

Late 1001 - Draft Clinical Quality Measures Non-Recommended PSA-Based Screening

## (2) 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 2 - Ethical Parameters for Recommending Mobile Medical Applications
2. Resolution 201 - Fiscal Scoring Medical Reform Legislation
3. Resolution 204 - Surrogate Consent Statute
4. Resolution 207 - Parity in Risk-Adjustment Between "Newly" and "Continuously" Assigned Medicare Shared Savings Program Beneficiaries
5. Resolution 215 - Insurance Regulators Must Regulate Insurers, Not Physicians
6. Resolution 802 - Elimination of Insurance Company and Insured Abuse of the Affordable Care Act Grace Period
7. Resolution 803 - Discounts on Medication for Medicare Patients
8. Resolution 805 - Implementing the Use of EHR in Correctional System Health Services
9. Resolution 810 - Provider Exclusion, Decreased Patient Access and Reduced Provider Availability
10. Resolution 908 - Novel Mechanism to Reduce Medical Student Debt
11. Resolution 914 - Education in Business and Economics
12. Resolution 920 - Tobacco-Free Military

## APPENDIX

- Resolution 2 - Ethical Parameters for Recommending Mobile Medical Applications
  - E-8.063 Sale of Health-Related Products from Physicians' Offices
- Resolution 201 - Fiscal Scoring Medical Reform Legislation
  - D-155.994 Value-Based Decision-Making in the Health Care System
- Resolution 204 - Surrogate Consent Statute
  - D-140.968 Standardized Advance Directives

- Resolution 207 - Parity in Risk-Adjustment Between “Newly” and “Continuously” Assigned Medicare Shared Savings Program Beneficiaries
  - H-160.915 Accountable Care Organization Principles
  - H-390.849 Physician Payment Reform
  - H-450.947 Pay-for-Performance Principles and Guidelines
- Resolution 215 - Insurance Regulators Must Regulate Insurers, Not Physicians
  - H-285.908 Network Adequacy
  - H-285.911 Health Insurance Safeguards
  - D-285.972 Tiered, Narrow, or Restricted Physician Networks
  - D-165.989 Managed Care Organization Reimbursement Formulas
- Resolution 802 - Elimination of Insurance Company and Insured Abuse of the Affordable Care Act Grace Period
  - H-185.938 Health Insurance Exchange and 90-Day Grace Period
- Resolution 803 - Discounts on Medication for Medicare Patients
  - H-125.977 Non-Formulary Medications and the Medicare Part D Coverage Gap
- Resolution 805 - Implementing the Use of EHR in Correctional System Health Services
  - H-480.953 Interoperability of Medical Devices
  - D-478.995 National Health Information Technology
- Resolution 810 - Provider Exclusion, Decreased Patient Access and Reduced Provider Availability
  - H-406.994 Principles of Physician Profiling
  - H-450.947 Pay-for-Performance Principles and Guidelines
  - H-200.984 National Health Service Corps Reauthorization
- Resolution 908 - Novel Mechanism to Reduce Medical Student Debt
  - H-305.928 Proposed Revisions to AMA Policy on Medical Student Debt
- Resolution 914 - Education in Business and Economics
  - H-295.864 Systems-Based Practice Education for Medical Students and Resident/ Fellow Physicians
  - H-295.924 Future Directions for Socioeconomic Education
  - H-295.961 Medicolegal, Political, Ethical and Economic Medical School Course
  - D-295.321 Health Care Economics Education
- Resolution 920 - Tobacco-Free Military
  - H-490.913 Smoke-Free Environments and Workplaces

### **CLOSING REPORT – Tuesday, November 17**

#### **HOUSE ACTION: ADOPTED**

Your Committee on Rules and Credentials wishes to commend the Speaker, Doctor Bailey, and the Vice Speaker, Doctor Scott, 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 Atlanta, Georgia, during the period of November 14-17, 2015; and

Whereas, This Interim Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of policy deliberations and fellowship; and

Whereas, The City of Atlanta 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 Atlanta Marriott Marquis and the Atlanta Hilton, to the City of Atlanta, 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.

Madam Speaker, this concludes the Report of the Committee on Rules and Credentials, and we recommend its adoption

**APPROVAL OF MINUTES:** The Proceedings of the 164<sup>th</sup> Annual Meeting of the House of Delegates, held in Chicago, Illinois, June 6–9, 2015, were approved.

**ADDRESS OF THE PRESIDENT:** AMA President Steven. J. Stack, MD, delivered the following address to the House of Delegates on Saturday, Nov 14.

Delegates, honored guests, physician colleagues:

As we all know in medicine—particularly those of us in emergency medicine—moments matter. In my world, success over time requires familiarity and comfort with chaos, constant interruptions, and suddenly intense moments of crisis. I'd like to tell you about a shift I worked in the emergency department two weeks ago that left me thinking about exactly what is wrong with health care today and exactly what we need to do to make medicine right again.

That day, my twelve hour shift was not unique in the diversity of challenges, in its pace, or in the emotional range it presented -- everything from absurdity to anxious tension to jarring fear. That day was very busy in the emergency department, but in most respects rather typical. I met and treated a series of patients. I consulted colleagues. I did paperwork. I followed up. I entered data. I followed protocols. I listened. I even cracked a few jokes.

But, I also—as I typically do—encountered roadblocks such as the one I encountered on behalf of a patient, a woman who needed a blood thinner, which I prescribed for her and which was promptly rejected for coverage by Medicaid. That started a series of frustrating phone calls where I had to explain over and over why I made that choice, for this patient.

You see, she doesn't have a primary care physician. So, a more commonly prescribed medication that requires physician monitoring would not work for her. Medicaid did not understand that rationale. They wanted to enforce a protocol that wasn't going to work for this patient.

I also met heartbreak head on when imaging results came back for a patient who had presented with back pain. The tests found a large perihilar mass encircling his aorta and compressing his pulmonary artery. And, because of the overwhelming administrative burdens I was managing, I wrestled to create a window of time to actually tell him this dire diagnosis.

Every moment of the last three hours of my day I was driven to distraction not only by the anticipation of breaking the news of a potentially terminal cancer to this man and his family, but by the fact that I struggled to carve out the time needed to have the kind of conversation he deserved. I couldn't, until the last thirty minutes of my shift, make that time to give him the undivided attention, compassion and time he would need. It actually makes me feel sick to think I didn't have time to be the physician I know I am, the partner that patient deserved in his time of need. Colleagues, we simply cannot tolerate this theft of our time. This is a theft of our passion, a theft of our dignity as physicians.

I know I am not alone in my frustration. I hear from physicians of every specialty who are concerned about new regulations forced on us every year, fights with insurance companies, the unsustainable pace of their jobs, poor leadership and lack of support. We all agree: providing excellent care to patients is NOT negotiable.

Together, we have demanded that the barriers physicians face to delivering excellent care to our patients be removed. We must reclaim our time. We must reclaim our profession. Colleagues, we've commiserated. We've

sharpened our tools. We've celebrated success, but today, to reclaim our profession and advance public health, WE MUST LEAD.

We have momentum on many key issues in health care today. AMA leaders and delegates are the champions that America's physicians so desperately need so they can be the champions of patients and of good health in this country.

For instance, AMA has boldly opposed the proposed mergers in the health insurance industry because patients deserve options when considering health insurers and the physicians they access through those insurers. And, physicians and patients must have the power to make decisions about treatment and timing of care. Further consolidation of insurance companies will have a detrimental effect on physicians and patients.

This week, the AMA submitted comments to the US Department of Justice urging them to block the two mergers, concluding that the likely results would be higher patient premiums, lower quality of health insurance, less availability of providers, and lower reimbursement rates for physicians. That's not acceptable. And neither is it acceptable for a patient who buys insurance only to learn their physician networks are so small they can't be found even with a microscope. "Surprise! Your insurance doesn't provide coverage!" "Surprise! Your insurer refused to pay your bill!" This bait-and-switch and these practices cannot be tolerated in America's health care system. This is not good for patients, and this certainly is not good for physicians.

On another front, I am proud to say that the AMA is building tremendous momentum in 2015 to realign your time and your priorities so you can focus on what's really important, strengthening the doctor-patient relationship we all know is so critical. One way we are accomplishing this is through our Break The Red Tape campaign, where thousands of physicians from across the country have shared their stories online or emailed Congress to tell them that the ever-increasing bureaucracy—specifically through the misguided Electronic Health Record Meaningful Use regulations—is stealing their time and threatening the quality of care physicians can deliver to their patients.

If you're in an accident and the ambulance brings you to me in the emergency department with a ruptured spleen and I have to intubate you, place a central line, ultrasound you, engage a surgeon, and get you to the OR before you bleed to death, I should not at the same time have to fight with a dysfunctional EHR or personally key in obscene levels of detail to satisfy ICD-10. This is outrageous! This is risking lives.

It is so critical that we speak with one collective voice, and that we all get involved, to reject the misguided and irrational administrative burden created by the meaningful use regulations. I urge you to call and email your representatives in Congress. Please also join our growing online community at [breaktheredtape.org](http://breaktheredtape.org) to support our collective efforts against over regulation and to influence the decisions being made in Washington. Comment directly to CMS before their Dec. 15<sup>th</sup> deadline.

I know that Dr. Madara will speak about this, but the AMA is responding to our administrative and payment frustrations by actively researching, developing and providing new programs and tools, most prominently the practice transformation series, STEPS Forward<sup>®</sup>, to directly address the headaches of physician practice and help you to reclaim your time.

A week ago, I received an email from a physician in New York who wrote, "Dr. Stack, I [am] writing to express my gratitude for what the AMA is doing ... to shine a light on the abysmal state of EMR usability. I cannot think of anything the AMA could do that could more positively affect the quality of my professional life and the quality of care I am able to provide to my patients."

And at our EHR Town Hall events this year in Boston and right here in Atlanta, I personally spoke with scores of other physicians who were also openly thankful for the steps we are taking, for our advocacy work in DC and for our collaborative efforts with partners in the private sector to simplify and streamline the work we do.

One particular physician I met last month made a special impression. The day after I had addressed our ACEP assembly, she approached me to say how much it meant to her that the AMA was taking on these challenges, that she feels better knowing that AMA leadership truly "gets it." The tears in her eyes made clear the depth of her feeling and will stay with me for a long time.

These special moments mean a lot to me, to all of us serving as physician leaders in this House and to the entire team at the AMA. They inspire us to persist and continue in our advocacy. For the profession, we will continue these battles. And, in partnership with you, we will succeed in our work to advance the causes of our profession and to empower physicians to use their voices for positive change. We must continue to support and protect physicians and patients wherever these battles arise—in courtrooms, in state capitals, and in the halls of Washington.

You are all aware that earlier this year the AMA and our federation partners successfully won the epic battle to repeal Medicare's fatally flawed and poorly conceived sustainable growth rate formula (SGR). The new law is currently being implemented and we are now working with Federation partners to identify and recommend solutions to the policy questions that are important to you and to influence the detailed regulatory work required to implement the new law. The AMA will also provide physicians with information, tools and resources that will empower informed decisions as they adapt their practices to the new law.

In another way we helped the profession this year, AMA smoothed the transition to the new ICD-10 code set by achieving a grace period; an ombudsman assigned to triage issues as they arise, and a pledge from CMS for a period of leniency in the required code specificity.

On these and so many other issues, as we work to shape the future of medicine, physicians must be front and center defining our future, so the future will not define us. But there is another call to arms in our country today. Public health officials have declared that prescription opioid abuse and overdose is the largest public health crisis in this country since the AIDS epidemic.

Sadly, like many of you, I've witnessed first-hand the devastating impact of this epidemic, a far too common experience in our communities. Alarming, I am now regularly torn from a patient's room, or pulled off an important call, so that I can rush and try to resuscitate apneic, cyanotic overdose patients.

In response to the national crisis, the AMA has convened a task force with the American Osteopathic Association, the American Dental Association, and 24 other physician organizations to combat the growing public health crisis of opioid dependency and abuse. We are pressing for greater funding and continued improvements to prescription drug monitoring programs that will help physicians identify patients at risk for opioid misuse and overdose. We are encouraging physicians to take advantage of prescribing educational programs developed by state, specialty and national physician groups. In more than 30 states, we have also had success expanding access to naloxone and enacting Good Samaritan protections for bystanders who intervene to help overdose patients.

Each and every physician can help address this crisis; physicians must be leaders. We cannot sit back and allow our neighbors, our friends, our children to overdose. We must turn the tide for people who currently suffer and for those who are at risk in the future.

It has been my great honor to serve as AMA's president for the past five months and to have the opportunity to talk with physicians across our nation about their successes and failures, about their aspirations and front line frustrations. Together, we've experienced the milestones of seismic transformation in health care. Together we reflect on what is ahead and remember that no matter how things evolve or what changes come to pass, the very heart of our work remains the special moments we share with our patients.

We all have different specialties and areas of focus, and yet we are bound by our common mission of caring for our patients. We all entered medicine to help patients lead healthier, happier lives and to be partners with them throughout their journey. We all encounter frustrations. But we will persevere. Bit by bit, we will prevail. We will be relentless in our efforts to ensure that each and every physician in our nation knows and takes comfort in the knowledge that the AMA is in their corner.

In closing, Thank you. Thank you, for putting your patients first and for the sacrifices you make to do this. Thank you, for delivering to them the kind of personal care that we would wish for our own families and loved ones, despite the challenges you face. Thank you, for finding the time—amid the chaos of modern medicine—to make medicine better.

Thank you, for carrying our profession forward.

**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. 14.

Madam Speaker, Mister President, members of the Board, delegates, and guests:

We live in a rapidly changing world. From the surprising, positive discovery of a nearly effortless method of gene editing last year, to the tragically sad events in Paris last night. The world can be unpredictable. Making sense of this can be a challenge.

The American healthcare system also evolves at a pace that would have seemed impossible not long ago. Thankfully, physicians aren't just watching; we're actively working to shape the future for the betterment of public health. We're speaking up but we must keep pace. To deal with such change, physician voices must be as unified as possible—unified in an intentional way. And, on the flip side, we need dexterity to detect and adjust to the unintentional consequences of change.

Now, unintended consequences occur all the time. I experienced this in 1992 while on sabbatical in Europe. One day, while rushing along, I fell and broke my arm by tripping over a wheelchair access ramp. Unfortunately, true. Two days later, cast on my arm, I was mugged in the subway.

Now muggings are rare in Europe's subways. But I learned that, of the last two people who were mugged in my subway, one had a casted leg and the other a casted arm. So I was the equivalent of that compromised animal on the edge of the heard that predators selectively cull! The unintended consequences? I'm positive the wheelchair access ramp was not built with the intent of breaking arms. I'm equally sure that the orthopedist did not cast my arm to brand me for a good mugging.

How do we address the epic changes in healthcare and anticipate and react to consequences both intended and unintended? First, as our bedrock, we have the actions of this House, a House that through our multiple societies represents virtually every physician in the United States. Consequently, we act with confidence, based on your work, to shape the changes in health care. Many of these policy actions have already been described by Dr. Stack. Actions to improve the destiny of physicians and our patients. Actions that directly engage policy makers.

Sometimes our action is a firm public stand. For instance, when the proposed health insurance mergers were announced, the AMA strongly stated concerns, and laid bare the potential negative ramifications. Other times, we act through collaboration, such as the working groups of state and specialty society CEOs we assembled to shape changes legislated by the Medicare Reform Law. All with the intent of sensibly shaping the future for physicians and patients.

Now, there are critical elements that help make our work more successful: among those is our standing with patients. Last summer, a Kaiser Family Foundation tracking poll asked people to gauge their view of corporate sectors and groups. Oil and health insurance companies were at the bottom with only 14 percent of people having a very positive view. At the top were physicians. Seventy-eight percent of the population had either a positive or highly positive view of physicians. Let me note that only 7 percent had a negative view of physicians. I think it safe to assume those folks were seen by non-AMA members.

But why do physicians have such high standing? I believe it's because of our orientation to the patient; our drive to promote the art and science of medicine and the betterment of public health. Living the mission provides the patina. And it is our mission-based strategic plan that magnifies this effect.

As you know, the strategic plan contains the following three elements: one, creating the medical school of the future; two, advocating and producing products, resources and services that support physicians; and three, improving health outcomes through the prevention of costly chronic disease.

It is this mission-oriented work that embellishes our standing with the public. Each of these initiatives has, at the base, a multitude of AMA policies. This strategic work has garnered national attention for the AMA, now that we have produced tangible results, evident in all three areas. As a consequence, AMA experts are being called to participate in deep dives, ideation panels, and other brainstorming events at TedMed, Health 2.0, Aspen Ideas Festival, National Academy of Medicine, and many other highly visible venues.



Let me provide a flavor of why there is such broad interest in our work. First, our med-school Consortium is developing innovations that will be critical to creating the medical school of the future. Just last week, the Consortium expanded from 11 to 32 schools. A week earlier, a joint conference, held in partnership with the AAMC, highlighted the work of one consortium school, Penn State. Our Consortium reimagines what medical training ought to be and is working on future-focused initiatives.

In September, the AMA hosted a prominent med-ed conference. At this national med-ed conference I was sitting next to a distinguished educator. Half-way through the first morning, he leaned over to me and said: "Jim, this is exciting, I've not seen anything this promising in my 40-year career." That notable person wasn't an AMA member before the conference, he is now. And be assured that the view I'm presenting is not just that through rose-colored glasses, optimist though I be.

We commissioned a stealth national survey of medical school education deans, conducted by a third party, without identifying the AMA. This exercise revealed that in the last three years the AMA has progressively become broadly recognized as a premier, innovative thought leader in med-ed. This traction is creating positive intended consequences for tomorrow's physicians and their patients.

And for today's physicians? Our push toward the second strategic priority of thriving and sustainable practices that better protect the physician-patient relationship also continues to advance. The AMA is one of a small group of health care leaders recently awarded a federal grant to explore ways to better equip physicians with the tools, information and support needed to best treat patients. This Transforming Clinical Practice Initiative will support more than 14,000 physicians over the next four years.

The AMA is also committed to developing new products to revitalize your practice and improve patient care. AMA STEPS Forward<sup>®</sup> is one such aid: 27-modules to date, including 11 new modules since June, on topics from workflow to physician well-being, payment support to leading change. Launched less than 6 months ago, 37,000 physicians have already engaged with STEPS Forward modules and earned CME as a bonus. Through the STEPS Forward platform, we not only offer relevant content, we also invite engagement of physicians through innovation challenges.

Recently, we announced five winning solutions and awarded cash for each of these practice innovations. These crowd-sourced ideas will inform the next series of STEPS Forward modules. And, soon the AMA will launch a forum for physicians who are interested in developing their leadership skills. So we're listening, engaging and creating solutions. We are working to help you get back to your patients.

Our work in the third strategic area, improving health outcomes, started with pilot studies involving extraordinary new partners like the CDC, YMCA, a virtual diabetes prevention program, and others. Building on that foundation, we are now scaling our efforts. We have partnered with the CDC to engage over 40 employers, payers, community organizations and other groups to devise a roadmap for diabetes prevention on a state-wide scale in Michigan. Included is a return-on-investment calculator that lets employers fully see the rationale of investments in prevention.

In January, we will launch a national awareness initiative with the Ad Council aimed to educate Americans on the prevalence of prediabetes and how to prevent progression to diabetes. Just last week we announced a new partnership with the American Heart Association that will advance our work on the problem of hypertension.

Adding to the power of this mission work in creating an ever more positive view of physicians, is the extraordinary work in the *Journal of the American Medical Association* and our JAMA Network of specialty journals. Four hundred thousand followers per year now engage JAMA on social media alone. Six hundred thousand individuals engage weekly in our electronic alerts. People download more than half-a-million JAMA articles each week. That's right, 25 million times a year someone goes to our website and reads a JAMA manuscript. And there's more. In the last year, two new journals, JAMA Oncology and JAMA Cardiology, have expanded the JAMA Network.

We've also extended the reach of our work with what I refer to as the AMA Innovation Ecosystem. This ecosystem requires our creativity and our investment. We are working to transform health care by partnering with other industry leaders who are keenly focused on bridging the gap to ensure technology works better for our physicians and their patients.

Chicago-based MATTER, an incubator/accelerator that now has more than 120 healthcare startups, is an AMA partner. Our work at MATTER assures physician input at the point of creation of new ideas, so that the next generation of tools and services are better suited for physicians.

Another component of the innovation ecosystem is a developing innovation laboratory – named Health2047, in recognition of the AMA's 200th anniversary date. At Health2047, technologists, designers, engineers, coders and physicians will create rapid prototypes of solutions for physicians and for the workflow of health care. Potential outcomes from this new initiative include new products, tools and resources that will assist us in our most meaningful work – caring for patients.

The combination of all of this—the mission work in our three strategic focus areas, the highly regarded peer-reviewed journals, our innovation ecosystem—all of this provides increasing credibility and that helps power our advocacy, advocacy that then provides a more authoritative voice for physicians in Washington and nationwide.

Physicians should be the leading architects in reshaping the health care system in this country. We will be. It is our task to work, scrap and fight to assure that, as health care changes, it changes in ways that protect the doctor-patient relationship and the policies that keep it strong. Given the current state, we clearly have our work cut out for us. But we're relentless in our pursuit of this goal. Our mission-area work, which is rooted in the bedrock of the policies of this house, is the springboard for ever-higher national standing.

But are we playing all the cards in our hand as well as we can? What are the unintended consequences if we don't demonstrate a united House of Medicine? Here are the cards that we hold: a united Federation producing policy, our mission strength, our positive standing with the public, and the respect held for our advocacy in Washington. All unequivocal facts. All supported by a rich array of data. Strong four cards, but there is a fifth.

Health care leaders and the media have pointed out that the power of physicians—the pathway of playing those other four strong cards well—is proportional to the degree that we can unify our voice behind our adopted policies. Imagine a united Federation supporting the policies produced and adopted. Imagine broad consensus support both from those who voted yea and those who voted nay for a policy adopted by this house under democratic principles.

Remember saying goodbye, just last April, to SGR by overwhelming votes in both Houses of Congress prefaced by the overwhelming unified stance of physicians? Don't you almost miss that moment? Physicians can experience similar achievements regularly, if united. When unified, the policies that are adopted here would be nearly unstoppable. We need only to play our full hand.

We are in a time of great change, but change is a human constant, elegantly captured in the Italian novel *The Leopard*, a novel about the unification of Sicily in the mid-1800s. A Sicilian nobleman is caught in the midst of civil war and revolution. He has to make a choice between various traditions and habits and protecting what he deems most important, his family and his family's influence. By changing some old habits and structures, the stability of those elements that were most important to him was ensured. Here's the way he explained it to others: "things need to change, so that everything can stay the same."

What's important to physicians is clear. It was the central conclusion of the AMA-Rand collaborative studies. What's important is time with our patients, tools that work, practices poised to thrive. Things may have to change so these historic aspects of practice can be secured and continued. We can do this. And with more unified support of the decisions you make here, we will have already started.

Thank you.

**COMMENTS FROM THE CHAIR OF THE AMPAC BOARD:** The following comments were offered by, Robert Puchalski, MD, on Saturday, Nov. 14.

In June, I shared with you that my parents left a communist country because they were hoping that their actions will be matched to their thinking.

In 1961, this AMA House of Delegates created AMPAC. Alternate delegates and delegates like you and I came together because they felt organized medicine needed the same thing. Now I am here to report that your AMPAC Board of Directors has been doing a lot of heavy lifting. As I mentioned to you in June, we have unprecedented giving within the AMPAC Board of Directors and our Executive Committee contributes at the maximum allowed by law, \$5,000 annually. We do this not because we can easily afford to, but because we can't afford not to do it. We do this because we know as leaders, that if we failed to match the intensity of our conviction to the boldness of our action, that we risk, as leaders, being successful.

What we ask of you as a House of Delegates is to be members at the Capitol Club level. We have been working hard in the AMPAC Board to create a new institutional standard of giving amongst all the levels of leadership within the AMA. Currently, AMPAC participation at the AMPAC Capitol Club level is less than 40 percent.

Now, this is a minority, but it's a minority that sets a good example and one that we should appreciate and recognize. And so, therefore, I'd like to ask, as briefly, those members of the House who are also members of the Capitol Club could please stand to get the deserved recognition. Thank you very much for your leadership, and we look forward to seeing you at lunch on Monday.

Now I have to ask a couple of questions, admittedly rhetorical, but the first is, is it reasonable for us to expect that the entire room be full of standing doctors the next time we ask this question? What does it say about us if we fail to support the organization that's committed to implementing the policies that we craft, modify and pass over the next three days?

It occurs to me that a failure to support AMPAC has consequences at a time when Congressional policy can significantly impact the stature and the image of our profession. And to better exemplify this, I'd like to borrow a story from the British military concerning Captain Smithers.

In the great age of the British Empire a commanding officer was sent to a remote jungle outpost to relieve a retiring colonel. Upon arriving, he was given all the usual customary invitations: tea, cucumber sandwich, gin and tonic. After a little while the retiring colonel said, "I must introduce you to my adjutant, Captain Smithers. He is my right-hand man. He is truly the strength of this office and his talent is boundless."

So Captain Smithers was summoned to the room, and the commanding officer that was taking over was surprised to find a hunched back, one-eyed, hairless, toothless specimen of humanity, a particularly unattractive man with a stature of less than 3 feet. At this point, the retiring colonel turned to him and said, "Smithers, old man, go ahead and tell your new commanding officer your story."

And at that point, Captain Smithers said, "Well, I graduated with honors from Sandhurst. I then graduated the top of my medical school class. I then took it upon myself to join the regiment. I earned the star and the cross three separate times for going behind enemy lines to save injured troops and bring them back to safety. I independently stopped an outbreak of cholera within our troops and I'm currently researching," and at this point he was interrupted by the retiring colonel who said, "Smithers, Smithers, the CO can find all this in the file. Tell him about the time you told the witchdoctor to kiss off."

Ladies and gentlemen, AMPAC is an important tool to implement the policies that we talk about over the next three days and to translate them into actual law or policy or regulation. Ignoring AMPAC is analogous to telling Congress to kiss off. If we ignore AMPAC, we run the risk of meeting the same thing that Captain Smithers did at the hands of the witchdoctor.

And so I ask you to not make that mistake, and we ask you to please join all the standing members in the room to become Capitol Club members in 2016 and beyond.

Thank you.

**REPORT OF THE AMPAC BOARD OF DIRECTORS:** The following report was submitted by Robert Puchalski MD, Chair of AMPAC:

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding our activities during the current election cycle. Our mission is to provide physicians with the opportunity to support candidates for election to federal office who will work to strengthen our ability to care for America's patients. In addition, we help physicians advocate for their patients and their profession through our political education programs that recruit physicians to work on a campaign or to run for office themselves. We work hand-in-hand with our state medical society PAC partners to carry out our mission.

#### AMPAC Membership Fundraising

As the fourth quarter of fundraising comes to a close, fundraising receipts are trailing in comparison to the start of last election cycle. To date, overall AMPAC revenue is \$1,123,467 compared to \$1,275,594 in October of 2013 which is a decrease of 12 percent, or \$152,127. The current figures for 2015 are surprising given the significance of the AMA's Congressional victory in repealing the SGR. In light of this accomplishment, we forecast that AMPAC's overall receipts for 2015 would be on an upward trend rather than declining this cycle.

In particular, we counted on the AMPAC participation rate of our own House of Delegates (HOD) to increase closer to 85 percent and be much higher than the 69 percent we have today - a 4 percent decrease from where we ended last year. We need to continue to expand HOD participation, especially in Capitol Club since it will be critical to our efforts as we head into the 2016 elections. We need to have resources available early so we can have a substantial impact at the beginning of the year when it matters most. Your personal participation is very important. If you have still not given for 2015, please stop by AMPAC's booth to fulfill your commitment.

AMPAC Capitol Club has experienced steady growth compared to the last non-election year of 2013. There are currently 850 Capitol Club members, surpassing 2013's member participation rate by 3 percent. AMPAC's Capitol Club Platinum level has risen to a record 72 members, which is an 18 percent increase over 2013. All current 2015 members have been invited to attend AMPAC's luncheon on Monday, November 11th with special guest Mara Liasson. Liasson is a national political correspondent for NPR and provides extensive coverage of politics and policy from Washington, DC. Also during this event, AMPAC will be drawing the winner for our annual sweepstakes which is a magnificent all-inclusive five day/four night trip for two at the Ranch at Rock Creek in Philipsburg, Montana in September of 2016. All current Platinum, Gold and Silver contributors are automatically entered into the sweepstakes drawing and just maybe you will be the lucky winner!

We need your continued support as leaders of the AMA. Moving into the 2016 election year, and the 2016 legislative agenda, we can only be as effective as we are united in our efforts to support our own advocacy efforts. Once again, if you have not made a contribution to AMPAC for 2015 or would like to join for 2016, please stop by AMPAC's booth which is located just outside the House of Delegates in the atrium foyer.

#### Political Action

AMPAC is continuing to prepare for the 2016 elections and once again ensuring that organized medicine impacts the national debate. The AMPAC Board's Congressional Review Committee is working closely with state medical society PACs to make early 2016 Primary contributions to key House and Senate candidates. Medicine-friendly candidates, lawmakers in important positions within party leadership or on committees that deal with medicine's priority issues, in addition to those legislators who distinguished themselves in this year's SGR repeal fight and are expected to face tough races, are the current focus.

As the AMA's advocacy efforts move to a broader regulatory agenda post-SGR, AMPAC's presence in federal elections will ensure key relationships on Capitol Hill continue to be built and maintained.

#### Political Education Programs

On September 17-18, 58 physicians and state society staff attended the annual AMPAC Federation Meeting in Washington, DC. In addition to providing an opportunity for state PAC leaders to come together to share ideas for effective political action, the meeting also provided opportunities for participants to visit Capitol Hill to lobby their

state delegations. More than 100 meetings with Congressional offices were held to push for action on key AMA priorities like mitigating the burden from Stage 3 EHR Meaningful Use regulations, repealing the Independent Payment Advisory Board and supporting diabetes prevention programs.

On November 21, AMPAC will cohost a Regional Campaign and Grassroots Seminar with the Pennsylvania Medical Society in Pittsburgh. The Seminar will focus on grassroots and political skill development for PAMED members. Participants at the Seminar will also be eligible for up to 3.0 AMA PRA Category 1 CME credits.

In 2016, AMPAC will once again host the Candidate Workshop and Campaign School in Washington, DC to help AMA members become more effective advocates for medicine as both candidates and skilled campaign volunteers. The Candidate Workshop will be held February 19-21 and the Campaign School will be held April 13-17. You are encouraged to visit the AMPAC booth or visit [ampaonline.org](http://ampaonline.org) to find out more about these exceptional programs.

### 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.

**RETIRING DELEGATES AND EXECUTIVES**

**Indiana**

Kevin Burke, MD  
Alfred Cox, MD  
James McIntire

**Iowa**

Harold Miller, MD  
Stephen Richards, DO

**Kentucky**

Andrew Pulito, MD  
Donald Neel, MD

**Minnesota**

Stephen Darrow, MD  
Raymond Christensen, MD

**New York**

Gregory Threatte, MD

**Pennsylvania**

John E. Demko  
Jana L. Ebbert, DO  
Sage Green  
Andrew W. Gurman, MD  
Diana Huang  
Evan J. Pollack, MD  
Thomas J. Weida, MD  
Bruce L. Wilder, MD

**South Dakota**

Herb Saloum, MD

**Texas**

Sheldon Gross, MD

**Virginia**

Carol Shapiro, MD

**American Academy of Family Physicians**

Neil Brooks, MD  
Aaron George, MD

**American College of Radiology**

Charles D. Williams, MD

**REFERENCE COMMITTEE MEMBERS****Reference Committee on Amendments to Constitution and Bylaws**

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 Sherri Baker, MD, Oklahoma  
 Floyd A. Buras, Jr., MD, Louisiana  
 Sean Figy, MD, American Association of Plastic Surgeons, Sectional Resident  
 Robert Gibbs, MD, Kansas\*  
 Todd Hertzberg, MD, American College of Radiology  
 Susan M. Strate, MD, College of American Pathologists\*

**Reference Committee B (Legislation)**

Clarence P. Chou, MD, Wisconsin, Chair  
 Maryanne C. Bombaugh, MD, Massachusetts  
 Patricia L. Bryant, MD, New Mexico\*  
 Steven Chen, MD, American Society of Breast Surgeons  
 Shamie Das, MD, Society of Critical Care Medicine, Sectional Resident\*  
 William H. Huffaker, MD, Missouri  
 Thomas Vidic, MD, Indiana\*

**Reference Committee F (AMA Finance and governance)**

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 David H. Aizuss, MD, California  
 Betty S. Chu, MD, Michigan\*  
 Gary W. Floyd, MD, Texas\*  
 Ravi D. Goel, MD, American Academy of Ophthalmology  
 Julia V. Johnson, MD, American Society for Reproductive Medicine\*  
 Gary R. Katz, MD, Ohio

**Reference Committee J (Medical Practice)**

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 John Flores, MD, Texas\*  
 Richard A. Geline, MD, Illinois  
 Francis P. MacMillan, Jr., MD, Massachusetts\*  
 Fred Ralston, Jr., MD, Tennessee\*  
 Naveen Sangji, MD, American College of Surgeons  
 Boyce G Tollison, MD, South Carolina

**Reference Committee K (Education, science and public health)**

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 Alexander Ding, MD, California\*  
 Robert B. Goldberg, DO, New York  
 Ted Groshong, MD, Missouri  
 Lynda G. Kabbash, MD, Women Physicians Section\*  
 B.W. Ruffner, MD, Tennessee  
 Victoria Sharp, MD, Iowa\*

**Reference Committee on the Modernized Code of Medical Ethics**

Larry E. Reaves, MD, Texas, Chair  
 Kavita Shah Arora, MD, American Congress of Obstetricians and Gynecologists  
 David A. Hexter, MD, Maryland  
 Joy Lee, New Jersey, Regional Medical Student  
 Kenneth B. Simons, MD, Academic Physicians Section\*  
 David T. Walsworth, MD, Michigan\*  
 Richard S. Wilbur, MD, American College of Legal Medicine

**Committee on Rules and Credentials**

J. Mack Worthington, MD, American Academy of Family Physicians, Chair  
 Jerome C. Cohen, MD, New York  
 Laura A. Dean, MD, American Congress of Obstetricians and Gynecologists  
 Daniel B. Kimball, Jr., MD, Pennsylvania  
 H. Timberlake Pearce, Jr., MD, South Carolina\*  
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**Tellers**

Michael B. Hoover, MD, Indiana, Chief Teller

*Assistant Tellers*

Anthony J. Armstrong, MD, Ohio  
 Hoyt Burdick, MD, West Virginia\*  
 Gary A. Delaney, MD, South Carolina\*  
 Billie L. Jackson, MD, Georgia\*  
 George M. Lange, MD, Wisconsin\*  
 Carlo J. E. Milani, MD, American Academy of Physical Medical and Rehabilitation\*  
 Barbara Schneidman, MD, American Psychiatric Association\*

\*Alternate Delegate