

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following report was presented by Glenn Loomis, MD, Chair.

1. SENIOR PHYSICIANS SECTION FIVE-YEAR REVIEW

Reference committee hearing: see report of Reference Committee F.

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

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

The Council analyzed information from the letter of application submitted by the Senior Physicians Section (SPS) for renewal of delineated section status.

APPLICATION OF CRITERIA TO THE SENIOR PHYSICIANS SECTION

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

When the SPS was established at the 2012 Interim Meeting of the House of Delegates (HOD), the Section identified an array of concerns affecting the landscape of medicine, particularly among physicians age 65 and older. Among the issues identified were decisions on retirement or reducing work capacity; competency evaluation; state licensing and licensure laws, particularly with regard to physician reentry to medicine or volunteering; transitions in payment models, technology, regulations and organizational structures; strategies to engage senior physicians in community leadership for the purposes of advocacy and engagement with the AMA’s strategic focus areas; health and wellness programs; and mentoring roles. Prior to the establishment of the SPS, the interests of senior physicians were represented as a special group, which served an advisory role to the Board of Trustees (BOT) from 2006-2012.

CLRPD assessment: The mission of the SPS is to provide a dedicated forum within the AMA to increase discussion of and advocacy on senior physician issues and strengthen the AMA’s ability to represent this physician constituency. The SPS provides advice and counsel to the Association on policy and program issues of interest to senior physicians, and offers suggestions for activities that best meet the needs of this physician segment. There are currently no other groups or sections within the AMA that specifically address the unique issues of concern of senior physicians. The SPS provides a formal structure for senior physicians to participate directly in the deliberations of the HOD and impact policy.

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

The primary objectives of the SPS are to provide a formalized structure for representation in the HOD of active and retired AMA members over the age of 65; to review, discuss and draft policy positions; to develop and promote products and services relevant to senior physicians; and to identify the needs of senior physicians and advocate on their behalves.

The SPS meetings typically include educational sessions and discussions on topics relevant to senior physicians, specifically cognitive and emotional aging; health and wellness among physicians; practice patterns, transitioning out of practice and reentry; and roles for senior physicians in medical education. All surveyed participants at the A-

16 SPS Meeting said both that the meeting was a valuable use of their time and that they would recommend the meeting to their peers. A survey conducted by the AMA's Physician Engagement Unit found that a large percentage of retired physicians rely primarily on medical associations and societies for professional support. The SPS promotes tools that educate physicians as they transition out of full time practice. A July 2016 membership report found the YTD retention rates for senior and retired physicians were 85.1% and 89.6%, respectively.

The SPS collaborates with other sections, AMA units and staff, and councils on issues of shared concern. For the continuing medical education (CME) programs on aging, the SPS partnered with the Council on Science and Public Health, the Organized Medical Staff Section, the Council on Medical Education and the International Medical Graduates Section. In 2016, the SPS collaborated with the Academic Physicians Section on a CME program focused on physician burnout. The SPS develops its strategy with active participation from BOT liaisons, ensuring alignment with AMA priorities. Topics selected for educational programs aim to highlight AMA strategic objectives, such as increasing physician satisfaction, improving safety and quality of medical practice, and continuing education, while collaboration with other groups helps to maximize the efficiency and impact of SPS efforts.

CLRPD Assessment: The SPS serves its constituents by bringing professional issues unique to senior physicians to the forefront of organized medicine, and by providing targeted educational programs and resources for the policymaking process.

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

In 2013, the BOT approved the SPS internal operating procedure (IOP), which designated a seven-member governing council (GC) elected by majority vote of SPS membership to guide the Section's programs and activities. Modifications to the SPS IOP designated the Immediate Past Chair as an officer position to add continuity to GC leadership, and required candidates for delegate and alternate delegate positions to have previously held local, state, specialty society or national leadership positions, ensuring that those elected possessed the experience required to fulfill those roles. All members of the SPS are eligible for election to any office, aside from the aforementioned requirements for delegate positions. The GC convenes a strategic planning meeting each year, typically facilitated by a BOT liaison, to discuss short- and long-term goals of the SPS, and to outline a specific work agenda and enduring direction for the SPS that meets the needs of senior physicians while supporting the AMA.

The SPS undertakes a collaborative policymaking process leading up to the Section's meetings that includes involvement/input from individual SPS members. An online member forum affords an opportunity for SPS members to submit resolution ideas. If AMA policy already exists on a topic, that information is posted to the forum. A virtual SPS meeting allows all SPS members to provide testimony on resolution proposals and reports. A majority vote of those present helps to develop consensus, which guides the actions of the SPS delegate and alternate delegate when submitting items of business to the HOD. At least one liaison from every state participates in the SPS Assembly, a business meeting led by the Section's delegates and held in conjunction with each HOD meeting, during which liaisons discuss SPS-sponsored resolutions and other HOD business items.

CLRPD Assessment: The SPS convenes a GC from its members and holds strategic planning meetings to plot its annual and long-term goals and ensure alignment with the goals of the AMA. All section members have opportunities throughout the year to contribute to the deliberations of the SPS either in person or by virtual means.

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

Membership in the SPS is determined by age; all AMA member physicians age 65 and older are members of the SPS, making the segment of the population represented by the SPS easily identifiable. Year-end figures from 2016 indicated that 54,738 members of the AMA were age 65 or older, representing 22.8% of all AMA members. Of all physicians and medical students, 305,181 were age 65 and older, 17.9% of which were AMA members in 2016.

CLRPD Assessment: The SPS is comprised of members from an identifiable segment of AMA membership and the general physician population, and the Section represents a substantial number of members. AMA Physician

Masterfile data indicate that the number of physicians age 65 and over has grown steadily for more than a decade, highlighting the alignment of SPS with potential AMA membership growth.

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

During the 2016 Annual Meeting of the HOD, approximately 60 physicians attended the SPS Assembly, and about 100 attended the subsequent educational session. Typically, SPS educational programs feature nationally recognized speakers, provide actionable insights for senior physicians' clinical, professional and personal needs, and are highly rated by attendees. Figures from the SPS GC elections indicate increasing engagement. In 2014, the inaugural SPS GC election, 709 votes were cast in the first election and 751 were cast in the runoff; in 2016, 1,259 were cast in the first election and 1,580 were cast in the runoff. Approximately 14,000 physicians have opted in to receive monthly emails on the activities of the SPS.

Governance management of the SPS has for the past three years aligned strategically with the AMA Physician Engagement Unit to leverage the knowledge of SPS members to identify the needs of the senior physician population, and provide products, services and targeted communications to grow engagement with the Section and the AMA, positioning the SPS for further growth. The number of physicians age 65 and over has grown consistently for more than a decade, increasing the potential for future growth of the SPS.

In 2014, the HOD adopted an SPS resolution requesting a study to determine the need for professional regulation in assuring quality and safety of patients cared for by older physicians. SPS leadership collaborated with the Council on Medical Education to explore whether competency tools existed. HOD adoption of the Council on Medical Education's recommendations (CME Report 5-A-15) resulted in AMA Policy D-275.956, "Assuring Safe and Effective Care for Patients by Senior/Late Career Physicians." Subsequently, the AMA assembled a workgroup comprised of a large number of national experts from multiple disciplines who study aging to establish principles for determining competence—an effort to avert a call for mandatory retirement age or the imposition of guidelines by others. The Council on Medical Education plans to submit a follow up report in 2018. In 2016, the outcome of this work resulted in the publication of a peer-reviewed paper on the status of senior physician competency authored by Richard Hawkins, MD, the AMA's VP of Medical Education Programs, and four additional authors, including Paul Wick, MD, an SPS GC member. The report suggests the implementation of a screening process based on evidence-based guidelines and consistent quality standards to determine competency, rather than age-specific retirement mandates and other restrictions.

CLRPD Assessment: SPS meetings, elections and educational sessions are well attended, and demonstrate increasing engagement, while strategies are in place to further grow participation. The population of potential SPS members continues to expand. The AMA has benefited from an increased voice of SPS members within the policymaking body of the Association.

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

The SPS delegates have provided testimony to the HOD on items relevant to both senior physicians and the broader AMA, including access to self-administered medications, repeal of anti-kickback safe harbor for group purchasing organizations and guidelines for prescribing opioids. The SPS sends a monthly newsletter to all senior physicians who opt in, which contains a timeline of activities leading up to HOD meetings, and information on how to submit resolutions, post to online forums and attend virtual reference committees. Biannually, the SPS convenes a virtual meeting to maintain open communication among all Section members and allow members to discuss submitted resolutions or testify on items relevant to senior physicians. The SPS uses resolution idea forms and resolution templates to ease the process of introducing resolution topics.

During the Section's 2016 Interim Meeting, the GC outlined broad areas of focus that adhere to the mission of the SPS, including practice patterns and transitioning out of practice, the roles of senior physicians in supplementing and filling gaps in community health needs, and overcoming barriers to adopting and implementing technology. Meetings of the SPS Assembly are largely spent reviewing items of interest to the SPS, selected in advance by the

SPS delegate and alternate delegate, and formulating SPS positions on reports and resolutions submitted to the HOD.

CLRPD Assessment: The SPS provides numerous opportunities for members of the constituency to introduce issues of concern and participate in the HOD policymaking process. The SPS has continually looked for ways to improve member communications and facilitate changes in the resolution process, thereby encouraging member involvement.

As a demographic group, senior physicians are not underrepresented in the HOD. CLRPD Report 2-A-17, Demographic Characteristics of the House of Delegates and AMA Leadership revealed that senior physicians made up 33.8% of all delegates in the HOD—a higher percentage than senior physician AMA members (22.8%) and the proportion of senior physicians that made up the nationwide population of physicians and medical students (23.8%). However, when serving on state and specialty delegations, senior physicians are obligated to represent the interests of their respective delegations, limiting their opportunities to address issues of concern specific to their demographic group. AMA Policy G-615.002, “AMA Member Component Groups,” states, “Delineated Sections will allow a voice in the house of medicine for large groups of physicians, who are connected through a unique perspective, but may be underrepresented.” The SPS provides the appropriate structure for a focused voice on issues that uniquely affect senior physicians.

RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Senior Physicians Section through 2022 with the next review no later than the 2022 Interim Meeting and that the remainder of this report be filed.