



The Values Behind the Policies

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Delegates, colleagues, honored guests:

Earlier in today's session, I was honored to present the AMA's Distinguished Service Award to Dr. Bennet Omalu, the physician who first identified chronic brain damage as a major factor in the injury and death of professional football players.

Our three-minute ceremony did not do justice to his story, however.

Born in Nigeria, and granted citizenship by this country last year, Dr. Omalu is a true American hero. As a young pathologist, Dr. Omalu conducted an autopsy on former Pittsburgh Steelers center Mike Webster. As he told *Frontline*, "I saw changes that shouldn't be in a 50-year old man's brain."

He named the condition Chronic Traumatic Encephalopathy (CTE) and his findings were published in the journal *Neurosurgery*.

Immediately, he felt the full weight of disapproval of the National Football League. A multi-billion dollar industry with an army of lawyers, experts and public relations professionals.

But Dr. Omalu was confident in his findings and held firmly to the science, despite great personal risk to his employment and immigration status.

Imagine being in his position.

You are practicing medicine in a foreign country. Your immigration status is dependent upon your continued employment. Imagine your professional competence being called into question by numerous experts, lawyers, and prominent physicians.

As his reputation was attacked, Dr. Omalu must have spent many sleepless nights.

Eventually Dr. Omalu was proven right. This was a tipping point, as our society started looking more closely at the safety of athletes. As a result, the NFL, the NCAA and even Pop Warner football have implemented new rules to reduce players' head trauma. As you all know, this concern has spread to other sports. In fact, Dr. Omalu's long-term legacy may well be fewer injuries among young Americans, and kids all over the world, as more safety protocols are adopted in sports.

Dr. Omalu – thank you. We are so proud that you spoke up. You exemplify the values we all aspire to in the practice of medicine: professionalism, dedication to science, and commitment to patients.

In our own best moments, we are all as confident in our own instincts and findings, as well as the science that underpins them; and we are willing to fight for our patients, even in the face of seemingly insurmountable odds.

While few of us will have the occasion to demonstrate the courage Dr. Omalu showed, we can all remember that, in medicine, it is principles and values like his that make us powerful. That's what unifies us. What shapes us as leaders.

A few minutes ago, I was presented with a copy of the AMA's newly updated *Code of Medical Ethics*. This Code has been a guiding force for practicing medicine honorably since the AMA's first meeting back in 1847.

The AMA's Principles of Medical Ethics, the bedrock of the Code, focus strongly on patients.

The Preamble states:

"As a member of this profession, a physician must recognize responsibility to patients **first and foremost**, as well as to society, to other health professionals, and to self."

The Principles state:

We are to "support access to medical care for all people."

We are to provide "competent medical care, with compassion and respect for human dignity and rights."

We are to regard our "responsibility to the patient as paramount."

For most of us, I suspect, this is instinctive. This impulse to serve our friends and neighbors is the reason we went to medical school.

As Hippocrates said more than two millennia ago, "Wherever the art of medicine is loved, there is also a love of humanity."

Being a healer is a tremendous privilege, and a tremendous responsibility. As healers, we must embrace advocacy for our patients and for medicine.

You have heard me say this before, but it bears repeating: what happens in the halls of Congress is as important to our patients and practices as what happens in the halls of academia or the halls of our offices and hospitals.

I view advocacy as a critical professional responsibility of all physicians. The Code directs us to “respect the law and also **recognize a responsibility to seek changes**, which are in the best interests of our patients.”

That’s exactly what we are doing at the AMA: pursuing public policies that are in the best interests of our patients, and of all people:

- When 49 young men and women were murdered at the Pulse nightclub not 20 miles from this hotel, this House immediately voted to expand our longstanding policy on gun safety to support waiting periods and background checks on all firearm purchasers.

This House also singled out gun violence, calling it a public health crisis, and urging Congress to clarify that the Centers for Disease Control and Prevention must be allowed to research gun violence.

Astoundingly, politics has thwarted funding of research on this topic despite more than 30,000 deaths caused by guns each year.

- Another example: When a drug manufacturer raised the price of its life-saving Epi-pens more than 400 percent in seven years, putting children at risk and causing economic hardship for their parents, the AMA called on the manufacturer to rein in the exorbitant costs.

That pressure, combined with public outrage, motivated the manufacturer to reduce patient costs to a more reasonable level *within days*.

And it’s not just Epi-pens. Consumers’ out-of-pocket costs have risen 20 percent for prescription drugs from 2013 to 2015 with little explanation. That’s why, on November 1st, the AMA launched a website -- TruthinRx.org -- inviting consumers to share how rising prices are affecting their health.

- When the Zika virus began putting Americans at risk, especially pregnant women and their children, the AMA provided much needed guidance on our online Zika Resource Center.

The AMA also called on Congress to make available the necessary funding to prepare the nation to fight the Zika threat. I am pleased to report that in September, Congress finally approved 1.1 billion dollars to fight this threat.

A couple of years ago, the AMA took responsibility to play a leading role in addressing the opioid epidemic that is claiming the lives of 78 Americans every day.

Under the able leadership of Patrice Harris, our Board Chair, the AMA's Task Force to Reduce Opioid Abuse continues to make a difference in drawing important attention to what physicians must do to fight the epidemic. Thanks to the combined efforts of the Task Force, we are making progress:

- Physicians and other health professionals are registering for and using state-based prescription drug monitoring programs (PDMPs) more frequently;
- State legislatures have passed more than two dozen new laws increasing access to naloxone, thanks to AMA and state medical society advocacy; and
- Opioid prescribing decreased in every state in the nation last year.

In another victory, Congress passed the AMA-supported *Comprehensive Addiction and Recovery Act*, or CARA in July, which includes a number of provisions to strengthen state-run PDMP programs and expand naloxone availability to first responders. We will continue to fight to assure this new law is sufficiently funded so that it may succeed.

These advocacy efforts represent our values in action. When we take a stand for patients, we take a stand for medicine. After all, we cannot effectively serve patients if we are bogged down by burdensome regulations, or if our patients cannot access care because of insurance mergers or narrow networks.

The AMA strongly believes competition is essential in health care to keep premiums low, to be sure patients have access to care, and to be sure physicians are fairly compensated for the work we do. That's why we have aggressively fought to block the proposed mergers of health insurance giants Anthem and Cigna, and Aetna and Humana.

Our own analyses continue to show that these mergers would significantly reduce competition and threaten health care access, quality and affordability. We have detailed our concerns in correspondence with the U.S. Department of Justice, testimony before Congress, and extensive lobbying of state officials around the country. These efforts were rewarded in July when the Department of Justice and attorneys general from several states sued to block both proposed mergers.

And now, let's discuss one of the top advocacy priorities for each of us and for the profession -- both now, and in the future. That is, of course, MACRA. MACRA, as you know, stands for the Medicare Access and CHIP Reauthorization Act. This is the law that eliminated the much-loathed Sustainable Growth Rate formula and created a new Medicare payment system.

Now that many of us have finally learned what the acronym MACRA stands for, CMS is going to stop using it! Isn't that just like Washington? Keep 'em guessing . . .

From now on, the new payment system created by the MACRA law will be known as the Quality Payment Program, or QPP. Or, maybe, since Q-P-P is unpronounceable, the program formerly known as MACRA.

QPP is the most significant change to Medicare's physician payment system in a generation. The AMA's response is designed to meet the enormity of that challenge. We have been working nonstop on two fronts: both to modify the new regulations where necessary, and to help physicians navigate and prepare for this change.

- We worked extensively with state and specialty medical organizations so that medicine would speak with one voice on the draft regulations.
- In June, we submitted a 67-page comment letter with detailed recommendations CMS should adopt to improve the proposed rule.
- Both before, and since, our Advocacy staff has been working diligently with CMS to ensure that the agency understands physicians' needs and takes them into account in every regulation. Thanks to these efforts, the AMA has found a willing ally in Andy Slavitt, Acting Administrator of CMS, and his senior team.

Today, I am pleased to report that ***our advocacy efforts have paid off***, and CMS has adopted a majority of the AMA's recommendations in its Final Rule.

Let me tell you how they paid off:

- 1) We asked for a longer transition period to prepare for the QPP. The Final Rule gives us one.
- 2) We said the penalties were too severe and physicians needed more time to prepare. The Final Rule gives four options by which physicians can avoid penalties in the first year.
- 3) We said the reporting burden was too heavy and complicated. The Final Rule reduces a number of required reporting measures, making it easier for physicians to comply.
- 4) We said the low-volume threshold was too low. The Final Rule raises the threshold so that more physicians are exempt from the program.
- 5) We asked for more flexibility for physicians practicing in small, rural and medically-underserved settings. The Final Rule gives us that flexibility; and
- 6) We asked for policy changes to give physicians more opportunities to implement Alternative Payment Models. The Final Rule expands possibilities for physician-led APMs.

These successes are thanks to our hard work at building relationships with CMS. We led with our values, and they listened. Even so, this is still a work in progress. Let's remember that Medicare was enacted 51 years ago, and we are still tweaking it, so it is not surprising that there is more work to be done on MACRA.

The AMA is in a unique position to make recommendations on behalf of all physicians and will continue to do so. The second front we are working on is highly practical. We are building tools and resources to arm physicians with information and help them prepare for the transition now.

Last month we launched the Payment Model Evaluator, an innovative tool that will give you an initial assessment so you can determine how your practices will be impacted by the QPP. It's a simple online questionnaire -- that you or your practice administrator can find on AMA's website -- that suggests guidance for participating in the QPP payment model that is best for your practice.

We have also added modules on topics like value-based care and quality improvement to our STEPS Forward™ collection of practice improvement strategies to help you transition to the QPP.

Also available is a podcast series produced by Reach MD that examines elements of the new payment system and what physicians need to do to prepare.

Remember that the transition to Medicare's Quality Payment Program will take years, but the AMA is committed to helping you prepare for every milestone.

Friends, this week we shared a moment of tremendous impact in our country. A new day dawned Wednesday.

To borrow the metaphor of sailing used by Cecil Wilson during his presidency:
We don't know if the seas will be calm or rough, but we do have our North Star to navigate with:
We remain devoted to our mission to promote the art and science of medicine and the betterment of public health.

The policies that have been developed by this House of Delegates serve our patients and our profession well.

These are our guides: our mission, our policies and our values.

We will evaluate future changes in health coverage against three metrics:

- Will the proposals cover more, the same or fewer people? Because we know that people who don't have insurance live sicker and die younger.
- Do the proposals provide adequate access, choice and coverage?
- Do the proposals advance high quality care?

As long as we adhere to these principles – we will be fine. Our patients will be fine, our profession will be fine and our country will be fine.

Thank you for the honor of serving as your president and the privilege of doing this work.

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