

The Cyclical Nature of Progress

**Hyatt Regency
Chicago
Saturday, June 9, 2018**

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

Conversations in medicine often note the rapid evolution in health care ... and how physicians, health systems and patients must adapt.

That's the nature of progress – it can yield incredible breakthroughs, but also can induce anxiety.

Consider this description of our nation:

The American people find themselves consumed by mistrust and anger. Immigration is a hot button issue. There's a widely-shared perception that innovation is moving too fast – at a pace once unimaginable. In parallel, inequality grows.

Those with enormous wealth play an increasing role in politics, and the country is sharply divided between red states and blue.

In a surprise, a Republican candidate wins the White House.... while losing the popular vote.

Sound familiar?

The year was 1888 ... and the AMA wasn't yet half a century old.

Benjamin Harrison had just defeated Grover Cleveland for the presidency. By the way, the southeast and Texas were solid blue ... the northeast and California, solid red.

This isn't to minimize the current challenges, or discredit current anxiety.....but rather to remind ourselves of the cyclical nature of events ... the fact that all times have their challenges, and those challenges can even recycle.

Simply put: by one view, we've been here before.

For the AMA, our resiliency in such times takes root in our mission ... which derives from the bedrock principles of medicine emanating from this House.

Those principles enable the AMA to be a unifying voice and a strong ally for physicians ... as well as for their patients. All for a healthier nation.

Over the last several years, the AMA has refined its strategic approach - aligned with the changing needs of patients and physicians.

We developed three strategic arcs, each anchored by one of the original focus areas...

- First, we reimagine medical education, training and life-long learning to help physicians throughout their careers. This began with our Accelerating Change in Medical Education initiative and evolved to include expansion of JAMA and the creation of the JAMA Network, as well as our soon-to-be-launched Education Hub.
- Second, we improve the health of the nation by confronting the rise in chronic disease. We began this effort concentrating on prediabetes and hypertension and have seen these efforts evolve from pilots to emerging programs of scale .
- Third, we focused on professional satisfaction and practice sustainability, which has evolved to encompass our broad work to attack the dysfunction in health care ... having the goal of removing obstacles that interfere with patient care and also waste the time of physicians. These efforts include our advocacy work, elements of our innovation ecosystem – which I'll touch on -- and our work on mitigating physician burnout.

Here are some brief updates on work across these evolving arcs:

This spring, we celebrated the first graduating classes from our ACE consortium schools – graduates that have been in the AMA consortium since their entry into medical school.

These tech-savvy physicians entered their residencies with new skills, and competencies proven by measurement... knowledge of what electronic health records could and should deliver ... a deep understanding of the social determinants of health ... of population health ... and teamwork within the health care environment.

We've produced new physicians who are adaptive learners, capable team-leaders, with a greater awareness of policy.

This is a major shift in medical education. Consequently, this requires creation of resources for this new type of physician throughout her career.

We now build on this success by extending these innovations to graduate programs in order to create a seamless transition from medical school to residency.

To support lifelong learning – and following nearly two years of internal work – we'll soon launch the AMA digital Education Hub.

This Education Hub takes broad AMA content areas, ranging from opioids and practice management, to ethics and JAMA ... all reduced to simple and effective learning modules that can be accessed by any means ... desktop, pad, or mobile. We hope the Hub will be attractive and sufficiently advanced that some of the societies might also consider using this platform.

We've also just launched JAMA Network Open - our new open source clinical research journal. This is the third new journal launched in the last three years – joining JAMA Oncology and JAMA Cardiology which have become immediate successes.

Likewise, our leading work to reduce the burden of chronic disease by preventing type 2 diabetes and by controlling hypertension continues to expand.

Through various efforts – including our highly visible and popular national ad campaign, as well as partnerships with the CDC, the American Diabetes Association and others – we've introduced prediabetes into the national conscience, and inspired many to seek help through defined programs.

More than a million people have self-screened for prediabetes, either through the AMA's risk assessment site online or through their Samsung smartphones last fall.

This shows how we are advancing from pilots to scale.

That's also true of our work with hypertension. Tools we developed and tested in pilot settings have shown success in a range of practices across the U.S.

So now we partnered with the American Heart Association on another Ad Council campaign designed to increase public awareness of blood pressure and encourage patients and physicians to work together to get blood pressure under control.

Our ultimate goal? All Americans with normalized blood pressure.

Our near term goal? By 2020, working with our partners, apply our tools to control blood pressure of 20 million Americans who currently need it.

Twenty million by 2020.

In the last two months, in partnership with Google, we launched a corporate challenge to create a new means by which accurate home blood pressure measurements can be automatically collected in digital form and, not only be sent electronically to the patients record, but also organized within that record. This initiative already has generated interest from more than 20 entrepreneurs.

This work complements the AMA's Integrated Health Model Initiative, launched last fall – an initiative in which various data elements relating to specific diseases or states can be better organized. IHMI also captures of key elements such as patient goals, functions and social determinants, giving physicians more meaningful clinical data at the point of care. And doing so without paper shuffle.

Currently, electronic records are reasonably organized for administrative workflow and even somewhat interoperable in this domain. What's missing is that second level of clinical data organization and interoperability and that is what this initiative is all about.

Partnerships are essential in advancing the work of our strategic arcs, whether we're creating new strategies around medical education and training ... confronting the rise of chronic disease ... or helping develop the technologies that will reduce the dysfunction that so frustrates us.

For example, in our effort to extract greater meaning from health data, we have built relationships with some of the industry leaders in information and technology, including IBM Watson, Accenture, and two I've already mentioned – Google and Samsung.

Key in these relationships is that we define problems that need solutions from the vantage point of the patient-physician interface, not from the administrative level. This means we're "flipping" the current construct for medical innovation ... introducing a model that has been missing from our health system. And missing this has contributed to much of the dysfunction we see today.

This was a bold shift, but I'm already seeing evidence that this new thinking is taking root.

At a recent high-level meeting of health care CEOs, the top executive from a large, multi-hospital system said to the audience:

"I went through a phase where I wanted to own the doctors... employ them....so I could manage them. I no longer want to do that... because I've learned that doctors are better at managing themselves, they just need the time and support to do that."

You see, executives are starting to understand the importance of engaging and incorporating the physician perspective into new technologies, new strategies and new systems that will define the future of medicine.

But better organized and meaningful clinical data is just one piece of the solution. We also need that data to be connected.

That's the concept behind the new company, Akiri, which is the first spin out from our pioneering Silicon Valley innovation company – Health2047.

Akiri might be viewed as a utility for a permissions-based and secure transport of health data. Importantly, it has been crafted to reduce cost and reduce effort while creating improved data sharing – an effort that has the potential to drastically improve the flow of data in health care ... what the field refers to as data liquidity.

We anticipate other spin-outs will launch from Health2047 later this year, companies that were created, based on the experience and expertise of physicians.

And that's the secret to Health2047's success – flipping the model to define big system problems at the patient-physician level. We need to avoid what has happened in the past – solutions created at the administrative level then thrown over the transom to the site where medicine actually occurs – and often not working very well.

I don't know what our health system will look like in 2047 – the year of the AMA's 200th birthday. But I do know physicians need some major changes regardless of what system emerges.

- Physicians need to be educated for this century, not the last century;
- Electronic clinical data needs to be much better and more meaningfully organized;
- Organized clinical data needs to flow through an interconnected utility that decreases, not increases cost;
- And in the face of the still rising burden of chronic disease, we need both prevention and control approaches that are evidence-based and scalable.

These are HUGE issues, some of the biggest challenges health care faces. The work ahead of us is not easy and will require years of focus and commitment on the part of the AMA and our partners.

But the hard work – this work that is based on the policies of this House - has already begun. And we have gained foot-holds in these mountains that, in the recent past, appeared nearly insurmountable.

We continue to move forward on our strategic arcs by deploying a very clever central competency – continuously placing one foot in front of the other toward a

directed goal! And doing so in the context of flipping-the-model so that physician perspective and experience is the driver of future innovation.

In moments like these – when chaos seems to encircle us – it's important that we pause and reflect on the remarkable opportunities before us ... on the cyclical nature of progress ... and on that virtuous mission that guides our work -- promoting the art and science of medicine and the betterment of public health.

Thank you for all you do ... and thank you for being the House of Medicine.

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