AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

161st ANNUAL MEETING
CHICAGO, ILLINOIS
June 16–20, 2012

CALL TO ORDER AND MISCELLANEOUS BUSINESS

CALL TO ORDER: The House of Delegates convened its 161st Annual Meeting at 2 p.m. on Saturday, June 16, in the Grand Ballroom of the Hyatt Regency Chicago, Andrew W. Gurman, MD, Speaker of the House of Delegates, presiding. The Sunday, June 17, Monday, June 20, Tuesday, June 21, and Wednesday, June 20, sessions also convened in the Grand Ballroom. The meeting adjourned Wednesday morning.

INVOCATION: The following invocation was delivered by Reverend Dr Margaret C. Neal, BCC, M.Div, D.Min, Psy.D. She is Director, Pastoral Care & Clinical Pastoral Education at the University of Illinois Medical Center at Chicago.

Good afternoon, let us bow our hearts for prayer:

Merciful God, we come as always giving your Name the praise and the thanksgiving as we pause to say thank-you for your continued blessings, even for allowing us to see this new day as we bring before your throne of mercy these physicians whom we thank for their many efforts as they journey with a multitude of patients and families, some of whom requests them to "do everything" when they have already done everything medically possible to sustain life, and the situation has moved into one of futility.

We bless them during those times when they encounter a young grieving family and must tell them that their baby, still in the womb, does not have a heartbeat, and the parent's hopes and dreams for this new life is dashed.

We thank them for their efforts in the emergency room as yet another human is brought in requiring their skill and expertise.

We are humbled by their courage, sensitivity and compassion when they must tell a patient family system that the test results have confirmed their suspicions: the news is not good.

We are awed by their courage as they respond to a Palliative Care consult where the patient is no longer responding to painful stimuli, eyes are fixed and dilated, and the family requests more treatment. They are unable to let go.

We rejoice with them when they have good news to share: a healthy baby; the prescribed treatments are working; patients are compliant; at least twice per week they may be able to sit and share a meal with family and friends without a pager in the background.

We celebrate with them as they have said "yes" to the medical profession; and we speak continued blessings to each of them as they continue to practice the art and science of medicine with "purity, holiness, and beneficence" for the good of their patients and families, and in reverence of the Almighty!

Amen.

MEDICAL EXECUTIVE LIFETIME ACHIEVEMENT AWARD: Carolyn Kurz was presented with the Medical Executive Lifetime Achievement Award, in recognition of her forty years of service to the medical profession and Federation of medicine. Ms Kurz is the Executive Vice President of the Lexington (Kentucky) Medical Society.

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REPORTS OF THE COMMITTEE ON RULES AND CREDENTIALS: The following reports were presented by Ronald L. Ruecker, MD, Chair:

CREDENTIALS: The Committee on Rules and Credentials reported that on Saturday, June 16, 455 out of 504 delegates (90.3%) had been accredited, thus constituting a quorum; on Sunday, June 17, 473 delegates (93.8%) were present; on Monday, June 18, 490 (97.2%) were present at the start of the session and 491 out of 506 were present at the conclusion of the session; on Tuesday, June 19, 493 (97.4.%); and on Wednesday, June 20, 494 (97.6%) were present. On Monday afternoon, the House approved bylaws to establish the Integrated Physician Practice Section and admitted the Society for Cardiovascular Angiography and Interventions. These actions added two delegate seats. See Council on Constitution and Bylaws Report 4 and Board of Trustees Report 4.

RULES REPORT - Saturday, June 16

HOUSE ACTION: ADOPTED

Your Committee on Rules and Credentials recommends that:

1. House Security

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

2. Credentials

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

3. Order of Business

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

4. Privilege of the Floor

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

5. Procedures of the House of Delegates

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

6. Limitation on Debate

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

7. Nominations and Elections

   The House will receive nominations for president-elect, speaker, vice speaker, trustees and council members on Saturday afternoon, June 16. Speeches will be limited to candidates for officers, with no seconding speeches permitted. The order will be selected by lottery.

   The Association's 2012 annual election balloting shall be held Tuesday, June 19, as specified in the Bylaws, and the following procedures shall be adopted:

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Accredited Delegates may vote any time between 7:30 a.m. and 8:45 a.m. by reporting to the polls in Columbus K-L of the Hyatt Regency Chicago. The Committee on Rules and Credentials will certify each delegate and give him/her an "authority to vote" slip. The slip will then be handed to an election teller, who will provide the voter with a ballot and provide assistance as necessary.

The announcement and confirmation of the election results will be called for as soon as possible and appropriate.

In instances where there is only one nominee for an office, a majority vote without ballot shall elect on Saturday.

8. 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.

9. Conduct of Business by the House of Delegates

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

SUPPLEMENTARY REPORT - Sunday, June 17

HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS
LATE RESOLUTIONS 1001 (126) AND 1002 (527) ACCEPTED

EXISTING POLICY REAFFIRMED IN LIEU OF RESOLUTIONS 124, 206, 208, 211, 224, 227, 232, 304, 308, 318, 322, 326, 406, 408, 416, 419, 424, 430, 506, 519 and 720

DEFERRED RESOLUTION 1 NOT ACCEPTED

LATE RESOLUTIONS

The Committee on Rules and Credentials met Saturday, June 16, 2012, to discuss Late Resolutions 1001 and 1002. Sponsors of late resolutions that are received prior to the opening of the House of Delegates are informed of the time the Committee on Rules and Credentials meets to consider late resolutions, 8:30 a.m. on Saturday, and the opportunity to present for the Committee's consideration the reason the resolution could not be submitted in a timely fashion and the urgency of consideration by the House of Delegates at this meeting. The sponsors of the late resolutions appeared to discuss the resolution.

Recommended for acceptance

1. Late 1001 – Transitioning Medicare to a Premium Support Program (See Resolution 126)
2. Late 1002 – Encourage the AMA to Seek Constructive Input to the Deliberations of the United States Preventative Services Task Force (USPSTF) By Requiring Representation from Specialty Societies Specific to the Clinical Area Under Review by USPSTF (See Resolution 527)

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

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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 124 - Use of the Term Payment Instead of Reimbursement When Appropriate
2. Resolution 206 - US Farm Subsidies
3. Resolution 208 - Reinstatement of Consultation Codes
4. Resolution 211 - Allow Purchase of Over-the-Counter Drugs Using Health Savings Account Funds Without a Prescription
5. Resolution 224 - Repeal Independent Payment Advisory Board and Replace it With a Body With Adequate Physician Representation
6. Resolution 227 - Federal Medical Assistance Percentage for Medicaid for Guam
7. Resolution 232 - TRICARE Health Insurance Acceptance by Physicians
8. Resolution 304 - Lesbian, Gay, Bisexual and Transgender Patient-Specific Training for Healthcare Providers
9. Resolution 308 - Health Policy Education in Medical School and Residency
10. Resolution 318 - Resident Work Hours
11. Resolution 322 - Strategies to Increase the Number of American Indians/Alaska Natives Applying to and Entering US Medical Schools
12. Resolution 326 - Healthcare Reform's Effect on Physician Workforce Shortage
138.Resolution 406 - Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate?
14. Resolution 408 - Supporting Minority Women's Choice to Breastfeed
15. Resolution 416 - Marketing of Unhealthy Food and Beverages to Children
16. Resolution 419 - Protecting Our Children From Skin Cancer
17. Resolution 424 - Reauthorization of Funding for the Special Diabetes Program for Indians
18. Resolution 430 - Auto Safety
19. Resolution 506 - Composition of the US Preventive Services Task Force
20. Resolution 519 - Support for Decreasing Pollution from Energy Sources
21. Resolution 720 - Medicare and the Independent Medical Staff

DEFERRED RESOLUTION

Under the procedures of the House of Delegates, a resolution becomes deferred if it raises a legal or ethical concern. In that case, it is referred to the Committee on Rules and Credentials, which recommends whether the item should be considered as an item of business by the House.

> The committee recommends that the House of Delegates not accept deferred Resolution 1 – Reaffirming Specialty Society Involvement in the CPT Process.

The committee considered a deferred resolution sponsored by the North American Spine Society (NASS). In essence, that resolution, if adopted, would have the HOD direct the CPT Editorial Panel not to consider any CPT code change request—regardless of the merits of such request—unless the request is supported by at least one specialty society CPT advisor. The resolution was deferred at the request of the AMA's Office of General Counsel ("OGC"), following unsuccessful efforts to reach an accommodation with the resolution's sponsor on substitute language for the resolve.

The committee heard from the AMA's General Counsel that the resolved clause of the NASS resolution presents two issues that, if the resolve were adopted, would create significant legal and practical risks to the AMA. First, it could easily be argued that the resolve, if implemented, would put the AMA in breach of its 1983 agreement with the Centers for Medicare and Medicaid Services whereby (i) CMS (then HCFA) designated CPT as the code set for reporting physician services and procedures under federal healthcare programs and (ii) the AMA agreed that the CPT Editorial Panel would have "sole responsibility and authority to revise, update or modify [CPT]." Reopening the 1983 agreement could put at risk continued physician leadership of the creation of codes describing medical services.

The OGC's second concern is the resolve, if adopted, would pose major antitrust risk for the AMA and other specialty societies that participate in the CPT Editorial Panel process. In effect, that resolve could be seen as an agreement among specialty societies, working through the House of Delegates, to give one or more specialty

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societies the ability to prevent the CPT Editorial Panel from even considering improvements to the CPT code set, without regard to the merits of any particular proposed code change, for anticompetitive reasons. Antitrust litigation against the AMA and another specialty society several years ago reconfirmed the importance of the CPT Editorial Panel's applying only the established criteria in evaluating code change requests, regardless of the position of any one specialty society.

The committee also heard from representatives of the North American Spine Society. NASS offered a differing interpretation of the legal risks to the AMA and the societies. NASS believes the prior antitrust litigation that was decided favorably for the AMA supports the requirement set forth in the resolve. NASS also disagrees with OGC's risk assessment with regard to the 1983 agreement with CMS.

The chair of the CPT Editorial Panel addressed the question of whether the Panel, in evaluating code change proposals, requires support from at least one specialty society CPT advisor. The chair of the CPT Editorial Panel made clear the Panel judges requests solely on the basis of the existing, substantative five-part criteria, which do not include support by a specialty society. The committee also understands that the CPT Editorial Panel currently has underway a process improvement program that includes re-examination of the code criteria.

APPENDIX

1. Resolution 124 - Use of the Term Payment Instead of Reimbursement When Appropriate
   - H-385.922 Payment Terminology

2. Resolution 206 - US Farm Subsidies
   - H-150.937 Reducing the Price Disparity Between Calorie-Dense, Nutrition-Poor Foods and Nutrition-Dense Foods
   - H-150.944 Combating Obesity and Health Disparities
   - D-150.978 Sustainable Food

3. Resolution 208 - Reinstatement of Consultation Codes
   - H-70.939 Definition of Consultation: CMS vs. CPT 4 Coding Manual
   - D-70.953 Medicare's Proposal to Eliminate Payments for Consultation Service Codes
   - In addition, AMA advocacy activities also cover the goal of Resolution 208, as indicated in the following documents:
     - AMA Board of Trustees Report 9, A-11, The AMA Response to the CMS Decision to No Longer Pay for Consultations; summarizing AMA advocacy efforts for consult codes; June 2011.
     - AMA Letter to Centers for Medicare and Medicaid Services (CMS) Administrator Berwick, concerning the Physician Fee Schedule Proposed Rule for calendar year 2011, urging that CMS reverse its current policy and resume payment for consultation codes in Medicare; August 24, 2010.
     - AMA Letter to Centers for Medicare and Medicaid Services (CMS) Acting Administrator Frizzera, concerning the Physician Fee Schedule Proposed Rule for calendar year 2010, urging CMS to refrain from finalizing the consultation code proposal; August 31, 2009.

4. Resolution 211 - Allow Purchase of Over-the-Counter Drugs Using Health Savings Account Funds Without a Prescription
   - H-100.957 Repeal of the Federal Restriction on the Use of Tax Exempt Funds to Buy Medications Without a Prescription in the PPACA (Health Reform Law)
   - Letters and testimony, described below, support the goals of Resolution 211:
     - AMA Statement for the Record to the House Subcommittee on Oversight of the Ways and Means Committee regarding the *Impact of Limitations on the Use of Tax-Advantaged Accounts for the Purchase of Over-the-Counter Medication*; April 25, 2012.
     - Coalition sign-on letters to the House of Representatives and the Senate, supporting legislation (S. 1368/H.R. 2529) to repeal provision in the ACA that restricts use of tax-exempt funds to buy drugs over-the-counter without a prescription; March 23, 2012.
     - Coalition sign-on letters to the House of Representatives and to the Senate requesting action to lift the restrictions on the use of tax-exempt funds to buy drugs over-the-counter without a prescription; May 10, 2011.

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   - AMA letter to the IRS in response to notice seeking guidance on Section 9003 of the ACA; Dec. 23, 2010.

5. Resolution 224 - Repeal Independent Payment Advisory Board and Replace it With a Body With Adequate Physician Representation
   - H-165.833 Amend the Patient Protection and Affordable Care Act (PPACA)
   - H-165.838 Health System Reform Legislation
   - In addition, AMA advocacy activities are aimed at achieving the goal of Resolution 224, as indicated in the documents described below:
     - AMA letter to House of Representatives Speaker Boehner and all Members of the House of Representatives expressing our strong support for H.R. 5, the "Preserving Access to Healthcare Act" (PATH Act), which includes a provision to repeal the IPAB; March 20 2012.
     - AMA letter to House Ways and Means Committee Chairman Camp and Ranking Minority Member Levin expressing our strong support for H.R. 452, introduced by Representative Phil Roe, which would repeal the IPAB, and support the Committee's approval of this legislation; March 7, 2012.
     - AMA letter to House Energy and Commerce Committee Chairman Pitts, Ranking Minority Member Waxman, Health Subcommittee Chairman Upton and Ranking Minority Member Pallone, expressing our strong support for H.R. 452, introduced by Representative Phil Roe, which would repeal the IPAB, and support the Committee's approval of this legislation; February 27, 2012.
     - AMA issue paper discussing provisions in the Patient Protection and Affordable Care Act that need eliminated, including the IPAB; October 2011.
     - AMA letter to Representative Roe expressing our support for H.R. 452, which would repeal the IPAB; July 6, 2011.
     - AMA letter to Senator Cornyn expressing our support for S. 668, which would repeal the IPAB; July 6, 2011.

6. Resolution 227 - Federal Medical Assistance Percentage for Medicaid for Guam
   - D-290.986 Capitation of Medicaid Funding for Guam and Other US Territorial Possessions

7. Resolution 232 - TRICARE Health Insurance Acceptance by Physicians
   - D-40.991 Acceptance of TRICARE Health Insurance
   - H-385.921 Health Care Access for Medicaid Patients
   - H-40.969 CHAMPUS Payment
   - D-40.992 Acceptance of TRICARE Health Insurance

8. Resolution 304 - Lesbian, Gay, Bisexual and Transgender Patient-Specific Training for Healthcare Providers
   - H-295.878 Eliminating Health Disparities – Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues in Medical Education
   - H-160.991 Health Care Needs of the Homosexual Population

9. Resolution 308 - Health Policy Education in Medical School and Residency
   - H-295.924 Future Directions for Socioeconomic Education

10. Resolution 318 - Resident Work Hours
    - D-310.964 Enforcement of Duty Hours Standards and Improving Resident, Fellow and Patient Safety
    - D-310.955 Resident/Fellow Duty Hours, Quality of Physician Training, and Patient Safety
    - D-310.978 Enforcement of ACGME Duty Hours Standards
    - D-310.973 Enforcement of ACGME Duty Hour Standards
    - D-310.987 Impact of ACGME Resident Duty Hour Limits on Physician Well-Being and Patient Safety

11. Resolution 322 - Strategies to Increase the Number of American Indians/Alaska Natives Applying to and Entering US Medical Schools
    - H-350.981 AMA Support of American Indian Health Career Opportunities

12. Resolution 326 - Healthcare Reform's Effect on Physician Workforce Shortage
    - H-255.987 Foreign Medical Graduates

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13. Resolution 406 - Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate?
    - H-150.953 Obesity as a Major Public Health Program
    - H-440.859 American's Health
    - D-150.987 Addition of Alternatives to Soft Drinks in Schools

14. Resolution 408 - Supporting Minority Women's Choice to Breastfeed
    - H-245.982 AMA Support for Breastfeeding
    - H-420.960 Effects of Work on Pregnancy
    - H-420.979 AMA Statement on Family and Medical Leave

15. Resolution 416 - Marketing of Unhealthy Food and Beverages to Children
    - H-150.935 Encouraging Healthy Eating Behaviors in Children Through Corporate Responsibility
    - H-60.972 Banning Food Commercials Aimed at Children
    - H-485.998 Television Commercials Aimed at Children

16. Resolution 419 - Protecting Our Children From Skin Cancer
    - D-440.969 Protect Children from Skin Cancer

17. Resolution 424 - Reauthorization of Funding for the Special Diabetes Program for Indians
    - H-350.976 Improving Health Care of American Indians
    - H-350.977 Indian Health Service

18. Resolution 430 - Auto Safety
    - H-15.990 Automobile-Related Injuries

19. Resolution 506 - Composition of the US Preventive Services Task Force
    - H-410.955 Physician Representation on Expert Panels

20. Resolution 519 - Support for Decreasing Pollution from Energy Sources
    - H-135.977 Global Climate Change - The "Greenhouse Effect"
    - H-135.998 AMA Position on Air Pollution

21. Resolution 720 - Medicare and the Independent Medical Staff
    - H-225.957 Principles for Strengthening the Physician-Hospital Relationship
    - H-35.996 Status and Utilization of New or Expanding Health Professionals in Hospitals
    - H-360.987 Principles Guiding AMA Policy Regarding Supervision of Medical Care Delivered by Advanced Practice Nurses in Integrated Practice

CLOSING REPORT - Wednesday, June 20

HOUSE ACTION: ADOPTED

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

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

> Whereas, The Annual Meeting of the House of Delegates of the American Medical Association has been convened in Chicago, Illinois during the period of June 16-20; and
>
> Whereas, This Annual Meeting of the House of Delegates has been most profitable and enjoyable from the viewpoint of policy deliberations and fellowship; and

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Whereas, The City of Chicago 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 Hyatt Regency Chicago, to the City of Chicago, 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 Annual Meeting of the House of Delegates.

APPROVAL OF MINUTES: The Proceedings of the 65th Interim Meeting of the House of Delegates, held in New Orleans, Louisiana, November 12–15, 2011, were approved.

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, June 16:

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

It was only a year ago that I introduced myself to you from this podium. During those brief remarks, I shared that it was the important work you do here in this House and throughout the AMA that attracted me to this vibrant organization. I also described some of the commonalities between my tasks here at the AMA and those at other institutions I've been proud to work at—the University of Chicago, Emory, and Harvard. The common thread running through all of these remarkable institutions is that each offers an opportunity to do work that has far-reaching impact.

I'm grateful to arrive each morning at a place that assigns me the task of making our mission statement come to life: "to promote the art and science of medicine and the betterment of public health." Nothing could be more satisfying. The work of our AMA has "real life" consequences for America's patients and physicians. The decisions we make and the actions we take here have far-reaching implications on how health care is practiced and delivered in this country.

I've emphasized to the AMA staff that by influencing and shaping something as vital and universal as health care—we have a unique opportunity to change the world. Now that may seem like a stretch to some, but in fact, the AMA has changed the world for the better during its 165-year history and I believe we can and will continue to do so in the future in an even more powerful way.

In a moment, I will outline a long-term strategic plan aimed at changing the world for patients and physicians. A plan focused on improving health outcomes, accelerating change in medical education, and shaping payment and delivery models that ensure high quality care and value while enhancing physician satisfaction and practice sustainability.

First, though, I'd like to touch on a topic that is simple but, I believe, profoundly important: How we conceptualize and describe our AMA. When I became part of this organization, I had no idea how far our AMA reached into American medicine and the broader health care sector. And as I have learned, neither do the vast majority of Americans, including many of our physician colleagues. During last November's Interim meeting, I pledged to you that I would work to ensure more patients and physicians in this country understood the important intersections the AMA has in their lives each and every day. That work is well underway. Looking around at this meeting or perusing the pages of this year's Annual Report—you will see the many ways we are working to bring the AMA Equation to life. An equation that seeks to capture the answer to the question: What is our AMA?

The truth is that while our AMA is many things, there are five core elements which, combined, capture it well.

First, the AMA is the voice of physician organizations. You are that voice. Here in the House of Delegates—you give voice to more that 185 physician groups representing the vast majority of physicians in this country—a vast majority that, through you, determine AMA policy, and elect our Board and President. As a consequence this voice

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is respected in Washington, our statehouses, and other arenas of influence because it is the only one that represents all physician groups.

Second, the AMA is a forum for direct personal engagement for physicians through AMA membership. This past year, our membership increased modestly—and while we are pleased, we are hardly complacent. We continue to explore new and novel ways to connect directly with physicians—an obvious element linked to our success.

Third, we provide expertise helping physicians manage their practices — valuable resources like CPT, our Practice Management Center and Health IT information and resources. This includes the AMAGINE platform and the strategic alliance we forged with AT&T earlier this year to scale it nationally.

Fourth, the AMA is a revered source of research and education, career support and practice enhancement. This includes our work in ethics, education, public health and our work in the quality arena. It includes *JAMA* and other AMA publications—circulated to more than 315,000 readers each week. *JAMA* is one of the most respected medical journals in the world and under the leadership of its editor, Howard Bauchner, will become even more prominent as the AMA's nine Archives journals integrate the JAMA brand into their titles next January as part of the *JAMA* Network.

Fifth, the AMA is the authoritative advocate for physicians in Washington, in the Courts, alongside you in State Legislatures, and in the public through our Advocacy efforts. If in doubt—witness the $200 million that was returned to physicians earlier this year as a result of AMA's leadership in the United Healthcare reimbursement settlement. Or the AMA's prominent role in shaping ACOs so they work for physician practices; or other successes Dr Carmel will highlight shortly.

Taken together, these five core elements: the House of Delegates; individual members; practice management tools; research and education; and advocacy—comprise the AMA Equation, an equation that intersects with the vast majority of physicians—members and non-members in powerful and significant ways each and every day.

As I stated a year ago, no other physician group has the resources, expertise and opportunity to influence the future of health care in this country more than our AMA. Over the next few days, this House of Medicine will form consensus around such pressing issues as: enhancing value of care, ensuring an adequate physician workforce, developing quality improvement efforts that are physician led, and critical issues related to health-IT.

While the AMA must always address the most challenging issues confronting our profession, prudence requires we simultaneously recognize that our resources, while deep and impressive, are by definition, finite. We simply can't fight every battle of every scale and expect to have the type of impact we've had throughout our 165-year history.

Successful leaders in the business world learned this lesson early. Bill Gates said that focus was a key part of his success. And Steve Jobs built Apple around the idea of focusing on a small number of high quality, impactful and revolutionary products. Their focus was critical in changing our world.

Likewise the AMA must bring a tighter focus to what we do so that our efforts are concentrated on the long term and our work will have the greatest benefit for our members, our non-member colleagues—also represented by this House—and, importantly, our patients. Our AMA must never lose sight of its fundamental mission to promote the art and science of medicine and the betterment of public health.

So, what's the plan? Today, I would like to update you on the progress the AMA Board and senior management team have made in refining the AMA's strategic focus over the next five years. I know many of you have already heard something about this longer range strategic direction—either directly or indirectly. A few months back, Drs. Wah, Gurman, and I conducted a series of conference calls with leaders from our councils, sections, and special groups, along with many of the executives from our state and specialty societies.

I greatly appreciate the letters and emails I received from many of you voicing your support for both the transparency and direction of these efforts, but today, I want to make sure the important work we are doing is understood by all.

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The process began last July when the Board convened for its annual planning session. As the board considered the diverse and challenging issues confronting us, it became clear that to have significant impact on issues and move them forward in meaningful ways, a more focused approach was needed. The AMA Board charged senior management to develop an approach that would guide us in crafting a rolling 5-year, strategic plan with emphasis on two dimensions: focus and impact.

The senior management team launched a review of our mission-related activities. We started with the work being done in our research, education and advocacy areas, because this work is so embedded in our mission and impacts physicians in several critical ways. Thus this initial plan focuses on the areas of the AMA equation circled here. We are committed to examining and strengthening all areas of the equation, but for this discussion, let me focus on research, education, and a piece of advocacy.

Our planning process began with inputs from across the AMA. We asked the question: What is our foundation in these mission areas? The answer: our foundation is the product of this House—our House policy. And that served as our starting point. This is just a partial list of House policies that guided the direction of our plan. Mercifully, I'll not read each here.

Next, we looked at the environmental context of health care delivery and physician practice today. We considered the forces exerting pressure on physicians, patients and the current healthcare system—much of the underlying work here lay in the reports prepared for this House over recent years. From there, we developed a short list of criteria which were approved by the Board—key questions aimed at helping identify issues where AMA engagement could have significant and meaningful impact. Questions such as:

Is the activity aligned with our mission?
Is it of urgent and critical importance to the future of health care?
Does it align with a broad base of physicians?
Can the AMA make a significant, measurable, positive impact?
Does the AMA have the credibility, competence, and resources to make a significant impact?
And, what's the likelihood of the AMA being recognized and getting credit for its role?

While these criteria may seem obvious, taken together they provided powerful guidance in the development of our long-term strategic direction.

This internal review was augmented with other important inputs, including the AMA Council on Long Range Planning and Development Stakeholder Report, which looks to identify issues and areas for AMA engagement. In addition, we engaged a panel of external experts to review and evaluate our mission-related work and activities.

From this extensive work, three areas of focus emerged. They are: improving health outcomes, accelerating change in medical education, and shaping delivery and payment models that demonstrate high quality care and value while enhancing physician satisfaction and practice sustainability. Having these three areas emerge is not all that surprising—because work in these areas is already the focus of so much of what we do at the AMA. This work will require a strategic shift for the AMA—focusing more on outcomes, than process, and elevating our role from simply convening to partnering and doing—but it aligns completely with our current AMA agenda.

Let me touch on each briefly. The first is improving health outcomes.

For more than a decade, the AMA has provided leadership in developing and implementing quality and performance measures. We had the good foresight to convene the Physician Consortium for Performance Improvement.™ Now, our leadership in this area will evolve toward tracking and improving outcomes—work that will be important to the future of medicine and the health of our nation. Our work in this area will build upon and complement the work of the AMA-convened PCPI®. We believe enhanced AMA and physician engagement and leadership in the quality arena is timely and will be welcomed.

Together, we will pursue the following goals: demonstrate improvements in clinical and patient-reported outcomes; ensure health equity, reduce unwarranted variation in care, advance the quality and safety of health care; and contribute to the appropriate use of finite health care resources.

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In order to achieve these goals, the AMA will identify a focused set of outcomes of high potential impact on the US population, and set a course of innovation and action to address them that encompasses a full lifecycle improvement. We will begin by identifying 2–3 outcomes this year, eventually aiming for 7–10 on our "AMA dashboard."

The time to tackle such heady work is now. Improving outcomes for patients is not a possible scenario in our health care future—it's a certainty. As one former secretary of HHS recently said to me: "outcomes are the future". Physicians are the best qualified to craft and lead efforts toward improving health outcomes. Physicians engage directly with patients. Physicians lead health care teams. And this House has passed several resolutions aligned with this goal. The payoff for doing this work right, and under physician leadership, is significant. By impacting health outcomes positively, we can improve patient satisfaction and reduce health care costs—lofty goals, but ones worthy of AMA commitment and engagement. And, outcomes being "the future", physicians must lead the way.

Next is accelerating change in medical education. In response to dramatic change in the US health care system, including how care is organized, delivered and financed, along with mounting pressures of workforce capacity, the AMA will work to strategically reshape physician education in the United States. Across the continuum of physician education, the gap between how physicians are currently trained and the future needs of our health care system continues to widen.

The AMA will work to bridge this gap by accelerating bold innovation in medical education. In keeping with the AMA's Initiative to Transform Medical Education and our historic leadership in physician education at all levels, the AMA will work to create a future state that better aligns education outcomes with the changing needs of the health care system. Working closely with our Council on Medical Education and other strategic partners, including medical schools and health care delivery systems, we will work to catalyze the development and adoption of needed improvements in undergraduate medical education.

For example, our young colleagues need to understand how health care is financed and delivered so that they are fully prepared for their leadership roles in shaping the health care system of tomorrow. Or promoting flexibility in medical student education that is competence-driven rather than calendar-driven training, allowing select students to reduce their medical education debt by combining the 4th year of training with the first year of residency. Or promoting training that enhances the development of physician skills that better support physicians' roles in patient-centered team care.

The medical school initiative is central to the AMA's leadership across the spectrum of physicians' training. While focusing on undergraduate medical education, our voice in critical issues such as GME funding will not diminish or waiver. We know undergraduate medical education must change. Our Council on Medical Education has clearly spoken to this need as have several House resolutions. Authoritative voices outside the AMA, including the AAMC and the Institute of Medicine, have also agreed. Our students are the future of this House, our future leaders in Medicine, we must now act on their behalf. As in the first focus area, these changes will come and physicians should lead the way.

Our third focus area is identifying, shaping and promoting payment and delivery models that promote high quality care and value while enhancing physician satisfaction and practice sustainability. We will, of course, continue our federal and state legislative advocacy, working to shape emerging legislation in creating an improved delivery system. In short, a future with an array of practice models that provide better choices for patients and physicians.

While there is much uncertainty in today's environment, there are some things we do know. Doctors want to practice in an environment that is good for them and their patients. Current and developing health delivery models want—and will need—to work with physicians who are satisfied with their practices, in order for all to succeed together.

Now, I know. Some of you may be astonished by the suggestion that health systems aspire to have physicians who are satisfied—it certainly doesn't feel that way to many of us, but more and more, systems are recognizing the undeniable link that exists between physician satisfaction and good experiences for our patients.

The challenge is that identifying those factors driving physician satisfaction is a complex task and the complexity will likely vary across specialties and practice care settings. The bigger problem, however, is that physicians have

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not been fully engaged in making these connections and shaping a better—and sustainable—future for their practices. We aim to change that.

The AMA will initiate research activities and establish partnerships with individual physicians, integrated physician organizations, and others to help identify effective delivery models that provide both high quality patient care and physician satisfaction. We will define the common characteristics they share. The models we study will be as diverse as our membership—everything from small practices to integrated systems. We will then work to translate and disseminate these findings to provide physicians with the information they need to make good decisions about their future practice environments. This will include providing physicians with guidance on implementing change in their practices.

More important, we will use this information to drive and implement change across practice settings by showcasing delivery and payment models that demonstrate high quality and value while preserving, restoring and enhancing professional satisfaction for physicians. Of course, uncovering the secrets to physician satisfaction will be no easy task. But I am pleased to say that we have hired the right person for the job—a colleague familiar to many of you.

Jay Crosson, MD, will join AMA management on July 1 in the new role of Vice President of Professional Satisfaction—Care Delivery and Payment. As a pediatrician and long-term practicing physician and executive at Kaiser Permanente, Jay brings the AMA extensive real world experience in care delivery systems and physician satisfaction. The important work Jay will lead will enable the AMA and individual physicians to advance policies and practices that enhance physician satisfaction, empirically defined, while delivering the quality care and value our patients deserve.

So what lies ahead?

First let me be clear about one very important thing: this strategic direction is informed and driven by the wide-ranging discussions and activities of this House. The work you do here is vital and will continue to fuel our strategy. Remember, a rolling 5-year plan is dynamic—it is constantly refined and shaped by new information, insight and changes in the environment. We need continued input from this House and all its related bodies, just as we needed the inputs that have shaped this plan to this point.

Here's what lies ahead: the continued work of the House, councils, sections, societies and special groups; the refinement and implementation of this long range strategic plan; ongoing review and enhancement of all components in the AMA Equation, including direct membership. Work that is already well underway. And, of course, further development and refinement of the work and activity needed to advance the three focus areas I just outlined. Doing so with the highest aspirations to improve our patients' health and well-being, grow the physician leadership of tomorrow and unleash the physician leadership of today.

I believe this is what our nation expects from our AMA.

In closing, there is no doubt the AMA has changed the world during its 165 year history: whether it's been eliminating the quackery of the 19th century, transforming medical education in the beginning of the 20th, or leading efforts to enhance health quality today. No other organization has done more to shape health and health care in this country than has our AMA. This is familiar territory for us. We know our AMA can do it. Working together, we can and will change the world for America's patients and physicians—for the better—under physician leadership.

That's the plan. That's our future. I wish you a successful and productive meeting. And look forward working with you in the days and months ahead.

REMARKS OF THE CHAIR OF THE AMPAC BOARD: The following comments were offered by William Hamilton, MD, on Saturday, June 16.

Mr. Speaker. On behalf of the AMPAC Board of Directors, I am pleased to present this report regarding AMPAC's current activities. The 2012 election cycle is probably the most important to medicine in a generation. To quote Rich Deem, our AMA Washington office leader, "I know we always say that about every election, but this time it's true."

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The good news is that AMPAC has established an aggressive fund-raising schedule for this election year and has seen improvements with fund-raising through the first half of the year. Our direct mail receipts have increased by 9 percent. More importantly, AMPAC's hard dollar receipts, the money that we actually donate to candidates, are up by 20 percent and represent a greater proportion of total receipts than in previous years.

AMPAC has had great success with its newest Capitol Club donor level 2011. At the Interim Meeting, we created Capitol Club Platinum, which is an annual contribution of $2,500. We have exceeded our goals for membership in that category. In addition, the Capitol Club Gold and Silver Club memberships at $1,000 and $500 per year respectively, much less by the way for residents and students, are on track with about 600 members and should exceed last year's number of 654 by year's end.

But—and you know what I am going to say next—it's not enough, especially in this critical election year. We need friends in Congress more than ever. We are the nation's leaders of medicine. Every member of this House of Delegates should be a member of AMPAC. That's $100 to be a sustaining member. I am sure you'll spend more on soft drinks this year than that.

Please stop by the AMPAC booth just outside these doors to the left and donate. And, yes, we take credit cards, and I'm sure you all have a credit card with you. Let me repeat, everyone in this room should join at the sustaining level of $100. So far this year, 44 percent of the House has joined AMPAC, with 24 percent joining as major donors. We have the list of those of you that have not yet joined. We fully expect you to have signed up by the end of this meeting.

Many of you could help more by joining the Capitol Club, Silver, Gold or Platinum. This comes with benefits, including being entered into AMPAC's mid-summer classic's sweepstakes. This is an all expense paid trip for two to the 2013 Major League Baseball All Star game at City Field in New York next year in July. The lucky winner of the sweepstakes will be drawn at the AMPAC booth and announced during the Interim Meeting in Hawaii.

In addition, other benefits of Capitol Club membership include invitations to special meetings with Washington pundits, lawmakers and other celebrities. For example, during this meeting, on Tuesday at noon, there will be a Capitol Club luncheon with special guest Stuart Rothenberg, a Washington political expert who appears regularly on many network and cable TV shows and publishes the influential Rothenberg Report.

Those of you who have heard Mr. Rothenberg in the past know of his encyclopedic knowledge and great sense of humor, which makes this an event not to be missed.

In conclusion, one more time, every member of this House of Delegates should be a member of AMPAC. That's just a hundred dollars. That gets your name off the list of nonmembers and shows your commitment to AMPAC's mission of electing men and women to Congress who will support AMA's and AMPAC's agenda of electing friendly men and women to Congress who will support our goals. We expect a hundred percent of you to join. And, once again, the booth is just outside the doors to the left.

Thank you very much.

ADDRESS OF THE PRESIDENT: AMA President Peter W. Carmel, MD, delivered the following address to the House of Delegates on Saturday, June 16:

Mr. Speaker, Members of the Board, delegates, international guests, colleagues, friends. It is an honor to address this House for the last time as your president.

I thought long and hard about what I would say today. About what the AMA has accomplished over the past year, and the challenges ahead. And I realized that the answer lay no further than my office. The answer lay with my patients.

One of the great gifts of our profession is that our patients always have something to teach us, lessons you cannot learn from any book. The majority of my patients, of course, are kids, and one of the first things I learned as a

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pediatric neurosurgeon is that kids can't stand being lied to. Even if the truth is ugly, they want to know what's going on.

Now most children who come into my office are struggling with a life-threatening condition–a tumor, hydrocephalus, or other neurological malady, and the first instinct of a parent is to protect their child, to tell them, "everything is gonna be okay," to tell them, "you'll be fine." Don't even mention an operation.

Unfortunately, that approach inevitably backfires, because kids know when things are being kept secret from them, and that makes them insecure. So I always sit the parents down and advise them not to hide the truth. I remind them that children are smart, and they pick up on every single thing we say. I tell parents the most important thing they can do to prepare a child for surgery, is establish trust.

The amazing thing—the truly remarkable thing—is that when kids learn the truth, they respond with more courage and grace than most adults I know. Understanding the challenge before them, they do not shy away from it. They tend to face it head on, and fight. While victory is far from certain, they believe. And thank God, most often, they win.

There's a lesson in that for each of us. For all of us.

With exponential change taking place in the health care system it's easy for physicians to feel threatened, on guard, even under attack. With all the talk and plans for delivery models, how will small physician practices fit in? With 32 million newly insured patients poised to enter the system, how will we care for them? How can we afford the new health information technology? How can we comply with new quality programs?

These are some of the questions I've faced and fielded as I've crisscrossed the nation on behalf of our AMA, questions that create a cloud of anxiety. And the only thing worse than that anxiety, is the fear many physicians have—the fear that they're being lied to.

If Congress really wants to improve the health care system, why hasn't it eliminated SGR? Why hasn't Congress instituted meaningful medical liability reform? And how can Congress hope to increase quality and accessibility, without supporting the very individuals who provide it?

Believe me, I have several answers to these questions. Involving some choice words. But back when I was elected president, my wife Jacqueline gave me two rules. She said, "you can't cuss, and you can't hit anyone." And I thought, "Is this really a job worth having?"

Almost two years later, I can proudly say I never broke the second rule. And I didn't break the cussing one either, at least not in public. So I don't intend to now. Instead, I'll rely on the words of the Greek philosopher, Epictetus, who said, "It's not what happens to you that matters, but how you react to it."

In the past year, one thing that has really impressed me—how physicians have reacted to the challenges before them. Like the brave patients who come into my office, America's physicians have risen to the occasion. Rather than close your eyes, pretending that changes aren't coming to health care, you've faced them head on. You've sounded your voice on Capitol Hill, in state legislatures, and in courtrooms across the nation.

America's physicians have stood tall and fought. And together, we've scored incredible victories.

As I look back, one triumph stands out above the rest - the progress the AMA has made in shaping new payment and delivery models. When I addressed you last November, I described how AMA advocacy had radically improved the rules for Accountable Care Organizations. How we eased the restrictions, reduced the risk involved, and even convinced CMS to provide $170 million to help physicians with start-up costs.

Since then, these policy improvements have come to life. In April, CMS released a list of 27 newly approved shared savings ACOs. And amazingly, physicians lead the majority of them. Physicians, not hospitals. Even more amazing, five of these physician-led ACOs are taking advantage of the advance funding advocated for by the AMA.

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At this time last year, ACOs appeared all but dead in the water for most physicians. Today, thanks to all of you, ACOs have become a viable option for many physicians. And, this victory sets the tone for the discussion going forward . . . on medical homes, bundled payments, and other models. Thanks to your efforts, "physician-led" has become the guiding principle, both in the public and private sectors. That's advocacy in action. That's physicians making a difference.

Another recent victory is the delay of ICD-10. The AMA heard your fears about the headaches it would cause—the disruption and exorbitant costs. In response, we sent letters to both the House and Senate highlighting the financial and administrative burdens. And again, miraculously—the government listened! CMS released a proposed rule that not only postpones ICD-10 implementation until November 2014, but also includes regulatory changes that save physicians valuable time and money. Regarding the AMA's advocacy on this issue, one DC trade publication said: "Among healthcare industry bodies that lobby, the American Medical Association has few equals. Look no further than the new ICD-10 compliance date for evidence."

The AMA's clout in Washington—our ability to help shape policy—has been higher this year than at any point in my lifetime. But our victories don't stop there. By now, many of you have received your payout from the AMA's $200 million settlement against UnitedHealth Group. A settlement that sends a strong message to insurers: "You can't pull the wool over our eyes. You can't take advantage of America's patients and physicians." And the AMA has suits pending against other national insurers too.

We've also scored numerous regulatory wins—from eliminating unrealistic lab test order requirements, to protecting you from unreasonable audits. They're the rules you don't have time to monitor, full of acronyms and fine print . . . a proposal to extend EMTALA to the inpatient setting, for example. Rest assured that the AMA has been fighting—and winning—on your behalf. So that you can spend less time shuffling papers, and more time caring for patients.

And the AMA has also scored important victories in state legislatures across the nation—65 this year alone. We helped Mississippi, Connecticut, Tennessee, and Utah pass Truth in Advertising legislation . . . ensuring that patients understand the difference between optometrists and ophthalmologists, psychologists and psychiatrists, and chiropractors and orthopedic doctors. In medical liability reform, we helped North Carolina, Oklahoma and Tennessee achieve caps on non-economic damages. And in multiple states—Kentucky, Missouri and Louisiana to name a few—the AMA launched a coordinated attack to prevent the Federal Trade Commission from intervening in state licensure issues. To ensure that physicians—not lawyers and bureaucrats—regulate the profession of medicine. In these cases, and many others, the AMA fought for physician's rights, and the AMA won.

Of course, not every worthwhile effort results in clear victory. Some of our most important work—such as eliminating SGR—is ongoing. Which brings me to a larger question: where do we go from here?

As you know, there's a debate taking place in the Supreme Court that will tremendously impact health care. Recently, I reminded the graduates of New Jersey Medical School that regardless of what happens at the Supreme Court—America's health care system is already experiencing historic change as it must.

Let's not forget that in 2012, more than 50 million Americans lack health insurance. That the United States spends $2.5 trillion each year on health care, yet ranks low in many critical health indices. That chronic conditions have reached epidemic proportions—diabetes, heart disease, obesity and stroke, and that caring for patients with these conditions consumes more than 75 percent of health care dollars.

Continuing down the same path is neither financially tenable, nor ethically tolerable. So where do we go from here? It must be toward a better, more efficient and more equitable system. A system where care coordination rules, and where prevention and wellness are prioritized and incentivized. A system where medical liability no longer adds tens of billions of dollars to health care costs annually, even when 64 percent of claims against physicians are dismissed. A system that protects graduate medical education, so our next generation of physicians can complete their training. A system that protects academic medical centers, the safety net where many of those most in need of care—and least able to afford it—turn for help. A system that can sustain the 72 million baby boomers just entering Medicare. And a system where the federal government acknowledges that annual physician pay increases of less than one quarter of one percent—year after year, for over a decade—is neither sustainable, nor growing!

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We need a system where partisan politics no longer get in the way of doing what is right. Where insurers, hospitals, politicians, and the full spectrum of health care professionals are all working on the same side—the side of the patient!

Colleagues, I have a confession to make. When I graduated from medical school, in 1960, I did not join the AMA. My father, a lifelong AMA member, reprimanded me. He told me I had an obligation to support the profession. But at that time, it wasn't clear to me what the AMA stood for.

In fact, it wasn't until 1974, when I heard the young and vigorous new CEO Jim Sammons talk about the importance of protecting patients, and protecting the profession of medicine, that I decided to join the AMA, and since then, the transformation I've witnessed has been incredible.

In 1985, when I first served as a delegate to the AMA, I vividly recall attending a luncheon for the specialty societies, and all the specialties, together, could fit around four tables of eight. Today, the AMA specialty section is 116 specialties strong, with 201 delegates to this House. Today the AMA includes a Medical Student Section with 47,000 members, and a Resident and Fellow Section with 36,000 members, a Minority Affairs Section, an International Medical Graduate Section, a Women Physicians Congress. The list goes on. Today, the AMA is the indisputable voice of America's physicians.

Five years ago, we used that voice to achieve one of the high-water marks in AMA history. We became a voice for the uninsured. You remember the iconic ad of a patient speaking into a stethoscope. We highlighted the disparities of America's health care system, and helped launch the nationwide demand for reform. The bottom line is that today, because of a conversation that happened right here at the House of Delegates:

- 2.5 million young adults under the age of 26 have gained health insurance through their parents.
- More than 100 million Americans no longer have to worry about lifetime caps on disease coverage.
- 54 million Americans have already benefitted from expanded coverage for wellness and prevention.
- And 5.1 million Medicare recipients, have received support to get through the prescription drug "donut hole."

All of this has already happened—today—regardless of what the Supreme Court decides. That's physicians making a difference. And I think you'll agree with me when I say, "This ain't my daddy's AMA."

Today the AMA is literally front and center, shaping the future of health care in this nation. As Dr Madara said, no other physician group has the resources or opportunity of our AMA. No other physician group can have this kind of impact. And with the strategic plan Jim outlined, our impact will grow even greater in the years to come. We will tackle the big issues—the ones that matter most to America's patients, and America's physicians. We will lead. We will fight. And I am confident we will win.

Colleagues, a year ago I told you that my heroes—beginning with my father—have always been doctors. Today, I want to draw your attention to one more hero. A mentee of mine, Karin Muraszko, and I have Karin's permission to share her story with you.

Karin's childhood was different than most. She was born with spina bifida in 1955, when the medical world understood far less about her condition than we do now. In fact, her parents were told she wouldn't live—that they should learn to accept it. But her parents wouldn't accept it, and neither would Karin. She was determined to fight. Over the years, Karin underwent countless surgeries. While most children were playing in the park, she spent 13 months in a body cast. She learned to walk—not once—but three different times!

Having spent so many days in hospitals, Karin knew by the age of seven that she wanted to be a doctor. And by the time I met her at Columbia University Medical School, she was well on her way, extremely bright and tenacious. But she soon faced a dilemma. During her third year, Karin decided she wanted to become a neurosurgeon. But three obstacles stood in her way. First, she was only four feet nine inches tall, which would make reaching the operating table a challenge. Second, she was a woman, and almost 95% of neurosurgeons are male. And third, she had a disability. As a result of her spina bifida, one of Karin's legs is 2 inches shorter than the other, and in neurosurgery, where operations can take 12, 15, even 18 hours, it's essential that physicians are physically, as well as mentally strong.

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While the challenges before Karin were great, her determination was even greater. I told her that she was going to have to prove herself—even "over-prove" herself to achieve her goal. I knew she could. I knew she would. And of course, she did! Karin shadowed me and other neurosurgeons, demonstrating her ability to meet the physical demands. She received honors in all clinical rotations and superior Board scores. By the time she graduated, she was second in her medical school class, and she became the first disabled person to enter Columbia's neurosurgical residency program.

Since then, Karin has never looked back. When she couldn't reach the operating table, we had a device constructed to raise her up. When she met with sexism or prejudice, she fought to overcome them. Today Dr Karin Muraszko is the Chair of Neurosurgery at the University of Michigan, the first—and only—woman to chair a neurosurgical department in the nation. Karin embodies our will to fight. She is an inspiration to her colleagues, and a lifesaver to the nearly 400 children she sees each year.

My fellow AMA members, as we push forward to reform America's health care system, there's no question that it will be hard. And as we look to the future, the challenges are great. But the opportunities, are even greater, and if there's one thing physicians have in common—whether we're neurosurgeons or pediatricians, Republicans or Democrats—it's the courage and the conviction to fight! We were born to fight. We were trained to fight. We fight for the lives of our patients every day.

Thank you for giving me the opportunity to lead our charge this past year. It is an honor for which I am forever grateful, and I look forward to continuing that fight in the years ahead, standing right alongside you, my fellow physicians, my heroes.

Thank you!

DISTINGUISHED SERVICE AWARD: Mark J. Kubala, MD, Beaumont, Texas, was nominated by the Board of Trustees and confirmed by the House of Delegates to receive the 2012 Distinguished Service Award at the 2012 Interim Meeting. Dr Robert Wah, Chair of the Board of Trustees presented the following report:

Mark J. Kubala, MD, Beaumont, Texas

Dr Kubala has worked tirelessly on behalf of physicians and their patients for nearly fifty years. He has been an indefatigable advocate for practicing physicians on such issues as professional liability reform and head and spine injury prevention. Throughout his long career, Dr Kubala's persistent efforts on behalf of his patients and his colleagues have taken him to the highest levels of organized medicine. The Board believes Dr Kubala is well qualified to receive this year's award for meritorious service in the art and science of medicine.

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

On behalf of the AMPAC Board of Directors, I am pleased to present this report to the House of Delegates regarding AMPAC's current activities.

AMPAC Fundraising

AMPAC has established an aggressive fundraising schedule for this election year and has seen improvements with fundraising through the first half of the year. While AMPAC receipts from joint solicitation efforts with our partner collecting agent states are down, our direct mail receipts have increased by 9 percent. More importantly, AMPAC hard dollar receipts are up by 20 percent and represent a greater portion of total receipts than in previous years.

In addition to our direct mail efforts, AMPAC has had great success with its newest Capitol Club donor level. At the 2011 Interim Meeting, we created Capitol Club Platinum, which is an annual contribution of $2,500. The initial goal of 25 Platinum members has already been surpassed, and a noticeable portion of its membership had never joined Capitol Club at any level before. In addition to Capitol Club Platinum, AMPAC's Capitol Club Gold and Silver have done very well and we are just 80 members shy in surpassing 2011's year-end number of 654 members.

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As an additional benefit of Capitol Club, you will be entered into AMPAC's "Mid-Summer Classic" Sweepstakes. This is an all expense paid trip for two to the 2013 MLB All-Star Game at Citi Field in New York on Tuesday, July 16, 2013. Capitol Club members are automatically entered into the drawing. Platinum members receive five entries, Gold members receive two entries and Silver members receive one entry. The lucky winner of the sweepstakes will be drawn at the AMPAC Booth and announced during the Interim Meeting in Hawaii.

There is still a great deal of room for growth in AMPAC membership among the members of the House of Delegates. So far this year, 44 percent of the House has joined AMPAC, with 24 percent joining as major donors. If you haven't had a chance to do so, I strongly encourage you to stop by the AMPAC booth and show your support. AMPAC membership is an important part of your role as a leader in organized medicine and is one of the most valuable investments you can make for your profession.

AMPAC Council - Resolution 601

During the AMA Interim Meeting in 2009, the AMA House of Delegates adopted Resolution 601 which was intended to help grow AMPAC membership through more active involvement by the members of the House of Delegates. This resolution encouraged the AMPAC Board of Directors to explore the establishment of a council consisting of one AMA delegate or alternate delegate from each state not currently represented on the AMPAC Board. The responsibility of the members of the proposed group was to assist with AMPAC fundraising and membership in their respective states. We want to thank the resolution sponsors for their support of efforts to increase AMPAC funds.

The AMPAC Board and staff have taken a number of steps to gauge interest in this proposed Council. The Board had discussions with the sponsors of the original resolution to explore in detail the intent of the resolution and to secure ideas on how such a council would function. Two surveys of state delegation chairs and state PAC chairs were conducted in the summer of 2010 with 40 states responding. The results of our research were disappointing. Sixty-eight percent of state delegation chairs and state PAC chairs were concerned that council members from their states would be competing with the state PACs for contributions. Seventy-seven percent of the respondents either did not support or were undecided about creation of such a group. Only twenty-three percent supported the creation of a council.

In an effort to further explore interest, AMPAC hosted a informational session during the 2011 Annual Meeting. State delegation chairs were invited to send a delegate or alternate delegate to this meeting. Unfortunately representatives from only six states attended. Of those who attended, three were Capitol Club members, one was a sustaining member, and two were not members of AMPAC. Needless to say, we are very concerned that without the enthusiastic support of a large majority of the states, the potential for a productive and successful council is not encouraging.

While we will not be pursuing creation of an AMPAC Council, it is important to note that for many years AMPAC has sponsored an annual AMPAC Federation Meeting which accomplishes much of what has been proposed in Resolution 601. Physician and staff leaders from all state medical society PACs are invited to attend the program which engages and trains members to be active in fundraising while providing educational information on compliance with Federal Election Commission fundraising regulations. This meeting is very well attended and brings Federation leaders and staff together here in Washington , DC where they not only learn "tried and true" fundraising techniques, share experiences, and are schooled in legal compliance issues, but also are given the opportunity to visit Capitol Hill to meet with members of Congress.

Political Action

Following the AMPAC Board's Congressional Review Committee budgeting meeting in late March, activities are now getting into full swing in order to maximize medicine's political impact on the fast approaching 2012 elections. Working closely with state medical society PACs, AMPAC has contributed more than $400,000 to House and Senate candidates so far this cycle. Critical issues for medicine are expected to take center stage in the next Congress. As these debates unfold, AMPAC's strong support for legislators serving on key committees as well as long-time champions and lawmakers emerging as potential allies will help ensure good relationships and a productive dialogue to advance medicine's legislative goals.

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AMPAC has also released its 2012 Candidate Survey to educate candidates on our advocacy issues and early feedback has been encouraging. Democratic and Republican contenders in many of the top races around the country have been eager to respond and voice their support for the AMA's legislative agenda. Headed into the summer, AMPAC is working to schedule events both in DC and in select states with targeted members of Congress to further strengthen key relationships and amplify medicine's voice on the Hill.

Political Education Programs

AMPAC conducted Regional Campaign and Grassroots Seminars with Washington State Medical Association and the Oregon Medical Association earlier this year with more than 100 physicians and friends of medicine taking part.

The AMPAC Campaign School was conducted April 18-22, 2012 with thirty attendees from 19 states including 19 physicians, 4 medical students, 3 state medical society staffers and 4 spouses. On February 17-19, AMPAC held the annual Candidate Workshop with twenty-nine participants from 19 states including 17 physicians, 4 medical students, 5 spouses and 3 AMA/state society staffers.

The 2013 Candidate Workshop will be held February 15-17, and the Campaign School will be held April 17–21. Both programs will be in Arlington, VA, and AMPAC covers all costs except transportation for AMA members, a significant benefit of your AMA membership. Please stop by the AMPAC booth for more information.

Conclusion

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

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James Bull, MD, Illinois*
Andrea Hillerud, MD, Wisconsin*
Vidya S. Kora, MD, Indiana*
David J. Lindquist, Oregon*
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INAUGURAL ADDRESS: Jeremy A. Lazarus, MD, was inaugurated as the 167th president of the American Medical Association on Tuesday, June 19. Following is his inaugural address:

Thank you for this profound honor. As you know, the summer Olympics start soon in London. I mention this because my journey to this stage has been—for me—something of an Olympic race itself.

I love watching athletes compete, and at the Olympic level, they inspire a pride of accomplishment in each of us, and each of us feels part of their success. When an American athlete wins, we cheer. When they stand on the podium with a medal on their chest, as the national anthem plays, we share their tears of joy.

Now some of you may know that I've run a race or two in my time, but I can tell you, running 13 marathons or completing 13 triathlons is something completely different than becoming the 167th president of the AMA. This was much harder.

The truth is, I've learned we all need each other's support to make great things happen. Tonight, there are many people to thank—those who supported me and encouraged me to keep on going. You are the ones who didn't think I was completely crazy to keep on going race after race…well, most of you.

I'm reminded of what Olympic marathoner Don Kardong said, "No doubt a brain and some shoes are essential for success, although if it comes down to a choice, pick the shoes. More people finish marathons with no brains than with no shoes." Rest assured I've laced up my sneakers for the start of my run as AMA president. And I look forward to making great strides together with you, who represent the best of our profession.

Just like the Olympic athletes, when one of us wins, we all win. It's all of us on that podium, wearing the medal.

Now, my path into this profession may have been different than that chosen by many of you. It turns out that my high school, here in Chicago, was named for Nicholas Senn, who happened to be the AMA's 49th president. Say what you will about foreshadowing or fate, but given my skill set at the time, it was probably for the best that I didn't go someplace named for another prominent Chicagoan—say, Michael Jordan Prep, or Mike Ditka Magnet School, could've been a disaster.

For me, medicine and then psychiatry became a calling. When I was in college, my brother died in an accident. That tragedy fueled my desire to do something that made a difference to help people. To become a physician. I wanted to help repair shattered minds—to guide people through the minefields of depression, or personality disorders—or crushing changes in circumstance. I wanted to help someone who was troubled—lead a fulfilling, normal and healthy life. I wanted to pull a profoundly depressed person back from the ledge of a potential suicide, and watch him grow from a troubled adolescent—to a productive adult.

In 40 years as a psychiatrist, I've been fortunate to help many people. For me, that's what it's all about. For our specialty, taking a person whose mental health is in jeopardy—and helping them toward recovery—is like watching someone walk again, or curing cancer. When something is wrong in the brain or the mind, it affects the whole person. The challenge is in how we determine what's really going on—whether it's psychological or neurochemical or both.

It's no coincidence the words, psychiatrist, and psychic, are in some way connected. We are trained to listen both to what is said out loud—and what isn't said at all. Listen to all sides—and then help people find their own path. By listening—and working to find common ground, I want to bring greater unity to our AMA.

And while we can be thoughtful and deliberative and not act in haste, we recognize also that we stand at a healthcare crossroad. Our patients cannot afford the luxury of indefinite time for us to simply talk about the issues. In the 21st century, we can advance and grow only by incorporating the insights of physicians from all specialties, cultures, practice settings, states and regions, and ideologies. There's a real opportunity, regardless of the political paralysis in Washington, for us to unify to promote the practice of medicine—to AMA members and nonmember physicians alike—around the country. But any success will materialize only if we are unified on the issues that matter most to us, and our patients.

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Ask a random physician about what the AMA does and how it represent physicians … chances are you would get a variety of responses. So we're working to harness the legacy of the AMA—what was—in a way that helps us all define what the future of the AMA can be.

You've heard a lot about the "AMA equation" this week, but it bears repeating: the AMA is the sum of many parts:

- Our House of Delegates, with more than 185 physician groups represented.
- Membership—in which physicians engage each other—and learn from each other.
- The tools and expertise we provide to help physicians manage practices.
- Our pacesetting work in ethics—our efforts to end disparities—and our crown jewel publication *JAMA* and others—that make us a leader in research and education.
- And advocacy—giving voice to physicians in courthouses, statehouses, the media and in Washington, DC.

We are proof that those with opposing views can see the bigger picture and do what's best for physicians and patients. That's how we all win. One recent example is the 200 million dollars returned to physicians because of AMA leadership in the United Health settlement. Or the needed delays the AMA won in implementing costly and confusing ICD-10 measures.

In these ways, the AMA touches the vast majority of physicians in this country—members and non-members—in tangible ways. And the AMA is well-positioned to influence an uncertain future.

Nonetheless, to improve health outcomes, reform medical education and shape health care delivery and payment systems so they work better for physicians—are not modest ambitions. To meet these challenges we sometimes go over them. Or go under them, or around them. Sometimes we ask for help—ask for a hand up to clear the obstacle. That's what achievers do.

I've been with the AMA and in the medical profession long enough to understand and respect the differences we have. But I've been witness to our mutual interests and how powerful we are when we work together to fulfill them. I ask you to help me explore that aspect—and expand it.

This year, the AMA celebrates its 165th birthday. Since our founding, we've been a player on the national stage. But great organizations with a long history do not need to live in the past. Respecting tradition does not mean we can't create—and pursue—our future. The years ahead are a new race to be run—and to finish we'll need more than just talented physicians.

The AMA has shown both courage and a willingness to face what's ahead—to shape it, confront it—and when sensible, to conform to it. To succeed is to evolve. It reminds me of when Woody Allen compared a relationship to a shark—that it has to move forward or it dies. It's not enough for the AMA merely to act, but to keep at it. To refuse to quit. To face challenges and rise above them.

One of the most important lessons I have learned in medicine, in my pursuits—in my life—is the value of persistence. As I mentioned, competing in marathons and triathlons has been a passion for me. I enjoy the challenge and pushing myself beyond what some may find reasonable. And running 26.2 miles or finishing a 140.6-mile triathlon is no cakewalk. Mary Wittenberg of the New York Road Runners Club described it this way. She said:

> "Virtually everyone who tries the marathon has trained for months. That commitment, physical and mental, gives it its meaning, be the day's effort fast or slow. It's all in conquering the challenge."

This persistence—this effort—helps give meaning to what the AMA accomplishes on behalf of physicians and patients, every day. This is what we have in common. Each of us has already run a marathon. You completed medical school. Or you run a medical practice—a small business. Or make split-second treatment decisions where life and death are in the balance. Sometimes all of these.

You, like me, want a positive outcome even when the unexpected happens. An example. In one triathlon, I was on the bicycle leg of the race going over Vail Pass in Colorado. I rounded a curve and came upon a woman who had wrecked her bike. She was sprawled on the ground, injured, exhausted, dazed from a concussion. With her was a

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fellow competitor—also a physician (and fortunately an ER doc)—administering first aid. I stopped as well, and when I could not be of further help, went on my way.

But the doctor who stopped first ultimately suspended his race. He stayed with his new patient for two hours—and sacrificed his chance to complete an event for which he'd trained for months. Why? Because he'd trained for years to be a physician. The well-being of the patient always comes first—even when it isn't our own patient. This selfless service has been a hallmark of who we are, as physicians, since the dawn of time.

And it's one of the valuable lessons I've learned from my own encounters with the hard ground. Not to give up. In this most contentious time in our country, the AMA will do more than step up to a podium. We will run—we will win the race to provide medical and mental health care services to all, and we will hear the cheers of those too often silent.

The AMA rejects the idea of media 'spin doctors'—who hold no medical degree—attempting to dictate our future. We'll stand with physicians and take back our message.

The AMA rejects the idea that bowing to the policies of government and insurance industry bureaucracies are simply inevitable costs of doing business.

The AMA rejects the notion that legislators can impose themselves into the patient-physician relationship and legislate how we practice—whether it concerns what we can ask or say to our patients or what tests and procedures are appropriate.

We fight for the interests of physicians. Sometimes we have prevailed, sometimes we haven't, but we've been on the course, pushing our limits, testing our endurance. Not always winning—but always being heard and always finishing.

The documentary filmmaker Bud Greenspan, who chronicled the Olympic Games for almost 60 years, once described a moment he believed best captured the Olympic ideal of perseverance and commitment. In Mexico City in 1968, the Tanzanian runner John Ahkwari finished last in the marathon. Midway through the race, he had fallen and torn a deep gash in his leg. In agony, he limped into the stadium 90 minutes after the winner, his leg bruised, bandaged and bleeding. For everyone else, the race was over. The stadium was nearly empty, the lights dimmed. Bud Greenspan was still there, his cameras still rolling. He asked John Ahkwari why on earth he kept going with such a serious injury, with no hope of winning. He replied, "My country did not send me 5,000 miles to start a race—they sent me to finish it."

That thought will guide me as AMA president. Training for medicine was much like training for a marathon or triathlon. You learn your strengths, focus on what you do best, do it—and don't quit. If you get off course on the swim, adjust your stroke (unless you're fortunate enough to see Dr Cecil Wilson's sailboat in the distance). If you get tired on the bike, shift to a lower gear. If you can't run, walk. If you can't walk, take a break and try again.

That is an approach we can take to address the newest challenge we face—health system reform. It means changes for those previously without coverage, changes in payment methods, changes in how care is delivered. The Affordable Care Act will soon cover 32 million people without health insurance, provided neither the Supreme Court or a new president overturns the law.

It requires insurance market reforms. It invests in quality, prevention and wellness. And it does something else—it starts us down the road to a very different system of payment and delivery.

We're hearing jargon like "Accountable Care Organization," and "medical home," and "integration." We've come far since the days of a family doctor with a black bag holding the tools of his trade. Today, a physician may text a patient on an iPad while viewing their medical history and coordinate care among a team of physicians and other health care professionals. Such physician-led teams are crucial components of medicine's future.

As more patients live longer and accumulate more complex medical conditions, their care will require more coordination, more use of clinical data, and professionals working together. To be part of a team—and following

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guidelines and best practices—doesn't mean you've lost your ability to think, to create, to act on behalf of your patients.

In the mental health field, a good example is the DIAMOND Initiative in Minnesota. Psychiatrists are paid to consult with primary care practices on the best way to manage patients with depression. It's resulted in dramatic improvements in patient outcomes. The current system discourages this, since specialists are paid for face-to-face visits with patients, but not when they advise the primary care physician.

In 2008, this House of Delegates adopted principles that support this approach. The AMA has also backed the medical home model for mental illness and the principle of parity for mental health coverage—and is part of the Coalition for Fairness in Mental Illness. We've made tremendous progress, but we can do more.

As AMA president, I will note the need to better integrate mental health care into other aspects of medical care—to provide more resources to treat more people. Because you can no more separate the heart from the mind of a person any more than you can separate the heart from the lungs and expect them still to function.

I'll also want to highlight the health impact of violence on both the mental and physical health of those abused. Just like we'll need you to make a concerted effort through our Joining Forces Initiative to help our returning troops, veterans and their families who suffer with traumatic brain injury, post-traumatic stress disorder or post-combat depression. The wounds of those who have borne the battle are not always visible.

We're not just playing defense. Just like in football, you need a good offense, too. We're being proactive, not just reactive. Education on exercise, preventive health and nutrition starting in early childhood that continues through a lifetime will help create a healthier society. One with less obesity, cancer and the other illnesses that debilitate the very people we care about—and which exact a staggering societal and financial cost.

For them, physicians must be the role models for our patient's health—and for each other's. We have a duty to care not only for our patient's health, but for our own, both physical and psychological. That's hard for many physicians to admit—that they, too, may sometimes need help or guidance.

When we treat our patients—especially our youngest ones—remember that you might be treating or inspiring a future physician. Our family internist, Dr. Lerner, who suffered from poor circulation in his legs, nonetheless would climb four flights of stairs to make a house call. The doctor I saw was the doctor I knew, and to me, he represented the profession, and as Dr. Carmel would say, he was my hero. To me, his actions said: Treat people the way you want to be cared for, because too often, this is an uncaring world.

As physicians, as AMA members, we are the face of this profession, this organization. We are also its voice. Let's be willing to sing from the same page. Those of you who have sung in choirs know how a collection of varied but trained voices can lift a crowd to their feet. When the AMA combines our many voices in harmony—we can do just that.

For me, it's not just a metaphor. I paid my way through college and medical school by directing synagogue choirs. There, you have to combine many disparate voices—and help them sing in harmony. As director, you work with sopranos and tenors, altos and baritones, contraltos and basses. And in some choirs you have to designate a section called the "lip synchers". But even if a voice is out of tune, or the pipes rusty—I learned that even a monotone can learn a second note.

So we need to rise up—raise our voices—and sing out for medical liability reform, to end frivolous lawsuits, to end the fear of being dragged into court for no good reason, and to slow spending on defensive medicine.

Sing out, and demand the Sustainable Growth Rate be scrapped—and be replaced with a system that recognizes reality—and reflects the actual costs of medical care—in all its effective forms.

Sing out for private contracting legislation, and physician-led delivery and payment reforms.

Sing out our commitment that Americans need health insurance coverage and that we finally end health care disparities.

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Sing out—for an equitable health care system, where all its elements exist in harmony.

We trained all of our adult lives to be the best physicians we can be. Now is the time to combine our voices and make a joyful noise. Rise to this occasion. Be persistent, and keep going no matter how rough the terrain, or how tiring the course. I'll be alongside AMA staff, every physician, and this House of Delegates. Together, we can finish this—and we can win.

Among the most inspirational words I've ever seen were at the 130-mile marker of a triathlon course, in the 100-degree lava field in Kona, Hawaii. They were from Isaiah, and it read:

> "They that hope in the Lord will renew their strength. They will soar like wings on eagles. They will run and not grow weary—walk and not grow faint."

And to that I will add: we will rise up and be heard. We will run this race, together. We will persist. And together, we will cross the finish line. Thank you.

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