Subject: AMA Performance, Activities and Status in 2017

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Policy G-605.050, “Annual Reporting Responsibilities of the AMA Board of Trustees,” calls for the Board of Trustees to submit a report at the American Medical Association (AMA) Annual Meeting each year summarizing AMA performance, activities, and status for the prior year.

INTRODUCTION

The AMA’s mission is to promote the art and science of medicine and the betterment of public health. As the physician organization whose reach and depth extends across all physicians, as well as policymakers, thought leaders and medical schools, the AMA is uniquely positioned to deliver results-focused initiatives that enable physicians to answer a national imperative to measurably improve the health of the nation.

Creating Thriving Physician Practices: Tools For The Field

PS2 Research: The AMA and KPMG surveyed 1,000 practicing physicians in the U.S. who had some awareness of the Medicare and CHIP Reauthorization Act of 2015 (MACRA) and are involved in practice decisions related to the Quality Payment Program (QPP). This research aimed to better understand physician preparation and positioning for the QPP in 2017, which was the first reporting year under the program. Key findings of this research have helped the AMA develop educational and training resources for physicians, and have helped carve a path forward for practices participating or planning to participate in alternative payment models and the Merit-based Incentive Payment System (MIPS) through the QPP. The findings of this research were published in June 2017.

In a special report co-authored by senior AMA staff and published in The New England Journal of Medicine, relevant policy trends were identified and key recommendations made to grow the body of evidence on telehealth care delivery. This will have the potential to accelerate telehealth adoption, allowing physicians to enhance their delivery of clinical care.

Digital Health: The AMA formally launched the AMA Physician Innovation Network. Since launch in October, more than 2,070 users (companies and physicians) have joined the site. More than 1,100 of the users are physicians. There have been 1,000+ connection requests sent through the site, approximately 100 opportunities created thus far and numerous collaborators that have signed on to cross promote our efforts (e.g., MATTER, TMCx, Healthbox, and the Society of Physician Entrepreneurs).

More than 1.7 million clinical documents were shared in October 2017 among health care organizations through the Carequality Interoperability Framework. The rate of exchange has been rapidly accelerating each month as 2 million documents were exchanged in total for the first 12
months. With existing users continuing to onboard clients, and more than a half dozen users expected to go live in the first quarter of 2018, there will be continued growth.

Xcertia, an mHealth app collaborative effort pioneered by the AMA, the American Heart Association (AHA), the DHX Group, and the Healthcare Information and Management Systems Society (HIMSS), builds on each organization’s ongoing efforts to foster safe, effective, and reputable health technologies. Initial content for Xcertia has been completed covering four areas: operability, security, privacy, and clinical evidence, and was released for public comment. The feedback will inform where to focus 2018 work group efforts.

Physician Payment and Quality: The AMA is working diligently so that practicing physicians are integral partners in the movement toward a thriving value-based health care system. AMA has created resources and tools for physicians and practice leaders that provide strategic guidance and education, implementation and decision support, and practice financial forecasting, among others.

By providing doctors with tools such as the AMA MIPS Action Plan (https://apps.ama-assn.org/pme/#/actionplan), we assisted physician decision-making and participation in Medicare’s QPP, and in their making the larger move to value-based reimbursement.

Practice Transformation: The Professional Satisfaction and Sustainability unit’s (PS2) efforts in measuring physician burnout expanded with the addition of residency programs. We have worked closely with our partners in adapting the Mini-Z to measure burnout amongst residents and fellows. PS2 partnered with AMA Membership in designing and piloting this tool. We confirmed burnout assessments with 11 residency programs across the country. This is an excellent opportunity to further understand the resident and fellow experience, as well as opportunities to identify solutions to enhance the practice of medicine for the next generation of clinicians.

The AMA developed seven new modules in 2017 for STEPS Forward™:
- Creating the organizational foundation for Joy in Medicine
- Adopting OpenNotes: Partnering with patients
- Adult vaccinations: Team-based immunization
- Building a patient experience program
- EHR in-basket restructuring for improved efficiency
- Embedding pharmacists into the practice
- Managing type 2 diabetes: A team-based approach

Guiding Professional Development: A Commitment To Physician Growth

In collaboration with IHO, the ACE consortium created and piloted educational programing within the chronic disease prevention and management curriculum at four medical schools. The consortium, also in conjunction with IHO, developed a unique history and physical tool emphasizing biopsychosocial factors. This tool is being piloted at two medical schools.

Osteopathic residencies are now being accredited by ACGME, and staffers have been rapidly adding these newly accredited residencies to FREIDA Online, the AMA Residency & Fellowship Database. Searches for osteopathic residencies increased 95 percent in 2017 compared to 2016. There are now 455 programs on FREIDA that have osteopathic recognition or are formerly American Osteopathic Association accredited programs.
The Regenstrief EHR Clinical Learning Platform, an EHR specifically created for educational settings by Indiana University School of Medicine and the Regenstrief Institute with financial support from the ACE consortium, launched and is now used by five schools.

Innovations emerging from the ACE consortium continued to spread. Health systems science is increasingly recognized as the third pillar of medical education and taught alongside the other two pillars, basic and clinical science. The *Health Systems Science* textbook, published by Elsevier in December 2016, sold thousands of copies around the world and was adopted by 12 schools across the United States.

**Chronic Care: Improving Health Outcomes**

The AMA and American Heart Association launched a national “Health Care Provider High Blood Pressure Education” campaign that has garnered more than 500K acts of engagement via our various platforms. These platforms include Target: BP, a web platform that offers physician practices and health systems access to the new Target: BP Improvement Program (based on the 2017 Hypertension Guideline), which includes self-measured blood pressure as a key component to drive improved health outcomes.

In the fourth quarter of 2017 IHO co-led the successful launch of a new “National High Blood Pressure Awareness Consumer” campaign in collaboration with the AHA and the Ad Council that has already yielded more than 400K visitors to the campaign website (loweryourhbp.org) and garnered $747M in donated media placements across the country.

To date IHO is actively engaged with 11 state medical societies that will serve as models to help scale type 2 diabetes efforts nationwide. The list of states includes:

- Maryland State Medical Society
- Pennsylvania Medical Society
- Mississippi State Medical Association
- Nebraska Medical Association
- Ohio State Medical Association
- Oregon Medical Association
- Massachusetts Medical Society
- Minnesota Medical Association
- Michigan State Medical Society
- South Carolina State Medical Association
- Medical Society of the State of New York

The AMA and American Diabetes Association (ADA) collaborated with Samsung, one of the world’s leading electronics companies, to create a first-of-its-kind “mobile public awareness experience” during National Diabetes Awareness month in November 2017. Aimed at type 2 diabetes prevention, the goal of the collaboration was to help increase awareness among U.S. adults ages 18 to 60 about prediabetes as a condition, and to drive more individuals within this target population to assess their prediabetes risk via Samsung’s “S-Health App” for monitoring physical and other health activities. During the month more than 340K adults completed the prediabetes risk assessment. Our public awareness campaign with the Ad Council, CDC and ADA through television, radio, and print has to date yielded another 560,000 risk test completions.
Advocacy

The AMA took a leading role in the successful fight to preserve access to affordable health care coverage for millions of Americans. Through our site patientsbeforepolitics.org, the AMA generated more than 7 million actions, including calls, emails, and social interactions that helped shape the debate on Capitol Hill.

The AMA blocked two insurance mega-mergers that effectively protected over $500 million in annual physicians’ payments. The U.S. Court of Appeals in Washington, D.C., upheld the lower court’s decision to block the Anthem-Cigna merger. The AMA filed an amicus brief in that case, in which the AMA argued (among many other key points) that the trial court properly found that Anthem's reimbursement cuts, rather than enhancing consumer welfare, could cause quality to degrade and consumers to be deprived of choice. Also, at the AMA’s suggestion, the nation’s experts on antitrust and competition submitted their own amicus brief that supported AMA’s contention. On May 12, 2017, Anthem abandoned the Cigna merger.

The AMA secured retroactive changes to the Medicare legacy reporting requirements that will help physicians avoid $22 million in penalties in 2018, and addressed the biggest regulatory and administrative hurdles for physicians, including prior authorization, electronic health records, and insurer payment practices, such as new federal guidance that stops hidden transaction fees that could cost physician practices thousands of dollars per year.

The AMA secured more than 130 state legislative and regulatory victories on issues related to halting unfair health insurer practices, reversing the opioid epidemic, promoting medical liability reform, protecting Medicaid, and promoting team-based care/opposing inappropriate scope of practice expansions by non-physicians, as well as secured coverage for the Medicare Diabetes Prevention Program and for remote patient monitoring.

Health and Science

The AMA made progress on reversing the opioid epidemic. In 2017 the AMA was able to report fewer opioids being prescribed and an increase in prescription drug monitoring program use. The AMA continues its efforts to address the opioid epidemic by developing resources and advocating for policies intended to reduce opioid-related harm, increase access to effective treatment for pain, and broaden the base for accessing medication-assisted treatment for those suffering from opioid use disorder. A new opioid microsite was developed that contains a multitude of AMA and Federation-based resources addressing the intersection of pain, opioids, and addiction. Physicians are learning/following best practices for opioid prescribing. They continue, in increasing numbers, to access educational resources, register with and check patient information in prescription drug monitoring programs, obtain waivers for offering office-based treatment with buprenorphine, and co-prescribe naloxone for patients at risk of opioid overdose. Naloxone is now widely available for overdose interventions. Additionally, new partnerships were formed with hospitals, payers, government, and others in the public and private sector to work collaboratively to advance a public health solution to this enduring problem.

Health Solutions Group

In 2017 the AMA launched the Integrated Health Model Initiative (IHMI), a collaborative effort across health care and technology stakeholders that will unleash a new era of better, more effective patient care. IHMI supports a continuous learning environment to enable interoperable technology solutions and care models that will evolve with real-world use and feedback. IHMI uses the best
available science to incorporate essential data elements around function, state, and patient goals. Key components of IHMI are: digital communities around costly and burdensome clinical areas, a physician-led validation process to review clinical applicability, and a data model for organizing and exchanging information. Since the public release in mid-October 2017, 1,000 individuals from 47 states and 33 countries have joined the IHMI platform, in addition to 17 collaborating organizations resulting in wide representation across external stakeholders.

In 2017 AMA Business Solutions, a subsidiary of the American Medical Association, collaborated with LexisNexis® Risk Solutions to create VerifyHCP™, a pre-populated physician data solution that aims to address the issue of inaccurate provider directories by streamlining verification and updates across participating health plans. VerifyHCP allows physicians to focus their resources on patient care and gives patients access to the credible information they need to make important health care decisions. A single interface with highly accurate pre-populated physician profile data allows for updates to all participating payer directories at one time. The solution reduces the administrative burden on physicians and helps patients access more accurate directories when selecting physicians.

The AMA in 2017 also established the Digital Medicine Payment Advisory Group, a collective of clinical and technical subject matter experts with years of hands-on experience integrating digital medicine services and tools into clinical practice to provide leadership in digital medicine adoption. This initiative will help open access to high-quality and safe clinical care for patients and their physicians that promote improved health outcomes. The group has identified payment and coverage strategies—with an initial emphasis on coding, coverage, and payment for remote patient monitoring services—to help overcome existing barriers to adoption. This group of 14 experts has been working as a cohesive group for more than a year with clear goals and objectives set for 2018 and beyond.

**JAMA/JAMA Network**

**JAMA** and the JAMA Network continue to expand the amount of content produced, the formats for distribution, the audiences they engage, and the impact their content has on research and practice. In 2017, *JAMA* users viewed full-text content over 31 million times and downloaded and listened to over 2 million podcasts. Downloads across the JAMA Network are up significantly as well, with over 70 million full-text views in 2017. *JAMA*’s impact factor rose to 44.4, and *JAMA Oncology* debuted with an impact factor of 16.6. Finally, in October, the JAMA Network announced the launch of JAMA Network Open, an open access journal that launched in 2018.

**Communications**

The AMA played a central role in health system reform by clearly and firmly articulating a positive vision for bipartisan reform, and by calling attention to the deficiencies in the various proposals that came through Congress. The AMA commanded attention as demonstrated by a nearly 50 percent share of voice of media coverage among its advocacy peers. The AMA was referenced more often—and by more media publications, broadcasts, and blogs—than any other health care organization in 2017, earning nearly 33 billion media impressions, which is more than on any other single issue in AMA history.

The AMA unveiled a bold brand campaign, the first in more than a decade, that in a brief timeframe helped change perceptions of the AMA among students, residents, and physicians and paved the way for the introduction of an ambitious membership campaign.
Physician Engagement

Physician Engagement: AMA launched the new “Membership Moves Medicine™” campaign, a multi-channel effort to educate prospective and existing members about AMA’s activities and accomplishments on behalf of patients and physicians—and provide tangible and compelling reasons to join the AMA. It also launched a digital communities pilot program (with nearly 4,000 initial participants across three main communities: IMGs, Medical Students, Physician—Reinventing Medical Practice) and the initial version of the Ambassador Program that leverages nearly 1,000 AMA council and section leaders to represent the AMA online, in social forums, and at live events.

Digital Transformation: The AMA launched more than 15 new areas on the AMA website, including a new House of Delegates/Annual Meeting site. The AMA revised the digital marketing platform with new landing pages, sign-up process, and account management center, greatly improving membership conversion rates. The website updates include five new thematically driven destinations that combine news storytelling and aggregated high-value content on subjects that connect with audiences for impact and engagement (i.e., compelling stories, research, tools, and resources to show the AMA’s impact and how members move medicine).

Membership: In 2017 the AMA saw its seventh consecutive year of membership growth, a 1.8 percent increase in dues paying members over 2016, and maintained a strong retention rate of nearly 82 percent.

Resident Program: The AMA launched the new GCEP Resident Education Platform (formerly known as the “Introduction to the Practice of Medicine”). By converging the strategic goals of Physician Engagement, the Education Center (EC), and ACE, the AMA was able to improve significantly on the former program’s appeal and performance. The new platform advances AMA content offerings and encourages frequent engagement; it provides opportunity to extend and expand programming at the UME, GME, and CME levels; and it drives lifelong affiliation and membership with the AMA.

EVP Compensation

During 2017, pursuant to his employment agreement, total cash compensation paid to James L. Madara, MD, as AMA Executive Vice President was $1,053,515 in salary and $987,735 in incentive compensation, reduced by $5,114 in pre-tax deductions. Other taxable amounts per the contract are as follows: $14,478 imputed costs for life insurance, $7,620 imputed costs for executive life insurance, $2,500 paid for health club fees, $2,880 paid for parking and $3,500 paid for a physical. An $81,000 contribution to a deferred compensation account was also made by the AMA. This will not be taxable until vested and paid pursuant to provisions in the deferred compensation agreement.

For additional information about AMA activities and accomplishments, please see the “AMA 2017 Annual Report.”