DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2017 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-17)

Report of Reference Committee F

Julia V. Johnson, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report of the House of Delegates Committee on Compensation of the Officers
   Section Five-Year Review

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

3. Board of Trustees Report 10 – High Cost to Authors for Open Source Peer Reviewed Publications

RECOMMENDED FOR REFERRAL

4. Resolution 601 – Physician Burnout and Wellness Challenges
   Resolution 604 – Physician and Physician Assistant Safety Net
   Resolution 605 – Identification and Reduction of Physician Demoralization

The following resolutions were Recommended Against Consideration:
- Resolution 602 – Creation of LGBTQ Health Specialty Section Council
- Resolution 603 – A Guide for Best Practices for Seniors Living in Retirement Communities
RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in the Report of the House of Delegates Committee on the Compensation of the Officers be adopted and the remainder of the Report be filed.


The Report of the House of Delegates Committee on Compensation of the Officers recommends:

1. That there be no change to the current Definitions effective July 1, 2017 as they appear in the Travel and Expenses Standing Rules for AMA Officers for the Governance Honorarium, Per Diem for External Representation and Telephonic Per Diem for External Representation.

2. That the Travel and Expense Standing Rules for AMA Officers, Rule I Section C9, Standard Benefits Package be changed to $305,000 term life insurance.

3. Except as noted above, there be no other changes to the Officers compensation for the period beginning January 1, 2018.

Your Reference Committee noted that the report explained the increase in term life insurance coverage was due to the discontinuation of global medical emergency assistance coverage previously offered by the AMA Insurance Agency, Inc. Given the amount of travel Officers undertake on behalf of our AMA, this coverage was deemed essential. The Standard, the group life insurance provider for AMA employees, agreed to extend existing Travel Assistance coverage to AMA Officers provided the Officers enrolled in a $5000 term life insurance policy, therefore increasing the term life insurance available to all Board Members to $305,000 at a total cost of $150.

Your Reference Committee also noted that results of a comprehensive compensation review undertaken in 2016 led to modest increases to the Governance Honorarium and Per Diems for Officer Compensation, excluding the Presidents and Chair, effective on July 1, 2017.

Having received no testimony in response to the introduction of the Report of the House of Delegates Committee on Compensation of the Officers, your Reference Committee extends its appreciation to the Committee for its thorough work on behalf of our House of Delegates, and your Reference Committee supports adoption of the compensation report.
(2) COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT REPORT 1 - SENIOR PHYSICIANS
SECTION FIVE-YEAR REVIEW

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendation in Council on Long Range Planning and Development Report 1 be adopted and the remainder of the Report be filed.


Council on Long Range Planning and Development Report 1 recommends that our American Medical Association renew delineated section status for the Senior Physicians Section through 2022 with the next review no later than the 2022 Interim Meeting.

Your Reference Committee received testimony indicating that the Senior Physicians Section favors “fixed” section status like the Medical Student Section, the Resident and Fellow Section, and the Young Physicians Section thereby alleviating the need to reconfirm the Section’s qualifications for continued section status at least every five years. Your Reference Committee also heard testimony that the appropriate process for achieving a change in section status is for the Section to petition the Council on Long Range Planning and Development.

On behalf of our AMA House of Delegates, your Reference Committee wishes to extend its appreciation to the Council on Long Range Planning and Development and the Senior Physicians Section for their cooperative and collaborative efforts to present a thorough review of the Section. Your Reference Committee supports adoption of the report.

(3) BOARD OF TRUSTEES REPORT 10 - HIGH COST TO AUTHORS FOR OPEN SOURCE PEER REVIEWED PUBLICATIONS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 10 be amended by addition to read as follows:

The Board of Trustees recommends that Resolution 604-A-17 not be adopted and that this report be filed. AMA Publishing, however, plans to implement a process for waiving or reducing Open Access (OA) fees when authors are not supported by funders or cannot afford to pay OA fees.
The Board of Trustees will continue to monitor the Federal Trade Commission’s actions in relation to predatory publishers and will disseminate the information to our AMA members.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendation in Board of Trustees Report 10 be adopted as amended and the remainder of the Report be filed.

HOD ACTION: Board of Trustees Report 10 adopted as amended and the remainder of the Report filed.

Board of Trustees Report 10 is presented in response to Resolution 604-A-17, which called upon our AMA to investigate the impact of the high costs of Open Access publication practices on the dissemination of research, especially by less well-funded and/or smaller entities, and to make recommendations to correct the imbalance of knowledge suppression that may occur because of financial limitations.

In this report, the Board of Trustees recommends that Resolution 604-A-17 not be adopted and that this report be filed. The Board of Trustees have further noted our AMA Publishing plans to implement a process for waiving or reducing Open Access fees if authors are not supported by funders or cannot afford to pay Open Access fees.

Your Reference Committee received limited testimony suggesting that Board of Trustees Report 10 be referred for further action. However, your Reference Committee believes that our AMA, which is mindful of conflict of interest considerations, has done all that it can at present to advocate for and lead the movement for widespread dissemination of medical knowledge and research, including making its own publishing processes more user friendly and affordable thereby serving as an example.

Your Reference Committee appreciates the fact that the Board report addressed predatory practices, which is beyond the scope of Resolution 604-A-17. Your Reference Committee believes that the proffered amendment to monitor and report on the Federal Trade Commission’s actions in response to predatory publishers will keep our AMA members abreast of abusive publishing practices.
(4) RESOLUTION 601 - PHYSICIAN BURNOUT AND WELLNESS CHALLENGES
RESOLUTION 604 - PHYSICIAN AND PHYSICIAN ASSISTANT SAFETY NET
RESOLUTION 605 – IDENTIFICATION AND REDUCTION OF PHYSICIAN DEMORALIZATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolutions 601, 604, and 605 be referred with report back at the 2018 Annual Meeting.

HOD ACTION: Resolutions 601, 604, and 605 referred with report back at the 2018 Annual Meeting.

Resolution 601 calls upon our AMA to advocate for health care organizations and state and county medical societies, to develop a wellness plan to prevent and combat physician burnout and improve physician wellness.

Resolution 604 calls upon our AMA to study a safety net, such as a national hotline, that all United States physicians and physician assistants can call when in a suicidal crisis. Such safety net services would be provided by doctorate level mental health clinicians experienced in treating physicians and funded by such entities as foundations, hospital systems, medical clinics, and donations from physicians and physician assistants.

Resolution 605 calls upon our AMA to recognize physician demoralization as a consequence of externally imposed occupational stresses, including but not limited to EHR-related and administrative burdens imposed by health systems or by regulatory agencies, as a problem among medical staffs. Resolution 605 also calls upon our AMA to advocate that hospitals be required by accrediting organizations to confidentially survey physicians to identify factors that may lead to physician demoralization.

Resolution 605 further calls upon our AMA to develop guidance to help hospitals and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff wellness.

Your Reference Committee heard extensive and impassioned testimony and online comments with suggested amendments on Resolutions 601, 604 and 605. Your Reference Committee recognizes that one of our AMA’s three focus areas is the professional satisfaction of physicians, and within that area, the spectrum of physician wellness remains a vitally important area of involvement and effort for our AMA. It is apparent that these issues affect every physician and medical student, and many and varied strategies and tactics have been employed with varying degrees of success to combat work-related stresses. Testimony coalesced around some common themes, as follows:

- The terminology used to describe what is commonly referred to as burnout concerned many who testified, because burnout may be interpreted to be a pejorative and stigmatizing term. Although AMA policy D-310.968, “Physician and
Medical Student Burnout” describes burnout, a term that many favored, there was strong testimony to use other nomenclature, including demoralization and a spectrum of the condition, but there was no clear consensus expressed favoring any single term.

- The root causes of physician and medical student burnout urgently need to be identified and addressed.

- Physician and medical student wellness programs and related strategies to ameliorate burnout should be driven by the medical staff and should focus on empowering physicians, not victimizing them.

- Physicians and medical students may be reluctant to reach out for help or contact suicide hotlines with overwhelming work-related stress because they fear breaches of confidentiality, retaliation by an employer, loss of privileges and licensure, and other forms of stigmatization. However, successful physician suicide hotlines and other Physician Health programs have been developed and implemented.

- Our AMA should consider convening a comprehensive task force to research best practices, analyze differences between various regional and specialty society physician wellness programs, standardize terminology, review our existing AMA policies and programs, and design and administer a clearinghouse of information on programs and strategies that optimize physician and medical student wellness.

Your Reference Committee received testimony from our AMA Board of Trustees expressing its support for referral of these three resolutions as a group for an aggressive and comprehensive response in an expedited manner. Therefore, your Reference Committee recommends referral of these three resolutions with a report back at the 2018 Annual Meeting.
Madam Speaker, this concludes the report of Reference Committee F. I would like to thank Anthony Armstrong, MD, A. Patrice Burgess, MD, Melissa J. Garretson, MD, Jerry L. Halverson, MD, Ann R. Stroink, MD, Gregory Tarasidis, MD, and all those who testified before the Committee.

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