International Medical Graduates Section
20th Interim Meetings

November 11-13, 2017
Hawaii Convention Center
Honolulu
I. Networking Reception until 5:45 pm

II. Welcome and Introductions, Ved Gossain, MD Chair

III. AMA-IMG Section Rules of Order
    American Institute of Parliamentarian Rules of Order Grid

IV. Featured Speaker (biography)
    Peter J. Katsufrakis, MD, CEO/President
    National Board of Medical Examiners

V. Full meeting schedule (informational)

VI. IMG Section Resolutions
    A. Resolution 601 - Physician Burnout and Wellness Challenges
    B. Resolution 955 - Minimization of Bias in the Electronic Residency Application Service Residency Application
    C. Resolution 956 - House Physicians Category

VII. Other HOD Reports/Resolutions of Interest*
     (distributed on site)

VIII. Organizational Reports

IX. Open Discussion/New Business
    A. Ideas for A-18 resolutions

X. Announcements/Informational Items
    A. A-18 Virtual Congress Schedule
    B. IMGS Committee Involvement
    C. Sign up to be IMGS Physician Mentor – img@ama-assn.org
    D. Monday, IMGS & Minority Affairs Section Delegates Caucus
        9:00–10:00 a.m. (review Reference Committee reports)
    E. Sunday, Nov. 12, Busharat Ahmad, MD Leadership Development Program, 2:30-3:30 p.m., Rm. 317A
    F. Summary of Actions (2017 Annual Meeting)
    G. 2017-2018 IMG Governing Council Roster
    H. Relevant IMG articles
XI. **Future AMA and IMG Section Meetings**

- February 12-14, 2018 – National Advocacy Conference, Washington, DC
- June 7-11, 2018 – IMG Section 21st Annual Meeting, Hyatt Regency Chicago
- November 8-12, 2018 – IMG Section 21st Interim Meeting, National Harbor, Maryland
### American Institute of Parliamentarians Standard Code of Parliamentary Procedure

**Basic Rules Governing Motions**

<table>
<thead>
<tr>
<th>Order of Rank/Precedence¹</th>
<th>Interrupt</th>
<th>Second</th>
<th>Debate</th>
<th>Amend</th>
<th>Vote</th>
<th>Applies to what other motions?</th>
<th>Can have other motions applied?²</th>
<th>Renewable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privileged Motions</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes³</td>
<td>Majority</td>
<td>None</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>Yes³</td>
<td>Majority</td>
<td>None</td>
<td>Amend, Close Debate, Limit Debate</td>
<td>Yes⁶</td>
</tr>
<tr>
<td>3. Question of Privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Subsidiary Motions</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>4. Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Main Motion</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>5. Close Debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Debatable Motions</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Limit Debate</td>
<td>No</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Yes²</td>
<td>2/3</td>
<td>Debatable Motions</td>
<td>Amend, Close Debate</td>
<td>Yes⁶</td>
</tr>
<tr>
<td>7. Postpone to a Certain Time</td>
<td>No</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>Main Motion</td>
<td>Amend, Close Debate</td>
<td>Yes⁶</td>
</tr>
<tr>
<td>8. Refer to Committee (or Board)</td>
<td>No</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Yes²</td>
<td>Majority</td>
<td>Main Motion</td>
<td>Amend, Close Debate</td>
<td>Yes⁶</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes³</td>
<td>Yes</td>
<td>Majority</td>
<td>Reworkable Motions</td>
<td>Close Debate, Limit Debate</td>
<td>No⁶</td>
<td></td>
</tr>
<tr>
<td>Main Motions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>10a. The Main Motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
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<tr>
<td>10b. Specific Main Motions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
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<tr>
<td>Amend a Previous Action</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary</td>
<td>No</td>
</tr>
<tr>
<td>Recall from Committee</td>
<td>No</td>
<td>Yes²</td>
<td>No</td>
<td>Majority</td>
<td>Referred MM</td>
<td>Close/Limit Debate</td>
<td>No</td>
<td></td>
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<tr>
<td>Reconsider</td>
<td>Yes⁴</td>
<td>Yes²</td>
<td>No</td>
<td>Majority</td>
<td>Vote on MM</td>
<td>Close/Limit Debate</td>
<td>No</td>
<td></td>
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<tr>
<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Same Vote</td>
<td>Adopted MM</td>
<td>Subsidiary; not amend</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

*¹ Order of rank/precedence is determined by the position of the motion on the agenda.

² Can have other motions applied are motions that can be used in conjunction with the specified motion.

³ Majority requires a simple majority.

⁴ Requires a two-thirds majority.

⁵ Depending on the situation.

⁶ Depending on the context.
## Incidental Motions (non-ranking within the classification)

<table>
<thead>
<tr>
<th>Motions</th>
<th>No order of Rank/Precedence</th>
<th>Interrupt</th>
<th>Second</th>
<th>Debate</th>
<th>Amend</th>
<th>Vote</th>
<th>Applies to what other motions?</th>
<th>Can have other motions applied?</th>
<th>Renewable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Ruling of Chair</td>
<td>Close/limit debate</td>
<td>No</td>
</tr>
<tr>
<td>Suspend the Rules</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Procedural Rules</td>
<td>None</td>
<td>Yes</td>
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<tr>
<td>Consider Informally</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main Motion or Subject</td>
<td>None</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Requests

<table>
<thead>
<tr>
<th>Requests</th>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No</th>
<th>No</th>
<th>None</th>
<th>Procedural error</th>
<th>None</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Order</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>Procedural error</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Inquiries</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>All motions</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Withdraw a Motion</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;8&lt;/sup&gt;</td>
<td>All motions</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Division of a Question</td>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;8&lt;/sup&gt;</td>
<td>Main Motion</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Division of Assembly</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None&lt;sup&gt;8&lt;/sup&gt;</td>
<td>Indecisive Vote</td>
<td>None</td>
<td>No</td>
</tr>
</tbody>
</table>

<sup>1</sup>Motions are in order only if no motion higher on the list is pending.<br>
<sup>2</sup>Restricted<br>
<sup>3</sup>Not debatable when applied to debatable motion<br>
<sup>4</sup>Member may interrupt proceedings, but not a speaker<br>
<sup>5</sup>Withdraw may be applied to all motions<br>
<sup>6</sup>Renewable at discretion of presiding officer (chair)<br>
<sup>7</sup>Tie or majority vote sustains the ruling of the presiding officer; majority vote in negative reverses the ruling<br>
<sup>8</sup>If decided by assembly (by motion), requires a majority vote to adopt

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American Institute of Parliamentarians  
(888) 664-0428  
www.aipparl.org  
aip@aipparl.org

*American Institute of Parliamentarians Standard Code of Parliamentary Procedure*  
Motions Table
Dr. Katsufrakis is President of the National Board of Medical Examiners (NBME) and a board-certified Family Physician. His professional focus is to improve the quality of care provided to patients through effective assessment of health care professionals. Dr. Katsufrakis is committed to fulfilling the professional obligation of self-regulation; he recognizes that assessment systems drive learning and behavior, ensure satisfaction of education and training requirements, and provide potent tools for the health professions to self-regulate in the best interests of our patients.

Prior to becoming President, Dr. Katsufrakis was Senior Vice-President for Assessment Programs of the National Board of Medical Examiners. His responsibilities included oversight of the Medical Education and Health Profession Services programs, International Programs, the Post-Licensure Assessment Service, and the United States Medical Licensing Examination (USMLE) program.

He is a past associate dean for student affairs at the Keck School of Medicine of the University of Southern California and has also served as national chair of the Group on Student Affairs of the AAMC. As faculty in USC’s Department of Family Medicine he served as principal investigator of USC’s Pacific AIDS Education and Training Center. In cooperation with the Health Resources and Services Administration and the International Training and Education Center for HIV, he has helped develop training programs and provide training for health care professionals in Ethiopia.

Dr. Katsufrakis received an MBA with honors from the University of Southern California in 1998, an MD from the University of California, San Diego in 1985, and a BA with high honors from the University of California, Berkeley in 1981. He served his internship and residency in family medicine at Santa Monica Hospital and he is a Diplomate of the American Board of Family Medicine.
## IMG SECTION MEETINGS SCHEDULE

### 2017 20^H Interim Meeting
**November 9-13, 2017**
**Hawaii Convention Center**

*(business casual attire)*

### Friday, Nov 10

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 a.m.–4 p.m.</td>
<td>Registration for all meeting attendees</td>
<td></td>
</tr>
<tr>
<td>1:00–8:00 p.m.</td>
<td><strong>AMA Research Symposium (MSS, RFS, IMGS) Events (for your information)</strong></td>
<td>Convention Center MSS/RFS – Rms. 318A &amp; 318B</td>
</tr>
<tr>
<td>1:00-4:00 p.m.</td>
<td>Research Symposium Participant Check-in</td>
<td>Level 1 - Exhibit Hall III</td>
</tr>
<tr>
<td>2:00-3:00 pm</td>
<td>Publishing Your Work: Edward H. Livingston, MD, Deputy Editor, JAMA</td>
<td>Convention Center, Rm. 311</td>
</tr>
<tr>
<td>3:00-4:00 p.m.</td>
<td>Poster check-in and set-up</td>
<td>Exhibit Hall 3</td>
</tr>
<tr>
<td>3:00-3:30 p.m.</td>
<td>Podium check-in and set-up</td>
<td>“</td>
</tr>
<tr>
<td>4:00-5:00 p.m.</td>
<td>IMGS Oral Presentations/Judging</td>
<td>Convention Center, 319A</td>
</tr>
<tr>
<td>4:00-6:00 p.m.</td>
<td>Poster Sessions/Judging</td>
<td>Convention Center, Exhibit Hall 3</td>
</tr>
</tbody>
</table>

### Sat., Nov. 11

Hawaii Convention Center
1801 Kalakaua Avenue
Honolulu, HI 96815
E-Mail: info@hccaeg.com
Phone: (808) 943-3500
Fax: (808) 943-3099
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m. –  noon</td>
<td>Sections and Special Groups Education Sessions</td>
<td>Convention Center, Rms. 310, 315, 320</td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td>IMGS Late Resolutions Due – send to <a href="mailto:img@ama-assn.org">img@ama-assn.org</a></td>
<td></td>
</tr>
<tr>
<td>2:00-6:00 p.m.</td>
<td>House of Delegates Opening</td>
<td>Convention Center, Kalakaua Ballroom</td>
</tr>
</tbody>
</table>
| 5:30–7:30 p.m.| **IMGS Congress Meeting**  
*Guest Speaker: Peter Katsufrakis, MD, CEO/President – National Board of Medical Examiners* | Convention Center, 316B                       |

### Sun., Nov. 12

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00–8:30 a.m.</td>
<td>House of Delegates Opening <em>(consent calendar/extractions)</em></td>
<td>Convention Center, Kalakaua Ballroom</td>
</tr>
</tbody>
</table>
| 8:30 a.m.– noon | **Reference Committee Hearings**  
Amendments to Constitution and Bylaws                                                               | Convention Center Rm. 312                     |
|              | Reference Committee B (Legislation/health reform)                                                    | Rm. 313C                                      |
|              | Reference Committee F (Finance & Governance)                                                          | Kalakaua Ballroom                            |
|              | Reference Committee J (Advocacy on medical service, medical practice, insurance, et.al.)            | Rm. 313A                                      |
|              | Reference Committee K (Advocacy related to, science and public health)                                | Rm. 311                                      |
| 3:00-5:00 p.m.| HOD Educational Sessions                                                                              | Various *(see AMA HOD schedule)*             |

Hawaii Convention Center  
1801 Kalakaua Avenue  
Honolulu, HI 96815  
E-Mail: info@hccaeg.com  
Phone: (808) 943-3500  
Fax: (808) 943-3099
### Mon., Nov. 13

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00–11:00 a.m.</td>
<td>Educational Sessions</td>
<td>Various</td>
</tr>
<tr>
<td></td>
<td><em>(Check app or monitors)</em></td>
<td></td>
</tr>
<tr>
<td>9:00-10:00 a.m.</td>
<td><strong>IMG &amp; Minority Affairs Sections Delegates Caucus</strong></td>
<td>Convention Center, Rm. 314</td>
</tr>
<tr>
<td>2:00–6:00 p.m.</td>
<td>House of Delegates Business Session</td>
<td>Convention Center, Kalakaua Ballroom</td>
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</tbody>
</table>

### Tues., Nov. 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m.–noon</td>
<td>House of Delegates Business Session</td>
<td>Convention Center, Kalakaua Ballroom</td>
</tr>
</tbody>
</table>
AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 601
(I-17)

Introduced by: International Medical Graduates Section
American Association of Physicians of Indian Origin

Subject: Physician Burnout and Wellness Challenges

Referred to: Reference Committee __________
(__________, Chair)

Whereas, Burnout affects physicians at all levels of training; 28 to 45% of medical students, 27 to 75% of residents and around 37% of attending physicians experience burnout at various stages of their career;¹-² and

Whereas, The consequences of physician burnout are significant. Apart from the emotional and physical toll it takes on the physician and their families, it threatens our U.S. health care system and affects patient safety, quality of care and health care costs; and

Whereas, Depending on age and gender, 6 to 23% of physicians have used non-prescribed opiates, benzodiazepines, alcohol and other substances;³ and

Whereas, A large majority of health care organizations have no programs to prevent or combat physician burnout and promote wellness. Some hospitals have fragmented programs or committees due to lack of support from leadership, administration and budget; and

Whereas, Stanford Medical School and Hospital is the first hospital in the country to appoint a chief wellness officer⁴; and

Whereas, Mayo Clinic has also implemented a physician well-being program managed by wellness officers⁵; and

Whereas, Very few medical societies are developing physician wellness and resilience programs; therefore, be it

RESOLVED, That the American Medical Association advocate for health care organizations to develop a wellness plan to prevent and combat physician burnout and improve physician wellness; (Directive to Take Action); and be it

RESOLVED, That the AMA advocate for state and county medical societies to implement wellness programs to prevent and combat physician burnout and improve physician wellness. . (Directive to Take Action)

References:
¹Mayo Clinic, "Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General U.S. Working Population Between 2011-2014; December (2015); 90(12); 1600-1613
²Medscape, "Medical Resident Burnout Reaches Epidemic Levels", May 2015
³Medscape, "Drug and Alcohol Abuse: Why Doctors Become Hooked", May 6, 2015
RELEVANT AMA POLICY

None.
AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 955
(I-17)

Introduced by: International Medical Graduates Section

Subject: Minimization of Bias in the Electronic Residency Application Service Residency Application

Referred to: Reference Committee __________
(__________, Chair)

Whereas, The current Electronic Residency Application Service (ERAS) Residency Application should conform to the requirements of the U.S. Equal Employment Opportunity Commission (EEOC) by blinding the ERAS Residency Application to the “applicant’s age, race, religion, national origin”\(^1\) and

Whereas, The ERAS Residency Application has non-academic identifiers (including a picture) that may identify or suggest age, race, religion, and/or national origin, placed at the beginning of the application which may contribute to bias including, but not limited to, the priming effect\(^2-6\); and

Whereas, Conscious and unconscious bias, that may influence the selection of a resident, may be associated with many identifiers revealed at the beginning of the ERAS Residency Application including, but not limited to, age, race, religion, national origin, weight, gender, sexual orientation, transgender status, and attractiveness\(^7-10\); and

Whereas, Bias has been associated with school admissions and hiring\(^6,10\) and

Whereas, This bias should be minimized to ensure fairness in residency trainee selection; therefore be it

RESOLVED, That our AMA advocate for the formation of an ERAS Residency Application Bias Minimization Committee to examine the role of bias in the residency training selection process.\(^11\) (Directive to Take Action) and be it further

RESOLVED, That our AMA advocate for the modification of the ERAS Residency Application to minimize its bias in accordance with the suggestions of the ERAS Residency Application Bias Minimization Committee. (Directive to Take Action)

References:


Relevant AMA Policy:

Gender-Based Questioning in Residency Interviews H-310.976

The AMA (1) opposes gender-based questioning during residency interviews in both public and private institutions for the purpose of sexual discrimination; (2) supports inclusion in the AMA Fellowship and Residency Interactive Database Access (FREIDA) system information on residency Family and Medical Leave policies; and (3) supports monitoring the Accreditation Council for Graduate Medical Education as it proposes changes to the "Common Requirements" and the "Institutional Requirements" of the "Essentials of Accredited Residencies," to ensure that there is no gender-based bias.

Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual Orientation, Gender Identity, Age, Race, National Origin and Religion During the Residency and Fellowship Application Process H-310.919

Our AMA:

1. opposes questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, gender identity, age, race, national origin, and religion.

2. will work with the Accreditation Council for Graduate Medical Education, the National Residency Matching Program, and other interested parties to eliminate questioning about or discrimination based on marital and dependent status, future plans for marriage or children, sexual orientation, age, race, national origin, and religion during the residency and fellowship application process.
3. will continue to support efforts to enhance racial and ethnic diversity in medicine. Information regarding race and ethnicity may be voluntarily provided by residency and fellowship applicants.

Oppose Discrimination in Residency Selection Based on International Medical Graduate Status D-255.982

Our AMA:
1. Will request that the Accreditation Council for Graduate Medical Education include in the Institutional Requirements a requirement that will prohibit a program or an institution from having a blanket policy to not interview, rank or accept international medical graduate applicants.

2. Recognizes that the assessment of the individual international medical graduate residency and fellowship applicant should be based on his/her education and experience.

3. Will disseminate this new policy on opposition to discrimination in residency selection based on international medical graduate status to the graduate medical education community through AMA mechanisms.

Eliminating Religious Discrimination from Residency Programs H-310.92

Our AMA encourages residency programs to: (1) make an effort to accommodate residents' religious holidays and observances, provided that patient care and the rights of other residents are not compromised; and (2) explicitly inform applicants and entrants about their policies and procedures related to accommodation for religious holidays and observances.
Whereas, In order to practice clinical medicine in an unsupervised setting, all physicians
(international medical graduates and domestic graduates) must be licensed by the medical
licensing board of the State where they plan to practice; and

Whereas, International Medical Graduates (IMGs) must be certified by the Educational
Commission on Foreign Medical Graduates (ECFMG) and must pass USMLE Steps 1, Step
2CK and Step 2 CS; and

Whereas, When a physician receives ECFMG certification, he/she may apply for an ACGME
accredited residency; and

Whereas, Many ECFMG-certified IMGs are waiting to get into a residency program, but are
unable to obtain a residency due to the limited number of residency slots available; and

Whereas, A significant shortage of primary care physicians is predicted ranging between 8,700
and 43,100 physicians by 2030;¹ which will further impact the availability of physicians and
health care providers to care for patients in underserved areas of the United States;² and

Whereas, the Florida State Medical Board has implemented policies and laws to allow hospitals
to employ physicians who have limited medical licenses as “house physicians” to work under
the direct supervision of a physician who has an active Florida medical license and provide care
to patients³; therefore, be it

RESOLVED, That the American Medical Association work with state legislators and other
regulatory organizations to develop the category of “House Physicians” to help address the
anticipated physician need and shortfall of available practitioners in underserved areas of the
United States. (Directive to Take Action)

References:
¹American Association of Medical Colleges, “New Research Shows Shortage of More than 100,000 Doctors by 2030”, March 14,
²Council of State Governments, “Physician Shortages and the Medically Underserved,”

RELEVANT AMA POLICY

None.
AMA House of Delegates Reports/Resolutions of Interest

**TABLE**

**ITEMS WILL BE DISTRIBUTED ON SITE**
Whereas, There are significant numbers of physicians over the age of 55, and physicians in small group practices; and

Whereas, Small group practice physicians and more senior physicians are inherently encouraged to leave practice sooner given penalties imposed due to Medicare quality initiatives and;

Whereas, Participation in Medicare quality initiatives represent significant costs small group practices and to senior physicians particularly, and at a time when a physician shortage is increasingly evident; and

Whereas, The patient population has been expanded both by growth in the senior population, population growth in general, and greater accessibility, negative incentives will serve to drive physicians out of practice earlier at a time when they are most needed, and indeed represent a pool of experience and knowledge that is hard to duplicate; and

Whereas, Quality incentives in the payment system may, or may not be justifiable, in this instance they work against the system by narrowing the workforce both in terms of numbers and experience; and

Whereas, By eliminating penalties, by offering financial rewards for remaining in practice, some of that narrowing of the workforce may be mitigated; therefore be it

RESOLVED, That the American Medical Association work with the Department of Health and Human Services in incentivizing small groups, and more senior positions, regardless of their volume of patients total billing in dollars, with “small group”, and “senior” deferments against penalties and, bonuses for continued practice. (Directive to Take Action)
INTERNATIONAL MEDICAL GRADUATES SECTION
TIMELINE FOR RESOLUTIONS/REPORTS REVIEW
2018 ANNUAL MEETING

AMA-IMGS: June 8-11, 2018
AMA-HOD Meetings: June 9-13, 2018

Hyatt Regency Chicago

DUE DATES

Deadline for A-18 Resolutions  April 1
Virtual Congress (review reports/resolutions and provide online testimony)  April 8-12
Virtual Congress Conference Call  Thursday, April 15 (8 pm CDT)
Deadline to receive I-18 resolutions for discussion at Annual Meeting  May 1

Congress Ratification of Reports and Resolutions  April 22-26
House of Delegates Deadline for Handbook Addendum deadline:
  May 4
  May 11

Rev: 10/20/16
2016-2017 AMA-IMGS COMMITTEES

I. Resolutions and Reports:
Chair: Kevin King, MD, E-mail: kevin.king2@HCAhealthcare.com
Vice Chair: rkatz1@stanford.edu
Charge/Agenda:
- Develop at least 3 well-written and researched reports or resolutions for the Interim and Annual HOD meetings.
- Identify two issues that require AMA IMGS advocacy efforts

II. Research, Development and Graduate Medical Education (as needed basis)
A. Research, Development/Publications
Charge/Agenda:
- Recruit at least 5 committee members.
- Effectively lead the survey discussions and analyses
- Work with ECFMG-certified students, develop IMG surveys to understand more various IMG cohorts.
- Work with the Council on Medical Education Subcommittee on Graduate Medical Education to assist with the following:
  a. Advance the GME efforts of the IMG Section.
  b. Work to ensure that IMGS continue to obtain GME positions now and in the future
  c. Direct GME effort at state and federal level
  d. Work to raise awareness of GME problem at grassroots level

III. Nominating Committee:
Chair: Bhushan Pandya, MD, E-mail: bhpmd2004@yahoo.com
Charge/Agenda:
- Recruit a diverse pool of candidates for the IMGS GC elections.
- Present a diverse slate for the 2018 IMGS GC online ballot.
- Validate 2018 election winners

IV. Committee for Internal & External Relationships: (inactive)
Chair: Bhushan Pandya, MD, E-mail: bhpmd2004@yahoo.com
Vice-Chair: Subhash Chandra, MD, E-mail: contactdrsubhash@yahoo.com
Charge/Agenda:
- Recruit at least 10 diverse committee members
- Develop a liaison relationship with at external IMG groups (states, specialties, or ethnic associations, state legislators) and internal Sections and Special Groups of the AMA
- Create 1 new IMG Section/Committee in at least 1 state that does not have one.
- Collaborate with Desserts Reception Committee to assist with obtaining funding support
V. Leadership Development Program, Chair: Bhushan Pandya, MD, E-mail: bhpmd2004@yahoo.com

Charge/Agenda:
• Recruit at least 10 diverse committee members
• Develop the program/speaker for the Busharat Ahmad, MD Leadership Program at the Interim and Annual meeting.
• Discover what resources or tools IMGs need in order to ascend into leadership positions

VI. Desserts Reception

Charge:
• Assist in the development and promotion of the 2018 Desserts Reception beginning in January

VII. Social Media, Subhash Chandra, MD, Chair; contactdrsubhash@yahoo.com

Charge:
• To develop team of Committee members to devise ideas for social media regarding IMGs. Ideas will be transmitted to IMG staff and AMA digital strategy.

VIII. IMGS Special Interest Group

Charge: This AMA-USIMG program is dedicated to U.S. citizens and permanent residents who are attending medical school in the Caribbean and have not yet obtained their ECFMG certification. Through this new program, students are invited to become involved with the AMA and obtain the following benefits:

• Learn how patients and physicians benefit from the advocacy efforts of the IMG Section;
• Take advantage of networking opportunities with other students, resident physicians and practicing physicians;
• Enjoy instant access to the AMA Medical Student Section (MSS) and IMGS;
• Attend the Annual and Interim meetings of the AMA-MSS and IMGS including the annual AMA-IMGS Symposium;
• View webinars and videos showcasing practical tips for a successful residency program Match;
• Stay current on how the ECFMG certification process works;
• Gain valuable practice through our mock residency program interview opportunities; and
• Obtain financial planning resources and loan consolidation information to help ease worries about debt.

To register, visit https://app.event.com/Reports/Welcome.aspx?p=8060a9d5-f0ac-4a47-b8bd-1ab9e689b53f
MENTORING SERVICES FOR INTERNATIONAL MEDICAL GRADUATES

The IMG Section has received several requests for mentors from prospective residents. In response to that we would like to initiate a mentor program which will operate as follows:

The AMA-IMG Section Mentor Program Concept: IMG Section members volunteer to be a mentor by providing the following mentoring services to international medical graduate students and residents.

- provide participants the opportunity to develop a mentoring relationship that will promote successful integration into the practice environment
- assist participants in developing skills essential to practice medicine in the U.S.
- provide information on best practices to obtain a residency
- answer questions for IMGs and provide a good member experience

Mentoring is developing the supportive relationship between individuals where knowledge, skills, and experience are shared. The mentee is an IMG who is seeking guidance in developing specific competencies, self-awareness and skills. The mentor is the IMG Section physician member who will have expertise in the areas of need identified by the mentee and is able to share their wisdom in a nurturing way.

In this relationship, the mentee will have the opportunity to ask questions, share concerns and discuss issues with a more experienced physician. Through collaboration and communication between the mentor-mentees, the mentee will become more self-confident and competent in their integration into the practice of medicine and application of the knowledge and skills gained through the mentor relationship.

The AMA-YPS Section has a mentoring program. The AMA-LGBTQ Advisory Committee to the Board of Trustees plans to launch a pilot mentoring program this year.

Background on ECFMG program
Currently, the Educational Commission for Foreign Medical Graduates (ECFMG) Certificate Holders office offers the IMG Advisors Network (IAN) as a free service which has existed for over 5 years. This IMG Advisors Network allows qualifying IMGs who plan to come to the United States to connect with advisors who can answer questions about applying to U.S. GME and living and working in the United States. However, participants must meet the qualifications of advisees. There are also qualifications for advisors, which include being in or having completed an ACGME-accredited training
program in the United States.

IAN Advisors serve on a volunteer basis. IAN has a database which lists the available advisors by name, medical specialty, U.S. GME institution, location in the United States, country of medical education, medical school, and other demographics and types of advice advisors are comfortable providing (application and/or acculturation). IMGs using this service will be able to select an advisor based on these criteria. Once an advisor has been selected, the email address of the IMG seeking advice is provided to the advisor, who will communicate directly with the advisee.

The communications between advisors and advisees are direct, rather than through ECFMG. The participants are able to copy ECFMG on their email messages as a choice. The purpose is to make the communications more transparent to everyone.
Resolution 306 asked that the American Medical Association work with the Educational Commission on Foreign Medical Graduates (ECFMG) to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Residency Matching Program (NRMP) and are therefore unable to get a residency or practice medicine. (Directive to Take Action)

**HOD Action: Adopted as amended.**

RESOLVED, That our American Medical Association work with encourage the Educational Commission on Foreign Medical Graduates (ECFMG) and other interested stakeholders to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Resident Matching Program (NRMP) and are therefore unable to get a residency or practice medicine. (Directive to Take Action)

2. Resolution 307 – Formal Business and Practice Management Training During Medical Education

Resolution 307 asked: That our American Medical Association encourage the Liaison Committee for Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), Association of American Medical Colleges (AAMC) and other entities responsible for medical education to advocate for and support the creation of a more standardized process and approach for training and education in business and practice management skills for medical practitioners across the continuum of medical school, residency, fellowship and independent practice (Directive to Take Action); and

That our AMA encourage LCME, ACGME, AAMC and other entities responsible for the education of future physicians, to provide educational resources and programs on business administration and practice management in their medical education curriculum. (Directive to Take Action)

Other HOD Reports & Resolutions of Interest

3. Resolution 007 - Healthcare as a Human Right

Resolution 007 asked 1) that our American Medical Association recognize that a basic level of medical care is a fundamental human right (New HOD Policy);

2) that our AMA support the United Nations’ Universal Declaration of Human Rights and its encompassing International Bill of Human Rights as guiding principles fundamental to the betterment of public health (New HOD Policy); and

3) that our AMA advocate for the United States to remain a member state in the World Health Organization. (New HOD Policy)

HOD Action: Resolution 007 referred.

4. Resolution 225 - Truth in Advertising

Resolution 225 asked that our American Medical Association support clarity and truth in advertising by requiring physicians to fully disclose board certification status, medical license restrictions as permitted by law, residency and fellowship status, particularly with vulnerable patients such as those treated in confined settings such as locked mental health institutions and correctional settings and encourage restricting the use of the title "doctor" in closed settings to only medical doctors. (New HOD Policy)

HOD Action: Policy H-405.969 reaffirmed in lieu of Resolution 225.

5. Resolution 313 - Study of Declining Native American Medical Student Enrollment

Resolution 313 asked that our American Medical Association partner with key stakeholders (including but not limited to the Association of American Medical Colleges, Association of American Indian Physicians, Association of Native American Medical Students, We Are Healers, and the Indian Health Service) to study and report back by July 2018 on why enrollment in medical school for Native Americans is declining in spite of an overall substantial increase in medical school enrollment, and lastly to propose remedies to solve the problems identified in the AMA study. (Directive to Take Action)

HOD Action: Resolution 313 adopted.

6. Resolution 314 - Educating a Diverse Physician Workforce
Resolution 314 asked: 1) that our American Medical Association develop an internal education program for its members on the issues and possibilities involved in creating a diverse physician population (Directive to Take Action);

2) that our AMA provide on-line educational materials for its membership that address cultural, racial and religious issues in patient care (Directive to Take Action);

3) that our AMA create and support programs that introduce elementary through high school students, especially those from under-represented minority groups, to healthcare careers (Directive to Take Action);

4) that our AMA create and support pipeline programs and encourage support services for URM college students that will support them as they move through college, medical school and residency programs (Directive to Take Action);

5) that our AMA recommend that medical school admissions committees use holistic evaluation of admission applicants, taking into account the diversity of preparation and the variety of talents that applicants bring to their education (New HOD Policy);

6) that our AMA advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to race and ethnicity collected from Electronic Residency Application Service (ERAS) applications through the National Residency Matching Program (NRMP) (New HOD Policy); and

7) that our AMA continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities. (Directive to Take Action).

**HOD Action: Resolution 314 adopted as amended.**

RESOLVED, That our AMA provide on-line educational materials for its membership that address cultural, racial and religious issues in patient care diversity issues in patient care including, but not limited to, culture, religion, race and ethnicity (Directive to Take Action);

RESOLVED, That our AMA create and support programs that introduce elementary through high school students, especially those from under-represented minority that are underrepresented in medicine (URM) groups, to healthcare careers (Directive to Take Action);

RESOLVED, That our AMA recommend that medical school admissions committees use holistic evaluation
assessments, taking that take of admission applicants into account the diversity of preparation and the variety of talents that applicants bring to their education (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to race and ethnicity URM status collected from Electronic Residency Application Service (ERAS) applications through the National Residency Matching Program (NRMP) (New HOD Policy); and be it further

RESOLVED, That our AMA continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities. (Directive to Take Action)

7. Resolution 516 - In-flight Emergencies

Resolution 516 asked: 1) that our American Medical Association support and advocate for a requirement that all U.S. based commercial carriers consult with the Air Transport Medicine Committee Aerospace Medical Association every six months to determine the minimal medical equipment that should be available on domestics and international commercial flights and provide easy access to that information to passengers in order to aid in responding to likely emergencies such as adding naloxone to target potential opioid overdoses and a glucometer given the increase prevalence of diabetes (New HOD Policy);

2) that our AMA support and advocate for a requirement that medical supplies, equipment, and medications available for an inflight medical emergency are standardized based upon the size and mission of the aircraft across all domestic and international commercial US based airlines with careful consideration of flight crew training requirements (New HOD Policy);

3) that our AMA support and advocate for a requirement that flight crews will no longer be required to verify a medical professional's credentials before allowing that person to assist with an inflight medical emergency (New HOD Policy);

4) that our AMA support and advocate for a requirement that US based commercial carriers develop an online process for health providers to become credentialed in advance of a flight in order to respond to an inflight emergency (New HOD Policy); and

5) that our AMA offer medical trainees and physicians medical education courses to prepare for addressing in-flight emergencies during its meetings and/or by strongly
encouraging its affiliated state and local branches to offer similar education courses.

(Directive to Take Action)

**HOD Action:** Policies H-45.978, H-45.982, and H-9 45.979 reaffirmed in lieu of Resolves 1, 2, and 4 of Resolution 516. Resolves 3 and 5 of Resolution 516 referred.

8. Resolution 517 - Choline Supplementation in Prenatal Vitamins

Resolution 517 asked that our American Medical Association support and advocate for an increase of choline in all prenatal vitamins to 450 mg/day. (New HOD Policy)

**HOD Action:** Resolution 517 adopted as amended.

9. Resolution 304 – Support of Equal Standards for Foreign Medical Schools Seeking Title IV Funding (MSS)

Resolution 304 asked that our American Medical Association support the application of the existing requirements for foreign medical schools seeking Title IV Funding to those schools which are currently exempt from these requirements, thus creating equal standards for all foreign medical schools seeking Title IV Funding. (New HOD Policy)

**HOD Action:** Resolution 304 adopted.

10. Resolution 308 – Immigration Reform Impacts on International Medical Graduate Training and Patient Access (*Various specialties*)
Resolution 311 – Support of International Medical Graduates (*Wisconsin*)
Resolution 312 – Support of International Medical Graduates and Students (*New York*)
Resolution 317 – Immigration (*Michigan*)
Resolution 321 – Continued Support of H-1 B Visa Programs for International Medical Graduates (*Minnesota*)
Resolution 325 – Ensure an Effective H-1B Visa Program to Protect Patient Access to Care (*American College of Rheumatology*)
326 – Supporting International Medical Graduate and Students (*AMA Young Physicians Section*)

Resolution 308 asked: 1) That our AMA advocate for the timely processing of visas for physicians to fill residency and fellowship training spots; 2) That our AMA study the current impact of immigration reform efforts on residency and fellowship training programs, physician supply, and timely access of patients to healthcare throughout the US; and 3) That our AMA report back to the House of Delegates by the 2017 Interim Meeting such study findings, including appropriate proposals to advocate on behalf of international medical graduate physicians and their patients.
Resolution 311 asked 1) That our AMA recognize the unique contributions and affirm our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine; and 2) That our AMA oppose changes to immigration policies for international and foreign-born medical graduates and students that use country of origin to restrict visa procurement and ability to travel outside of the U.S. and return with a visa.

Resolution 312 asked 1) That our AMA oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion; and 2) That our AMA oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.

Resolution 317 asked that our AMA lobby the US Congress and other appropriate U.S. government officials to exempt physicians from any current or future ban or suspension impacting immigration or the issuance of a J1 Visa or H1-B Visa.

Resolution 321 asked that our AMA urge the Trump Administration to immediately reinstate premium processing of H-1B visas for physicians to prevent any negative impact on patient care in underserved communities.

Resolution 325 asked that our AMA proactively work with appropriate officials to secure an exemption of medical professionals from the suspension of and any future modifications to the H-1B visa program, in order to allow for efficient entry of international physicians into the United States.

Resolution 326 asked that our AMA 1) oppose laws and regulations that would broadly deny entry or re-entry to the United States by persons based on their country of origin and/or religion who currently have legal visas, including permanent resident status (green card) and student visas, and oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.

HOD ACTION: The following resolution adopted in lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326 with a change in title.

IMPACT OF IMMIGRATION BARRIERS ON THE NATION’S HEALTH

RESOLVED, That our American Medical Association (AMA) recognize the valuable contributions and affirm our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine (New HOD Policy); and be it
RESOLVED, That our AMA oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion (New HOD Policy); and be it further

RESOLVED, That our AMA oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for the timely processing of visas for all physicians, including residents, fellows, and physicians in independent practice (New HOD Policy); and be it further

RESOLVED, That our AMA work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S. (Directive to Take Action); and be it further

RESOLVED, That our AMA update the House of 17 Delegates by the 2017 Interim Meeting on the impact of immigration barriers on the physician workforce. (Directive to Take Action)

11. CLRPD Report 2 – Demographic Characteristics of the House of Delegates and AMA Leadership

CLRPD Report 2 is an informational report on the House of Delegates which is provided on an annual basis which includes information on age, gender, race/ethnicity, education, life stage, present employment and self-designated practice specialties.

**HOD ACTION: CLRPD Informational Report 2 filed.**

CME Report 4 was in response to Policy D-350.986 {Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages which directed the AMA to study the issue of Deferred Action Childhood Arrivals – eligible medical students, residents and physicians and consider the opportunities for their participation in the physician profession and report its findings to the Housed of Delegates.

**HOD ACTION: CME Informational Report 4 filed.**

13. CME Report 5 - Options for Unmatched Medical Students

CME Report 5 outlines a number of key points related to unmatched medical students including the long-term stability of match rates and common reasons for an unsuccessful match, options for students who do not match, the special match concerns of DOs and IMGs and tools, initiatives from medical schools and medical organizations (including the AMA) that are essential to ensuring an effective, efficient, and equitable match process that balances the interests of applicants and programs and provides rational, strategic decision making by all parties.

**HOD ACTION: CME Informational Report 5 filed.**

14. CME Report 6 – Standardizing the Allopathic Residency Match System & Timeline

The Council of Medical Education recommended that the following recommendations be adopted in lieu of Resolution 310-A-16 and the remainder of this report be filed.

1. That our American Medical Association (AMA) support the movement toward a unified and standardized residency application and match system for all non-military residencies. (New HOD Policy)
2. That our AMA encourage the Association of University Professors of Ophthalmology, the American Urological Association, and other appropriate stakeholders to move ophthalmology and urology to the National Resident Matching Program. (Directive to Take Action)
3. That our AMA encourage the National Resident Matching Program to develop a process by which sequential matches could occur for those specialties that require a preliminary year of training, allowing a match to the GY2 position, followed later in the year by a match to a GY1 position, thus reducing application and travel costs for applicants. (Directive to Take Action)

**HOD ACTION: Original Recommendation 1 of Council on Medical Education Report 6 adopted; Recommendations 2 and 3 referred.**
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sale and distribution of contraceptives. Nevertheless, shortly after the Griswold decision, William Curran of Boston University’s Law–Medicine Research Institute observed that “physicians in general should be fairly comfortable with this action by the court,” since it seemed to affirm the “code of silence” regarding the doctor–patient relationship that had “been part of medicine for over two thousand years.”

Curran correctly predicted that the Griswold decision would pave the way for resolving other medicolegal issues involving “this newly identified fundamental human right” of privacy.4 In 1972, the Court extended the right of privacy to unmarried persons seeking birth control, stating in their ruling Eisenstadt v. Baird that “if the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.”5 A year later, the right of privacy was extended to cover abortion in Roe v. Wade.

Clearly, moral and religious objections to abortion have persisted. Over the past 25 years, the Court has become more conservative and allowed certain restrictions on abortion access — such as parental consent and waiting periods — as long as they don’t present an “undue burden” on women seeking abortion services. Among the latest tactics in the campaign against reproductive rights was the release of videos in July and August 2015 by an antiabortion group called the Center for Medical Progress purporting to show Planned Parenthood clinic personnel engaged in the illegal sale of fetal tissue and organs. (In January, a grand jury in Harris County, Texas, indicted the producers of the video on a charge of tampering with a governmental record, a felony, and on a misdemeanor charge related to purchasing human organs.) Although investigations by several states have shown no evidence of wrongdoing, Congress has tried several times to eliminate federal funding for the beleaguered organization.

Though this battle centers on abortion, it poses a threat to contraceptive access as well. Planned Parenthood is the single largest provider of contraceptive services for women living at or below the federal poverty level. Eliminating federal funding will put these services in jeopardy and recreate the economic disparity in birth-control access that the plaintiffs in Griswold v. Connecticut sought to alleviate.

Disclosure forms provided by the author are available with the full text of this article at NEJM.org.

From the Department of History, Central Connecticut State University, New Britain.

1. 381 U.S. 479 (1965).

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Dealing with Racist Patients

Kimani Paul-Emile, J.D., Ph.D., Alexander K. Smith, M.D., M.P.H., Bernard Lo, M.D., and Alicia Fernández, M.D.

A 77-year-old white man with heart failure arrives in the emergency department of an urban hospital at 3 a.m. with shortness of breath and a fever. When a black physician enters, the man immediately announces, “I don’t want to be cared for by a %$#!& doctor!” Taken aback, the physician retreats from the room. She’s offended by the man’s rejection and demeaning language — but knows that he may have a serious medical condition and that she cannot treat him against his will. How should the physician proceed?

A patient’s refusal of care based on the treating physician’s race or ethnic background1 can raise thorny ethical, legal, and clinical issues — and can be painful, confusing, and scarring for the physicians involved. And we fear that race-based reassignment demands will only increase as the U.S. physician population becomes more racially and ethnically diverse. So we’ve created a framework for considering and addressing such demands.

Competent patients have the right to refuse medical care, including treatment provided by an unwanted physician. This right is granted by informed-consent rules and common law that protects patients from battery. Patients presenting with an emergency
medical condition are also protected by the Emergency Medical Treatment and Active Labor Act (EMTALA), which requires hospitals to screen and stabilize patients and provide medical treatment, if necessary, or arrange for a transfer, with patient consent, to a facility able to provide appropriate treatment.

Physicians and other health care workers have employment rights that must be balanced with patients’ rights. Employees of health care institutions have the right to a workplace free from discrimination based on race, color, religion, sex, and national origin, according to Title VII of the 1964 Civil Rights Act. Organizations that make race-based staffing decisions or compel employees to accede to a patient’s request for re-assignment on the basis of a worker’s race or ethnic background may violate Title VII. Nurses and nursing assistants have successfully sued employers who require employees to accommodate such demands by patients.

Physicians, however, have not brought such lawsuits, perhaps for two reasons. First, unlike nurses, many physicians are not hospital employees but rather “independent contractors,” who are not covered by Title VII unless the hospital exercises a substantial amount of control over how they perform their jobs. Second, physicians commonly decide among themselves how to address reassignment requests and thus probably are not often forced by a hospital employer to accommodate such requests.

Beyond these general legal rules, when patients reject physicians on the basis of their race or ethnic background, there is little guidance for hospitals and physicians regarding ways of effective-ly balancing patients’ interests, medical personnel’s employment rights, and the duty to treat. We believe that sound decision making in this context will turn on five ethical and practical factors: the patient’s medical condition, his or her decision-making capacity, options for responding to the request, reasons for the request, and effect on the physician (see flow chart). It’s helpful for physicians to consider these factors as they engage in negotiation, persuasion, and (in some cases) accommodation within the practical realities of providing effective care for all patients.

### Considering a Patient’s Request for Physician Reassignment Based on Race or Ethnic Background in an Emergency Setting.

Actions in the orange boxes address factors that physicians should consider when confronted with a request to change clinicians because of a clinician’s race or ethnic background. Such requests may be deemed to be clinically and ethically appropriate if, for instance, they are motivated by a desire for racial, ethnic, or language concordance or if the patient has specific mental health issues.
The patient’s medical condition and the clinical setting should drive decision making. In an emergency situation with a patient whose condition is unstable, the physician should first treat and stabilize the patient. Reassignment requests based on bigotry may be attributable to delirium, dementia, or psychosis, and patients’ preferences may change if reversible disorders are identified and treated. Patients with significantly impaired cognition are generally not held to be ethically responsible.

The assigned physician’s options for responding include establishing mutually acceptable expectations and conditions for providing the patient with the care he or she needs and is seeking. Family members may be able to persuade the patient to accept necessary medical treatment. If other emergency physicians are available, it is reasonable for physicians to decide among themselves to assign the patient to another physician, within the practical constraints of providing appropriate care for other patients. If only one physician is available, or if the physician does not wish to reallocate patients, she may negotiate with the patient to allow her to provide care until another physician comes on duty. Another option is to allow a nurse or medical resident to conduct the patient’s evaluation, although the patient should know that the assigned physician is still responsible and that having someone else perform the physical evaluation is not the standard of care. Regardless of the approach taken, patients should be informed that hateful or racist speech is not allowed.

The reasoning behind a patient’s request for reassignment may be clinically and ethically important. Requests for an ethnically or a racially concordant physician may be ethically appropriate in certain cases — for instance, for reasons of religion or culture (e.g., Muslim women requesting female clinicians) or of language. Patients who are members of racial or ethnic minority groups may request concordant physicians because of a history of discrimination or other negative experiences with the health care system that have resulted in mistrust. In such cases, physician–patient concordance is associated with greater trust, comprehension, and satisfaction.

Practically speaking, distinguishing such requests from those in which an assigned physician is rejected on the basis of race or ethnic background is usually straightforward. Accommodation in these cases is justifiable, and many institutions facilitate linguistic and ethnic concordance for their patients.

In contrast, rejection of a clinician that is motivated by bigotry is less deserving of accommodation. Such refusals are generally directed at physicians who are members of racial or ethnic minority groups that have historically suffered discrimination. Still, in some rare cases, refusal of a physician may be reasonable or worth accommodating — if, for example, the patient has had a very negative personal experience with people of a particular race or ethnic group (e.g., a veteran with post-traumatic stress disorder who refuses treatment from a clinician of the same ethnic background as former enemy combatants).

The final consideration is the effect on the physician. For many minority health care workers, expressions of patients’ racial preferences are painful and degrading indignities, which cumulatively contribute to moral distress and burnout. Physicians must balance several ethical obligations. They should respect patients’ informed refusals of medical interventions. They should also subordinate their self-interest to a patient’s best interests and overcome any aversions they may have toward patients. Still, no ethical duty is absolute, and reasonable limits may be placed on unacceptable patient conduct. Institutions can track and collect data on these physician–patient encounters, including their effects on physicians and their ultimate resolution, with the goal of supporting staff and improving the handling of these situations.

Hospitals and other institutional providers have their own factors to consider when responding to race-based requests. Hospitals must meet EMTALA requirements while respecting physicians’ employment rights; their ability to remove physicians from cases

For many minority health care workers, expressions of patients’ racial preferences are painful and degrading indignities, which cumulatively contribute to moral distress and burnout.
Dealing with Racist Patients

In response to patients’ race-based requests is thus circumscribed. An on-call administrator can inform patients of their right to seek care elsewhere and their responsibility to refrain from hateful speech. We believe that institutions should not accommodate patients in stable condition who persist with reassignment requests based on bigotry. Outpatients may be informed that they are free to seek treatment elsewhere if they object on racial grounds to their assigned physician, and inpatients in stable condition can also be assisted in transferring to another hospital.

Patients who demand accommodation for racial biases present health care providers with a difficult conflict involving their professional obligation to provide nondiscriminatory care, their sense of social justice and personal integrity, and their ethical obligations to respect patients’ autonomy and medical best interests. Although institutions should not accommodate, for individual physicians the decision to accommodate may be sound when the accommodating physician is comfortable with the decision, employment rights are protected, and the decision does not compromise good medical care.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

From Fordham University School of Law (K.P.-E.) and the Greenwall Foundation (B.L.) — both in New York; and the Division of Geriatrics (A.K.S.) and the Division of General Internal Medicine (A.F.), Department of Medicine, University of California, San Francisco, and the San Francisco Veterans Affairs Medical Center (A.K.S.) — both in San Francisco.


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Recently proposed changes to U.S. immigration policy, such as President Donald J. Trump’s executive order suspending the entry of persons from several Muslim-majority countries and stricter regulations on work visas, have raised moral, legal, and geopolitical questions for the United States. They also have engendered clinical and biomedical research concerns for the U.S. medical community.

Policies that threaten the long-standing ability of foreign medical graduates (FMGs) to train and practice in the United States have prompted heightened recognition of the important role these physicians play in the U.S. health care system. Foreign medical graduates make up nearly a quarter of the physician workforce and disproportionately practice in underserved areas as well as in specialties with practitioner shortages (1). More than half of internal medicine residency positions are filled by FMGs, and patients cared for by FMGs have mortality rates similar to, if not lower than, those cared for by U.S. graduates (2, 3). Some states and hospitals rely heavily on physicians in the H-1B visa program, which the Trump administration recently proposed revamping (4).

Although much of the recent discussion within the medical community has focused on the clinical effect of FMGs, scientists at large have raised concerns about the potential effect of more restrictive immigration policies on scientific research in the United States. Leading scientific and academic organizations have urged President Trump to rescind the recent executive order, citing concerns about attracting international research talent and maintaining America’s scientific leadership on the global stage (5).

We sought to examine the scientific contributions of FMGs to the U.S. biomedical research enterprise. The free exchange of expertise and ideas, as well as a diversity of backgrounds and experiences, generally is considered vital for scientific progress. However, few studies have rigorously evaluated the contributions of FMGs to research scholarship, innovation, and mentorship.

To assess the effect of FMGs on research, we analyzed data from Doximity, a cross-sectional database of all U.S. physicians (6). Doximity assembles information on physicians from several sources, including the National Plan and Provider Enumeration System, state licensing boards, specialty societies, collaborating medical schools and hospitals, and self-registered physicians. As of 7 July 2015, the date to which our data are current, 24% of U.S. physicians were registered members (although the database includes information on all physicians, not just registered members). In addition to information on medical school, residency, and fellowship training, Doximity includes the following information for each physician, using linkage based on name: number of publications in PubMed, number of National Institutes of Health (NIH) grants for which the physician was a principal investigator (from the NIH RePORT [Research Portfolio Online Reporting Tools] database), number of registered clinical trials for which the physician was a principal or subinvestigator (from ClinicalTrials.gov), and faculty rank for physicians with U.S. medical school appointments (from the Association of American Medical Colleges faculty roster database). Foreign medical graduates were defined as physicians who graduated from a non-U.S. medical school, including U.S. citizens educated abroad. The dataset’s accuracy was validated previously through a manual audit of a randomly selected physician cohort (6).

Among 778,781 physicians practicing in the United States in 2015, 164,111 (21.1%) were FMGs and 614,670 (78.9%) were domestic medical graduates.

We found that FMGs play a substantial role in clinical teaching, mentorship, and biomedical research (Table). Among 82,737 U.S. academic physicians, 15,075 (18.3%) were FMGs. Of the 18,653 full professors, 2,808 (15.1%) completed medical school in other countries, with physicians educated in Asia, western Europe, the Middle East, and Latin America and the Caribbean most highly represented.

Foreign medical graduates account for a considerable share of biomedical research scholarship. They were responsible for 18.0% of all publications, 18.5% of first-authored publications, and 16.5% of last-authored publications. Foreign medical graduates led 12.5% of NIH grants (1,526 of 12,155), despite being ineligible for certain NIH awards, and led 18.5% of clinical trials (2,276 of 12,324). By traditional research metrics, then, FMGs contribute substantially to the generation, publication, and application of biomedical research in the United States.

The value of a culturally and ethnically diverse physician-investigator workforce extends beyond scholarly publications and research grants to many benefits not captured by our data. Physicians educated abroad provide unique perspectives that trigger conversations we otherwise may not have. They serve as mentors to students, residents, and young investigators, and their presence and their work send a signal that medical science is ultimately about truth, progress, and reducing...
human suffering—regardless of the background of patients or investigators.

Although FMGs have important clinical and research roles in the United States, their presence is not without controversy. Large numbers of FMG applicants in the National Resident Matching Program may contribute to U.S. graduates going unmatched, especially as the number of domestic graduates increases. A recent Canadian study found that FMGs are disciplined at higher rates than North American graduates, although we are unaware of similar findings in the United States (7). Perhaps most concerning is the phenomenon of “brain drain,” by which doctors leave developing countries to practice in the United States, leading to physician shortages in low-income nations contending with endemic diseases (8). This loss likely is offset partially by any “brain gain”: clinical and educational connections between the United States and developing countries as well as remittances sent home to family and communities (9).

Our analysis has limitations. Although the accuracy of the Doximity database has been validated, we cannot rule out inaccuracies due to matching errors, although these should be unrelated to FMG status. Because the dataset is cross-sectional, we also cannot assess changes in the numbers of FMGs practicing in the United States or their relative contributions over time.

Physicians educated abroad but working in the United States play a critical role in promoting and maintaining America’s biomedical competitiveness. Our findings suggest that they account for nearly a fifth of U.S. biomedical research scholar- ship. By hampering the ability of FMGs to learn from and contribute to the academic medical community in the United States, we risk worsening the health of patients, weakening our position as a global leader in medical innovation, and compromising our aspirational commitment to the ideals that spur scientific progress: collaboration, understanding, and the free exchange of ideas.

From Weill Cornell Medical College and Columbia University, New York, New York; Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts; and National Bureau of Economic Research, Cambridge, Massachusetts.

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Disclosures: Disclosures can be viewed at www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M17-1304.

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Current author addresses and author contributions are available at Annals.org.

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References


Table. Scientific Contributions of Foreign Medical Graduates*

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<th>Variable</th>
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<th>Full Professors in the United States</th>
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<th>All NIH Grants‡</th>
<th>All Clinical Trials‡</th>
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NIH = National Institutes of Health.
* Values are percentages.
† Based on grants in which the principal investigator listed in the NIH Research Portfolio Online Reporting Tools database or the trial investigator listed on ClinicalTrials.gov was a foreign medical graduate.
‡ Based on PubMed as of December 2015.


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Drafting of the article: D. Khullar, D.M. Blumenthal, A.B. Jena.
 Provision of study materials or patients: D.M. Blumenthal.
Obtaining of funding: A.B. Jena.
Administrative, technical, or logistic support: A.R. Olenski, A.B. Jena.
Collection and assembly of data: D.M. Blumenthal, A.B. Jena.
Speakers’ Letter

2017 Interim Meeting of the AMA House of Delegates
November 11–14, 2017
Hawaii Convention Center, Honolulu

Ladies and Gentlemen:

The following information is provided to aid your planning for the upcoming Interim Meeting in Honolulu, Hawaii. Before you arrive in Hawaii, we encourage you to visit the online member forums and to promote the forums to your colleagues who are AMA members (see page 3 for details). The forums are the only means for a broad cross section of our membership to weigh in on AMA policy matters, and their use helps reference committees anticipate the issues that are likely to garner the most attention or concern.

Please call (312) 464-4463, email hod@ama-assn.org or visit ama-assn.org/interim-meeting if you have questions regarding any of the following items or questions on American Medical Association policy. Watch the Interim Meeting website for updates to this Speakers’ Letter.

Susan R. Bailey, MD, Speaker
Bruce A. Scott, MD, Vice Speaker

House of Delegates schedule

The 2017 Interim Meeting of the AMA House of Delegates (HOD) will meet Nov. 11–14 at the Hawaii Convention Center in Honolulu, Hawaii. The AMA-HOD will convene at 2 p.m. Saturday, Nov. 11 in the Kalakaua Ballroom. The Opening Session will conclude no later than 6 p.m. On Sunday, Nov. 12, the AMA-HOD will be in session from 8 to 8:30 a.m. to receive items of business, consider acceptance of late resolutions, and extract informational reports and items from the reaffirmation consent calendar. The following reference committees will convene open hearings from 8:30 a.m. to noon Sunday:

- Reference Committee on Amendments to Constitution & Bylaws 312
- Reference Committee B (legislation) 313C
- Reference Committee F (AMA governance and finance) Kalakaua Ballroom
- Reference Committee J (medical service, medical practice, insurance) 313A
- Reference Committee K (education, science and public health) 311

The AMA-HOD will reconvene at 2 p.m. Monday, Nov. 13, and 8:30 a.m. Tuesday, Nov. 14. The AMA-HOD will adjourn by noon on Tuesday. Your Speakers ask delegates to schedule departures no earlier than Tuesday afternoon so that they can give full consideration to the business debated that day.

Special Accommodations
Delegates and alternate delegates may request special accommodations (e.g., an assistive listening device) by contacting the Office of House of Delegates Affairs. Please call (312) 464-4344 or send an email to hod@ama-assn.org so that arrangements can be made.

Note: Events are at the Hawaii Convention Center unless otherwise specified. Items preceded by an asterisk (*) are designated for AMA PRA Category 1 Credit™.
Meeting details and reminders

Handbook distribution
The Handbook will be posted on the Interim Meeting website by October 13. It will be posted as a single large document as well as in a series of smaller documents, collated by reference committee. The Addendum will be posted about October 25. When it is posted, the original Handbook and Addendum will be available separately along with a combined document that interleaves the Addendum with the Handbook. Like all other meeting materials, the Handbook will be posted at ama-assn.org/interim-meeting. An abridged Handbook containing only the recommendations from reports and the resolve clauses from resolutions will also be available as a Word document.

Registration
Registration for the AMA-HOD will be located in the Hawaii Convention Center. For security purposes, all attendees will be required to provide photo identification at the AMA registration desk in order to receive their credentials and other materials. Registration will open daily at 7 a.m. and run from Friday, Nov. 10 through Tuesday, Nov. 14.

Delegates and alternate delegates should check with their sponsoring society to ensure that their names have been submitted to the Office of House of Delegates Affairs prior to this meeting. AMA bylaws require that all delegates and alternate delegates be properly credentialed before each AMA-HOD meeting. Individuals whose credentials have not been confirmed prior to the Interim Meeting will have to be accompanied to the AMA registration desk by an officer of their society in order to register.

Recording of AMA-HOD meetings
Proceedings of AMA meetings may be recorded by audiotape, videotape or otherwise, for use by the AMA. Participation in/attendance at a meeting shall be deemed to confirm the participant’s consent to recording and to the AMA’s use of such recording.

Meeting attire
Your Speakers have determined that business casual attire is appropriate for all portions of the Interim Meeting. This is in keeping with the norms of Hawaii.

Travel discounts
A discount is available on United Airlines and may be accessed through the meeting website or obtained online at united.com.

- Click on “All search options” and enter your origin, destination and travel dates.
- Enter ZY3G795513” in the offer code box. Available flights will be displayed. Once you’ve selected an available flight, the discounted fare will be calculated automatically.
- To obtain the discount over the phone, call United Airlines Meetings at (800) 426-1122 and mention Z code “ZY3G” and agreement code “795513.” A service fee will apply.

The discount is valid for travel 3 days prior to and 3 days after the official meeting dates.

To travel between the airport and your hotel, contact SpeediShuttle to arrange shuttle transportation. Access their website at speedishuttle.com/group-reservations?id=AMA79503.

Distribution of non-business items
The “not for official business” bag contains small gifts and informational material approved by your Speakers and is distributed at the Opening Session. Material meant for distribution in the not-for-official-business bag should be delivered to the Production Area of the AMA Headquarters Office at the convention center by 5 p.m. Thursday, Nov. 9. At least 1300 copies of items are required for distribution throughout the AMA-HOD. A shipping label can be found in the meeting information memo and will ensure proper delivery.
Opening Session agenda
The Opening Session will get underway at 2 p.m. Saturday, Nov. 11 in the Kalakaua Ballroom. Included in the Opening Session will be the presentation of various awards and addresses by AMA President David Barbe, MD, and Executive Vice President James Madara, MD. The session will conclude by 6 p.m.

Meeting app
Our AMA’s mobile app will again be available for the Interim Meeting to help attendees connect and network with peers. As in June the app will allow users to integrate the meeting schedule with their mobile device calendar and create session notes and appointments. It will also include interactive maps of the Hilton Hawaiian Village and Hawaii Convention Center. The AMA will provide notifications through the app for important meeting updates.

Users who don’t yet have the app can download it from Apple’s app store or the Android Google Play store. The app can be found in each app store by searching for CrowdCompass AttendeeHub and download/Install the app. Once you are in the CrowdCompass AttendeeHub search “AMA.” Tap on the 2017 AMA Interim Meeting and the conference app will be downloaded. The app launches October 6.

Shuttle Buses between Hilton and Hawaii Convention Center
Bus transportation will be available between the Hilton Hawaiian Village and the Hawaii Convention Center on the following schedule. Buses will depart the Hilton from the Tapa Tower bus terminal.

<table>
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<tr>
<th>1st Bus Departs Hilton Tapa Tower Bus Terminal</th>
<th>Last Bus Departs Convention Center</th>
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<tr>
<td>Thursday, Nov. 9 10:00 a.m.</td>
<td>10:00 p.m.</td>
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<td>Friday, Nov. 10 6:00 a.m.</td>
<td>9:30 p.m.</td>
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<td>Saturday, Nov. 11 5:00 a.m.</td>
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<td>Sunday, Nov. 12 5:00 a.m.</td>
<td>7:30 p.m.</td>
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<td>Monday, Nov. 13 6:00 a.m.</td>
<td>8:00 p.m.</td>
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<tr>
<td>Tuesday, Nov. 14 6:00 a.m.</td>
<td>1:30 p.m.</td>
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</table>

Buses will depart each location at 15 minute intervals.

Convention Center concession stand
The Hawaii Convention Center features a concession stand on the third level. It will be open during the following hours (subject to early closure for lack of business):

| Saturday, Nov. 11 7 a.m. – 2 p.m. |
| Sunday, Nov. 12 7 a.m. – 2 p.m.   |
| Monday, Nov 13 7 a.m. – 2 p.m.    |
| Tuesday, Nov 14 7 – 11 a.m.       |

Among the items for sale will be beverages, including coffee, tea, bottled water, juice and soda; freshly baked bagels, croissants and cookies; assorted whole fresh fruits and fruit bowls; yogurt, candy bars, chips; and lunch items, including freshly prepared deli sandwiches, all beef hot dogs, entrée salads and a chef’s hot entrée.

Online member forums
As mentioned in the meeting information memo, each reference committee includes an online member forum. The forums can be accessed directly at ama-assn.org/forums/house-delegates or via the meeting website. Items will be added over time, so we suggest that you check back occasionally. Instructions are found on the site. Questions about the forum can be sent to hod@ama-assn.org or roger.brown@ama-assn.org.
The forums will remain open for commenting up to the opening of the House, but comments posted after Sunday, Nov. 5 are unlikely to be captured in the summary reports that are prepared and posted on the meeting website.

**PolicyFinder**
The latest edition of PolicyFinder is available at policysearch.ama-assn.org. The current version is complete through the 2017 Annual Meeting.

**Proceedings of the 2017 Annual Meeting**
The Proceedings of the House of Delegates for the 2017 Annual Meeting (A-17) have been posted on the AMA website. Approval of the minutes from A-17 is an action item at the second session of the AMA-HOD on Sunday morning. Corrections should be sent to hod@ama-assn.org.

**Conflict-of-interest policy**
Sponsors of resolutions are reminded that the AMA-HOD has established policy (G-600.060) calling on delegates introducing an item of business for consideration by the AMA-HOD to declare any commercial or financial conflict of interest at the time the resolution is submitted and that any such conflict of interest be included with the resolution.

Your Speakers have determined that this policy also applies to resolutions introduced by delegations. The sponsoring delegation must disclose the identity of any delegate or alternate delegate who has a commercial or financial interest with respect to matters addressed in the resolution. If a conflict is disclosed, the notation on the resolution will not contain an individual delegate’s name, but will state in substance that, “In accordance with House policy regarding disclosure of conflicts of interest, the delegation has notified the Speaker that one or more delegates has a commercial or financial conflict of interest with respect to the matters addressed in this resolution.” For resolutions already submitted, please notify the AMA Office of House of Delegates Affairs. A revised resolution containing the conflict-of-interest statement will be distributed.

The HOD Reference Manual describes House procedures and may be especially helpful to new delegates. It is online and may be accessed through the meeting website. The manual may be especially helpful to new delegates, but it is also a good reference for experienced delegates, Federation staff and other meeting participants. The House will be asked to adopt the updated reference manual as the official method of procedure in handling and conducting the business as part of the rules report at the opening session.

**Announcements for 2018 elections**
Individuals who intend to seek election at the 2018 Annual Meeting are reminded that printed announcements may not be distributed in the meeting venue. Announcements provided to us by noon, Sunday, Nov. 12 will be projected on the last day of the meeting. An electronic announcement should be submitted to Roger Brown (roger.brown@ama-assn.org) in the Speakers’ Office; the preferred format is JPG, but a PDF or PowerPoint slide (16:9 format) is also acceptable. Submissions will be maintained in confidence until posted. Announcements will be posted online after the meeting.

**Childcare Services**
Childcare will be available from 7 a.m. to 7 p.m. Thursday, Nov. 9 through Monday, Nov. 13 and from 7 a.m. to noon on Tuesday, Nov. 14. Registration is available through the meeting website. Reservations are required.

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<th>Age up to 36 months</th>
<th>Age 3 years and older</th>
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<td>Half day (7 a.m. to 1 p.m. or 1 p.m. to 7 p.m.)</td>
<td>$60</td>
<td>$50</td>
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<tr>
<td>Full day (7 a.m. to 7 p.m.)</td>
<td>$100</td>
<td>$90</td>
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<td>Wednesday</td>
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There is a $10 per child registration fee, and prices do not include meals. The vendor, Accent on Children, is fully licensed, and caregivers have considerable experience in working with children.
Nursing mothers
A location will be available for nursing mothers who wish to express milk or nurse their infants. Interested mothers should contact the AMA Headquarters Office in the convention center.

Meetings and caucuses

OSMAP
The Organization of State Medical Association Presidents (OSMAP) will hold its semi-annual membership meeting and general session from 2 to 5 Friday, Nov. 10 in Tapa 2 at the Hilton Hawaiian Village. All state medical association presidents, presidents-elect, past presidents and executive directors are welcome and encouraged to attend. An agenda and related meeting materials will be posted on the OSMAP web site (osmapandtheforum.org) prior to the meeting. Suggestions for the agenda may be sent to Brian O. Foy, OSMAP Executive Director, at bfoy11@yahoo.com. Immediately following the general session, OSMAP will host a reception in the Hilton Tapa Foyer. All OSMAP members and their invited guests are welcome to attend. RSVP not required.

Surgical Caucus Handbook review
The Surgical Caucus of the AMA will meet from 6:45 to 9:30 a.m. Saturday, Nov. 11 in Tapa 3 at the Hilton Hawaiian Village. Breakfast will be available at 6:30 a.m. Join the Surgical Caucus for a combined business meeting and Handbook review session. Specialties participating in the Caucus are encouraged to send at least one representative to this meeting.

Academic Medicine caucus
All AMA delegates and alternate delegates with an academic appointment are invited to attend the AMA Academic Medicine Caucus, 5-6 p.m. (or 15 minutes after the HOD recesses) Saturday, Nov. 11 in 323A, and again from 9:30 to 11 a.m. Monday, Nov. 13 in 322B.

Attendees will discuss issues pertaining to academic medicine and review the report of Reference Committee K. Network with colleagues and share ideas on how the AMA can continue to provide leadership in medical education. Learn more about the Academic Physicians Section, which serves as the voice of academic physicians to the AMA House of Delegates, by visiting ama-assn.org/go/sms on our AMA’s website.

New rural medicine caucus
Residents of rural areas have been shown to be generally sicker, poorer, and older than their counterparts in urban areas. Recent research shows that women do not have access to obstetric care in 54% of rural counties. These issues are further compounded by health care workforce shortages and low resource availability. The challenges these patients and those who care for them face result in unique perspectives on the practice of medicine.

All AMA meeting attendees, including delegates and alternate delegates, representatives of state or specialty societies, medical students, residents, section leaders, AMA staff, and Board members are invited to attend the first Rural Medicine Caucus from 1:30 to 2:30 p.m. Sunday, Nov. 12 in 316B. Attendees will enjoy networking with colleagues, sharing ideas on how the AMA might better serve rural physicians and patients, and discuss any resolutions which attendees feel are applicable to practice in rural or other low-resource settings. Please contact Jordan Warchol, MD, at JordanWarcholMD@gmail.com for more information.

Speaker to speaker meeting
Your Speakers would like to invite all members of the House of Delegates, especially those who preside over their own medical society meetings, to the annual speaker to speaker session from 1:30 to 3 p.m. Sunday, Nov. 12 in 318A at the convention center. Suggestions for discussion items are welcome and may be sent to hod@ama-assn.org.
Private Practice Physician’s Congress

The Private Practice Physician’s Congress (PPPC) will meet from 3 to 5 p.m. Sunday, Nov. 12 in Room 313A at the convention center. The PPC has over 200 members and meets at each of the AMA meetings to discuss issues of interest to independent physicians. All AMA members, young physicians, residents, fellows and medical students are invited to join the group, which also has an active listserv dealing with all aspects of private practice.

For questions or comments please contact Zuhdi Jasser, MD, Chair, at zuhdi@jasserim.com or (602) 721-7186; Tim McAvoy, MD, Vice-chair, at timothymcavoy@yahoo.com or (414) 573-0751; or Barbara Hummel, MD, Secretary, at hummelb@ameritech.net or (414) 604-0520. This may be Dr. McAvoy’s last meeting, and all are invited to thank him for all his excellent work over the years to help build the PPC.

Education sessions and forums

Several education programs will be offered during the Interim Meeting. All members are welcome to attend any of the education sessions listed below, many of which are sponsored by the sections and special groups. These sessions will be offered between Friday, Nov. 10 and Monday, Nov. 13. For information beyond the educational programming and limited number of special events noted further below, visit ama-assn.org/go/sections.

Sessions designated by the AMA for CME credit are indicated by an asterisk (*).

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Medical Association designates each live activity for the maximum number of AMA PRA Category 1 Credits™ reflected with each session. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Sessions certified for credit by other CME providers are indicated with a dagger (†). Those sessions are not available via the AMA Education Center.

The deadline to claim credit for sessions certified by the AMA is December 31, 2017. The AMA Education Center can be accessed at cme.ama-assn.org/Education.aspx. Click on “Sign In” in the upper right hand corner of the screen, and enter your AMA username and password or create an account. Follow the instructions and complete the evaluation for each activity attended. Physicians will receive a CME certificate; non-physicians will receive a Certificate of Participation. Certificates will be saved in the “Transcript” section.

*Physician burnout: How integrated systems are addressing the problem (2.75 AMA PRA Category 1 Credits™)
8:30-11:15 a.m. Friday, Nov. 10, Hawaii Convention Center, Room 301A-B
Hosted by the AMA Integrated Physician Practice Section (AMA-IPPS)

Lotte Drybre, MD, Mayo Clinic, co-author of Mayo’s Physician Burnout Index and Michael Tutty, PhD, who leads the AMA’s physician satisfaction efforts, will talk about their work and the results they have seen so far. Reaction panelists will discuss their organizations’ experiences, followed by a roundtable discussion where participants can share and learn from peers.

*Protecting our patients: What physicians need to know about cybersecurity (1.0 AMA PRA Category 1 Credits™)
12:30-1:30 p.m. Friday, Nov. 10, Hawaii Convention Center, Room 314
Hosted by the AMA Organized Medical Staff Section (AMA-OMSS)

Now more than ever you need tools and resources to help protect the medical data of your patients. Join a fellow physician and cybersecurity expert for a review of what you can do to prevent medical data theft and support security efforts at your hospital or in your practice.
Resident and Fellow Section wellness session
12:45-1:45 p.m. Friday, Nov. 10, Hawaii Convention Center, Room 309
Hosted by the AMA Resident and Fellow Section (AMA-RFS)

Participants in this session will learn techniques in meditation and mindfulness for de-stressing and improving focus. Taylor DesRosiers George, MD, certified yoga instructor, will lead the session.

*Opioid safety initiative: The Permanente Medical Group approach (1.0 AMA PRA Category 1 Credits™)
12:45-1:45 p.m. Friday, Nov. 10, Hawaii Convention Center, Room 301A-B
Hosted by the AMA Integrated Physician Practice Section (AMA-IPPS)

Patrice Harris, MD, immediate past chair of the AMA Board of Trustees will briefly share the work of the AMA’s Opioid Task Force. Carol Havens, MD, from The Permanente Medical Group (TPMG) will amplify her work to address the opioid epidemic within TPMG’s system, which has received national recognition and media attention.

*Promoting a culture of safety within your medical staff (1.0 AMA PRA Category 1 Credits™)
1:45-2:45 p.m. Friday, Nov. 10, Hawaii Convention Center, Room 314
Hosted by the AMA Organized Medical Staff Section (AMA-OMSS)

As the leaders of hospitals and medical staffs, you play an integral role in cultivating a patient safety culture. This session will provide an overview of the behaviors, attitudes, and beliefs that contribute to a culture of safety within health care environments, discuss how culture changes, and share tactics that you can employ when implementing and sustaining a culture of patient safety with medical staffs.

*Being present: Physician wellness and mindfulness (1.0 AMA PRA Category 1 Credits™)
9-10 a.m. Saturday, Nov. 11, Hawaii Convention Center, Room 320
Hosted by all AMA Sections; Practice sustainability and satisfaction track

Physicians face numerous stressors, including increasing administrative responsibilities, regulatory pressures, and evolving payment and care delivery models. Professional pressures and stress can lead to physician burnout, which can have an impact on organizational productivity, morale, costs, and the quality of care. This session will provide an overview of contributing factors associated with physician burnout and ways you can address burnout individually and organizationally.

*Telemedicine: Improving patient care and health outcomes (1.0 AMA PRA Category 1 Credits™)
9-10 a.m. Saturday, Nov. 11, Hawaii Convention Center, Room 310
Hosted by all AMA Sections; Advocacy track

Telemedicine technology has the potential to transform health care delivery and ameliorate many care coordination challenges facing the U.S. health care system. It can help improve access to care, care coordination, and quality and, when properly used, has the potential to reduce the rate of growth in health care spending. Implementing telemedicine in your practice can help you reach more patients, provide a better care experience, and improve your patients’ health outcomes.

*Situational leadership for physicians (1.0 AMA PRA Category 1 Credits™)
9-10 a.m. Saturday, Nov. 11, Hawaii Convention Center, Room 315
Hosted by all AMA Sections; Leadership track

As leaders in your hospital, medical school, or practice, you need to understand when, and how, to adjust your leadership style to fit the needs and communications style of your team members and staff and to ensure improved patient care and quality outcomes. Join expert faculty for this session to help you develop
the required skills to fine-tune your approach to leadership, based on the specific clinical situation, including the number and type of health professionals and the needs of the patient.

*Advocacy: Tools of the trade (1.0 AMA PRA Category 1 Credits™)
10:10-11:10 a.m. Saturday, Nov. 11, Hawaii Convention Center, Room 310
Hosted by all AMA Sections; Advocacy track

Physician advocates play a vital role in educating and influencing policymakers on matters that affect patient care and outcomes. Despite the importance of such advocacy, physicians rarely receive formal training on how to most effectively undertake advocacy activities on behalf of their patients and the profession.

This program will introduce tools and skills that every physician should employ when connecting with decision makers, including how to organize your peers, how to build relationships with legislators, and effectively communicate an advocacy message.

*Generational changes: Managing up, leadership, and followership (1.0 AMA PRA Category 1 Credits™)
10:10-11:10 a.m. Saturday, Nov. 11, Hawaii Convention Center, Room 315
Hosted by all AMA Sections; Leadership track

With new generations entering the health care workforce, what changes can we expect to see in organized medicine, health care systems, and physician groups? Younger generations are increasingly diverse and have different expectations than their predecessors with regard to work-life balance, lines of authority, technology, privacy, and social media. Today’s leaders in medicine need to prepare for the impacts of this demographic shift for educational and work environments and patient outcomes. Learn techniques to help you work more effectively with colleagues from multiple generations and adapt your style to ensure everyone is working in concert for the benefit of patients.

*Trends in Academic Medicine: Community preceptors, innovations in pedagogy, and more (1.0 AMA PRA Category 1 Credits™)
10:10-11:10 a.m. Saturday, Nov. 11, Hawaii Convention Center, Room 320
Hosted by all AMA Sections; Practice sustainability and satisfaction track

How can you mentor the future generation of physicians? Serving as a preceptor to medical students, residents, and fellows is an excellent way for community-based practicing physicians to mentor others. Learn more about precepting and balancing it with clinical and administrative duties. Both the administrative perspective (i.e., what schools can offer, trends in funding, faculty appointments, etc.) as well as the preceptor viewpoint will be addressed in this session.

Another key trend in medical education is the information explosion and the need for future physicians to move beyond mere memorization to develop critical thinking and problem-solving skills. Learn about the many ongoing innovations in medical education (including those of the AMA’s Accelerating Change in Medical Education consortium) that can help make learning more readily applicable and relevant to future physicians. Also, be sure to bring your own ideas to share during the open forum segment of this session.

*Advocacy: What roles exist for physicians? (1.0 AMA PRA Category 1 Credits™)
11:20 a.m.-12:20 p.m. Saturday, Nov. 11, Hawaii Convention Center, Room 310
Hosted by all AMA Sections; Advocacy track

Physicians have an important role to play in health care advocacy. With health care accounting for a large (and growing) share of the American economy and with medicine evolving rapidly, physicians are in a prime position to help navigate and influence these discussions to benefit physicians and their patients.
This program will highlight the experiences of physicians and a professional lobbyist who advocate for their patients and the profession in diverse ways. Panelists include a lobbyist from a state medical association, a physician legislator, and a physician leader from a large health system. Join us for a discussion about how you can take an active role in advocacy and the political process.

*Achieving health equity through organized medicine as physician leaders (1.0 AMA PRA Category 1 Credits™)*
11:20 a.m.-12:20 p.m. Saturday, Nov. 11, Hawaii Convention Center, Room 315
Hosted by all AMA Sections; Leadership track

The implementation of the ACA has helped close the gap in health equity, but disparities in care and health outcomes persist. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health care based on race, ethnicity, gender, gender identity, socioeconomic status, and sexual orientation. A comprehensive, multilevel strategy is needed to eliminate these disparities. Learn how you can integrate effective interventions, new techniques, and patient considerations into your practice to help mitigate and eliminate health disparities.

*Outside of the box: Physician innovators and entrepreneurs (1.0 AMA PRA Category 1 Credits™)*
11:20 a.m.-12:20 p.m. Saturday, Nov. 11, Hawaii Convention Center, Room 320
Hosted by all AMA Sections; Practice sustainability and satisfaction track

As a physician, you can and should shape the future of health care. Through lending your expertise to a tech company or pursuing a career as an entrepreneur, you can play a role in supporting and building innovations in medicine and have a lasting impression on the future of medicine. Join fellow physician-entrepreneurs for a discussion about how you can become involved in advances that hold promise for improved health care.

*Keeping Your Brain Fit (1.5 AMA PRA Category 1 Credits™)*
Noon-1:30 p.m. Saturday, Nov. 11, Hawaii Convention Center, Room 312
Co-hosted by the AMA Senior Physicians Section (AMA-SPS), the AMA Organized Medical Staff Section (AMA-OMSS), and the AMA Academic Physicians Section (AMA-APS)

With the aging of our society, we are witnessing an ever-increasing number of individuals who develop mild cognitive impairment and dementia. To date, we have no cure for Alzheimer’s disease with over 100 failed clinical trials of novel medications. The American public often turns to their primary care and specialty physicians for support and education as they navigate advertisements supporting brain training products as well as nutritional and other supplements to improve brain function and memory.

It is important for physicians and other clinicians to be more informed about the science behind claims for various products and other treatment options. To date, the best evidence supports lifestyle changes to improve cognitive function and possibly prevent dementia with little data to support other approaches. This presentation will summarize the data and present evidence for physicians to provide to patients regarding how to “maintain the aging brain.”

The featured speaker is Allan A. Anderson, MD, MMM, CMD, assistant professor, Johns Hopkins School of Medicine, vice president, Dementia Care Practice, Integrace, and medical director, Samuel and Alexia Bratton Memory Clinic, The Gardena at Bayleigh Chase, Easton, MD. The reaction panelist will be Jeremy A. Lazarus, MD, AMA past president (2012-2013). The program will be introduced and moderated by Paul H. Wick, MD, chair, AMA-SPS Governing Council.
Reclaiming the Joy in Medicine: Personal Practices and Systemic Approaches for Success
1-3:30 p.m. Sunday, Nov 12, Hawaii Convention Center, Room 316A
Hosted by the Forum for Medical Affairs

The program will feature a special theatrical presentation by Michael Milligan, entitled “Side Effects.” Michael is a professional actor and he will explore the side effects of practicing medicine in America today. Immediately following Mr. Milligan, Laurie Drill-Mellum, MD, MPH, Chief Medical Officer of Constellation, will discuss how physicians can reclaim the joy in medicine and recapture their love for taking care of patients in a challenging and constantly challenging health care environment.

Immediately following The Forum presentations, Barbara McAneny, MD, AMA President-elect, will moderate a panel discussion featuring Mr. Milligan and Dr. Drill-Mellum, as well as Ryan Ribeira, MD, resident member of the AMA Board of Trustees, who will present a young physician’s view on the stresses of medicine and how one reclaims or recaptures the joy in medicine despite these challenges. There will be ample opportunity for Q&A during this session.

All members of the AMA House of Delegates, their spouses and invited guests are welcome to attend. There is no cost to attend The Forum and no pre-registration is required. For more information regarding The Forum, please go to osmapandtheforum.org.

Physician health and physician health programs
3-4:15 p.m. Sunday, Nov. 12, Hawaii Convention Center, Emalani Theater (Room 320)
Hosted by AMA’s Professional Satisfaction and Practice Sustainability Strategy Group

This interactive session will review the evolution of physician health, and the role of physician health programs (PHPs) to create awareness and access for physicians in need of confidential assistance for their substance use and mental health needs including burnout and stress prevention. Under the PHP model, recovery rates have been strikingly better than for the public at large, improving the health of the physicians they serve while also contributing positively to patient safety. A review of national PHP outcomes and practices will also be provided, along with highlights of the recent AMA Physician Health Programs Act passed in 2016. A deeper review of the history of the Missouri PHP will provide attendees with an example of a model PHP, while highlighting areas of future potential for physician health programs.

Featured speakers include Warren J. Pendergast, MD, past president, Federation of State Physician Health Programs and Bob Bondurant, RN, LCSW, executive director, Missouri Physicians Health Program.

Litigation Center open meeting
3-5 p.m. Sunday, Nov. 12, Hawaii Convention Center, Room 314
Hosted by the Litigation Center of the American Medical Association and State Medical Societies

A panel will discuss the AMA and state medical societies’ joint efforts to increase transparency within state insurance agencies, so that when health insurance companies seek to consolidate the pertinent issues can be addressed at the state level. Also, a presentation will be made of a lawsuit fighting a Wisconsin law, which allows government officials to incarcerate pregnant women who are habitual drug abusers.

Delivering a falls risk assessment in the clinical setting
3-5 p.m. Sunday, Nov. 12, Hawaii Convention Center, Lili‘u Theater (Room 310)
Hosted by the American College of Preventive Medicine

Recent data from the Centers for Disease Control and Prevention (CDC) show that 1 in 4 older adults (29 million) reported a fall in 2014, yet less than half spoke to their physician about their fall. With annual medical expenses for older adult falls reaching more than $31 million, a need exists to work with clinicians to encourage them to conduct appropriate evidence-based falls prevention (screening, assessments, interventions) to seniors when they go to the clinic for a routine visit. This session will describe the CDC
STEADI (Stopping Elderly Accidents, Deaths & Injuries) initiative, review core components of clinical fall prevention, and provide direction on how providers bill for this service.

Presenters will include David Reuben, MD, Chief, Geriatric Medicine; Director, Multicampus Program in Geriatric Medicine and Gerontology; and Professor, Department of Medicine, David Geffen School of Medicine at UCLA, Department of Medicine, Division of Geriatrics. Matthew Twetten, Certified CPT coding specialist, and Stanley J. Michaels, MFA, Senior Fall Prevention Specialist, Injury Prevention Systems Branch, Hawaii State Department of Health, will also present.

**Harvey, Irma, and Maria - Medical Responses to Natural Disasters**
8-10 a.m. Monday, Nov. 13, Hawaii Convention Center, Emalani Theater (Room 320)
Hosted by the Office of the Speakers

The session will be co-moderated by Kenneth L. Mattox, MD, Distinguished Service Professor at Baylor College of Medicine and Chief of Staff/Surgeon-in-Chief at Ben Taub Hospital, Houston; and Russell W.H. Kridel, MD, member, Board of Trustees, Houston. The session will explore impacts on public health, health care personnel management in shelters, the role of hospitals and emergency centers, as well as mental health implications for survivors and helpers. The session will also feature discussion of the role of county and state medical societies in helping local physicians.

**Council on Legislation open forum**
9-10 a.m. Monday, Nov. 13, Hawaii Convention Center, Room 315
Hosted by the Council on Legislation

Hear from the COL’s Executive Committee how our AMA is working to protect the interests of physicians and our patients through its federal and state advocacy efforts. The forum is also intended to provide HOD attendees the opportunity to share with the Council and others in the room their comments on emerging federal and state legislative and regulatory issues impacting patients and the practice of medicine.

*CEJA open forum (1.5 AMA PRA Category 1 Credits™)*
9:30-11 a.m. Monday, Nov. 13, Hawaii Convention Center, Room 312
Hosted by the Council on Ethical and Judicial Affairs

Following on sessions last November and this June that focused on ethical issues relating to physician-assisted suicide (PAS), the Council on Ethical and Judicial Affairs will devote its I-17 Open Forum to facilitated small-group discussions relating to PAS. The Council particularly hopes to gain insight about how its guidance could address the reality that there are deep differences of belief and commitment among morally thoughtful physicians in relation to physician participation in assisted suicide. The session will feature a brief introduction, facilitated discussions, and a concluding plenary session for groups to share their insights and suggestions.

*Please note that the program will begin promptly at 9:30. Given the format of small-group discussion, attendees are asked to be present for the entire 90-minute session. Space is limited and will be available on a first-come, first-served basis.*

Learning Objectives:
- Describe CEJA’s approach to ethical analysis and deliberation
- Explain the nature and scope of CEJA’s role in developing ethics policy via the report writing process
- Recognize the difficulties inherent in crafting policy within a group of physicians who hold conflicting viewpoints
In light of the importance of this topic, CEJA wishes to ensure ample time for discussion and will forego its usual practice of inviting attendees to introduce in person emerging ethical issues that may warrant attention from CEJA and inclusion in the AMA Code of Medical Ethics. CEJA urges attendees to identify issues for its future consideration via email to Elliott Crigger, CEJA Secretary, at Elliott.Crigger@ama-assn.org.

The full agenda for the Open Forum can be found at ama-assn.org/go/ceja on AMA’s website.

†Surgical Caucus: Hazards of the deep: Trauma in paradise (1.0 AMA PRA Category 1 Credits™)
10–11 a.m. Monday, Nov. 13, Hawaii Convention Center, Emalani Theater (Room 320)
Hosted by the Surgical Caucus of the AMA

This program will describe the types of injuries and medical conditions experienced by scuba divers, swimmers, surfers, and other outdoor tourist and recreation activities as well as treatment options; and discuss the current statewide trauma system and issues related to treating trauma in less-populated and geographically distant areas.

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Surgeons designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Section and Special Group Events

Young Physicians Section new member orientation/parliamentary procedure briefing
7:30-8 a.m. Friday, Nov. 10, Hawaii Convention Center, Room 303B
Hosted by the AMA Young Physicians Section (AMA-YPS)

Young Physicians Section assembly
8:30 a.m.-5 p.m. Friday, Nov. 10, Hawaii Convention Center, Room 312
Hosted by the AMA Young Physicians Section (AMA-YPS)

Publishing your work: Edward H. Livingston, MD, FACS, AGAF, Deputy Editor, JAMA
2-3 p.m. Friday, Nov. 10, Hawaii Convention Center, Room 311
Co-hosted by the AMA Medical Student Section (AMA-MSS), the AMA Resident and Fellow Section (AMA-RFS), and the AMA International Medical Graduates Section (AMA-IMGS)

A kick-off event to the 15th Annual AMA Research Symposium, Dr. Edward Livingston will discuss how to shape your career as a scientific researcher in your field and publish your work.

Meet and greet: Edward H. Livingston, MD, FACS, AGAF, Deputy Editor, JAMA
4-6 p.m. Friday, Nov. 10, Hawaii Convention Center, Exhibit Hall III
Co-hosted by the AMA Medical Student Section (AMA-MSS), the AMA Resident and Fellow Section (AMA-RFS), and the AMA International Medical Graduates Section (AMA-IMGS)

Dr. Livingston will be available to meet researchers and answer their questions about the publishing process in the AMA Research Symposium exhibition hall.
AMA Research Symposium
4-6 p.m. Friday, Nov. 10, Hawaii Convention Center
Co-hosted by the AMA Medical Student Section (AMA-MSS), the AMA Resident and Fellow Section (AMA-RFS), and the AMA International Medical Graduates Section (AMA-IMGS)

- Podium presentations and judging (4-5 p.m.)
  - Medical Students, Room 318A
  - Residents and Fellows, Room 318B
  - International Medical Graduates, Room 319A
- Poster presentations and judging (4-6 p.m.), Exhibit Hall III

View the original research of students, residents, and international medical graduates and participate in a networking reception. All meeting attendees and physicians in the local area are invited. AMA Research Symposium participants see great value in networking with practicing physicians and AMA leadership.

If you are interested in judging and selecting the best research at the 15th Annual AMA Research Symposium, find out more at ama-assn.org/symposium-judge.

Minority Affairs Section reception and business meeting
4:30-6:30 p.m. Friday, Nov. 10, Hilton Hawaiian Village, Rainbow 3
Hosted by the AMA Minority Affairs Section (AMA-MAS)

The keynote address, “How family-centered care helps Hawaiian healthcare meet the needs of a diverse patient population,” will be delivered by Maile Taualii, PhD, MPH, assistant professor of native Hawaiian and indigenous health at the University of Hawaii-Manoa. Dr. Taualii’s presentation will focus on research and recent efforts to develop an ‘Ohana Centered model for health care delivery that is rooted in Native Hawaiian values. This work focuses on moving from patient centered care to ‘Ohana Centered care with the goal to assist patients in receiving the best individual care and disease prevention, and also receive advice and assistance in keeping their entire ‘Ohana healthy, from their kupuna (elders) to their unborn keiki (children) and everyone in between. The goal of this culturally respectful delivery model is to prevent disease, maintain health, prepare for the next generation, and help the kupuna ease gracefully into the time of hala, or the passing from this life into the next.

Following the keynote will be a discussion led by AMA-MAS delegate Dionne Hart, MD, regarding pending resolutions and other business before the House of Delegates that relate to minority health or physicians who are underrepresented in medicine.

LGBTQ and Allies reception and caucus
5:30-7:30 p.m. Friday, Nov. 11, Hilton Hawaiian Village, Tapa 1
Hosted by the AMA Advisory Committee on LGBTQ Issues (AMA-LGBTQ)

The program will feature a panel discussion, “Walking the walk: How to navigate LGBTQ community engagement and social justice in medicine,” including family physician David McEwan, MD (moderator); pediatrician Bob Bidwell, MD (Kapiolani Medical Center for Women and Children); internist Jennifer Frank, MD (University of Hawaii, Manoa, University Health Services); internist Cyril Goshima, MD; and internist physician Drew Kovach, MD. Panelists will share perspectives on medicine and community engagement as a form of social activism to achieve health justice. They will discuss their decades-long practice of medicine through public health and legal crises (e.g. AIDS epidemic, same-gender marriage) in the Hawaiian LGBTQ community and how it led to improved health and wellness today, as well as for future generations.
Senior Physicians Section assembly
11:30 a.m.-noon Saturday, Nov. 11, Hawaii Convention Center, Room 312
Hosted by the AMA Senior Physicians Section (AMA-SPS)

All AMA members who are 65 years of age and older and anyone interested in senior physician issues is encouraged to attend the AMA-SPS assembly. Those present may introduce new items of business related to the Section’s mission and review items in the AMA House of Delegates Handbook.

Lunch will be served on a first-come, first-served basis. Advance registration is appreciated.

Women Physicians Section business meeting
5:30-7:30 p.m. Saturday, Nov. 11, Hilton Hawaiian Village, Honolulu Suite Lanai
Hosted by the AMA Women Physicians Section (AMA-WPS)

Shobha Stack, MD, 2016 winner of the Joan F. Giambalvo Fund for the Advancement of Women Program, will present her findings on “Childbearing among physicians in training: a cross-sectional survey of trends and factors.” In addition, Maria Bahena, AMA market research manager, will provide an overview of the results of the 2017 AMA survey of women physicians.

IMGS Congress meeting and reception
5:30-7:30 p.m. Saturday, Nov. 11, Hawaii Convention Center, Room 316B
Hosted by the AMA International Medical Graduates Section (AMA-IMGS)

Join the AMA-IMGS for an opportunity to network with colleagues and review the resolutions being considered during the AMA House of Delegates meetings, as well as to discuss other business and policy initiatives.

Women Physicians Section associates luncheon
12:30-1:45 p.m. Sunday, Nov. 12, Hawaii Convention Center, Room 318B
Hosted by the AMA Women Physicians Section (AMA-WPS)

Participants will discuss the 2017 survey of women physicians as well as issues concerning women physicians and their patients and topics for future AMA-WPS educational sessions.

Busharat Ahmad, MD, leadership development program
2:30-3:30 p.m. Sunday, Nov. 12, Hawaii Convention Center, Room 317A
Hosted by the AMA International Medical Graduates Section (AMA-IMGS)

Come and learn how to become a dynamic, effective leader.

Exhibits

Free gift & demos: Visit the AMA exhibit
- See short demos covering some of our newest member resources
- Post photos and comments on our digital communities
- Learn how your membership is impacting medicine
- Pick up your free gift!

AMA Foundation booth
Please visit the AMA Foundation booth to learn how the AMAF is bringing together physicians and communities to improve our nation’s health. Through its newly enhanced Community Health and Medical Education & Leadership Programs, the AMAF is unleashing the power of philanthropy to measurably improve the health of this country’s most vulnerable populations.
If you are interested in being a part of the AMAF’s new Leadership Development Institute and mentoring final year medical students, stop by the booth for more information.

Support the AMAF’s mission to bring together physicians and communities to improve the nation’s health by making a gift. At June’sAMA-HOD meeting you collectively contributed over $100,000 to medical education and community health initiatives. Join your colleagues and make a gift of at least $100 today. Stop by the booth or open the AMA Meetings app and under Foundation click the newly created “Donate Now” button. For additional information, please call (312) 464-4200 or email Parker.simensen@ama-assn.org for assistance.

**Special events**

**Catholic Mass**
We are trying to arrange for Catholic Mass on Saturday, Nov. 11. If we are successful, Mass will be celebrated in Tapa 3 at the Hilton Hawaiian Village. All are welcome.

**AMPAC Capitol Club luncheon**
Due to the logistical challenges of having a speaker in Honolulu, AMPAC will not be hosting a Capitol Club luncheon during the Interim Meeting. Although AMPAC is not having an official event, please stop by the AMPAC booth to pick up a special gift. The AMPAC booth is located in the Kalakaua Foyer outside the House of Delegates ballroom at the Hawaii Convention Center. The booth will be open for business on Saturday, Nov. 11 through Tuesday, Nov. 14.

AMPAC will also begin accepting contributions for 2018. AMPAC is the American Medical Association’s bi-partisan political action committee that directly supports medicine-friendly candidates running for federal office. By contributing to AMPAC, you help strengthen our voice in Washington and safeguard the interests of our profession.

**AMA Foundation leadership and mentoring focus groups**
This year the AMA Foundation is launching a Leadership Development Institute dedicated to cultivating a diverse cohort of aspiring physician leaders who are committed to serving the needs of their communities and improving the nation’s health. As part of this, the AMAF will be hosting informal focus groups for medical students and HOD members interested in becoming mentors.

The student focus groups invite feedback on what students would like to see in a leadership and mentoring program and will be used to develop curriculum for the Institute. Groups for students will meet at the following times at the Hilton Hawaiian Village:

- Thursday, Nov. 9 4 – 5 p.m. Iolani 6-7
- Friday, Nov. 10 8 – 9 a.m. Iolani 3
- Sunday, Nov. 12 8 – 9 a.m. Iolani 3

The mentorship meetings are breakfast sessions where HOD members can stop by for information about becoming a mentor or helping to develop curriculum for the Institute.

- Monday, Nov. 13 7 – 9 a.m. Convention Center Room 328
- Tuesday, Nov. 14 7 – 8:30 a.m. Convention Center Room 323C

Please email amafoundation@ama-assn.org for more information.
The following list is provided for your convenience. All items mentioned in the Speakers’ Letter are included along with a few other items of possible interest.

(Items listed in bold are official AMA-HOD sessions, reference committees or programs.)

Events are at the Hawaii Convention Center (HCC) unless italicized.

Activities offering continuing medical education credit are preceded by an asterisk (*) or dagger (†).

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location†</th>
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</thead>
<tbody>
<tr>
<td>Thursday, November 9</td>
<td><strong>AMAF student focus group regarding mentoring</strong></td>
<td>Iolani 6-7, Hilton</td>
</tr>
<tr>
<td>4–5 p.m.</td>
<td>Deadline for not for official business bag</td>
<td>AMA production at Hawaii Convention Center</td>
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<tr>
<td>Friday, November 10</td>
<td><strong>Young Physicians Section new member orientation/parliamentary procedure briefing</strong></td>
<td>Main lobby, HCC</td>
</tr>
<tr>
<td>8-9 a.m.</td>
<td><strong>AMAF student focus group regarding mentoring</strong></td>
<td>Iolani 3, Hilton</td>
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<td>9 a.m. – 6 p.m.</td>
<td>Delegate registration</td>
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<tr>
<td>7 a.m. – 8 a.m.</td>
<td><strong>Young Physicians Section new member orientation/parliamentary procedure briefing</strong></td>
<td>303B</td>
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<tr>
<td>8 a.m. – 5 p.m.</td>
<td><strong>Physician burnout: How integrated systems are addressing the problem</strong></td>
<td>301 B</td>
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<tr>
<td>12:30 – 1:30 p.m.</td>
<td><strong>Protecting our patients: What physicians need to know about cybersecurity</strong></td>
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<tr>
<td>12:45 – 1:45 p.m.</td>
<td><strong>Resident and Fellow Section wellness session</strong></td>
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<tr>
<td>1:45 – 2:45 p.m.</td>
<td><strong>Opioid safety initiative: The Permanente Medical Group approach</strong></td>
<td>310 A-B</td>
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<tr>
<td>2 – 3 p.m.</td>
<td><strong>Education session with: Edward H. Livingston, MD, deputy editor, JAMA</strong></td>
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<tr>
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<td><strong>OSMAP</strong></td>
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<tr>
<td>4 – 6 p.m.</td>
<td><strong>AMA Research Symposium</strong></td>
<td>318 A, 318 B, 319 A</td>
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<tr>
<td>4 – 5 p.m.</td>
<td><strong>Meet and greet: Edward H. Livingston, MD</strong></td>
<td>Exhibit Hall III</td>
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<tr>
<td>5 – 6 p.m.</td>
<td><strong>Minority Affairs Section reception and business meeting</strong></td>
<td>Rainbow 3, Hilton</td>
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<td>5 – 7:30 p.m.</td>
<td><strong>LGBTQ and Allies reception and caucus</strong></td>
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<tr>
<td>Saturday, November 11</td>
<td><strong>Surgical Caucus business meeting and Handbook review</strong></td>
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<td>6:45 – 9:30 a.m.</td>
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<td>9 – 10 a.m.</td>
<td><strong>Being present: Physician wellness and mindfulness</strong></td>
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<tr>
<td>9 – 10 a.m.</td>
<td><strong>Telemedicine: Improving patient care and health outcomes</strong></td>
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<td>9 – 10 a.m.</td>
<td><strong>Situational leadership for physicians</strong></td>
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<td>10:10 – 11:10 a.m.</td>
<td><strong>Advocacy: Tools of the trade</strong></td>
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<td>10:10 – 11:10 a.m.</td>
<td><strong>Generational changes: Managing up, leadership, and followership</strong></td>
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<tr>
<td>10:10 – 11:10 a.m.</td>
<td><strong>Trends in Academic Medicine: Community preceptors, innovations in pedagogy, and more</strong></td>
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<td>11:20 a.m. – 12:20 p.m.</td>
<td><strong>Advocacy: What roles exist for physicians?</strong></td>
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<td>11:20 a.m. – 12:20 p.m.</td>
<td><strong>Achieving health equity through organized medicine as physician leaders</strong></td>
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<tr>
<td>11:20 a.m. – 12:20 p.m.</td>
<td><strong>Outside of the box: Physician innovators and entrepreneurs</strong></td>
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<tr>
<td>Noon – 1:30 p.m.</td>
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<tr>
<td>5 – 6 p.m.</td>
<td><strong>Academic Medicine Caucus</strong></td>
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<tr>
<td>5:30 – 7:30 p.m.</td>
<td><strong>Women Physicians Section business meeting</strong></td>
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<tr>
<td>5:30 – 7:30 p.m.</td>
<td><strong>IMGS Congress meeting and reception</strong></td>
<td>316 B</td>
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<tr>
<td>6:30 p.m.</td>
<td><strong>Catholic Mass (pending confirmation)</strong></td>
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<tr>
<td>8–8:30 a.m.</td>
<td>AMA House of Delegates Business Session</td>
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<tr>
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<td>Reference Committee on Amendments to Constitution and Bylaws</td>
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<td>Reference Committee B</td>
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<td>8:30 a.m.–noon</td>
<td>Reference Committee J</td>
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<tr>
<td>Noon</td>
<td>Deadline for election announcements to be shown at I-17</td>
<td>Speakers’ Office</td>
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<tr>
<td>12:30–1:45 p.m.</td>
<td>Women Physicians Section associates luncheon</td>
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<td>1–3:30 p.m.</td>
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<td>1:30–2:30 p.m.</td>
<td>Rural Medicine Caucus</td>
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<td>Speaker to speaker meeting</td>
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<td>2:30–3:30 p.m.</td>
<td>Busharat Ahmad, MD leadership development program</td>
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<tr>
<td>3–4:15 p.m.</td>
<td>Physician health and physician health programs</td>
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<td>Litigation Center</td>
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<td>3–5 p.m.</td>
<td>Delivering a falls risk assessment in the clinical setting</td>
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<td>Private Practice Physician’s Congress</td>
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<td>8–10 a.m.</td>
<td>Harvey, Irma, and Maria - Medical Responses to Natural Disasters</td>
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<tr>
<td>9:30–11 a.m.</td>
<td>*CEJA open forum</td>
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<tr>
<td>9:30–11 a.m.</td>
<td>Academic Medicine Caucus</td>
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<tr>
<td>10–11 a.m.</td>
<td>†Surgical Caucus: Hazards of the deep: Trauma in paradise</td>
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*, †AMA PRA Category 1 Credit™ available for this session.
How family-centered care helps Hawai’ian health care meet the needs of an extremely diverse patient population

4:30 p.m. | Friday, Nov. 10
Room: Rainbow 3 | Hilton Hawaiian Village

Speaker
Maile Taualii, PhD, MPH
Assistant professor, Native Hawaiian and indigenous health
Hawai’inuikea, School of Hawaiian Knowledge
University of Hawaii, Manoa

Overview
Hawai’i’s diverse population requires that health care providers be responsive to cultural diversity and reflexive to a patient’s individual needs, all while embracing the Native Hawaiian values of respect, humility, kindness, patience and aloha.

This presentation will focus on research and recent efforts to develop an “‘ohana-centered” model for health care delivery that is rooted in these values. ‘Ohana in its most literal sense means “family.” This work focuses on moving from patient-centered care to ‘ohana-centered care with the goal of assisting patients in receiving not only the best individual care and disease prevention, but also providing advice and assistance in keeping their entire ‘ohana healthy, from their kupuna (elders) to their unborn keiki (children) and everyone in between. The goal of this culturally respectful delivery model is to prevent disease, maintain health, prepare for the next generation and help the kupuna ease gracefully into the time of hala, or the passing from this life into the next.
2017 AMA Senior Physicians Section Interim Meeting

Educational session: “Keeping your brain fit”
Noon–1:30 p.m. | Saturday, Nov. 11
Room 312 | Hawaii Convention Center

The American Medical Association Senior Physicians Section (SPS), the AMA Academic Physicians Section (APS) and the AMA Organized Medical Staff Section (OMSS) invite you to this joint educational program during the 2017 AMA Interim Meeting.

Moderator
Paul H. Wick, MD
Chair, AMA-SPS Governing Council

Speaker
Allan A. Anderson, MD, MMM
Assistant professor, Johns Hopkins School of Medicine; vice president, Dementia Care Practice, Integrace; medical director, Samuel and Alexia Bratton Memory Clinic, The Gardens at Bayleigh Chase, Easton, Md.

Reaction panelist
Jeremy A. Lazarus, MD
Past president, AMA (2012–2013)

Program description
With the aging of our society we are witnessing an ever-increasing number of individuals who develop mild cognitive impairment and dementia. The American public often turns to their primary care and specialty physicians for support and education as they navigate advertisements supporting brain training products as well as nutritional and other supplements to improve brain function and memory.

It is important for physicians and other clinicians to know the science behind claims for various products and other treatment options. To date, the best evidence supports lifestyle changes to improve cognitive function and possibly prevent dementia, with little data to support other approaches. This presentation will summarize this data and present evidence for physicians to provide to their patients prudent information about ways to “maintain the brain” as their patients age.

Learning objectives
Upon completion of this activity, the physician will be able to:

• Identify the ways our cognitive abilities change with normal aging.
• Describe the potential lifestyle changes that promote optimal brain functioning.
• Recognize the difficulty in translating observational studies to specific recommendations.

Please join us for the AMA-SPS Assembly Meeting where we will discuss AMA House of Delegates business items and future AMA-SPS activities
11:30 a.m.–noon
Saturday, Nov. 11

A light lunch will be offered at 11:30 a.m., first come, first served.

Spread the word! Any physician 65 years of age and above is welcome to attend! Visit ama-assn.org/go/sps to learn more.

Accreditation statement
The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education credit for physicians.

Designation statement
The American Medical Association designates this Live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Educational sessions: Sponsored by AMA sections
2017 AMA Interim Meeting • Hawai‘i Convention Center, Honolulu

The American Medical Association designates each live activity for the maximum number of AMA PRA Category 1 Credits™, unless otherwise noted. The deadline to claim credit is Dec. 31, 2017.

Being present: Physician wellness and mindfulness
9–10 a.m. Saturday, Nov. 11, Room 320
Physicians are faced with numerous stressors including increasing administrative responsibilities, regulatory pressures and evolving payment and care delivery models. Professional pressures and stress can lead to physician burnout, which can have an impact on organizational productivity, morale, costs and the quality of care being delivered. This session will provide you with an overview of contributing factors associated with physician burnout and ways you can address burnout individually and organizationally.

Track: Practice Sustainability and Satisfaction

Telemedicine: Improving patient care and health outcomes
9–10 a.m. Saturday, Nov. 11, Room 310
Telemedicine technology has the potential to transform health care delivery and address many care coordination challenges facing the U.S. health care system. It can facilitate remote, mobile and site-to-site medical care. Telemedicine, a key innovation in support of health care delivery reform, is being used in initiatives to improve access to care, care coordination and quality and when properly used has the potential to reduce the rate of growth in health care spending. Implementing telemedicine in your practice can expand access to care, provide a better patient experience and improve health outcomes when implemented properly.

Track: Advocacy

Situational leadership for physicians
9–10 a.m. Saturday, Nov. 11, Room 315
As leaders in your hospital, medical school or practice, you need to understand when, and how, to adjust your leadership style to fit the needs of your staff and to ensure improved patient care and quality outcomes. Join expert faculty for this session to help you develop the required skills to adjust your leadership style, based on the specific situation, including the number and type of health professionals and the needs of the patient.

Track: Leadership

Advocacy: Tools of the trade
10:10–11:10 a.m. Saturday, Nov. 11, Room 310
Physician advocates play a vital role in influencing policymakers on matters that affect patient care and outcomes. Despite the importance of such advocacy, physicians rarely receive formal training on how to conduct advocacy activities to achieve goals for their patients and the profession.

This program will introduce tools and skills that every physician should employ when connecting with decision makers, including how to organize your peers, how to build relationships with legislators, and how to effectively communicate an advocacy message.

Track: Advocacy

(Continued on next page)
Generational changes: Managing up, leadership and followership
10:10–11:10 a.m. Saturday, Nov. 11, Room 315
Organized medicine, health care systems, and physician groups have evolved and are designed with the current workforce in mind. In contrast, younger generations are increasingly diverse and have different expectations than their predecessors with regard to work-life balance, lines of authority, technology, privacy, and social media. Current systems are not prepared for what these differences will produce with regards to the future workforce, work environment and patient outcomes. You will learn techniques to help you work more effectively with colleagues from multiple generations.

Track: Leadership

Trends in Academic Medicine: Community preceptors, innovations in pedagogy, and more
10:10–11:10 a.m. Saturday, Nov. 11, Room 320
How can you mentor the future generation of physicians? For community-based practicing physicians, serving as a preceptor to medical student and/or resident/fellow trainees is an excellent way to do just that. Learn more about precepting, and how to balance it with clinical and administrative duties. Both the administrative perspective (i.e., what schools can offer, trends in funding, faculty appointments, etc.) as well as the preceptor viewpoint will be addressed in this session.

Another key trend in medical education is the information explosion and the need for future physicians to move beyond mere memorization to develop critical thinking and problem-solving skills. Learn about the many ongoing innovations in medical education (including those of the AMA’s Accelerating Change in Medical Education consortium) that can help make learning more readily applicable and relevant to future physicians. Also, be sure to bring your own ideas to share during the open forum segment of this session.

Track: Practice Sustainability and Satisfaction

Advocacy: What roles exist for physicians?
11:20 a.m.–12:20 p.m. Saturday, Nov. 11, Room 310
Physicians have an important role to play in health care advocacy. With health care accounting for a large share of the American economy and the current evolutionary state of medicine, physicians are in a prime position to help navigate and influence these discussions.

This program will highlight the experiences of a group of physicians who advocate for their patients and the profession in diverse ways, including a physician legislator and a physician leader of a health system with its own lobbying arm. Join us for a discussion about how you can take an active role in advocacy and the political process.

Track: Advocacy

Achieving health equity through organized medicine as physician leaders
11:20 a.m.–12:20 p.m. Saturday, Nov. 11, Room 315
The implementation of the ACA has closed the gap but disparities in care and health outcomes continue to persist. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health care on the basis of their race, ethnicity, gender, gender identity, socio-economic status, and sexual orientation. It has been noted that a comprehensive, multilevel strategy is needed to eliminate these disparities. After participating in this session, you will learn about how you can integrate effective interventions, new techniques and patient considerations in order to mitigate and eliminate health disparities.

Track: Leadership

Outside of the box: Physician innovators and entrepreneurs
11:20 a.m.–12:20 p.m. Saturday, Nov. 11, Room 320
As a physician, you can shape the future of health care. Through lending your expertise to a tech company or pursuing a career as an entrepreneur, you have options to make a lasting impression on the future of medicine. Join fellow physician-entrepreneurs for a discussion about how you can lend your expertise to influence health care and shape the future of medicine.

Track: Practice Sustainability and Satisfaction