

**Members Moving Medicine**

**AMA Annual Meeting  
Hyatt Regency, Chicago  
Saturday, June 9, 2018**

**David O. Barbe, MD, MHA  
President  
American Medical Association**

Madame Speaker, Members of the Board, delegates, colleagues and guests . . . it is truly a privilege and pleasure to speak to you today as my presidency nears an end.

My sincere thanks to all of you for your support and encouragement during my time as your president.

Over the past year, I have spoken to this House about the critical importance of physician leadership. . .

- To advocate in today's political environment,
- To describe and shape the future of health care,
- And, to mentor those who will one day follow us in this profession.

Now, as my time winds down and we prepare to transition the AMA presidency to the very capable hands of Barbara McAneny, I'd like to share some parting thoughts about physician leadership, AMA physician leadership in particular, and the important gains we have made, and the work that remains.

A year ago, I asked us all to consider this question: "What kind of leaders will we be?"

I challenged us to be the kind of leaders

- Who bring consensus solutions to difficult issues.
- Who use our creativity and drive to shape the future of medicine.
- Who mentor our next generation of physicians.

Then, at our Interim meeting in November, we looked at the kind of leadership needed to bring together a winning team.

Like other winning teams, the AMA:

- Shares a common vision and works aggressively to achieve it. The AMA led the way on health system reform last year because of our shared vision of maintaining and expanding health coverage for Americans.
- Winning teams create partnerships that make us stronger. Let me give you a surprising example: Anthem – the health insurance company. Who would have imagined that a few months ago we would have not only convinced Anthem to back off its plan for a 50 percent cut whenever CPT Modifier 25 is used . . . but that we could extend the dialogue to work on patient literacy, right-sizing prior authorization and other payment issues?
- And winning teams chart a course for a better future. The AMA continues its aggressive advocacy to reform the crippling prior authorization processes that delay patient care. . . to reduce the regulatory burdens on physicians... and to improve EHR and other information technologies - all things that currently take too much of our time away from patients and waste precious resources.

We have carried that strong momentum into the first half of 2018.

To the casual observer, it might seem that Congress only works in the dark of night, at the last minute, and up against a deadline.

But even those late-night deals – such as the two-year budget deal in February – are the culmination of months, and even years, of hard work and negotiation.

Kudos to our Advocacy team—and all of you - physician advocates—for several wins on key issues for the AMA.

- We have long fought for improvements to electronic health records and an easing of unrealistic federal requirements. *The budget deal eliminated a mandate making EHR standards more stringent.*
- We have long fought for repeal of the Independent Payment Advisory Board, or IPAB, which gave too much power to unelected officials to cut Medicare. *The budget deal repealed IPAB.*
- We have long fought for federal safety net programs like the Children's Health Insurance Program. *The budget deal extended the CHIP program, for 10 years.*

- We have long fought for changes in the MACRA law to provide greater flexibility for physicians participating in Medicare and to encourage the development of alternative payment models. *The budget deal included important improvements to MACRA.*

Along with these provisions, the AMA was also able to stop a very bad proposal that was initially included in the package:

- A “mis-valued codes” policy that would have led to across the board Medicare payment cuts and a conversion factor lower than it was when the SGR was repealed.

These “wins” were only possible because our winning team put in the hard work of advocacy: taking a stand, educating policymakers, and activating our grassroots physicians to speak with their legislators.

This process can take days (as in the case of the mis-valued codes policy), months, or even years (as in the case of IPAB).

So we must remember that it is important that we keep fighting, all the time, and not lose momentum or become discouraged because of temporary setbacks or because nothing seems to be happening.

So, yes, it takes leadership... it takes a team that is persistent... but it also takes innovative, dedicated individuals.

The AMA is fortunate to count among its members some of the most talented individuals in the country who are leading the way on a variety of health care issues.

Nelson Mandela, former president of South Africa, said, “There are times when a leader must move out ahead of the flock, go off in a new direction, confident that he is leading his people the right way.”

It’s that concept of leadership I’d like to share with you today... How some of our **individual AMA Members are Moving Medicine** in a new direction.

The opioid crisis continues to reverberate through our communities and is now the leading cause of death --- the LEADING cause of death --- among Americans under the age of 50.

That's a national tragedy. It demands that our profession work to end it. And that is exactly what we are doing.

Due to the hard work of our Opioid Task Force and other organizations in recent years we are making headway on several fronts:

- More physicians are becoming certified to provide medication-assisted treatment;
- More physicians are registering for and using their state PDMPs and completing education on safe opioid prescribing practices;

And perhaps the best news of all:

- Opioid prescribing has decreased for the fifth year in a row: down by 22 percent from 2013 – 2017;

Despite these efforts, deaths from opioid overdose continue to climb.

Addiction is a fierce adversary. No one understands this better than **Dr. Jerome Adams**, our Surgeon General, and AMA member, who has made fighting the opioid epidemic his top priority.

Dr. Adams understands the devastating toll addiction has on individuals, families and communities. He is very open about his younger brother's struggle with substance use disorder that has even led to time in prison.

He encourages all of us to fight the stigma around substance use disorders. As he has written, “. . . we must also acknowledge that addiction is a chronic disease that changes the brain, not a moral failure.”

As Indiana's state health commissioner from 2014 until last year, he fought for and implemented a wide range of interventions, including needle-exchange programs, wider availability of naloxone, and better access to evidence-based and comprehensive treatment.

Dr. Adams recently issued an advisory—the first advisory from the Surgeon General's office in more than a decade!—an Advisory on Naloxone and Opioid Abuse.

The advisory urges those at high risk for opioid overdose – and their family members and friends...

- To ask their physicians or pharmacists for naloxone;
- To learn the signs of opioid overdose;

- And to get trained to administer naloxone in case of an overdose emergency.

We strongly endorse the advisory and applaud Dr. Adams for issuing it.

And we look forward to hearing from him directly as he addresses this House on Monday.

Dr. Adams, thank you for being an AMA Member Moving Medicine.

Another top advocacy priority in recent years was repeal of the Sustainable Growth Rate formula and then helping physicians make a successful transition to the new MACRA Quality Payment Program.

We have worked diligently with the Centers for Medicare and Medicaid Services (CMS) both to reduce physician burdens under the new law, and to create new physician-focused payment pathways, called Alternative Payment Models, which reward physicians for their creativity in improving health care quality and reducing costs.

Understandably, there is some fear, and some resistance, to moving to these new models.

Thankfully there are AMA members like **Dr. Larry Kosinski** to show us the way.

Dr. Kosinski is a gastroenterologist from Elgin, Illinois who has developed a specialty medical home for patients with Crohn's disease.

Several years ago, he analyzed claims data of Crohn's patients, and found that hospitalization for the treatment of complications drove much of the excess cost.

But, he also learned that fewer than 1/3 of patients who ended up in the hospital had any contact with their health provider in the preceding 30 days.

He developed a system called "Sonar" to "intervene with patients before they even realize they need it."

The way Dr. Kosinski describes it – patients are like submarines – they are out there underwater but only come in when they are in trouble.

Now, instead of waiting for patients to call when their condition worsens, Dr. Kosinski's office "pings" each Crohn's patient every month with a few structured questions. That way, he can intervene quickly if a patient's responses suggest his or her condition is worsening.

This “sonar” program has cut hospitalizations in half, reduced spending, and improved patient satisfaction. Last year, the Physician Technical Advisory Committee, or PTAC, recommended that the Medicare program test the Sonar model.

Think of the patients who will benefit because they can avoid hospitalization!

And all because one physician had a really good idea and pushed hard to make it happen.

Dr. Kosinski, thank you for being an AMA Member Moving Medicine.

Another group of members I would like to recognize today are the **medical students** who are fighting to protect DACA-status individuals.

You will recall that the DACA program shields hundreds of thousands of undocumented young people who came to this country as children and allows them to work.

Dozens of medical schools have considered – and many have admitted – DACA-status students, understanding the value they bring to the health care system.

Research tells us that DACA-status individuals can help us alleviate physician shortages, especially in high-need areas, and provide culturally competent care.

Some of our AMA members have DACA-status. These are our colleagues. Protecting them is a priority that has increased in urgency in light of actions to terminate the DACA program.

During our 2016 Interim meeting, one of our members confided in another member fears of being deported.

That friend and other supporters within the Medical Student Section immediately sprang into action. They stayed up all night writing a resolution calling on the AMA to go beyond studying the issue and *to take a stand* . . . to go on the record in staunch support of health care professionals with DACA-status.

To his credit, Dr. Bob Goldberg, a member of the AMA’s Council on Medical Education, introduced the resolution and it was adopted with overwhelming support from the entire House.

Led by the Medical Student Section, the AMA continues to pressure Congress to enact both short and long-term solutions for DACA-status individuals in the medical community.

To the leaders on the DACA issue in the Medical Student Section – people like (Pra-TIS-ta Koi-RA-la) Pratistha Koirala, Ruth Howe, and countless others, and the people supporting them like Dr. Goldberg--- thank you all for being AMA Members Moving Medicine.

The final group of physicians who are moving medicine forward are sitting in this room today: you... the delegates, alternate delegates, and trustees of the AMA.

Today, I challenge each of us to think about the significant wins we achieved by working together as a winning team, about the individual AMA Members Moving Medicine whose examples I've shared, and about the significant work there is still left to do as we strive to shape a better future for students, residents, practicing physicians and our patients.

Let us each ask ourselves:

How can we get even more involved, become even more effective, and actively encourage more of our colleagues to join this transformational organization that is our AMA so we can truly continue moving medicine forward?

At this meeting, we will have an opportunity to demonstrate physician leadership on a public health crisis that has, so far, defied solution: gun violence.

At the start of our Annual Meeting in 2016, shocked by the massacre at the Pulse Nightclub in Orlando, this House acted. We led with a critical declaration: gun violence in America is a public health crisis.

In the two years that have passed, we have been horrified by yet more carnage: in Parkland, Sutherland Springs, Santa Fe, and Las Vegas. And those are just a few of the incidents that made headlines. On average, gun violence claims the lives of nearly 100 people a day in the United States.

People are dying of gun violence in our homes, churches, schools, on street corners, and at public gatherings.

Colleagues, we, America's physicians, have the opportunity – but more than that, the responsibility – in coming days, to act on several resolutions that address this devastating crisis of our time.

The AMA has demonstrated leadership on this issue for decades: we've recommended common-sense gun safety protections; waiting periods and background checks for those seeking to purchase a gun; and increased funding for mental health services.

We've called on the Centers for Disease Control and Prevention to conduct epidemiological research on gun violence – perhaps the only leading cause of death where such research is not being conducted.

Yet the fact that this problem continues to worsen has spurred a new sense of urgency in *this* House, even while Congress fails to act.

To those who feel we should not address this as an organization because it is too controversial, I would ask:

- Did we shy away from fighting discrimination against AIDS patients in the early days of that epidemic; even though much of society stigmatized those with HIV?  
No, we let the science lead us.
- Did we mute our opposition to smoking, because Big Tobacco defended it?  
No, we let the science lead us.
- And even now, have we backed away from our support of universal vaccinations or gains made through the Affordable Care Act because they are controversial?  
No, we let the science lead us.

Similarly, I would submit to you that the AMA must not back down from addressing gun violence. On the contrary, we must address it head on . . . *scientifically*, in an evidence-based, principled fashion, and with the health and safety of our communities, our fellow Americans, and our children as our chief concern.

While we will not all agree on every proposal introduced on gun violence, we can all agree that the issue must be addressed . . . and that the only responsible way forward is for women and men of good faith to continue to search for and advocate science-based solutions.

*That* is true physician leadership. That is our AMA!

Thank you!

###