Leadership Amid Change

James L. Madara, MD
Executive Vice President and CEO
American Medical Association

AMA Interim Meeting
Orlando, Florida
Saturday, November 12, 2016

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

May we never again have an election quite like that!

Now that it’s over, we do congratulate all of the newly elected. We commit to work with all - on behalf of patients and their physicians.

The intended genius of the United States – reflected by this House – is not that we all have to agree on each issue, but that we have a forum to debate our disagreements before a vote determines our course.

And in this work, let’s not become blocked by needless worry that steals energy or sidetracks.

A quick story: Early in my Deanship at University of Chicago, I thought it would be good to have a faculty cocktail reception to celebrate the upcoming academic year. I arrived in the big tent set up for the occasion to find some 300 faculty, sipping wine……quietly chatting, but with less noise than I’d expect; and a mood that felt strained.

So I asked a couple of people what the deal was. They told me that an unusual gathering like this is only called when a shoe is about to drop – so they were anxious to hear what was coming next.

It was fun to go to the microphone with downcast eyes, looking as dour as possible, and then cheer-up to let folks know we were simply there to celebrate, build community, and have fun!

Things really picked up! Watching the next hour as the wave of noise steadily rose over the tent, I noted that released anxiety is a stimulator of thirst!

The tension from this election brought back memories of that night in the tent – anxiety about the future and perhaps even a dollop of dread. We have work in front of us, for sure, but let’s simply focus on our task. Our country is comparatively solid. In fact, most other countries would happily trade for our strengths.

That’s one of the reasons that, despite political divisions in this country, the AMA has always – and will always – commit to working with all elected bodies and appointed agencies, on a bipartisan basis … Democrats, Republicans and Independents … political appointees and
career civil servants … toward advancing the mission that I so love to recite: “To Promote the Art and Science of Medicine and the Betterment of Public Health.”

Others take note. The AMA recently was lauded for our bipartisanship by the well-known public relations and communications firm, APCO Worldwide. Their annual survey of the 50 most effective professional associations in the U.S. ranked the AMA first overall – not just in the health care sector where we have always been strong – but across all industries.

The survey included health organizations such as AHIP, PhRMA and the American Hospital Association, but also groups like the US Chamber of Commerce, the Business Roundtable, the National Association of Manufacturers – 50 of the most visible associations in our country.

The 15 characteristics they surveyed – what research had shown to be the most reliable measures of effectiveness – included: bipartisanship, self-regulation, coalition building, membership mobilization, stakeholder communication, being good stewards of the industry’s reputation … just to name a few.

Among these 15 characteristics, across these 50 prestigious associations, the AMA ranked first in eight (no organization had achieved that before). In six of the remaining seven categories, the AMA ranked second overall – better than 48 of the other 50 cross-industry associations.

How good is that? Consider that we finished second overall in the category of “social media and modern communication”. The only group to beat us … the Internet Association!

As a result, we were invited to Washington DC to meet CEO’s of these other organizations and share how the AMA was achieving this high degree of efficacy. This is a remarkable credit to our team at the AMA … to the oversight provided by our Board … and to the work of, and thought-leadership, in this House. Congratulations to all!

The AMA was recognized in other ways in 2016 as well: from President Obama’s shout-out praising AMA’s work on opioids, to the state medical societies in Colorado, Georgia and Florida thanking us for our efforts to block the insurance mergers.

Another example: at the annual Health 2.0 conference in Silicon Valley – a conference focused on emerging technologies – a professor from Yale came up to me and said, “You know, there’s a lot of noise at this conference, one has to search for the signal - but it seems to me the AMA is producing all signal, no noise”. That was nice to hear!

The AMA contributed to that meeting in many ways. I was interviewed on the main stage about my remarks from our annual meeting where I’d used the provocative term “digital snake oil of the 21st century.” That was an easy exchange since physicians celebrate progress in digital health that produces great tools.

At the same time, we don’t hesitate to call out those products that are unhelpful and may even do harm – for example a blood pressure app, which actually failed at high rates in detecting high blood pressure … yet for two years, this was one of the most frequently downloaded health apps.

A regulatory framework for this digital field is needed … and we hope to work with stakeholders to make that happen.
Additional success was our monumental breakthrough to repeal SGR last year, which laid the foundation for our work in 2016 to both improve MACRA and to create tools to simplify transitions for physicians – work done across our units of professional satisfaction, advocacy, communications, and IT making use of our recently enhanced digital capabilities.

We developed a number of tools, such as a MACRA Action Kit, our Payment Model Evaluator, and our award-winning STEPS Forward modules. Some of the AMA digital tools are recognized by CMS as fulfilling practice improvement requirements.

Dr. Gurman has already celebrated the revision of the Code of Ethics. As I mentioned earlier, one of the recognitions the AMA received from APCO was for self-regulation … elements such as the Code undoubtedly played a part in that.

We've also made education a cornerstone of our success. New AMA education products and tools are helping physicians across specialties earn CME credit – we believe that when physicians obtain CME they should feel that pragmatic, practical learning, applicable to their practice was achieved – not that they wasted time on topics of questionable value to their specific practice.

And our consortium of 32 medical schools - working toward building the future of medical education - continues to leap forward.

One month from now our textbook creating a third field of science in medical school - Health Systems Science – will be released. The announcement of the release last week attracted substantial attention.

This nascent field will enable a systemic understanding of health care and thus comport with the shift in disease burden which has occurred over the last half century – a shift from dominantly episodic to dominantly chronic disease. This new health systems science will be adopted in the AMA consortium and without doubt, spread to curricula across the country.

We are seeing in all of our work that our greatest impact results from strategic partnerships and alliances.

In 2016, we partnered with the American Heart Association, the CDC, and others to improve health outcomes in prediabetes and hypertension. Common chronic diseases such as these account for more than 80 percent of health care spending.

We worked nationally and across dozens of states to expand access and enrollment in effective Diabetes Prevention Programs, including an innovative scaling statewide partnership in Michigan focused on communities at high risk …

… by the way, special thanks to the Michigan State Medical Society for its critical involvement on this project, along with more than 40 other Michigan organizations.

We applauded CMS’ landmark decision to expand coverage of the Medicare DPP model to Medicare patients at risk for developing type 2 diabetes – underscoring the value of prevention in reducing health care costs.
This CMS decision also highlights the success of our own three-year DPP pilot – in partnership with the YMCA of America and the Center for Medicare and Medicaid Innovation – across eight states to increase physician referrals for patients living with prediabetes.

Also this year we launched a national ad campaign to raise awareness about the dangers of prediabetes and encourage people to take the online quiz we constructed to assess their personal risk.

The result of this ad campaign? Already a quarter-million people have assessed their risk using our tool. More than 700,000 people explored our online site. This ad campaign was the result of a partnership between the AMA, the CDC, and the American Diabetes Association, along with the Ad Council. The value of media donated to our campaign has already surpassed 23 million dollars, a great example of the leveraging power of partnerships.

Throughout 2016 we expanded our Innovation Ecosystem to bridge the digital divide for physicians, and begin to address the immense problem of fragmentation across our disconnected health care non-system.

We both attracted and collaborated with tech innovators and entrepreneurs at MATTER in Chicago – a health care incubator for more than 120 companies; and this past January we launched Health2047 in San Francisco – an innovation studio that has attracted outstanding talent in Silicon Valley.

The overall goal is to design and develop technologies optimized for more efficient, effective practices and continuity of care, and better health. And, this fall we launched the AMA’s Physician Innovation Network, where physicians and entrepreneurs can connect and collaborate on developing health care solutions … think of it as eHarmony for physicians and entrepreneurs!

So, what’s AMA’s goal in creating these opportunities for innovation? It’s simple: We aspire to save physicians one hour a day.

Over the last few years the AMA made a series of bold decisions – decisions that have tangibly increased our standing and visibility nationally. Our work to create the medical school of the future, to better health outcomes in chronic disease, and to improve professional satisfaction - all have real traction and produced innovative products and tools that now can be expanded in the service of patients and physicians.

Many external validators now recognize that we are “living the mission”. And now we are developing additional new, bold ideas - ones that I will discuss in the future -- that will make practicing physicians acutely aware, day-by-day, of the strong career ally they have in their corner. That ally being the AMA.

When I traveled to DC in September to explain how the AMA had suddenly become a model for the effective association of the future, the subsequent discussion settled on the pillars that make exceptional, leadership associations. These included:

- Performance aligned with high expectations; clearly defined high impact moonshots will drive work that is highly ambitious
• Recognize the value in relationships, and accomplish tangible real-world results through partnerships
• And … A narrative that drives success; but also rings true since the basis for that narrative are those real-world results,

These pillars now characterize your AMA – being referred to at that meeting as “the AMA model”. A model that I believe will come to epitomize what a 21st century association can and should be.

Thank you.

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