

REPORT 7 OF THE BOARD OF TRUSTEES (A-19)
AMA Performance, Activities and Status in 2018

EXECUTIVE SUMMARY

Solving the most urgent challenges in health care today - from the opioid epidemic to widespread system dysfunction - requires a bold vision, a creative approach and strategic partnerships across medicine, business and technology. The informational report “AMA Performance, Activities and Status in 2018” demonstrates the work of the American Medical Association in 2018 to be not only a strong unifying voice for the profession but an active and powerful ally for physicians and their patients across generations.

On an array of complex issues and challenges - from fighting abusive insurer practices and taking a stand on gun violence to advocating for greater drug pricing transparency and working to reform prior authorization burdens that often delay care - the AMA demonstrated its unsurpassed commitment to patients and physicians.

The AMA’s groundbreaking efforts to reinvent medical education for the digital age took a sizable step forward in 2018 as we welcomed the first graduating classes from the AMA’s “Accelerating Change in Medical Education” initiative. In addition, we introduced the next phase of our celebrated work with a “Reimagining Residency” initiative that promises to better train young physicians to meet the evolving needs of patients, communities and our dynamic health care system.

For the physician workforce of today, the AMA expanded its world-leading research journal with the launch of JAMA Network Open, a fully accessible online clinical research journal covering more than 40 key topics in medicine. It has quickly become an indispensable source for research and commentary on clinical care, health care innovation and global health.

This work was made possible thanks to another strong financial performance in 2018, which included increased membership for the eighth year in a row. Our membership growth is fueled by an innovative and award-winning campaign, “Membership Moves Medicine™,” which grew membership by 3.4 percent in 2018, double the growth rate of the previous year.

REPORT OF THE BOARD OF TRUSTEES

B of T Report 7-A-19

Subject: AMA Performance, Activities and Status in 2018

Presented by: Jack Resneck, Jr., MD, Chair

1 Policy G-605.050, “Annual Reporting Responsibilities of the AMA Board of Trustees,” calls for
2 the Board of Trustees to submit a report at the American Medical Association (AMA) Annual
3 Meeting each year summarizing AMA performance, activities, and status for the prior year.
4

5 INTRODUCTION

6
7 The AMA’s mission is to promote the art and science of medicine and the betterment of public
8 health. As the physician organization whose reach and depth extends across all physicians, as well
9 as policymakers, medical schools, and health care leaders, the AMA is uniquely positioned to
10 deliver results-focused initiatives that enable physicians to answer a national imperative to
11 measurably improve the health of the nation.
12

13 *Attacking the dysfunction in health care*

14
15 Insurer Practices
16
17 Abusive insurer practices continue to plague patients and physicians, but the AMA convinced
18 Anthem to reverse course when Anthem announced a change in its modifier 25 policy that could
19 have cost physician practices an estimated \$100 million annually. The AMA also combatted
20 Anthem/BCBS policies that deny coverage for emergency care, including supporting enactment of
21 state legislation in Missouri.
22

23 The AMA created a consensus statement - adopted by industry stakeholders - to “right size” the
24 prior authorization process.
25

- 26 o Supported by: AMA, American Hospital Association, America’s Health Insurance Plans,
27 American Pharmacists Association, Blue Cross Blue Shield Association and Medical
28 Group Management Association
- 29 o AMA successfully collaborated to enact utilization management reforms (step therapy and
prior authorization) in three states (IN, NM and WV)

30
31 The AMA’s grassroots website, FixPriorAuth.org, launched in 2018 to educate the general public
32 about the problems associated with prior authorization and to gather stories from physicians and
33 patients about how they have been affected by it.
34

35 Physician Payment

36
37 Due to AMA advocacy, physicians averted an E/M code collapse that would have implemented
38 dramatic reductions in physician payment. An AMA-convened physician workgroup developed a
39 new E/M coding proposal to be considered by the CPT Editorial Panel in early 2019.

1 The AMA fought successfully for Congress to eliminate the Independent Payment Advisory Board.

2
3 CMS expanded coverage for services using telecommunications technology, strongly supported by
4 the AMA.

5
6 AMA has been working with specialty societies and individual physicians to promote testing of
7 new alternative payment models. Over the past 12 months, the federal Physician-focused Payment
8 Model Technical Advisory Committee (PTAC) has recommended to the HHS Secretary five
9 alternative payment models that were strongly supported by the AMA. These models aim to
10 significantly improve care for patients that need emergency department care, oncology care,
11 palliative care, advanced primary care, and those transitioning from chronic to end-stage renal
12 disease. As AMA has strongly advocated, the CMS Innovation Center has indicated that it plans to
13 implement three of these physician-focused payment models early in 2019.

14
15 AMA continued to successfully seek Quality Payment Program (QPP) improvements:

- 16 ○ Medicare Part B drug costs will be excluded from the Merit-based Incentive Payment
17 System (MIPS) payment adjustments and from the low-volume threshold determination
- 18 ○ CMS may reweight the MIPS cost performance category to not less than 10 percent for the
19 third, fourth and fifth program years (rather than requiring a weight of 30 percent in the
20 third year)
- 21 ○ CMS has more flexibility in setting the MIPS performance threshold for years three
22 through five to ensure a gradual and incremental transition to the performance threshold
23 being set at the mean or median performance level in the sixth year

24
25 Regulatory Relief

26
27 The AMA secured significant improvements to the Promoting Interoperability component of the
28 QPP (formerly known as the EHR Meaningful Use Program).

29
30 Congress eliminated the requirement that the federal electronic health record (EHR) program
31 become more stringent over time.

32
33 State efforts

34
35 Working with state medical societies, the AMA helped secure over 85 state legislative and
36 regulatory victories (issues include opioids, stabilizing the individual market, balance billing,
37 Anthem ER policy, PBM regulation, utilization management, Medicaid expansion, banning of
38 conversion therapy, scope of practice, medical liability reform, telemedicine, and more.)

39
40 Practice Transformation (Operational)

41
42 To support the operational components of physician practices, Professional Satisfaction and
43 Practice Sustainability (PS2) relaunched, updated and expanded the STEPS Forward™ Practice
44 Improvement Strategies collection as part of the AMA Ed Hub™, focused on creating the
45 organizational structures that can result in more satisfied and productive physicians.

46
47 PS2 continues to partner with health systems, large practices, state medical societies, and graduate
48 medical education programs to assess physician burnout utilizing the Mini-Z Burnout Assessment.
49 Many of these burnout assessments were done in collaboration with the AMA's Physician
50 Engagement unit as a key component of our offering for group membership.

1 The AMA, in partnership with Stanford WellMD and Mayo Clinic, led research to evaluate the
2 latest trends in prevalence of burnout and satisfaction with work-life integration among physicians,
3 to assess progress relative to 2011 and 2014 studies.

4
5 PS2 co-hosted a successful International Conference on Physician Health held October 2018 in
6 Toronto with the Canadian Medical Association and British Medical Association, and will convene
7 the second American Conference on Physician Health in Fall 2019 with our partners Stanford
8 WellMD and Mayo Clinic.

9
10 In 2018, PS2 made a significant investment in research to expand the body of “practice science,”
11 championing evidence-based interventions to improve the delivery models of care at the practice
12 and system levels. This robust body of research, entitled the AMA Practice Transformation
13 Initiative (PTI), will be conducted in collaboration with health systems, practices, and medical
14 societies to study interventions at various practice types and sizes, with the goal of improving
15 patient care by improving clinician satisfaction.

16
17 PS2 and Advocacy have partnered to provide new resources for physicians to provide clear
18 guidance on commonly misunderstood regulatory guidelines that impact day-to-day clinical
19 practice on pressing topics like [Computerized Process Order Entry \(CPOE\)](#) and [Medical Student
Documentation](#).

21
22 Digital Health (Technological)
23

24 PS2 continued to support the quadruple aim by convening the health care innovation ecosystem to
25 advance the adoption of safe, effective electronic health records (EHRs) and digital health solutions
26 - led by the physician and patient voice - in support of the quadruple aim.

27
28 PS2’s work included the July 2018 publishing of “A Usability and Safety Analysis of Electronic
29 Health Records: A Multi-Center Study” in the Journal of the American Medical Informatics
30 Association. This followed the release of a guide with recommendations for improving the safety
31 and usability of EHRs as well as safety test case scenarios.

32
33 PS2 continued to support and expand the influence of Xcertia, the collaboration dedicated to
34 improving the quality, safety, and effectiveness of mobile health applications.

35
36 The AMA’s Physician Innovation Network (PIN) continues to expand to amplify further the
37 physician voice in health tech innovation by connecting physicians with health tech innovators and
38 entrepreneurs.

39
40 PS2 launched the AMA Digital Health Implementation Playbook in Fall 2018 to improve the
41 clinical integration and scaling of digital health tools. These tools, when leveraged effectively, can
42 remove obstacles to delivering quality patient care and reduce physician burnout. The Playbook
43 was brought to life with the support of over 30 collaborators, and it includes general best practices
44 relevant for implementing any technology solution in practice as well as a chapter specifically
45 focused on remote patient monitoring. The Playbook will be expanded in 2019 to include
46 additional chapters emphasizing the implementation of additional specific digital health solutions.

47
48 Physician Payment and Quality (Financial)
49

50 The financial performance and sustainability of physician practices continues to be a focus of
51 PS2’s work to update our comprehensive collection of payment and quality reporting resources,

1 available on the AMA website, to reflect the current Medicare Quality Payment Program (QPP)
2 program year.
3
4 In Fall 2018, the AMA and RAND Corporation partnered again to publish a follow-up study to our
5 2014 research on the effects of payment models on physician practices, hospitals and health plans.
6 With this research, the AMA is positioned to better understand and shape alternative payment
7 models and develop our strategic plan in this area to inform our investments in research,
8 educational resources, and activities that enable physicians to adapt, lead and thrive in a value-
9 based health care system.
10
11 A grant from the Centers for Medicare and Medicaid Services (CMS) Transforming Clinical
12 Practices Initiative, through which the AMA is providing technical assistance and educational
13 resources for multiple Practice Transformation Network (PTN) practices, was renewed for 2019.
14 Under the auspices of the grant, the AMA will continue to convene experts to tackle the challenges
15 associated with Qualified Clinical Data Registry reporting and quality measurement.
16
17 Litigation Center
18
19 *Azar v. Allina Health Services*: In 2018, the AMA Litigation Center filed an amicus brief before
20 the US Supreme Court to argue for Medicare to use notice and comment rulemaking for significant
21 payment rule changes.
22
23 *Bell v. Mackey*: A psychiatrist who discharged a patient who later committed suicide was shielded
24 from liability under state law because the physician performed a good faith examination and
25 favored his patient's autonomy vs. involuntary commitment. The Litigation Center filed a brief
26 supporting the physician.
27
28 *Mayo v. IPFCF*: The Wisconsin Supreme Court upheld the constitutionality of Wisconsin's
29 statutory cap on damages in medical malpractice suits. The Litigation Center filed an amicus brief
30 in support of reinstating the cap.
31
32 *Texas v. U.S.*: The AMA filed an amicus brief defending the constitutionality of the ACA.
33
34 *Tulare Hospital Medical Staff v. Tulare Local Healthcare District*: The AMA supported the
35 California Medical Association in reinstating a hospital medical staff and recovering certain
36 damages after an unjust ousting from the hospital administration.
37
38 Sexual Orientation and Gender Identity (SOGI)
39
40 As directed by the House of Delegates, Policy G-635.125, asked the AMA, with input from the
41 LGBTQ Advisory Committee, to expand the collection of demographic information from AMA
42 members to include sexual orientation and gender identity. The initial roll-out of the SOGI data
43 collection effort was successfully completed ahead of the 2018 AMA membership recruitment
44 efforts and allows members and non-members to voluntarily submit SOGI information. Post-
45 launch improvements were recently implemented to better capture and represent the diversity of the
46 physician member population. The focus, now, will be to encourage participation and to develop a
47 white paper on how the AMA implemented SOGI data collection for our members.

1 DMPAG

2

3 The Digital Medicine Payment Advisory Group made great progress towards its goal of integrating
4 digital medicine technologies into clinical practice. This includes proposing new CPT codes for
5 Remote Physiologic Monitoring and Interprofessional Internet Consultations. These codes were
6 published in 2018 and will be covered and paid by Medicare and other payers in 2019.

7

8 CPT/RUC Workgroup

9

10 The CPT/RUC Workgroup on Evaluation and Management built a new coding structure for E/M
11 Office Visit coding in response to changes to E/M proposed by CMS. The group has developed a
12 consensus coding structure that will be proposed to the CPT Panel in February 2019. Given the
13 progress made by the workgroup CMS has delayed implementation of any changes to E/M until
14 2021.

15

16 *Reinventing medical education, training and lifelong learning*

17

18 Beta launch of AMA Ed Hub

19

20 In 2018, the AMA introduced the AMA Ed Hub™ (amaedhub.com), AMA's new education
21 delivery platform. Designed to support lifelong learning, licensure and certification needs, the
22 AMA Ed Hub reflects the AMA's deep and longstanding commitment to lifelong professional
23 development that helps physicians and the broader health care team achieve real-world outcomes of
24 better health care and better health.

25

26 The AMA Ed Hub brings together the many excellent sources of education from across the AMA
27 under one unified umbrella including JN Learning™, STEPs Forward™ and other AMA education.
28 Serving as a powerful discovery channel for trusted education, the AMA Ed Hub provides
29 physicians and other learners with simple, intuitive access to high quality education on any device,
30 in many formats and at any time of the day. It delivers increasingly personalized learning
31 experiences, serving up recommendations based on user interests and behaviors. It also features a
32 consolidated learner transcript and seamless claiming, tracking and reporting of credit.

33

34 JAMA

35

36 The JAMA Network continued to expand into new channels and content types, such as podcasts
37 (over 2.7 million downloads), Apple News feeds, and visual abstracts to increase the accessibility
38 and reach of content for students, physicians, and researchers. This was highlighted by the launch
39 of *JAMA Network Open* in 2018, the AMA's first online-only, fully open access clinical research
40 journal. *JAMA Network Open* is a general medicine journal covering more than 40 topic areas, with
41 the same commitment to quality and integrity as all the JAMA Network journals. In addition to
42 content being freely available to all readers upon publication, *JAMA Network Open* aims to make
43 content accessible to readers by including invited commentaries to put research in context, press
44 releases, and article key points. As an online-only publication, *JAMA Network Open* will provide
45 ongoing innovations around the publishing process and dissemination of content, which will
46 benefit the entire JAMA Network as the landscape around scientific information continues to
47 evolve.

1 Accelerating Change in Medical Education (ACE)

2

3 The major accomplishments of the ACE Consortium that work toward reimagining medical
4 education, training, and lifelong learning for the digital age include:

5 o Celebrated the completion of the original five-year grant period
6 o All 32 consortium member institutions have committed to continue to collaborate, and will
7 invite new members.
8 o Consortium innovations impact over 19,000 students throughout the US
9 A significant output of the consortium is the increasing incorporation of health systems science into
10 medical education. Training in health systems science will prepare physicians to lead in another
11 critical area of AMA's focus: *Attacking the dysfunction in health care by removing obstacles and*
12 *burdens that interfere with patient care.*

13 o The Health Systems Science textbook, published by Elsevier in December 2016, has sold
14 more than 4,300 copies and is used at more than two dozen academic institutions, both
15 consortium and non-consortium members.
16 o The Health Systems Science Review book was completed in 2018 and will be published by
17 Elsevier in April 2019.
18 o The consortium is developing the Health Systems Science Learning Series of online
19 modules which will be used by medical students to learn health systems science topics.
20 o The inaugural Health Systems Science Faculty Development Workshop was held in
21 September 2018 for medical school faculty to learn how to teach health systems science.
22 Subsequent workshops are being planned.

23

24 The AMA awarded 15 Innovation grants of \$10,000 to \$30,000 to schools that will further the
25 work to transform medical education.

26

27 The AMA announced the launch of and requested proposals for the Reimagining Residency
28 Initiative. This \$15 million program will provide grants to projects that will transform graduate
29 medical education to better train young physicians to meet the changing needs of patients,
30 communities and our dynamic health care system.

31

32 Journal of Ethics

33

34 The *AMA Journal of Ethics* website was completely redesigned and relaunched in July 2018,
35 making it more user friendly and accessible. For example, educators of medical students or resident
36 physicians are now able to filter and download content based on the ACGME core competencies or
37 by medical specialty area.

38

39 Augmented Intelligence

40

41 In 2018, our House of Delegates approved a new policy outlining the use of augmented intelligence
42 in health care and medicine. The policy outlines important considerations for design, evaluation,
43 implementation and oversight of AI systems use in health care. The AMA remains committed to
44 ensuring the evolution of AI occurs in a manner that benefits patients, their physicians, and the
45 health care community.

1 *Improving the health of the nation*

2 Opioids

3 While the opioid epidemic continues to have a devastating effect on our nation, the AMA Opioid
4 Task Force notes progress as the result of its efforts, including:

- 5 o Between 2013 and 2017, the number of opioid prescriptions decreased by more than 55
6 million, or 22.2 percent.
- 7 o The number of physicians trained/certified to provide buprenorphine in-office continues to
8 rise - more than 55,000 physicians are now certified - a 17,000+ increase since April 2017.
- 9 o Naloxone prescriptions more than doubled in 2017, from approximately 3,500 to 8,000 per
10 week.
- 11 o More than 549,000 physicians and other health care professionals completed continuing
12 medical education trainings and accessed other Federation education resources in 2017.

13 Congress provided nearly \$4 billion for prevention, treatment and law enforcement efforts, and
14 reached agreement on additional comprehensive legislation to address the opioid epidemic,
15 including many provisions supported by the AMA.

16 AMA's intensive technical analysis and other support was used in more than 20 states to ensure
17 state medical societies had current opioid prescribing and PDMP data to fight back against
18 mandates and overly restrictive bills as well as strengthening naloxone access and Good Samaritan
19 laws. This resulted in wins in at least 15 states in 2018 that are instrumental in reversing the opioid
20 epidemic.

21 The AMA, along with Pennsylvania Medical Society and Manatt Health, conducted a spotlight
22 analysis in Pennsylvania to demonstrate best practices on a state's response to the opioid epidemic
23 and to highlight next steps. One of the key achievements in Pennsylvania includes a landmark
24 agreement between the governor's administration and the seven largest insurers in the state, fully
25 removing prior authorization requirements for medication-assisted treatment (MAT) to treat
26 substance use disorder, and moving MAT to the lowest cost-sharing tier.

27 Access to Health Care

28 Congress provided funding for the Children's Health Insurance Plan for 10 years with strong AMA
29 support.

30 Gun Violence

31 The AMA is working to prevent gun violence by partnering with the American Foundation for
32 Firearm Injury Reduction in Medicine (AFFIRM), a physician-led nonprofit organization that aims
33 to counter the lack of federal funding for gun violence research by sponsoring gun violence
34 research with privately raised funds, and pushing Congress to fund CDC gun violence research.

35 Drug Prices

36 With AMA support, Congress banned so-called gag clauses in contracts with insurers that
37 prevented pharmacists from informing patients about less expensive options for purchasing their
38 medications.

1 Liability

2

3 The AMA secured passage of Good Samaritan liability protections for physicians responding to
4 health care needs in out-of-state disasters and emergencies.

5

6 Prediabetes Awareness

7

8 Prediabetes Campaign Refresh: In November 2018, the AMA in collaboration with the Centers for
9 Disease Control and Prevention and the Ad Council launched a new creative edition to the national
10 prediabetes public service (PSA) campaign. To date, more than one million people have self-
11 screened for prediabetes thanks to the PSA campaign. Additionally, the national public awareness
12 has increased by more than four percent since launching the national campaign two years ago.

13

14 Engagement with health care organizations

15

16 STAT Refresh: In December 2018, IHO launched a new digital Diabetes Prevention Guide that
17 helps support health care organizations in defining and implementing evidence-based diabetes
18 prevention strategies. Using a comprehensive and customized approach, this new digital experience
19 brings AMA resources to health systems to help them identify patients with prediabetes and
20 implement a type 2 diabetes prevention lifestyle change program that meets the needs of their
21 unique patient populations.

22

23 Trinity Health System Collaboration: In 2018, the AMA engaged in a multi-state chronic disease
24 prevention effort aimed at diabetes prevention with Trinity Health System, a national health system
25 serving diverse communities in 93 hospitals in 22 states. Work includes assisting Trinity leadership
26 in developing a strategic roadmap that engages physicians, care teams and residents, while also
27 recognizing the need to create community linkages.

28

29 Target: BP: Over the past year, participation in the national Target: BP initiative - a joint endeavor
30 with the American Heart Association that has a shared goal of improving blood pressure control to
31 reduce the number of Americans who have heart attacks and strokes each year - increased to more
32 than 1,600 health systems and physician practices nationwide. More than 8 million US adults are
33 now being reached because of this national effort, which launched less than three years ago. In
34 2018, we recognized more than 800 physician practices that have made prioritizing blood pressure
35 (BP) control for their patient populations a priority, with nearly 350 achieving a BP control rate
36 above 70 percent.

37

38 Eminence/Research

39

40 PCORI Grant: In collaboration with a team of researchers from UCSF, the AMA's web-based
41 version of our Blood Pressure M.A.P. QI program was selected to be tested as part of a three-year
42 PCORI grant.

43

44 NACHC Grant: In collaboration with the Centers for Disease Control and Prevention (CDC) and
45 the National Association of Community Health Centers (NACHC), the AMA was selected in
46 October 2018 to help establish up to three health center control networks across the country that
47 will leverage health information technology to address undiagnosed high blood pressure and
48 cholesterol, improve blood pressure control in African Americans, and use self-measured blood
49 pressure (SMBP) monitoring to improve blood pressure control in all adults with hypertension
50 through 2019.

1 ACPM Grant: In collaboration with CDC and American College of Preventive Medicine (ACPM),
2 the AMA was selected in October 2018 to help up to three health care organizations address the
3 needs of disproportionately affected populations to identify adults with prediabetes and refer those
4 with the condition to evidenced-based Diabetes Prevention Programs through 2019.

5
6 The IHO team published nine papers in leading journals including the *American Journal of*
7 *Preventative Medicine, Hypertension, and International Journal of Healthcare.*

8
9 *Communications*

10
11 The AMA rose to the top of critical debates on immigration, gun violence, reimaging medical
12 education and the future of health care. In 2018, the AMA media relations team secured 65,354
13 placements across national, local and trade media - coverage that generated more than 25 billion
14 media impressions worth \$232 million in estimated publicity value.

15
16 *Membership*

17
18 Membership grew for the 8th consecutive year, with a 3.4% increase in dues paying members in
19 2018, more than double the growth rate in 2017. Growth was fueled by an innovative and award-
20 winning campaign, “Membership Moves Medicine™,” which celebrates the powerful work of
21 physician members and showcases how their individual efforts - along with the AMA - are moving
22 medicine forward.

23
24 *EVP Compensation*

25
26 During 2018, pursuant to his employment agreement, total cash compensation paid to James L.
27 Madara, MD, as AMA Executive Vice President was \$1,107,042 in salary and \$1,046,000 in
28 incentive compensation, reduced by \$2,890 in pre-tax deductions. Other taxable amounts per the
29 contract are as follows: a \$170,998 payment of prior years’ deferred compensation, \$14,478
30 imputed costs for life insurance, \$7,620 imputed costs for executive life insurance, \$2,500 paid for
31 health club fees, \$2,820 paid for parking and \$3,500 paid for a physical. An \$81,000 contribution
32 to a deferred compensation account was also made by the AMA. This will not be taxable until
33 vested and paid pursuant to provisions in the deferred compensation agreement.

34
35 For additional information about AMA activities and accomplishments, please see the “AMA 2018
36 Annual Report.”