

## REPORT OF THE SPEAKERS

Speakers' Report A-19

Subject: Recommendations for Policy Reconciliation

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1 Policy G-600.111, "Consolidation and Reconciliation of AMA Policy," calls on your Speakers to  
2 "present one or more reconciliation reports for action by the House of Delegates relating to newly  
3 passed policies from recent meetings that caused one or more existing policies to be redundant  
4 and/or obsolete."  
5

6 Your Speakers present this report to deal with policies, or portions of policies, that are no longer  
7 relevant or that were affected by actions taken at the recent meetings of the House of Delegates.  
8 Suggestions on other policy statements that your Speakers might address should be sent to  
9 [hod@ama-assn.org](mailto:hod@ama-assn.org) for possible action. Where changes to policy language will be made, additions  
10 are shown with underscore and deletions are shown with strikethrough.  
11

### 12 RECOMMENDED RECONCILIATIONS

#### 13 *Policies to be rescinded in their entirety*

14 The following directives will be rescinded in full, as the requested activity has been completed,  
15 with reports presented to the House of Delegates when required.  
16

- 17 • D-615.978, "Creation of LGBTQ Health Specialty Section Council" (to be rescinded)  
18 Our AMA will establish a Specialty Section Council on LGBTQ Health.  
19

20 This directive can be rescinded as the action has been accomplished. The glossary to the AMA  
21 Bylaws along with other documents, such as website and HOD Reference Manual note the  
22 newly established Specialty Section Council on LGBTQ Health.  
23

- 24 • D-620.988, "Analysis of American Board of Internal Medicine (ABIM) Finances" (to be rescinded)  
25  
26 1. Our AMA, prior to the end of December 2016, will formally, directly and openly ask the  
27 American Board of Internal Medicine (ABIM) if they would allow an independent outside  
28 organization, representing ABIM physician stakeholders, to independently conduct an open  
29 audit of the finances of both the American Board of Internal Medicine (ABIM), a 501(c)(3)  
30 tax-exempt, non-profit organization, and its Foundation.  
31  
32 2. In its request, our AMA will seek a formal and rapid reply from the ABIM so that issues of  
33 concern that currently exist between the ABIM and its Foundation and many members of  
34 the AMA and the physician community at large can be addressed in a timely, effective and  
35 efficient fashion.  
36  
37 3. Our AMA will share the response to this request, as well as the results of any subsequent  
38 analysis, with our AMA House of Delegates and our membership at large as soon as it is  
39 available.  
40  
41 4. Our AMA will call on the American Board of Medical Specialties and its component  
specialty boards to provide the physicians of America with financial transparency,

1 independent financial audits and enhanced mechanisms for communication with and  
2 feedback from their diplomate physicians.

3  
4 This directive was acted on in December 2016, immediately after the policy was adopted at the  
5 2016 Interim Meeting. The American Board of Internal Medicine's verbatim responses to the  
6 questions were shared with the House in an email from your Speakers on January 23, 2017.

7  
8 Policy H-515.975, "Alcohol, Drugs, and Family Violence" has been incorporated word for word  
9 into Policy H-515.965, "Family and Intimate Partner Violence," and is therefore redundant. The  
10 former will be rescinded, the latter retained.

- 11  
12 • H-515.975, "Alcohol, Drugs, and Family Violence" (to be rescinded)  
13 Given the association between alcohol and family violence, physicians should be alert to look  
14 for the presence of one behavior given a diagnosis of the other. Thus, a physician with patients  
15 with alcohol problems should screen for family violence, while physicians with patients  
16 presenting with problems of physical or sexual abuse, should screen for alcohol use. (2)  
17 Physicians should avoid the assumption that if they treat the problem of alcohol or substance  
18 use and abuse they also will be treating and possibly preventing family violence. (3) Physicians  
19 should be alert to the association, especially among female patients, between current alcohol or  
20 drug problems and a history of physical, emotional, or sexual abuse. The association is strong  
21 enough to warrant complete screening for past or present physical, emotional, or sexual abuse  
22 among patients who present with alcohol or drug problems.

23  
24 H-515.965, "Family and Intimate Partner Violence" (to be retained)

25 ...  
26 (6) Substance abuse and family violence are clearly connected. For this reason, our AMA  
27 believes that:

- 28 (a) Given the association between alcohol and family violence, physicians should be alert  
29 for the presence of one behavior given a diagnosis of the other. Thus, a physician with  
30 patients with alcohol problems should screen for family violence, while physicians  
31 with patients presenting with problems of physical or sexual abuse should screen for  
32 alcohol use.  
33 (b) Physicians should avoid the assumption that if they treat the problem of alcohol or  
34 substance use and abuse they also will be treating and possibly preventing family  
35 violence.  
36 (c) Physicians should be alert to the association, especially among female patients,  
37 between current alcohol or drug problems and a history of physical, emotional, or  
38 sexual abuse. The association is strong enough to warrant complete screening for past  
39 or present physical, emotional, or sexual abuse among patients who present with  
40 alcohol or drug problems.

41  
42 *Policies dealing with the AMA-convened Physician Consortium for Performance Improvement®*  
43 *(AMA-PCPI®)*

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45 Several policies deal with the AMA-PCPI which was initially established as a program of the  
46 AMA. The AMA-PCPI ceased all activities upon activation of an independent 501(c)(3)  
47 organization, the PCPI Foundation® (PCPI®). Consequently, some policies should be rescinded  
48 and others amended to clarify these changes and our AMA's role in the successor organization.  
49 Policies D-450.983 and D-478.974 should be rescinded as they no longer accurately reflect our  
50 AMA's roles and responsibilities. The latter policy also references activity that was concluded  
51 years ago.

- 1 • D-450.983, "Expansion of Scope of Activities of AMA Physician Consortium for Performance  
2 Improvement" (to be rescinded)  
3 Our AMA will:  
4 (1) expand the AMA Physician Consortium for Performance Improvement (Consortium) to  
5 include representatives from all national medical specialty societies and state medical  
6 societies who wish to participate;  
7 (2) expand the scope of the Consortium to include development of clinical performance  
8 measures, validation of clinical performance measures, and direction on appropriate  
9 implementation of clinical performance measures;  
10 (3) study and prepare a report to clarify the role and authority of the National Quality Forum  
11 and identify pathways that may allow the Consortium and physicians to have greater  
12 influence in the validation of clinical performance measures;  
13 (4) continue to advocate for the AMA-convened Physician Consortium for Performance  
14 Improvement (PCPI) as a leading measure development organization that addresses  
15 measures of underuse, overuse, and appropriateness;  
16 (5) continue to engage with the national medical specialty society members of the PCPI to  
17 identify topics to expand the PCPI portfolio of quality measures addressing, in particular,  
18 overuse and appropriateness;  
19 (6) engage national medical specialty societies who are leaders with the PCPI in developing  
20 measures of overuse and appropriateness to submit editorials and distribute society  
21 member communications announcing the availability and importance of these measures  
22 developed by the profession;  
23 (7) continue to seek opportunities to align measures of quality with measures of cost; and  
24 (8) ensure that the PCPI provides opportunities for active involvement by all affected  
25 specialties in the measure development and approval process.  
26
- 27 • D-478.974, "Quality Improvement in Clinical / Population Health Information Systems" (to be  
28 rescinded)  
29 Our American Medical Association will invite other expert physician associations into the  
30 AMA consortium to further the quality improvement of electronic health records and  
31 population health as discussed in the consortium letter of January 21, 2015 to the National  
32 Coordinator of Health Information Technology.  
33

34 *Obsolete references to be deleted from PCPI-related policies*  
35

36 The following two policies require minor changes to reflect our AMA's role in PCPI as well as the  
37 organization's name. Other, more substantive changes to the policies would need to be addressed  
38 through other vehicles. Renumbering of paragraphs will be accomplished as necessary. Only the  
39 relevant portion of Policy H-406.990 is quoted below.  
40

- 41 • H-406.990, "Work of the Task Force on the Release of Physician Data"  
42 Release of Claims and Payment Data from Governmental Programs  
43

44 The AMA encourages the use of physician data to benefit both patients and physicians and to  
45 improve the quality of patient care and the efficient use of resources in the delivery of health  
46 care services. The AMA supports this use of physician data only when it preserves access to  
47 health care and is used to provide accurate physician performance assessments.  
48

48 ...

- 49 (c) any physician profiling which draws upon this raw data acknowledges that the data set is  
50 not representative of the physicians' entire patient population and uses a methodology that  
51 ensures the following:

- (i) the data are used to profile physicians based on quality of care provided - never on utilization of resources alone - and the degree to which profiling is based on utilization of resources is clearly identified.
- (ii) data are measured against evidence-based quality of care measures, created by physicians across appropriate specialties, ~~such as the PCPI AMA-convened Physician Consortium for Performance Improvement....~~

- D-450.978, "~~PCPI Physician Consortium for Performance Improvement~~; Unfunded Performance Improvement Projects"

Our AMA will:

- (1) ~~continue to expand the Physician Consortium for Performance Improvement (Consortium), inviting all medical societies in the AMA House of Delegates to participate;~~
- (2) continue to promote the PCPI® ~~Consortium~~ as the leading resource for performance measures development and maintenance;
- (3) continue to advocate for appropriate implementation of performance measures;
- (4) continue to encourage the testing and evaluation of PCPI ~~Consortium~~ measures by appropriate entities;
- (5) continue to communicate organized medicine's strong objections to implementation of mandatory, unfunded performance improvement projects and offer our assistance to rectify deficiencies in these programs;
- (6) continue to promote the AMA guidelines that provide operational boundaries that can be applied to specific components of pay-for-performance programs; and
- (7) monitor the ~~newly established~~ National Quality Forum, a merger of the National Quality Forum and the National Committee for Quality Health Care, to determine its current and future scope.

The changes outlined above do not reset the sunset clock and will be implemented when this report is filed.

Fiscal Note: \$250