

Medicine's Moment of Truth

Interim Meeting 2018
Gaylord National Harbor Hotel
National Harbor, MD
November 10, 2018

James L. Madara, MD
EVP/CEO
American Medical Association

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

There's a tension in health care today that simply reflects our current surrounding chaos. Patients feel it. We feel it.

We're not sure what changes lie ahead; there's little consensus about which path will be taken.

It brings to mind a line from the 19th century novel, **Middlemarch** ... "*With dim lights and tangled circumstance, they tried to shape their thought*" ...

In times of uncertainty, people look to public trusts like the AMA to chart a course through such dim light and tangled circumstance.

So, how can we deliver this?

We can do so by striking the right balance between the urgent needs of physicians today ... while taking steps to address the needs of tomorrow.

You just heard Dr. McAneny highlight several of the ways the AMA is leading efforts around the immediate critical needs to improve the environment for patient and physicians.

But the truth is, we also have vast structural gaps, which will undoubtedly require long-term work. And if these large projects don't start with physicians, we'll find ourselves in a future where, once again, optimally supportive infrastructure is lacking.

The need to fill these gaps is fundamental – and will remain so -- regardless of what health care system exists 10 or even 20 years from now.

Gaps in how we deal with our increasing chronic disease burden ... gaps in how clinical data is organized at the point of care ... gaps in achieving true data liquidity and interoperability ... and gaps in availability of delightful tools that make more effective use of physician time.

For physicians, those two words – delightful and tools – may never have been spoken before in the same sentence!

The AMA’s work is organized as three strategic arcs — which I described last June:

- First: Reimagining medical education, training, and lifelong learning;
- Second: Improving the health of the nation by confronting the rise in chronic disease; and
- Third: Attacking the dysfunction in health care.

As you will recall, the original arcs were created from what I call the meta-signals of our policy portfolio. “Meta” since each represents a tapestry created by numerous inter-related policy threads.

Within each of these arcs there’s work for the moment ... but also work toward filling those gaps - those vast infrastructural needs.

Let me give some examples of where we are in all of this:

This fall we announced the next phase of our reinvention of medical education. First, we renewed our commitment to all 32 schools in our **Accelerating Change in Medical Education** – or ACE – consortium, fueling even more innovative approaches to medical education over the next three years.

In parallel, we launched a logical extension of this work: transforming residency training in the same way we’ve transformed medical schools. This effort will allow a more fluid transition from medical school to residency and better prepare the next generation of physicians.

In the strategic arc focused on chronic disease, the AMA’s efforts to slow or reverse the increasing prevalence of high blood pressure and diabetes is radically expanding.

More than 1,600 health systems and physician practices nationwide have now joined our efforts on **Target BP** – a joint project with the American Heart Association that has a shared goal of better blood pressure control to reduce the number of Americans with heart attacks and strokes each year. More than **8 million** people are now in this program, which we launched less than three years ago.

Last month we recognized more than 300 physician practices for achieving a control rate above 70 percent. Studies show that every 10-point reduction in blood pressure lowers the risk for heart failure and stroke by one-quarter.

To stem the rise in diabetes, we are launching a new public service campaign next week – in coordination with National Diabetes Awareness Day. And more than one

million people have so far self-screened for prediabetes thanks to our previous national campaign, created in collaboration with the CDC and the Ad Council.

In addition, the innovation company we founded in Silicon Valley -**Health2047** - has, just in the last few weeks, spunoff a new company that aspires to provide community-based, peer-to-peer coaching to help people with prediabetes make the lifestyle choices that can keep their condition from advancing.

This new company, called **First Mile Care**, is intended to fill the gap in our current health care model – a model that, by experience, seems wholly ineffective at addressing lifestyle issues related to chronic disease.

Using an Uberized approach – the right time, the right place and the right match – First Mile Care will build a network of 100,000 digitally certified lifestyle coaches across all 42,000 U.S. zip codes. These are coaches in local communities, who will deploy programs that are shown to reduce -- by half -- a patient's chances of developing type 2 diabetes.

Diabetes prevention programs have existed for nearly a decade, yet less than half of one percent of people with prediabetes in the U.S. have completed such a program – and so an approach that is scalable and easier to access is desperately needed.

First Mile Care is the second spinoff from Health2047, joining **Akiri**, which I highlighted last June. Akiri is building an inexpensive, secure, clinical data liquidity platform – another one of those infrastructural gaps that needs to be filled.

Now, key to the success of these companies is that both began by carefully defining the common frustrations physicians face, and are devising solutions with the expertise and experience of physicians.

You can learn more about each of these exciting new projects at Health2047.com and Akiri.com ... that's A-K-I-R-I dot com.

Another example of our work toward the future was unveiled at the Connected Health Conference in Boston last month: a new **Digital Health Implementation Playbook**, which provides a clear and efficient route to choosing and adopting digital health solutions in clinical practice.

This Digital Health Playbook helps map out key steps, best practices and other resources to accelerate digital health adoption – such as remote patient monitoring. The Playbook was celebrated in the biomedical technology literature over the last month and, in the first week, over twelve hundred physicians downloaded this tool.

Physicians are optimistic about the potential of digital innovations to benefit patients and improve health care, but adoption can be challenging.

That's why new solutions must facilitate, not complicate medical practice.

These solutions must save time, not take time.

As we all know, the rapid pace of change today is overwhelming many physician practices and can disrupt the delivery of care.

We gained insights into just how disruptive in a follow-up AMA-RAND study on physician payment models – released last month. This study captured with rigor the complexity of today’s clinical environment and how an over-emphasis on data entry, paperwork, insurance hassles and a multitude of payment models weighs heavily on physicians.

We want to deliver the very best care to patients but we’re wary of exposure to downside financial risk.

So, what things specifically need we improve?

Strong hints come from that **same study**: Physicians highlight the fact that they don’t receive the well-organized and timely clinical data they need to make meaningful practice improvements.

The lack of timely, trusted and better organized data -- as well as a lack of data liquidity -- all conspire to diminish the visibility of our practices. It’s like driving a car with a windshield covered in snow – no wonder physicians are wary of downside risk!

This is why we are working on a data liquidity system such as Akiri, and why we launched the **Integrated Health Model Initiative – or IHMI** - which I introduced to you at Interim one year ago.

IHMI is another example of how we’re filling the gaps that exist in health care today – drawing upon the expertise and needs of physicians to build a data model that delivers more accurate, actionable, clinically-validated, and organized data to better serve patients.

IHMI has already developed a prototype demonstrating how remote blood pressures, taken in the right context, can be captured and organized within a distant medical record, without archaic paper, faxes, or note keeping.

This coming year, as part of the model to address hypertension, IHMI will also capture often overlooked elements, such as patient goals and social determinants of health.

These are pioneering efforts that engage stakeholders across the health care industry and carry the promise of fundamentally improving how clinical data is organized, coherently presented, and appropriately shared.

Initiatives such as these, if truly foundational, should be able to attract sophisticated and experienced leaders. And they have.

The founder and CEO of First Mile Care is **Karl Ronn**, a globally successful entrepreneur and advisor to Fortune 500 companies. He also led R & D at the consumer powerhouse Procter & Gamble, where he directed new business in the health care domain.

Akiri attracted, as CEO, the health information technology pioneer, **Dave Watson**, a founder of the California Integrated Data Exchange, a former Chief Technology Officer for Kaiser Permanente, and the global head for health care strategy at Oracle.

We also successfully lured **Dr. Tom Giannulli** to lead the next phase of IHMI – Tom is both a physician and bioengineer and launched leading-edge digital companies, such as the first EHR for the iPhone – a company that was later acquired by Epocrates.

These are experienced, talented and creative people who share our goal of charting the future of medicine.

These are not trivial projects, and they will take some years to develop and implement. But imagine if we had deployed these same patient- and physician-focused approaches years ago when our current electronic platforms were being built – our health care system would be in a far better place today.

Disruptive thinking has always preceded major advancements in science and technology.

Consider this story: in the middle ages, leading astronomers believed in a geocentric model that had the earth at the center of the solar system - being orbited by the sun and the other planets.

This confounded mathematicians because it was difficult to produce the math to describe this model.

It was Copernicus who identified the correct model with the sun at the center ... and the challenges of supporting it immediately fell away because he had correctly defined it.

That story illustrates where we are in health care today.

In working toward solutions, we always have to start at the right place ... the place where the larger truth about health care exists.

This is not found at the administrative level, orbited by patients and physicians, but at the patient-physician relationship.

This relationship is the sun in our health care solar system ... the place where problems must be identified and where we must focus our solutions.

At the AMA, we will always be guided by two simple questions: What is best for our patients?

And how do we improve the clinical environment so that physicians have more time and better tools to serve their needs?

Addressing these fundamental questions is how we continue to deliver on the AMA's mission: "to promote the art and science of medicine and the betterment of public health".

Thank you.

###