

REPORT OF THE BOARD OF TRUSTEES

B of T Report 6-I-19

Subject: Physician Health Policy Opportunity
(Resolution 604-I-18)
Request to AMA for Training in Health Policy and Health Law
(Resolution 612-A-19)

Presented by: Jesse M. Ehrenfeld, MD, MPH, Chair

Referred to: Reference Committee F
Ann R. Stroink, MD, Chair

1 At the 2018 Interim Meeting, the American Medical Association (AMA) House of Delegates (HOD)
2 considered Resolution 604-I-18, “Physician Health Policy Opportunity,” introduced by Washington
3 State, which included the following three resolves:
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5 That our AMA, working with the state and specialty societies, make it a priority to give
6 physicians the opportunity to serve in federal and state health care agency positions by providing
7 the training and transitional opportunities to move from clinical practice to health policy; and
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9 That our AMA study and report back to the House of Delegates at the 2019 Interim Meeting
10 with findings and recommendations for action on how best to increase opportunities to train
11 physicians in transitioning from clinical practice to health policy; and
12
13 That our AMA explore the creation of an AMA health policy fellowship, or work with the
14 Robert Wood Johnson Foundation to ensure that there are designated physician fellowship
15 positions with their Health Policy Fellowship program to train physicians in transitioning from
16 clinical practice to health policy.
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18 The reference committee heard conflicting testimony on Resolution 604 and recommended its
19 referral. Testimony agreed that it is critical to have physicians with clinical experience serve in
20 government regulatory agencies to help shape health policy, and favored the AMA studying how
21 best to increase opportunities to train physicians in transitioning from clinical practice to health
22 policy. Testimony recommended broadening partnerships beyond the Robert Wood Johnson
23 Foundation (RWJF), and also noted that developing a health policy fellowship program can be an
24 intricate process, that should be carefully evaluated.
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26 At the 2019 Annual Meeting, the HOD considered a second resolution on a similar topic, Resolution
27 612-A-19, “Request to AMA for Training in Health Policy and Health Law,” introduced by New
28 Mexico, which asked that the AMA “offer its members training in health policy and health law, and
29 develop a fellowship in health policy and health law.” Testimony on Resolution 612 was also mixed
30 and the reference committee recommended its referral. Those testifying supported the AMA sharing
31 resources and opportunities to serve its members but were uncertain whether the AMA should
32 implement its own fellowship program.
33 This report responds to both referred resolutions. It reviews the currently available health policy
34 fellowship programs for physicians and recommends that, in lieu of Resolutions 604-I-18 and

1 612-A-19, the AMA: significantly increase its collaborative efforts with the National Academy of
2 Medicine (NAM) to make physicians aware of existing health policy fellowship opportunities and
3 help them to apply for and participate in them; engage with alumni of the existing programs and
4 provide opportunities for them to share their health policy fellowship experiences with medical
5 students, residents, fellows, and practicing physicians; and disseminate information to medical
6 students and physicians about opportunities to join the Commissioned Corps of the U.S. Public
7 Health Service.

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9 EXISTING HEALTH POLICY OPPORTUNITIES FOR PHYSICIANS

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11 The RWJF Health Policy Fellows program is funded by the RWJF but is administered by NAM.
12 Initiated in 1973, the RWJF program is for mid-career health professionals, behavioral and social
13 scientists, and others with an interest in health and health care. Fellows reside for 12 months in
14 Washington, DC, beginning in September of each year. The AMA is one of the organizations that
15 meets with the RWJF fellows during a 3.5-month orientation period at the beginning of their year
16 during which they meet with national health policy leaders, think tanks, executive branch officials,
17 and members of Congress and their staffs. Afterward, the fellows are placed in full-time positions
18 with members of Congress, a congressional committee, or the executive branch. Under the
19 supervision of the office in which they are placed, fellows:

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- 21 • Help develop legislative or regulatory proposals;
- 22 • Organize hearings, briefings, and stakeholder meetings;
- 23 • Meet with constituents; and
- 24 • Brief legislators or administration officials on various health issues.

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26 RWJF Fellows receive a stipend of \$104,000 for the year of their Washington residency. Fellows
27 who are affiliated with a sponsoring institution may have their stipends supplemented by the
28 sponsoring institution.

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30 Testimony on Resolution 604 indicated concern that the number of slots for physicians in the RWJF
31 program has been declining, but NAM data show otherwise. Physicians have always been an
32 important part of this fellowship, and 58 percent of the nearly 300 program alumni are physicians. It
33 is true that the percentage of physician *applicants* for the fellowship has been declining, but
34 nonetheless 50 percent of the 2019-20 fellows will be physicians. Physicians who apply for the
35 RWJF program fare extremely well in the selection process, so if more physicians apply, more are
36 likely to be selected.

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38 At the same time, there are some barriers to greater physician participation. It is very difficult for
39 practicing physicians to participate in a year-long, full-time, residence program in Washington, DC.
40 Academic medical centers have become less willing over time to let their medical staff members
41 leave for a year, and many physicians face pressure to continue providing billable services. The
42 \$104,000 stipend represents a payment reduction for most practicing physicians, as does the
43 transition to a policy role if they continue in health policy after their fellowship has ended.

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45 In addition to the RWJF program, NAM administers seven endowed fellowships for professionals
46 who are early in their careers, of which five are only for physicians:

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- 48 • Norman F. Gant/American Board of Obstetrics and Gynecology Fellowship;
- 49 • James C. Puffer, MD/American Board of Family Medicine Fellowship;
- 50 • Gilbert S. Omenn Fellowship (combining biomedical science and population health);
- 51 • American Board of Emergency Medicine Fellowship;

1 • Greenwall Fellowship in Bioethics;
2 • NAM Fellowship in Pharmacy; and
3 • NAM Fellowship in Osteopathic Medicine.

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5 Also, NAM's Emerging Leaders in Health and Medicine (ELHM) Scholars program annually selects
6 up to 10 early- and mid-career professionals with demonstrated leadership and professional
7 achievement in biomedical science, population health, health care and related fields for three-year
8 terms as ELHM scholars. Unlike the full-time residency required in the RWJF program, the ELHM
9 scholars continue to work at their primary institution while also participating in this NAM program.
10 Participants provide input and feedback to help shape NAM's priorities and advance its work in
11 science, medicine, policy, and health equity. Five of the 10 current ELHM scholars are physicians.

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13 Another pathway that many physicians take to become involved in public service careers in the
14 executive branch is joining the Commissioned Corps of the U.S. Public Health Service. Physicians
15 serving as Commissioned Corps officers may be found throughout the federal government, including
16 the Food and Drug Administration, Centers for Disease Control and Prevention, Centers for
17 Medicare & Medicaid Services, National Institutes of Health, and the other agencies within the U.S.
18 Department of Health and Human Services, as well as the U.S. Department of Homeland Security,
19 Federal Bureau of Prisons, and the U.S. Department of Defense. The women and men of the
20 Commissioned Corps fill essential public health, clinical, and leadership roles throughout the
21 nation's federal departments and agencies, particularly those supporting care to underserved and
22 vulnerable populations. The U.S. Surgeon General oversees the Commissioned Corps.

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24 For medical students, according to the Association of American Medical Colleges, more than 80
25 medical schools provide opportunities to pursue a master's degree in public health. Some physicians
26 also obtain their MPH degree separately from their MD degree, either before or after medical school.
27 Adding an MPH degree can be an effective means for physicians to pursue health policy careers.
28 Some medical schools with health policy departments or schools of public health also welcome
29 participation by practicing physicians in their educational programs and activities. Also, the AMA
30 Government Relations Advocacy Fellow (GRAF) program provides medical students with the
31 opportunity to be a full-time member of the AMA federal advocacy team for one year. A key goal of
32 this program is to educate medical student, resident and young physician AMA members about
33 health policy and encourage activism and leadership in local communities. To date, 15 students have
34 participated in the GRAF program.

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36 **HEALTH LAW OPPORTUNITIES FOR PHYSICIANS**

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38 In addition to training and experience in health policy, Resolution 612-A-19 also called for the AMA
39 to offer members training and develop a fellowship in health law. It would probably be considerably
40 more difficult for a mid-career practicing physician to transition to health law than health policy, as
41 the practice of health law would likely require the individual to obtain a law degree. There are many
42 physicians who pursue dual degree programs, and several universities offer joint MD/JD degree
43 programs, including the University of Pennsylvania, Duke University, University of Miami, Boston
44 University, Stanford University, and University of Virginia. Graduates of joint MD/JD programs
45 may often be found in leadership positions in federal government regulatory agencies where they can
46 use their expertise in both law and medicine.

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48 Unlike medicine's specialty board certification process, the legal profession is dominated by state
49 boards and does not offer legal specialty board certification in health law or similar topics. There are
50 interest groups for professionals who focus in this area, such as the American Health Lawyers

1 Association. There do not appear to be fellowship opportunities that would allow physicians to
2 transition to health law without obtaining a law degree.

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4 **AMA POLICY**

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6 AMA policy supports educating medical students, residents, and fellows in health policy. Policy
7 H-310.911, "ACGME Allotted Time off for Health Care Advocacy and Health Policy Activities,"
8 encourages the Accreditation Council for Graduate Medical Education and other regulatory bodies to
9 adopt policy that resident and fellow physicians be allotted additional time, beyond scheduled
10 vacation, for scholarship and activities of organized medicine, including but not limited to health
11 care advocacy and health policy. Policy H-295.953, "Medical Student, Resident and Fellow
12 Legislative Awareness," advocates that elective political science classes be offered in the medical
13 school curriculum, establishes health policy and advocacy rotations in Washington, DC for medical
14 students and residents, and states that the AMA will support and encourage institutional, state, and
15 specialty organizations to offer health policy and advocacy opportunities for medical students,
16 residents, and fellows. Policy H-440.969, "Meeting Public Health Care Needs Through Health
17 Professions Education," also states that courses in health policy are appropriate for health
18 professions education. Current AMA policies focus on training medical students, residents and
19 fellows in health policy, but the AMA does not currently have policy on mid-career physicians
20 transitioning to health policy careers.

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22 **RECOMMENDATIONS**
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24 Based upon its review of existing opportunities for practicing physicians to pursue training and
25 careers in health policy, the Board of Trustees does not believe it is necessary or desirable for the
26 AMA to offer its own training and transitional opportunities for physicians to move from clinical
27 practice to health policy. There are multiple avenues already available for physicians who wish to
28 pursue careers in health policy, whether they choose to begin down this path during medical school,
29 residency, or after some years in clinical practice. The Board does agree that the AMA should take a
30 more active role in informing physicians of these opportunities; however, and in helping them to
31 make these career choices. The Board of Trustees recommends that the following recommendations
32 be adopted in lieu of Resolutions 604-I-18 and 612-A-19 and the remainder of the report be filed.
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34 1. That our American Medical Association encourage and support efforts to educate interested
35 medical students, residents, fellows, and practicing physicians about health policy and assist
36 them in starting or transitioning to careers that involve health policy. (New HOD Policy)
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38 2. That our AMA significantly increase its collaborative efforts with the National Academy of
39 Medicine (NAM) to make physicians aware of existing health policy fellowship opportunities
40 and help them to apply for and participate in them. (Directive to Take Action)
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42 3. That our AMA engage with alumni of health policy fellowship programs and joint degree
43 programs and provide opportunities for them to share their health policy experiences with
44 medical students, residents, fellows, and practicing physicians. (Directive to Take Action)
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46 4. That our AMA include health policy content in its educational resources for members. (Directive
47 to Take Action)
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49 5. That our AMA work with the Office of the U.S. Surgeon General to disseminate information to
50 medical students, residents, fellows, and practicing physicians about opportunities to join the
Commissioned Corps of the U.S. Public Health Service. (Directive to Take Action)
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