

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

At the 2018 Interim Meeting, the American Medical Association (AMA) House of Delegates (HOD) considered Resolution 604-I-18, “Physician Health Policy Opportunity,” introduced by Washington State, which included the following three resolves:

That our AMA, working with the state and specialty societies, make it a priority to give physicians the opportunity to serve in federal and state health care agency positions by providing the training and transitional opportunities to move from clinical practice to health policy; and

That our AMA study and report back to the House of Delegates at the 2019 Interim Meeting with findings and recommendations for action on how best to increase opportunities to train physicians in transitioning from clinical practice to health policy; and

That our AMA explore the creation of an AMA health policy fellowship, or work with the Robert Wood Johnson Foundation to ensure that there are designated physician fellowship positions with their Health Policy Fellowship program to train physicians in transitioning from clinical practice to health policy.

The reference committee heard conflicting testimony on Resolution 604 and recommended its referral. Testimony agreed that it is critical to have physicians with clinical experience serve in government regulatory agencies to help shape health policy, and favored the AMA studying how best to increase opportunities to train physicians in transitioning from clinical practice to health policy. Testimony recommended broadening partnerships beyond the Robert Wood Johnson Foundation (RWJF), and also noted that developing a health policy fellowship program can be an intricate process, that should be carefully evaluated.

At the 2019 Annual Meeting, the HOD considered a second resolution on a similar topic, Resolution 612-A-19, “Request to AMA for Training in Health Policy and Health Law,” introduced by New Mexico, which asked that the AMA “offer its members training in health policy and health law, and develop a fellowship in health policy and health law.” Testimony on Resolution 612 was also mixed and the reference committee recommended its referral. Those testifying supported the AMA sharing resources and opportunities to serve its members but were uncertain whether the AMA should implement its own fellowship program.

This report responds to both referred resolutions. It reviews the currently available health policy fellowship programs for physicians and recommends that, in lieu of Resolutions 604-I-18 and

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

EXISTING HEALTH POLICY OPPORTUNITIES FOR PHYSICIANS

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

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

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

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

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

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

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

- Greenwall Fellowship in Bioethics;
- NAM Fellowship in Pharmacy; and
- NAM Fellowship in Osteopathic Medicine.

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

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

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

HEALTH LAW OPPORTUNITIES FOR PHYSICIANS

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

Unlike medicine's specialty board certification process, the legal profession is dominated by state boards and does not offer legal specialty board certification in health law or similar topics. There are 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.

3 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.

21 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
51 Commissioned Corps of the U.S. Public Health Service. (Directive to Take Action)