The AMA Policymaking Lifecycle: Turning ideas into policy and then into solutions!

Matthew Gold, MD
Chair
OMSS Policy Committee
“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, and comes short again and again, because there is no effort without error or shortcoming; but who does actually strive to do deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory nor defeat.”

President Teddy Roosevelt

*Citizenship in a Republic*

“The Man in the Arena”
So why did I decide to get into “the arena” of AMA policy?

As Teddy said over 100 years ago, you can’t impact the process if you don’t get involved!
Learning Objectives

• Outline the AMA policymaking process;
• Illustrate important AMA policymaking tools;
• Review successful AMA policymaking strategies;
• Your questions, comments and experiences, both successful and unsuccessful.
The Process

• You have an idea for a resolution that will address a policy issue or solve a practical practice problem: What do you do next?
  • Discuss it with colleagues to see what they think
  • Research current AMA policy and activity on the subject. Two important tools:
    • Policy Finder
    • AMA Federal and State Correspondence Finder

• After performing your due diligence, you conclude that an annual or interim meeting resolution is in order:
  • Your concern presents an important issue to be addressed or an important problem to be solved
  • It would contribute new, novel and important AMA Policy
The Process

• Time to draft a resolution for introduction before the OMSS Assembly or directly to the AMA House of Delegates (HOD):
  • The key resolution elements: Whereas and Resolved clauses:
    • Whereas clauses: Explain the problem
    • Resolved clauses: The “Ask”

• The resolution is introduced before the OMSS Assembly or directly to the AMA House of Delegates:
  • If to the OMSS Assembly: If adopted as presented or amended, it proceeds to the “big house” where it is referred to a reference committee and discussed/debated
  • The reference committee then makes a course of action recommendation to the AMA HOD and the resolution and recommendation is discussed/debated
Illustration – OMSS Resolution 2-I-19: Medical Center Unconditional Auto Accept Policies

**First stage:** Author’s handwritten ideas formulated at A-19 OMSS Policy Forum
The Idea: A-19
Policy Forum

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution XX
(A-19)

Introduced by: [AUTHOR]

Subject: [TITLE—Bear in mind that the title of the resolution will be the default title of any adopted policy]

Referred to: [OMSS Reference Committee—Chair]

Whereas, [insert background information and argument—use thought per "whereas" clauses];

[and] Some medical centers allow "do not accept" orders whenever a patient's capacity to care on an ongoing basis is in question.

Whereas, XXXXXX and is a requirement by available resources, in accepting facility;

Whereas, blank "do not accept" will affect patients;

RESOLVED, That our American Medical Association [insert policy position or action for AMA to take—either position or action per "resolved" clauses], and be it further;

RESOLVED, That our AMA XXXXX;

[RELEVANT AMA POLICY

[insert full text of relevant AMA policies—be sure to search AMA PolicyFinder (https://www.ama-assn.org/ama-policyfinder) to ensure your idea is not covered by existing AMA policy]

Fiscal Note: Not yet determined

Received:

can substitute
[unconditional]

[guideline]

Further, resolve that the [TAKE APPROPRIATE SUPPORTIVE STAND. FOR EXAMPLE, DECIDE ON AGREEMENT, POLICY]

[TAKE AGREEMENT, POLICY]
Second stage: Staff takes the ideas and turns them into the first draft of a resolution
Whereas, one of our AMA's three strategic arcs is abolishing the dysfunction in healthcare that
compromises a patient's need to receive care at the right place, at the right time and in the most
appropriate and cost-effective setting, and a physician's ability to provide same; and

Whereas, some medical centers have an "auto accept" policy where the Center will accept a
patient with an emergent and/or serious condition for care, regardless of the Center's capacity
to appropriately care for the patient; and

Whereas, such a blanket auto accept policy compromises both patient and staff safety; and

Whereas, such policies place profit ahead of patient and staff welfare; therefore be it

RESOLVED. That a decision on whether a medical center will have an auto accept policy be
guided by evidence-based research specific to the Center's care-giving capacity; and be it
further

RESOLVED. That the entity performing such research be independent of the medical center it is
studying; and be it further

RESOLVED. That a Center's independent medical staff also have input into whether an auto
accept policy should be instituted, given the proposed policy's impact on patient safety and care
quality

Fiscal Note: Not yet determined

RELEVANT AMA POLICY: None at this time.
Third stage: OMSS policy chair reviews staff’s work and refines it. Resolution is then sent to the author for his or her review, improvement and/or approval.
Whereas, Our AWA is pursuing strategic goals of improving health outcomes for patients, as well as improving physician satisfaction, and

Whereas, As part of the above strategic goals, abolishing the dysfunction in healthcare that compromises a patient’s need to receive care at the right place, at the right time and in the most appropriate and cost-effective setting, and a physician’s ability to provide same should be integral to this initiative, and

Whereas, Some medical centers have an “auto accept” policy where the Center will unconditionally accept a patient with an emergent and/or serious condition for care, without consideration of the Center’s capacity to appropriately care for that patient and

Whereas, Such a blanket “auto accept” policy may in some instances compromise patient safety and/or overtax staff capabilities; and

Whereas, In the opinion of many, such policies place profit ahead of patient and staff welfare; therefore be it
Fourth stage: Once the author approves, the resolution is prepared for consideration to the OMSS Assembly
Resolution: 24-19
(1-19)

Introduced by: Nita Shumaker, MD

Subject: Medical Center Unconditional Auto Accept Policies

Referred to: Organized Medical Staff Section Reference Committee
(Deirdre Wrench, MD, Chair)

1 Whereas, Our AMA is pursuing strategic goals of improving health outcomes for patients, as well as improving physician satisfaction, and

2 Whereas, As part of the above strategic goals, abolishing the dysfunction in healthcare that compromises a patient’s need to receive care at the right place, at the right time, and in the most appropriate and cost-effective setting and a physician’s ability to provide care should be integral to this initiative; and

3 Whereas, Some medical centers have an “auto accept” policy where the center will unconditionally accept a patient with an emergent and/or serious condition for care, without consideration of the center’s capacity to appropriately care for that patient; and

4 Whereas, Such a blanket “auto accept” policy may in some instances compromise patient safety and/or exceed staff capabilities; and

5 Whereas, In the opinion of many, such policies place profit ahead of patient and staff welfare; therefore be it

RESOLVED, That our AMA takes the position that a decision on whether a medical center will adopt an “auto accept” policy (ie., unconditional acceptance for care of a patient), including what limitations should apply, be taken only after a review procedure is defined, after medical and logistic study, by an entity independent of the medical facility’s administration (New HoCo Policy); and be it further

RESOLVED, That our AMA advocates for a center’s independent medical staff to be an integral party as to whether an “auto accept” policy (ie., unconditional acceptance for care of a patient) should be adopted, with what limitations, and if so, what form of implementation should be instituted, given the proposed policy’s impact on patient safety and care quality. (Direct to Task Action)

Fiscal Note: Not yet determined

Received: 10/10/2019

RELEVANT AMA POLICY: None identified.
Fifth stage: The resolution is ready to be forwarded to the House of Delegates
AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 2.1.16

Introduced by: Nita Shumaker, MD

Subject: Medical Center Auto Accept Policies

Referred to: Organized Medical Staff Section Reference Committee
(David Welsh, MD, Chair)

Whereas, Our AMA is pursuing strategic goals of improving health outcomes for patients, as well as improving physician satisfaction; and

Whereas, As part of the above strategic goals, abolishing the dysfunction in healthcare that compromises a patient’s need to receive care at the right place, at the right time, and in the most appropriate and cost-effective setting and a physician’s ability to provide same should be integral to this initiative; and

Whereas, Some medical centers have an “auto accept” policy where the center will unconditionally accept a patient with an emergent and/or serious condition for care, without consideration of the center’s capacity to appropriately care for that patient; and

Whereas, Such a blanket “auto accept” policy may in some instances compromise patient safety and/or oversaturate staff capabilities; and

Whereas, In the opinion of many, such policies place profit ahead of patient and staff welfare;

Therefore be it

RESOLVED: That our AMA study the impact of “auto accept” policies (i.e. unconditional acceptance of the care of a patient) on public health and their compliance with the Emergency Medical Treatment and Labor Act (EMTALA) in order to protect the safety of our patients, with report back at the 2020 Annual Meeting, and be it further

RESOLVED: That if a medical center adopts an “auto accept” policy, it must have been ratified, as well as overseen and/or crafted by the independent medical staff.

Final Note: Not yet determined

Received: 10/19/2019

RELEVANT AMA POLICY: None identified.
House of Delegates action

- The AMA HOD has several decisional options:
  - Reaffirmation
  - For Interim Meetings, the resolution must deal with advocacy. If not, it is held over for next year’s Annual Meeting
  - Adoption
  - Adoption as amended
  - Adoption in Lieu of
  - Not adopt
  - Referral to the AMA Board of Trustees for Report
  - Referral to the AMA Board of Trustees for Decision.

- If the AMA HOD takes any action but “Not Adopt”, how can you track your resolution’s progress to implementation?
  - HOD Status on Implementation of Resolutions and Report Recommendation Tracker
Some Tips:

• Familiarize yourself with and abide by submission deadlines and drafting format

• Resolution Whereas clauses: Explain the problem in sequential, logical fashion

• Resolution Resolved clauses: Be focused and clear on the “Ask”

• Reference committee testimony in support of your resolution:
  • Do not snatch “defeat” from the jaws of “victory”
  • Keep your testimony focused, succinct and to the point
  • Do not let the perfect be the enemy of the good
Three Policy Tools Illustrated: AMA Policy Finder

Search by policy number, keyword
Three Policy Tools Illustrated:
AMA Policy Finder

What you get out is directly related to what you put in. Example: OMSS I-19 Resolution #2: Medical Center Unconditional Auto Accept Policies

Search “Auto Accept”: 0 results
Search “EMTALA”: 12 results
Search “Patient Transfer”: 43 results
Three Policy Tools Illustrated: AMA Policy Finder

For example: Searching for EMTALA....

Emergency Medical Services

Transfer of Emergency Patients H-130.982

Topics: Emergency Medical Services
Meeting Type: Annual
Action: Reaffirmed
Council & Committees: Council on Medical Service

Policy Subtopic: NA
Year Last Modified: 2010
Type: Health Policies

Our AMA (1) supports the following principles for the transfer of emergency patients: (a) All physicians and health care facilities have an ethical obligation and moral responsibility to provide needed medical care to all emergency patients, regardless of their ability to pay; (b) an interfacility transfer of an unstabilized emergency patient should be undertaken only for appropriate medical purposes, i.e., when in the physician's judgment it is in the patient's best interest to receive needed medical service care at the receiving facility rather than the transferring facility; and (c) all interfacility transfers of emergency patients should be subject to the sound medical judgment and consent of both the transferring and receiving physicians to assure the safety and appropriateness of each proposed transfer; (2) urges county medical societies to develop, in conjunction with their local hospitals, protocols and interhospital transfer agreements addressing the issue of economically motivated transfers of emergency patients in their communities. At a minimum, these protocols and agreements should address the condition of the patient transferred, the responsibilities of the transferring and accepting physicians and facilities, and the designation of appropriate referral facilities. The American College of Emergency Physicians' Guidelines for Transfer of Patients should be reviewed in the development of such community protocols and agreements; and (3) urges state medical associations to encourage and provide assistance to their county medical societies as they develop such protocols and interhospital agreements with their local hospitals.
Three Policy Tools Illustrated:
AMA Federal and State Correspondence Finder

Search by subject, by recipient, by year or by document type
Three Policy Tools Illustrated: AMA Federal and State Correspondence Finder

Tip: Make sure you clear the filter before you begin a new search

Example: Prior authorizations

Federal and State Correspondence Finder

Refine Search: Clear filters
Recipient:
- Anthem Inc. (1)
- CMS (65)
- CVS Health (1)
- California Department of Insurance (1)
- Colorado Division of Insurance (1)
- Commonwealth of Pennsylvania Insurance Department (1)
- County Board Chairman (1)
- DEA (1)
- Department of Labor (1)

195 Results
*Enable pop-up blockers to view documents

Sign-On Letter to U.S. House of Representatives
The undersigned medical organizations remain committed to working with Congress to seek a balanced legislative solution to protect patients from unanticipated (“surprise”) medical bills that can occur when gaps in health insurance coverage lead them to receive care from out-of-network physicians or other providers.
October 16, 2019

Sign-On Letter to U.S. Senate
The undersigned medical organizations remain committed to working with Congress to seek a balanced legislative solution to protect patients from unanticipated (“surprise”) medical bills that can occur when gaps in health insurance coverage lead them to receive care from out-of-network physicians or other providers.
October 16, 2019
Three Policy Tools Illustrated: 
AMA Federal and State Correspondence Finder

February 21, 2011

Donald Berwick, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201


Dear Dr. Berwick:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to provide our comments regarding the Centers for Medicare and Medicaid Services' (CMS) advanced notice of proposed rulemaking (ANPRM)
Three Policy Tools Illustrated:
HOD Status of Implementation of Resolutions and Reports Tracker

From the HOD website, search for “Archives of the House of Delegates Meeting”

Scroll down to “Follow up from HOD Actions”
Three Policy Tools Illustrated:  
HOD Status of Implementation of Resolutions and Reports Tracker  
Organized by report or resolution number, title, HOD action and status

<table>
<thead>
<tr>
<th>Report/Resolution</th>
<th>Title</th>
<th>House Action</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOT Report 01-A-15</td>
<td>Annual Report</td>
<td>Filed</td>
<td>For Information</td>
</tr>
<tr>
<td>BOT Report 10-A-15</td>
<td>Conduct of AMA Meetings and Events</td>
<td>Recommendations to BOT Report 10-A-15 Adopted</td>
<td>The Board has approved the charter for the newly created Committee on Contact at AMA Meetings and Events. Committee for membership in this committee will be reviewed by the Board at its November meeting.</td>
</tr>
</tbody>
</table>
Discussion, Q & A, etc.

• Examples of successful strategies
• Examples of unsuccessful strategies
• Your questions, comments, etc.
• In closing, OMSS leadership and staff is always available to help:
  • Rick Abrams: rick.abrams@ama-assn.org; 312-464-5056
  • Jason Ranville: Jason.Ranville@ama-assn.org; 312-464-2537