Reference Committee F

BOT Report(s)

06 Physician Health Policy Opportunity

08 Implementing AMA Climate Change Principles Through JAMA Paper Consumption Reduction and Green Health Care Leadership

CLRPD Report(s)

01 Academic Physicians Section Five-Year Review

HOD Comm on Compensation of the Officers

01* Report of the HOD Committee on Compensation of the Officers

** Contained in Handbook Addendum*

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

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

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

AMA POLICY

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

RECOMMENDATIONS

Based upon its review of existing opportunities for practicing physicians to pursue training and careers in health policy, the Board of Trustees does not believe it is necessary or desirable for the AMA to offer its own training and transitional opportunities for physicians to move from clinical practice to health policy. There are multiple avenues already available for physicians who wish to pursue careers in health policy, whether they choose to begin down this path during medical school, residency, or after some years in clinical practice. The Board does agree that the AMA should take a more active role in informing physicians of these opportunities; however, and in helping them to make these career choices. The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolutions 604-I-18 and 612-A-19 and the remainder of the report be filed.

1. That our American Medical Association encourage and support efforts to educate interested medical students, residents, fellows, and practicing physicians about health policy and assist them in starting or transitioning to careers that involve health policy. (New HOD Policy)

2. That our 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. (Directive to Take Action)

3. That our AMA engage with alumni of health policy fellowship programs and joint degree programs and provide opportunities for them to share their health policy experiences with medical students, residents, fellows, and practicing physicians. (Directive to Take Action)

4. That our AMA include health policy content in its educational resources for members. (Directive to Take Action)

5. That our AMA work with the Office of the U.S. Surgeon General to disseminate information to 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)

Fiscal Note: Less than $5000

REPORT OF THE BOARD OF TRUSTEES

B of T Report 8-I-19

Subject:	Implementing AMA Climate Change Principles Through JAMA Paper Consumption Reduction and Green Healthcare Leadership (Resolution 615-A-19)
Presented by:	Jesse M. Ehrenfeld, MD, MPH, Chair
Referred to:	Reference Committee F

At the 2019 Annual Meeting, the House of Delegates referred Resolution 615, "Implementing AMA Climate Change Principles Through *JAMA* Paper Consumption Reduction and Green Healthcare Leadership," to the Board of Trustees. Resolution 615, introduced by the Medical Student Section, asked:

> That our American Medical Association (AMA) change existing automatic paper *JAMA* subscriptions to opt-in paper subscriptions by the year 2020, while preserving the option to receive paper *JAMA*, in order to support broader climate change efforts.

BACKGROUND

The JAMA Network contains a collection of 13 peer-reviewed, clinical research journals published by the American Medical Association, including *JAMA*, 11 specialty titles, and *JAMA Network Open.* The journals publish content online on a weekly basis, as well as in print journals on a periodic schedule (48 times per year for *JAMA*, once a month for specialty titles), except for *JAMA Network Open*, which is online only. The journals are highly prestigious with Impact Factors in the top 10 in their fields, many in the top 3, and acceptance rates for most at 10% or less. The reach of these journals is global, particularly *JAMA*, with countries outside the US accounting for approximately half of the total views. As a benefit of membership, all AMA members receive online access to the entire collection of journals in the JAMA Network. In addition, approximately 55% of members receive a print copy of *JAMA.* The overall business model for the JAMA Network consists of digital site licenses to institutions for access to the content, advertising (primarily print), and licensing/reuse of previously published content. This multifactor business model provides revenue to support the editorial and publishing operations of the JAMA Network, as well as providing funding to support overall AMA initiatives.

DISCUSSION

Over the past 15 years, the business model for Publishing has shifted from one that was previously driven by print advertising to one that is currently driven by institutional site licensing. As a result, the overall revenue mix has shifted from being 90% print to only 40% print in 2018. However, print advertising remains a key leg to the overall business model for Publishing, providing revenue to sustain the publishing and editorial functions of the journals. In addition, this revenue stream has provided funding for the development of new modes of content distribution including a mobile app, podcasts, and video content. Although digital advertising has grown along with online views, it remains a fraction ($1/7^{th}$) of the existing print revenue as growth in the broader digital ad market is

focused on search advertising, which is dominated by Google and Facebook, while traditional banner ads that run on the JAMA Network have stagnated and/or declined. *JAMA*'s print circulation of 295,000 in 2018 is a strategic benefit both to the JAMA Network as a value proposition for authors regarding the network's ability to communicate critical research as broadly as possible, and for the AMA as a consistently top-cited benefit of membership. Due to US Postal Service regulations, half of the individuals receiving print must be "requesters" in order to mail at periodical rates. Members account for 80% of this requester pool and are a key component to maintaining the overall ratio. A loss of members in print circulation would have a multiplier effect, leading to a 2-for-1 reduction in overall circulation to meet USPS regulations. This would reduce the overall reach of the journals, as well as inhibit the print advertising model, which currently provides a surplus of funds for the JAMA Network and the AMA.

CONCLUSION

Over the last 5 years, the Publishing group has reduced overall print copies by 33%, saving ~1,500 tons of paper on an annual basis, in efforts to reduce costs and paper waste. The print circulation level is evaluated on an ongoing basis and are exploring opportunities to move to digital printing, a cost-effective option to print at significantly lower quantities. The JAMA Network is now a digital-first portfolio, with most research content published online ahead of print. Along these lines and in deploying environmentally sustainable practices, the recently launched journal, *JAMA Network Open*, is an online-only title with zero print circulation. However, the breadth of circulation for *JAMA* remains a key asset for soliciting the best papers from the author community and supporting the overall business model to fund new digital-focused methods of distributing content.

RECOMMENDATION

JAMA's print circulation is a key asset, best supported by maintaining the current opt-out policy for AMA Members. However, based on the analysis that led to this report, the JAMA Network has accelerated the shift to digital printing for journals in the portfolio and will be moving forward with a pilot program to move *JAMA Surgery* to digital printing in 2020, which will reduce the overall circulation for that title by over 90%. If successful, this model will be extended as appropriate to other journals in the network to drive an overall reduction in print copies, consistent with reducing the AMA's carbon footprint.

The Board of Trustees recommends that the following be adopted in lieu of Resolution 615-A-19, and the remainder of this report be filed:

> That our American Medical Association continue to explore environmentally sustainable practices for *JAMA* distribution.

Fiscal Note: None

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

CLRPD Report 1-I-19

Subject: Academic Physicians Section Five-Year Review

Presented by: James Goodyear, MD, Chair

Referred to: Reference Committee F

AMA Bylaw 7.0.9 states, "A delineated section must reconfirm its qualifications for continued delineated section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates." AMA Bylaw 6.6.1.5 states that one function of the Council on Long Range Planning and Development (CLRPD) is "to evaluate and make recommendations to the House of Delegates, through the Board of Trustees, with respect to the formation and/or change in status of any section. The Council will apply criteria adopted by the House of Delegates."

The Council analyzed information from a letter of application submitted in June 2018 from the Academic Physicians Section (APS) for renewal of delineated section status and representation in the AMA House of Delegates (HOD). The letter focuses on activities beginning in June 2014.

APPLICATION OF CRITERIA

Criterion 1: Issue of Concern - Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group.

The APS remains the only AMA constituent group focused specifically on the perspectives of academic physicians. The APS identified the following priority issues/concerns on which the Section has focused over the last five years:

1. Academic physician wellness/burnout
2. Graduate medical education funding and sustainability
3. Business of medicine
4. Health systems science and the work of the Accelerating Change in Medical Education (ACE) Consortium

The Section listed the following issues/concerns as current priority areas, and ones that the APS will continue to focus on in the coming years, in addition to those previously listed:

1. The transition from undergraduate medical education (UME) to graduate medical education (GME)
2. Recent guidance from the Centers for Medicare & Medicaid Services (CMS) on medical student documentation
3. The Match
4. Graduate medical education

The APS provided rationales for increased focus on these issues, and outlined strategies by which the Section has attempted, and will attempt, to address them. As the transition from UME to GME will be a key focus area for the ACE Consortium moving forward, the APS will assist by providing a forum/venue for discussion of this topic and sharing of best practices among all medical schools and teaching hospitals. During the I-17 meeting, the APS held a session on the challenges and ways to improve the residency selection process. At the A-18 meeting, the APS hosted a learning and discussion session on the Accreditation Council on Graduate Medical Education's (ACGME) work to improve GME, and the APS Chair hosted a session, "Implementing the new CMS guidance on medical student evaluation and management (E/M) documentation at your institution." Future APS efforts will include educational sessions, presentations, webinars, forums for discussion and sharing of best practices, and collaboration with other AMA units to develop messaging for physician leaders in academic medical centers.

CLRPD Assessment: The APS is focused on issues that are significant and not currently being addressed through another existing AMA group. The APS is the only section that represents the perspectives of academic physicians.

Criterion 2: Consistency - Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative.

The APS works to increase awareness of the AMA's strategic focus areas, and the priority areas identified by the Section align closely with the AMA strategic direction. APS efforts have included webinars held in collaboration with the ACE Consortium, and a three-part series of educational sessions held at the 2016 Annual Meeting on physician wellness and resiliency throughout the medical education and practice continuum.

Additionally, the APS often collaborates with the AMA Council on Medical Education (CME). The APS Liaison to the CME is a key position for ensuring interchange of news/updates and collaborative work. APS meetings that occur during annual meetings of the HOD are timed to ensure no conflicts with the CME stakeholders forum. At interim meetings, the Section adjourns in sufficient time so that attendees can participate as judges in the AMA Research Symposium.

APS members have also worked to increase AMA membership through outreach to colleagues and promotion of AMA products/services of interest, such as the Academic Leadership Program, GME Competency Education Program, and FREIDA Online.

CLRPD Assessment: The APS has selected areas of focus that align closely with the AMA's strategic direction, particularly Accelerating Change in Medical Education. Additionally, the Section has worked to increase awareness of the strategic focus areas and other AMA efforts/products, and sought opportunities for collaboration on cross-cutting medical education issues and programs with other groups within the AMA.

Criterion 3: Appropriateness - The structure of the group will be consistent with its objectives and activities.

The Section on Medical Schools (SMS) was renamed the APS in June 2015 through action of the HOD. Through strategic planning reviews and nationwide surveys of academic physicians, the Section determined that the former name inhibited interest and involvement of academic physicians outside the leadership and administration of medical schools, including those serving as faculty at non-medical school affiliated medical centers and residency programs. Findings also indicated that the name implied an exclusive focus on undergraduate medical education, even though the SMS

welcomed academic physicians interested in graduate medical education and continuing medical education, as well as those who served in a clinical/research capacity with an academic medical center, community hospital, or other health care setting. Additionally, the focus on the physician's institution (i.e., medical school) rather than the physician's role (i.e., an academic physician) was seen as a barrier to expanded membership in the SMS.

Further, the HOD approved changes put forth by the Section to address membership challenges experienced by the Section and streamline the membership categories and processes of the former SMS to help increase membership and engagement. These new membership categories are now part of APS Bylaws, and are outlined later in this report.

The primary opportunities for APS members to participate in the Section occur during its biannual meetings, held in conjunction with the annual and interim meetings of the HOD. During this time, members may review medical education reports and resolutions, voice opinions, and vote on recommended APS action. Periodic emails to the APS Listserv provide news and updates on key APS and AMA activities, as well as inviting applications for leadership positions on national medical education organizations, and on the Section. Other opportunities for APS involvement include:

- Participating in the APS membership committee, formed in June 2016, with seven regionally based slots throughout the country
- Participating in the CLRPD's annual solicitation of stakeholder input on future health care trends
- Serving on committees to explore special interest topics on behalf of the Section
- Informing Section policies, products and services through participation in surveys and focus groups
- Participating in educational programming tailored to develop the knowledge, skills and attitudes that faculty physicians need to effectively prepare the next generation of physicians
- Networking and interacting with peers who have similar interests at other institutions
- Engaging with the ACE Consortium through participation in consortium-sponsored webinars and online discussions

CLRPD Assessment: The structure of the APS allows members to participate in the deliberations and pursue the objectives of the Section. The APS instituted an orientation and networking session to help new members gain an understanding of the Section's role within the AMA. The APS Listserv provides news and updates on key APS and AMA activities, and provides networking and leadership opportunities for Section members.

Criterion 4: Representation Threshold - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. The formal group would be a clearly identifiable segment of AMA membership and the general physician population. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members.

AMA member academic physicians can now seek membership in the APS through three routes:

1. Appointment by the dean of their allopathic or osteopathic medical school
2. Self-nomination as an academic physician for those with a current faculty appointment at a U.S. medical school

3. Self-nomination as a physician who does not hold a medical school faculty appointment but has an active role in student (undergraduate), resident/fellow (graduate), and/or continuing medical education, or serves in a clinical/research position with an academic medical center, community hospital, or other health care setting

Data provided by the APS show that the Section had 513 members at the time the letter of application was submitted, with the majority (157 of 176) of allopathic and osteopathic medical schools in the United States represented by at least one member.

Masterfile data provided by the Section shows the total physician population eligible for APS membership to be 20,786, and the total number of AMA members eligible for APS membership to be 2,561.

Type of Practice	**Present Employment**	**Major Professional Activity**	**Total**	**AMA members**
Medical Teaching	Any	Medical Teaching	12,408	1,368
Administration	Medical School	Administration	960	189
Direct Patient Care	Medical School	Office Based Practice	7,271	987
Non-Patient Care	Medical School	Other	147	17
			20,786	**2,561**

CLRPD Assessment: The APS has over 500 members, who represent the majority of medical schools in the country. It is comprised of members from an identifiable segment of AMA membership and the general physician population. The Section's potential membership within the AMA is over 2,500, greater than minimum threshold of 1,000 AMA members.

Criterion 5: Stability - The group has a demonstrated history of continuity. This segment can demonstrate an ongoing and viable group of physicians will be represented by this section and both the segment and the AMA will benefit from an increased voice within the policymaking body.

The APS (then the SMS) was established in 1976 to "allow more direct participation in the AMA by physician members who are active in medical school administration" (AMA Board of Trustees Report P C-76). The following table shows the attendance from the last five meetings of the APS; the average number of attendees (61 members) over the last five meetings represents over ten percent of APS membership.

Meeting	**Attendance**
June 2018	55
November 2017	34
June 2017	73
November 2016	66
June 2016	79

The APS noted that its Listserv is used to provide periodic updates to members on Section activities and news/updates, including pre-meeting invitations and post-meeting wrap-up documents, and invitations to apply for positions on national medical education organizations through the CME. This latter effort has led to greater awareness of and a significant increase in

applications to these positions. From 2016 through 1Q 2018, APS members submitted 44 of 79 applications for positions with nine external organizations.

The Section has submitted three resolutions over the last five years that have led to AMA policy. At the 2014 Annual Meeting of the HOD, the APS (then the SMS) submitted resolutions 311-A-14, "Impact of Competency-Based Medical Education Programs as Opposed to Time-Based Programs," and 312-A-14, "Assessing the Impact of Limited GME Residency Positions in the Match," which led to amendments to AMA Policies D-295.318, "Competency-Based Portfolio Assessment of Medical Students," and D-310.977, "National Resident Matching Program Reform." Resolution 312-A-14 and the resulting policy prompted the development of two reports from the CME, CME Report 3-A-16, "Addressing the Increasing Number of Unmatched Medical Students," and follow-up CME Report 5-A-17, "Options for Unmatched Medical Students." Additionally, the APS submitted Resolution 608-A-17, "Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine," which led to the creation of AMA Policy G-615.103, "Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine and Legislative Advocacy."

Further, the APS reviews, assesses and provides testimony on a wide variety of reports and resolutions related to academic medicine and medical education that are considered by the HOD during annual and interim meetings.

CLRPD Assessment: The APS has a history of more than 40 years at the AMA. In addition to the APS biannual meetings, the Section uses its Listserv to sustain member engagement in APS issues and activities. The Section has introduced or significantly contributed to resolutions and reports that resulted in new policies; therefore, the HOD has benefited from the distinct voice of the APS in its deliberations and policymaking processes.

Criterion 6: Accessibility - Provides opportunity for members of the constituency who are otherwise under-represented to introduce issues of concern and to be able to participate in the policymaking process within the AMA House of Delegates (HOD).

The APS is the only AMA component group that specifically represents the perspectives of academic physicians and works to ensure that the interests of academic physicians and medical school administrators are reflected in broader AMA policy.

At its meetings on the Fridays prior to the annual and interim meetings of the HOD, the APS Governing Council (GC) reviews all relevant business items and develops a consent calendar for consideration by the entire Section. These recommendations are shared with APS members the following morning during the APS business meeting, which provides sufficient time for review, deliberation, discussion and voting.

Through the work of the APS Liaison to the CME, as well as APS GC members appointed to serve as ex officio liaisons on various committees of the Council, the APS GC reviews and provides feedback on draft CME reports prior to HOD meetings to ensure a united front on contributions to AMA medical education policy.

Additionally, the Academic Medicine Caucus, developed by the APS Delegate in 2011, allows a larger group of current and potential APS members (i.e., those who attend the AMA HOD meeting on behalf of their state or specialty delegation and may be less likely to be involved in the activities of AMA sections) to review proposed AMA policy, including the positions of the APS on HOD business items.

CLRPD Assessment: The APS provides numerous ways for its constituents to speak on issues and business items relevant to the work of the Section, and allows more direct participation in the AMA by physician members who are active in medical school administration, and those who serve in a clinical/research position with an academic medical center, community hospital or other health care setting. The APS has introduced or significantly contributed to several resolutions/reports, which resulted in new AMA policies over the past five years. Additionally, the Academic Medicine Caucus, developed in 2011, allows a larger group of academic physicians to participate in the HOD policymaking process.

CONCLUSION

The CLRPD has determined that the APS meets all required criteria, and it is therefore appropriate to renew the delineated section status of the APS.

RECOMMENDATIONS

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Academic Physicians Section through 2024 with the next review no later than the 2024 Interim Meeting. (Directive to Take Action)

Fiscal Note: Less than $500

REPORT OF THE HOUSE OF DELEGATES COMMITTEE
ON COMPENSATION OF THE OFFICERS

Report I-19

Subject: Report of the House of Delegates Committee on Compensation of the Officers

Presented by: Richard A. Evans, MD, Chair

Referred to: Reference Committee F

This report by the committee at the 2019 Interim Meeting presents several recommendations. It also documents the compensation paid to Officers for the period July 1, 2018 thru June 30, 2019 and includes the 2018 calendar year IRS reported taxable value of benefits, perquisites, services, and in-kind payments for all Officers.

BACKGROUND

At the 1998 Interim Meeting, the House of Delegates (HOD) established a House Committee on Trustee Compensation, currently named the Committee on Compensation of the Officers, (the "Committee"). The Officers are defined in the American Medical Association's (AMA) Constitution and Bylaws. (Note: under changes to the Constitution previously approved by the HOD, Article V refers simply to "Officer," which includes all 21 members of the Board among whom are the President, President-Elect, Immediate Past President, Secretary, Speaker of the HOD and Vice Speaker of the HOD, collectively referred to in this report as Officers.) The composition, appointment, tenure, vacancy process and reporting requirements for the Committee are covered under the AMA Bylaws. Bylaws 2.13.4.5 provides:

> The Committee shall present an annual report to the House of Delegates recommending the level of total compensation for the Officers for the following year. The recommendations of the report may be adopted, not adopted, or referred back to the Committee, and may be amended for clarification only with the concurrence of the Committee.

At A-00, the Committee and the Board jointly adopted the American Compensation Association's definition of total compensation which was added to the Glossary of the AMA Constitution and Bylaws. Total compensation is defined as the complete reward/recognition package awarded to an individual for work performance including: (a) all forms of money or cash compensation; (b) benefits; (c) perquisites; (d) services; and (e) in-kind payments.

Since the inception of this Committee, its reports document the process the Committee follows to ensure that current or recommended Officers compensation is based on sound, fair, cost-effective compensation practices as derived from research and use of independent external consultants, expert in Board compensation. Reports beginning in December 2002 documented the principles the Committee followed in creating its recommendations for Officer compensation.

At A-08, the HOD approved changes that simplified compensation practices with increased transparency and consistency. At A-10, Reference Committee F requested that this Committee recommend that the HOD affirm a codification of the current compensation principle, which

occurred at I-10. At that time, the HOD affirmed that this Committee has and will continue to base its recommendations for Officer compensation on the principle of the value of the work performed, consistent with IRS guidelines and best practices as recommended by the Committee's external independent consultant, who is expert in Board compensation.

At A-11, the HOD approved the alignment of Medical Student and Resident Officer compensation with that of all other Officers (excluding Presidents and Chair) because these positions perform comparable work.

Immediately following A-11, the Committee retained Mr. Don Delves, founder of the Delves Group, to update his 2007 research by providing the Committee with comprehensive advice and counsel on Officer compensation. The updated compensation structure was presented and approved by the HOD at I-11 with an effective date of July 1, 2012.

The Committee's I-13 report recommended and the HOD approved the Committee's recommendation to provide a travel allowance for each President to be used for upgrades because of the significant volume of travel in representing our AMA.

At I-16, based on results of a comprehensive compensation review conducted by Ms. Becky Glantz Huddleston, an expert in Board Compensation with Willis Towers Watson, the HOD approved the Committee's recommendation of modest increases to the Governance Honorarium and Per Diems for Officer Compensation, excluding the Presidents and Chair, effective July 1, 2017. At A-17 the HOD approved modifying the Governance Honorarium and Per Diem definition so that Internal Representation, greater than eleven days, receives a per diem.

At A-18, based on comprehensive review of Board leadership compensation, the HOD approved the Committee's recommendation to increase the President, President-elect, Immediate Past-President, Chair and Chair-elect honoraria by 4% effective July 1, 2018.

At I-18 and A-19, the House approved the Committee's recommendation to provide a Health Insurance Stipend to President(s) who are under Medicare eligible age when the President(s) and his/her covered dependents, not Medicare eligible, lose the President's employer provided health insurance during his/her term as President. Should the President(s) become Medicare eligible while in office, he/she will receive an adjusted Stipend to provide insurance coverage to his/her dependents not Medicare eligible.

CASH COMPENSATION SUMMARY

The cash compensation of the Officers shown in the following table will not be the same as compensation reported annually on the AMA's IRS Form 990 because Form 990s are based on a calendar year. The total cash compensation in the summary is compensation for the days these officers spent away from home on AMA business approved by the Board Chair. The total cash compensation in the summary includes work as defined by the Governance Honorarium and Per Diem for Representation including conference calls with groups outside of the AMA, totaling 2 hours or more per calendar day as approved by the Board Chair. Detailed definitions are in the Appendix.

The summary covers July 2018 to June 30, 2019.

AMA Officers	Position	Total Compensation	Total Days
Grayson W Armstrong, MD, MPH	Resident Officer	$ -	2.5
Susan R Bailey, MD	Speaker, House of Delegates	$ 89,700	69
David O Barbe, MD, MHA	Immediate Past President	$ 284,960	96.5
Willarda V Edwards, MD, MBA	Officer	$ 65,650	45
Lisa Bohman Egbert, MD	Vice Speaker, House of Delegates	$ -	2
Jesse M Ehrenfeld, MD, MPH	Chair-Elect & Young Physician Officer	$ 207,480	104.5
Scott Ferguson, MD	Officer	$ 71,500	54.5
Sandra Adamson Fryhofer, MD	Officer	$ 83,200	68
Gerald E Harmon, MD	Immediate Past Chair	$ 86,450	67
Patrice A Harris, MD, MA	President-Elect	$ 288,210	185
William E Kobler, MD	Officer	$ 86,450	62
Russell WH Kridel, MD	Secretary	$ 78,000	66
Barbara L McAneny, MD	President	$ 290,160	189
William A McDade, MD, PhD	Officer	$ 78,000	59.5
Mario E Motta, MD	Officer	$ 66,950	39
Bobby Mukkamala, MD	Officer	$ 74,100	56
Albert J Osbahr, III, MD	Officer	$ 78,000	52.5
Jack Resneck, Jr, MD	Chair	$ 280,280	97.5
Ryan J Ribeira, MD, MPH	Resident Officer	$ 65,000	49
Karthik V Sarma, MS	Medical Student Officer	$ 113,750	91
Bruce A Scott, MD	Vice Speaker, House of Delegates	$ 71,500	64
Sarah Mae Smith	Medical Student Officer	$ -	6.5
Michael Suk, MD, JD, MPH, MBA	Officer	$ -	2.5
Georgia A Tuttle, MD	Officer	$ 84,500	58
Willie Underwood, III, MD, MSc, MPH	Officer	$ -	2
Kevin A Williams, MSA	Public Board Member	$ 66,950	50

President, President-Elect, Immediate Past President, and Chair
In 2018 – 2019, each of these positions received an annual Governance Honorarium which was paid in monthly increments. These four positions spent a total of 568.5 days on approved Assignment and Travel, or 142 days each on average.

Chair-Elect
This position received a Governance Honorarium of approximately 75% of the Governance Honorarium provided to the Chair.

All other Officers
All other Officers received cash compensation, which included a Governance Honorarium of $65,000 paid in monthly installments. The remaining cash compensation is for Assignment and Travel Days that are approved by the Board Chair to externally represent the AMA. These days were compensated at a per diem rate of $1,300.

Assignment and Travel Days

The total Assignment and Travel Days for all Officers (excluding the President, President-Elect Immediate Past President and Chair) were 1070.5; this includes reimbursement for telephonic representation meetings for external organizations that are 30 minutes or longer during a calendar day and total 2 or more hours. These are reimbursed at ½ of the current per diem rate. During this reporting period, there were 16 reimbursed calls, representing 8 per diem days.

EXPENSES

Total expenses paid for the period, July 1, 2018 – June 30, 2019, $882,074 compared to $798,212 for the previous period, representing a 10.5% increase. This includes $3,644 in upgrades for Presidents' travel per the approved Presidential Upgrade Allowance of $2,500 per position per term.

BENEFITS, PERQUISITES, SERVICES, AND IN-KIND PAYMENTS

Officers are able to request benefits, perquisites, services, and in-kind payments, as defined in the "AMA Board of Trustees Standing Rules on Travel Expenses." These non-taxable business expense items are provided to assist the Officers in performing their duties:

- AMA Standard laptop computer or iPad
- iPhone
- American Express card (for AMA business use)
- Combination fax/printer/scanner
- An annual membership to the airline club of choice offered each year during the Board member's tenure
- Personalized AMA stationary, business cards and biographical data for official use

Additionally, all Officers are eligible for $305,000 term life insurance and are covered under the AMA's $500,000 travel accident policy and $10,000 individual policy for medical costs arising out of any accident while traveling on official business for the AMA. Life insurance premiums paid by the AMA are reported as taxable income. Also, travel assistance is available to all Officers when traveling more than 100 miles from home or internationally.

Secretarial support, other than that provided by the AMA's Board office, is available up to defined annual limits as follows: President, during the Presidential year, $15,000, $5,000 each for the President-Elect, Chair, Chair-Elect and Immediate Past President per year. Secretarial expenses incurred by other Officers in connection with their official duties are paid up to $750 per year per Officer. This is reported as taxable income.

Travel expenses incurred by family members are <u>not</u> reimbursable, except for the family of the incoming President at the Annual Meeting of the HOD.

Calendar year taxable life insurance and taxable secretarial fees reported to the IRS totaled $41,292 and $26,250 respectively for 2018. An additional $12,125 was paid to third parties for secretarial services during 2018.

METHODOLOGY

The Committee commissioned a comprehensive review of Officer compensation, excluding leadership, since it has been three years since the last compensation review. The purpose of this review was to refresh the Committee's knowledge of market conditions related to Board compensation, to ensure the Officers are compensated appropriately for the work performed on behalf of the AMA and that the structure of Officer compensation aligned with current trends in for-profit Board compensation. The Committee also continues to be interested in reviewing and refining its compensation practices for increased simplification and transparency.

To complete the compensation review, the Committee retained Becky Glantz Huddleston, of Willis Towers Watson. Ms. Huddleston is an expert in Board compensation and works with both for-profit and not-for-profit organizations. The firm she works for, Willis Towers Watson, is one of the largest, most prestigious and well-respected compensation consulting firms.

The Committee's review and subsequent recommendations for Officer compensation are based on the principle of the value of the work performed, as affirmed by the HOD and the following additional guidelines:

- Compensation should be based on the value expected by the AMA from its Officers.
- Compensation should take into account that the AMA is a complex organization when comparing compensation provided to Board members at for-profit organizations and at complex not-for-profit organizations of similar size and activities.
- Compensation should reflect a balance of volunteerism while also compensating Officers for level of fiduciary responsibilities and time commitment of the role.
- Compensation should be aligned with the long-term interests of AMA members.
- Compensation should reinforce choices and behaviors that enhance effectiveness.
- Compensation should be approached on a comprehensive basis, rather than as an array of separate elements.

The process the Committee followed along with the aforementioned principles is consistent with the guidelines recommended by the IRS for determining reasonable and competitive levels of Officer compensation.

Ms. Huddleston and the Committee developed their recommendations based on:

- The current compensation structure.
- Review and analysis of Officer compensation data for the past three terms.
- Pay practices for Boards of Directors at for-profit and not-for-profit organizations similar to the AMA who pay their Board members.
- A collaborative, deliberative and objective review process.

FINDINGS

The Committee notes that Officers continue to make significant time commitments in supporting our AMA in governance and representation functions. Given the amount of time required of Board members, it is important that individuals seeking a position on the Board be aware of the scope of the commitment and the related compensation.

In reviewing the Officer Compensation data for the past three terms, the Committee and its consultant first reviewed the time commitment of the non-leadership Officers. This review showed

that the time commitment for Board-related work was generally consistent among the non-leadership Officers with the variability in the honorarium days due to travel, committee meetings which vary by Board committee and committee orientation. Internal representation had more variability than Board-related work and External Representation was the most variable.

The Committee and its consultant also reviewed the current structure of Officer compensation to ensure that the structure appropriately compensates the Officers for the number of days worked and the varied time commitment of each Officer. The analysis compared the Officer compensation for the 2018/2019 term under the current definition which compensates Officers via a Per Diem for Internal Representation days above eleven with a hypothetical scenario where all internal representation days were included in the Governance Honorarium. The conclusion of this analysis is that the current structure appropriately compensates the Officers for the varied time commitments in Internal Representation. The analysis further demonstrated that the current structure addresses the variable time commitment of the Immediate Past Chair role.

External compensation data from both for-profit and not-for-profit organizations was reviewed. For-profit Board compensation data was sourced from the National Association of Corporate Directors (NACD) 2018-2019 survey of organizations with revenue between $50M - $500M. This data indicated for-profit Board compensation consisted of both a pay and stock component. The Committee's external consultant noted that not-for-profit organizations do not have the ability to grant stock awards and therefore do not necessarily intend to be competitive with the for-profit sector from the perspective of total compensation. While AMA's Governance Honorarium was close to the median cash compensation, it was well below the total Board compensation due to absence of stock awards.

The consultant collected and analyzed data from not-for-profit organizations determined to be of similar size and complexity as the AMA, AMA's not-for-profit peer group. This information was collected from Form 990 filings, generally for 2017. This data showed that AMA non-leadership Officers spend significantly more time on internal Board and representation when compared to the peer group. Further analysis to adjust for the variance in time commitments showed that AMA's Governance Honorarium was significantly lower than the peer group. Since the 2016 assessment, the compensation data of for-profit and not-for-profit organizations showed an average increase of slightly over 7%.

There is no good external comparison for Per Diem pay for External Representation for non-leadership Officers given the unique nature of this function at the AMA. However, the Per Diem amount has not changed since 2016 and the Committee used the data from the not-for-profit peer group Governance Honorarium comparison to directionally inform them.

The Committee balanced simplicity, transparency and comparability with internal and external compensation data and the total cost of governance to the AMA when recommending the modest increases to the Governance Honorarium and Per Diems. This Committee is recommending an increase of approximately 3%, or approximately 1% per year, to both the Honorarium and Per Diem, effective July 1, 2020.

RECOMMENDATIONS

The Committee on Compensation of the Officers recommends the following recommendations be adopted and the remainder of this report be filed:

1. That there be no change to the current Definitions effective July 1, 2018 as they appear in the Travel and Expenses Standing Rules for AMA Officers for the Governance Honorarium, Per Diem for Representation and Telephonic Per Diem except for the Governance Honorarium and Per Diem amounts as recommended in 2, 3 and 4 below.

- Definition of Governance Honorarium effective July 1, 2017:
  The purpose of this payment is to compensate Officers, excluding Board Chair, Chair-Elect and Presidents, for all Chair-assigned internal AMA work and related travel. This payment is intended to cover all currently scheduled Board meetings, special Board or Board committee, subcommittee and task force meetings, Board orientation, Board development and media training, and Board conference calls, and any associated review or preparatory work, and all travel days related to all such meetings. The Governance Honorarium also covers Internal Representation, such as section and council liaison meetings (and associated travel) or calls, up to eleven (11) Internal Representation days.

- Definition of Per Diem for Representation effective July 1, 2017:
  The purpose of this payment is to compensate for Board Chair-assigned representation day(s) and related travel for Officers, excluding Board Chair, Chair-Elect and Presidents. Representation is either external to the AMA, or for participation in a group or organization with which the AMA has a key role in creating/partnering/facilitating achievement of the respective organization goals such as the AMA Foundation, PCPI, etc., or for Internal Representation days above eleven (11). The Board Chair may also approve a per diem for special circumstances that cannot be anticipated such as weather-related travel delays.

- Definition of Telephonic Per Diem for Representation effective July 1, 2017:
  Officers, excluding the Board Chair, Chair-Elect and Presidents, who are assigned as the AMA representative to outside groups as one of their specific Board assignments or assigned Internal Representation days above eleven (11), receive a per diem rate for teleconference meetings when the total of all teleconference meetings of 30 minutes or longer during a calendar day equal 2 or more hours. Payment for these meetings would require approval of the Chair of the Board.

2. That the Governance Honorarium for all Board members excluding, Board Chair, Board Chair-elect, President, President-elect, and Immediate Past President be increased effective July 1, 2020 to $67,000. (Directive to Take Action)

3. That the Per Diem for Chair-assigned representation for all Board members excluding the Board Chair, Chair-Elect and Presidents and related travel be increased effective July 1, 2020 to $1,400 per day. (Directive to Take Action)

4. That the Per Diem for Chair-assigned Telephonic Per Diem for Representation be increased effective July 1, 2020 to $700 as defined. (Directive to Take Action)

Fiscal Note: Estimated annual cost of Recommendations 2, 3 and 4 is $49,950 based on data reported for July 1, 2018 through June 30, 2019. This cost represents the impact of the Governance Honorarium increase ($2,000 for each of the 16 non-leadership Officers), the Per Diem increase ($100 per day) and the Telephonic Per Diem increase ($50 per teleconference meeting as defined).

APPENDIX

POSITION	**GOVERNANCE HONORARIUM**
President	$ 290,160
Immediate Past President & President-Elect	$ 284,960
Chair	$ 280,280
Chair-Elect	$ 207,480