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**Address to the AMA House of Delegates
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COVID-19 is a Painful Validation of our Long-term Vision for Health Care

Mister Speaker, members of the board, delegates, colleagues:

When we gathered in San Diego one year ago -- in person and under very different circumstances -- the debate focused on the alarming increase in vaping and e-cigarette use among teens ... the proliferation of mobile health applications -- some good, some otherwise ... and the administration's concerning policies toward refugees and the treatment of immigrants along the southern border.

None of us foresaw what the next 12 months would bring.

The work of the AMA is long-term and policy driven. Progress takes place each day, one foot in front of the other.... in the halls of Congress, with state regulatory bodies, and through the courts.

But on occasion, a crisis of scale -- unanticipated -- appears. A crisis that requires nimbleness and flexibility of response. A crisis like the pandemic of 2020.

There are many lessons to be learned from this pandemic ... some painful, some illuminating.

For me, COVID-19 revealed that AMA's long-term strategic framework ... our vision for health care ... is on the right track. In fact, this framework powers our immense work to meet the challenge of this pandemic.

So, in a sense, the pandemic validates the direction of our work.

Our three strategic arcs ... first, removing obstacles that interfere with patient care ... second, driving the future of medicine by reimagining medical education, including life-long learning ... and third, confronting chronic disease and other public health crises... this foundational work of the AMA ... was revealed to be as relevant and urgent for COVID as it was one year ago.

Intersecting with these three arcs are three shared accelerators: advocacy, health equity and innovation ... which amplify and scale the work of each arc.

COVID-19 exposed gaps, inefficiencies and inequities within our health system. And it identified elements that our system must better incorporate.

Take telemedicine, for example. Physicians are often early adopters of technology, whether robotic surgery, remote patient monitoring, or telehealth.

The secret sauce for adoption by physicians is that the technology must work as intended ... that

it's efficient for physicians ... that it's effective for patients ... and that it protects or improves, rather than worsens, health equity.

Prior to COVID-19, we witnessed a movement toward telehealth use.

But the use of telehealth exploded in the early days of the pandemic.

Almost overnight, many physicians re-orientated large swaths of their practices toward telehealth.

To navigate this new world, physicians turned to the AMA.

At the federal level, AMA advocacy pushed to eliminate barriers to widespread adoption of telemedicine; work that removed restrictive limits on where a patient could be located to receive telehealth services.

With AMA's urging, CMS changed these and other restrictions, opening up the world of telemedicine to millions more patients. We are now urging to remove these restrictions permanently.

The AMA also worked to ensure that physicians were compensated for remote care in order to recognize the demonstrated value of remote interactions.

In April, the AMA launched an online Telehealth Implementation Playbook.

And we helped launch a pilot collaborative - The Telehealth Initiative – involving groups of physician practices. This an effort to refine and test best practices for telehealth implementation ... best practices that can then be scaled.

More than 90 percent of physicians connected remotely with at least some patients in 2020, an inflection point that promises to shape delivery far into the future.

We are also analyzing how practices can best incorporate two very different workflows – this to inform the hybrid practices of the future that will need to best blend face-to-face with virtual visits.

And we'll work to ensure that the challenges of efficacy, efficiency, and equity – along with privacy – are smoothly incorporated. As with all digital health, we must also make sure that every community and demographic benefits.

Similarly, COVID-19 has magnified the importance of our work to prevent chronic disease ... highlighting, for example, the need for better population blood pressure control in order to diminish vulnerability to stressors such as COVID.

We've seen over the last nine months show factors that increase risk – hypertension as one example – have produced far more serious affects of COVID-19. Minoritized communities have

suffered in far greater numbers than other communities ... another painful story of this pandemic.

The reasons for this alarming imbalance are complex, but relate to and underscore the persistent inequities throughout both our health system and broader society. Inequities that place historically marginalized groups on unequal footing, severely limiting their ability to access the care they need.

The work to address social determinants of health is foundational to the AMA's Center for Health Equity. Work of this Center helped raise awareness of the devastating health effects of structural racism.

Since the earliest days of this pandemic, our Center for Health Equity has called for comprehensive data collection by race and ethnicity to define the impact of COVID-19 on individual communities – information necessary to construct countering actions.

To help practices address the risk of lack of blood pressure control, the AMA released a reference guide for physicians and care teams to train their patients for self-measured blood pressure monitoring.

AMA's Integrated Health Model Initiative is simultaneously developing a digital tool to collect, analyze and organize such self measured pressures.

We also teamed with the American Heart Association and Essence Magazine on a new national campaign to advocate for improved heart health for Black women and their families.

We know from AMA's own collaborative research, recently published in JAMA, that hypertensive patients with health insurance have nearly twice the rate of blood-pressure control as those without insurance coverage. This undergirds and reaffirms our policies advancing coverage. That analysis also revealed that patients who have regular visits with their physicians are much more likely to have blood pressure controlled.

Physician practices continue to be under severe economic pressure from this pandemic.

Our AMA's own nationwide survey physicians that shows medical practices have experienced a crippling 32 percent drop in revenue thanks to COVID-19.

AMA has responded by helping secure more than 175 billion dollars in financial support to help with these struggles.

We also fast-tracked a series of new CPT codes and modifiers to assist public health responses in their understanding of the pandemic, and now are working on codes for the emerging vaccines.

And, as part of our ever-growing COVID-19 Resource Center, we created tools and content, including support and guidance to help physicians combat the enormous pandemic-related stress - the latest chapter in our years-long effort toward mitigation of physician burnout.

COVID-19 has tested all of us – and the full measure of its impact on physicians, on health care, and on society won't be known for some time.

But the urgency and the challenges of this pandemic tell us that AMA's strategy is on the right path.

It validates all that we are working to achieve.

And it brings new meaning to our mission to promote the art and science of medicine and the betterment of public health.

Thank you.

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