

REPORTS OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following reports were presented by Shannon Pryor, MD, Chair:

1. INTERNATIONAL MEDICAL GRADUATES SECTION FIVE-YEAR REVIEW

Reference committee hearing: see report of Reference Committee F.

**HOD ACTION: RECOMMENDATIONS ADOPTED
REMAINDER OF REPORT FILED**
See Policy G-615.003

The Council analyzed information from a letter of application submitted in June 2019 from the International Medical Graduates Section (IMGS) for renewal of delineated section status and representation in the AMA House of Delegates (HOD). The letter focuses on activities beginning in June 2014.

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.”

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 IMGS is the only group within the AMA that represents and promotes the interests of physicians who have graduated from medical schools outside the United States or Canada. The IMGS serves its constituents by bringing critical IMG professional issues to the forefront of organized medicine and by providing targeted educational and policy resources.

The mission statement of the IMGS includes the following objectives:

- Represent the views of IMGs in the AMA HOD
- Increase the impact of IMG viewpoints in organized medicine
- Promote IMG participation and visibility at all levels of organized medicine
- Establish two-way communications between grassroots IMGs and organized medicine

During the last five years the following priority issues have been the focus of the IMGS:

- Licensure Parity – 34 states have separate and unequal graduate medical education (GME) requirements for U.S. medical graduates and IMGs and there are significant variations in the GME requirements between states. The IMGS continuously collaborates with staff of the AMA Advocacy Unit to work toward uniformity of licensure requirements for IMGs and graduates of U.S. and Canadian medical schools, including eliminating any disparity in the years of GME required for licensure and a uniform standard for the allowed number of administrations of licensure examinations. The IMGS worked with the Advocacy Resource Center to develop a model resolution for states to achieve licensure equality between U.S. medical graduates and IMGs. Several states have adopted this policy.
- Immigration – The IMGS works with the AMA Washington D.C. office to stay abreast of the immigration issues that affect the J-1 Visa Waiver and Conrad 30 Waiver programs for IMGs practicing in underserved areas. Congressional bills that allow for expansion of the Conrad 30 program beyond the assigned 30 slots are monitored on a regular basis. Reauthorizations of the Conrad 30 bill have resulted in more than 16,000 physicians practicing

in underserved areas. Additionally, the IMGS has authored or contributed to a total of 17 resolutions and reports that have been adopted by the AMA HOD regarding the Conrad 30 and J-1 Visa Waiver programs.

- Graduate Medical Education Expansion – Thousands of qualified IMGs (many who are U.S. citizens or permanent residents) have been unable to enter the physician workforce due to the number of GME positions being capped by Congress in 1994. Simultaneously, the physician workforce shortage continues to grow. The section's legislative priority has been to call for an increase in the number of GME positions to help alleviate the physician workforce shortage and increase access to care for patients.
- Discrimination – Discriminatory issues have been addressed by the IMGS through resolutions submitted to the HOD, educational sessions, open forums, webinars, employment contract guidelines and the filing of amicus briefs. Some professional issues addressed include the Bachelor of Medicine and Bachelor of Surgery (MBBS) degree equivalent; licensure disparity; disparities in the residency selection process; and visa issues related to delays, denials, caps and green card backlogs. The IMGS has worked with AMA staff to communicate with the U.S. Citizenship Immigration Services and U.S. congresspeople regarding these issues.

CLRPD assessment: The IMGS provides the only formal structure for physicians who graduated from medical schools outside the United States and Canada to participate directly in the deliberations of the HOD and the activities of the AMA. The section's areas of focus are of specific concern to IMGs, and the IMGS works to ensure that the unique viewpoints of IMGs are represented in organized medicine.

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 IMGS has worked to connect its activities to the AMA's strategic goals. Some efforts have included the launch of a digital community that has hosted approximately 15 online discussions on issues connected to the AMA's strategic direction, such as improving health outcomes, solutions to a healthier nation and health equity. More than 700 members signed up for the digital community in the first six months of its existence, and discussions have led to more than 25,000 pageviews and comments by physician members.

The IMGS also collaborated with the Improving Health Outcomes group on awareness campaigns that provide outreach and information to underserved areas on blood pressure and diabetes. In 2019, the IMGS collaborated with the Medical Student and Resident and Fellow Sections to participate in the AMA Research Symposium/Expo for the eighth consecutive year. During the event, Educational Commission for Foreign Medical Graduates (ECFMG)-certified physicians who are awaiting residency showcase research for adjudication by expert physician panels.

The IMGS strives to equip physician leaders with the knowledge, skills, resources and opportunities to influence organized medicine. The Busharat Ahmad, MD Leadership Development Program has been available at each Annual and Interim Meeting since 2008 and aims to provide participants with skills to become more effective leaders. Several sessions qualified physicians for *AMA PRA Category 1 Credit™*.

In addition, members of the IMGS serve as AMA ambassadors to champion the value of AMA membership and publicize AMA work. IMGs also participate in the Members Move Medicine campaign, helping to demonstrate the value of the AMA and IMGS and carry the AMA message forward.

CLRPD Assessment: The IMGS has worked to align its goals and activities with the strategic direction of the AMA. The section collaborates regularly with other AMA groups and units to develop and participate in programs that support the AMA's strategic goals while avoiding duplication of effort and resources.

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

Nearly 6,000 IMGS members participate in some aspect of the business of the IMGS by attending meetings; participating in webinars, digital communities, committees, elections and/or online reference committees; responding to surveys; and/or participating at ethnic society meetings and exhibits.

The IMGS provides opportunities for its members to participate in the policymaking process biannually during annual and interim meetings of the HOD. An online member forum allows section members an opportunity to comment on

and ratify reports and resolutions in advance of each meeting. The section has established deadlines for member input, which allows time for review by the Resolution and Policy Committee and IMGS members. Resolution guidelines and a checklist are provided to members via newsletters and the section's web page. All resolutions are vetted by section delegates, the Resolution and Policy Committee and the governing council (GC).

Elections for the IMGS GC are held annually and provide another mechanism for IMG members to become involved in section governance. Nominations are reviewed and scored by the IMGS nominating committee, which is comprised of section members. This process results in a roster of candidates for elections. The IMGS GC directs the section's agenda, endorses section members for leadership positions within the AMA and other organizations, carries out the policies and actions adopted by the IMGS, and works with AMA leaders to ensure alignment with the AMA strategic plan.

CLRPD Assessment: The IMGS provides a variety of opportunities for its members to participate in the activities of the section and the AMA policymaking process. The GC is elected by and from the section's membership. The IMGS structure is consistent with the objectives of this section.

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.

Members of the IMGS are graduates of medical schools outside the United States or Canada. IMGs who join the AMA automatically become members of the IMGS. Involvement in the IMGS GC, committees, meetings and events require that a physician be a current AMA member.

The IMGS membership increased from approximately 37,000 to 43,554 members from 2014 to 2019. IMGS members represent 17.4% of AMA membership and account for 24.9% of all physicians in the United States, according to CLRPD Report 1-A-19, "Demographic Characteristics of the House of Delegates and AMA Leadership." Per that same report, the potential membership of the IMGS, i.e., all IMGs in the United States, is 306,782.

CLRPD Assessment: The IMGS is comprised of members from an identifiable segment of AMA membership and the general physician population. This group represents more than 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 IMG Advisory Committee became a section in 1997. The IMGS has averaged approximately 77 attendees at each section meeting since 2015. IMGS meetings and events are promoted via section newsletters, AMA Morning Rounds, 75 ethnic society partners and 25 IMG state chair groups. An ECFMG membership category was created to include early career physicians seeking assistance and support from the IMGS. This membership category includes approximately 5,000 ECFMG-certified physicians awaiting residency. From 2015 to 2018, IMG Symposium meetings averaged approximately 65 attendees and yielded 12 new AMA members.

Since its inception, the IMGS has authored over 115 resolutions addressing a broad range of IMG issues. Since 2014, the section has introduced 17 resolutions to our AMA HOD. New policies adopted by the HOD resulted in letters from the AMA being written to legislators on the topics of expansion of GME positions through alternative funding and the green card backlog for immigrant physicians on H-1B Visas; the development of educational programs during annual and interim meetings on competency and aging physicians; the creation of resources to help IMGs participate in organized medicine; and IMGS collaboration with the Council on Medical Education to communicate with management of the National Residency Matching Program on the issue of bias in the Electronic Residency Application Service.

Additionally, the IMGS has collaborated or will collaborate with other AMA units on HOD reports on topics including competency and aging physicians, physician burnout and wellness, legalization of the Deferred Action for Legal Childhood Arrival (DACA), and the grandfathering of qualified applicants practicing in U.S. institutions with restricted medical licensure.

CLRPD Assessment: The IMGS has a history of more than 20 years with the AMA and continues to seek out opportunities to grow membership and engagement. The AMA HOD benefits from the distinct voice of the section; activities of the IMGS have led to the creation of policy and AMA activities addressing issues of relevance to IMGS.

Criterion 6: Accessibility – Provides opportunity for members of the constituency who are otherwise underrepresented to introduce issues of concern and to be able to participate in the policymaking process within the AMA HOD.

The IMGS addresses issues that affect IMGS and creates opportunities for its members to engage in the policymaking process. According to CLRPD Report 1-A-19, IMGS make up 17.4% of AMA members and 22.9% of all physicians and medical students yet comprise only 6.7% of delegates and 9.2% of alternate delegates, demonstrating a significant level of underrepresentation in the AMA's policymaking body.

Section members have the opportunity to submit resolutions, as well as participate on committees and an online member forum. All resolutions are vetted by section delegates, the Resolution and Policy Committee and the GC. The section's Resolution and Policy Committee meets via teleconference biannually to discuss policymaking ideas that have been submitted, and authors of resolutions are invited to participate in each teleconference. IMGS members may also voice their opinions on policy initiatives during business meetings, reference committee hearings and IMGS caucuses. The online forum allows for both commenting on and ratification of resolutions, and has generated significant activity, averaging over 1,000 comments and approvals per year from 2015-2018 (a new process and subsequent delayed promotion hampered participation in 2019). The section makes resolution guidelines and a checklist available to members via newsletters and their web page. The IMGS also provides an opportunity for other sections and councils to provide input on resolutions being considered for annual and interim meetings, which are shared with the IMGS GC.

CLRPD Assessment: The IMGS provides opportunities for members of its constituency who are otherwise underrepresented to introduce issues of concern and participate in the HOD policymaking process.

CONCLUSION

The CLRPD has determined that the IMGS meets all criteria; therefore, it is appropriate to renew the delineated section status of the section, allowing the continued focused representation of IMGS members in the HOD.

RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the International Medical Graduates Section through 2025 with the next review no later than the 2025 Annual Meeting and that the remainder of this report be filed.

2. ORGANIZED MEDICAL STAFF SECTION FIVE-YEAR REVIEW

Reference committee hearing: see report of Reference Committee F.

**HOD ACTION: RECOMMENDATIONS ADOPTED
REMAINDER OF REPORT FILED**
See Policy G-615.003

The Council on Long Range Planning and Development (CLRPD) analyzed information from a letter of application submitted in June 2019 from the Organized Medical Staff Section (OMSS) for renewal of delineated section status and representation in the AMA House of Delegates (HOD). The letter focused on activities beginning in June 2014.

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.”

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 OMSS addresses matters concerning hospital and health system medical staffs and, more generally, issues facing physicians, whether employed or in private practice, practicing within the hospital setting. Major concerns/issues addressed by the OMSS include, but are not limited to:

- Medical staff self-governance and the physician-hospital relationship;
- Medical staff functions such as credentialing, privileging, peer review, etc.;
- Physician protections such as due process rights, etc.;
- Quality improvement in the hospital setting;
- Hospital accreditation standards [Medicare's Conditions of Participation (CoPs) and deeming authorities] and other hospital-related regulatory and legislative matters;
- Hospital management models, such as co-management service line agreements and other joint management arrangements;
- Development of physician leaders in the hospital setting;
- Physician employment and contracting in the hospital setting; and
- Relationships between independent and employed members of the medical staff.

The OMSS empowers physicians affiliated with medical staffs to improve patient outcomes and physician experience, and to otherwise effect positive change in their practice environments. OMSS membership is open to AMA members selected by their hospital or health system medical staffs to represent the interests and concerns of their medical staff peers at biannual OMSS meetings and to serve as liaisons between the OMSS and local medical staffs. As an advocate, the OMSS continues to play a critical role in helping medical staffs and their physicians remove roadblocks that impede patient care.

CLRDP Assessment: The OMSS is the sole component group that focuses on issues concerning hospital and health system medical staffs, and more generally, issues facing physicians practicing within the hospital setting. The section provides a direct and ongoing relationship between the AMA and this cohort of 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.

In 2017, the OMSS updated its publication, "[AMA Physicians Guide to Medical Staff Organization Bylaws](#)"—a reference manual for drafting or amending medical staff bylaws and improved understanding of emerging issues in health care that impact the medical staff. Additionally, the OMSS has produced the following resources:

- In 2017, the section delivered the presentation, "Managing Disruptive Behavior" to a group of more than 200 medical staff professionals at a conference of the National Association of Medical Staff Services, and worked with AMA Credentialing Services to develop a [white paper](#) on the topic for distribution at medical staff professional meetings and other relevant trade shows. In 2018, the OMSS created an online education module, "[Addressing Disruptive Physician Behavior](#)," which more than 400 registrants have completed to date.
- Since 2014, Medicare's CoPs have permitted unification of multiple medical staffs across a multi-hospital system. In 2017, the section observed that medical staffs were not officially unifying, but rather were unifying some functions while leaving others separate. The OMSS coined the term "systematization" to describe this phenomenon and has educated medical staff leaders on this topic.
- The OMSS conducted a comprehensive review of AMA policy on medical staff topics that led to the adoption of new policy, [H-225.942, "Physician and Medical Staff Member Bill of Rights."](#) which outlines the responsibilities and rights of both the medical staff organization and its individual members, and explicitly stated for the first time in AMA policy why medical staffs should be self-governing.

- A physician's surrender of privileges during an investigation has always been reportable to the National Practitioner Data Base (NPDB), even when the investigation ultimately clears the physician of any wrongdoing. However, 2016 revisions to The NPDB Guidebook prompted hospitals and other reporting entities to adopt a broader definition of "investigation," which interprets any leave of absence as a "surrender of privileges." OMSS addressed this alarming change by developing protective model medical staff bylaws language and a whitepaper to educate physicians on processes they should follow when taking a leave of absence or surrendering privileges.

Medical staff leaders, other physician members of the medical staff, hospital/health system administrators, health care law attorneys, medical staff professionals, state/specialty medical society leadership and staff, and other stakeholders look to the OMSS for guidance on the section's major concerns and other issues. Examples of OMSS collaborative efforts include the following:

- OMSS works closely with the National Association of Medical Staffing Services (NAMSS) on credentialing and privileging issues to ensure physician and resident interests are protected and the processes become as streamlined as possible.
- The section is working closely with the American Board of Medical Specialties (ABMS) as it begins implementation of a study of recommendations to revamp the Maintenance of Certification (now called Continuing Board Certification) process.
- Other Federation organizations, such as the American College of Surgeons regularly seek the section's advice on issues impacting upon OMSS members and their colleagues.

OMSS work continues to be in alignment with the AMA's three strategic arcs, for example:

- Input from OMSS medical staff representatives assist in guiding the AMA's work in the management of chronic diseases.
- The medical staffs and individual medical staff members are on the front line of care delivery to identify scientific and clinical expertise that future physicians must learn. Equally important, it is many of these physicians who will continue to mentor newly minted physicians.
- As educator and advocate to health system/hospital/medical group medical staffs and their physicians, the OMSS is focused on issues concerning physicians and health care systems. OMSS medical staff representatives report back to AMA on the activities that create roadblocks to the delivery of patient care and that detract from the joy of medical practice.

CLRPD Assessment: The OMSS serves its constituents by bringing unique professional issues to the forefront of organized medicine and by providing targeted educational and policymaking resources. Additionally, the section has selected areas of focus that align closely with the AMA's strategic direction and other AMA efforts/products and has sought opportunities for collaboration on cross-cutting issues and programs with other organizations.

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

Prior to 2016, membership in the OMSS was reserved for physicians who had been officially selected to represent their medical staffs at OMSS business meetings. While supportive of this representative model, OMSS was concerned that it might be impairing the section's ability to engage physicians by limiting interaction with the AMA to a maximum of just one physician per medical staff. In 2016, OMSS decoupled "membership" in the section from voting rights at OMSS business meetings, expanding eligibility from physicians officially representing their medical staffs to all physicians who belong to a medical staff. However, voting and other rights (e.g., introducing business, making motions, serving in elected positions) remain limited to certified OMSS representatives.

In 2018, OMSS launched a comprehensive recertification process in which OMSS representatives were required to reconfirm their continuing status as the representative of the medical staff on file. This process resulted in the decertification of a substantial number of representatives, most of whom had retired or who simply failed to respond to multiple email and phone inquiries from section leadership and staff. While the recertification effort reduced the

number of OMSS representatives to 137, the section has been diligent to rebuild its membership, growing the number of certified representatives by 17% (24 representatives) since 2018.

Section members are offered a wide range of opportunities to participate in OMSS activities. Although the Annual and Interim Meetings of the HOD are the most obvious of these opportunities, the section actively promotes the notion that one need not attend meetings to contribute to the work of OMSS and provides a variety of opportunities for between-meeting engagement, for example:

- OMSS committees: education (expanded in 2015 to include non-governing council members, policy (established in 2018), membership and engagement (established in 2018);
- Online member forum enables all representatives to contribute to the policymaking activities of the section, regardless of whether they can attend meetings;
- Quarterly conference calls update representatives on the work of the section;
- Surveys gauge representatives' interest in potential topics for future education programs;
- Surveys provide a voice to representatives in the section's strategic planning activities;
- Peer-to-peer outreach program for members who wish to contribute to recruitment efforts;
- Calls to action on vital legislative and regulatory issues (e.g., Joint Commission field reviews); and
- Weekly emails (sent to more than 800 subscribers) with relevant medical staff news.

In 2016 and 2017, the OMSS Governing Council (GC) conducted a comprehensive review of the section's work and developed a strategic framework to better focus the section's future efforts on patient outcomes and physician experience through education, advocacy, best practices and collaboration to ensure maximum impact.

CLRPD Assessment: The structure of the OMSS allows members to participate in the deliberations and pursue the objectives of the section, including opportunities for between-meeting engagement. The OMSS has decoupled membership in the section from voting rights at OMSS business meetings, which expanded membership eligibility to all physicians who belong to a medical staff. The OMSS GC developed a strategic framework to enhance the section's focus and impact of future efforts.

Criterion 4: Representation Threshold - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. 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. It is important to note this threshold will not be used to determine representation, as each new section will be allocated only one delegate and one alternate delegate in the AMA HOD.

As of the 2019 Annual Meeting of the HOD, 161 OMSS representatives had been certified as official representatives of medical staffs. Assuming an average medical staff size of 150 physicians, 15% of practicing physicians are AMA members; therefore, OMSS conservatively estimates that approximately 3,600 AMA member physicians currently are directly represented in the OMSS through their staffs' OMSS representatives.

However, OMSS assumes (conservatively) that 60% of all practicing physicians (i.e., not including medical students, residents, or retired physicians) are members of at least one medical staff. Using data from CLRPD Report 1-A-19, "Demographic Characteristics of the House of Delegates and AMA Leadership," the section can deduce that the total potential representation in the OMSS is approximately 63,000 (60% of 104,591 AMA practicing physician members who are appointed to at least one medical staff).

CLRPD Assessment: The OMSS conservatively estimates that 3,600 AMA member physicians are directly represented through their staffs' OMSS representatives, which exceeds the minimum threshold of 1,000 AMA members. Further, the total potential representation in the OMSS encompasses a significant number of AMA members.

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

Established in 1983, the OMSS submits an average of five to seven resolutions for consideration of the HOD at each meeting, over 90% of which are eventually adopted in some form. OMSS resolutions on pressing issues of medical staffs originate in one of two ways: 1) individual OMSS representatives who, through the experiences of the medical

staffs they represent; or 2) OMSS representatives acting on behalf of their state-level OMSS groups whose medical societies are not well positioned to identify a problem or address an issue for the AMA policymaking process.

In addition to OMSS annual and interim meetings, the section hosts three “Medical Staff Update” webinars each year, which have averaged 46 attendees each since 2014. In total, 76% of currently certified OMSS representatives have attended at least one live event in the last three years. The impact of each OMSS meeting is felt far beyond the individuals in attendance, as OMSS representatives are expected to report back to the medical staffs they represent on the actions of the meeting and the ongoing activities of the section. The section facilitates this task by making available, soon after each meeting, a detailed meeting summary and PowerPoint presentation that representatives use to provide updates to their medical staffs. A 2018 census of OMSS representatives found that nearly 90% of respondents frequently or sometimes report on OMSS actions and activities during their medical staff meetings. Many representatives also report back to their state and specialty medical societies.

The OMSS traditionally has communicated with its members and other individuals interested in medical staff topics through a monthly email newsletter with approximately 800 subscribers. In 2017, OMSS launched a Facebook group, which currently has 210 members, to provide a platform for members to discuss relevant topics and stay connected on a personal level. Additionally, the section is actively exploring opportunities and platforms to engage members year-round in the policymaking process.

While the OMSS continues to explore other engagement options, the section has shifted its outreach focus to two key groups: 1) peers of existing OMSS members (i.e., peer-to-peer outreach program); and 2) individuals who have engaged with the AMA through a medical staff-related resource. This focus, and communication with these groups, yielded 20 new OMSS representatives in 2018.

CLRPD Assessment: The OMSS has a long history with the AMA and since its inception has taken numerous steps to align its structure with the policymaking activities of the AMA. The section has introduced or significantly contributed to many resolutions and reports that resulted in new policies; therefore, the HOD has benefited from the distinct voice of the OMSS.

Criterion 6: Accessibility - Provides opportunity for members of the constituency, who are otherwise underrepresented, to introduce issues of concern and to be able to participate in the policymaking process within the HOD.

Although supporting data are not available, it is reasonable to surmise that most members of the HOD are members of at least one medical staff. Many OMSS representatives (over 30%) serve as AMA delegates for their state or specialty medical societies. Thus, it appears that medical staff members and their concerns are well-represented in the HOD; however, it can be difficult to usher medical staff-related resolutions through the policymaking processes of state and specialty medical societies. This is true for multiple reasons, but perhaps primarily because many of these organizations lack the time, resources and expertise necessary to develop solutions to complex and nuanced medical staff problems.

The OMSS is the recognized center of expertise within the AMA for medical staff and hospital issues; therefore, the OMSS serves as an entry point to the HOD for most resolutions addressing these matters, even though such issues directly affect a large percentage of AMA delegates. In this sense, the OMSS provides an opportunity for “underrepresented” members to introduce issues of concern and to participate in the Association’s policymaking process.

The section is a conduit for members to provide input on topics under consideration within the HOD. OMSS reviews resolutions and reports under consideration at each meeting and, in a democratic process led by the Governing Council, determines which items the section should take positions on and what those positions should be. The OMSS provides its members with opportunities to testify on behalf of the section at reference committee hearings and participate in briefing/strategy sessions before HOD reference committee hearings and during post-reference committee debriefings, both of which are open to all OMSS representatives and other AMA members interested in medical staff matters.

CLRPD Assessment: Medical staff physicians’ concerns are significant and are frequently topics of discussion in reference committees and HOD sessions. The OMSS reviews, assesses and provides testimony on a wide variety of reports and resolutions related to issues facing physicians, whether employed or in private practice, who practice

within the hospital setting. Consequently, having the perspective and expertise of the OMSS is important to the AMA when creating policy.

CONCLUSION

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

RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Organized Medical Staff Section through 2025 with the next review no later than the 2025 Annual Meeting and that the remainder of this report be filed.

3. ESTABLISHMENT OF THE PRIVATE PRACTICE PHYSICIANS SECTION

Reference committee hearing: see report of Reference Committee F.

**HOD ACTION: RECOMMENDATIONS ADOPTED
REMAINDER OF REPORT FILED**
See Council on Constitution and Bylaws Report 3

In April 2019, the Council on Long Range Planning and Development (CLRPD) received a Letter of Application from the Private Practice Physicians Congress (PPPC) requesting a change in status from a caucus to a section, the Private Practice Physicians Section (PPPS). [AMA Bylaws on Sections \(\\$7.00\)](#) define the mission of AMA sections and identify each section as fixed or delineated. This report presents CLRPD's evaluation of the proposal for the PPPS using the criteria identified by Policy G-615.001, "[Establishment and Functions of Sections](#)" in consideration of requests for establishing new sections or changing the status of member component groups.

APPLICATION OF CRITERIA

Following an initial review and discussion of the PPPC proposal for section status, the CLRPD posed additional questions to the leadership of the group for clarification of some of the information presented in its Letter of Application. This report presents each criterion followed by excerpts of the letter and PPPC leadership's response to CLRPD's request for additional information. The Council's assessment of how this information aligns with each criterion is included.

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.

According to an AMA 2018 benchmark [survey](#),¹ 2016 was the first year in which less than half of practicing physicians had an ownership stake in their practice and 2018 marked the first year in which there were fewer physician owners than employees. The findings underscore a trend of shifting ownership across physician practices. Over the last several years, the number of self-employed physicians has been on the decline. In 2018, nearly half (47.4%) of all patient care physicians were employed physicians--up 6% from 2012. In 2018, 45.9% of all patient care physicians were self-employed--down 7 points since 2012. Seven percent of physicians were independent contractors. In 2018, over half of physicians (54%) worked in physician-owned practices as an employee, owner or contractor--down from 60% in 2012. The share of physicians in solo practice dropped from 18.4% in 2012 to 14.8% in 2018. Of physicians who worked in physician-owned practices, 40% were small businesses with 10 or fewer physicians. Over the same period, the share of physicians working directly for a hospital or a practice at least partly owned by a hospital increased from 5.6% to 8%, with the share of physicians in hospital-owned practices increasing to 26.7%. While the AMA does not track specific data on private practice physicians per se, data from CLRPD Report 1-A-19² indicate that 7.7% of AMA members are solo practitioners and 1.4% of AMA members represent two-physician practices.

Established in 2008 as a caucus, the PPPC provides a dedicated forum to create awareness of private practice physician issues and strengthen the AMA's ability to represent this physician constituency. In many traditional private practice settings, physicians spend years, even decades, developing rapport with their patients and gaining an intimate knowledge of their medical history. Physicians make decisions based on their understanding of their patients' lifestyles and the effects those lifestyles have on patient health.

Over the past 12 years, through the forum and during meetings of the Congress, AMA members have identified and discussed private practice-related issues including: meeting patient expectations, remaining independent amidst rising costs of government reporting and changing reimbursement models, managing quality measures to maximize ability to meet payer requirements for reporting, managing inefficient EHR data entry without proper training and support, avoiding burnout and eliminating site of service payment differentials.

CLRPD Assessment: The proposed PPPS would be dedicated to advocacy on private practice physician policy issues, provide leadership development and educational opportunities for medical students and young physicians, and monitor trends and issues that affect private practice physicians.

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.

As a caucus, the PPPC has very limited input into the business of the HOD, namely proposing and ushering through original resolutions regarding areas of concern to private practice physicians. Except for a room at each HOD meeting, the Congress has performed all of its activities without the advantages of AMA resources. In 2014, the PPPC received grants from the Physicians Foundation to assist its funding of educational programs and activities. Since 2008, PPPC has used a free Google Group Listserv for communications with its members.

Members of the AMA Integrated Physician Practices Section (IPPS) have delivered presentations during PPPC meetings; however, the perspectives of the two groups differ in that IPPS focuses on integration of care, which often takes place in large multispecialty systems; conversely, the PPPC focuses on the preservation of independent, private practices. Additionally, PPPC has engaged with the Medical Student Section, the Resident and Fellow Section, and the Young Physicians Section and found there is an interest among members of these sections to learn more about the lifestyle and interests of private practice physicians.

The goals of the PPPS include, but are not limited to, the following:

- Providing a forum for networking, mentoring, advocacy, educational activities and leadership development for private practice physicians, young physicians, residents and medical students.
- Contributing to AMA efforts to increase membership, participation, and leadership of private practice physicians in the AMA.
- Monitoring trends, identifying and addressing emerging professional issues affecting private practice physicians.
- Enhancing outreach, communications and working relationships between the AMA and organizational entities that are relevant to the activities of the section.
- Expanding AMA advocacy on private practice policy issues such as health system reform that enables private practices to remain economically and professionally viable.

CLRPD Assessment: The PPPS would generate projects relevant to private practice physicians and physicians in training who have an interest in private practice. Improving outreach and creating new opportunities for participation among private practice physicians may incentivize non-members of this demographic to become AMA members. Within the AMA, there are no component groups solely devoted to advocacy and education related to issues that are specific to the private practice of medicine.

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

The PPPS would provide a voice for physicians who are active members of the AMA in physician-owned private practices and a forum for physicians who are interested in or committed to the concept of physician owned and controlled practices to network. The section's Credentials Committee will review all applications for membership and determine whether an applicant's practice meets the criteria for membership. The PPPS would seek to be inclusive of

AMA members; therefore, if an individual did not initially meet membership criteria, they could make a request for reconsideration by the governing council (GC).

As a section, the GC will submit nominations for elected positions of the GC, delegate and alternate delegate and allow for nominations and elections from the membership. Terms of service will be two years as proposed in the draft IOP. The GC and the delegates will meet prior to the AMA HOD meetings and at other times through the year.

The officers of the PPPS shall be the seven elected, voting members of the GC: chair, vice chair, secretary, delegate, alternate delegate, a member at-large from a practice of 1 to 8 physicians, and a member at-large from a practice of 9 to 50 physicians. Additionally, immediately upon completion of his or her term as chair, the immediate past chair shall serve, *ex officio*, as a voting member of the GC. All section members shall be eligible for election or appointment to the GC. If a GC member ceases to meet the eligibility requirements before the expiration of the term for which he or she was elected, the term of such member shall terminate, and the position declared vacant. The GC shall direct the programs and activities of the PPPS that are subject to approval by the BOT or HOD.

CLRPD Assessment: The structure of the proposed PPPS is conducive to sharing key concerns and identifying meaningful opportunities for private practice physicians, which supports the objectives of this group. In accordance with the AMA Bylaws, sections are required to have an elected GC from the voting members of the section and establish a business meeting that would be open to its members. The PPPC presently has an established online forum, which could create an avenue for a voting body to elect GC members. While the PPPC conducts a caucus at HOD meetings, as the Private Practice Physicians Section, the caucus will be restructured to mirror the assemblies used by the current delineated sections.

4. Representation Threshold - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. 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. It is important to note this threshold will not be used to determine representation, as each new section will be allocated only one delegate and one alternate delegate in the AMA HOD.

According to CLRPD Report 1-A-19, “Demographic Characteristics of the House of Delegates and AMA Leadership,” the combined number of physician members in solo (19,263) and small physician practices (3,560) is approximately 12% of AMA physician members. According to the 2018 AMA benchmark [survey](#), 47.1% of practicing physicians have an ownership stake in their practice--approximately 400,000 physicians. If AMA market share is considered to be 12% to 15%, then 48,000 to 60,000 physicians in private practice are AMA members and would be represented in the PPPS. While these numbers are estimates, the total is well above the 1,000 AMA member threshold.

CLRPD Assessment: Private practice physicians remain a substantial market segment for our AMA and this section would represent over 1,000 AMA members.

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

The PPPC became more organized as its membership grew. Since 2013, the group’s membership increased from around 50 to over 200 AMA members. Attendance at PPPC meetings ranges from 80 to 150 members--with 20 to 30 new members at each meeting. The PPPC listserv of approximately 200 participants connects the group’s membership between and during meetings. Members are very well informed on the socioeconomic facets of medicine and PPPC leadership has remained stable.

The Congress convenes subcommittees focused on education, social media and member engagement and would institute a training program for members to assume leadership roles within the section. Section status would allow the group to develop and engage members in educational programs on private practice and leadership. Previously, the PPPC organized these types of programs for medical students and young physicians, which were well attended. Section status with the support of staff, who perform multiple tasks that enhance the work of sections, e.g., engaging in research, managing communications, promoting membership growth, preparing for meetings, and facilitating the development of educational activities on topics of interest to section members would provide a formalized structure with systematic and administrative processes to ensure stability of the section.

CLRPD Assessment: Since its inception, the Congress has taken steps to align its structure with the activities of the AMA. PPPC leadership has built a solid foundation for the group, which, at this stage, would benefit from a delegate's voice to address private practice issues in the HOD. As the number of private practice physicians in the country continues to decline, the AMA's policymaking process could be strengthened by ensuring that the perspectives of these physicians are represented.

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 HOD.

AMA Masterfile data reflect the number of physicians by practice size as opposed to the number of physicians who have an ownership stake in a practice; however, it may be assumed that solo and two-physician practices are physician owned. CLRPD Report 1-A-19, "Demographic Characteristics of the House of Delegates and AMA Leadership," indicates solo practice physicians represent 15.0% and 9.7% of AMA delegates and alternate delegates respectively. Physicians in two-physician practices represent 2.2% of AMA delegates and 2.2% of alternate delegates. Even with a considerable number of physicians in the HOD, many members of these groups have an obligation to represent the priorities of their state or specialty delegations rather than issues specifically related to private practice.

Currently, the PPPC has few opportunities to provide input into the business of the HOD, namely proposing and ushering through original resolutions regarding specific areas of concern for private practice physicians. During HOD meetings, members of the Congress have developed private practice-related resolutions; however, often issues of specific concern to private practice physicians are not brought forward for discussion in the House. While many private practice physicians are active in the HOD through various delegations, the majority are from small medical practices and the AMA has neither an established community/cohort, nor institutional support to address unique issues and concerns of these physicians through the policymaking process of the HOD.

The PPPC has become recognized as a nexus for private practice physicians within the AMA. The Association would benefit from providing the PPPS with an opportunity for "underrepresented" members seeking to preserve the independent practice of medicine to introduce specific issues of concern and participate in the AMA policymaking process. As a section, the PPPS would develop a formalized policymaking process and the section would introduce resolutions, which could change the dynamic.

CLRPD Assessment: Accessibility relates to a group having an opportunity to engage in the policymaking process of the HOD with respect to their specific issues of concern. A group comprised of a large number of individuals is not necessarily guaranteed access to this process. Even with the number of private practice physicians in the HOD, many members of this group have an obligation to represent the priorities of their respective state or specialty delegations. Given the limited opportunity to present issues of concern specific to this group, the CLRPD believes it would be appropriate to afford private practice physicians with an opportunity for a focused voice on their issues of concern, which are listed on pages 2-3.

DISCUSSION

Following an initial review and discussion of the PPPC proposal for section status, the CLRPD posed additional questions to leaders of the caucus for clarification of some of the information presented in its Letter of Application for Section Status. Further, Council members engaged in numerous, extended deliberations regarding the PPPC's request and met with its leadership for discussion.

Private practice physicians often have a distinct set of experiences related to medical practice and patient care. Like other AMA member component groups, the PPPC convenes prior to HOD meetings, engages in coalition building, and provides opportunities for education and involvement. Initially, the Council was concerned that the same three physicians have been leading the Congress since its inception; however, the PPPC has thoughtfully developed a succession plan for leadership of the PPPS.

Accessibility is considered as part of the rationale for establishing sections within the Association. Policy G-615.002, "[AMA Member Component Groups](#)" states, "Delineated sections allow a voice in the house of medicine for large groups of physicians, who are connected through a unique perspective, but may be underrepresented. These sections will often be based on demographics or mode of practice." The CLRPD recognizes the continued decline in the number of independent, private practice physicians and that physician practice ownership is now below 50% among all

physicians. Granting the PPPC section status will provide the new section with a voice through a delegate who participates in HOD meetings. The CLRPD concurs that the PPPC meets all criteria; therefore, the Council recommends that the status for this member component group be changed to delineated section.

RECOMMENDATIONS

The Council on Long Range Planning and Development recommends that the following recommendations be adopted and the remainder of the report be filed:

1. That our American Medical Association transition the Private Practice Physicians Congress to the Private Practice Physicians Section as a delineated section.
2. That our AMA develop bylaw language to recognize the Private Practice Physicians Section.

REFERENCES

- 1 AMA. *Updated data on physician practice arrangements; Physician ownership drops below 50 %.* <https://www.ama-assn.org/about/research/physician-practice-benchmark-survey>
- 2 CLRPD. *Demographic Characteristics of the House of Delegates and AMA Leadership.* <https://www.ama-assn.org/system/files/2019-08/a19-clrpd-report-1.pdf>