

**Presidential Address
Annual Meeting 2022**

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A Recovery Plan for America's Physicians

Good evening, Mr. Speaker and Madame Vice Speaker, Members of the Board, delegates, colleagues and guests...as a disclaimer I am a family doctor – and I play one on TV!

I can't tell you how thrilled I am to be speaking to you in person tonight for the first time in my presidency. Ironically, it's occurring as my term comes to an end. I'm very grateful for your support during what has been a unique and challenging period for medicine, for our country, and our world.

This is also the first time I get to express, in person, my gratitude to so many. To the members of the House of Delegates for honoring me as your president. To my fellow officers and trustees—especially to Chairman Mukkamala and Presidents Bailey and Harris before me. And to the wonderful senior leadership and employees that work for the AMA—I can't begin to thank you enough as we've learned and grown throughout these difficult two years.

In the audience tonight you'll find a handful of my immediate family here in Chicago. I'm pleased to have here two of my eight grandsons, Porter and DuPre Harmon, and their grandmother, my high school classmate, girlfriend, spouse, guidance counselor and enabler-in-chief of over five decades, Linda Harmon.

Words could never fully describe how blessed I am with Linda and my family, and how absolutely lost I would be without their constant love, accommodations, and support throughout my entire career—a true example of a team in action.

As Coronavirus continues its relentless drive to infect every human being on the planet, it appears to be at the same time less threatening to those who have been vaccinated and boosted. Hospitalizations and deaths from COVID—thankfully—remain low. Still, as new Omicron sub-variants crop up and create surges, it's impossible to say where we will be later this summer and into the fall.

In several prior speaking opportunities, I compared the COVID-19 pandemic to war. Both can be a matter of life and death; both are extremely costly in human and economic terms; and the price of fighting both can often lead to physical, emotional, and financial exhaustion.

This has certainly been the case for doctors and other health care workers who have borne an outsized burden caring for the sick over the last couple of years . . . especially those on the front lines in hospitals and ambulatory settings.

Now, as COVID-19 gradually moves to endemic stages, we must work to ensure that our capacity to fight the virus remains strong . . . that our hospitals do not become overwhelmed again . . . and that the public remains vigilant about minimizing their risks through vaccination and other means.

And that we continue to recognize and remember the courageous men and women in our medical community who gave their all responding to COVID.

In the darkest days of this pandemic—amidst fear, confusion, and systems pushed to the brink—it was up to physicians to hold it all together.

And let's not forget, even apart from the pandemic, this is a challenging time to practice medicine. We are on the front lines of responding to the epidemic of gun violence in our schools, communities, and hospitals. Sometimes we are even the targets of violent attack.

We are also subject to increased government interference in the patient-physician relationship and the practice of medicine. Whether the issue is women's reproductive health, care for transgender persons, or appropriate treatments for COVID . . . the AMA demands that politicians get out of the exam room!

Despite all the challenges . . . it's physicians who are rising to this moment. Day after day. Hour after grueling hour.

It's physicians our nation turns to. For answers – for treatment – for help.

You've taken care of our nation - at great personal sacrifice . . . and it's time our nation renews its commitment to you.

We need a Recovery Plan for America's physicians. And the AMA is ready.

The Recovery Plan we've developed recognizes the sacrifices physicians have made over the past two years, and lays out concrete actions policymakers must take for physicians and the patients we serve:

- We need to expand telehealth;
- We need to reform the Medicare payment system;
- We need to stop unsafe scope of practice expansions;
- We need to fix prior authorization; and
- We need to reduce physician burnout, retain and retool the workforce, and address the stigma around mental health.

If “necessity is the mother of invention,” nowhere has that been more apparent than in the enormous shift we've experienced to remote care during this pandemic.

In March of 2020, as everything closed down, physicians discovered we had to find new ways of providing care to those who needed it. And so, 90 percent of us opted to treat patients via telehealth, half of us for the very first time!

Many patients also for the first time could receive services in the safety and comfort of their own homes. Due to AMA advocacy, CMS made changes to ensure that telehealth payment rates were equivalent to in-person services including audio-only visits—meaning a telephone call!

And then a funny thing happened: doctors and patients discovered that this wasn't such a bad idea in many circumstances. It's safe, convenient, and certainly for patients, less time consuming than a visit to the office. In my rural community, patients have substantial geographic barriers like rivers, swamps, and islands that contribute to long travel delays. Digital health is a godsend to these patients.

While it's not appropriate for suturing a wound or setting a broken bone, telehealth can be hugely beneficial for chronic disease management, care coordination, and especially for tele-psychiatry for a community like mine with a shortage of behavioral health resources.

We know the vast majority of patients and physicians want this type of care to continue after the declared Public Health Emergency is over. Telehealth is here to stay, and we are fighting to update our laws and regulations to reflect that fact.

Another component of our AMA's Recovery Plan is leading the charge on Medicare payment reform. Medicare physician payments are the only component of health care delivery subject to budget neutrality and have fallen 20 percent, adjusted for inflation, since 2001—an average of about one percent a year.

As a result of various legislative and regulatory provisions implemented prior to and during the COVID pandemic, we were threatened with a 10 percent cut in Medicare payments this past January.

Thanks to the pressure of the AMA and others in organized medicine, Congress acted at the last minute to avert the cuts.

This was a major victory. But we should not have to suffer this annual cliffhanger.

We need a permanent solution to end the annual battles that threaten the economic survival of physician practices ...

and we must lay the groundwork within medicine and among policymakers to address flaws and bring stability to the Medicare physician payment system. We must be able to predict financial returns with some reliability in order to invest in costly infrastructure like new technologies and treatments.

In short – we’re done with short-term patches and looming cuts. This just ain’t the way to run a railroad!

The next element of our Recovery Plan is stopping unsafe scope expansions. Quality, affordable health care is only possible with teamwork. We rely on nurses, physician assistants, and office workers to do the invaluable work they are trained to do.

My practice, for example, has a superb team of staff delivering this team-based care. We have physicians, APRNs, Physician Assistants, licensed social workers, dedicated office staff and others all under one roof.

But patients need to trust that a physician is leading their care, and leading the team. We have years’ more education, and thousands of hours’ more clinical training than other members of the team, and we’re better prepared to treat complex cases, and complications.

We can draw an analogy with aircrew shortages such as the aviation industry is currently facing, an industry with which I have some experience.

Ground crew and flight attendants play absolutely critical roles in getting airplanes off the ground and to their destinations safely. The airline industry could not function without them. But no one suggests they fly the planes or that we use them to fill the expected shortage of airline pilots.

Experience and training counts when it comes to both passenger and patient safety.

And as this is primarily a state issue, we are working with our Federation partners through the Scope of Practice Partnership to defeat the many unsafe scope expansion bills that are proposed during each state legislative session.

The next element of our Recovery Plan proposes to fix one of the burdens physicians find most frustrating: prior authorization.

In a recent AMA survey, 93 percent of physicians reported that hurdles imposed by prior authorization for medication, tests, and procedures resulted in care delays for their patients. Four out of five doctors said these processes have led patients to abandon their treatment! Can you believe it?

And navigating these hurdles is also a burden for physicians and staff, who must spend valuable patient care time doing this.

I have personally done this more times than I can count, to ensure that my patients get the care they need.

Four years ago, the AMA developed a “Consensus Statement on Improving the Prior Authorization Process” together with other national organizations representing health

plans and providers. Unfortunately, since then, insurers have done precious little to implement agreed-upon improvements.

It's time to hold them accountable!

And that's exactly what we are doing by pushing for legislative and regulatory remedies at the federal and state levels. About a dozen states now have comprehensive reforms in place, many based on the AMA's model legislation.

The final element of our Recovery Plan – and potentially the most important – is to develop a health system that retains existing physicians, attracts new physicians, and reduces burnout.

For over a decade, the AMA has worked to remove administrative barriers like prior authorization to care that can lead to burnout.

But we know solutions must go even further . . . we must find ways for physicians to address their mental health needs without fear of negative repercussions. And to practice their skills without threats of hostility or violence.

This March we took a great step forward with the passage of the *Dr. Lorna Breen Health Care Provider Protection Act*. This new law – named after a young physician who took her own life early in the pandemic -- will direct more funding and resources to support the mental health needs of physicians.

Shortly before her death, Dr. Breen had been concerned and anxious that the stigma of reaching out for help would permanently damage her career.

Friends, if we're honest, many of us might have had that same concern.

That's why the AMA is working at the state and national levels to reform outdated language on medical licensing applications and employment and credentialing applications that may be stigmatizing.

We're also supporting legislation to create confidential physician wellness programs so that physicians and medical students will have somewhere to go when they need help.

America's doctors are a precious, and irreplaceable, resource.

Physician shortages, already projected to be severe before COVID, have almost become a public health emergency. If we aren't successful with this Recovery Plan, it'll be even more challenging to bring talented young people into medicine and fill that expected shortage.

There is no easy path to becoming a doctor, but we know we must address the barriers that are keeping people out, particularly students from underrepresented communities.

- We need to reduce the amount of debt medical students must carry to complete their educations, now over 200,000 dollars, especially as we attract physicians to rural America.
- We need to expand the number of residency training slots and remove caps to Medicare-funded positions that Congress put in place long ago.
- And we need to win funding from Congress to support the creation of new medical schools and residency programs at Historically Black Colleges and Universities, Hispanic-Serving Institutions, and Tribal Colleges and Universities.

Providing pathways for more people from underrepresented communities to enter the medical profession is a key component of the AMA's health equity work that has been such a major focus of the past two years.

I am proud to have been able to play a role in advancing racial justice and health equity in medicine during my presidency. This work is long overdue and must continue.

My friends, our Recovery Plan is ambitious. But it is doable. And the AMA is here to be our unified voice to lawmakers and those in positions of power.

The Recovery Plan is how we move forward. By prioritizing and meeting the needs of physicians, we also improve patient care.

We're all better off when doctors can focus on medicine.

In each major speech of my presidency, I've asked us all to remember the words of Revolutionary War physician and Major General Joseph Warren, killed at the Battle of Bunker Hill.

He asked his countrymen to remember that their decisions and actions at that critical time in history would affect "millions yet unborn."

And so, as my term as president comes to an end, and as we push for a Recovery Plan for America's Physicians, understanding what's at stake for the future of our profession and of our patients, I ask again that we "Act Worthy of Ourselves."

I give you my solemn word that I shall endeavor to do just that each and every day. Thank you.

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