

## REPORTS OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following reports were presented by Edmond Cabbabe, MD, Chair:

### 1. SENIOR PHYSICIANS SECTION FIVE-YEAR REVIEW

*Reference committee hearing: see report of Reference Committee F.*

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

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 assessed information from the letter of application submitted by the Senior Physicians Section (SPS) for renewal of delineated section status, which is presented in the discussion section of this report.

#### APPLICATION OF CRITERIA TO THE SENIOR PHYSICIANS SECTION

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 SPS identified the following priority areas of concern as focal points of the last five years: healthy aging, transitioning to retirement/end-of-career practice patterns, physician re-entry, grassroots advocacy, and the *JAMA* Career Center. The Council asked the Section what actions have been taken on these issues, as well as the results of those activities. On the issue of healthy aging, the SPS Governing Council (GC) has offered educational programs at AMA HOD meetings on “how to keep your brain fit” and mindfulness workshops to help foster resiliency for senior physicians, as well as developing a guide of best health practices in senior independent living communities for publication on the AMA website. In 2018, the SPS assembled topics for a members-only, web-based toolkit, “How to Successfully Transition out of Medicine and into Retirement,” which included resources for transitioning to retirement as one leaves medical practice. The SPS presented educational programs on alternate licensure tracks for reentering physicians and created the State Licensure and Liability Laws grid for physicians, a state-by-state reference guide of liability laws for senior physician volunteers.

The SPS has identified several issues of concern on which to focus for the coming years including senior physician competency, hearing screening/hearing aids and dementia, COVID-19 and seniors, advance care planning and health disparity relating to ageism.

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.

For the past five years, the SPS has convened a meeting in July or August to provide GC members with an introduction to the AMA Strategic Focus areas. The Section has engaged in regular activities related to the AMA strategic arcs. In collaboration with key staff in the Improving Health Outcomes (IHO) unit, the SPS GC promoted the Diabetes Prevention Program (DPP) shortly after it was approved as a Medicare benefit. The SPS began work three years ago to expand attendance at physician health care entrepreneurial events with innovation organizations with which the AMA has an affiliation (MATTER and Health2047). The SPS GC invited the AMA Chief Medical Information Officer to speak on electronic health record (EHR) adoption for older physicians who practice in rural or underserved communities, and SPS members provided feedback on EHR adoption and how it varies across practice specialty. In 2020, the SPS identified senior physicians to participate as Medical Student Section (MSS)/SPS mentors and role

models to broaden the number of medical school campuses with an advisor. Staff worked to locate leaders at five campuses to participate as coaches in communities that may not be aware of the AMA SPS and/or the MSS.

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

The SPS made changes to their internal operating procedures in 2018 and 2020, which included:

- Clarification of continued service on the SPS GC for an Officer-at-Large member in his/her second term who is elected as SPS Chair-Elect.
- Implementation of new criteria for the Officer-at-Large position that require demonstrated experience in organized medicine to help ensure that nominees are familiar with the functions of the AMA and the House of Delegates (HOD).
- Development of a Candidate Review Committee that verifies all nominees are eligible to be placed on the general election ballot and validates election results. The SPS Immediate Past Chair leads the committee comprised of a diverse mix (specialty, geographic representation, gender, age and race/ethnicity) of volunteer members.
- Establishment of a maximum tenure of 8 years from the current 6 years for SPS GC members. This is consistent with the maximum tenure for AMA Council and Board members as well as the governing councils of several other sections.
- Expansion of criteria for the SPS delegate and alternate delegate that require attendance at two HOD meetings and participation in HOD reference committees. The GC determined that more specific and stringent criteria were needed given a large pool of candidates for these positions and for those applying with no prior HOD experience.

SPS meetings are held in conjunction with AMA HOD meetings. Each meeting includes a SPS Assembly Meeting followed by either a keynote speaker or an educational session. The SPS chooses to present CME programs, as most senior physicians who attend the meeting are still in active practice or wish to maintain their licensure. At the assembly meeting, most time is spent reviewing HOD resolutions of interest to the SPS, with a discussion of SPS positions on HOD reports and resolutions. Items are chosen in advance by the SPS delegate and alternate delegate and sent to those who register by email. Outcomes from these discussions help to identify gaps in resources and policy as well as discussion of future program topics. Meeting evaluations ask participants to rank reasons they attend the meetings to understand what resonates most with them, and that information is used by leadership to inform agendas for future meetings.

The SPS explores two signature issues with the SPS assembly at annual and interim meetings with discussion time for its members. In 2020, the SPS began a policy library, an institutional repository of current articles of interest to senior physicians published in major journals. Articles are posted to the SPS GC listserv weekly for comment. The policy committee regularly reviews the feedback to determine whether topics should become the next policy issues and to address future reports and proposals as part of its “signature issue pipeline.”

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.

The qualifying criterion for membership in the SPS is to be an AMA member physician 65 years or above. Whether physicians are working full-time, part-time or retired, the SPS represents all physician members aged 65 and over.

There are 61,895 physician AMA members aged 65 and above, according to AMA Masterfile 2020 YE data. The SPS, by definition, represents 100% of these members. There are an additional 317,181 senior physicians who are non-AMA members. Thus, SPS represented 16.3% of all senior physicians in 2020.

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.

According to AMA Masterfile YE data, in 2015 there were 53,720 AMA senior physician members, and in 2020, there were 61,895 senior physician members. The 2020 YTD retention rate for senior physicians was 91.61%, and for retired physicians, the percentage was 89.09%. The retention rate for senior physicians, which includes dues exempt

members, was the highest overall when compared to other AMA segments. The SPS works to extend physicians' careers in clinical medicine and, in many cases, facilitate re-entry into medical practice. A 2015 retired physician survey revealed that 79% of retired physicians responded that they had been a member of the AMA for 20 years or longer.

Attendance at SPS educational programs has ranged from ~100 attendees to ~200 attendees during each AMA HOD meeting and remained at those levels throughout the COVID-19 pandemic in virtual environments. The Section's primary communication vehicle is a newsletter that keeps members apprised of SPS activities and relevant news/updates for senior physicians. Communications are sent approximately once per month for physicians who have an email address in the AIMS database and have opted in (~48K physicians in 2020, up from ~42K physicians in 2018). Over the same period, both the open rate (28.3% in 2020, up from 23.5% in 2018) and click through rate (1.3% in 2020, up from 0.6% in 2018) of those communications have increased as well and the Section noted that the growth in engagement exceeds both AMA and industry standards.

The SPS described steps it has taken towards advancing membership engagement and growth:

- In 2018, the SPS participated in the AMA Members Move Medicine campaign, profiling senior physician leaders in advocacy, education, patient care and practice innovation in AMA marketing campaigns. Profiles were promoted in Morning Rounds, SPS newsletters and in banners at both the A-18 and I-18 Meetings.
- The SPS recruits AMA Ambassadors to champion the value of AMA membership and promote the work of the AMA. The Ambassador Program provides senior physicians with tools to share the impact of the AMA's work and the value of AMA membership to physicians at every stage of their career and life.
- SPS members serve as judges for the AMA's annual Research Symposium, which promotes collaboration between senior leaders and students during the meeting and facilitates mentorship opportunities.

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).

More than one-third of delegates (36.4%) and one-fifth of alternate delegates (19.4%) are senior physicians, according to CLRPD Report 1-June-21, "Demographic Characteristics of the House of Delegates and AMA Leadership." Based purely on delegate count, members of the senior physician demographic are not underrepresented in the HOD. However, as discussed in previous five-year reviews of the SPS, when serving on state and specialty delegations, physicians are obligated to represent the interests of their respective delegations, and not specifically the interests of senior physicians; the SPS, therefore, provides the appropriate structure to ensure that the concerns of senior physicians are adequately represented in the HOD.

To that end, the SPS regularly submits resolutions to the HOD and provides testimony on items of business that are of interest to the constituents of the SPS. The SPS implemented a resolution idea form to make it easier for senior physicians to introduce resolution topics, as well as a tutorial to help educate SPS members on the HOD processes and AMA PolicyFinder©. All resolution ideas are reviewed by the SPS delegate and alternate delegate and presented for the GC's approval. Resolutions are posted to an online member forum to allow viewing and comment. Senior physicians are then invited to provide testimony on the resolutions submitted. The SPS convenes a virtual teleconference twice a year to maintain open communications with SPS members across the country. Members can either submit a resolution idea or testify on behalf of items of concern to senior physicians. The testimony is then discussed on a virtual teleconference open to all SPS members to develop consensus opinions on SPS reports and resolutions. A majority vote of those present on the virtual conference call helps guide the actions of the SPS delegate when submitting items of business to the HOD for annual and interim meetings.

In conjunction with each HOD meeting, the SPS holds onsite business assembly meetings that generate an average of 60-150 people per meeting. This is open to all SPS members. The GC develops an agenda that provides an opportunity for SPS assembly members to discuss SPS-sponsored resolutions, business in the HOD Handbook relevant to the Section, educational sessions, internal operating issues, and other proposed items of interest. For any action of the assembly, a majority vote of those present constitutes an adopted action.

## CLRPD DISCUSSION

AMA Policy G-615.002, “AMA Member Component Groups,” states that “Delineated Sections will 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 AMA is well positioned to represent and address the specific interests and needs of defined physician groups, with benefits to those groups and the Association as a whole.

In the opinion of CLRPD, the SPS has created an effective structure that allows for the participation of senior physicians in the deliberations of the HOD and provides tools and educational opportunities that ensure the AMA maintains an appropriate focus on issues of concern to senior physicians. According to the U.S. Census Bureau, 16% of the U.S. population in 2021 was 65 years of age or older, and that percentage is expected to grow to 21.6% of the population by 2040. Additionally, according to 2018 CDC data, individuals who reach the age of 65 have an average life expectancy of 19.5 years; not only will senior physicians continue to represent a significant proportion of AMA membership, but that proportion is likely to grow. These data make it clear that to remain responsive to and effectively address the needs of the evolving physician demographics in the United States, the AMA must maintain a strong focus on the concerns and needs of senior physicians. The SPS provides the AMA with a centralized structure to ensure that focus, particularly in the areas of lifelong learning and healthy aging.

Educational sessions hosted by the SPS, often in conjunction with other AMA sections and councils, have been consistently well-attended, including those held virtually during the COVID-19 pandemic. Topics of these sessions in the past five years have demonstrated the Section’s commitment to addressing a variety of areas of concern relevant to senior physicians, including healthy aging (mindfulness, brain fitness, the impacts of vision and hearing loss), career issues (assessing competency of senior physicians, transitioning into retirement, understanding ageism and its impacts), and health equity (improving health outcomes for vulnerable patient populations, improving end-of-life care communication for seniors and LGBTQ elders).

To facilitate senior physician contributions to HOD deliberations, the SPS has continued to refine its processes that allow any member of the constituency to submit ideas for resolutions and to provide input on items of business proposed by the SPS and/or of concern to the SPS constituency. Notably, the SPS provides a variety of avenues to allow any of its members to contribute insight on HOD items of business, leveraging virtual teleconferencing, online forums, and onsite business meetings, which are open to all SPS members. These practices demonstrate a strong commitment to accessibility, which is perhaps especially important for the senior demographic group, members of which may, for various reasons, find it undesirable or difficult to attend in-person AMA meetings.

In the future, the Council looks forward to observing progress on newer initiatives being undertaken by the SPS. Among these are the nationwide mentorship program being piloted in conjunction with the MSS, as well as efforts to increase diversity of the SPS GC, which the SPS undertook with assistance from the AMA Center for Health Equity to recruit more diverse physicians by looking at racial and ethnic, socioeconomic, geographic, and academic/professional backgrounds. Additional initiatives include the implementation of a review mechanism to increase the scope and scale of resolution ideas for potential development, an improved format of its assembly to review SPS and HOD resolutions, and a SPS policy development committee that meets twice per year with AMA councils, sections and/or other constituencies to help educate authors about SPS positions.

In closing, the Council thanks SPS leadership, members and staff for their thoughtful work on the reapplication process, their continued contributions to ensure that the perspectives of senior physicians remain prominent in the AMA policymaking process, and all their efforts on behalf of senior physicians and patients in the United States.

## RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Senior Physicians Section through 2027 with the next review no later than the 2027 Interim Meeting and that the remainder of this report be filed.