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**Address to the AMA House of Delegates
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Why the AMA's Strategic Vision Endures

Mister Speaker, Mr. President, members of the board, delegates and guests ...

2022 is a year of milestone anniversaries for the AMA. In my remarks at our Annual Meeting in June, I celebrated our 175th anniversary and our remarkable legacy.

Today, I'll focus on another anniversary... it's been 10 years since the launch of the AMA long-range strategic plan.

When I arrived at the AMA in 2011, the search committee, composed of both members of the House and the Board, charged me with two tasks.

That the AMA ever more strongly reflect our mission statement.

And to create a long-range strategic plan since the committee recognized that our work meandered from year to year.

Additionally, our Board, in its retreat that year, added an atmospheric element to the charge: that the AMA's ultimate goal must always be impact. And for IMPACT, one needs FOCUS.

An audit of our work at that time revealed that we had over a hundred different projects, many unrelated to one another and often modest in scale. At the same time, our policy portfolio was quite broad, and policies were numerous.

By zooming out to a bird's eye view of those projects and policies – just like one does using Google earth – we could see what I'll refer to as meta-signals of House policy, as well as thematic clustering of some projects that could be better aligned and thus more focused and impactful.

Consolidating and focusing on those meta-signals was key to developing an AMA long-range strategic plan. I'll review that in a second, but first I'd like to make two related points.

First, our long-range plan is dynamic. The framework of the plan evolves based on the needs of our ever-changing health care environment. Each year, management, working with the Board and informed by the work of our Councils, refines a five-year environmental outlook. This allows us to continually shape this plan.

Second, there are always short-term needs to be attended to. While a focused, long-range strategic framework concentrates our work and increases our impact, it does not consume

one hundred percent of our effort. What better example than the COVID pandemic - there will always be unanticipated short-term needs, as well as resolutions from this House that require immediate attention.

Balancing focused, long-term needs with diverse short-term needs is the art of what we do.

So, what were the meta-signals in our policy portfolio that allowed focused work on a critical set of issues?

They'll be familiar to most of you.

This is a graphic of the strategic framework.

Bottom right ... you'll notice that the entire framework rests on a foundation of ongoing "must haves" such as membership, finance, science and public health, as well as several other essential teams.

Those foundational elements support the three strategic arcs. The arcs being listed on the left and shown on the right as the inner circle.

The arcs, in no particular order, are: **chronic disease** (confronting this public health crisis that consumes 90% of our nation's health care cost)

Professional development (which drives the future of medicine through reimagined education and life-long learning)

and... **removing obstacles that interfere with patient care** (minimizing administrative hassles and, in their place, substituting more time with our patients)

As shown on the right in the outer circle, work in the three arcs is further powered by the cross-cutting accelerators of **advocacy, equity and innovation**.

Advocacy helps memorialize progress in each arc by, for example, sculpting the regulatory domain.

Advancing health equity is how we help to ensure optimal health for all people.

And innovation is critical if we are to be an organization that goes beyond simply convening to one that does and creates.

Typically, in these presentations, I focus on updates of progress in these areas. However, my goal today is to explain the origin and evolution of the strategic framework and how it contributes to making us the leading organization that we are today.

For example, the arc of professional development – that is, driving the future of medicine

through physician education - initially focused on undergraduate medical education. The rationale was that medical schools were a tightly circumscribed universe of education that had limited space for innovative future-oriented change.

This work eventually expanded into a [consortium](#) of 37 medical schools, it created the third science of medical education – Health System Science – and spun out many other innovations now being broadly integrated into curricula.

Over time this arc grew and expanded, but in a way that maintained intellectual cohesion.

We now have an additional consortium of 11 integrated health systems focused on reimagining residency with the singular goal of optimizing the transition from med school to residency and residency to practice.

We also created the [AMA EdHub](#) for digital education. We're early on in this work but already we offer more than 9,000 online resources developed from nearly 40 trusted sources - including 13 federation societies – and with the additional participation of numerous specialty boards, state licensing boards, and other institutions such as the CDC and Stanford.

So, you can see how a meta-signal – in this case medical education – has matured in the decade since its introduction, from a sole focus on undergraduate medical education into a budding cohesive and coordinated pipeline of lifelong learning that physicians need in the 21st century.

Another example is from the arc dedicated to improving the clinical environment by removing obstacles that interfere with patient care.

One extension of this work is the recently launched [AMA Recovery Plan for America's Physicians](#), which was covered in detail by Dr. Resneck.

Longer term examples in this arc include innovative approaches to improving the physician environment represented by newly formed companies from our Silicon Valley-based [Health2047](#) enterprise.

These include a company, **Emergence**, that aims to support the back office and other organizational management needs in practices. Importantly, the model here is of the company working for and serving physicians, not the other way around.

Another company, **SiteBridge**, imagines smaller practices being able to participate in clinical trials without the usual administrative and capital complexity ... something that federal health agencies have expressed an interest in as they hope to obtain real world data from diverse sources.

The future of these companies will be revealed in the next several years as venture

formation takes time. But the point is that in all the arcs, the AMA is taking longer-term innovative approaches, as well as attending to critical short-term concerns.

The third arc, focused on chronic disease, displays other general principles of our long-range framework. Here we help patients at high risk for heart disease better manage their blood pressure, and we provide support for physicians to help patients get there.

Hypertension being the number one cause of death and disability in our nation makes it an obvious place to start. A key component of this arc, as with all of our arcs, is that to truly act on large problems it is best to do it in partnership with others.

Over the last 10 years, we've raised public awareness of the risks of chronic disease in partnership with the American Heart Association, the CDC, the American Diabetes Association, the National Medical Association, the Association of Black Cardiologists, the Ad Council, and others.

We launched our AMA blood pressure quality improvement program with peer-to-peer coaching and a digital dashboard that is being used in health systems around the country. Work that has demonstrated positive impact on blood pressure control when used in collaboration with physicians.

Also, with the American Heart Association, we recently recognized 1300 health care organizations committed to blood pressure control ... organizations that help more than eight million people with hypertension improve their heart health.

This arc of chronic disease also underscores the importance of our health equity work. Chronic disease, such as hypertension, disproportionately effects those from historically disinvested and minoritized communities. Our work on hypertension is enhanced by our broad efforts to advance racial justice in medicine and eliminate health inequities... work led by the [AMA Center for Health Equity](#).

To summarize, we've traveled far in the last 10 years ... as reflected in the growth and evolution of our long-range strategic plan.

Understanding how we got here ... and the origin of what we set out to do ... is an informative vantage point to evaluate the relevancy of our work today.

I don't know what our health system will look like in 10 years, let alone by mid-century. But I do know that ... if physicians don't have a better practice environment supportive of their efforts in patient care ...

... if we don't train and educate physicians for the needs of 21st century medicine ...

... if we don't better handle the tsunami of chronic disease now cascading on physician offices ...

... if we don't do these three things - on which our strategic framework focuses - then

our health care system, regardless of its structure, will function even worse than it does today.

It will be up to physician leadership – to all of us – to realize the promise of this work, which – in the most basic and fundamental of ways – promotes the art and science of medicine and the betterment of public health.

Thank you.

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