

REPORTS OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following reports were presented by Clarence Chou, MD, Chair.

1. MINORITY AFFAIRS SECTION FIVE-YEAR REVIEW

Reference committee hearing: see report of Reference Committee F.

**HOUSE ACTION: RECOMMENDATION 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 Minority Affairs Section (MAS) for renewal of delineated section status.

APPLICATION OF CRITERIA TO THE MINORITY AFFAIRS 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 MAS provides a nationwide forum to advocate for health issues of minoritized communities and professional concerns of underrepresented and minoritized physicians, residents/fellows and medical students. African American/Black, Hispanic/Latino and American Indian/Alaska Native individuals comprise one-third of the U.S. population yet represent only 11% of the total physician workforce, according to a 2019 report by the Association of American Medical Colleges; representation among these racial and ethnic groups in the physician workforce lags significantly behind their numbers in the general population. In addition, these three populations faced historical discrimination, which prevented them from entering the profession.

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

- Diversity in medicine and minoritized physician advocacy: The MAS Doctors Back to School™ (DBTS) program aims to encourage interest in careers in medicine among elementary, middle and high school students through visits from physicians and medical students in the hope of increasing diversity within the medical profession. Over 100,000 minoritized youth have been engaged through the program by volunteer physicians and medical students nationwide. Additionally, MAS partners with the AMA Foundation to promote scholarship programs among minoritized medical students. Each year, two scholarships are awarded and over \$1,000,000 in scholarships have been awarded to hundreds of minoritized medical students. Studies have demonstrated that physicians from diverse backgrounds increase patient satisfaction, provide culturally competent care and decrease racial and ethnic health care disparities.
- Enhancing AMA policy and advocacy on behalf of minoritized patients and physicians: The MAS has sponsored or cosponsored more than 30 resolutions that have modified AMA policy since 2015 on topics relevant to minoritized patients and physicians. These topics have included racial essentialism in medicine, primary care physicians in underserved areas, language proficiency data of physicians in the AMA Masterfile, terms and language in policies adopted to protect populations from discrimination and harassment, preventing anti-transgender violence and strategies for enhancing diversity in the physician workforce.

- Enhancing AMA partnerships with external stakeholders to improve and strengthen AMA's impact on health education for minoritized communities, programmatic initiatives, and awareness of AMA's ongoing work to achieve health equity and eliminate health disparities: The MAS has long-standing relationships with the Association of American Indian Physicians (AAIP), National Hispanic Medical Association (NHMA), National Medical Association (NMA), National Minority Quality Forum and the Medical Organization for Latino Advancement. Strategic partnerships with these organizations include collaborative efforts through representation, policy, programs, and education. Key outcomes have included remarks and presentations at annual conferences by AMA presidents and MAS leaders, designated seats on the MAS governing council (GC), and AMA sponsorships and cross-promotional activities (e.g., CME sessions, speaking engagements, exhibit booths, AMA member engagement initiatives, participation in AMA marketing campaigns, research, physician advocacy and AMA policy development.)

CLRPD assessment: The MAS focuses on the concerns of underrepresented and minoritized physicians and medical students and issues related to the health of minoritized communities. As the only formalized structure to facilitate and encourage the participation of minoritized physicians in the deliberations of the AMA HOD and other AMA activities, the MAS fills a demonstrated need, as within the physician community and organized medicine, African American/Black, Hispanic/Latino, and American Indian/Alaska Native physicians and medical students face both current and historical underrepresentation.

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 August 2020, MAS collaborated with AMA staff to identify section-specific objectives to build upon the established foundational objectives that guide all AMA sections. Those MAS-specific objectives are to improve communications with strategic partners, improve representation in medicine among minoritized populations and enhance health policy related to minoritized communities. To accomplish these objectives, the MAS developed specific key goals related to each objective using the S.M.A.R.T tool, which is used to set goals that are specific, measurable, achievable, relevant and time-bound:

- Improve communication with strategic partners: 1) fully inform GC members, MAS members and external partners of MAS activities, policy efforts and other issues of importance to the health of minoritized communities; and 2) increase engagement of MAS members.
- Improve diversity in medicine among minoritized populations: 1) increase representation of minoritized physicians and medical students in ambassador and other AMA leadership roles such as HOD delegates by 2025; and 2) contribute expertise annually to improve two pathway programs.
- Improve health policy related to minoritized populations at the AMA: contribute annually to the development and/or initiation of at least three policies.

To achieve these goals, MAS has employed the following tactics:

- Launching a member engagement survey
- Developing a leadership academy for MAS members interested in AMA leadership roles
- Collaborating with pathway programs for minoritized populations
- Continuing the DBTS program
- Strategically partnering with AMA business units including the AMA Foundation, other AMA sections, Advocacy, the Center for Health Equity, and the Board of Trustees as well as other HOD delegations
- Holding a MAS Caucus at each HOD meeting
- Developing educational programming

CLRPD Assessment: The activities of the MAS focus on bringing forward issues that are important and unique to its constituents. The section has worked to develop appropriate and measurable objectives in alignment with the AMA and has implemented tactics to achieve those goals within specified time periods. Its strategic foci on improving communications with strategic partners, improving representation in medicine among underrepresented and minoritized physicians and medical students, and improving health policy related to minoritized communities at the

AMA are appropriate, and the methodologies employed toward achieving those goals demonstrate a commitment to doing so effectively and efficiently.

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

Individual physicians or medical students initiate membership in the MAS upon request. Membership is open to any AMA member physician or medical student who expresses an interest in issues related to racially and ethnically minoritized physicians or health issues related to minoritized populations. Eligible voters with full rights and privileges are referred to as MAS members. To facilitate section business and policy development, the section's ten GC members meet in-person three times each year and hold monthly virtual meetings. Current MAS members with an active AMA membership are eligible to be nominated to the designated positions on the GC. Three physician organizations (NMA, AAIP, and NHMA) and the three AMA fixed sections nominate representatives to be elected to their designated positions on the MAS GC.

The MAS holds business meetings in conjunction with AMA HOD meetings. MAS represents the interests of its members in the HOD through the actions of its elected delegate, and the Chair of the MAS GC serves as the alternate delegate to the HOD. As part of the section business meetings, informational panels are convened to inform section members about wide-ranging critical issues that align with the section's priorities. Topics have included pathway programs for minoritized populations, gun violence, priorities of medical societies representing minoritized physicians and health equity in medicine. The MAS also conducts a DBTS program with local schools in conjunction with HOD meetings.

CLRPD Assessment: MAS membership is open to any AMA member with an interest in racially and ethnically minoritized physicians or health issues of minoritized populations. The section's business meetings provide opportunities for its members to participate in the deliberations of the section, as well as providing educational opportunities to increase members' knowledge of issues related to the priorities of the 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.

The AMA has nearly 31,000 members self-identified as African American/Black, Hispanic/Latino and American Indian/Alaska Native (an increase of approximately 7,000 since the previous review of the MAS delineated section status in 2016), and all these physicians and medical students are eligible members of the MAS. In addition, membership to the MAS is available to any AMA member physician or medical student who expresses an interest in issues related to racially and ethnically minoritized physicians or health issues related to minoritized communities. Recent actions by the AMA and the HOD have demonstrated a recognized urgency for the Association to address current and historical inequities in medicine.

CLRPD Assessment: The MAS 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, who will be represented by this section. Both the segment and the AMA will benefit from an increased voice within the policymaking body.

The AMA Minority Affairs Consortium became the MAS in 2011. Approximately 100 members attend each of the two MAS business meetings held in conjunction with HOD meetings. To determine policy priorities on issues of concern, MAS members submit draft resolutions to the MAS GC for its consideration in advance of each meeting of the HOD. The GC determines priority status and approves resolutions that will advance to the HOD for further consideration. To develop a consensus opinion on MAS resolutions, MAS members participate in an online member forum and vote to support or oppose draft resolutions. In addition, MAS solicits input from all AMA meeting attendees during MAS business meetings. As noted previously, since 2015, the MAS has sponsored or cosponsored more than 30 resolutions that have been adopted, reaffirmed or amended AMA policy by the HOD on a variety of topics relevant to minoritized patients and physicians. More than 2,800 AMA members have opted in to subscribe to the MAS listserv.

CLRPD Assessment: The MAS has an established history at the AMA and actively participates in the policymaking process of the HOD, which benefits from the distinct voice of the MAS in its deliberations. Since its inception, the MAS has taken numerous steps to align its structure with the policymaking activities of the AMA.

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.

During MAS business meetings, leadership requests policy ideas from section members to submit at future HOD meetings and works to identify gaps in current policy. Attendance at in-person meetings averages approximately 100 attendees. The GC approves resolutions for adoption and works with the author(s) to refine wording and research citations. To develop a consensus opinion on draft resolutions, MAS members meet via an online forum prior to the HOD handbook deadlines and vote in support or opposition of a resolution. Members also may submit comments or testimony that offer revisions to the original resolution. Approximately 100 MAS members provide votes and testimony prior to each policymaking meeting. Over 1,500 MAS members receive the resolution information electronically. The MAS GC, in cooperation with the Committee on Advocacy, considers comments, votes and testimony before editing resolutions for a final ratification vote. A majority vote of those present directs the action of the MAS GC and MAS Delegate to submit or not submit MAS resolutions to the HOD.

CLRPD Assessment: The MAS provides opportunities for members of its constituency who are otherwise underrepresented to introduce issues of concern and participate in the HOD policymaking process. Through a variety of forums and outreach efforts, MAS members are afforded the opportunity to comment on draft resolutions, and MAS leadership considers the feedback of its members before finalizing those resolutions.

CONCLUSION

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

RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Minority Affairs Section through 2026 with the next review no later than the 2026 Interim Meeting and that the remainder of this report be filed.

2. INTEGRATED PHYSICIAN PRACTICE SECTION FIVE-YEAR REVIEW

Reference committee hearing: see report of Reference Committee F.

HOUSE ACTION: RECOMMENDATION 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 accessed information from a letter of application submitted by the Integrated Physician Practice Section (IPPS) for renewal of delineated section status.

APPLICATION OF CRITERIA to the Integrated physician practice 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 House of Delegates (HOD) adopted the Integrated Physician Practice Section (IPPS) as a delineated section in 2011. The precursor to the IPPS was the Advisory Committee on Group Practice Physicians, a Board-appointed committee founded in the early 1990s. The characteristic that distinguishes IPPS from other AMA component groups is that the section focuses on the continuum of care through an integrated delivery system. The IPPS works to advance the interests of multi-specialty, physician-led, integrated health care delivery systems, and medical groups actively working toward systems of coordinated care. The IPPS provides a nationwide forum to give voice to and advocate for issues that impact physicians in practice settings who advance physician-led integrated care.

In 2019, AMA sections implemented a strategic planning framework that is uniform across the sections. All sections have the three common foundational objectives as follows: develop and activate impactful policy on issues of relevance to section constituencies; cultivate the next generation of physician leaders and hone the leadership skills of established leaders; and equip section leaders with resources and opportunities to tell the section story and recruit peers to AMA sections. In support of these foundational objectives, IPPS adopted the following objectives that are unique to the section: 1) strengthen awareness of the IPPS (to constituents both internal and external to the AMA) as the expert on physician-led integrated care; and 2) advance collective expertise to promote physician-led coordinated care and how it is operationalized.

In order to maintain its role as the voice for physician-led integrated health care whose members have experience leading such health care systems, the section seeks to constitute the IPPS Governing Council (GC) mostly with executive-level physicians and also sustain diversity among its leadership including gender, ethnic, geographic and practice setting diversity. The IPPS aspires to continue growing its membership and sustain a majority of new members who are executive-level or high-ranking physicians in their organizations; works to continually advance the effectiveness of its members within the AMA's policymaking process; seeks to advance the delivery model of physician-led integrated care by showcasing IPPS members at AMA live or virtual programs, and other AMA media; proactively seeks ways to advance IPPS members for placement in advisory roles or committees; and promotes the delivery model of physician-led integrated care.

Priority issues/concerns currently being addressed by IPPS include employer-driven innovations in health care; new payment models around value-based care, risk contracts, and Medicare payment policies; health system consolidation and the impact on physician-led integrated systems; and social determinants of health and quality measurement.

CLRPD Assessment: The IPPS is the sole component group that focuses on issues concerning integrated physician practices and physician-led coordinated health care. 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.

The IPPS works closely with the AMA membership team to feature the section as an important part of the benefits package for large health systems and to help achieve the AMA's strategic membership objectives. An example of this approach is the leadership of IPPS in the development of the AMA's Integrated Care Consortium (ICC), which allows participation of physician executives from AMA member groups and focuses on recruiting large health systems into the AMA [Health System Program](#) that offers partners unique resources to improve outcomes, elevate recognition and drive value. The IPPS GC meets in conjunction with the ICC during the Annual Meeting of the HOD to help ICC members understand the opportunities for amplifying their voice and advancing their interests through the IPPS and HOD. In 2019, 100% of ICC attendees attended the IPPS meeting.

The IPPS works closely with the AMA's Professional Satisfaction and Practice Sustainability (PS2) unit. Some of those efforts include frequent partnering in the development of IPPS educational programs and featuring PS2 staff as speakers or leaders of IPPS roundtable discussions. The efforts have proved symbiotic in helping PS2 gain important insights from the IPPS as well as helping the IPPS understand and offer input into the AMA's work in the quality arena. Additionally, the IPPS has assisted the AMA's Improving Health Outcomes (IHO) efforts by inviting staff from that area to meet with IPPS GC members to obtain updates on IHO initiatives. As a result, several IPPS member organizations have rolled out IHO programs on hypertension and diabetes within their systems.

The IPPS has worked to develop policy in the HOD including advancing resolutions and offering input on council and board reports while they are still in development. At the November 2020 Special Meeting, the HOD adopted

recommendations in BOT Report 6, “Covenants Not to Compete,” which relates to restrictive covenants that the IPPS has particular interest in. The IPPS GC had reviewed the draft report, shared its position on the issue and found the report to be fair and balanced. The IPPS has reached out to staff and members of councils on other occasions to discuss upcoming various issues.

CLRPD Assessment: The IPPS works with a variety of groups to help support the work of the AMA related to health system reform and physician-led integrated care. Participation in the IPPS serves as a key member benefit for physician groups considering AMA group membership. Additionally, the section has selected areas of focus that align closely with the AMA’s strategic direction and has sought opportunities for collaboration on cross-cutting issues and programs. IPPS has been doubling its efforts to ensure that the section’s activities and foci aptly address the criteria.

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

The IPPS includes two levels of membership as defined in the AMA Bylaws: Associate with full privileges, and Affiliate with limited privileges. The IPPS Credentials Committee reviews all applications for Associate and Affiliate membership and makes a recommendation as to whether an applicant’s organization meets the criteria established by the section for Associate or Affiliate membership.

The IPPS GC found that some existing members of the section whose systems had merged or been acquired no longer met the IPPS criteria, even though their organizations remained committed to physician leadership, and had physicians in high executive positions. Therefore, in 2018, the IPPS GC sought to strike a balance between establishing a high threshold for physician leadership while at the same time not excluding organizations that were committed to physician leadership.

The new membership criteria ultimately approved by the AMA Board of Trustees are as follows:

Associate Members. Associate Members are members of the AMA who are in physician-led, integrated health care organizations, which coordinate patient care across specialties and among physicians who share common records and clinical care processes. An organization must meet 7 characteristics of physician-led, integrated health care organizations in order to qualify its physician members as Associate Members. Associate Members must demonstrate that their organizations have physicians in defined leadership roles at high levels in the organization, with meaningful decision authority and/or input regarding strategic, quality and operational issues, as well as a defined communication channel to the organization’s governing body.

Affiliate Members. Affiliate Members are members of the AMA who practice in organizations moving toward physician-led integrated health care that do not yet satisfy the characteristics of organizations eligible to qualify their physicians as Associate Members, but that meet at least one of the required characteristics for Associate Members. Affiliate Members shall be non-voting members of the Section.

The new criteria around physician leadership have made it possible for more health systems to qualify for membership and contribute to IPPS. Section members can serve on the IPPS GC; attend and be a featured speaker at Assembly Meetings; lead a roundtable discussion at live meetings; share their expertise and network with peers during IPPS meetings; submit a resolution to the section and participate in select advocacy efforts; and serve on a variety of IPPS committees including Policy Development Committee, Tellers Committee, and Credentials Committee.

CLRPD Assessment: The structure of the IPPS allows members to participate in the deliberations and pursue the objectives of the section, including opportunities for between-meeting engagement. The IPPS GC developed a strategic framework to enhance the section’s focus and impact of future efforts. In its 2020 letter of application, the IPPS noted that the section will endeavor to increase efforts of diversity among its leadership. CLRPD members will evaluate any progress on this goal with its next evaluation in five years.

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.

The IPPS has approximately 40 active health care systems whose representatives reliably attend the IPPS meetings. There are physicians of 20 additional health care systems who have completed certification forms and attended an IPPS meeting but are not active members of the section.

The IPPS has current data on the number of physicians in the organizations that partner with the AMA Health System Program. Those health systems alone represent 21,263 physician members. Outside of the Health System Partners, it has not been feasible to track data on the number of physicians in health systems in IPPS. The biggest barrier to that data collection has been the steady pace of health system mergers/acquisitions. Regarding potential IPPS membership among the general population, it is challenging to identify the universe of physician-led integrated systems. In the absence of hard data that identify how many organizations are physician-led and how many physicians are in those organizations, the number of AMA members eligible for representation in IPPS is unknown; however, that number exceeds 1,000 physician members.

During the November 2020 Special Meeting of the HOD, IPPS welcomed new members from: multiple Permanent systems across the country; Atlantic Health, New Jersey; Hattiesburg Clinic, Mississippi; Ochsner Health, Louisiana; University of Iowa Hospitals and Clinics, Iowa; and Henry Ford Health System, Michigan.

CLRPD Assessment: The IPPS estimates that 21,263 physician members are represented through their health systems, which exceeds the minimum threshold of 1,000 AMA members. Further, the total potential representation in the IPPS 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.

Attendance at IPPS meetings is typically higher at the Annual Meetings, which holds true across the sections. At the IPPS Annual Meetings, 50-75 people attend and 40-50 physicians attend the Interim Meetings. The primary section communication vehicle is a monthly newsletter that keeps members updated on all IPPS activities. That communication is sent primarily to IPPS members and boasts an open rate of 30% (AMA email benchmark is approximately 20%).

Outreach to potential members who have not signed up to receive the newsletter has been more challenging. To build membership, the IPPS seeks to reach out to physician executives in physician-led integrated systems. However, a list of those physicians and their contact information does not exist. In the absence of a targeted email list, the two most effective methods of growing the section have been peer-to-peer outreach and recruitment of members of the ICC. Since its formation in 2018, the ICC has been the most successful method of attracting physician executives to IPPS meetings and activities. At the last meeting of the ICC in 2019, all ICC attendees attended the IPPS meeting on the following day.

CLRPD Assessment: Since its inception, the IPPS has taken numerous steps to align its structure with the policymaking activities of the AMA and increase its membership. The AMA and physicians from physician-led integrated practices benefit from having a distinct voice of the IPPS in the HOD.

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.

The IPPS Policy Development Committee meets periodically to discuss issues relevant to the section and consider drafting specific resolutions. Any interested member can serve on the committee. Any items of interest are included in an IPPS GC Report, which is considered by the Assembly at the meeting.

Prior to every IPPS meeting, the IPPS newsletter includes a link to the IPPS website that hosts a policy primer video and information on how to submit a resolution. Once resolutions are submitted, the IPPS online forum is open for section members and nonmembers to comment on IPPS resolutions and to highlight issues of interest included in the HOD handbook.

The IPPS GC takes an active role in the process of reviewing HOD business. With each passing meeting, the IPPS GC and Assembly become more skilled in their understanding of the HOD and how to advance policies of interest.

At section meetings, attendees are invited to comment on any of the items in the IPPS GC Report, as well as raise items of interest from the HOD not included in the report. During the discussion, if it is unclear where the attendees stand on an issue, the Chair calls for a vote. The IPPS develops consensus on HOD business through the IPPS online forum, the IPPS GC's initial review of the HOD handbook, development of an IPPS Report, and discussions and voting at IPPS meetings.

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

CONCLUSION

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

RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Integrated Physician Practice Section through 2026 with the next review no later than the 2026 Interim Meeting and that the remainder of this report be filed.