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Address to the AMA House of Delegates

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The AMA and the Power of Trust in a Crisis

Mister Speaker, members of the board, delegates, and colleagues ...

Seldom has trust in American institutions been tested as it has the last 19 months. Surveys during the pandemic showed waning trust in the institutions of government, academia, science, media and in our health system at large.

But many of those same surveys also show strong public trust for individual physicians. In fact, trust in physicians was shown to be high among all groups, demographics, and political affiliations.

Trust in the care, experience and expertise provided by physicians is an essential part of the patient-physician relationship ... especially in a crisis.

And just as physicians are among the most trusted professions, our AMA is among the most trusted brands.

Physicians trust us to give voice to their concerns, and to help mitigate the challenges they face ... from PPE shortages, to financial stress, to increasing regulatory burdens.

Trust in the AMA can be deduced from analyses of our engagements ... engagements that continue to set new records – including with physicians.

This year we'll reach more than 26 million unique users on our AMA website. That's a 32 percent increase over last year. And, by the way, that last year's result, which we will now sail by, was a dramatic increase from the previous year. Additionally, daily listens to our podcasts are up fivefold from last year, while our daily videos have already surpassed one million views.

And the trust physicians place in us is evident in our dues-paying membership, which has increased each year over the last decade. In fact, dues-paying membership increased by more than one third over the last 10 years.

Importantly, our membership growth is also revealed to extend to our increasing market share of physician members as well.

So, what's driving this increase?

There're several likely elements: For example, APCO Worldwide again this year ranked the AMA among the nation's best and most effective associations, with high marks for being stewards for industry reputation.

We were also lauded for our influence on health policy ... and for speaking with a unified voice on issues that matter most to physicians.

This is a credit to our entire organization... and particularly to our strategic framework composed of the three arcs of: removing obstacles to patient care ... driving the future of medicine through advances in education... and leading the charge to prevent chronic disease ...

These three arcs are each amplified by three accelerators: advocacy, equity and innovation.

This framework is based on the policies of our House of Delegates and it brings our mission to life.

As we developed this strategic framework, I recall one particular meeting I had with a well-known industrialist/entrepreneur to get his take on our approach.

I highlighted our many innovations and investments: such as transforming medical education and physician training ... as well as our expansive work across digital health, including Health2047 in Silicon Valley.

I also summarized our recent work to advance equity in medicine by addressing social determinants of health ... aimed at improving outcomes in neighborhoods challenged by decades of disinvestment and neglect.

He thought the approach was innovative, but also expansive, so he asked what unifying concept tied it all together.

I told him that concept was our mission statement ... to promote the art and science of medicine and the betterment of public health.

That made it click for him. He looked at me and said, “well, that makes it clear, the AMA is a public trust.”

Here’s how I interpret that comment: the AMA exists to benefit the public, but we do so in a very particular way ... by being the physicians’ powerful ally in patient care. We serve the public by serving those who care for the public.

Supporting physicians and improving our nation’s health has been our focus since 1847.

It’s the reason, as one of our first actions, we launched the field of clinical medical ethics, a field that still guides our profession to this day. It’s why we fought to reduce smoking and right-size opioid prescriptions ... and why we continue to champion medical science and actively encourage vaccination against COVID-19.

Within our strategic framework, the cross-cutting accelerator of health equity became front and center in the pandemic.

To see the human cost of inequities, we look no further than Chicago's West Side – a neighborhood where we participate to model real world solutions to complex challenges. The West Side is a place where life expectancy is at least 14 years lower than that for residents in more affluent neighborhoods.

As one piece of our equity work, we partner with many on the West Side – including community groups and providers - to deal with the number one risk factor for death and disability – high blood pressure.

This work will achieve more timely and accurate blood-pressure control methods and incorporate holistic elements – requiring a better understanding of local needs and approaching our colleagues with humility and an empathic effort toward understanding.

Through this work, we hope to define pathways for improved health outcomes that might be applied to similar neighborhoods nationally that have been economically and socially marginalized.

Additionally, through our federal advocacy efforts, we're making remote patient care a reality for more people, giving those struggling with chronic diseases such as hypertension lifesaving touchpoints with their physicians regardless of geographic location. Part of this effort is in developing the tools and training to make it easier to implement telehealth, a key to widespread adoption.

These are features of a public trust.

We are also doing this work through our industry-leading [AMA Ed Hub](#), which two years after its launch has grown to more than two million engagements in the current year, and now two dozen content collaborators ranging from specialty societies, to universities, to genetic institutes.

Here too we build our commitment to public health and equity, launching a groundbreaking series of [CME modules](#) this year to give physicians a deeper understanding of health inequities and identify their root causes, including structural racism and related social determinants of health.

And we've created a committee of external experts dedicated to advising our organization on equitable structures and opportunities in digital health innovation. Work that would benefit historically marginalized people and communities as well as others.

Our innovation company, [Health2047](#), continues to apply novel thinking and deep analyses toward addressing challenges we face. Two examples:

One of the new companies launched this year, [Emergence Healthcare Group](#), is developing turnkey practice solutions to allow physicians in private practice to offload burdens and paperwork. Eliminate burdens so physicians can dedicate more of their time to patient care ... and doing so without increasing practice cost.

Another newly launched company seeks to improve real world aspects of clinical trials by providing a pathway to make them more inclusive and accessible. This startup, [SiteBridge Research](#), is creating a novel trial-in-a-box platform that will allow small practices to participate in clinical trials without the high costs and administrative hassles that currently prevent these practices from participating.

If successful, this approach would constitute a major step toward solving the challenge of collecting real-world data from diverse populations – information that can aid our national response to the next great health crisis. And at the same time provide more treatment options to physicians and contribute to financial stabilization of small practices.

We don't know how many of these innovative approaches will ultimately deliver on their promise, but the exercise is to develop many possible solutions to help physicians over the longer term in addition to all the work we do to help physicians more immediately.

All of our work, short term and long term, can be differentiated by the fact that we create the beginning problem definition at patient-physician interface rather than first defining problems at the administrative level – that latter approach is often taken in non-physician-led organizations, resulting in the hodgepodge of solutions thrown over the transom into our practices.

The AMA is committed to creating a health system that's accessible, efficient, and equitable. To get there we need an environment that supports physicians ... one that allows doctors to be doctors rather than scribes and box checkers.

This is needed to fulfill our obligation of a public trust.

A trust that serves the public by being the physicians' powerful ally in patient care.

Thank you.

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