REPORT FROM THE AMA HOUSE OF DELEGATES ANNUAL MEETING
Chicago, Illinois - JUNE 6-11, 2014

The doctors were in the House
The AMA House of Delegates met in Chicago to discuss and enact policy on a wide range of issues related to the practice of medicine and the health of the public. Delegates began with the Opening of the House of Delegates on Saturday, June 7, 2014 at 2pm. On Sunday, June 8 members participate in eight different reference committees and on Monday, June 9, delegates began their voting on resolutions and recommendations. Representing Massachusetts:

Delegates
Theodore Calianos
Alain Chaoui
Corey Collins
Mario Motta
Richard Pieters
Thomas Sullivan
Lynda Young

Alternate Delegates
Ankit Agarwal
Maryanne Bombaugh
Michael Lew
Christie Morgan
Frank P. MacMillan, Jr.
David Rosman
David Stahl

In addition, many other representatives from Massachusetts participated at the meeting through the sections and the specialty organizations.

The MMS also had four ambassadors shadowing our delegation at this meeting. Drs. Samia Osman, Ihor Bilyk, Glenn Markenson and Nancy Bolanis.

Taking the path of action in the face of challenges
Speaking to a crowd of physicians and medical students during the opening session of the 2014 AMA Annual Meeting Saturday, AMA President Ardis Dee Hoven, MD, reminded the medical profession of its powerful mission: to create a better, healthier future for the people of this great nation.

“During the past year, the AMA has worked hard to achieve that mission,” Dr. Hoven said. “We’ve had many successes.”

Among the achievements she highlighted were winning medical liability reforms in several states, securing a one-year delay to Stage 2 of the electronic health record meaningful use program, expanding access to an overdose antidote that can prevent opioid-related deaths, securing funding for innovations in the delivery of specialty care and reaching milestones in the three focus areas of the AMA’s strategic plan.

One other success she praised was the AMA’s advocacy efforts in the fight to repeal the Medicare sustainable growth rate (SGR) formula. Dr. Hoven also offered ways to continue the fight. While some people have viewed the temporary payment patch as a failure, the truth is that the effort united physicians throughout the House of Medicine and produced a bicameral, bipartisan legislative policy to replace SGR with a system that encourages innovation, she said.

“The AMA didn’t fail America’s physicians,” she said. “Congress failed America’s physicians and the patients of this country.”

But the fight continues, and there are ways to make progress on SGR repeal and other challenges confronting the health care system, she said. For instance, physicians need to hold politicians accountable.

“We need to use our votes,” she said. “We need to remind our elected officials that the nation’s physicians and the nation’s patients matter.” Next, physicians need to educate.

“The more people who know about the AMA—who we are, what we are and what we’re fighting for—the stronger we will be,” she said. “When we educate people, we empower them. And when we empower them, we can make a difference.”
And lastly—and perhaps most importantly—physicians need to be leaders in their communities.

“We need to continue to put ourselves on the front lines, whether it’s caring for our patients, collaborating with community organizations or paying a visit to our local congressional representatives to advocate for reform,” Dr. Hoven said. “There are countless roles we can play back home as we work together to shape a better health care future.”

She shared a story of a patient diagnosed with HIV, who lost her husband to the disease. The patient later found love again, but her new husband’s family wouldn’t accept her illness, and the marriage fell apart. The patient didn’t succumb to depression—instead, she began speaking about the prevention and treatment of HIV, sharing her story with others and fighting HIV/AIDS as a prominent spokesperson.

That story can give physicians inspiration, Dr. Hoven said.

“A year ago I stood before you and said organized medicine stood at a crossroads,” she said. “One was the path of glorifying the past, lamenting the changing health care environment and thwarting any attempt to move forward. The other was a path of action—of collaborating, innovating and leading the drive toward productive change. I am happy to say the AMA took the second path.”

Also during the opening session, delegates elected by acclamation Steven J. Stack, MD, to the position of AMA president-elect. Dr. Stack, currently the immediate-past chair of the AMA Board of Trustees, is an emergency physician residing in Lexington, Kentucky.

Delegates re-elected Andrew W. Gurman, MD, a hand surgeon in Altoona, Pennsylvania, and Susan R. Bailey, MD, an allergist in Fort Worth, Texas, as speaker and vice speaker, respectively.

**United voice will protect physician-patient relationship: AMA CEO**

Unifying the physician community and speaking with one voice will ensure the AMA’s “True North”—the physician-patient relationship—remains strong in the face of a semi-chaotic, rapidly changing health care environment, AMA Executive Vice President and CEO James L. Madara, MD, said in his address Saturday at the 2014 AMA Annual Meeting.

This relationship is the focal point of the AMA’s strategic plan, now in its second year. Dr. Madara gave delegates an update on a key portion of the strategic plan, which will guide physicians in speaking with a strong, unified voice.

“The vital work done here and across the AMA has had a common and indisputable feature: enabling, enhancing and protecting this sacred physician-patient relationship,” he said. “As physicians, we’ve been privileged to touch our patients’ lives in profound and lasting ways. We earn their trust. We earn their respect … They want us to lead the way toward a better health care future.”

To blaze this trail, it’s crucial to understand the needs of today’s physicians, which the AMA is investigating as part of its Professional Satisfaction and Practice Sustainability initiative. Identifying these needs will give the AMA insight into developing resources physicians can use to improve their professional satisfaction and spend more time on nurturing the physician-patient relationship.

In its work, the AMA already has identified common drivers of physician satisfaction and dissatisfaction with a study developed in collaboration with the RAND Corporation.

The AMA again is working with RAND to develop another study that will examine physician adoption of emerging payment models, allowing the AMA to understand challenges with these models and develop solutions.

This fall, the AMA will pilot resources to address systematic prescription renewal, pre-visit planning and collaborative documentation. The association also is working with vendors and regulators to make electronic health records (EHR) more user-friendly and better aligned with physician practice needs, Dr. Madara said.
Dedicating resources to investigating and improving physicians’ professional satisfaction is just one way for physicians to be successful in strengthening the physician-patient relationship—it’s also crucial to work together in presenting a united front. That’s not to say diversity of opinion isn’t necessary. In fact, it’s welcomed.

“The debates that characterize this House [of Delegates] lead to better and more informed policies,” Dr. Madara said. “Once consensus is achieved, it’s critical, if we want to take advantage of the natural power we have, that we take that next step—a much harder step—of supporting these policies with a single, unified voice.”

Dr. Madara also gave delegates an update on the AMA’s Improving Health Outcomes initiative. Collaborations with the YMCA of the USA to refer patients in three locations to the YMCA’s evidence-based Diabetes Prevention Program continue to move forward. On the hypertension front, physicians and care teams at 10 clinic sites in Illinois and Maryland are developing and testing a framework for achieving optimal hypertension control.

He also touched on the AMA’s Accelerating Change in Medical Education initiative, in which the 11 schools that received grants from the AMA are working to implement innovative curricula to better prepare the next generation of physicians. The medical schools are focusing on key areas that will become cornerstones in the future health care delivery system, including chronic health management, population health, team-based care and health information technology.

“I’m confident that we can further bolster the power of our collective voice,” Dr. Madara said. “Working together, we are advancing a strategic plan that invites and inspires.”

**Specialties showcase options for medical students**

More than 200 medical students were able to come face-to-face with future career paths at the 11th annual AMA Medical Specialty Showcase Saturday during the 2014 AMA Annual Meeting.

Physicians and residents from 50 medical specialties offered career advice and information about their respective fields. The showcase, hosted by the AMA Medical Student Section (MSS), provides medical students with the comprehensive information they need to navigate the residency selection process and choose a specialty.

“I am undecided, and I’m looking for some information that can give me direction or a path to follow,” said Andrew Benintende, who just completed his first year at Michigan State University College of Human Medicine. “I need guidance on what steps to take.”

Third-year Rutgers New Jersey Medical School student Divya Sharma, who also is chair of the AMA-MSS Committee on Global and Public Health, said she appreciated the number of specialty representatives.

“It’s great to get exposure to multiple specialties at once,” Sharma said. “The residents here are really active in their specialty societies, and that’s inspiring to me.”

Among the specialties represented were pediatrics, radiology, cardiology and infectious disease. Each specialty exhibit provided materials to help students as they make their career decisions.

“They don’t know about certain specialties, especially ones that aren’t in the primary medical school curriculum,” said Kimberly Applegate, MD, a pediatric radiologist and professor at Emory University School of Medicine, who participated in the event. “It’s important for them to get information and talk to specialists face-to-face. We bring residents because they can relate to students’ angst in making a decision.”

**Inner city kids learn about healthy living, medical careers**

More than 50 medical students made quite an impression Friday on nearly 600 children at a public school in Chicago’s South Side during a special health and wellness event held in conjunction with the 2014 AMA Annual Meeting.
During this special AMA Doctors Back to School™ event at Carson Elementary School, fourth- through eighth-grade students got hands-on experience with how to lead healthy lifestyles at activity stations led by members of the AMA Medical Student Section.

At the risky-behavior station, children learned about the dangers of smoking and were able to feel and see the damaging effects it has on lungs. At the healthy-eating station, AMA members helped the students understand what the nutritional make-up of their daily diet should be, using MyPlate guidelines as an example.

“We hope that by presenting information in interactive ways, we can encourage healthy behaviors and inspire students to pursue a career in health care,” said Julie McCaw, a fourth-year medical student at Tulane University School of Medicine.

The program also gives medical students an opportunity to develop creativity and strengthen communication skills while working in the community, McCaw said.

In addition to educating the children about healthy living, medical students also encouraged them to consider a career in medicine and explained the process for becoming a physician. The Doctors Back to School program helps physicians and medical students demonstrate that medicine is a career option for everyone, including those from underrepresented racial and ethnic groups.

It’s an important message to send because only 9 percent of U.S. physicians are African-American, Hispanic, American Indian, Native Hawaiian or Alaskan Native, even though nearly 30 percent of the U.S. population is from these ethnic groups. Racial and ethnic health care disparities also abound.

“We hope to encourage all children to pursue their dreams and live healthier lifestyles while reminding medical student volunteers of the importance of giving back to their community,” said Jessica Deslauriers, MD, recent graduate from the University of South Florida. “The program also is a fun and creative way for medical students to teach the youth about their health and show them the joys of becoming a doctor.”

How team-based approach is improving patient care

Care quality, access and costs all have improved under a new approach to delivering care at the Scott and White health system in Texas, according to the chairman of the group’s board of directors, who spoke to physicians Friday at the 2014 AMA Annual Meeting.

Robert A. Probe, MD, who heads the Scott and White Department of Orthopedic Surgery, explained how the group underwent a four-year transformation that allowed the group to dramatically decrease patient wait times, increase access to care and make strides in quality improvement.

“Most of our patients thought S&W stood for ‘sit and wait,’” Dr. Probe said, referring to one of the challenges under their previous care delivery environment.

“As an orthopedic surgeon, I was frustrated that I couldn’t see patients until their fractures were 90 percent healed because they couldn’t get in to see me for three weeks,” he said.

“But I can see every patient in a timely manner. If a patient makes an appointment that day, they can be seen that day.”

At the same time patients were able to see their physicians faster, a larger volume of patients also were being seen. According to Dr. Probe, Scott and White fielded about 1.4 million patients visits annually about a decade ago, compared to nearly twice that many last year.

How has the group achieved this kind of improvement? One reason is that the health system increased its total number of physicians, but Dr. Probe attributes the overall success to the fact that the group adopted a physician-led team-based model of care.

Under this model, Scott and White hired more advanced practice professionals, such as physician assistants and advance practice nurses, increasing physician efficiency as these health care professionals were able to practice to the height of their training and licensure.
Many of the time-consuming tasks that previously fell to physicians—such as in-depth patient education for chronic conditions—have been taken up by the physician assistants or advance practice nurses who report to them. Many of these professionals also have eagerly taken on a role in the group’s quality improvement efforts.

Dr. Probe said an important part of physicians’ responsibilities as leaders of these teams is education—both in helping patients understand how team-based care works and providing ongoing training for the other health care professionals on their team. Listening and responding to concerns also is important for cultivating the best environment for everyone.

The AMA is incorporating training for physician-led team-based care into innovative education models as part of its Accelerating Change in Medical Education initiative to better prepare future physicians for such responsibilities. A consortium of schools participating in the initiative are coming up with ways to give medical students early exposure to interprofessional education and working as physician leaders with other health professionals.

Meanwhile, through its Professional Satisfaction and Practice Sustainability initiative, the AMA is working to identify effective care delivery and payment models to improve the quality of patient care, reduce health care costs for the nation and increase professional satisfaction.

Physicians also can take advantage of educational webinars and practical guides from the AMA Innovators Committee to learn more about how to implement new care delivery and payment models into their own practices.

**Social media primer: Physicians get hands-on Twitter lessons**

Physicians and students got a hands-on social media primer at the 2014 AMA Annual Meeting Saturday during the education session “Everyone’s using social media: Should I?”

Tyeese Gaines, DO, a panelist and AMA Minority Affairs Section (MAS) governing council member, answered that question by explaining the various professional uses for social media channels:

- Attract new clients, patients
- Build brand/identity
- Teach students, patients
- Earn speaking engagements
- Get on-air spots

Dr. Gaines then invited audience members to fire up their Twitter app on their handheld devices, or to sign up right then if they were not members. She covered some Twitter basics (AMA login required) and encouraged participants to tweet using her special session hashtag: #MAStwitter101.

Dr. Gaines, an MSNBC health contributor for TheGrio, asked participants both to tweet and follow tweets at meetings for these reasons:

- Share comments about lectures using hashtags
- Provide a synopsis for those who couldn’t attend the conference
- Share notable quotes
- Spark debate and conversation with readers

A second panelist said “physicians can use Twitter as patient communications site, marketing tool or a virtual water cooler with colleagues.” Jef Capaldi, AMA director of New Media Strategies, added that Twitter is a great way for physicians to show expertise, either through curation of other content or through sharing your own content.

The AMA-MAS plans to host an ongoing series of educational sessions on social media open to all interested attendees at future AMA meetings.

**Top EHR pain points: Physicians, students take a closer look**

Electronic health records (EHR) hold a lot of promise, but they have a long way to go. Members of the medical profession identified some of the key issues that need to be addressed before the technology can widely benefit practice efficiency and patient care during a session Saturday at the 2014 AMA Annual Meeting.

“Are the majority of physicians in the United States unhappy? I think the answer is no,” said Jay Crosson, MD, who heads up the AMA’s Professional Satisfaction and Practice Sustainability initiative. “The majority of physicians will say that they are satisfied
with their profession. But if you ask detailed questions, virtually every physician will give you a list of things that should be better.” A large portion of that detailed list centers on issues with EHRs.

“The vast majority of physicians recognized that EHRs were an improvement over paper records,” Dr. Crosson said, citing a recent AMA study conducted by the RAND Corporation.

Some of the positive factors physicians pointed to were not having to worry about losing charts, better access to data that could help improve quality and improved communication within individual practices.

“But positive findings were overwhelmed by negative ones,” Dr. Crosson said. He rattled off a list of the most common complaints, including:

- The amount of time required to input data takes too much time away from patient care.
- EHR systems aren’t matched to the work flow of the practice, causing major disruptions.
- The technology interferes with face-to-face interaction with patients.
- Systems aren’t able to exchange information between practices.
- The tremendous cost places financial strain on practices.

A panel of physicians from different practice sizes and career stages discussed some of the issues they hope soon will be addressed.

“Interoperable systems [are] the lynchpin of this whole system,” said David Bronson, MD, a general internist at the Cleveland Clinic. “Until that happens, we’ve invested a whole lot of money into a system that has not provided return on investment.”

Ryan Ribeira, MD, who served this year as the medical student member of the AMA Board of Trustees, explained that even the next generation of physicians has a detailed list of changes they’d like to see.

“I’ve spoken to many, many medical students who say they would never consider a residency program that didn’t have an EHR system,” Dr. Ribeira said. But as native users of technology, “students may be more sensitive to the [cumbersome] interface of EHRs because they are accustomed to ease of use.”

Steven Stack, MD, an emergency physician and AMA president-elect, said that a special AMA advisory committee of physician experts is working on a report that identifies the top recommendations for improving the usability of EHRs and anticipates the big problems that will arise in the future.

“We are working over the next six to 12 months with software vendors,” Dr. Stack said. “And we have ongoing dialogue with how the industry can be responsive to our concerns.”

The AMA also continues to press the federal government for important changes to the burdensome EHR meaningful use program.

“They foisted this massive program on all of health care … and [the technology] wasn’t ready,” Dr. Stack said. “It still isn’t ready. And it’s going to take longer to fix it than it did to create it.”

Another panelist, David Welsh, MD, a general surgeon in rural southeast Indiana, said making these improvements all comes down to prioritizing patients.

“If we can make EHRs work,” Dr. Welsh said, “we can get back to putting patients first.”

7 things you must know before signing an employment contract

A good contract by definition is one that is fair and reasonable and is a win-win situation for everyone involved. But how do physicians ensure they are getting a good contract before agreeing to work for a hospital or group practice?

Health care attorney Norman Jeddeloh shared seven essential pointers Saturday at the 2014 AMA Annual Meeting:

1. A solid contract is essential for physician employment relationships. Talking about all the negatives and “what-ifs” at the beginning of a new relationship may seem counter-productive, Jeddeloh said, but “there are a lot of very good reasons for the parties to sit down and force themselves to do a contract. It memorializes agreements. That’s very important because everybody’s memory fades.”
2. **Contract language must be clear and unambiguous.** “I can’t tell you how many contracts I see that are impossible to understand,” Jeddeloh said. “It leads to disputes. One of the most important things that a contract does is it serves as a reference point between the parties in the event of disputes.”

The standard rule of thumb is that a college sophomore should be able to read and understand the contract.

3. **All key issues need to be covered.** “The contract needs to be detailed but not too detailed,” Jeddeloh said. Contracts that are overly detailed “can impose a feeling of inflexibility in the relationship going forward. It’s important to think about the really crucial issues and include those in the contract.”

4. **Understand your compensation model.** Some contracts offer fixed compensation, in which the physician receives a set salary regardless of performance. This model is more typical for new physicians, while more experienced physicians can expect some version of variable compensation, in which payment is determined based on the physician’s performance.

Every variable compensation model “takes into account the ‘bucket of money’ theory,” Jeddeloh said. “It’s really about how the bucket is split: the revenue, expenses and built-in profit for the organization.”

5. **Know the numbers of your compensation.** “Every contract will have a formula for variable compensation, and formulas can get quite complicated,” Jeddeloh said. “In addition to hiring a lawyer, you also ought to have an accountant look at it and run some numbers. It’s good to attach a pro forma to the contract.”

Having an example with actual numbers can help you better understand what your compensation might be and will make it easier for a judge to understand what could be a very complex formula, in the event of a dispute.

6. **Make sure liability insurance is included.** “Liability insurance is crucial,” Jeddeloh said. Some things that will need to be addressed include whether the insurance is adequate and whether the hospital or group offers tail coverage when the physician leaves.

7. **Understand what will happen upon termination of the relationship.** “People clearly don’t want to talk about this at the beginning, but it’s a very necessary provision of every contract,” Jeddeloh said.

Some things to look for include whether the physician will have a way to refute charges against them if their employer tries to terminate the relationship, whether a non-compete provision is included and whether a restrictive covenant would keep the physician from practicing nearby once the relationship ends.

For additional insight into employment contracting, the AMA offers two annotated model employment agreements: one for contracting with a hospital and one for contracting with a group practice. A newly updated version of the group practice resource will be available later this month.

**How doctors are anticipating health care trends before they happen**

As health care continues to evolve at a rapid pace, physicians are anticipating the major issues coming in the future and working to shape them through three key initiatives.

Taking a cue from hockey great Wayne Gretzky—who attributed his success to skating “to where the puck is going to be, not where it has been”—physicians discussed how to ensure the success of the medical profession and the good health of America’s patients in the years ahead during a panel discussion Monday at the 2014 AMA Annual Meeting.

“We are trying to get out ahead and not only prepare but shape the future that is coming down the pike for physicians and our patients,” said David O. Barbe, MD, chair of the AMA Board of Trustees.

Through the three core initiatives of its strategic plan, the AMA is identifying emerging trends and working toward innovations that are needed for physicians to thrive in a new era of health care. “We are gaining some very valuable insights that we believe will help us help our patients,” Dr. Barbe said.
To start, the next generation of physicians will be better prepared for the challenges of the future, thanks to the AMA’s Accelerating Change in Medical Education initiative. The AMA is working with 11 medical schools awarded grants of $1 million each to implement bold innovations in how students are trained.

“We’re building brick by brick the future medical school,” said Mark Quick, EdD, AMA vice president of education outcomes.

The initiative is refocusing med school curriculum to align with how health care is pivoting from acute to chronic care, from individual physicians to health care teams, from treatment of single patients to managing population health and from health care in the clinic to healthy living in the community.

Medical students will be trained as expert “adaptive learners,” who will have the skill set to successfully adjust to new situations and inspire and empower others to adapt with them.

In its Professional Satisfaction and Practice Sustainability initiative, the AMA is making sure that physicians already in practice will thrive in the changing health care environment.

“Most physicians understand that things probably are going to be different five or 10 years from now,” said Jay Crosson, MD, who heads up the initiative. “But there’s a lack of clarity about what that world—or worlds—will look like.”

The AMA last year released a study conducted by the RAND Corporation that looked at the primary drivers of physicians’ professional satisfaction to inform the AMA’s efforts to improve today’s practice environment. The AMA is developing practical resources to help physicians implement improvements that will address some of the dissatisfaction factors.

The AMA also is working with RAND to produce a second study that will identify which care delivery and payment models will be best for physicians and patients in the coming years.

Looking at the base of the iceberg in terms of Americans’ health, the AMA’s Improving Health Outcomes initiative is taking on two of the leading causes of death and disability—type 2 diabetes and heart disease. While 26 million Americans have diabetes, another 79 million have prediabetes. Meanwhile, 67 million adults—one in three—have high blood pressure, said Karen Kmetik, PhD, who leads the initiative.

Applying the principles of health care of the future, the AMA is finding ways to impact population health and maximize community resources to help keep patients healthy through strategic clinic-community linkages. Pilot programs are underway for both diseases.

**How care delivery and payment reform really works**

Physician innovators and leaders shared their real-world payment reform experiences during a Monday education session presented by members of the AMA Innovators Committee during the 2014 AMA Annual Meeting.

Attendees got a look at how physicians can adopt care delivery reforms in their practice, including physician-led team-based care, accountable care organizations (ACO) and other new payment models.

Donald Klitgaard, MD, explained some of the struggles he encountered as a family physician in rural Iowa and the transformation his practice underwent. Dr. Klitgaard pointed to a lack of support from payers for small practices in his state and the difficulty in getting other physicians on board when there wasn’t a clear payment stream.

Dr. Klitgaard’s practice participated for two years in a demonstration project that encouraged comprehensive care management and later formed an independent practice association with other rural practices, which was able to secure payment reform support from the payers with which they worked.

“Payers are interested in moving more risk to doctors; they just don’t have a good plan,” Dr. Klitgaard said. “It’s nice to take to them a physician-led, physician-run, organized way we can go about this and bring answers to them.”
Grace E. Terrell, MD, explained how she helped her multispecialty medical practice in North Carolina shift to a population health management hub.

“We had to do three things,” said Dr. Terrell, now president and CEO of Cornerstone Health Care in the Piedmont area of North Carolina. “We had to change the way we provided care, do some real investment in clinical and information integration, and change the way we were paid.”

Dr. Terrell discussed how the practice moved from a traditional model to a patient-centric infrastructure. Leaders began implementing different care models for different types of patients. For example, they began focusing on health failure patients in cardiology because those are the ones who are readmitted to the hospital most often. To address this, practice leaders built a care team that included psychologists, pharmacists, nurse practitioners and social workers.

At the same time, the organization moved to value-based contracts, starting with smaller payers in the local area and ultimately designing shared savings-type contracts for every payer.

“Once you [stop] worrying about fee-for-service medicine and can start thinking about the sickest patients and designing models of care around them, it can really free you up,” Dr. Terrell said.

An Innovators Committee guide (AMA login required) demonstrates how payments might flow to individual physicians, non-physician health care professionals and facilities under new delivery and payment models, focusing on fee-for-value payment models. More information, including case studies, can be found in the guide.

Physicians at Monday’s open forum of the Litigation Center of the AMA and State Medical Societies heard both sides of an important patient safety case currently before the nation’s highest court.

The Supreme Court of the United States’ decision in North Carolina State Board of Dental Examiners v. Federal Trade Commission (FTC) will determine whether state health care licensure boards can retain their authority to shield patients from potentially unlawful practice. Attorneys “argued” the case in a mock court session during the 2014 AMA Annual Meeting.

Presenting the opening arguments the state licensing board is expected to make was Jack R. Bierig, a partner in the Chicago law firm of Sidley Austin. Richard Feinstein, a partner in the Washington, D.C., law firm Boies, Schiller and Flexner, argued the position the FTC is expected to assert. He previously served as director of the FTC’s bureau of competition. Mark E. Rust, a managing partner of Barnes and Thornburg in Chicago, acted as judge.

A key issue is whether a state professional licensure board, acting as an agency of the state, is immune to antitrust laws. If not, qualified and conscientious professionals may be discouraged from serving on licensure boards for fear of becoming embroiled in federal antitrust litigation, ultimately distorting health care policy and harming patients, Bierig said.

The members of North Carolina’s dental board, who are elected to the state licensure position, sent cease and desist letters to non-dentist providers offering teeth whitening services. The non-dentist providers then complained to the FTC.

The FTC is expected to argue that the state licensure board was subject to antitrust laws because of the composition of the board, which is primarily competitive professionals, and that the board exceeded its authority in sending cease and desist letters.

Bierig, however, argued that the board was acting as a state agency by determining what constituted the practice of dentistry and how limiting non-dental provider whitening services could protect North Carolina patients. He added that the election of board members, rather than appointment, didn’t matter because the state decided its dental licensing board should be made of dentist-elected members.

“We’re all in favor of competition and the market making decisions,” Bierig said. “But we have to balance that interest against federalism issues …. Where the two clash, the antitrust laws have to give way to the federal system in which states and state agencies are sovereign.”

The AMA and other health care organizations filed an amicus brief expressing support for the plaintiffs in this case and stating fear that if the court ruled for the defendant, it would have a chilling effect on state medical and dental boards to the detriment of public health.
Briefing on this case in the U.S. Supreme Court should be finished soon, and oral arguments are expected to be scheduled for the fall.

**AMA trustees, council members elected**
Physicians were elected during the 2014 AMA Annual Meeting to open seats on the AMA Board of Trustees and six AMA councils.

Of the eight candidates vying for the five open positions on the AMA Board of Trustees, the AMA House of Delegates elected Russ Kridel, MD, a facial plastic surgeon in Houston, and Jack Resneck Jr., MD, a dermatologist in San Francisco.

Delegates re-elected Stephen R. Permut, MD, a family physician in Wilmington, Delaware; Barbara L. McAneny, MD, an oncologist in Albuquerque; and Carl A. Sirio, MD, a critical care medicine practitioner and medical educator at the University of Toledo. Dr. McAneny also was assumed her role as board chair and Dr. Permut was named chair-elect.

Delegates elected by acclamation anesthesiologist Jesse M. Ehrenfeld, MD, as the young physician member of the AMA Board of Trustees. Dr. Ehrenfeld splits his time between Boston and Nashville, Tennessee, where he teaches at Vanderbilt University.

Delegates re-elected Andrew W. Gurman, MD, a hand surgeon in Altoona, Pennsylvania, and Susan R. Bailey, MD, an allergist in Fort Worth, Texas, as speaker and vice speaker, respectively.

Samuel Mackenzie, a student at SUNY Upstate Medical University, will serve as this year’s medical student representative on the AMA Board of Trustees.

**Council elections**
Here are results for election to various AMA councils.

**Council on Constitution and Bylaws**
- Patricia L. Austin, MD
- Madelyn E. Butler, MD
- Cyndi Yag-Howard, MD

**Council on Medical Service**
- Asa C. Lockhart, MD
- Peter E. Lavine, MD
- Peter S. Lund, MD
- Paul Wertsch, MD

**Council on Medical Education**
- Niranjan V. Rao, MD
- Luke Selby, MD (resident/fellow seat)

**Council on Science and Public Health**
- Adam P. Dougherty, MD (resident/fellow seat)
- Kira Geraci, MD
- Robert A. Gilchick, MD
- Michael M. Miller, MD

**AMA to ask President for quicker care for veterans**
Physicians at the 2014 AMA Annual Meeting voted Tuesday to ask President Barack Obama to provide timely access to entitled care for eligible veterans via the health care sector outside of the U.S. Department of Veterans Affairs (VA) health care system until the VA can provide health care in a timely fashion.

The new AMA policy also directs the AMA to urge Congress to quickly enact long-term solutions so eligible veterans always can have timely access to entitled care.

The policy came in response to recent access-to-care problems that have left thousands of veterans unable to receive care in a timely fashion. A VA audit released this week found that more than 57,000 veterans still are awaiting their first medical appointment at VA medical facilities, while 64,000 who have enrolled in the VA’s health care system have never had an appointment.
The AMA policy includes recommending that state and local medical societies develop a registry of physicians who are willing to care for veterans, which could then be provided to local communities and VA sites across the country to help expedite access to care.

“The AMA believes that all Americans should have access to health care, especially those who bravely serve our country,” incoming AMA President Robert M. Wah, MD, said in a news release. “Our nation’s physicians can and should be a part of the solution to this national crisis to ensure America’s veterans get access to the care they need and deserve.”

Virginia reproductive endocrinologist and OB-GYN Robert M. Wah, MD, assumed the AMA presidency Tuesday night during a standing-room-only inaugural ceremony.

Reflecting upon his time in the U.S. Navy, he likened the military to the practice of medicine, pointing to the way members of both professions must prepare for the unexpected while still respecting strong traditions.

“It instills a way of thinking—a willingness to act—and the ability to perform as a team,” Dr. Wah told the assembly. “That makes overcoming the unexpected possible.”

He also highlighted the dichotomy between tradition and innovation in new technologies, sharing lessons he’s learned as chief medical officer for the Computer Science Corporation and as the first national deputy coordinator for the Office of the National Coordinator for Health Information Technology.

“Where health information technology, cloud computing and cyber-security intersects, we’ll find our patients,” Dr. Wah said. “While it sounds like science fiction, it’s really just an ancient tradition—respecting the doctor-patient relationship and keeping it in confidence—while tapping new technology as yet another tool to help us take better care of our patients.”

He called on physicians to embrace change, survive and thrive in order to build more traditions and continue growing the AMA’s strength, citing the association’s current and future work as ways to achieve that growth.

Physicians can make change in such areas as fighting the nation’s chronic disease epidemic, improving medical education to better prepare the next generation of physicians and creating a more satisfying and sustainable practice environment for physicians, Dr. Wah said.

“Our goals are ambitious but obtainable,” Dr. Wah said. “Moreover, meeting them is crucial if we’re to shape a better future and not have it shaped for us. ... I’m energized and inspired by the hopes and dreams of what more we can do for our patients, for our communities and for this country.”

Understanding patients’ dreams: Inspirations in Medicine

The heart of medicine—the patient-physician relationship—led to moving stories at Inspirations in Medicine, the Friday night kickoff event of the 2014 AMA Annual Meeting.

Moderated by Sylvia Perez, a three-time Emmy award-winning journalist specializing in medical reporting, the event featured three physicians and one patient telling their personal accounts of how the patient-physician relationship has inspired them.

For William Lynn Weaver, MD, senior associate dean at Ross University School of Medicine Dominica campus, a patient came to him that was simply too ill. He did his best but still felt he had failed the man after having to amputate the patient’s legs and remove a large portion of his intestines.

“I realized I had failed to do what I thought was the most important thing—to save his life or make him better,” Dr. Weaver said. “But what I had done was to give some peace to him and his family.”

Robert Alan Probe, MD, chair of the board of Scott and White’s integrated medical group, had his own inspirational story. A young girl came to him with an unusually shortened
humerus and couldn’t fulfill her dream of playing basketball. Dr. Probe was able to lengthen the bone and help the girl get back to the sport she loved.

“Because of her willpower, because of 21st-century medicine, because of the human spirit and the partnership between the patient and physician, she realized her dreams,” Dr. Probe said. “All in this room would agree that medicine is in chaos now .... The one thing that cannot change, that should not change, is that relationship of understanding your patients’ dreams.”

Physicians also heard from Stacy Tessler Lindau, MD, director of the University of Chicago Medicine’s program in integrative sexual medicine. Dr. Lindau shared that she helps to see the “invisible”—the things physicians might not see but patients do—in her work to help identify, treat and prevent sexual health problems in female cancer patients.

A patient of Dr. Lindau’s also shared how her relationship with her physician has transformed her life. The patient had lost her libido after undergoing treatment for breast cancer. Dr. Lindau listened to the patient, which the patient said was “very simple, yet profound,” and helped her regain this part of her life after undergoing such a shock to her body in the cancer treatment.

“I truly believe that you physicians are called to this medical field as your vocation,” the patient said. “It takes a unique individual to deal with all the responsibility that comes with being a doctor, and a good doctor is such a gift.”

Delegates review detailed changes to AMA Code of Medical Ethics

AMA delegates commented on proposed changes to the AMA Code of Medical Ethics during an open forum of the AMA Council on Ethical and Judicial Affairs (CEJA).

In 2008, CEJA launched the project to critically review and update the AMA Code of Medical Ethics. At Monday’s session, delegates reviewed and discussed details of proposed changes in individual chapters of the code.

CEJA members gave a high-level overview of changes and how physicians can review those changes. The proposed changes are cataloged in the online, members-only CEJA Forum (AMA login required).

Monday’s discussion centered around a number of topics, including:

- Filming of patients for training purposes
- Medical decisions for minors
- Management of medical records
- End-of-life issues
- Services provided by multiple physicians

Physicians can submit comments in writing through June 30 either via email or via the CEJA Forum. They also can earn continuing medical education credit by commenting through the AMA’s Learning Management System.

“The code belongs to all of us,” said Daniel Johnson, MD, forum moderator and former AMA president. Dr. Johnson urged all physicians to review the changes, and thanked the CEJA members for their work.

Doctors ask for closer look at maintenance of certification

Physicians voted during the 2014 AMA Annual Meeting to continue investigating maintenance of certification (MOC), osteopathic continuous certification (OCC) and maintenance of licensure (MOL), including assessing the impact of MOC on physician practices.

The AMA House of Delegates adopted policy surrounding MOC, OCC and MOL that directs the AMA to:

- Explore the feasibility of conducting a study to evaluate the impact MOC requirements and MOL principles have on workforce, practice costs, patient outcomes, patient safety and patient access
- Work with the American Board of Medical Specialties (ABMS) and its member boards to collect data on why physicians choose to maintain or discontinue their board certification
- Work with the ABMS and the Federation of State Medical Boards to study whether MOC and the principles of MOL are important factors to physicians when deciding whether to retire and whether they have a direct impact on workforce
• Oppose making MOC mandatory as a condition of licensure

The policy will extend the AMA’s current work on MOC and MOL issues. Most recently, AMA feedback was incorporated into ABMS’ 2015 standards for MOC.

Just last week, the AMA and ABMS convened a meeting of physician assessment experts and academic medicine representatives to discuss the value of MOC Part III and innovative concepts that could potentially enhance or replace the current thinking around the secure exam requirement of MOC.

**Physicians call for better electronic data interchange**

New policies adopted at the 2014 AMA Annual Meeting this week included calls for sorely needed changes to health IT to accommodate physicians and patients’ needs.

The policies include:

• **Requiring all pharmacies—including those run by the government—to accept ePrescriptions.** The policy directs the AMA to advocate for suspension of the ePrescribing requirements in the electronic health record (EHR) meaningful use program until all pharmacies are able to comply with this requirement.

• **Addressing “data lock-in,”** in which information stored in one EHR system cannot be easily transferred to another system. One of the largest challenges with EHR technology is the lack of interface between systems, which often prevents physicians from communicating with other practices or hospitals and from easily switching from one EHR vendor to another. The policy directs the AMA to work with the federal government and EHR vendors to enhance transparency and establish a process to achieve data exchange.

• **Promoting improvements in EHR usability.** Additional policy called for the AMA to engage the EHR vendor community to secure changes to their systems that would better meet physicians’ practice needs.

A panel discussion during the 2014 AMA Annual Meeting explored some of these issues in more detail. It also highlighted how the AMA already is pressing for critical improvements to EHR systems and the meaningful use program through its advocacy efforts and its Professional Satisfaction and Practice Sustainability initiative.

**How to take innovations beyond the exam room**

Today’s medical residents have grown up in a tech-obsessed world and are fluent in digital technologies, making them poised to deliver tomorrow’s lifesaving inventions. A “serial entrepreneur” with decades of success shared her best tips for bringing new innovations into fruition at a special education session for residents during the 2014 AMA Annual Meeting.

Julie Goonewardene, president of Kansas University Innovation and Collaboration and a public member of the AMA Board of Trustees, gave residents her insights on the entrepreneurial process.

1. **Be sure you’re ready for intense challenges.** Prepare yourself and your family, because starting a company or developing innovations will consume you. “Are you willing to mortgage your house? How long are you willing to go without a paycheck?” Goonewardene asked. “It’s going to take twice as long as you think it will.”

2. **Figure out your funding.** “Getting money is a lot like dating,” Goonewardene said. “You kiss a lot of frogs and always try to put your best appearance forward.” There are a lot of ways to secure investors, but don’t sign any deals until you have cashed investors’ checks, because many get cold feet and back out.

3. **Build a great team.** Goonewardene said the team you have is critical. “People affect outcomes,” she said. “Focus on gurus in the industry, thought leaders. They’ll have the networks, can access customers and get people to buy your product.”

4. **Get your school involved.** Goonewardene encourages residents to talk to their university offices early in their business-building process. “If the office is any good, they’ll help the resident,” she said. “[The university] is better served to have a successful company in their backyard.”
5. **Be smart about your legal structure.** “I can pinch a penny twice, but there are two places you should never, ever economize—don’t economize on your accountant, and don’t economize on your lawyer,” Goonewardene said. To be successful, you have to be able to completely trust the people in these roles, and they need to be great at watching your best interests.

**Reference Committees/Resolutions**
Your AMA Delegation offered four resolutions at this Annual Meeting which were accepted by the New England Delegation and ultimately submitted on behalf of New England but originated in Massachusetts.

- **Observation Status**
  - Resolution 127
  - CMS Report 4 adopted in lieu of resolution 127

- **Dues Exemption/Adjustment for Physicians Unable to Attain Residency**
  - Resolution 611
  - Adopted as amended

- **Firearm Violence**
  - Resolution 224
  - Referred to the Board of Trustees/Council

- **Sales & Marketing of E-Cigarettes to Minors**
  - Resolution 519
  - Amended Policy H-495.973 in lieu of 519

**Other reports/resolutions to highlight:**

- **Cheerleading as a Sports**
  - BOT Report 9
  - Adopted

- **Ensuring Access to Care for our Veterans**
  - Resolution 231
  - Adopted substitute 231

- **Physician Leadership of the Patient-Centered Medical Home**
  - Resolution 738
  - Not adopted, 2nd resolve amended

To review all reports and resolutions and their outcomes click on [http://www.ama-assn.org/sub/meeting/reportsresolutions.html](http://www.ama-assn.org/sub/meeting/reportsresolutions.html)

**AMA calls for stricter e-cigarette regulation**
The AMA adopted new policy at the 2014 AMA Annual Meeting opposing the sales and marketing of electronic cigarettes and nicotine delivery products to minors.

The new policy extends AMA’s existing policy, adopted in 2010, that calls for all e-cigarettes to be subject to the same regulations and oversight that the U.S. Food and Drug Administration (FDA) applies to tobacco and nicotine products.

The policy also supports product requirements for e-cigarettes and nicotine delivery systems, including:

- Disclosures regarding design, content and emissions
- Child-proof and tamper-proof packaging and design
- Enhanced product labeling
- Restrictions related to flavors that appeal to minors
- Prohibition of unsupported marketing claims as a tobacco cessation tool

Use of e-cigarettes by students in U.S. middle schools and high schools more than doubled from 3.3 percent in 2011 to 6.8 percent in 2012, according to the Centers for Disease Control and Prevention.

“The AMA supports an FDA proposal to fill the gap in federal regulations on purchasing, labeling, packaging and advertising of electronic cigarettes,” incoming AMA President Robert M. Wah, MD, said in a news release. “The new policy will guide the AMA’s future efforts to strongly encourage the proposed FDA regulation as a notable and important step to improve public health and deter the sale of electronic cigarettes to minors.”

Respectfully submitted,

Alain Chaoui, MD
Chair, MA AMA Delegation