



# American Medical Association Resident Delegate 2016 Annual Report

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## AAFP RESIDENT DELEGATE TO AMERICAN MEDICAL ASSOCIATION (AMA) HOUSE OF DELEGATES

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### **Intro:**

This report is submitted to the AAFP National Conference of Family Medicine Residents and Students (NCFMRS) National Resident Congress by the AAFP Resident Delegate to the American Medical Association House of Delegates. It is my hope that this report serves as a resource to the NCFMRS and its participants and provides information about the AMA; our AAFP Delegation to the AMA and its activities; and a brief summary and update of health policy priorities of the AMA House of Delegates, America's House of Medicine. I hope that this report may stimulate a bidirectional conversation and help identify areas of opportunity for both future AMA and AAFP policies.

### **Scope:**

The American Medical Association (AMA) was founded in 1847 and is the largest physician organization in the United States. The AMA's mission is to promote the art and science of medicine for the betterment of the public health, to advance the interests of physicians and their patients, to lobby for legislation favorable to physicians and patients, and to raise money for medical education. The AMA also develops and maintains the AMA Code of Medical Ethics which dictates professional conduct for practicing physicians in the United States and is used around the world. The AMA also publishes the Journal of the American Medical Association (JAMA) which has the largest circulation of any medical journal in the world. The AMA is also responsible for publishing Physician Specialty Codes which identifies physician and practice specialties. Additionally, the AMA develops and maintains the Current Procedural Terminology (CPT) codes, which is proprietary and is used by physicians for procedural billing purposes. The AMA also sponsors the Specialty Society Relative Value Scale Update Committee (RUC), which is an influential group of 29 physicians who set the value of physician labor in regards to Medicare prices. The AMA is currently one of the largest political lobbying groups in the United States and has one of the largest political lobbying budgets of any organization in the United States.

The AMA is composed of various internal groups that meet to discuss policy twice a year at the AMA House of Delegates Annual Meeting and Interim Meeting. The Annual Meeting is held in Chicago, IL each June. Whereas, the Interim Meeting is set on a rotating schedule for different locations throughout the United States and is often held each November. The AMA House of Delegates is

comprised of over 1,000 Delegates and Alternate Delegates of who half represent state societies and the other half of which represent specialty societies.

The AMA is governed by a Board of Trustees and the House of Delegates has a number of established councils including: Council on Constitution and Bylaws (CCB), Council on Ethical and Judicial Affairs (CEJA), Council on Legislation (COL), Council on Long Range Planning & Development (CLRPD), Council on Medical Education (CME), Council on Medical Service (CMS) and the Council on Science and Public Health (CSAPH). Additionally, the AMA is made up of a number of sections including: Medical Students Section (MSS), Resident and Fellows Section (RFS), Young Physicians Section (YPS), Academic Physicians Section (APS), Senior Physicians Section (SPS), International Medical Graduates Section (IMG), Women Physicians Section (WPS), Minority Affairs Section (MAS), the LGBT Advisory Committee, Organized Medical Staff Section (OMSS), Integrated Physician Practice Section (IPPS), among others.

Externally, the AMA is comprised of AMA member organizations which form the Federation of Medicine. These groups include specialty societies, state medical societies, federal services, government agencies, among others. These groups have representatives, consultants, advisors and observers to the AMA. The AMA currently has around 200,000 members and representation in the AMA House of Delegates is determined by the number of AMA members in state and specialty societies.

The AAFP is the 3<sup>rd</sup> largest delegation in the AMA House of Delegates with 18 Delegates and is one of the most diverse and young delegations in the AMA House of Delegates. Our Delegation includes the following AAFP Officers: AAFP President, AAFP President-Elect, AAFP Board Chair, and the AAFP EVP. The 18 member AAFP Delegation is led by a Chair and Vice Chair and AAFP Delegates are selected and approved by the AAFP Board of Directors for (3) six-year terms for a total of 18 years of service to the delegation. The Delegation now also includes students, residents and new physician members, as part of a concerted effort by our AAFP Delegation to encourage fresh new faces and increase diversity. The Delegation Chair reports to the AAFP Congress of Delegates annually. The AAFP Delegation is staffed by several AAFP Vice Presidents, Directors and senior staff members who provide tremendous support for our work at the AMA. Members of the AAFP Delegation have also served on AMA Councils and Section Governing Councils, including most recently CCB and CLRPD. The AAFP hosts a Family Medicine Caucus at the AMA for all Family Physicians who participate in the AMA from various states, specialties and sections. We currently have a number of Family Physicians serving on the AMA Board of Trustees and the President-Elect is a Family Physician as well.

### **Experience:**

It is an honor and privilege to serve as your AAFP Resident Delegate to the AMA House of Delegates. This past year, the Interim Meeting was held in Atlanta, Georgia on November 11-14, 2015 and the Annual Meeting was held on June 11-15, 2016 in Chicago, IL. A wide range of topics were discussed at both annual and interim meetings and as your Delegate, I have worked to advocate for our AAFP residents and medical students and to promote the policies of the AAFP in the AMA House of Delegates. Furthermore, I have worked hard to collaborate with Residents & Fellows from every specialty and every state to ensure supporters for Family Medicine across the AMA Federation and to ensure Family Medicine friendly AMA policies and advocacy efforts. As your Delegate, I work closely with all of the members of the AAFP Delegation and Delegation staff and together we work to advance the interests of AAFP members. This year, I have had the honor to successfully run a campaign in the AMA and have secured the position of Vice Speaker of the AMA-RFS Governing Council. In this role, I will lead the policy making body of the AMA-RFS and help advance the agenda of residents and fellows in medical training across the nation. I am thankful to the AAFP for their support with this campaign and successful election and look forward to continuing our AAFP values across the AMA leadership. In addition to the policy making process, serving in this role provides a unique and unrivaled networking opportunity for physician leaders. Additionally, there are many opportunities for mentorship of residents as well as the opportunity for residents to mentor medical students.

Please consider applying for this position if you have an interest in organized medicine and health policy. As the AAFP Resident Delegate to the AMA House of Delegates you have a great opportunity to be a voice for Family Medicine in the AMA. This position is a 2-year term and is best suited for a rising PGY-2.

Additionally, I urge each of you to consider joining the AMA if you haven't already done so. Our membership in the AMA matters and it increases AAFP representation in the AMA House of Delegates and as a result better advocate for our specialty, our colleagues and our patients. There is also a unique opportunity for residents who wish to become more involved in the AMA House of Delegates. The AMA-RFS has 19 Sectional Delegates that are elected by the AMA-RFS Assembly. This is another fantastic way to serve in the AMA House of Delegates and further increase representation for the AAFP in the AMA House of Delegates. In the past, I have been elected by the AMA-RFS to serve as a Sectional Delegate, which was greatly appreciated and recognized by the AAFP Delegation.

### **AMA House of Delegates Interim Meeting 2015 November 11-14, 2015; Marriott Marquis Atlanta**

The Interim Meeting was dominated by concerns about access to reproductive health services for women and particularly Title X funding and Planned Parenthood. There was an attempt by a small minority of members of the HOD to defund Planned Parenthood, and the measure was soundly defeated. Additionally, CEJA proposed the Modernization of the AMA Code of Medical Ethics and again there were several concerns raised regarding language on a number of issues that may adversely affect practicing physicians and the practice of medicine. Therefore, the recommendation was not adopted and the Modernization of the AMA Code of Medical Ethics was again referred back to CEJA for further comment and review.

During the AMA-RFS a wide range of topics were discussed including:

- Removing financial barriers for transgendered patients to get treatment
- Opposing the influence of insurance and hospital administrators on medical practice including admissions and discharges
- The use of personal mobile devices for work by residents and calling on employers either subsidize or provide mobile devices and mobile plans for residents to perform work related tasks on mobile devices
- Support for access to preventative reproductive health services and opposing all funding cuts for Title X programs, Medicaid funding and Community Health Centers, including Planned Parenthood
- Developing student loan savings accounts
- Encouraging conservation, recycling, and environmental stewardship in healthcare facilities
- Recognizing the actual, true cost of medical student debt
- Encouraging fair and transparent processes for reporting resident grievances
- Revamping sexual education in school
- Advocating for prescription drugs pricing transparency
- Access to independent, third-party mental health services for residents and fellows
- Encouraging Business of Medicine and Medical Economics curriculum for residents and fellows

During the AMA-HOD, the following items were addressed:

- The AMA President, Dr. Steven Stack advocated for reducing the regulatory burden on practicing physicians. His rallying cry during his Presidential Address, "Moments matter and physicians must take them back". Furthermore, he resoundingly affirmed the AMA's charge to address physician satisfaction, burnout and strategies for improving physician wellness. "There

are too many physicians burdened by EHR and the regulatory burdens placed on them by payers.”

- Advocating for fairness in drug prices, availability and access to essential medications
- Prioritizing antibiotic resistance as a real threat to public health and coordinating with the CDC in a concerted response
- Opposing strongly any non-medical exemptions for immunizations and vaccinations
- Proposing a balanced approach opioid abuse
- Reforming Maintenance of Certification
- Eliminating Meaningful Use (also known as meaningless-use)
- Addressing threats to GME funding, including the adoption of a CME report on GME funding
- Sounding the alarm over hospital and insurance mergers and its impact on the practice of medicine, the training of physicians and medical education.

### **AMA House of Delegates Annual Meeting 2016 June 11-15, 2016; Hyatt Regency Chicago**

The Annual Meeting was an emotional meeting for many reasons, but particularly because it was overshadowed by the gun shooting massacre at an Orlando gay night club. As a result, the AMA rallied together to raise funds to support LGBT scholarships. Furthermore, a large coordinated effort took the AMA-HOD by storm and as a result the AMA declared “Gun Violence as a Public Health Crisis”. In addition to addressing the gun violence epidemic, the meeting discussed the disruption of healthcare by technologies and calling for better ways to develop and integrate technologies into medical practice. Additionally, the AMA launched, MATTER, a Chicago-based incubator aimed at developing health-related technologies to address emerging health care needs. Additionally, the AMA launched HEALTH 2047, a health innovation studio in Silicon Valley. The meeting was also dominated by addressing burnout, addressing MACRA, including engaging the CMS Administrator Mr. Andy Slavitt publicly before the House of Delegates. Dr. David Shulkin, VA Administrator also came and addressed the AMA and concerns regarding expanding the scope of practice of advanced practice nurses in the VA system. Opioid abuse, GME and MOC remained hot button issues at this meeting as well.

The Residents & Fellows prioritized a number of issues:

- Preserving specialty specific allocation of GME funding
- Expanding GME concurrently with UME
- Expanding the Public Service Loan Forgiveness Program
- Inclusion of Sexual Orientation and Gender Identify Information in Electronic Health Records
- Access to Prescription Drug Monitoring Programs
- Eliminating Legacy Admissions for Medical School and Residency
- Chronic Trauma Encephalopathy (CTE)
- Direct-to-Consumer Advertising
- Firearm background checks
- Reducing Perioperative Opioid Consumption
- Encouraging medicine-assisted treatment of opioid use disorders
- Protecting Rights of Breastfeeding Residents and Fellows
- Integrating primary care and mental health services visits
- Universal color scheme for respiratory inhaler
- Abusive Pre-Certification/Prior-Authorization Practices
- Improving collaborations between Primary Care Physicians and Community Health Workers
- Injury Prevention: Concussions

The House of Delegates addressed the following items:

- Minimizing the impact of MACRA on Solo and Small Group Practices
- Principles for Hospital-based Electronic Health Records
- Prioritizing Public Health Resources to Address the Obesity Epidemic
- Condemning the US Chamber of Commerce Pro-Tobacco Actions
- Improving Maintenance of Certification including identifying alternative pathways for board certification
- Expansion of Medicaid
- Studying Physician-Aided Dying
- Opposition to the Veteran Administration Expansion of Scope of Practice for Advanced Practice Nurses
- Opposition to CMS-Proposed Medicare Part B Drug Payment Demonstration Project
- Addressing the Opioid Overdose Epidemic including increasing access to Prescription Drug Monitoring Programs, and Encouraging Strategies for addressing fraudulent use of controlled substance prescriptions
- Increasing access to Naloxone, including considerations for over-the-counter access and encouraging law enforcement agencies to administer Naloxone to patients suspected of opiate overdose
- Breaking Down Barriers to Pain Management including eliminating Pain as a 5<sup>th</sup> Vital Sign and eliminating pain management components of patient satisfaction surveys and quality metrics.
- Addressing the Gun Violence Epidemic and Public Health Crisis including lifting the ban on gun violence research.
- Modernization of the AMA Code of Medical Ethics to address the changing demands of medical practice in today's world
- Supporting new and Alternative Physician Payment Models including protecting physicians' determination of patient care/medical care deemed necessary
- Combating the Zika Virus Epidemic

Once again, thank you for allowing me the opportunity to serve as your voice and representative as the AAFP Resident Delegate to the AMA House of Delegates.

Respectfully submitted,



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*Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit [aafp.org](http://aafp.org).*