# "This ain't my daddy's AMA"

An array of resolutions demanded that the American Medical Association (AMA) serve as defender of pocketbooks: press for tax deductibility of electronic technologies; bolstered financial incentives for the provision of preventive health care; compensation for time spent squabbling with insurance companies over whether a procedure is medically necessary; reimbursement for hiring sign language interpreters when treating hearing-impaired patients.

Other resolutions urged the AMA to stave off the dastardly administrators and mandarins who compromise clinical judgement through such mechanisms as medication and testing limits.

Then there are internal woes and squabbles. The membership base has been stagnant for years and it's estimated that just 15% of practising American physicians now belong to the AMA (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3943). Membership fees (US$420) haven't risen since 1994 and it appears the only reason that association books remain in the black is that advertising revenues have again begun to flow into the *Journal of the American Medical Association*. Meanwhile, the Arizona Medical Association wants to compel the AMA and its various boards and committees to end decades of "structured confidentiality" and make the minutes of all their deliberations available to the general membership.

Even the AMA official flag wasn't cooperating at the 2012 AMA's House of Delegates Annual Meeting in Chicago, Illinois. It had been hung upside down, the universal signal for distress.

Faced with such competing and often irreconcilable demands from members with markedly opposite ideological leanings, the AMA delivered a spirited defence of its advocacy measures and sketched plans for a "new strategic direction" for its activities over the next five years.

The latter will involve focusing on developing quality and performance measures aimed at improving health outcomes, pressing for an overhaul of undergraduate medical education in America and "identifying, shaping and promoting payment and delivery models that promote high-quality care and value while enhancing physician satisfaction and practice sustainability," Dr. James Madara, executive vice-president and CEO of the AMA, told delegates.

As for the former, AMA President Dr. Peter Carmel sketched a series of recent legislative, regulatory and legal "wins" that the association notched to its belt, including the cheques that American physicians began receiving this year as part of a US$200-million



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settlement with United Health Group in 2009 regarding physician claims that the insurer had been making artificially low payments to doctors for out-of-network health services. "And the AMA has suits pending against other national insurers too," Carmel said.

Carmel also lauded the AMA's efforts in recent years to become a "voice for the uninsured." As a consequence, "2.5 million young adults under the age of 26 have gained health insurance through their parents. More than 100 million Americans no longer have to worry about lifetime caps on disease coverage. Fifty-four million Americans have already benefited from expanded coverage for wellness and prevention. And 5.1 million Medicare recipients have received support to get through the prescription drug 'doughnut hole.'"

"That's physicians making a difference," he added. "And I think you'll agree with me when I say: This ain't my daddy's AMA."

That may be even truer as the AMA brings a "tighter focus" to its efforts under its new long-term strategic plan, Madara said in his address.

It will "require a strategic shift for the AMA — focusing more on outcomes than process," he said.

The first area of focus will be "toward tracking and improving outcomes," he said, adding that the AMA will "pursue the following goals: demonstrate improvements in clinical and patient-reported outcomes; ensure health equity, reduce unwarranted variation in care, advance the quality and safety of health care; and contribute to the appropriate use of finite health care resources. In order to achieve these goals, the AMA will identify a focused set of outcomes of high potential impact on the US population, and set a course of innovation and action to address them that encompasses a full life cycle improvement. We will begin by identifying 2–3 outcomes this year, eventually aiming for 7–10 on our 'AMA dashboard'."

The second focus will be to "strategically reshape physician education" so as to close the widening gap between "how physicians are currently trained and the future needs of our health care system," Madara said. "Working closely with our Council on Medical Education and other strategic partners, including medical schools and health care delivery systems, we will work to catalyze the development and adoption of needed improvements in undergraduate medical education. For example, our young colleagues need to understand how health care is financed and delivered so that they are fully prepared for their leadership roles in shaping the health care system of tomorrow. Or promoting flexibility in medical student education that is competence-driven rather than calendar-driven training, allowing select students to reduce their medical education debt by combining the fourth year of training with the first year of residency. Or promoting training that enhances the development of physician skills that better support physicians' roles in patient-centred team care."

The third area of focus will be to identify models of health care payment and delivery that promote "physician satisfaction," Madara said, noting that the AMA has appointed a Vice President of Professional Satisfaction–Care Delivery and Payment to oversee the effort.

Increasingly, health care systems "are recognizing the undeniable link that exists between physician satisfaction and good experiences for our patients. The challenge is that identifying those factors driving physician satisfaction is a complex task and the complexity will likely vary across specialties and practice care settings. The bigger problem, however, is that physicians have not been fully engaged in making these connections and shaping a better — and sustainable — future for their practices," he said.

"We aim to change that," Madara added. "The AMA will initiate research activities and establish partnerships with individual physicians, integrated physician organizations and others to help identify effective delivery models that provide both high-quality patient care and physician satisfaction. We will define the common characteristics they share. The models we study will be as diverse as our membership — everything from small practices to integrated systems. We will then work to translate and disseminate these findings to provide physicians with the information they need to make good decisions about their future practice environments. This will include providing physicians with guidance on implementing change in their practices. More important, we will use this information to drive and implement change across practice settings by showcasing delivery and payment models that demonstrate high quality and value while preserving, restoring and enhancing professional satisfaction for physicians." — Wayne Kondro, *CMAJ*

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