
Issues and policies addressed at the AMA Interim HOD meeting

by Jon Sutton, Manager, State Affairs, Division of Advocacy and Health Policy

The American Medical Association (AMA) Interim House of Delegates (HOD) meeting began during a momentous week for the nation that concluded with the election of President Barack Obama and a new Congress. While these events played on the minds of the delegates, a more somber air hung over the meeting because of the passing of the AMA's immediate past-president Ronald M. Davis, MD. Dr. Davis, a public health physician from Michigan, lost his nine-month battle with pancreatic cancer immediately before the HOD met. A moving tribute to him was made at the opening session of the HOD, setting a tone of reflection for the rest of the meeting.

The College's delegation strongly advocated on behalf of the American College of Surgeons and the surgical community and was composed of the following surgeons:

- Richard B. Reiling, MD, FACS, Delegation Chair
- John H. Armstrong, MD, FACS, Delegate
- Carlo A. Dall'Olmo, MD, FACS, Delegate
- Charles W. Logan, MD, FACS, Delegate
- Chad A. Rubin, MD, FACS, Delegate
- Sanjay R. Parikh, MD, FACS, Young Physician Section Delegate
- Patricia L. Turner, MD,

FACS, Young Physician Section Liaison

- Hannah Zimmerman, MD, Resident and Fellow Section Delegate

The Surgical Caucus of the AMA (SCAMA), which continues to operate smoothly under the management of the College, met during the HOD meeting. This meeting's education session—Eighty-Hour Work Week: Where Did It Come From and Where Is It Going?—was presented by Timothy Flynn, MD, FACS, vice-chair of the board of directors of the American Council for Graduate Medical Education; Member, Executive Committee of the ACS Board of Governors; past-chair of the American Board of Surgery; and interim senior vice-president for clinical affairs at the University of Florida College of Medicine. Following this session, William Huffaker, MD, FACS, a plastic surgeon from St. Louis, MO, assumed Caucus chairmanship from Dr. Armstrong, who completed his three-year tenure. Dr. Rubin was elected to serve as a Member-at-Large of the SCAMA Executive Committee, as was Cynthia Goto, MD, a delegate from the American College of Obstetricians and Gynecologists.

Issue highlights

With a reduced number of resolutions and reports, the HOD had many important ad-

vocacy issues for consideration, including several of greater interest to surgery.

- *College-sponsored resolutions:* The College joined a number of national specialty societies to cosponsor two specific resolutions, both of which were adopted by the HOD.

The first resolution, substitution of biosimilar medicines and related medical products, directed the AMA to monitor legislative and regulatory proposals to establish a pathway to approve follow-on biological products and to analyze these proposals to ensure that physicians retain the authority to select the specific products their patients will receive. The resolution also asked the AMA to work with the U.S. Food and Drug Administration and other scientific and clinical organizations to ensure that any legislation that establishes an approval pathway for follow-on biological products prohibits the automatic substitution of biosimilar medicines without the consent of the patient's treating physician.

The second resolution dealt with use of retired questions from the U.S. Medical Licensing Examination Step 3. Many specialty organizations and the AMA have expressed serious reservations about the National Board of Medical Examiner's (NBME) decision to use these

questions out of concern that the doctors of nursing practice certification exam process could be used to draw inaccurate and misleading comparisons of equivalency among different health care providers or among different NBME exams. The HOD concurred and adopted the policy that the integrity of the physician (medical doctor and osteopath) licensure process, through appropriate examination, be maintained so that no person is misled that the training of allied health professionals through their programs or certification is equivalent to the education, skills, and training of physicians. In addition, HOD directed the AMA to develop model state legislation for use by state medical societies and national specialty societies to prohibit NBME from using the present or past content of the USMLE Step 3 exam in the certification processes for nonphysician providers.

- *Patient-centered medical home:* A resolution was adopted to accept the principles of the patient-centered medical home while encouraging further study of the concept with particular emphasis on funding sources and payment structures. These broad principles were originally developed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association. During extensive testimony, the ACS delegation and specialty care community expressed serious concerns regarding the details associated

with promoting the medical home as a model for patient care and physician payment and reminded delegates that the AMA Council on Medical Service is working on a major report on the patient-centered medical home for this year's annual HOD in June.

As part of this discussion, the HOD also referred language developed by the surgical community for consideration by the Council on Medical Service, calling on the AMA to work with all interested specialty societies to continue to study the patient-centered medical home concept. Particular emphasis would be on ensuring that the value-added services of the medical home are fully funded by financing mechanisms outside the Medicare Part B physician payment pool, including from private insurance, Medicare Parts A and D, and Medicaid; that patient access to necessary quality specialty care without a gatekeeper is preserved; that patients can select any qualified physician practice as his or her medical home; and that unity within the House of Medicine be preserved.

- *Self-referral:* An ethics policy that offers specific guidance pertaining to legally permissible contractual arrangements that provide opportunities for self-referral was adopted.

- *Disruptive behavior:* The AMA will work with The Joint Commission and other interested parties to develop a definition of disruptive behavior by a physician to include the actions that would rise to the

level of true abusive behavior and to include rules for an appeals process that complies with due process for physicians accused of disruptive behavior. It will work to ensure that allegations of disruptive behavior by a physician are handled by the organized medical staff through its established bylaws and will approach The Joint Commission to delay by one year implementation of the new standard regarding disruptive behavior to give medical staffs time to bring their bylaws into compliance.

Other news

Dr. Reiling is running for reelection to the AMA Council on Medical Education at the AMA's annual meeting in June in Chicago, IL.

Dr. Armstrong chaired the AMA Disaster Medicine Caucus, which featured a presentation regarding lessons learned from Hurricane Ike by Kenneth Mattox, MD, FACS, an Alternate HOD Delegate from Texas. Dr. Mattox emphasized that effective medical response is always local and that acute clinical health needs in the storm's aftermath are over within 36 hours.

For further information on the Interim 2008 AMA HOD and surgical involvement in this meeting, contact Jon Sutton at jsutton@facs.org.