REPORT ON AMA HOUSE OF DELEGATES - INTERIM MEETING - DEC. 5-8, 1982

Arthur R. Ellenberger

1- The AMA reaffirmed its definition of "physician" to be: "A Physician is a person who, having been regularly admitted to a medical school, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in medicine and has acquired the requisite qualifications to be legally licensed to practice medicine." The reason this came up is that other health care providers desire the government to broaden this definition so that they may participate in and be reimbursed by government health programs.

2- A ten-member study committee, which was formed by action of the June, 1982 House of Delegates, reported, stressing the need for a system to address and resolve the concerns of medical staffs at the nation's 7,000 acute care hospitals. The House voted to establish a "Hospital Medical Staffs Section," which gives the House four special sections and will provide medical staffs with a national forum and direct access to the AMA policymaking body. Like the sections for medical schools, residents and students, they will have a Delegate and an Alternate Delegate and will function with a governing council. The section will be organized as an open assembly, with each hospital medical staff eligible to send one elected representative. Representatives must have clinical privileges at the institutions they represent, be members of the AMA, and will be encouraged to become members of their state and county societies if not already members. The House urged state and county societies to work with medical staffs to facilitate participation in the section, noting that a possible model would be a

10- House instructed AMA to continue vigorous opposition to inappropriate regulations under the Tax Equity and Fiscal Responsibility ACT of 1982. TEFRA provides arbitrary definitions of the practice of medicine, limits on medical consultations, and "resonable compensation equivalent" limits for Part B physicians' services. They are highly complex and detailed, yet critical regulatory items are involved. The AMA was instructed to fight this in next congress.

11- House decided AMA should develop an educational program describing the dangers of excessively heated water.

12- The AMA Statement to the Subcommittee on Health and Environment Committee on Energy and Commerce of the US House of Representatives addressed Prospective Payment for Hospitals in part as follows:

The American Medical Association supports the development and exploration of systems for payment to instituttions on the basis of predetermined rates or other payment systems that create incentives for facilities to be more cost-conscious. It would be inappropriate, however, to institute a radical change in the Medicare and Medicaid hospital reimbursement system without assurances that quality care will be maintained. To this end, we strongly caution against the implementation of any full-scale prospective payment system without experimentation and until on-going projects have been analyzed to determine their effects on costs and quality.

Mr. Chairman, as proposals for prospective payment are brought before Congress we urge you to give them careful consideration. We strongly recommend that you consider not only how much these

programs are designed to save in terms of dollars but also consider what effects they will have in human terms and upon the quality of care that will be available to the American people.

13- For the third time the House considered whether or not to reduce dues for the physician spouse of an AMA member and the matter was again referred to the BOT. Those against this claimed it would be difficult to administrate and would involve medical associations in areas in which they did not belong, obtaining and keeping records of members divorces and remarriages.

14- Delegates again debated consumer choice principles and this will be continued in the next session if the administration formulates a competitive approach to a national system for assuring access to cost-effective medical care.

15- PPO's - - The Delegates voted to encourage local medical societies to consider investigating the pros and cons of forming preferred provider organizations, instead of leaving them to be developed by business corporations and hospitals. The Council on Medical services desires local societites to serve as an organizational focus for local physicians' effective and informed response to PPOs, without compromising support for existing policies of pluralism of the medical care delivery system.

REPORT: AMA INTERIM MEETING DECEMBER 6 - 11, 1985-Washington D.C.
by Art Ellenberger

JOINT CME PROPOSAL

Congress targeted Medicare for Graduate Medical Education budget cuts. The following organizations issued a joint statement which reduces federal reimbursement, but will not have as severe negative consequences as proposals currently in H.R. 3128: AMA, AHA, AAFP, ACP and ASIM.

FUND RESIDENT TRAINING

Positions of residents in training could be eliminated in some institutions if proposed federal legislation on Medicare funding of GME is enacted. Resolultion 30 as amended and adopted asks AMA to support continued funding for residency training so that housestaff currently in training programs should not have their positions eliminated for reasons of cost containment only. All speakers endorsed this resolution.

AMA PRESIDENT IS BULLISH

The HOD commended Dr. Harrison Rogers for promoting a positive attitude about the future of medicine. He noted a defeatism among doctors which is destructive to patient care, and not based on fact. He finds medical students changed for the better. There are more students, younger students, more female students and they are better educated then those of his generation. Medical school material and methods of learning have vastly improved. Hospitals have changed from crowded, gloomy, poorly planned institutions to bright, sparkling, efficient structures. New methods of payment and systems of care have developed and we must not fear what is new only because it is different. The most remarkable change is the "product" of patient care which physicians deliver. Patients live longer, have improved

infant mortality rates and a far lower incidence of many diseases. We have a magnificent product to deliver and the rest of the world knows it. Dr. Rogers says that, if physicians had a closer relationship with patients in the past, it is our own fault. The only thing affecting this relationship is the doctor's compassion and ability to help the patient without consideration of other circumstances, and the patient's trust and confidence in the doctor's ability to do so. Nothing else counts. Insurance coverage, practice setting, form of practice or method of payment are irrelevant to the doctor-patient relationship. Patients are more informed and need more of our time explaining the disease process we suspect, the treatment we prefer and the outcome we expect. We must take time to listen to their questions because they are more active participants in their own care. Dr. Rogers says all signs point to the fact that the greatest age of medicine is yet to come.

New physicians are going to deliver a "product" to their patients in the '80s and '90s which will make the care provided in 1957 when Dr. Rogers entered practice, pale by comparison. Spectacular improvements in drugs and surgical procedures abound. The unbelievable advances seen in all branches of medicine will provide a level of care unparalleled in the past and hardly dreamed of at present.

PUBLIC AWARENESS PROGRAM

The HOD directed that a public awareness program be developed including patient education materials which emphasize the impact of

changes in the health care system affecting quality and access.

HEALTH FAIRS

The AMA urged that emphasis of health fairs be primarily educational and informative. Single purpose screening programs should stress the importance of the establishment of a personal doctor-patient relationship.

BOXING

AMA again called for the elimination of both amateur and professional boxing, a sport in which the primary objective is to inflict injury. The HOD encouraged working with the U.S. Olympic Committee to achieve this.

ATV REGULATION

The HOD urged states to adopt safety requirement for All-Terrain Vehicle operation. Many 12 and 13 year olds, who should not be driving these vehicles, are killing themselves.

HEIMLICH MANEUVER

There are ten unnecessary deaths a day in the U.S. because people do not know how to use the Heimlich Maneuver. The Council on Scientific affairs was asked to report on this by Annual 1986.

TOBACCO PRODUCTS

The AMA voted to oppose all media advertising of all tobacco products. This includes chewing tobacco. They desire medical societies to encourage departments of education to expand health education programs to emphasize the beneficial results of remaining free of the use of all tobacco products. It should be targeted

specifically at 8 to 18 year olds, a group highly susceptible to persuasion by tobacco industry advertising.

GENERICS NOT EQUIVALENT

The AMA directed its department on state legislatiuon to oppose bills and regulations authorizing pharmaceutical or therapeutic substitutes to a physician's prescription. BOT report EE cites examples of therapeutic substitution which could harm patients. AMA policy will oppose any concept of prescription drug substitution without the prescribing physician's authorization. Delegates referred to BOT the suggestion that the AMA and pharmaceutical associations study and evaluate the pharmacologic equivalence of generic products in comparison to brand name counterparts to ensure safety and efficacy of therapeutic treatment.

DPT

Delegates urged AMA emphasize to DHHS that urgent priority be given to the accelerated development of an even more effective and safer pertussis vaccine.

ANTIBIOTICS IN ANIMAL FEED

Council on Scientific Affairs developed a 12 page study of potential hazards to human health resulting from subtherapeutic levels of antibiotics in animal feed. The controversy remains unresolved, and the Council will continue its evaluation of the issue. Clinical investigators more often have emphasized that inappropriate use of antibiotics in medicine is a primary cause of resistance to antibiotics in humans.

ADMINISTRATION AND SUPERVISION OF REHABILITATION UNITS

The AMA voted to inform HCFA and health insurance carriers that third party coverage for the administration and supervision of patient rehabilitation continue to be determined by physician competence based on training and experience, and not be denied on the basis of board certification. Also to inform the JCAH, AHA, and other organizations that these criteria should be the basis of qualification for administration and supervision of these units without restriction by specialty designation. The AMA has consistently supported the policy that individual character, training, competence, experience and judgment should be the criteria for granting clinical privileges and other responsibilities.

CASE MANAGER

The HOD directed the AMA to study the 'gatekeeper' system, its advantages and disadvantages, and report back by Annual 86.

CONFIDENTIALITY

Some employers are self-insurors and there are complex relationships between patients, physicians, employer, and insurers. The BOT was requested to bring back a report at Annual 86 to enhance confidentiality of medical records with all groups.

RETROSPECTIVE DENIALS

Delegates urged HCFA to halt retrospective denials until all parties have had an opportunity to speak to the issue, and to support legislation which would provide hearing rights.

PEER REVIEW CONFIDENTIALITY

If Peer Review is to be effective, review data must be kept

confidential. The Delegates directed the AMA take necessary steps to implement this policy.

HAZARDOUS SUBSTANCES

Hazardous substance requirements should be nationwide and uniform for the workers health and safety (BOT report BB). Report A of the Council on Ethical and Judicial Affairs states that physicians have an ethical obligation to communicate relevant information about health hazards in the workplace to their patients (the employees), colleagues and the public.

ETHICS AND JOINT VENTURES

Delegates asked AMA to publicize, all appropriate publications of the association, Opinion 4.04 of the Council on Ethical and Judicial Affairs:

> "HEALTH FACILITY OWNERSHIP BY PHYSICIAN. A physician may own or have a financial interest in a for-profit hospital, nursing home or other facility, such as a free-standing surgical center or emergency clinic. However, the physician has an affirmative ethical obligation to disclose his ownership of a health facility to his patient, prior to admission or utilization.
>
> Under no circumstances may the physician place his own financial interest above the welfare of his patients. The prime objective of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. For a physician to unnecessarily hospitalize a patient or prolong a patient's stay in the health facility for the physician's financial benefit would be unethical.

If a conflict develops between the physician's financial interest and the physician's responsibilities to the patient, the conflict must be resolved to the patient's benefit."

HCFA 1500 CLAIM FORM

An emergency resolution (N.Y. delegation) was unanimously approved by the reference committee and the HOD that the AMA urge the Health Care Financing Administration to reinstitute its procedure of providing the HCFA 1500 claim form free of charge to physcians who render care to Medicare beneficiaries.

N.J. DELEGATION

The 9 Delegates and 9 Alternates of our N.J. Delegation contacted Senators and Congressmen on medical issues while in D.C. Dr. Frank Watson was elected Vice Chairman of the Delegation.

RELATIVE VALUE SCALE

Delegates desired RVS Advisory Committee and "Consensus Panel" be expanded to include greater representation of practicing physicians representing appropriate regions and specialties. A government grant is being used in Massachusetts to evolve a more rational payment system through consensus panels composed of 50% physicians (Ref. G Report TT).

MEDICARE REIMBURSEMENT

The Delegates proposed a policy statement (Ref. G Resolution 71) that Medicare payment for physicians' services include an indemity system based on a defined schedule of allowances that would (1) be based on a resource cost Relative Value Scale; (2) allow appropriate regional differences in allowances; and (3) would indemnify patients for covered services, maintaining the rights of physicians and

patients to enter into individual contracts wherein physicians establish their own fees and agree or not agree to accept amounts identified as payment in full.

MILK PRODUCTS

The AMA reaffirmed its policy that all milk, and milk products sold for human consumption, should be under legislation requiring pasturization.

FEE FREEZE

The AMA urged aggressive activity, both legislative and judicial as appropriate, to eliminate the discriminatory action of Congress in imposing an unfair freeze on fees and reimbursement for physician services under Medicare.

AIRCRAFT EMERGENCY EQUIPMENT

Delegates noted basic life support equipment is pathetically lacking on commercial aircraft. HOD approved listing of emergency equipment to recommend to FAA which is considering a ruling for aircraft carrying over 60 passengers.

TORT REFORM

Kirk Johnson, General Counsel for the AMA, reported that many California tort reforms laws have been tested by the Supreme Court and found constitutional. The threefold approach to the growing problem is State Tort Reform plus Self Discipline reforms plus Risk Management. To achieve reform, AMA is working with specialty societies and national coalitions of insurors and businessmen interested in limiting product liability. However, self discipline and more quality review is needed to credibly answer the trial lawyers. Peer Review is part of the total package. Accountants, architects and engineers are inhibited by growing liability problems and there is a need to work together for all Tort Reforms. State and

County Societies are requested to help with this approach. AMA National Bill omitted Statue of Limitations and some other important reforms because they wanted to hold down their requests to the basic four problems. (See Hatch Bill S-1804)

S-1804

Bill would provide federal incentives for states to adopt professional liability reforms. A state would be eligible to receive federal grants if the following reforms are adopted by the state and made applicable to cases involving health care malpractice:

1. Mandatory periodic payments for awards of future damages exceeding $100,000.
2. Awards reduced by compensation received from other sources (eliminating collateral source rule).
3. Awards of non-economic damages to be limited to $250.000.
4. Attorneys' fees to be limited to 40% of first $50,000 0f award, 33.33% of next $50,000, 25% of next $100,000, and 10% of any awards in excess of $200,000.

In addition, to qualify for grants a state would have to adopt the following reforms:

1. Licensing fees from health care professionals would be allocated to the state agency responsible for disciplinary actions.
2. Hospitals would be required to have risk management systems.
3. Insurance companies in the state would be required to conduct risk management programs and require physician participation as a condition of maintaining insurance.
4. Insurance companies would be required to make data concerning malpractice awards available to state disciplinary agencies.

5. State law would have to provide for expanded peer review activities by state medical societies.

AMA Position: The AMA strongly supports prompt passage of S-1804. The bill was developed by the AMA and it's enactment is a number one priority. Passage of S.1804 will provide added incentives to states to adopt needed reforms. States which have adopted these reforms have experienced an alleviation of critical professional liability problems.

TASK FORCE

BOT report TT was adopted (Ref. B). It called for a reconstituted Committee on Professional Liability as an Advisory Panel working with the Special Task Force on Professional Liability and Insurance. They both should work together and provide assistance to local Societies to develop and execute major tort reform plans.

REPORT: AMA ANNUAL MEETING

Chicago, June 15-19, 1986

Art Ellenberger

HEALTH POLICY AGENDA (HPA)

In August 1983 the AMA initiated and funded (4½ million) HPA. The definitive HPA report will be issued in January 1987. Work groups, advisory committees and a steering committee comprised of physicians, consumers, government and union representatives, business men, the research community of medicine, all sat down to work out what U.S. health care should be. Never before has the private sector attempted to identify and approve principles plus long range care goals. The AMA started HPA, but as predicted, it has a life of its own. The wide diversity of people who put it together will enhance the report's acceptance, but since HPA was done by consensus and compromise, no one of its sponsors is likely to wholeheartedly agree with all of its 27 proposals (to be produced in two volumes). It is potentially the foundation for making health care policy in this country well into the next century, BUT WE MAY ALL HAVE TO SELL IT TO OUR OWN GROUPS. The AMA made a long term commitment to this project. The alternative was to leave it to 435 other people on the banks of the Potomac with little physician input.

MEDICAL PAYMENT SYSTEMS (MPS)

Nancy Vlasak, of the AMA, explained that they signed an agreement with MPS and encourage physicians to join to process <u>all</u> third party claims electronically. Insurance companies save money by avoiding paper delays and not employing people to punch claims into computers with costly errors and corrections. Doctors save money with the system by giving each patient

from professional aspects of care, toward business aspects, toward protecting owners and shareholders of institutions, rather than protecting patients. AMA surveys show physicians fear a lessening of quality care because of financial constraints and early discharge. We must stamp out the reasons for such fear through persuasion and education. Through emergency centers and new modes of practice, doctors tend to be caring for strangers, patients are going to strangers for care. How can we be successful advocates for strangers? We must attempt the close relationships of the past and increase physician visability in the community. Physicians should volunteer for community work on town councils, school boards, etc., and speak up on matters of health and patient care. As a profession, we are called before the bench in the court of public opinion, which is the final arbiter of every issue in this country. The decision will be whether doctors shall remain free to practice the kind and quality of medicine they believe in, or whether the profession will be turned into a regulated public utility.

ALCOHOL LABELING

The AMA called for warning labels on whiskey bottles and beer cans that alcohol can be a hazard to your health.

COBRA

AMA Council on Medical Education Report "J" reminded us Consolidated Omnibus Budget Reconcilliation Act of 1985 (P.L. 99-272), which concerns GME and funding by Medicare, establishes by law another important council on medical education directed to make recommendations to HHS and Congress on:

(A) Supply and distribution of physicians in the U.S.;

FMG RESOLUTIONS

The resolution on equality in testing FMG's, drafted by our ECMS FMG Committee, was not adopted. Instead, they endorsed BOT Report "Z" which states, "The AMA should continue to support the activities of the ECFMG related to verification of education credentials and testing of FMG's." Dr. Carlo Porcaro and Dr. Fred Jacobs were present at the Reference Committee C hearing and Dr. Edward Wolfson, who once addressed the ECMS on GME, was on the AMA Committee to draft Report Z. Dr. Pam Formica was a member of Reference Committee C.

The House adopted an excellent Resolution relating to FMG's:

"Resolved, That the AMA continue to protect the rights and privileges of all physicians duly licensed in the United States regardless of ethnic or educational background; and be it further

Resolved, That the AMA oppose any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background."

CHARGE CARRIERS FOR SERVICE

CME Report "J" revises ethics to approve reimbursement for more complex administrative service provided to third party payors such as obtaining pre-cert, second opinion, certification on LOS where carrier requires this as condition of reimbursement.

SEAT BELTS

The Delegates supported installation of shoulder harnesses for outside rear seat occupants in all new cars sold in U.S., and supported mandatory seat belt usage by ALL occupants.

DPT

Delegates demanded AMA increase efforts to resolve the liability/cost crisis in childhood vaccines by urging Congress to enact tort reform which

TORT SYSTEM CHANGE

The House called for a study on the desirability of establishing "Liability Courts" that would handle professional liability cases. Under this potential arrangement, those courts would process liability cases like tax courts handle allegations of tax law violations.

FREEDOM TO CONTRACT

The Louisiana Delegation declared a national day of mourning for the loss of the right to contract between Massachusetts physicians and their patients 65 years of age and over.

NATIONAL HMO/IPA

A resolution that the AMA investigate the feasibility of developing a national networking of IPA's was not adopted because of possible conflict of interest in not being the patient's advocate and possibly acting against some AMA members. This matter was referred to the BOT.

QUALITY OF MEDICAL CARE

BOT Report "QQ" outlines a new AMA initiative designed to strengthen Medicines traditional quality assurance activities. This report is a call to all physicians to renew their commitment to be actively involved in peer review and to report professional misconduct and incompetence. The challenge is to continue to exercise leadership in improving quality assurance systems in an environment in which concerns of cost have become predominant. The AMA will assist in the defense of any county, state or national medical society that incurs litigation as a result of the society's good faith efforts at peer review and/or reporting incompetance.

The AMA announces the initiation of a cooperative effort with the Justice Department to clarify and to expand areas of peer review which may

ACTIONS AVAILABLE

Other Delegate actions and discussions are available at the ECMS office concerning: AIDS and Herpes discrimination, school instruction in Cardiopulmonary Resuscitation, further jousting with the tobacco industry, discussion on "Irreversible Coma", physician suicide, physician jury duty, and "More Doctors, but where did the General Practitioners go?"

INAUGURAL

Dr. John J. Coury, President, urged physicians work to provide patients with care they need in more cost-effective ways. We must help hospitals survive under prospective pricing and PROs, and physicians in whatever mode of practice to survive in a competitive environment. We must ease the malpractice atmosphere and take forceful action against incompetent, fraudulent, and greedy physicians by reporting professional misconduct. We must participate in all levels of the Federation to unify our profession and shape a beneficial future for medicine and the people we serve. We should wholeheartedly support the Health Policy Agenda for the American people - - our commitment will give a clear signal to the public that we do care about them and have true awareness and patient advocacy. If, "people who need people are the luckiest people in the world;" we are part of the luckiest, as well as the greatest profession in the world.

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REPORT: AMA INTERIM MEETING DECEMBER 5-9, 1987 - - ATLANTA, GA.

by Art Ellenberger

AIDS

Same three things: 1- Educate, 2- Change habits, 3- Await vaccine.

Vaccine could be 2 to 3 years off through Dr. Gallo of CDC or French Academy. Predicted heavy shift to heterosexuals did not materialize. Urban minorities hard hit. Model State Legislation on AIDS prepared by AMA Council on Legislation (available at ECMS office.)

Delegates favored existing private insurance and an expansion of state risk pools as best means of financing AIDS.

AIDS ETHICS

Report A, Council on Ethical Judicial Affairs **Guidelines summarized:**

1- A physician may not ethically refuse to treat a patient solely because the patient is seropositve.

2- Where there is no statute that madates or prohibits the reporting of seropostive individuals to public health authorities and a physician knows that a seropostive patient is endangering a third party, the physician should:

   a. attempt to persuade the infected patient to cease;
   b. if persuasion fails, notify the authorities;
   c. if authorities take no action, notify endangered 3rd party.

3. A physician who knows that he or she has an infectious disease should not engage in any activity that creates a risk of transmission of the disease to others.

BEDSIDE NURSE CRISIS

Comprehensive BOT Report CC Ref. C recommends: 1-Support all levels of nursing education, at least until the crisis in the supply of bedside care personnel is resolved. 2-Support government and private initiatives that would facilitate the recruitment and education of nurses to provide care at the bedside. 3-Support economic and professional incentives to attract and retain high quality individuals to provide bedside nursing care (report available).

MEDICARE (REF A)

AMA reaffirms 3rd party payment schedules be construed as schedules of benefits to their insureds, except where physicians have voluntarily contracted with the insurer to accept those benefits as payment in full for services, or as required by law. AMA recommends state and county societies adopt **Volunteer Medicare Assignment Programs**, to assure elderly of limited means receive care.

The AMA is directed to develop criteria by which the Harvard Relative Value Study (Report due July 1988) can be evaluated, seeking input from various national specialty societies.

MAAC FEES

Delegates directed AMA: 1) continue efforts to prevent physicians being penalized, persecuted or prosecuted, 2) make effort to relieve physician of inequitable MAAC provisions and 3) attempt to eliminate misleading categories of "participating" or "nonparticipating."

PRESIDENT'S REPORT

William S. Hotchkiss, M.D., AMA President, said we won the fight against physician DRG's, but victory did not leave the profession unscathed. The year was characterized by fragmentation and legislators were provided conflicting views. The AMA is trying to insure a close and genial work relationship with every specialty society. This is vital because we only won a skirmish in a long battle. He has hopes that the "Harvard U - RVS" can lead to a workable payment formula, but could fail if it forces physicians to accept mandatory assignment.

PROFESSIONAL UNITY

James Sammons, M.D., AMA Executive V.P., said the Office of Management and Budget plans for physicians DRG's were foiled through both AMA and specialty society resources. OMB failed to get RAP DRG's. He warned blind adherence to narrow specialty interests can destroy progress that professional unity has made possible. The AMA gained 17,000 members in 1987 to 296,209 members, the highest in history.

WHAT HAS AMA DONE FOR ME?

On December 1st, President Reagan signed "Public Health Service Amendments of 1987" law which was AMA drafted to eliminate provisions of PL 99-660 of 1986 which gave attorneys access to confidential physician licensing hospital privileges and malpractice information in a central Federal clearing house. Intense AMA lobbying achieved this.

DON'T BURDEN SOCIAL SECURITY

Dr. Pam Formica of New Jersey, chaired AMA Reference Committee B. They referred a resolution to the BOT calling for AMA to oppose **further expansion** of tax supported government controlled health care under the Social Security system and to support private alternatives.

TORT REFORM

Delegates directed AMA compile report of state Tort Reforms overturned by the Courts in past 15 years, and that AMA support Florida's alternate mechanism approach to the Tort system for resolving medical liability disputes, such as the Medical Incident Compensation Act.

PUBLIC HEALTH

Delegates directed action and education against Drunk Driving, the use of tobacco products and plan press releases to discourage smoking near children. They desired more education on the Fetal Alcohol Syndrome. They urged publicizing lethal dangers of all-terrain vehicles.

Delegates want legislation to require food labeling to list contents, ie. sodium, sugar and additives.

SI CONVERSION

Delegates split on helpfulness of adopting this European measuring system, but encouraged a permissive attitude toward SI unit initiatives that are voluntary and local.

THERMOGRAPHY

Delegates declined to endorse statement on thermography and requested the Council on Scientific Affairs to reconsider its report. Some called the report educational. Others said it was a disservice to publish it in AMA Journals.

PEER REVIEW

Delegates rejected a policy which would exclude physicians from participating in peer review proceedings, if they share the specialty of the physician under review and are potential economic competitors.

LIVING WILLS

BOT Report F (Constitution & By Laws Committee) detailed common provisions in State "Living Will" statutes (available at ECMS). New Jersey is one of ten states which have no such statutes.

ADOLESCENT PERIL

BOT Report II lists 15 AMA accomplishments in its Initiative On Adolescent Health. Problems behind this are: 1-Every 78 seconds, an adolescent attempts suicide; every 90 minutes, one succeeds. 2-Every 20 minutes, an adolsecent is killed in an accident. 3-Every 80 minutes, an adolescent is a victim of homicide. 4-Every 31 seconds, an adolescent becomes pregnant. 5-Nearly half of all high school seniors have used an illegal drug at least once and almost 90 percent have used alcohol - - some on a daily basis.

MAIL ORDER DRUGS (REF E)

This practice is an established alternate method of distributing drugs and is appropriate for well defined patient populations. Physicians have responsibility to prescribe cost effectively and have assurance generic substitution occurs only by order of prescribing physician.

HOSPITAL STAFFS (REF. D)

Many resolutions called for AMA to work more closely with JCAH on problems which concern medical staffs. Resolution 3 was adopted and referred to hospital staffs throughout the Country. It asks: 1-hospital medical executive committees and/or their legal counsel to regularly examine the hospital/corporate bylaws, rules and regulations for any conflicts with the medical staff bylaws, rules and regulations or practices. 2-hospital medical executive committees to request their hospital board of trustees/directors to notify them of any proposed or impending changes in the hospital/corporate bylaws. 3-hospital medical

executive committees to advise medical staff members/applicants of the effect of these hospital/corporate bylaws, rules and regulations.

HMO'S

AMA calls for Federal legislation requiring HMO's to: 1-provide patients with a brochure describing the HMO including limitations of coverage, professional qualifications of personnel providing service, and grievance procedures; 2-provide ample notice to beneficiaries participating in the HMO of any premium changes; 3-notify enrollees when contracts with participating hospitals or clinics are cancelled or interrupted and the options for alternative health care.

PRO'S

Delegates adopted following 3 Resolves: 1-That AMA challenge both PROs and HCFA, publicly and politically, to develop a program that honestly promotes high quality and the delivery of efficient medical care; 2-That AMA take appropriate steps to assure that the PRO statutes as now written and implemented through HCFA guidelines reflect the community standards for high quality care; 3-That AMA call upon Congress and HCFA to assure sufficient funding for programs to inform patients and physicians concerning the actions of Peer Review Organizations.

DAYTIME HEAD LIGHTS

Delegates voted to encourage daytime use of low-beam headlights and, on new vehicles, the installatiion of a system that would turn on headlights with the ignition switch. BOT Report N concludes it would be safer for drivers to use lights during day, and particularly at the following times: dawn and dusk, during adverse weather, and in heavy traffic conditions.

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REPORT: AMA ANNUAL MEETING

Chicago, June 21-25, 1987

Art Ellenberger

AIDS POLICY

Comprehensive BOT Report YY may be the framework for a U.S. policy. The House adopted YY calling for mandatory AIDS-virus tests of prisoners and would-be immigrants, but not for those entering marriage or a hospital. The Delegates also approved recommendations calling for: 1) School education starting at elementary level on transmission prevention. 2) Testing at STD and drug-abuse clinics, unless patients object. 3) A commission of national, state and local leaders, to develop a consensus on how to fight AIDS. 4) Greater educational efforts aimed at doctors and the public, including voluntary media guidelines and AMA public service spots. 5) More federal funds for testing, counseling the infected and research to determine best counseling methods. AMA Trustees said the $1 billion expected to be appropriated by Congress for 1988 will not be enough.

SMOKING

Delegates recommended to F.A.A. that smoking be banned on all commercial passenger aircraft in the U.S. House called for AMA support of legislation setting minimum age for purchasing tobacco products at 21.

OLD POLICY

Recommendations of AMA Council on Long Range Planning were adopted as follows:

> "To ensure that the AMA's policies are consistent and timely, the Council recommends:
>
> 1. That the two policies referred to in this report be retained.
> 2. That all AMA policies from 1881-1958, other than those specifically mentioned in this report, be rescinded."

Two policies retained are: the AMA BOT, or its designees, have authority to speak for AMA policy in Congress, etc.(I 50). Also, whether stated or not, principles adopted by the AMA concerning medical practice, are set forth primarily to maintain standards essential for the best medical care to protect the public (A 34).

FMG'S

Two resolutions on FMG's were much discussed for two days in different Reference Committees and in the House and rejected by fairly close votes. Although the Equality in Testing Resolution of Dr. Fred Jacobs lost, CME Report A was adopted with the following recommendation:

"The Council on Medical Education recommends that the AMA
5. Urge the Educational Commission for Foreign Medical Graduates to consult with the National Board of Medical Examiners concerning the possible use of Parts I and II of the National Board of Examination for ECFMG certification.

The National Board of Medical Examiners has expressed a willingness to permit a recognized educational agency to review the FMGEMS and Parts I and II of the National Board examination and comment on their equivalency. In the view of the Council, this should be done. The Council on Medical Education is prepared to participate in this effort if requested."

Dr. Giovanni Lima's resolution, establish FMG Section, drew much support, but lost 215 to 145. Michigan State Society will set up an FMG section and bring in a similar resolution next year, since this came within 70 votes of adoption.

WHAT HAPPENED?

In my 35 years with organized medicine, I have attended 67 meetings of the AMA House of Delegates, missing but four.

Until a few years ago you could report back with clarity to a local Resolution sponsor that the AMA: 1) loved it, 2) hated it, 3) feared and referred it, 4) substituted a Resolution for it, 5) requested a report at the next session, or 6) amended and adopted it!

Today's House is less forthright! They group twelve seemingly disparate Resolutions and adopt Report XYZ in lieu of them all.

On return, I mail the adopted 10 page report XYZ to the physician who took the time to draft the resolution hoping to avoid the question, "I've read this. Are my peers for or against me?" If you reply that you sat through the whole procedure and don't know, your comprehension may be in question. The reporting job gets tougher.

DXplain

Dr. James H. Sammons announced a computer diagnosis service available on subscription. Its data on 2000 diseases can link private practice to medicine's information explosion. AMA member fees are $30.00 (one time) and $5.00 to $10.00 per usage.

A physician uses an ordinary telephone connection to link his computer terminal with DXplain. You build a clinical case decription by entering pertinent signs, symptoms and lab data. DXplain replies with a ranked list of diseases which should be considered as possible candidates.

PHYSICIAN DISPENSING

The House Resolved, "That the AMA support the physician's right to dispense drugs and devices when it is in the best interest of the patient and consistent with AMA's ethical guidelines."

"Guidelines referred to are the following two Judicial Council Opinions:

8:03 "Physician ownership interest in a commercial venture with the potential for abuse is not in itself unethical. Physicians are free to enter lawful contractual relationships, including the acquisition of ownership interests in health facilities or equipment or pharmaceuticals. However, the potential conflict of interest must be addressed by the following: (1) the physician has an affirmative ethical obligation to disclose to the patient or referring colleagues his or her ownership interest in the facililty or therapy prior to utilization; (2) the physician may not exploit the patient in any way,

as by inappropriate or unnecessary utilization; (3) the physician's activities must be in strict conformance with the law; (4) the patient should have free choice either to use the physician's proprietary facility or therapy or to seek the needed medical services elsewhere; and (5) when a physician's commercial interest conflicts so greatly with the patient's interest as to be incompatible, the physician should make alternative arrangements for the care of the patient.

8.06 (1)physician should not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect fiancial interest in a pharmaceutical firm or other supplier. Whether the firm is a manufacturer, distributor, wholesaler or repackager of the products involved is immaterial. Reputable firms rely on quality and efficacy to sell their products under competitive circumstances and do not appeal to physicians to have financial involvements with the firm in order to influence their prescribing.

(2) A physician may own or operate a pharmacy if there is no resulting exploitation of patients.

(3) A physician should not give patients prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code.

(4) Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a physician. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the physician's prescription for drugs, eyeglases, contact lenses, or other devices as required by the Principles of Medical Ethics and as required by law. The patient has the right to have the prescription filled wherever the patient wishes.

(5) Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. Physicians should not discourage patients from requesting a written prescription or urge them to fill prescriptions from an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the physician with respect to the filling of the physician's prescription."

MEDICAL DEVICES

Judicial Opinion 6.06 currently reads:
"A physician may not accept any kind of payment or compensation from a drug company for prescribing its products. The physician should keep the following considerations in mind:
1) A physician should only prescribe a drug based on his reasonable expectations of the effectiveness of the drug for the particular patient.
2) The quantity of the drug prescribed should be no greater than that which is reasonably required for the patient's condition."

To this the Delegates at A-1987 Resolved that Opinion 6.06 should apply as well to the prescribing of **Medical Devices.**

H.O.D. asked the AMA to inform physicians of possible legal and ethical violations involved with such conduct.

"PARTICIPATION 88"

Two national Senators said they did not yet know who would be running in the Presidential, but the time to volunteer to help the party of your choice is this Summer.

AMA ADOPTS TWO ESSEX RESOLUTIONS

Dr. Otto Baum's Resolution "Forced Assignment On Laboratory Fees" was adopted as written. Dr. George Benz's Resolution "Hospitals Limited To Participating Physicians" was adopted as written

STUDY PRACTICE ENHANCEMENT ARRANGEMENTS

Re: Contract Medicine. Delegates Resolved: 1-AMA study the subject of economic inducements for the provision of medical services and their effect on patient care. 2-Guidelines be prepared to which physicians can refer in evaluating economic arrangements. 3-Report back at I-1987.

AMA DUES

No change in 1988 AMA dues, but anticipate raise required in 1989.

REACHING NON-MEMBERS

BOT directed to implement cost-effective ways to provide information about AMA political and economic activities to non-AMA member physicians, to encourage new members. Report back at A-1989.

DRUG CODING AND GENERICS

Re: Generic drug identification. Resolution 44 amended to read, "Develop a coding system for the identification of all solid medication forms." BOT Report C, as amended by Reference E, makes recommendations to diminish likelihood of problems with generic bioequivalence and/or

therapeutic equivalence (report available but not readily summarized).

PRESIDENT'S CHALLENGES

Retiring President, **Dr. John Coury**, issued five challenges for the profession to be: active in community, understanding and open with patients, strong advocates of medicine, practice cost effective, quality medicine and seek unity in profession. **Dr. James Sammons** was proud of AMA's participation in Health Policy Agenda (HPA) and listed areas of continued concern: quality medical school applicants, animal rights, adolescent health and AIDS. Incoming President **Dr. William S. Hotchkiss** discussed quality, unity and a "can do" attitude. He praised the 1986 AMA White Paper on Adolescent Health. Its dark statistics describe a life of Hell for thousands of adolescents, 5000 of whom took their lives last year. The thousands of teen age, street prostitutes and the one million school-aged girls who will become pregnant this year, call for community programs which physicians can lead.

PENSION PLAN ATTACHMENT

Doctors, under some state laws, lost pension plans by attachment in professional liability judgments. Doctors in other states, with the assistance of the lawyers, were busy passing laws to protect pension plans.

PRO EXPERTISE RECOMMENDATION

CMS Report I amended to read: "b. In cases involving a PRO denial, a physician of the same specialty will review a case prior to the formal denial letter being sent. Prior to the initiation of a sanction action or corrective action plan <u>either a subspecialist peer or a specialist who has appropriate expertise and experience in the field</u> will review the case."

REPORT: AMA INTERIM MEETING DECEMBER 5-9, 1987 - - ATLANTA, GA.

by Art Ellenberger

AIDS

Same three things: 1- Educate, 2- Change habits, 3- Await vaccine.

Vaccine could be 2 to 3 years off through Dr. Gallo of CDC or French Academy. Predicted heavy shift to heterosexuals did not materialize. Urban minorities hard hit. Model State Legislation on AIDS prepared by AMA Council on Legislation (available at ECMS office.)

Delegates favored existing private insurance and an expansion of state risk pools as best means of financing AIDS.

AIDS ETHICS

Report A, Council on Ethical Judicial Affairs **Guidelines summarized:**

1- A physician may not ethically refuse to treat a patient solely because the patient is seropositve.

2- Where there is no statute that madates or prohibits the reporting of seropostive individuals to public health authorities and a physician knows that a seropostive patient is endangering a third party, the physician should:

   a. attempt to persuade the infected patient to cease;
   b. if persuasion fails, notify the authorities;
   c. if authorities take no action, notify endangered 3rd party.

3. A physician who knows that he or she has an infectious disease should not engage in any activity that creates a risk of transmission of the disease to others.

BEDSIDE NURSE CRISIS

Comprehensive BOT Report CC Ref. C recommends: 1-Support all levels of nursing education, at least until the crisis in the supply of bedside care personnel is resolved. 2-Support government and private initiatives that would facilitate the recruitment and education of nurses to provide care at the bedside. 3-Support economic and professional incentives to attract and retain high quality individuals to provide bedside nursing care (report available).

MEDICARE (REF A)

AMA reaffirms 3rd party payment schedules be construed as schedules of benefits to their insureds, except where physicians have voluntarily contracted with the insurer to accept those benefits as payment in full for services, or as required by law. AMA recommends state and county societies adopt **Volunteer Medicare Assignment Programs**, to assure elderly of limited means receive care.

The AMA is directed to develop criteria by which the Harvard Relative Value Study (Report due July 1988) can be evaluated, seeking input from various national specialty societies.

MAAC FEES

Delegates directed AMA: 1) continue efforts to prevent physicians being penalized, persecuted or prosecuted, 2) make effort to relieve physician of inequitable MAAC provisions and 3) attempt to eliminate misleading categories of "participating" or "nonparticipating."

PRESIDENT'S REPORT

William S. Hotchkiss, M.D., AMA President, said we won the fight against physician DRG's, but victory did not leave the profession unscathed. The year was characterized by fragmentation and legislators were provided conflicting views. The AMA is trying to insure a close and genial work relationship with every specialty society. This is vital because we only won a skirmish in a long battle. He has hopes that the "Harvard U - RVS" can lead to a workable payment formula, but could fail if it forces physicians to accept mandatory assignment.

PROFESSIONAL UNITY

James Sammons, M.D., AMA Executive V.P., said the Office of Management and Budget plans for physicians DRG's were foiled through both AMA and specialty society resources. OMB failed to get RAP DRG's. He warned blind adherence to narrow specialty interests can destroy progress that professional unity has made possible. The AMA gained 17,000 members in 1987 to 296,209 members, the highest in history.

WHAT HAS AMA DONE FOR ME?

On December 1st, President Reagan signed "Public Health Service Amendments of 1987" law which was AMA drafted to eliminate provisions of PL 99-660 of 1986 which gave attorneys access to confidential physician licensing hospital privileges and malpractice information in a central Federal clearing house. Intense AMA lobbying achieved this.

DON'T BURDEN SOCIAL SECURITY

Dr. Pam Formica of New Jersey, chaired AMA Reference Committee B. They referred a resolution to the BOT calling for AMA to oppose **further expansion** of tax supported government controlled health care under the Social Security system and to support private alternatives.

TORT REFORM

Delegates directed AMA compile report of state Tort Reforms overturned by the Courts in past 15 years, and that AMA support Florida's alternate mechanism approach to the Tort system for resolving medical liability disputes, such as the Medical Incident Compensation Act.

PUBLIC HEALTH

Delegates directed action and education against Drunk Driving, the use of tobacco products and plan press releases to discourage smoking near children. They desired more education on the Fetal Alcohol Syndrome. They urged publicizing lethal dangers of all-terrain vehicles.

Delegates want legislation to require food labeling to list contents, ie. sodium, sugar and additives.

SI CONVERSION

Delegates split on helpfulness of adopting this European measuring system, but encouraged a permissive attitude toward SI unit initiatives that are voluntary and local.

THERMOGRAPHY

Delegates declined to endorse statement on thermography and requested the Council on Scientific Affairs to reconsider its report. Some called the report educational. Others said it was a disservice to publish it in AMA Journals.

PEER REVIEW

Delegates rejected a policy which would exclude physicians from participating in peer review proceedings, if they share the specialty of the physician under review and are potential economic competitors.

LIVING WILLS

BOT Report F (Constitution & By Laws Committee) detailed common provisions in State "Living Will" statutes (available at ECMS). New Jersey is one of ten states which have no such statutes.

ADOLESCENT PERIL

BOT Report II lists 15 AMA accomplishments in its Initiative On Adolescent Health. Problems behind this are: 1-Every 78 seconds, an adolescent attempts suicide; every 90 minutes, one succeeds. 2-Every 20 minutes, an adolsecent is killed in an accident. 3-Every 80 minutes, an adolescent is a victim of homicide. 4-Every 31 seconds, an adolescent becomes pregnant. 5-Nearly half of all high school seniors have used an illegal drug at least once and almost 90 percent have used alcohol - - some on a daily basis.

MAIL ORDER DRUGS (REF E)

This practice is an established alternate method of distributing drugs and is appropriate for well defined patient populations. Physicians have responsibility to prescribe cost effectively and have assurance generic substitution occurs only by order of prescribing physician.

HOSPITAL STAFFS (REF. D)

Many resolutions called for AMA to work more closely with JCAH on problems which concern medical staffs. Resolution 3 was adopted and referred to hospital staffs throughout the Country. It asks: 1-hospital medical executive committees and/or their legal counsel to regularly examine the hospital/corporate bylaws, rules and regulations for any conflicts with the medical staff bylaws, rules and regulations or practices. 2-hospital medical executive committees to request their hospital board of trustees/directors to notify them of any proposed or impending changes in the hospital/corporate bylaws. 3-hospital medical

executive committees to advise medical staff members/applicants of the effect of these hospital/corporate bylaws, rules and regulations.

HMO'S

AMA calls for Federal legislation requiring HMO's to: 1-provide patients with a brochure describing the HMO including limitations of coverage, professional qualifications of personnel providing service, and grievance procedures; 2-provide ample notice to beneficiaries participating in the HMO of any premium changes; 3-notify enrollees when contracts with participating hospitals or clinics are cancelled or interrupted and the options for alternative health care.

PRO'S

Delegates adopted following 3 Resolves: 1-That AMA challenge both PROs and HCFA, publicly and politically, to develop a program that honestly promotes high quality and the delivery of efficient medical care; 2-That AMA take appropriate steps to assure that the PRO statutes as now written and implemented through HCFA guidelines reflect the community standards for high quality care; 3-That AMA call upon Congress and HCFA to assure sufficient funding for programs to inform patients and physicians concerning the actions of Peer Review Organizations.

DAYTIME HEAD LIGHTS

Delegates voted to encourage daytime use of low-beam headlights and, on new vehicles, the installatiion of a system that would turn on headlights with the ignition switch. BOT Report N concludes it would be safer for drivers to use lights during day, and particularly at the following times: dawn and dusk, during adverse weather, and in heavy traffic conditions.

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REPORT: AMA ANNUAL MEETING JUNE 25-30, 1988, CHICAGO

by Art Ellenberger

ISSUES

Sheer number of reports and resolutions called attention to following five issues: Nurse Crisis, Harvard Study, AIDS & ARC, Funding for Medically Indigent, and Reforming Stingy, Intrusive Medicare. A quick, happy resolution of these problems is doubtful.

RESOURCE BASED RVS

AMA subcontracted with Harvard Study to provide alternate to physician DRG, and wide-spread capitation. To improve predictability and rationality of Medicare payments for physicians with minimal patient care disruptions was AMA hope (Study released July 14th).

RBRV = Time X Intensity X Amortized Cost of Specialty Training X Practice Costs.

BEDSIDE CARE SHORTAGE

AMA held dialogs with ANA once or twice a year for ten years covering nursing shortage. The bedside care shortage has grown steadily worse. We are now 300,000 nurses short. ANA maintains a hard policy to close diploma and practical nursing schools. AMA Trustees proposed a new class of bedside hospital workers - - **Registered Care Technologists.** HOD wants a pilot project and to reactivate three year nursing education programs. Trustees to meet with important nursing organizations on August 9th (for RCT Proposal call 239-9392).

OVERHAUL DRUG POLICY

Present system is heavy on punative, stopping entry of drugs with

major budget for law enforcement. AMA proposed **reducing drug demand,** spending more on therapeutic prevention, treatment, do limited drug testing in the workplace, support Methadone Programs, treatment centers and take away the market (for BOT Report NNN call 239-9392).

PATRICK v. BURGET

The 2.2 million Supreme Court verdict chilled doctors toward Peer Review, but AMA says Anti-Trust liability for good faith peer review is minimal. In Oregon case, Dr. Patrick proved to court that a clinic was out to destroy its competition. **(Safe review needs: 1- Purpose to enhance quality medicine, 2- Not acting malicious, 3- Not in bad faith to damage competitor, 4- A reasonable effort to obtain the facts, 5- Procedures followed to ensure fairness).** Stakes for physicians reviewed will get higher with a national reporting system for adverse review decisions. This could generate more litigation. Check your state statutes to determine if additional state agency supervision of peer review is needed to meet the **active state supervision** requirement set forth by the Supreme Court to avoid Anti-Trust suit. (for BOT Report MMM call 239-9392).

PROFESSIONAL LIABILITY

Because of E.R. suits stemming from indigent care, AMA will develop model state legislation for risk pools to provide medical liability coverage for physicians for uninsured, non-paying patients.

MEDICARE

AMA to take appropriate action to: 1- Rectify Medicare contractual inequities with physicians and patients and reestablish the principle of freedom of contract, 2- Evaluate discriminatory

nature of Medicare's MAAC regs and challenge these provisions and laws forcing assignment for laboratory and diagnostic procedures, 3- Oppose differential treatment of "participating" and "non-participating" categories and the "Notification of Charges" requirements, use of participating physicians directories and the increasing number of claims and procedure denials where appeals are also denied.

A Delegate suggested doctors must treat their own schizophrenia of liking Government money and fearing Government regulation. Another Delegate said she rises to defend; and also speak in opposition to this schizophrenia.

In a recent speech to Congress, Dr. Roper said the Harvard study would not save the Government money. (It delayed his plan for physician DRG). If no savings, Government may shelve it. National legislators are studying the Canadian system and looking for ways to control volume of services. Their concern is if they set fees, will volume increase? Will they go for National or Regional caps?

CARRIER LANGUAGE

Patients infer Third Party letters using UC and/or R denote unnecessary care. Carriers requested to revise their letters and use terms such as, "covered services."

MEDICALLY INDIGENT

CMS Report A and resolutions asked for aid to uninsured poor above poverty level by revising national standards for Medicaid eligibility, offering medical coverage at group rates and establishing an uncompensted care fund. AMA BOT Report UU suggest providing

indigent uninsured, and part-time working uninsured with uniform minimum benefits and payment levels to asssure broad Medicaid access.

UNCOMPENSATED MANAGED CARE

Third parties seeking cost control, require Patient Care Management. This imposes uncompensated administration. Physicians are not paid for extensive, ongoing documentation. CPT-4 will add case management codes beyond 90060, 90260, 99080. AMA wants fair, cost based fees paid for complex administrative services which **"Required and coordinate access to other health services."** Payment often is denied if no direct interaction, except in demonstration projects (BOT-M). Patient counseling on serious medical problems is a vital, reimbursable medical service.

HOSPITAL STAFF SECTION

Dr. Robert J. Weierman, of South Orange, was elected to the AMA-HMSS Governing Council. Over twenty New Jersey physicians attended this Section. They were most active on issue of medical staff self-governance. HMSS responsible for AMA seeking amendments to the Accreditation Manual regarding credential verification, and that a medical staff department chairman be elected by the medical staff.

DR. FORMICA HONORED - WINS AWARD

Pam Formica, M.D., MSNJ President, won an AMA Blazer for membership recruitment. She brought 16 new members to the AMA.

CONFIDENCE IN FUTURE

President William Hotchkiss, M.D. was encouraged by number of young, articulate medical leaders presenting legislative testimony and learning the system. They are well informed and politically active, serving people and the profession. New York Times erred when

it reported AMA endorsed the RBRVS study. No approval is even implied in AMA subcontractor status. Study has already served medicine by postponing physician DRG's and/or proposed fee cuts.

DR. DAVIS INAUGURAL ADDRESS

James E. Davis, M.D. said he faces a serious agenda. Getting a handle on health care costs, the drug crisis, medically indigent care, long-term out-of-hospital care for elderly and assure proper, affordable care wherever it is needed. He challenged physicians to tithe one-tenth of the normal work week - - 4 hours a week serving the public in way you think most helpful, and challenged each citizen to help create a strong, informed constituency for health. He asked physician organizations to organize and staff Ombudsman offices.

TANNING PARLORS

Social acceptance of "a tan" and belief it is a healthy condition, led to 17,000 tanning salons and public health problems.

Some potential harmful changes of high intensity UVA exposure include cataracts, skin cancer, impairment of the immune system, premature aging of skin and photosensitivity reactions when using perfume, cosmetics and certain drugs, including some antibiotics and birth control pills. AMA to educate public and work with FDA for appropriate tanning booth regulations.

M.D. VISITS TO SNF

HCFA proposes SNF patients be seen once a month for first 90 days following admission, then at least once every 60 days. AMA seeks

wider range of permissable visits.

AIDS

Basic, extensive policy established by AMA in 1987. Little change. Still educate, change habits, perform limited testing, and await vaccine.

tPA REIMBURSEMENT

AMA petitioning HCFA to pay for tPA which has a better opportunity to dissolve clots than cheaper Streptokinase. Interference with medical judgment - - Medicare won't reimburse it and patient can't pay for it. All facts not in. Representative of American College of Cardiology said there are some remaining indications for Streptokinase so it is not a replacement drug, but the problem is urgent.

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REPORT: AMA INTERIM MEETING DECEMBER 4 - 7, 1988, DALLAS TEXAS

by Art Ellenberger

RBRVS

The college of Physicians urged using the Harvard study as basis for Medicare fee schedule. Ophthalmologists and some surgical specialties claimed process is flawed and needs further study. Proceduralists feared they would be paid in cognates. Consultants predicted the overall income shift would not be drastic. The Government hoped to gain payment predictability. The AMA was seeking a rational way to pay for physician services since customary, prevailing and reasonable was tinkered with, distorted, confusing with punative MAAC charges, and the Government was close to mandating physician DRG or capitation or fee freezes.

Delegates supported adoption of a fair and equitable Medicare indemnity payment schedule under which physicians would determine their own fees and Medicare would establish its payment for physician services using an appropriate RVS based on the resource costs of providing physician services with an appropriate monetary conversion factor and an appropriate set of conversion factor multipliers.

Delegates unanimously adopted the position that the current Harvard RBRVS study and data, when sufficiently expanded, corrected and refined, would provide an acceptable basis for a Medicare indemnity payment system.

Delegates mandated AMA work with Harvard, national medical specialty societies, PPRC, HCFA and Congress to refine and modify the Harvard RBRVS to make it technically adequate, then ensure its implementation with satisfactory revisions, in a timely and minimally

disruptive manner.

AMA reaffirmed strong support for physicians' right to decide on a claim-by-claim basis whether or not to accept Medicare assignment, and its opposition to elimination of balance billing. The AMA reaffirmed opposition to continuation of MAAC limits.

VOLUNTARY MEDICAL COURTESY PROGRAM

Delegates voted to expand AMA activities in support of local medical society-initiated voluntary assignment programs for low-income Medicare beneficiaries. (Further details of 43 page BOT Report AA available phone 239-9392.)

AMA MAY SUE HCFA

AMA advised Dr. William Roper they will sue if concerns about implementation of Medicare's "medically unnecesary" program are not immediately and concretely addressed. HCFA made some concessions. (Phone 239-9392 for details.)

RCT'S

AMA held many meetings with all nursing leaders to discuss incentives to increase enrollment in all four levels of Nurse Programs: 1-One year Practical Nurse Program (LPN); 2-Three year Diploma Programs; 3-Two year Associate Degree Program (ADN); 4-Four year Baccalaureate (BSN). The ANA has been trying to limit entry to number's 3 and 4. The President of the ANA, Lucille Joel, R.N., from Oradell, N.J., stated there could be no compromise on the Registered Care Technicians issue, but suggested AMA & ANA work together on other solutions. AMA Delegates voted to work with all solutions to the

nursing shortage, **including RCT pilot programs** in 1989. About 400 schools contacted AMA wanting to produce RCT's.

CYCLICAL MANPOWER SHORTAGE

Quality and number of medical school applicants dropped drastically due to perceived uncertainties in medical practice. Future Physicians' Clubs, started in Essex County in the 1950's, may be revived by AMA. Crisis shortages of physical, occupational and speech and hearing therapists, are more severe than in nursing.

YOU'RE NOT EXEMPT FROM ANTITRUST

Assistant Attorney General Charles Rule, the antitrust chief, said you can go to jail for conspiring against health-care consumers by price fixing, colluding with bids or blocking alternate delivery systems. His talk was part of AMA plan to substitute physician education for physician prosecution. The health care Quality Improvement Act of 1986 provided partial immunity from damages for peer review which met certain standards. FTC recognizes responsible peer review can keep health care costs down. They focus solely on preventing conduct which raises consumer prices. He suggested consulting an experienced attorney when engaged in cooperative behavior with other professionals.

PHYSICIANS UNIFIED AND CARING

Dr. James E. Davis, AMA President, sees America's physicians as purposeful, concerned with serving the public beyond patient care and capable of the unity now necessary to keep medicine unshackled by Government. He espoused physician involvement in community relations to gain leadership and fulfillment.

UNCOMMON CONSENT

Dr. Karl Franzoni was a member of historic Reference Committee "F", the first AMA Reference Committee Report adopted as a "Consent Calendar" on December 7th. Some serious Delegates equated this to another Pearl Harbor. Others, delighted in a new Parliamentary toy, applied it to Reference Committee "H"'s Report and went home before noon.

ANIMAL RESEARCH

AMA directed to stress to public concern with the impact of animal rights movement on the conduct of biomedical research, and support proper and humane treatment of animals in research.

CONTRACEPTIVE EDUCATION

AMA directed to try to get package inserts with oral and other contraceptives stating condom use is recommended to prevent spread of AIDS and other sexually transmissible infections and encourage physicians to do such counseling.

DRUG EDUCATION

AMA to encourage physicians to participate in educational programs on proper prescribing of controlled substances. State Boards to be asked to recognize such participation as an alternative to imposing disciplinary sanctions on well-intentioned physicians. This is another AMA plan to substitute physician education for physician prosecution.

HMSS

AMA to ask state medical associations to consider providing representation from the state HMSS on Trustee boards.

STAFF INCORPORATION

Delegates said decision to incorporate must be made by each medical staff. Since this option is not prohibited by J.C.A.H.O., specific reference to incorporation in the standards is not necessary.

PRENATAL CARE

Delegates called for development of model legislation to provide for early access for all women to prenatal care. Legislation should take into account liability problems in providing such care.

ALCOHOL AND PREGNANCY

AMA wants appropriate warning signs where alcoholic beverages are sold: "Drinking during pregnancy can cause birth defects."

NURSING HOME CARE

AMA to assist attending physicians and medical directors by developing nursing home quality assurance guidelines.

PRO LEVELS

AMA protested to HCFA about three severity levels in PRO's quality review intervention plan. The Government has no intention of amending this portion of PRO "Scope of Work," but will await actual experience with its implementation, then make any necesary changes.

CPT

Delegates requested CPT reflect current practice patterns for continued acceptance in public/private health insurance programs.

AMA FINANCES

Delegates commended finance committee for management program of AMA properties in Chicago and D.C. which stressed minimum risk and maximum future income. Budget disbursements are under income.

CHOLESTEROL CAMPAIGN

AMA suggests local organizations stress public education and testing to keep cholesterol levels below 200. The Reflotron Cholesterol Management System of Los Angeles gave finger-stick screening tests. Some delegates privately questioned accuracy of screening and recommend fasting, venous tests in a physician's office.

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REPORT: AMA ANNUAL MEETING June 17-22, 1989 CHICAGO

By Art Ellenberger

EXPENDITURE TARGETS = RATIONING

Delegates vigorously opposed concept of ETs in the Medicare program or any other action which would lead to rationing of or reduced access to medical care. They reaffirmed AMA's willingness to participate in efforts to control the cost of Medicare in a manner that preserves the quality and availability of health care to elderly.

James Sammons, M.D. said ETs are a cynical and dangerous method to balance the budget on the backs of senior citizens and the disabled. It betrays the promise of Medicare: guaranteed access to vital health care services.

A national yearly spending target for vital health care services can lead only to rationing, an unacceptable burden for Congress and the Administration to slap on nation's elderly. ETs in some Canadian provinces caused "queuing up" for surgery and degrading conditions for elderly patients in some hospitals. ETs would inappropriately force physicians on a case-by-case basis to make unconscionable decisions about withholding necessary services to patients. If U.S. physicians in the aggregate exceed the annual target, fee rollbacks are a distinct possibility.

ETs are not needed to control Part B Volume. The PPRC said effectiveness-research, practice guidelines (parameters), and more comprehensive utilization and quality review could play a rational role in volume constraint. Aggressive activities in these areas totally negates need for ETs. AMA wants all Drs. to call their **Congressman** (202) 225-3121, and **Senator** (202) 224-3121 ask them to oppose ETs.

AMA 6 MONTHS STRATEGIC PLAN

Dr. Sammons hired Stu Spenser (ran Ron's campaign) for a campaign, to help doctors inform people and Congress, and defend the finest health care system in the world. Money spent on health care is an investment. Public utility approach does not mean more efficient care. You can't add another layer of Government and get cheap medicine. They can't reduce cars to what they cost in 1975. We must save pluralism in a country that prioritizes Savings & Loans over medicine.

BUSH ABANDONS M.D.s

Louis Sullivan, M.D., HHS Secretary, told Delegates **Administration** favors limit on balance billing, ETs, continuing participating physician program and reimbursement reforms assuring cost and access. With intense Republican lobbying the Stark Ways and Means Health Subcommittee voted 8-3 for reform package implementing RBRVS fee schedule coupled with national ETs while imposing new limits on balance billing as of October 1, 1991. Following 3 voted with us: Pickle, Anthony & Johnson. Subcommittee reduced "overpriced procedures" up to 15% as of April 1, 1990. Only primary care not chopped.

SOLIDARITY

Leaders called for an end to squabbling so physicians could stand shoulder to shoulder, and with Senior Citizens, against hostile forces who will try and force physicians to ration care to the elderly. Mutual support and involvement are necessary in this political battle. U.S. Medicine has the greatest research, best hospitals in the world, medical curricular and physicians that people from all countries come

to study and emulate. We have a good product to defend. We must acknowledge and work on shortcomings where they exist.

AMA ACTION PLAN

(1) Provide a comprehensive cost-effective program of access to health care built on present pluralistic system.

(2) Remedy gaps in health care coverage -- maintaining the many benefits available to a large percentage of Americans.

(3) Reduce burden on patients and physicians of unnecessarily complex paperwork of governmental and private insurors and excessive cost of professional liability system.

(4) Present advantages of the U.S. health system to the American people, to Congress and Administration, to physicians, and to various interest groups .

AMA DEVELOPED SPECIAL PROGRAMS:

Medicaid Expansion - Reform and expansion of the Medicaid program to ensure uniform eligibility, uniform minimum benefits, and broad access for recipients through adequate physician and hospital reimbursement levels. This would overcome current inequities and would cover all individuals under 100% of the federal poverty level (state adjusted).

Covering the Uninsured - AMA endorsed the concept of a phased-in requirement that employers provide health insurance within the private sector for full-time employees with a program of diminishing tax credits or other employer incentives.

Medicare Reform - Call for formation of a National Commission on Medicare to analyze program's strengths and weaknesses and develop recommendations for broad system reform. The purpose is to assure financial stability and continue access by older persons to needed health services.

AMA supports professionally designed programs for cost containment, utilization and peer review, practice parameters and professional liability reform. AMA is developing strategies for its campaign.

(BOT Rep. AAA)

HR 939 SELF REFERRAL

Physician program to educate legislators that some self referrals are in interest of quality care and continued patient monitoring from surgery through rehabilitation must have helped. Stark subcommittee grandfathered current arrangements but requires government approval and standards for future arrangements.

TRAINING RCTs

Pilot program implemented as possible solution to bedside care shortage by AMA Committee of M.D.s and R.N.s. A learn-as-you-go program reduced one hospital's bed closures. Program increased resistance to attempts to discontinue some LPN and Diploma Schools.

NEW JERSEY NEWS

Dr. Edward Schauer chaired Ref. Com. G. Dr. Pam Formica chaired the Council on Long Range Planning. Dr. Karl Franzoni was on Ref. Com. F.

BILLING ETHICS

AMA encourages physicians to discuss charges for their services with patients and encourages patients to inquire about costs of services and supplies prior to purchase.

POSTOPERATIVE CARE

AMA seeks repeal of law allowing optometrist reimbursement for unsupervised postop care. AMA affirms: Physicians performing surgery have ethical responsibility to continue the care of their individual patients through the postsurgical recovery and healing period.

EQUALITY IN LICENSURE

AMA reaffirmed policy of nondiscrimination against any physician because of national origin or geographic location of medical education. While recognizing State Board responsibilities, AMA encouraged amending of Medical Practice Acts to provide FMGs meet same requirements for licensure by endorsement as U.S. school graduates.

LIVING WILLS

BOT Report 00 details options to document wishes for use of life-prolonging treatment in terminal illness including "Durable Powers of Attorney for Health Care." Calls for enactment of AMA model legislation and development of brochure. Separate report discusses ethics of Persistent Vegetative State (PVS).

SAME DUES

Vote: No change in 1990 AMA dues.

PRIMARY CARE RESIDENCIES

AMA advocates Accreditation Council for Graduate Medical Education support such residencies, including community hospital based.

PHYSICIAN DEFINED

"An individual who has received a 'Doctor of Medicine' or 'Doctor of Osteopathy' degree following successful completion of a prescribed course of study from a School of Medicine or Osteopathy."

NEW NEGOTIATIONS DEPARTMENT

A Negotiation Advisory Office is a member service within the Office of AMA General Counsel. It will help physicians with antitrust laws and in improving their bargaining position. It will explore legal action against third-party payors who use unfair market power against physicians. (I am considering turning over our PBS file to them.)

BOOZ ADS ENTICE KIDS

The AMA called for restrictions on advertising and sale of alcoholic beverages to attempt to stop abuse by minors.

SURGICAL CAUCUS FORMED AT AMA

Grant V. Rodkey, M.D. of Boston convened 125 surgeons June 19th. All but 7 were ACS Fellows. They unanimously desired ACS Delegate seated and ACS participation in AMA HOD. The group felt ETs, if fought, were not inevitable as Congressman Stark thinks. They voted ETs were an inappropriate way to control physician services. Since policy could not await ACS Delegate reconsideration a unanimous motion formed a Steering Committee to present issue-strategies at I-89.

N.J. RESOLUTION: SOCIAL NEED

Request HCFA to stop termination of benefits when hospital stay is appropriately justified for social, humane need. Referred to BOT. for action.

MEDICARE FINES

BOT to review all Medicare monetary penalty provisions, assess reasonableness of fines and process available to physicians to challenge civil fines levied against them. AMA supporting repeal of fines for failure to use ICD-9-CM in filing claims.

SUBSTANDARD CARE

Delegates sought HCFA withdrawal of proposed rules on Denial of Payment for Substandard Quality Care and Review of Beneficiary Complaints, and proposed model letter for notifying the beneficiary of quality denials.

NON-PAR PHYSICIANS

N.J. Resolution amended & adopted that AMA petition Congress to remove discrimination against nonparticipating physicians in Medicare. Another N.J. Resolution calling for end to Medicare "participation" because not in interest of physician or patient was approved.

DEFINE COSMETIC SURGERY:

Cosmetic Surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Reconstructive Surgery is performed on abnormal structures of the body, caused by congenital, developmental abnormalities, trauma, infection, tumors of disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

USE OF RESTRAINTS

Guidelines on use in Long Term Care Facilities (Rep. A - A89) of Council on Ethical & Judicial Affairs available. Call 239-9392.

BEWARE STEREO EARPHONES

Delegates want study of personal listening devices which may induce hearing loss.

STUDY OF CANADIAN MEDICINE

BOT Report V is available (phone 239-9392). In self defense, what interests congress, must interest us.

CHALLENGE

Amid cost turmoil, the challenge is to maintain excellence in patient care.

Alan Nelson, M.D., new AMA President, sees the Art of Medicine being challenged and he quoted Tinsley R. Harrison, M.D., "No greater opportunity, responsibility or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering he needs technical skill, scientific knowledge and human understanding. He who uses these with courage, with humility and with wisdom will provide a unique service for his fellow man and will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this; he should be content with no less."

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