Introduction

- There were 430 delegates seated, representing state medical associations, national medical specialty societies, AMA Sections, the Armed Forces, and the US Public Health Service. Dr. Joycelyn Elders, the new Surgeon General, took her delegate's seat for the first time.
- The House agenda contained 106 reports and 212 resolutions.

A wide variety of issues were considered in socio-economics, science, medical education and public health. Following are highlights of the major issues considered at the meeting:

Health System Reform

As the nation's lawmakers continue to direct attention to reforming the health care system, the various aspects of the proposals under consideration easily dominated the discussions at the Annual Meeting. In what was one of the longer open hearings in our AMA's history, scores of speakers presented testimony to help guide the AMA's leadership in the coming months of legislative wrangling. The debate continued on the floor of the House as the delegates considered Board and Council reports and a large number of resolutions.

When everyone had been heard, the delegates voted to adopt the following policy statements:

1. That the Board of Trustees continue to implement AMA policy to achieve universal access and coverage through an approach that may utilize employer and/or individual responsibilities for payment while permitting the individual to choose and own his or her health insurance plan, and continue to encourage health IRA's and a phase-in mechanism, exploring all concepts that accomplish coverage for and access to health services for all Americans recognizing the needs of individual states, and report back to the House on its efforts at the 1994 Interim Meeting.

2. That the AMA may support a health system reform bill that does not include every component of the current AMA Health System Reform policy.

3. That the AMA continue to strongly support a pluralistic approach to achieving universal access to health services.

4. That the AMA strongly emphasize and encourage the development and use of health savings accounts as outlined in an informational report of the AMA's Council on Medical Service as an integral component of its advocacy efforts toward achieving universal coverage.

5. That the AMA declare its strong support for those elements of health system reform proposals that are consistent with AMA policy.

6. That the AMA study ways to discourage the present control of employee health insurance choices by employers and report back to the House of Delegates at the 1994 Interim Meeting.

Requiring Physician Participation in HMOs

In Order to Join a PPO Panel

The House considered a report of the Council on Medical Service that pointed out that AMA policies now call for choice among fee-for-service, prepaid, and point of service options. The report states that the AMA has advocated these policies vigorously and effectively with the White House and the Congress.

The House adopted the following policy statements:

1. That the AMA reaffirm policy which calls for each employer or "health alliance" to offer two or more
affordable fee-for-service plans offered on an annual basis, where available.

2. That the AMA reaffirm policy which calls for all health plans that restrict a patient's choice of physician or hospital to offer a "point-of-service" feature in which patients may see physicians out of the plan.

3. That the AMA adopt as policy that any point-of-service options under health system reform have out-of-plan cost-sharing levels that are nonpunitive, actuarially determined and affordable.

Benefits of Balance Billing

Testimony was presented to the Reference Committee that physicians' continued ability to set their own fees was in severe peril as a result of various legislative and policy initiatives, as well as the growth of managed care plans. The members of the committee agreed and pointed out that the AMA has sufficient policy on the right to contract, which must continue to receive high priority.

The House adopted the following statements:

1. That the AMA reaffirm policies calling for the preservation and expansion of the physician's right to establish fair fees.

2. That the AMA reaffirm policies calling for patients to be free to contract with the physician of their choice to obtain medical services regardless of insurance payment.

Support for Core Public Health Functions

The House received three resolutions expressing concern for continued support of programs in disease prevention and health promotion in health system reform. The House adopted the following statement:

That the AMA support establishment of a stable source of funding dedicated to core public health functions in the context of health system reform.

Definition of Primary Care

After nearly a year of working on the subject, the Board of Trustees submitted a report that resulted from the creation of a "Task Force on Primary Care." At the last Interim Meeting, the Speakers organized a special open hearing on the definition of primary care so that all viewpoints could be expressed for the information of the Task Force. The Reference Committee again heard extensive testimony on this important subject and recommended some amendments to the Board's policy statements which were accepted by the House as follows:

1. That AMA policy state that primary care consists of the provision of a broad range of personal medical care (preventive, diagnostic, curative, counseling, and rehabilitative) in a manner that is accessible, comprehensive and coordinated by a physician over time. Care may be provided to an age-specific or gender specific group of patients, as long as the care of the individual patient meets the above criteria.

2. That the AMA encourage the efforts to define what constitutes primary care services. Data should be collected on which specialties currently provide these services, and how these services are integrated into the practice of physicians. Such data are essential to determine future physician workforce needs in primary care.

3. That the AMA encourage that training programs for physicians who will practice primary care include appropriate educational experiences to introduce physicians to the required knowledge and skills, as well as to the types of services and the modes of practice that characterize primary care.

4. Where case management or coordination limit access to appropriate medical care patients should have the freedom to see a physician appropriate for the services they need, regardless of specialty. Above all, the best interests of the patient must be paramount.

Physician Workforce Planning Strategies

The House received a report prepared by two councils and seven resolutions on the subject of workforce planning. The Reference Committee reported that it heard extensive supportive testimony and recommended the following policy statements which were adopted as amended:

1. Physician workforce planning should be based on physician-to-population ratios, taking into account regional and national demographic characteristics and needs, and any alterations in the structure of the present healthcare delivery system. Such planning should not be based on an arbitrary percent distribution by specialty.

2. Any analysis of physician supply should be based on numbers of physicians and the proportion of time that they are actively involved in patient care and on the different health delivery system where they practice rather than on the total physician population.
3. Attempts to adjust the physician workforce should consist of an appropriate mix of market and other forces; utilizing voluntary, private sector planning; the initiation of appropriate incentives; and addressing the wide range of factors which influence personal career choice.

4. Planning to restructure the physician workforce should consider the utility of the following strategies, singly and in combination: limiting the number of medical students, limiting the number of entry level residency positions, and retraining of practicing physicians.

5. In order to maximize physician involvement in workforce planning and to respond to current pending legislation designed to place planning solely in federal hands, the planning process should both redefine existing structures and consider additional bodies for a private initiative in workforce planning. Medical students and residents should be involved in all levels of workforce planning. The physician workforce planning infrastructure could include three basic components:

   a. creation of a “National Health Workforce Advisory Council"
   b. establishment of a “Graduate Medical Education Commission"
   c. establishment of a graduate medical education consortia to provide a mechanism for the integration of undergraduate and graduate medical education activities on a local, regional, or state basis.

Memories of Childhood Abuse

The Council on Scientific Affairs submitted a thoughtful report on memory enhancement methods used in cases of possible childhood sexual abuse. The report refined current AMA policy and received widespread media attention. The Council stated that the AMA has a long history of concern about the extent and effects of child abuse.

The House of Delegates adopted as amended the following policy statements:

1. That the AMA recognize that few cases in which adults make accusations of childhood sexual abuse based on recovered memories can be proved or disproved and it is not yet known how to distinguish true memories from imagined events in these cases.

2. That the AMA encourage physicians to address the therapeutic needs of patients who report memories of childhood sexual abuse and that these needs exist quite apart from the truth or falsity of any claims.

3. That the AMA considers recovered memories of childhood sexual abuse to be of uncertain authenticity, which should be subject to external verification. The use of recovered memories is fraught with problems of potential misapplication.

4. That the AMA encourage physicians treating possible adult victims of childhood abuse to subscribe to the Principles of Medical Ethics when treating their patients and that psychiatrists pay particular attention to the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry.

5. That the policy which deals with the refreshing of recollections by hypnosis be reaffirmed.

Violence in America

The House adopted a number of policies related to the epidemic of violence in America:

That the AMA working with the AMA Alliance, continue its leadership role in bringing physicians and other professionals and their organizations into collaborative efforts to prevent and reduce family violence in our society and continue to make family violence a centerpiece public health issue for the federation and devote the necessary resources to support a continuing campaign to reduce family violence. The Board was asked to review the recommendations from the work groups from the ABA-AMA National Conference on Domestic Violence held in March 1994.

Managed Care Fairness

The Hospital Medical Staff Section and the delegations from Ohio and Texas introduced resolutions addressing the many problems associated with physicians practicing in managed care plans. The Reference Committee reported that these resolutions received strong support from those who testified.

The House adopted the following policy statement:

A. That the AMA continue to advocate for the enactment of state and federal laws and regulations that would provide for patient protection and physician fairness, including:
1. permitting physicians to negotiate individually and collectively with managed care organizations on the terms and conditions of physician participation in a managed care organization's health benefit plans.

2. providing for formal input by practicing physicians in the development and refinement of the medical policies of a managed care organization, especially those policies related to physician credentialing, performance review, and utilization management.

3. requiring managed care organizations to disclose all participation requirements and selective contracting criteria to applying physicians.

4. requiring managed care organizations to provide due process to physicians in all adverse selective contracting decisions.

B. That the AMA continue to encourage all state medical associations and national medical specialty societies to advocate vigorous support of the “Patient Protection Act” (HR 4527).

Conclusion

AMA House meetings provide a unique educational opportunity and I would encourage you to attend and participate. Any member of the AMA may present testimony at the Reference Committee hearings and, of course, corridor discussions on the issues provide ample opportunities to get your views across.

If you cannot come to the meeting, you can still be represented through your delegate. Let your delegation know your opinions. You can also prepare a resolution and request that it be submitted to the AMA House of Delegates. Your delegates know how to best carry forth your point of view.

Thank you for giving us this opportunity to present this report.

We will be happy to respond to any questions.

Franklin A Smith, MD  Polly Galbraith, MD
Delegate           Alternate Delegate

ELECTION RESULTS
1994 AMA ANNUAL MEETING

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Lonnie R Bristow, MD (California)

SPEAKER, HOUSE OF DELEGATES
Daniel H Johnson Jr, MD (Louisiana)

VICE SPEAKER, HOUSE OF DELEGATES
Richard F Corlin, MD (California)

BOARD OF TRUSTEES
Yank D Coble Jr, MD (Florida)
Timothy T Flaherty, MD (Wisconsin)
John C Nelson, MD (Utah)
Percy Wootton, MD (Virginia)

COUNCIL ON CONSTITUTION AND BYLAWS
Richard L Fields, MD (Virginia)
Shirley T Khalouf, MD (Indiana)

COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
Herbert Rakatansky, MD (Rhode Island)

COUNCIL ON MEDICAL EDUCATION
Charles E Allen, MD (Tennessee)
Carol A Aschenbrener, MD (Nebraska)
Hugh E Stephenson Jr, MD (Missouri)
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