

American Medical Association 2004 Annual Meeting Report

The American Medical Association (AMA) has a powerful voice carrying the message of American medicine. The AMA Annual Meeting is the forum for all physicians to help shape that message. In 5 days of committee hearings, platform presentations, hallway lobbying, and endless rounds of voting, a consensus builds and policy is created.

Topics such as malpractice, tobacco and teens, health care disparities, attractiveness of medicine as a career, and policing of unethical physician "expert witness" testimony were all fascinating topics presented and passionately argued by the AMA delegates. However, for the *Journal*, I'll focus on issues closer to the heart of insurance medicine.

ELECTRONIC MEDICAL RECORDS

Seen as a positive advance in American health care, electronic medical records promise instant access to patient data, better communication between outpatient and inpatient caregivers, and important patient education tools. A revolution in record availability, underwriting accuracy and time service is imminent!

CHRONIC DISEASE MANAGEMENT

Health insurers are handing over the monitoring and health care recommendations for patients with chronic diseases to the burgeoning group of "disease management" companies. Cost efficiency is apparently achieved by reliance on telephone consultation using non-physician providers. The "protective value" of the face-to-face physi-

cian-patient encounter may be at risk in the near future.

PHYSICIAN GUIDELINES FOR RETURN TO WORK

The AMA Council on Scientific Affairs issued a report entitled, "Physician Guidelines for Return to Work After Injury or Illness." A consensus document, the authors incorporated previously published guidelines from the American Academy of Orthopedic Surgeons, the Canadian Medical Association, and the American College of Occupational and Environmental Medicine along with prior AMA standards. In brief, the report calls for the development of evidence-based guidelines on return-to-work and functional recovery, and for physicians to advise patients on the earliest return-to-work date that is compatible with health and safety. The full report can be found on the AMA Web site (www.ama-assn.org), using "CSA" as the search word.

In closing, allow me to thank the AAIM organization for the honor and opportunity to represent our organization at the AMA. I cannot stress too strongly how important it is for the academy to participate in the AMA. It opens channels for mutual respect and facilitates an ongoing dialogue with our fellow physicians in clinical and academic medicine.

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