AMA Interim Meeting

The 2006 interim meeting of the American Medical Association was held November 10–14 in Las Vegas, Nevada. RIMS was represented by its delegates **MICHAEL MIGLIORI, MD**, **ARTHUR FRAZZANO, MD**, **MICHAEL MACKO, MD**, and **PETER HOLLMANN, MD**, as well as by Newell Warde and Steve DeToy. The agenda of the interim meeting concentrates on advocacy for patients and physicians with third party payers, federal and state payers, government agencies, and on ethics.

Michael O. Leavitt, secretary of the US Department of Health and Human Services addressed the House in the opening session. He acknowledged the tension and anxiety associated with measuring the performance of physicians. He said, "I don't believe that physicians now, or in the future, will trust a quality measurement system that happens in Washington." The House of Delegates made it perfectly clear that pay for performance cannot and should not be based solely on economic reimbursement measures.

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> ***— HHS Secretary Michael Leavitt***

On Monday, the HOD started early so that when the congressional offices opened, 807 delegates generated a buzz on Capitol Hill by calling their members of Congress and making their voices heard urging immediate action to stop the five percent cut slated for January 1, 2007 in Medicare physician payments. In addition, the AMA placed a full-page ad in *USA Today* on Wednesday, November 15 urging Congress to stop the cuts.

Five reference committees met to hear testimony on 50 resolutions and 43 reports. Following are highlights of the proceedings from the meeting.

■ The AMA adopted recommendations that state that when a pharmacist or pharmacy chain refers a patient to an alternative dispensing source, the prescription should be returned to the patient and the prescribing physician should be notified of the referral.

■ The AMA concluded a four-year effort to revise its bylaws by voting to accept numerous measures that update and simplify them. The AMA 2007 Strategic Plan was approved. It outlines the association's integral commitments in six major areas considered especially relevant to members: health care environment, clinical excellence, physician practice viability, health of the public, physician education and professionalism, and a sustainable AMA.

■ The AMA voted to revise its mission and vision statements. The AMA'S new, simplified mission is to promote the art and science of medicine and the betterment of public health. Its core values are: (1) leadership and service; (2) excellence in all endeavors; and (3) integrity and ethical behavior. AMA's new vision is to be an essential part of the professional life of every physician.

■ The AMA also voted to educate medical societies and their AMA-member physicians about the available methods for administrative and judicial appeals of Recovery Audit Contractors (RACS) overpayment recoveries and will continue to oppose the RAC pilot projects and reaffirm existing policy.

■ The House of Delegates directed the AMA to work with state medical associations, and other appropriate groups to evaluate on an annual basis and recommend standards for "payer measures" for the insurance industry and government payers to be publicly reported for consumers.

■ Policy was adopted to have the AMA seek to have third party payers disclose the criteria by which the carrier creates a tiered, narrow or restricted network, and to monitor the development of these networks.

(L–R) Michael Migliori, MD, Chair of the New England Delegation; Jeremy Boyd, Co-President of the Brown Medical Student Chapter of the AMA; Michael Macko, MD, Alternate Delegate.

■ The AMA adopted recommendations that any entity that collects and uses or warehouses electronic medical records and claims data adhere to a series of principles including that electronic medical records data remain accessible to authorized users for the purposes of treatment, public health, patient safety, quality improvement and research, and that anyone seeking to access and use individually identifiable clinical data obtain physician or patient permission to do so. The AMA also will continue to monitor the economic implications of the secondary sale and use of non-identifiable, aggregate data.

■ The AMA also voted to study and educate physicians on the practice of network repricing and silent rental networks, and to explore the feasibility of participating in legal action designed to address arbitrary and abusive economic profiling of physicians.

■ Acting on a resolution submitted by the Rhode Island Delegation, the AMA will establish a thorough definition of medical peer review, advocate based on that definition in the judicial and legislative forums for protection of peer review records, and work to ensure the broadest application of peer review to include the evaluation of physician health and fitness to practice medicine.

A full report of the proceedings of the 2006 Interim meeting can be obtained by visiting http://www.ama-assn.org/ama/pub/category/16983.html