

AMA approves guidelines for accountable care organizations. [PAGE 30]

AMA House of Delegates

■ COVERAGE FROM THE 64TH INTERIM MEETING, NOV. 6-9 IN SAN DIEGO ■



PHOTO BY TED GRUDZINSKI / AMA

Doctors in the house speak to the issues of concern to physicians

About 500 delegates met in San Diego at the Interim Meeting to discuss and vote on policies that shape the AMA's advocacy agenda. Social media ethics, concussions and accountable care organizations were among the issues debated in reference committees by delegates, including (from left) Willarda V. Edwards, MD; Carol L. Brown, MD; and Samantha Rosman, MD. For more about the meeting, see our website: www.amednews.com/house

Policy tackles head injuries in young athletes

The AMA says those suspected of having a concussion require a doctor's written approval before returning to the playing field.

DAMON ADAMS
AMNEWS STAFF

San Diego As a team doctor at Batesville High School in Indiana, David Welsh, MD, has watched hard hits on the football field send players to the sidelines with concussions.

"If you have an individual who can't remember what quarter it is, that's a concussion. If we suspect one, we take their helmet and sit them," said Dr. Welsh, a general surgeon in Batesville, southeast of Indianapolis.

He said more should be done to protect youths from the health effects of concussions, and he thinks the AMA has taken a positive step toward making that happen.

At the Interim Meeting, the House of Delegates adopted policy saying that young athletes suspected of having a concussion should have written approval by a physician before they can return to play or practice.

The policy calls for the AMA to promote the adoption of such a requirement for school and other organized youth sports. The AMA also will encourage educational efforts to improve the understanding of concussions among athletes, parents, coaches and trainers.

"Any movement forward [to protect against concus-



PHOTO BY TED GRUDZINSKI / AMA

As a physician for a high school football team, David Welsh, MD, says he backs the AMA move to protect young athletes from playing with concussions.

sions] is positive," said Dr. Welsh, an alternate delegate for the Indiana State Medical Assn. "What I don't want to see is someone have a concussion that's missed, and the next one is the bad one."

Research on the prevalence and impact of concussions on athletes has created new awareness about the prob-

Continued on page 29

Guidance on social media tools: Proceed with caution

Doctors should be responsible in their communications and regularly track their online presence, the AMA advises.

CAROLYN KRUPA
AMNEWS STAFF

San Diego Social networking websites and blogs can be an effective and efficient way to communicate, but the AMA is advising physicians and medical students to proceed with caution.

Physicians writing blogs or using Facebook, Twitter and other social media should be responsible in their communications, routinely monitor their online presence, use security settings to limit access to personal information and abide by patient privacy laws, according to a policy approved at the Interim Meeting.



HALSEY

"Using social media can help physicians create a professional presence online, express their personal views and foster relationships, but it can also create new challenges for the patient-physician relationship," said AMA Board of Trustees Member Mary Anne McCaffree, MD.

A recent Google study found that 86% of U.S. physicians use the Internet in their professional careers to gather health and medical information. Most doctors also use the Internet for personal communications beyond the workplace.

It's important to maintain appropriate doctor-patient boundaries and separate professional and personal content online, according to the policy. Physicians should be mindful that their online communications are searchable, long-lasting and available to millions of people, said Julia Halsey, student member of the Council on Ethical and Judicial Affairs.

Though the Internet can foster a feeling of anonymity, doctors should not post anything that could have negative professional repercussions, delegates said. The policy advises professional self-regulation and reminds physicians to be cognizant of their obligations to patients and not

Continued on next page

Advanced care plans should be discussed

AMA policy says physicians need to talk with patients about their wishes in the event of a serious illness or injury.

CAROLYNE KRUPA
AMNEWS STAFF

San Diego Unexpected illness or injury can strike people of all ages at any time.

That's why physicians routinely should talk with all patients about their wishes in the event of a serious medical situation, says a new policy adopted at the American Medical Association House of Delegates Interim Meeting.

Doctors should encourage patients to discuss plans with loved ones and identify someone to make decisions for them if they became unable to speak for themselves.

Patients and families want to have these conversations, "but they want us to initiate it," said H.R.

Greene, MD, an oncologist from Elida, Ohio, and member of the AMA Council on Ethical and Judicial Affairs. "If it's initiated, the suffering of all parties is minimized."

Physicians should be prepared to answer patients' questions and make notes as part of medical records, the policy says.

Though it's important to discuss advanced care planning with patients, it is not something that should be discussed with every patient on every visit, said Colette Willins, MD, a delegate for the American Academy of Family Physicians from Westlake, Ohio. "This is not something I would discuss at a two-year child wellness check."

When delivering a negative prognosis, physicians should be cognizant of where and how they deliver the news, and make sure patients get the information they need, said Jeff N. Stoneberg, DO, clinical medical director for the Institute for Palliative Medicine at San Diego Hospice.



PHOTO BY TED GRUDZINSKI / AMA

Colette Willins, MD, says advanced care planning needs to be discussed, but not at every visit.

Talking with patients about their goals and values will help them maintain a high quality of life as long as possible, he said. ♦

Meeting Notes

Other Actions

ISSUE: Excessive medical school debts place a large burden on physicians, affect choices and narrow the pool of medical school applicants. Some cities have considered imposing tuition taxes.

□ **PROPOSED ACTION:** Oppose medical school tuition taxes and any other attendance-based taxes imposed on medical students by government. [Adopted]

ISSUE: Physicians and other health care workers have a professional obligation to safeguard colleagues, the public and themselves against preventable communicable diseases.

□ **PROPOSED ACTION:** Promote physician immunization against vaccine-preventable diseases, as well as immunization of health care workers against seasonal and pandemic influenza. [Adopted]

ISSUE: Medical students are often restricted from accessing patients' electronic medical records, limiting educational and patient care opportunities.

□ **PROPOSED ACTION:** Encourage teaching hospitals and other clinical clerkship sites to allow medical students access to patient electronic medical records. [Adopted]

ISSUE: Existing physician licensure procedures make it difficult for doctors who want to volunteer short term in other states.

□ **PROPOSED ACTION:** Encourage the Federation of State Medical Boards to develop a process by which licensing boards would allow licensed physicians to volunteer for less than 90 days in another area. [Adopted]

CEJA forum debates limits of personal beliefs

A doctor's right to withhold services that conflict with his or her moral beliefs is a source of long-standing debate.

CAROLYNE KRUPA
AMNEWS STAFF

San Diego A physician's duty is to his or her patients, but occasionally a situation arises in which care the patient needs or wants goes against the physician's personal beliefs.

The question of a doctor's right to withhold services in such cases is a source of long-running debate. Many states have enacted laws that give physicians and other health professionals the right to refuse to provide services, such as performing abortions, on the grounds of conscience.

Delegates at the AMA Interim Meeting explored the question of withholding care in certain cases at an open forum hosted by the Council on Ethical and Judicial Affairs. They agreed that physicians shouldn't be forced to provide care that violates

their beliefs, but said doctors should have honest conversations with patients upfront to avoid such conflicts.

"The rest of the nation has to understand that we are standing for a person's autonomy and human dignity," said Maria Lymberis, MD, a psychiatrist from Santa Monica, Calif., and an alternate delegate for the California Medical Assn.

Daniel Edney, MD, an internist from Vicksburg, Miss., said a physician's religious beliefs should be respected.

"My faith principles go to the core of my existence, and if you force me to do something that goes against that, you change who I am as a person and definitely as a physician," said Dr. Edney, an alternate delegate for the Mississippi State Medical Assn.

Likewise, physicians must respect a patient's faith. For example, doctors treating Jehovah's Witnesses must honor beliefs against blood transfusions, even though it's difficult to watch a patient succumb to a condition that otherwise could be treated, Dr. Edney said.

Physicians should let their patients know their moral beliefs early on. "We need to disclose that information upfront," said Robert Phillips, MD, PhD, a delegate for the American Academy of Psychiatry and the Law and a psychiatrist in Annapolis, Md.

Delegates also discussed substance abuse policies for physicians that many said are outdated, don't acknowledge addiction as a disease and need revision.

Too often physicians with addictions are ostracized and have trouble returning to practice after treatment, delegates said.

"The AMA should advocate more for those people," said Michael Miller, MD, an addiction medicine specialist from Madison, Wis., and a delegate for the Wisconsin Medical Society. ♦



DR. MILLER

Use caution with social media

Continued from preceding page

do anything to jeopardize patient privacy or confidentiality.

On social networking websites, physicians should use privacy settings to block their information from public view, but they need to recognize that those settings may not completely or permanently prevent outside access, the policy says.

Careful communication

Physicians are cautioned against having nonclinical communications with patients, because doctors may see something about a patient online that could have implications for their medical care. In the report that led to the policy, CEJA members gave the example of a photo posted online of a patient smoking, when the patient had told the physician he or she was a nonsmoker.

Seeing the photo and knowing the

patient may not have been truthful could affect how the physician interacts with the patient in subsequent visits.

It is part of a physician's professional obligation to monitor the Internet for their own content, as well as content posted about them or colleagues, said Clifford Moy, MD, a psychiatrist from Austin, Texas, and a delegate for the Texas Medical Assn.

Some delegates expressed concern about a recommendation for physicians to approach colleagues they believe have posted unprofessional content online.

It shouldn't be a doctor's obligation to police the online activities of colleagues, said John Fagg, MD, a plastic surgeon from Winston-Salem, N.C., and a delegate of the North Carolina Medical Society.

But Kavita Shah, MD, a resident member of CEJA from Chicago, said

Doctors are cautioned against having online nonclinical communications with their patients.

physicians have the public's trust and should take that responsibility seriously. The policy recommendation is no different from existing standards that physicians report colleagues for unprofessional behavior they witness, she said.

"Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers [particularly for physicians-in-training and medical students], and can undermine public trust in the medical profession," the CEJA report said. ♦



PHOTOS BY DENIS POROY / AP



Getting a leg up on healthy lifestyles

Medical students Patricia De Melo, Andrew Panakos and Jessica Simkins (top, right to left) and Nisha Viswanathan (at left) exercised with about 100 area residents at the Mid-City Gymnasium in San Diego. Soniya Mehra (above, left) and Alexandra Norcott were among about 20 students from the AMA Medical Student Section who also spoke to residents about four key behaviors to avoid: poor diet, physical inactivity, excessive alcohol consumption and tobacco use.

Meeting Notes

Public Health

ISSUE: The April 20 explosion of the Deepwater Horizon oil rig caused an estimated 4.9 million barrels of oil to leak into the Gulf of Mexico. The spill is expected to have short- and long-term health effects on the region, residents and those who aided in the clean-up.

PROPOSED ACTION: The AMA should continue to monitor health effects and public activities related to the spill and report new information as it becomes available. The Council on Science and Public Health will provide a follow-up report in about 2½ years. *[Adopted]*

ISSUE: Cannabis has known medical benefits and is recommended by physicians for some symptoms, including nausea, pain, muscle spasms and glaucoma. Yet its status as a Schedule I controlled substance creates barriers to needed research to better understand its effects and potential treatments.

PROPOSED ACTION: Urge federal agencies to rethink cannabis' status, cut research barriers and create options for well-controlled studies for medical use. *[Adopted]*

ISSUE: Gay, lesbian, bisexual and transgender youth are at a higher risk for harmful behaviors such as smoking, suicide and drug and alcohol abuse. Many physicians feel ill-prepared to discuss sexual orientation with young patients.

PROPOSED ACTION: Work with the Accreditation Council for Graduate Medical Education and the American Osteopathic Assn. to recommend that primary care residency programs assess curricula for training on caring for younger GLBT patients. *[Adopted]*

Policy adopted on concussions in youths

Continued from page 27

lem nationwide. The Center for Injury Research and Policy said 40% of high school athletes with concussions return to play too soon.

The National Football League and the National Collegiate Athletic Assn. have instituted policies to prevent players with concussions from returning during the same game. State legislatures have pursued measures requiring removal of athletes suspected of having concussions.

Medical organizations also have issued guidance. Most recently, the American Academy of Neurology in October published a position statement that athletes suspected of having a concussion should be removed from play until they are evaluated by a physician.

"Concussions account for nearly 10% of all high school athletic injuries," said AMA Board of Trustees Member Edward L. Langston, MD.

"Even mild brain injuries can be catastrophic or fatal. To protect the health and well-being of young

athletes, it's vital that a physician evaluate them and give them a clean bill of health before they return to play."

Protecting winter athletes

In another effort to protect young athletes from head injuries, delegates adopted policy calling for the AMA to support legislation requiring the use of helmets by youths 17 and under while snow skiing and snowboarding. The policy encourages the use of helmets by adults in both activities.

The AMA will encourage physicians to educate patients about the importance of using helmets. It also favors the availability of rental helmets at commercial skiing and snowboarding areas.

New York plastic surgeon William Rosenblatt, MD, has worn a helmet while skiing since slipping on the slopes and hitting his head about 14 years ago. He supports the new AMA policy.

"It's crazy to ski or snowboard without a helmet," said Dr. Rosenblatt, a delegate for the Medical



PHOTO BY TED GRUDZINSKI / AMA

William Rosenblatt, MD, cites his own experience in backing helmet policy for skiers and snowboarders.

Society of the State of New York. "I can go back to work with a broken leg; I can't go back to work with a broken brain." ♦

Meeting Notes

Legislative Actions

ISSUE: The National Health Services Corps scholarship program encourages primary care physicians to practice in underserved areas, but the program is still underutilized. The Patient Protection and Affordable Care Act will expand it by \$1.5 billion during the next five years.

PROPOSED ACTION: Work to increase physician, medical school and medical student representation in the decision-making process of the program to help make it more popular and more efficient. [Adopted]

ISSUE: Debt incurred by patients for health care is far less predictable and more complex than most consumer debt, but it can impact financial health significantly. In addition, consumers looking to improve credit scores would be more likely to pay off medical debt first if these amounts were cleared from their records within 30 days rather than the usual seven years.

PROPOSED ACTION: Support the principles that are stated in the Medical Debt Relief Act, which passed the House on Sept. 29 and has been referred to the Senate. [Adopted]

ISSUE: The Patient Protection and Affordable Care Act requires companies offering group and individual health insurance with dependent coverage to continue offering this until the child is 26. The law does not apply to those covered by Tricare.

PROPOSED ACTION: Support legislation providing coverage of military children under Tricare in line with that offered by private health plans. [Adopted]

Delegates approve guidelines for ACOs

The Association needs to be proactive, “whether you are in agreement with the concept or not,” an alternate delegate says.

VICTORIA STAGG ELLIOTT
AMNEWS STAFF

San Diego The AMA adopted principles for accountable care organizations, which AMA President Cecil B. Wilson, MD, said were both helpful and timely.

Health system reform legislation calls for ACOs to be established by Jan. 1, 2012. The AMA’s guidelines, based on those adopted by the California Medical Assn., say an ACO’s goals are to increase patients’ access to care, improve the quality of care and ensure it is delivered efficiently. ACOs must be physician-led and encourage collaboration, the new guidelines say. Medical decisions should put patients’ interests first without conflicting with commercial concerns. Participation by physicians and patients should be voluntary.

The principles state that any money saved by an ACO should be retained for patient care and distributed to ACO participants. Additional upfront resources to encourage ACO development and spending benchmarks should be

adjusted for geographic and patient-risk differences.

A draft of ACO regulations is due in early 2011, and Dr. Wilson told delegates he would be heading to Washington, D.C., after the Interim Meeting to brief members of the administration.

“With this, we know where we stand on what we think accountable care organizations should look like,” he said.

Some delegates said it was crucial for the AMA to have policy ready on the subject. “Whether you are in agreement with the concept or not, it’s coming,” said urologist Peter Bretan Jr., MD, an alternate delegate for the CMA. “The AMA needs to speak and distribute data and have guiding principles. We need to be proactive, or we are going to have something that none of us are going to like.”

Other delegates suggested more study, and still others suggested that the AMA come out opposing ACOs.

“It’s the whole HMO concept redressed, and it’s a bad way to practice medicine,” said Peter Lavine, MD, an orthopedic surgeon and alternate delegate from the Medical Society of the District of Columbia.

Delegates also asked the AMA to clarify its support of antitrust relief for doctor-led ACOs, which it stated in a letter to the Federal Trade Commission and other agencies. Flexibility in antitrust and self-referral laws and civil monetary penalties is viewed as crucial to allowing small- and medium-sized practices to participate in this aspect of health reform yet retain some independence. ♦



DR. LAVINE

PECOS problems must be addressed, AMA says

One resolution adopted by the House of Delegates calls the Medicare enrollment system a “looming disaster for patients and physicians.”

VICTORIA STAGG ELLIOTT
AMNEWS STAFF

San Diego The process for physicians to register with Medicare — the Provider, Enrollment, Chain and Ownership System, or PECOS — needs to be improved, according to policy adopted at the AMA Interim Meeting.

The AMA House of Delegates adopted policy on this issue because the Centers for Medicare & Medicaid Services system is a “looming disaster for patients and physicians,” according to one resolution. The registration deadline was July 6, although this has changed several times. Claims are not being denied while CMS reviews the program.

“It really needs to be fixed,” said



PHOTO BY DENIS POROY / AP
Theodore Zanker, MD, spent six months on PECOS registration.

Theodore Zanker, MD, a New Haven, Conn., psychiatrist. The Connecticut State Medical Society delegate said he

spent six months trying to register for PECOS.

Awareness of the need to enroll in PECOS is low, delegates said. Claims are being honored if a physician is not registered, but CMS has not announced when that will change. “There is general lack of knowledge about this,” said Michael Lew, MD, an alternate delegate from the Massachusetts Medical Society and an infectious disease specialist in Newton.

The system has long come under fire from the AMA and other medical societies. It was launched in November 2003 to better centralize the enrollment process. Before this time, each contractor had its own system.

After complaints from the AMA and others, CMS said June 30 that it would launch a review of PECOS, and that contractors would not start automatically rejecting claims involving physicians not properly enrolled as of a July 6 deadline. The AMA has advocated that CMS not reject any claims before Jan. 3, 2011. ♦

Physician input welcomed on meaningful use, CMS official says

A CMS regional chief medical officer says past medical association suggestions have improved rules governing bonus pay for EMR use.

VICTORIA STAGG ELLIOTT
AMNEWS STAFF

San Diego With stage 1 regulations for meaningful use released and discussion begun on stage 2, a federal official speaking at the AMA Interim Meeting called for more feedback to ensure these regulations will be workable for physicians.

“We need to work together and make sure that meaningful use is defined and carried out appropriately,” said Betsy L. Thompson, MD, DrPh, chief medical officer for the Centers for Medicare & Medicaid Services’ Region IX office in San Francisco.

Based on a show of hands when she asked the crowd about EMR use, about half of the participants had an EMR in their offices, and the remainder were considering getting one.

Stage 1 rules are intended to increase adoption of health information technology, stage 2 rules are meant to change the process of care, and stage 3 rules are for improving outcomes. “Right now our emphasis is for practices to adopt and start to use these systems,” Dr. Thompson said. “At stage 2, we expect processes of care to change so that we can truly improve outcomes and population health by stage 3.”

Achieving meaningful use at the three stages qualifies physicians for financial incentives for using electronic medical records. While finalizing meaningful use standards for stage 1, CMS re-

ceived more than 2,000 comments, including those from the AMA and other medical associations.

“We had to read and respond to each, and the comments improved the rule substantially,” Dr. Thompson said.

This led to stage 1 rules being issued with more flexibility for physicians and deferral of some early requirements, but the AMA continues to request improvements.

“These are challenging times. ... It is worth the effort to be able to collect data and collaborate with each other for the betterment of the patient, but we have reasons to be concerned and worried about what the future holds,” said AMA Trustee Steven J. Stack, MD.

Stage 2 of meaningful use is scheduled to begin in 2012. ♦



DR. THOMPSON