**AMA House of Delegates Annual Meeting**

**Hyatt Regency Hotel, Chicago**

**June 11-15, 2016**

During the American Medical Association’s recent House of Delegates (HOD) annual meeting, ASE was ably represented by Dr. Peter Rahko, ASE’s delegate. Although no echocardiography-related resolutions were considered during this meeting, there were several resolutions introduced of concern to ASE. Dr. Rahko’s attendance also met key requirements to ensure that the society maintains its delegate status.

The HOD has often deliberated about modifying HOD delegate requirements. This meeting BOT 15, *Designation of Specialty Societies for Representation in the House of Delegates,* recommended a change in delegate allocation for specialty societies. Under the new system, specialties seated in the House of Delegates would be allocated delegates on the basis of the number of members of the society who are AMA members. Membership counts would be reduced by 25% to account for membership in multiple societies. Data shows that ASE would retain one delegate under the new process.

An amendment was introduced to this resolution removing the 25% reduction, replacing specialty delegation allocation with a system similar to state requirements, with a provision ensuring that the number of specialty delegates shall be equal to the number of state society delegates. Under this process ASE appears to gain an additional delegate, under current circumstances. In the end the resolution was referred.

The AMA's HOD passed a late resolution dealing with the recent notice in the Federal Register that advanced-level nurses would be able to order and interpret some medical imaging exams as employees of the U.S. Department of Veterans Affairs (VA) health system. The authors of the resolution explained that instead of approaching this as another scope of practice fight they focused on developing a solution to the physician shortage within the VA.

The resolution passed includes language calling for the development of a medical school loans forgiveness program for physicians who opt to work for the VA. It also includes a resolve to remove administrative burdens for physicians to volunteer their time to care for veterans. Finally, the resolve to require adequate pay to encourage physician recruitment was referred.

Andy Slavitt, acting administrator of the Centers for Medicare & Medicaid Services (CMS) spoke to the AMA’s HOD on the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) legislation. He described this as “an historic opportunity” to determine how Medicare pays for care. He spoke of “reversing a pattern of regulations and frustration and ultimately unleashing a new wave of collaboration between the people who spend their lives taking care of us and those of us whose job it is to support that cause.” He emphasized that physicians will have a voice in the regulations, however there may be some bumps in the initial implementation.

Slavitt identified four themes he hopes to focus on with MACRA:

* Keep patients at the center of care—and everything else
* Allow practices the flexibility to drive how they use the program to support the unique needs of their patients
* Focus on the policies that are based on the needs of small practices or practices in rural or underserved areas
* Simplify wherever and whenever possible, and give physicians back the time to spend with patients

The AMA described the adopted policies for alternative payment models (APM) as intended to:

* “Provide resources to support the services physician practices need to deliver to patients, including mechanisms for regular updates to the amounts of payment to ensure they continue to be adequate to support the costs of high-quality care
* Reduce burdens of health IT usage in medical practice
* Promote physician-led team-based care coordination that is collaborative and patient-centered
* Designed by physicians and provide the flexibility so that physicians can deliver the care their patients need
* Limit physician accountability to aspects of spending and quality that they can reasonably influence
* Avoid placing physician practices at substantial financial risk and minimize administrative burdens
* Be feasible for physicians in every specialty and all practice sizes to participate in”

By adopting resolution 107, *Arbitrary Relative Value Decisions by CMS*, the AMA advocated for the ability to appeal CMS’ RVU decisions in the physician fee schedule by requesting that CMS restore the Refinement Panel to serve as the appeals process that was appropriately in place from 1993-2010. The AMA also adopted Resolution 213, *Merit-Based Incentive Payments*, which called on the AMA to advocate to make the certified vendor-based EHRs accountable for the provision of reports in a format suitable to satisfy physician reporting requirements. *Parity in Risk-Adjustment Between Newly Assigned and Continuously Assigned Medicare Shared Savings Program Beneficiaries,* Resolution 114, was adopted and calls on the AMA to support efforts to ensure clinicians are not unfairly penalized for caring for the sickest patients, including but not limited to beneficiaries belonging to vulnerable and/or special needs populations, by continuing to seek the even application of risk-adjustment in ACO settings.

Respectfully Submitted,

Irene Butler