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IN

AAHPM & AMA



TOGETHER WE ARE STRONGER.

Dear AAHPM Colleague,

Over the last decade and a half, AAHPM's advocacy efforts reflected the growth of hospice and palliative medicine as a field. We sought recognition as a specialty from the American Board of Medical Specialties and the Centers for Medicare & Medicaid Services (CMS). When key policies were being considered that would impact the future of medicine, we looked for a "seat at the table," and we seized opportunities for collaboration that could amplify the voice of our relatively small specialty. In doing so, AAHPM sought and received formal status in the American Medical Association (AMA) House of Delegates. In the years since, **through the AMA, AAHPM has been afforded tremendous opportunities to promote the interests of patients with serious illness and increase awareness of the field. It is critical that we maintain this influence, and we need your help to do so.**

AAHPM's continued representation in the AMA depends on having a sufficient number of the Academy's physician members also hold membership in the AMA. AAHPM's status is assessed every 5 years, and **the Academy is up for review again in 2018.** I know many members question the continuing relevance of the AMA. But, as president of AAHPM, I have seen first-hand just how important it is for hospice and palliative medicine to be represented in the House of Medicine.

Last year, AAHPM's delegate was re-elected as chair of the AMA's Pain and Palliative Medicine Specialty Section Council. In this role, our Academy has directed relevant policymaking, built relationships across specialties, and secured support for matters important to advancing our field. AAHPM was invited to serve on the AMA's Opioid Task Force, where the Academy offers a unique voice, urging balanced public policy that preserves access to opioids for patients with legitimate need and doesn't penalize prescribers or patients for care and treatment that may be entirely appropriate in hospice and palliative medicine practice. AAHPM also has been able to appoint an advisor to the AMA/Specialty Society Relative Value Scale Update Committee. When new CPT codes were proposed to reimburse time spent in complex chronic care management and advance care planning, it was crucial that the expertise of our field was considered as the AMA provided relative value recommendations to CMS.

AAHPM members helped update end-of-life policies in the AMA *Code of Medical Ethics*. The AMA also asked the Academy for guidance in writing a report on concurrent care in hospice. And, when AAHPM asked the AMA to support hospice stakeholders filing an amicus brief in a False Claims Act case, the AMA offered to be named first in the filing and bring weight to our arguments regarding the role of hospice medical directors in clinical decision-making.

Finally, Congress and the Administration view the AMA as the voice of medicine and negotiate directly with its leadership when developing healthcare policy. Whether you're concerned about the future of medical education, intrusions into physicians' medical decision-making, increasing regulatory burdens, or reimbursement under new payment and delivery models, **we need hospice and palliative medicine to be represented in the AMA and in these important debates.** Please consider going to ama-assn.org and joining the AMA to help ensure our continued representation.

Sincerely,

Janet Bull, MD MBA HMDC FAAHPM

Past President, American Academy of Hospice and Palliative Medicine