



ADVOCACY UPDATE

STRONGER TOGETHER: WHY WE NEED YOUR HELP TO ENSURE HPM HAS A VOICE IN THE HOUSE OF MEDICINE

Jacqueline M. Kocinski, MPP

Today's rapidly changing healthcare landscape is characterized by unprecedented challenges for physicians and other healthcare providers. Dedicated clinicians are not only working to address health inequities, promote innovation, and reimagine education and training to guide the future of medicine but are doing so in the face of public health crises, interference in the patient-physician relationship, mounting administrative burden, and looming Medicare payment cuts. It's no wonder that the healthcare workforce is contending with growing shortages and burnout. When facing challenges like these, you need all the help you can get. That is why AAHPM has been a proud partner of the American Medical Association (AMA) for 20 years.

"We are all concerned about the current state of the healthcare system and how politics, private entities, and misinformation/disinformation are affecting the health of our nation. Our healthcare system is under incredible stress, and issues that impact the physician workforce, clinician wellness, and equitable access to high-quality, evidence-based medical care are of critical importance," says AAHPM president-elect Holly Yang, MD HMDC FACP FAAHPM. "It is precisely because of these issues and many others that we must continue to have a voice at the American Medical Association."

To ensure AAHPM doesn't lose that "voice," Yang is urging fellow Academy members to join or renew their AMA membership by March 31, 2023, before AAHPM's status in the AMA is next evaluated. The Academy's representation in the AMA House of Delegates and on AMA committees and task forces is dependent on the Academy having 20% of eligible physician members who are also members of the AMA, along with meeting other criteria for specialty society membership. This threshold is assessed every 5 years, with the Academy up for review in spring 2023.

A Powerful Tool

For a smaller association like AAHPM, working with the AMA and its "federation" of state and specialty medical society partners not only gives hospice and palliative medicine (HPM) a voice in efforts to address the most pressing issues facing medicine today but also provides the Academy with unique opportunities to advance our own field and amplify HPM priorities in the public policy arena.

The Academy's first AMA delegate, Dennis S. Pacl, MD FAAP FACP, saw the possibilities after his inaugural outing in the role. In a report to AAHPM leadership after attending the 2003 AMA House of Delegates meeting, Pacl relayed that he had



AAHPM Young Physician Delegate Kyle P. Edmonds, MD FAAHPM, testifies during an AMA House of Delegates Meeting.

connected with counterparts on-site to gauge interest in forming an AMA council that could bring together stakeholder specialties to speak with one voice on policy matters related to supportive care. He ended his report noting that "we can use the AMA as a powerful tool for the needs of our constituency."

"WE CAN USE THE AMA AS A POWERFUL TOOL FOR THE NEEDS OF OUR CONSTITUENCY."

Today, the Pain and Palliative Medicine Specialty Section Council is a reality, comprising delegates from 10 specialties—including pain medicine, clinical oncology, rheumatology, and addiction medicine—and led by AAHPM delegate Chad D. Kollas, MD FACP FAAHPM. "I am privileged to be the elected chair of the Section Council," Kollas says. "The role allows the Academy to influence AMA policy making on issues of importance to hospice and palliative medicine as well as build key working relationships with other specialty societies that pay dividends outside the AMA."



AAHPM Past President Tammie E. Quest, MD FAAHPM, speaks to medical students during the Specialty Showcase at an AMA House of Delegates Meeting.

Having a “seat” in the House of Delegates also affords AAHPM representation on other key AMA bodies, including the invite-only Substance Use and Pain Care Task Force—which allows the Academy to influence national opioid policy—and the Advisory Committee to the AMA/Specialty Society Relative Value Scale Update Committee (RUC), a group that recommends values for new or revised Current Procedural Terminology (CPT) codes to the Centers for Medicare and Medicaid Services.

AAHPM’s RUC advisor Phil Rodgers, MD FAAHPM, says having an Academy representative in that role is “essential.” “Our Academy has been instrumental, not only in establishing and preserving payment for advance care planning services, but also in shaping other major parts of the Medicare Physician Fee Schedule—such as payment for chronic care and principal care management services,” Rodgers notes. “We also helped develop and secure streamlined documentation requirements and increased reimbursement for evaluation and management services in all settings.” Most recently, because of the Academy’s status at the RUC, AAHPM was able to provide input specific to HPM practice for consideration by a CPT-RUC work group developing new telehealth codes.

A Key Ally

Working closely with AMA staff and leadership to ensure the AMA understands the unique needs of patients with serious illness and priorities for our field has led to AAHPM being seen as an expert resource. For example, the AMA has invited AAHPM to help update policies on end-of-life care in the AMA *Code of Medical Ethics* and turned to the Academy for guidance in writing a report on concurrent care in hospice.

In turn, the AMA has offered critical support for our Academy’s key advocacy efforts. When AAHPM asked the AMA to support us as we joined hospice stakeholders submitting amicus briefs in False Claims Act cases brought to the U.S. Supreme Court, the AMA not only agreed but also offered to be named first in the filings regarding the role of hospice medical directors in clinical decision making. The AMA also offered unsolicited in-person testimony when AAHPM presented its Patient and Caregiver Support for Serious Illness model to the Physician-Focused Payment Model Technical Advisory Committee. This was an important endorsement in support of the Academy’s proposal for an alternative payment model to support community-based palliative care and surely influenced the panel’s decision to recommend that the U.S. Department of Health and Human Services test the model.

AAHPM past president Ronald J. Crossno, MD FAAFP, who for years served as the Academy’s alternate delegate to the AMA House of Delegates, has seen AAHPM’s presence at the AMA grow along with the field of hospice and palliative medicine.

“Our specialty has made incredible strides and advances in the last several decades. Many of us have fought hard to achieve those advances, which may have left us with an ‘us versus them’ mentality, to the point that sometimes we forget that we do have external allies,” Crossno says. “The AMA was one of our earliest such allies and has continued to be a friend to HPM. We’ve achieved parity within the AMA as a specialty with equal footing to others. We’ve even advanced to leadership positions within the AMA internal structure, further helping us to network and forge alliances. This progress has helped HPM gain broader recognition, even more rapidly than could have happened otherwise. Appreciating this process also helps us to understand why AAHPM needs to remain an active member society of the organization.”

An Evolving AMA

Academy leaders who are active at the AMA know some may still question the value of AMA membership and whether it is worth ensuring AAHPM remains “at the table.” These leaders’ typical refrain is: “if you’re not at the table, you’re on the menu.”

“We have to be present, active, and collaborative to have any hope of having our voice, and more importantly our patients’ voices, heard,” says Yang, who serves as an AMA delegate from the California Medical Association. She also reminds skeptics that “there is no other organization that speaks for the

'House of Medicine' to the federal government." And, if an Academy member may be hesitant to join because of a past position or action by the AMA, Yang urges them to "look again and see what its policies are now, as institutions evolve." Rodgers concurs: "Today's AMA is more diverse, progressive, active, and responsive to community needs and priorities than ever before."

"TODAY'S AMA IS MORE DIVERSE, PROGRESSIVE, ACTIVE, AND RESPONSIVE TO COMMUNITY NEEDS AND PRIORITIES THAN EVER BEFORE."

Indeed, it's no coincidence that, since the AMA narrowed its strategic goals in 2011, it has seen 10 years of membership growth. To achieve its overarching goals—related to removing obstacles that interfere with patient care; driving the future of medicine through improved training, education, and innovation; and leading the charge to prevent chronic disease and confront public health crises—the AMA has embedded three "essential accelerators" to drive the work: [innovation](#), [advocacy](#), and [equity](#). To address the latter value, the AMA established an organizational Center for Health Equity and released a multiyear "Organizational Strategic Plan to Embed

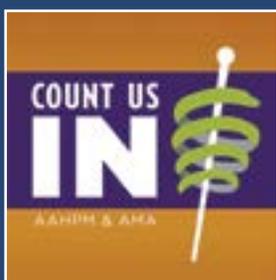
Racial Justice and Advance Health Equity" across the organization and in all its actions.

"In my role as a delegate, I see diverse physicians trying to figure out—often with robust debate—how to best serve all patients in the United States as well as our profession," says Yang. "I see people who can hold a polite, intelligent discussion, despite differences, and actually find common ground. I see people standing up for science and medical evidence. I see students, residents, and fellows often leading the charge."

"As AAHPM and our field grow and mature, we need to have representation in key organizations," Rodgers says. "The AMA is one of them." The message from Yang: "We must not lose our seat at the table. Please be sure to join the AMA for 2023 so that AAHPM can retain our representation for our field and continue to build on our national leadership and impact." ●

Editor's Note: Check out the [Summer 2022 AAHPM Quarterly](#) for a report from the 2022 AMA House of Delegates Annual Meeting, highlighting AAHPM activity and the Academy's newest delegates.

Jackie Kocinski is AAHPM's director of health policy and government relations. For more information or questions about the Academy's advocacy efforts, e-mail advocacy@aahpm.org.



AAHPM PHYSICIAN MEMBERS: HELP COUNT US IN!

Join or Renew Your AMA Membership for 2023 to Ensure AAHPM's Continued Representation

Whether addressing issues like the future of medical education, the ability of physicians to practice without undue intrusion into medical decision making, balanced opioid policy, or reimbursement under emerging healthcare payment and delivery models, AAHPM

is fighting for its members. But we can't do it alone. That's why the Academy is a proud partner of the American Medical Association (AMA).

AAHPM's continued representation in the AMA depends on having a sufficient number of eligible Academy members who also are members of the AMA, with our status assessed every 5 years. AAHPM is up for review again in spring 2023. **Please plan now to join or renew your AMA membership for 2023 to ensure the Academy can retain its seat in the House of Delegates and its representation on other key AMA bodies.**

Go to www.ama-assn.org/member-benefits to learn all the benefits of AMA membership, and be sure to join or renew by March 31, 2023, to be counted in AAHPM's review.

Questions? Email advocacy@aahpm.org.