Whereas, In this time of unprecedented change and upheaval in the American health care system, physicians and patients need the support and strength that comes from the ability of our American Medical Association to say it represents the majority of America's physicians; and

Whereas, Our American Medical Association is losing membership at an unsustainable rate; and

Whereas, Membership in our AMA once included nearly every practicing physician in the United States but now has dropped to fewer than 20 percent; and

Whereas, Membership in our American Medical Association in 2009 fell to 228,150 members (according to Board of Trustees Report 26, A-10), down by approximately 8,000 from 2008; and

Whereas, Approximately one-fifth of the members in our American Medical Association are medical students; and

Whereas, This precipitous and ongoing decline in membership in our American Medical Association has significantly and obviously limited our AMA's strength as a lobbying and political action organization; and

Whereas, The money, time, and energy devoted to recruiting and retaining members drains valuable resources from other AMA activities; and

Whereas, The reports of the Committee on Organization of Organizations, the SAGE Committee, and the McKinsey & Co. management study recommended significant improvements in the management, membership, and operations of our American Medical Association but have done nothing to stop the ongoing hemorrhaging in membership; and

Whereas, Federal Election Commission rules limiting the activities and contributions from a political action committee of affiliated organizations were a primary obstacle to adoption of previous recommendations to transform our American Medical Association into an organization of organizations; and

Whereas, It is time for our American Medical Association to excise the cancer of decaying membership that has been eating away at our organization for years and to start the process of reconstructing our new AMA; therefore be it

RESOLVED, That the Board of Trustees of our American Medical Association, in consultation with the speaker of the House of Delegates, appoint an Ad Hoc Committee on Organization of Organizations no later than Dec. 31, 2010 (Directive to Take Action); and be it further
RESOLVED, That the Ad Hoc Committee on Organization of Organizations include representatives from elected AMA leadership, national specialty societies, state medical associations, and county medical societies (Directive to Take Action); and be it further

RESOLVED, That the Ad Hoc Committee on Organization of Organizations present to the House of Delegates at Annual 2011 a strategic action plan proposing the transformation of our American Medical Association into an organization of organizations including financial, operational and legal implications (Directive to Take Action); and be it further

RESOLVED, That the Ad Hoc Committee on Organization of Organizations’ report to the House of Delegates at Annual 2011 include an analysis of how changes in election law might provide a pathway to overcoming the political action roadblocks that stymied implementation of previous organization-of-organizations recommendations presented to the House of Delegates (Directive to Take Action).

Relevant AMA Policy:

G-620.041 Characteristics of a New Federation of Medicine. Our AMA House of Delegates recognizes the need for changes in the structure of the medical association sector and in the relationships among medical associations; commits itself to implementing changes that will strengthen organized medicine, enabling it to meet the challenges of the future and advocate with a single, effective voice for the interests of patients and physicians; and endorses the concept that our AMA should serve as the framework for a new Federation of Medicine. The characteristics of the new Federation of Medicine include the following:

(1) The Federation of Medicine should be restructured in a way that enables each medical association to retain its individual identity and activities, but which functions more like a total enterprise. Our AMA should become the framework within which a new Federation of medicine is established.

(2) The restructured Federation of organized medicine should be built on the basic components of the existing Federation: local medical societies/counties, state medical societies, specialty societies and the national umbrella organization (Our AMA). Additional components may need to be included.

(3) Individual physician membership should remain the predominant form for membership in all components of the Federation.

(4) The primary objectives of the new Federation should be: (a) an increase in value of membership; and (b) unity of voice and action of all Federation components.

(5) Physicians should be encouraged to join organized medicine at all levels of the restructured Federation. There should be initiatives to encourage maximal collaboration in membership development efforts among components of the Federation.

(6) Federation participants must recognize that achieving real unity of voice and action and achieving true enhancement of the value of membership will require significant streamlining of roles throughout the Federation to reduce duplication (i.e., cost and dues) and create synergy.
(7) The roles of organizations serving physicians should be clarified and positioned to take full advantage of the strategic advantages enjoyed by each kind of organization. The Federation of organized medicine will be a catalyst and a forum for pursuing collaborative efforts to enhance the value of membership throughout the Federation. This effort will be the highest priority in the implementation process for creating the new Federation.

(8) Our AMA House of Delegates should be composed of individuals representing organizations that reflect the major dimensions of a physician's life.

(9) The Federation House of Delegates should strive to be as inclusive as possible of physician organizations that have a stake in, and a contribution to make to, the goals of the Federation.

(10) State societies should be represented by one delegate for every 1000 AMA members or portion thereof.

(11) State societies should continue to count AMA direct members from that state for purposes of determining delegation size.

(12) The current criteria for specialty society eligibility will continue to apply.

(13) State societies should continue to get a "bonus delegate" for being unified. Specialty societies that are unified should also get a "bonus delegate."

(14) Consistent with the idea that "voting" is not the only way to participate in an organization, mechanisms should be established through which organizations or groups of physicians with particular interests can meaningfully participate in the Federation without having a vote in the House of Delegates.

(15) To establish a new, effective Federation of Medicine, a mechanism will be needed for the purposes of: (a) Clarifying roles and achieving active coordination of efforts: (i) developing a process for helping to coordinate the responses of medical associations to key issues, and (ii) enhancing communication among medical associations and between medical associations and physicians, and (b) Establishing a process for pursuing collaborative efforts among Federation members: (i) identifying opportunities, including joint ventures, for medical associations to work together, and (ii) promoting information sharing and compatible database development among medical associations. (BOT Rep. 40, I-95; Consolidated: CLR/PD Rep. 3, I-01)

D-625.986 Focusing the AMA. The AMA Board of Trustees and AMA Management consider the priorities assigned to AMA products and services by the Committee on Organization of Organizations and other information developed by the COO to create a more focused and strategic AMA consistent with its core purpose and values. The BOT should report back at the 2003 Interim Meeting on the actions and plans to achieve the objective of creating a more focused AMA. (Report of the Committee on Organization of Organizations, A-03)

D-630.984 Enhancing Operational Efficiency. The AMA Board, using the information derived from the Committee on Organization of Organizations and other sources, shall continue its efforts to streamline the AMA in order to enhance operational efficiency. (Report of the Committee on Organization of Organizations, A-03)
D-600.973 Unified Voice. The House of Delegates affirms the importance of our AMA speaking with a unified voice on behalf of American medicine. The House of Delegates asks the Board of Trustees and Speakers to continue to search for ways to build the necessary consensus on policy issues to maximize our AMA’s effectiveness in representing physicians and their patients. (Report of the Committee on Organization of Organizations, A-03)

G-620.042 Guidelines for Enhancing the Functionality of the Federation. (1) A pre-determined level of funding should be established (scaled accordingly to the size of the organization) for any AMA/Federation work groups. (a) Funds requested and received from state, county, and specialty organizations should be placed in a separate bank account; and (b) Our AMA should contribute a pre-determined amount and increase the amount according to the needs of the projects; (2) The governing body of each member of the Federation should endorse the Statement of Collaborative Intent as an important first step toward strengthening the Federation; (3) The needs and demands of physicians and their practices must be the prime objective of organized medicine as it seeks to improve the value of membership for its constituents; (4) Because the governance and function of medical societies are intertwined, the study of each aspect should not occur separately. Members of the Federation must take the Federation-wide perspective and not focus narrowly on their own individual organizations. Components of the Federation should trust and be more willing to collaborate and coordinate with other organizations for the good of the Federation and all physicians in the country; (5) Membership organizations must increasingly work together and share costs for projects and activities that enhance physicians’ and patients’ needs; (6) For the Federation of Medicine to be effective, all elements of the Federation which have an interest in any given issue must be included in organized activities. The form of the entity developed to address an issue must also be flexible to allow participation by all interested parties. Participation may be at the local, state, or national level, depending on the issue; (7) A collaborative mechanism must be developed that in times of crisis allows Federation component societies to coordinate and focus all available resources to resolve such issues on behalf of physicians; (8) The Federation should encourage interaction between component organizations at the county, state, and national levels, and provide an organizational structure that brings similar types of societies together in working groups to act on issues of importance; (9) A rapid-response mechanism should be developed by the Federation Advisory Committee (FAC) to bring items of vital interest to the attention of the designated leaders from each Federation component with expectations of timely response; (10) The components of the Federation should indicate which person or persons within each organization qualifies as the key leader who can speak for the organization and develop a response mechanism for providing timely input to facilitate decision-making at the Federation level; (11) The Federation must strengthen the effectiveness of each organization’s governing body to enhance the inter-workings of the Federation; (12) The FCT’s Shared Services Organization Model should be viewed as an example of a strategy that would allow Federation organizations to work cooperatively in business-type ventures. The Federation should pursue this type of venture or a similar type, which would meet the needs of the physician members; (13) The Federation should acknowledge and encourage mergers of like societies to allow them a stronger voice in our AMA House of Delegates for their members; and (14) The Federation Advisory Committee (FAC) will operate as a committee of our AMA Board and will work to encourage, facilitate, and document collaborative efforts among all levels of organized medicine. The FAC should: (a) Oversee the development and operation of a Federation conflict resolution mechanism; (b) Oversee a series of Federation-wide roundtable discussions/forums on Federation issues; (c) Oversee a membership committee to focus on all aspects of the membership process; (d) Oversee a committee to promote and share outstanding Federation-developed projects for patients and physicians; (e) Develop a working mechanism to allow ideas for projects such as the Shared Services Organization (SSO) to be identified, tested, and implemented on an ongoing basis; (f) Review carefully with our AMA Board of Trustees the work that led to the SSO proposal, monitor the development of and impediments in developing cooperative, collaborative projects in the
Federation, and issue a report to the House of Delegates and the Federation in one year to summarize its findings and to make recommendations about facilitating such efforts; (g) Oversee an integrations committee to highlight integration in Federation organizations and serve as a resource to those components considering mergers, develop and maintain surveys of medical societies practices to assist in understanding the medical society industry and its trends; (h) Oversee the development and operation of a cross-organizational committee on professionalism; and (i) Play a crucial role in conducting studies and further refining the roles and responsibilities of the component societies of the Federation. (BOT Rep. 14, I-99; Consolidated: CLRPD Rep. 3, I-01; Modified CLRPD Rep. 1, A-03)

G-620.060 Enhancing the Value of Membership in Organized Medicine. The perspective of our AMA House on enhancing the value of membership in organized medicine includes the following:

1. The House adopts the goal of improving Federation performance as a whole;
2. The House supports efforts to improve the Federation's business processes to include a new member early recognition and retention system and consolidated billing and application process;
3. The House supports the redesign of Federation products and pricing to increase overall appeal and thus recruit additional members and improve retention;
4. The House believes that the Federation should work together to leverage each organization's core competencies;
5. The House encourages the testing of different strategic and operational collaborative arrangements at many sites and the use of these to improve Federation membership, pricing, and member service;
6. The House encourages state medical associations and national medical specialty societies to review the composition of their AMA delegations;
7. The House believes it is important to promote resident physician membership in national medical specialty societies;
8. The House urges all county and state societies to implement a simple transfer of membership procedure to permit uninterrupted membership in organized medicine for physicians who relocate at any time during their careers, with such procedure containing the flexibility to permit resident AMA members to become regular state and county members through the transfer process; and
9. The House encourages medical associations and societies to support the membership efforts of the Alliance, particularly if dual membership billing is utilized, and, with the state and county associations, supports and acknowledges the efforts of our AMA Alliance and state and county medical alliances, whenever it is deemed possible and appropriate. (CLRPD Rep. B, A-83; Sub. Res. 174, A-88; Res. 608, A-92; Reaffirmed: CLRPD Rep. I-93-1; BOT Rep. 23, I-97; Reaffirmed: Sunset Report, I-98; Consolidated: CLRPD Rep. 3, I-01)