

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution
(I-10)

Introduced by: Texas Delegation

Subject: Organization of Organizations

Referred to: Reference Committee

1 Whereas, In this time of unprecedented change and upheaval in the American health care system,
2 physicians and patients need the support and strength that comes from the ability of our American
3 Medical Association to say it represents the majority of America's physicians; and
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5 Whereas, Our American Medical Association is losing membership at an unsustainable rate; and
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7 Whereas, Membership in our AMA once included nearly every practicing physician in the United
8 States but now has dropped to fewer than 20 percent; and
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10 Whereas, Membership in our American Medical Association in 2009 fell to 228,150 members
11 (according to Board of Trustees Report 26, A-10), down by approximately 8,000 from 2008; and
12
13 Whereas, Approximately one-fifth of the members in our American Medical Association are medical
14 students; and
15
16 Whereas, This precipitous and ongoing decline in membership in our American Medical Association
17 has significantly and obviously limited our AMA's strength as a lobbying and political action
18 organization; and
19
20 Whereas, The money, time, and energy devoted to recruiting and retaining members drains valuable
21 resources from other AMA activities; and
22
23 Whereas, The reports of the Committee on Organization of Organizations, the SAGE Committee,
24 and the McKinsey & Co. management study recommended significant improvements in the
25 management, membership, and operations of our American Medical Association but have done
26 nothing to stop the ongoing hemorrhaging in membership; and
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28 Whereas, Federal Election Commission rules limiting the activities and contributions from a political
29 action committee of affiliated organizations were a primary obstacle to adoption of previous
30 recommendations to transform our American Medical Association into an organization of
31 organizations; and
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33 Whereas, It is time for our American Medical Association to excise the cancer of decaying
34 membership that has been eating away at our organization for years and to start the process of
35 reconstructing our new AMA; therefore be it
36
37 RESOLVED, That the Board of Trustees of our American Medical Association, in consultation with
38 the speaker of the House of Delegates, appoint an Ad Hoc Committee on Organization of
39 Organizations no later than Dec. 31, 2010 (Directive to Take Action); and be it further
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1 RESOLVED, That the Ad Hoc Committee on Organization of Organizations include representatives
2 from elected AMA leadership, national specialty societies, state medical associations, and county
3 medical societies (Directive to Take Action); and be it further
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5 RESOLVED, That the Ad Hoc Committee on Organization of Organizations present to the House of
6 Delegates at Annual 2011 a strategic action plan proposing the transformation of our American
7 Medical Association into an organization of organizations including financial, operational and legal
8 implications (Directive to Take Action); and be it further
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10 RESOLVED, That the Ad Hoc Committee on Organization of Organizations' report to the House of
11 Delegates at Annual 2011 include an analysis of how changes in election law might provide a
12 pathway to overcoming the political action roadblocks that stymied implementation of previous
13 organization-of-organizations recommendations presented to the House of Delegates (Directive to
14 Take Action).
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16 **Relevant AMA Policy:**
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18 **G-620.041 Characteristics of a New Federation of Medicine.** Our AMA House of Delegates
19 recognizes the need for changes in the structure of the medical association sector and in the
20 relationships among medical associations; commits itself to implementing changes that will
21 strengthen organized medicine, enabling it to meet the challenges of the future and advocate with a
22 single, effective voice for the interests of patients and physicians; and endorses the concept that our
23 AMA should serve as the framework for a new Federation of Medicine. The characteristics of the
24 new Federation of Medicine include the following:
25

26 (1) The Federation of Medicine should be restructured in a way that enables each medical
27 association to retain its individual identity and activities, but which functions more like a total
28 enterprise. Our AMA should become the framework within which a new Federation of
29 medicine is established.
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31 (2) The restructured Federation of organized medicine should be built on the basic
32 components of the existing Federation: local medical societies/counties, state medical
33 societies, specialty societies and the national umbrella organization (Our AMA). Additional
34 components may need to be included.
35

36 (3) Individual physician membership should remain the predominant form for membership in
37 all components of the Federation.
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39 (4) The primary objectives of the new Federation should be: (a) an increase in value of
40 membership; and (b) unity of voice and action of all Federation components.
41

42 (5) Physicians should be encouraged to join organized medicine at all levels of the
43 restructured Federation. There should be initiatives to encourage maximal collaboration in
44 membership development efforts among components of the Federation.
45

46 (6) Federation participants must recognize that achieving real unity of voice and action and
47 achieving true enhancement of the value of membership will require significant streamlining
48 of roles throughout the Federation to reduce duplication (i.e., cost and dues) and create
49 synergy.
50

1 (7) The roles of organizations serving physicians should be clarified and positioned to take
2 full advantage of the strategic advantages enjoyed by each kind of organization. The
3 Federation of organized medicine will be a catalyst and a forum for pursuing collaborative
4 efforts to enhance the value of membership throughout the Federation. This effort will be the
5 highest priority in the implementation process for creating the new Federation.
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7 (8) Our AMA House of Delegates should be composed of individuals representing
8 organizations that reflect the major dimensions of a physician's life.
9

10 (9) The Federation House of Delegates should strive to be as inclusive as possible of
11 physician organizations that have a stake in, and a contribution to make to, the goals of the
12 Federation.
13

14 (10) State societies should be represented by one delegate for every 1000 AMA members or
15 portion thereof.
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17 (11) State societies should continue to count AMA direct members from that state for
18 purposes of determining delegation size.
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20 (12) The current criteria for specialty society eligibility will continue to apply.
21

22 (13) State societies should continue to get a "bonus delegate" for being unified. Specialty
23 societies that are unified should also get a "bonus delegate."
24

25 (14) Consistent with the idea that "voting" is not the only way to participate in an organization,
26 mechanisms should be established through which organizations or groups of physicians with
27 particular interests can meaningfully participate in the Federation without having a vote in the
28 House of Delegates.
29

30 (15) To establish a new, effective Federation of Medicine, a mechanism will be needed for
31 the purposes of: (a) Clarifying roles and achieving active coordination of efforts: (i)
32 developing a process for helping to coordinate the responses of medical associations to key
33 issues, and (ii) enhancing communication among medical associations and between medical
34 associations and physicians, and (b) Establishing a process for pursuing collaborative efforts
35 among Federation members: (i) identifying opportunities, including joint ventures, for medical
36 associations to work together, and (ii) promoting information sharing and compatible
37 database development among medical associations. (BOT Rep. 40, I-95; Consolidated:
38 CLRPD Rep. 3, I-01)
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40 **D-625.986 Focusing the AMA.** The AMA Board of Trustees and AMA Management consider the
41 priorities assigned to AMA products and services by the Committee on Organization of
42 Organizations and other information developed by the COO to create a more focused and strategic
43 AMA consistent with its core purpose and values. The BOT should report back at the 2003 Interim
44 Meeting on the actions and plans to achieve the objective of creating a more focused AMA. (Report
45 of the Committee on Organization of Organizations, A-03)
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47 **D-630.984 Enhancing Operational Efficiency.** The AMA Board, using the information derived from
48 the Committee on Organization of Organizations and other sources, shall continue its efforts to
49 streamline the AMA in order to enhance operational efficiency. (Report of the Committee on
50 Organization of Organizations, A-03)
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1 **D-600.973 Unified Voice.** The House of Delegates affirms the importance of our AMA speaking with
2 a unified voice on behalf of American medicine. The House of Delegates asks the Board of Trustees
3 and Speakers to continue to search for ways to build the necessary consensus on policy issues to
4 maximize our AMA's effectiveness in representing physicians and their patients. (Report of the
5 Committee on Organization of Organizations, A-03)
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7 **G-620.042 Guidelines for Enhancing the Functionality of the Federation.** (1) A pre-determined
8 level of funding should be established (scaled accordingly to the size of the organization) for any
9 AMA/Federation work groups. (a) Funds requested and received from state, county, and specialty
10 organizations should be placed in a separate bank account; and (b) Our AMA should contribute a
11 pre-determined amount and increase the amount according to the needs of the projects; (2) The
12 governing body of each member of the Federation should endorse the Statement of Collaborative
13 Intent as an important first step toward strengthening the Federation; (3) The needs and demands of
14 physicians and their practices must be the prime objective of organized medicine as it seeks to
15 improve the value of membership for its constituents; (4) Because the governance and function of
16 medical societies are intertwined, the study of each aspect should not occur separately. Members of
17 the Federation must take the Federation-wide perspective and not focus narrowly on their own
18 individual organizations. Components of the Federation should trust and be more willing to
19 collaborate and coordinate with other organizations for the good of the Federation and all physicians
20 in the country; (5) Membership organizations must increasingly work together and share costs for
21 projects and activities that enhance physicians' and patients' needs; (6) For the Federation of
22 Medicine to be effective, all elements of the Federation which have an interest in any given issue
23 must be included in organized activities. The form of the entity developed to address an issue must
24 also be flexible to allow participation by all interested parties. Participation may be at the local, state,
25 or national level, depending on the issue; (7) A collaborative mechanism must be developed that in
26 times of crisis allows Federation component societies to coordinate and focus all available resources
27 to resolve such issues on behalf of physicians; (8) The Federation should encourage interaction
28 between component organizations at the county, state, and national levels, and provide an
29 organizational structure that brings similar types of societies together in working groups to act on
30 issues of importance; (9) A rapid-response mechanism should be developed by the Federation
31 Advisory Committee (FAC) to bring items of vital interest to the attention of the designated leaders
32 from each Federation component with expectations of timely response; (10) The components of the
33 Federation should indicate which person or persons within each organization qualifies as the key
34 leader who can speak for the organization and develop a response mechanism for providing timely
35 input to facilitate decision-making at the Federation level; (11) The Federation must strengthen the
36 effectiveness of each organization's governing body to enhance the inter-workings of the Federation;
37 (12) The FCT's Shared Services Organization Model should be viewed as an example of a strategy
38 that would allow Federation organizations to work cooperatively in business-type ventures. The
39 Federation should pursue this type of venture or a similar type, which would meet the needs of the
40 physician members; (13) The Federation should acknowledge and encourage mergers of like
41 societies to allow them a stronger voice in our AMA House of Delegates for their members; and (14)
42 The Federation Advisory Committee (FAC) will operate as a committee of our AMA Board and will
43 work to encourage, facilitate, and document collaborative efforts among all levels of organized
44 medicine. The FAC should: (a) Oversee the development and operation of a Federation conflict
45 resolution mechanism; (b) Oversee a series of Federation-wide roundtable discussions/forums on
46 Federation issues; (c) Oversee a membership committee to focus on all aspects of the membership
47 process; (d) Oversee a committee to promote and share outstanding Federation-developed projects
48 for patients and physicians; (e) Develop a working mechanism to allow ideas for projects such as the
49 Shared Services Organization (SSO) to be identified, tested, and implemented on an on-going basis;
50 (f) Review carefully with our AMA Board of Trustees the work that led to the SSO proposal, monitor
51 the development of and impediments in developing cooperative, collaborative projects in the

1 Federation, and issue a report to the House of Delegates and the Federation in one year to
2 summarize its findings and to make recommendations about facilitating such efforts; (g) Oversee an
3 integrations committee to highlight integration in Federation organizations and serve as a resource to
4 those components considering mergers, develop and maintain surveys of medical societies practices
5 to assist in understanding the medical society industry and its trends; (h) Oversee the development
6 and operation of a cross-organizational committee on professionalism; and (i) Play a crucial role in
7 conducting studies and further refining the roles and responsibilities of the component societies of
8 the Federation. (BOT Rep. 14, I-99; Consolidated: CLRPD Rep. 3, I-01; Modified CLRPD Rep. 1, A-
9 03)

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11 **G-620.060 Enhancing the Value of Membership in Organized Medicine.** The perspective of our
12 AMA House on enhancing the value of membership in organized medicine includes the following:
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- 14 (1) The House adopts the goal of improving Federation performance as a whole;
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16 (2) The House supports efforts to improve the Federation's business processes to include a
17 new member early recognition and retention system and consolidated billing and application
18 process;
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20 (3) The House supports the redesign of Federation products and pricing to increase overall
21 appeal and thus recruit additional members and improve retention;
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23 (4) The House believes that the Federation should work together to leverage each
24 organization's core competencies;
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26 (5) The House encourages the testing of different strategic and operational collaborative
27 arrangements at many sites and the use of these to improve Federation membership, pricing,
28 and member service;
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30 (6) The House encourages state medical associations and national medical specialty
31 societies to review the composition of their AMA delegations;
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33 (7) The House believes it is important to promote resident physician membership in national
34 medical specialty societies;
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36 (8) The House urges all county and state societies to implement a simple transfer of
37 membership procedure to permit uninterrupted membership in organized medicine for
38 physicians who relocate at any time during their careers, with such procedure containing the
39 flexibility to permit resident AMA members to become regular state and county members
40 through the transfer process; and
- 41
42 (9) The House encourages medical associations and societies to support the membership
43 efforts of the Alliance, particularly if dual membership billing is utilized, and, with the state and
44 county associations, supports and acknowledges the efforts of our AMA Alliance and state
45 and county medical alliances, whenever it is deemed possible and appropriate. (CLRPD Rep.
46 B, A-83; Sub. Res. 174, A-88; Res. 608, A-92; Reaffirmed: CLRPD Rep. I-93-1; BOT Rep.
47 23, I-97; Reaffirmed: Sunset Report, I-98; Consolidated: CLRPD Rep. 3, I-01)