AMA House Pays Tribute to Radiology Centennial

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Radiologists Elected To Top Posts In House Of Delegates
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Two radiologists were elected to top offices in the American Medical Association (AMA) last month. Daniel H. "Stormy" Johnson, Jr. of Metairie, LA was elected president-elect of the AMA. Dr. Johnson will be inaugurated president of the AMA in June, 1996. In a first ballot victory, John A. Knote of LaFayette, IN was elected vice-speaker of the House of Delegates. Without the necessity of a run-off, Dr. Knote defeated three other candidates in securing the majority of the delegates' votes in a hotly contested campaign. The elections took place during the House of Delegates' 1995 annual meeting in Chicago.

In still another positive action for radiology, Boston radiation oncology resident, Alan C. Hartford, was appointed to the Council on Ethical and Judicial Affairs by incoming AMA President Lonnie Bristow.

This meeting was the last session of the House of Delegates in which Lee F. Rogers of Chicago, IL served as ACR's delegate to the AMA. Dr. Rogers steps down from this post as he assumes the position of editor-in-chief of the American Journal of Roentgenology. George H. Kamp of Tulsa, OK assumes the position of ACR delegate and James M. Moorfield of Sacramento, CA becomes the alternate delegate from the ACR to the AMA. In the opening session of the meeting, Steven E. Harms of Dallas, TX was awarded the William Beaumont Award from the AMA for his work in MR research (See page 13 for details).

The delegates discussed a wide-ranging array of issues of interest to radiologists and other physicians.

AMA delegates paid recognition to the 100th anniversary of the discovery of the X-ray by Wilhelm Conrad Roentgen. They unanimously adopted a resolution on the centennial of the discovery of X-rays and acknowledged the contribution that radiological science has made to medicine. Moreover, the AMA House of Delegates expressed its expectation that contributions of radiology and radiation science will continue into a second century of medical achievements.

An important topic debated was the future of specialty organizations in the House of Delegates. Led by Frank L. Hussey, Jr. of Park Ridge, IL, the delegates expressed reservations about restrictions that might be placed on specialty societies' representation in the AMA House. As a result of this debate, AMA's Council on Long-Range Planning and Development is expected to reconsider the concept of "capping" the number of specialty societies represented in the House of Delegates, as well as determine whether specialty societies will be asked to "share" representation in the House of Delegates. These concepts were much criticized by Dr. Hussey and his allies in this discussion.
Residency Training of Physicians

The issue of work force planning and physician manpower carried over from the last meeting of the delegates, following referral to the AMA Board of Trustees of a resolution introduced last December by the ACR.

Last December, ACR delegate Lee Rogers proposed a resolution addressing the liability and antitrust constraints placed on the Residency Review Committees (RRCs) and Accreditation Council for Graduate Medical Education (ACGME) in their review of the quality of residency training programs.

Following referral of the ACR resolution, the AMA Council on Medical Education last month presented a report to the House addressing these issues. After debating the matter, the House of Delegates voted to adopt the original language of the ACR resolution asking the AMA Council on Medical Education to pursue all available means, through the RRCs and the ACGME, to develop relative quality standards and objective criteria to apply to residency training programs. The new policy directs the AMA to seek legislative authority to permit the RRCs and the ACGME to review the accreditation status of residency training programs free of antitrust and liability exposure.

Patenting of Medical Procedures

In 1994, the ACR submitted a resolution requesting the AMA's Council on Ethical and Judicial Affairs (CEJA) to explore the ethics of the issuance of "method" patents for therapeutic and surgical procedures.

At this recent meeting, CEJA issued a comprehensive report in response to that request. The Council concluded that obtaining and enforcing patents on medical procedures may have a detrimental effect on the profession and patient care. Clinical access to the patented procedure may be restricted, thereby making certain procedures unavailable to those who need them. According to their report, academic access, including peer review and training of new physicians, is compromised by patenting of medical procedures. The Council determined that given the lack of a practical principled basis for distinguishing appropriate and inappropriate medical process patents, the ethical problem associated with patents of medical procedures cannot be addressed by governmental regulation. The Council concluded its report by stating that it is "unethical for physicians to seek, secure or enforce patents on medical procedures."

Role of CEJA

For several years, some delegates have sought greater oversight over the opinions of the Council on Ethical and Judicial Affairs (CEJA). Radiologists have supported the independence of CEJA, free of veto by the House of Delegates. This debate began primarily in response to CEJA's condemnation of physician self-referral in its opinion on conflicts of interest.

At this meeting, an attempt was made to create a mechanism for the House of Delegates to vote on modifications or reversals of CEJA opinions. Testimony of most delegates strongly opposed such an effort. However, the delegates did request that where the House votes to refer back to CEJA an item for reconsideration, that an annotation in bold print be appended to this item in the Proceedings of the House
of Delegates and in JAMA, indicating that the opinion is under reconsideration and a response has not yet been rendered by the Council on Ethical and Judicial Affairs.

NRC Regulation of Medical Practice

The American College of Nuclear Physicians sought the concurrence of the House in expressing concern about regulation of the medical practice by the U.S. Nuclear Regulatory Commission. The SNM proposal asked the AMA and interested state and specialty societies to support legislation stripping authority from the NRC for regulating medical use of radioactive byproduct material. The reference committee, upon reviewing this matter, concluded that the issue could be best handled by requesting the AMA Board of Trustees to study this issue and report back with recommendations to the House of Delegates. Accordingly, the House voted to refer the matter for study to the board.

Self-Referral

The delegates reviewed a request from Nebraska for clarification of certain federal fraud and abuse laws. The House adopted the proposal requesting the AMA to work with the Health Care Financing Administration, the Office of Inspector General of the Department of Health and Human Services and other appropriate federal agencies to develop temporary safe harbor guidelines for small group and other integrated group medical practices and academic health centers regarding compliance with "Stark II" laws that ban self-referral.

Managed Care

Perhaps the most hotly debated topic at the meeting was whether the AMA should support mandatory "point of service" coverage in every managed care health insurance plan. There was great debate both for and against the mandatory point of service requirement. Proponents of the mandate argued the patient's ultimate guarantee of quality could only be served by a point of service mandate in all managed care plans. Opponents contended that lack of a mandate does not deny a patient the ability to choose a health plan with a point of service option. It was noted that mandated point of service coverage might jeopardize the political support for AMA's Patient Protection Act and might even force some physician-operated plans out of the marketplace.

Ultimately, the House adopted a "middle-ground" proposal recommended by the Council on Medical Service (CMS). The CMS formulation would require all health plans or sponsors of such plans to offer, at the time of enrollment and for continuous one-month periods annually thereafter, an optional "point of service" feature so that patients who choose such plans may elect to select the physicians of their choice outside the plan at additional cost to themselves.

The House of Delegates reaffirmed its aggressive and strong support for enactment of the Patient Protection Act.
Hospital-Physician Issues

Finally, the issues of economic credentialing and due process were again discussed in the context of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and resolutions dealing with relationships with hospitals. The Board of Trustees presented a report to the delegates containing an analysis on whether it was appropriate for the AMA to continue to have a role in Joint Commission governance. Seven members of the AMA Board of Trustees, including radiologist Timothy T. Flaherty of Neenah, WI, are members of the Joint Commission's Board of Commissioners. The delegates adopted the AMA board recommendation for continued support for the JCAHO but requested continued monitoring of the Joint Commission. The board will provide a follow-up report at the 1995 interim meeting of the House.

The board informed the delegates that comprehensive revisions have been adopted to the medical staff chapter of the Accreditation Manual for Hospitals. Among the new standards, to be effective for surveys beginning in 1996, are requirements for due process in hospital decisions to deny or revoke medical staff privileges. In testimony before the reference committee, Dr. George Kamp complimented the Joint Commission for its actions and noted radiology's interest in recovering standards that have been lost relating to radiation protection and safety.

A bylaws amendment was approved renaming AMA's Hospital Medical Staff Section the Organized Medical Staff Section. The reorganization of this active AMA section responds to the changing notions of physicians' relationships with hospitals, and the emergence of new organizational structures for physicians as medicine becomes more horizontally and vertically integrated.

In other issues relating to physician-hospital relationships, delegates directed the AMA to begin to study the feasibility of assisting states in developing legislation to mandate that hospital medical staff bylaws be viewed as contracts.

Furthermore, delegates asked the AMA to study the feasibility of introducing federal legislation to mandate that medical staff bylaws be viewed as a contract and report back to the House this December.

The December 1995 meeting of the AMA House will be held in Washington, D.C.