AMA House of Delegates

- Dermatology’s representation in “House of Medicine”
- Specialty and Service Society:
  - APD is in initial **probationary** period: 2013-15
  - **Observer** (non-voting) status for 3 years
- Dermatology Section Council (**DSC**):
  - AAD, SID, ASDS, ACMS, ASDP: **voting** members in AMA House of Delegates
  - US Army, US Navy, several state dermatology organizations
  - Currently 33 members
Dermatology Section Council: Collective Voice of Dermatology

• Members deliberate issues before HOD
• Determine positions
• Collaborate with other organizations to garner support for our positions
• Attempt to mitigate opposition before floor debates
• Provide testimony when appropriate
• Vote collaboratively to increase Dermatology’s influence
Resolutions
Introduced by DSC

• DSC introduced three resolutions for consideration by AMA House of Delegates
• Well received and thoughtfully considered by entire HOD, representing more than 120 specialties and every state nationwide
Resolution 207

• Called for AMA to support regulatory changes to improve access to compounded or repackaged medications for in-office use.

• FDA considers as “compounding”:
  – Buffering of lidocaine
  – Dilution of corticosteroid for intralesional injection
  – Reconstitution of lyophilized powders

• After significant debate and collaboration with other specialties, resolution adopted by HOD.
Resolution 505

- Advocated for FDA to increase speed to update prescription product labels as new evidence becomes available
- Evidence-based standards or peer-reviewed medical literature add to legacy information contained in official drug labeling statements to guide drug administration and use
- Challenge of obtaining insurance coverage or access from pharmacies for prescription medications used off-label
- Support for evidence-based use of neurotoxin products as multi-use vials
- Resolution adopted by HOD
Resolution 702

- Advocated for preserving MDs’ access to in-office administered drugs, and insurance coverage for patients who are physically unable to self-administer
- Injectable biologic medications for psoriasis/psoriatic arthritis
- Resolution adopted by HOD
Cost of Drugs

• DSC co-sponsored one of several resolutions, which were combined into one resolution by Reference Committee and then adopted by the HOD

• **AMA will advocate** with key stakeholders to:
  – Identify and promote adoption of policies to address high and escalating costs of generics
  – Support legislation to ensure *fair and appropriate pricing of generics* and educate Congress about adverse impact of generic drug price increases
  – Develop methods to *increase choice and competition in development and pricing of generics*
  – Increase *price transparency* for generics

• HOD is awaiting report from AMA Council on Medical Service, investigating increasing prices of brand-name and generics; will review at AMA 2015 Interim Meeting
Price Transparency

• **DSC supported** CMS Report on price transparency
• **DSC offered amendment:**
  - Remove clause encouraging MDs to develop fee schedules to communicate cost of professional services to individual patients
  - Concern: too **onerous** for smaller practices
  - Reference committee modified report to include less prescriptive language
• **Adopted report** included provisions to encourage:
  - Physicians to **communicate** cost information to individual patients, taking into account insurance status, etc.
  - Price and quality **transparency**
  - Safeguards to ensure **accuracy and relevance** of pricing information
• **AMA will request** Centers for Medicare & Medicaid Services to expand Medicare Physician Fee Schedule Look-Up Tool to include hospital outpatient payments
Maintenance of Certification

• DSC supported several resolutions advocating American Board of Medical Specialties to develop fiduciary standards for member boards, consistent with AMA policy.

• Report was adopted, and encouraged ABMS to adopt more transparent process.

• Additional resolutions and reports that were adopted:
  – AMA to work to ensure that ABMS member boards avoid attempts at restricting legitimate scope of practice of board-certified MDs.
  – Assessments should be used to guide MDs’ self-directed CME study.
  – Specific content-based feedback should be timely provided.
  – Should be multiple options available to structure assessments to accommodate different learning styles.
  – AMA to work with ABMS to ensure members are kept abreast of requirements and key deadlines.
  – AMA to work with ABMS to streamline and improve Part III of MOC exam.
Many thanks to Dr. Andrew Lazar!

- Chair of Dermatology Section Council
- Outstanding leadership
- Superb documentation of very complex deliberations of AMA meetings and DSC discussions