

AADEP Delegate Report
Douglas W Martin, MD, FAADEP, FAAFP, FACOEM
AMA House of Delegates Annual Meeting
June 18-22, 2011

I attended the American Medical Association Annual Meeting of the House of Delegates in Chicago, June 18-22, 2011 as the AADEP Delegate to the HOD.

The Specialty and Service Society (SSS) met on Saturday to review issues relevant to the societies and also to interview candidates for the AMA offices.

The majority of the AMA policy debate continues to be the response to the Patient Protection and Affordable Care Act (PPACA) and the AMA focus on amending the act to accomplish the AMA goals of insurance coverage for all while at the same time reinforcing individual responsibility, tort reform, Medicare payment reform, antitrust reform, and expansion of health savings accounts.

While there were no major resolutions that affect AADEP significantly, two particular resolutions are worth noting. CEJA Report 1 that dealt with AMA policy on the relationship of individual physicians and commercial entities in continuing medical education was finally passed after its fifth iteration. While somewhat controversial in that the report is not totally in concert with ACCME recommendations in this area, the focus of the AMA policy is that whenever possible, CME activities should be financed without commercial support. When that is not feasible, the AMA policy indicates that there should be no commercial influence upon the CME activity.

The second resolution worth monitoring concerns the issue of expert witness testimony in medical liability cases. AMA Policy now states that physicians should comply with expert witness certification processes in each state as each state law dictates, and that physicians may be subject to state medical board sanctions from either their licensing state or the certificate issuing state if fraudulent or inaccurate testimony is given.

I asked for the AADEP Board to endorse the candidacy of Albert Osbahr, MD for the position of AMA Board Trustee, a physician from North Carolina who practices both family medicine and occupational medicine and who I know also has as part of his practice a small disability evaluation component. I am happy to report that Dr. Osbahr was successful in the election.

Respectfully submitted:



Douglas W. Martin, MD, FAADEP

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AMA House of Delegates – Interim Meeting
November 12-15, 2011

The Interim Meeting of the American Medical Association was held in New Orleans at the Hilton Riverside Hotel. The focus of Interim Meetings of the AMA is primarily on issues of public policy development. However, the House of Delegates and the AMA leadership spent the majority of the time discussing the Medicare SGR problem and the AMA lobbying efforts towards elimination of this provision.

As we are all aware, the implications of the PPACA legislation are difficult to predict, and the AMA continues to be intimately involved in the process of implementation that the reform law will mandate.

There was also considerable discussion on the HOD floor concerning the issue of Maintenance of Certification. There is a clear intent by most state medical boards to turn an eye more towards the issue of Maintenance of Licensure as opposed to Maintenance of Certification, and there very well may be a move to join the two efforts which will require a close collaboration by American Board of Medical Specialty member organizations and individual state medical boards in the future.

Several state delegations rose on the House floor to discuss the issue of in person examinations as a component of the board certification renewal processes. Apparently, there are problems with this in many areas due to availability and also due to validity of what is being tested. There is little scientific evidence that these in person examinations have a direct correlation to competency and the AMA Board will be undertaking a comprehensive review of this subject for discussion at the 2012 Annual Meeting.

Ms. Yost and I attended several good educational programs at the Interim Meeting. The issues of electronic medical record integration remain a consternating problem across the board. We also continue to monitor the changes in continuing medical education, not only from a systems approach, but also as the CME world becomes even more regulated. No doubt this will require more work for us within our specialty society, but we believe the goals toward better CME outcomes are appropriate and must occur.

Please let me hear from you, the AADEP Fellowship, concerning any issues that you would like me or Dr. David Randolph to bring forward to the AMA. We are both here to serve you.

Respectfully submitted:



Douglas W. Martin, MD, FAADEP