

## UNCLE SED WANTS YOU!

Years ago, the US Army used the slogan "Uncle Sam Wants You!" in their recruiting. Today, I'm altering that a bit to recruit "our finest" Delegate(s) from our Southeastern Delegation to the AMA to run for The Council on Medical Service (CMS). I am in my last year of service on this wonderful Council and am fortunate to be its Chair. I am the only Council member from the SED and one of the only members whose entire medical career has been in private practice. The contributions of my fellow Council members that are in an Academic setting or have administrative positions for a public health department or in an Integrated Healthcare Organization are very important. However, adding physicians from private practice to CMS in 2020 would provide a helpful balance.

The vast majority of our reports are from the resolutions referred to us by the AMA Board of Trustees (BOT) from our AMA House of Delegates (HOD). Occasionally, the Council will formulate a "self-initiated" report concerning an evolving topic that meets the following criteria: 1. The topic should be a high-priority issue within the Council's purview that are appropriate for the AMA to address (versus the state associations or specialty societies) and that have the potential to impact the majority of AMA members, 2. The Council should be well-informed before opting to self-initiate a report, taking into account AMA policy and the current literature, 3. The Council should always strive to reach decisions by consensus, and 4. If the Council work plan is full (e.g., more than 10 reports for that HOD Meeting) the Council will defer adding an additional, self-initiated report. The Council is supported by an extraordinary staff of economic specialist and attorneys with a socioeconomic background. All of our reports are then reviewed by the AMA's legal department, other Councils and Departments with interest in the area covered by the report, and finally by the AMA BOT.

A very interesting evolution unfolds during a member's term(s) on the Council. Their background and political philosophy become less important while the search for the best data and best policy take center stage in our discussions. We invite experts from conservative and liberal organizations to address the Council on topics before us for a pending report. For example, our reports regarding Pharmacy Benefit Managers (PBMs) started with a few straightforward concerns and proposals. However, our investigations revealed the multi-layered complexity of the problem and the probable best approaches for the AMA to pursue. The best information and an analysis of the law enlightened our discussions, NOT liberal or conservative politics.

In November, the Council will present reports on Telemedicine, Financial Incentive Programs, Improving Risk Adjustment in Alternative Payment Models, and Mechanisms to Address High and Escalating Pharmaceutical Prices. Next June, we will present reports on such topics as the possibility of federal and/or state employee health plans offering coverage to every state resident (and possible approaches to a public option), high deductible Insurance plans, Medicare Part B and Part D drug price negotiation, and at least five other topics. The topics are interesting, challenging, and often on the cutting edge of today's evolving medical landscape. I enthusiastically encourage those interested in this work, particularly if your background includes a strong component of private practice, to consider serving on The Council on Medical Service. Uncle SED Wants You!

W. Alan Harmon, MD, FACP  
Chair, Council on Medical Service.