

To partner or perish? That is the question

A message to all physicians from AMA President Ronald M. Davis, MD.

Ben Franklin's admonition at the signing of the Declaration of Independence—"We must all hang together, or assuredly we shall all hang separately"—applies to medicine in the 21st century as well as it did to our founding forefathers.

When we adopted a new AMA logo in 2005, with a modern version of the staff of Aesculapius, we added the slogan, "Together we are stronger." It emphasizes that our profession is much more effective when it speaks with one voice. Unfortunately, medicine is quite splintered, and key health policy decision-makers often hear a cacophony of voices from the physician community.

Building and strengthening partnerships in medicine will help us tear down our Tower of Babel. But creating and sustaining partnerships usually requires a lot of work.

Perhaps a brief review of a few of the more successful partnerships in medicine will remind us why it's worth the effort to work together across specialties, modes of practice and the other "demographics" that often divide us.

The Physician Consortium for Performance Improvement (<http://www.physicianconsortium.org/>), which is staffed and convened by the AMA,

takes the lead in developing, testing and maintaining evidence-based clinical performance measures and measurement resources for physicians. It includes more than 100 national medical specialty and state medical societies, along with other public and private partners. The consortium has developed more than 200 performance measures, addressing 29 clinical topics, and another 34 measures are in development.

In 2004, the AMA, the National Medical Assn. and the National Hispanic Medical Assn. formed the Commission to End Health Care Disparities (<http://www.ama-assn.org/go/enddisparities>). More than 60 organizations, most of which are medical societies, have joined. The commission works to increase physicians' awareness of disparities in health care, develops educational materials that highlight strategies to eliminate disparities and supports programs to increase diversity in the physician work force.

The AMA/State Medical Societies Litigation Center (<http://www.ama-assn.org/go/litigationcenter>) is another shining example of collaboration within organized medicine. Formed in 1995, the center provides physicians with legal assistance and expertise. The medical associations of all 50 states and the District of Columbia are members. The center has handled

about 150 cases across the entire medical-legal landscape, including medical staff privileges, medical liability issues, scope-of-practice matters and public health topics, in forums ranging from administrative proceedings to cases before the U.S. Supreme Court. Many of these cases have addressed important specialty-specific issues and have involved the relevant specialty societies.

Partnership within medicine is important, but so is partnership between medicine and allies outside of the profession.

For example, the AMA was one of 16 national organizations that comprised the Health Coverage Coalition for the Uninsured (<http://www.coalitionfortheuninsured.org/>). In January, after two years of meetings and debates, HCCU issued consensus recommendations, proposing a mix of public-sector and private-sector strategies to cover the uninsured.

In addition to several medical societies and health insurers, HCCU included groups from both ends of the political spectrum, ranging from AARP and Families USA to the U.S. Chamber of Commerce. A powerful message from HCCU is this: If these diverse organizations can find common ground on this complex and contentious issue, then certainly Congress ought to be able to do the same.

The AMA works with others on important public health issues. For example, the AMA is a member of the National Alliance for Nutrition and Activity (<http://www.cspinet.org/nutritionpolicy/nana.html>), a coalition advocating for national policies and programs that promote healthy eating and physical activity. Reflecting the importance of partnerships in public health, the Centers for Disease Control and Prevention has created a Division of Partnerships and Strategic Alliances.

On Nov. 5, the AMA and the American College of Sports Medicine held a press conference to announce the launch of a new initiative to assist physicians in counseling their patients to get more physical activity. The campaign, using the theme "Exercise is Medicine," encourages all physicians to prescribe exercise and physical activity for all of their patients. Nearly 30 organizations are supporting the initiative (<http://www.exerciseismedicine.org/supporters.htm>).

Commentary

Ronald M. Davis, MD



In a unique partnership, the AMA is engaging in a dialogue with the American Veterinary Medical Assn. to discuss strategies for enhancing collaboration between the human and veterinary medical professions in medical education, clinical care, public health and biomedical research. In June, the AMA House of Delegates adopted a resolution supporting the "One Health" initiative, which seeks to bring together the two disciplines to improve efforts to prevent and control zoonotic diseases. Collaborative work can also address "noncommunicable" health problems that cross species, such as the epidemic of obesity among dogs and their owners, and the increased risk of cancer among dogs and cats exposed to secondhand smoke.

My day job is at the Henry Ford Health System, an integrated delivery system headquartered in Detroit, where partnership undergirds the entire organization. A 550,000-member managed health care plan, an 800-physician medical group, several teaching and community hospitals, a variety of nonphysician health care practitioners and other health care entities (such as nursing homes, a home health care agency and hospice programs) not only coexist peacefully but also work cooperatively under the HFHS umbrella to deliver high-quality care to patients.

These are only a few of the many examples of outstanding partnerships in health care and public health that exist across the country. I hope they will inspire those who wrestle with turf battles or "town-gown" disputes or other conflicts in the health arena to work toward a unity of purpose and a harmony of service.

Henry Ford captured the value of partnerships when he said, "Coming together is a beginning; keeping together is progress; working together is success." ♦

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Letters

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is, then maybe their altruism is not as great a motivating factor as described.

The real test of this is would be to do a retrospective study in about 10 years and see how many of these altruistic-minded medical students settled on low-paying primary care careers and how many chose high-paying specialties. ♦

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Letters information

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