

# What if our medical associations keep shrinking until they are gone?

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# Outline

1. The drivers of declining memberships in professional associations
2. What is the impact of diminished professional associations?
3. What can/should be done to re-invigorate professional associations?

# Disclosure and Disclaimer

Matthew Wynia, MD, MPH, FACP

Developed the Climate Assessment Tools program for the AMA, a non-profit endeavor to produce tools to measure the ethical quality climate in health care organizations.

Views and opinions expressed are mine alone and should not be construed as statements of the American Medical Association

# Drivers of declining professional association membership



# Why is membership falling?

- Broad social drivers
  - Cynicism about group membership
- Disagreement with organizational priorities
- Frustration by lack of control
  - Easy to find examples of failures
- Financial incentive to quit in righteous indignation
- Little understanding of how they work

# POGO:

WE HAVE MET  
THE ENEMY  
AND HE IS US



Walt Kelly

# Implications of declining membership



# Professionalism defined

- Profess: (v) To speak out in public, openly declare
- Profession: (n) A group speaking out, together, about their shared standards and values
- Professional: (n) An individual member of the group; (adj) acting in conformance with the shared standards and values of the group
- Professionalism: (n) a belief system (an “-ism”), holding that professional groups are uniquely well-suited to organize and deliver certain social goods.
  - Establish our own standards for quality
  - Ensure and support adherence to them...

# Recent Theories

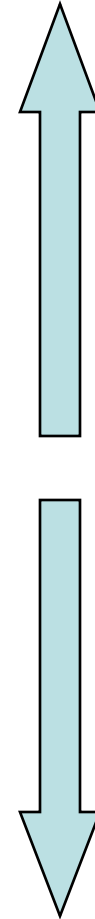
- Structuralist-functionalist school (pre-1960)
  - ☺ Useful social function for each professional characteristic
  - ☺ Profession as “interstitial go-between”
  - ☺ Psychologically distinguished people become professionals
- Critical “power” theorists (1960-present)
  - 💣 Professional perogatives are hard-won privileges
  - 💣 Won by aggressive pursuit of a shared interest in high status and income, and even ...
  - 💣 Willingness to make promises without intending to keep them

# 3 “Ideal Types” for Delivery of Important Social Goods

	<b>Quality assurance</b>	<b>Ethics emphasize</b>	<b>Resource allocation</b>	<b>Health care is a</b>
<b>Market (consumerism)</b>	Competition	Transparency	Optimize “value” (WTP)	Normal good
<b>State (socialism)</b>	Regulation	Equity	Optimize social benefit	Common good
<b>Professionalism</b>	Collegial review	Fiduciary obligations	Balance individual <i>and</i> social needs	Service

# Mixed Models: Quality Assurance

- **Professional**
  - Peer-review
  - Education, ethics and socialization
- **Economic/Market**
  - Consumer info  $\Rightarrow$  voice/exit
  - Use of accreditation
- **Political/State**
  - licensure
  - malpractice



# A Balancing Act



# ABMS Definition

Medical professionalism is a belief system about how best to organize and deliver health care, which calls on group members to jointly declare (“profess”) what the public and individual patients can expect regarding shared competency standards and ethical values and to implement trustworthy means to ensure that all medical professionals live up to these promises.

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# What does “professional autonomy” mean?

- NOT the right of individual physicians to practice as they please; RATHER
- The right of the profession, as a group, to establish *and enforce* practice standards
- Core question: How much personal liberty does one relinquish on becoming a professional?
  - Personal ≠ Institutional ≠ Legal ≠ professional duties

# Personal vs Professional



- Morality
  - What I believe to be right
  - What we agree is professionally right
- Values
  - What I believe to be important aims
  - What we agree on as professional aims

# Legal or Institutional Duties

- Laws are not a minimum ethical standard.

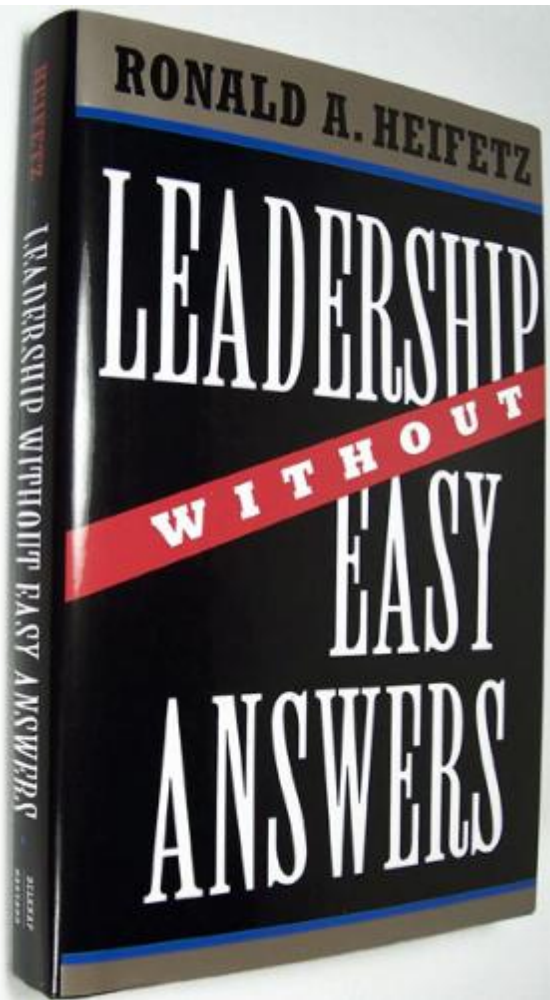
*If legal or institutional rules are confused with professional obligations (as they often are), physicians will be unable to appreciate the tensions that can arise between the two. But if the profession is alive to the possibility that externally imposed rules can demand unprofessional conduct, the organized profession can work to change the rules so that conscientious practitioners won't have to face tragic choices between acting unprofessionally and violating laws or institutional policies.*

**Kipnis and Gerhart, 1995**

# In Sum, Professional Associations are Necessary for Professionalism

- ∴ Retaining Our Status as a  
Profession Requires  
Reinvigorating Our Professional  
Associations

# What Professions Need to Do



- Technical Problems
  - Clear problem
  - Expert provides solution
  - Solutions easy to accept
- Adaptive Challenges
  - Problem hard to acknowledge
  - Solutions are within
  - Solutions require difficult change

# Some problems are easy



## Technical Problems

- Problem clearly visible
- Independent of other problems
- Non controversial goals
- Off the shelf solution works
- A technician can fix it
- Fix is often permanent



Slides adapted from Catherine Lucey, MD



# Some problems are hard

- Insidious problems
- Lack of agreement on the nature of the problem
- Solutions require new learning
- Those with the problem are the problem – and the solution – a leader can't 'fix it'

## Adaptive Challenges





The single biggest failure of leadership is to treat adaptive challenges like technical problems.

*Much of modern health care is about addressing adaptive challenge*

# The Role of Associations...

Professionals come together to do what we cannot do alone:

- Articulate shared standards and values
- Support each other
- Help us manage adaptive challenges

# ABMS Definition

- Medical professionalism requires an active and iterative process involving:
  - Defining
  - Debating
  - Declaring
  - Distributing
  - Enforcing *and Supporting*
- The set of discrete, shared standards and values that medical professionals agree must govern our work.

Adapted from the ABMS definition of Medical Professionalism

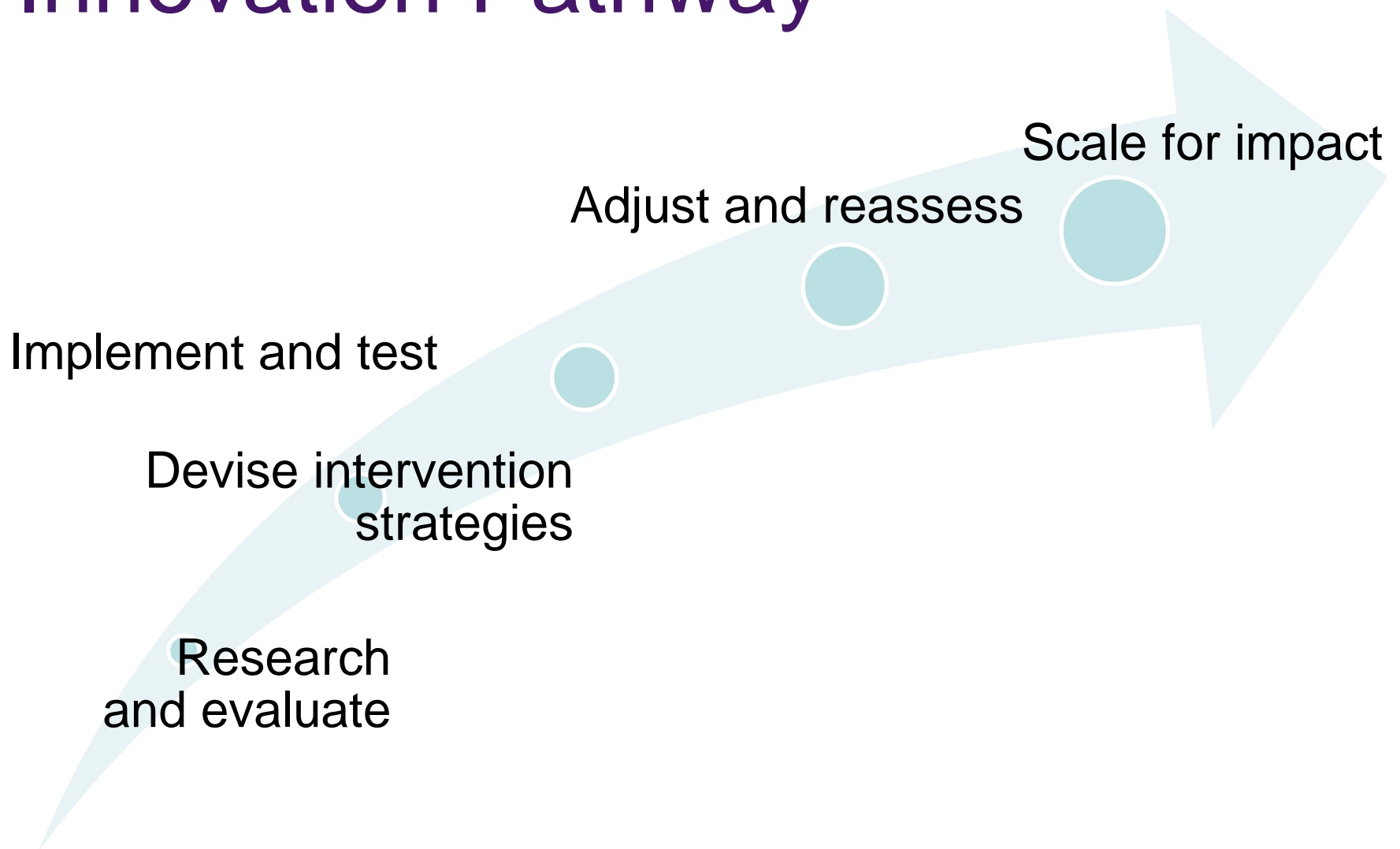
# AMA's Approach: The AMA Equation



# A Focused Agenda

- Patients
  - Improving Health Outcomes
- Medical Students
  - Accelerating change in medical education
- Physicians
  - Driving payment and practice models that support physician professional fulfillment

# Innovation Pathway



# Current Positioning on the Arc

## IHO

Target:  
~315M  
Citizens

Current Stage:  
Devise  
intervention

## Medical Education

Target:  
~140 Medical  
Schools

Current Stage:  
Implement  
and test

## Physician Satisfaction

Target:  
~900K  
Physicians

Current Stage:  
Research and  
evaluate

Sir William Osler was asked by a medical student what he would get out of attending a medical society meeting. He replied...

*Do you think I go for what I can get out of it, or what I can put into it?*



*The punishment of wise men  
who refuse to participate  
in the affairs of government  
is to live under the rule  
of unwise men.*

Plato

# Thank You

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## What questions do you have?