

REPORTS OF COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following reports, 1-2, were presented by Francis X. Van Housten, MD, Chair:

1. CLRPD'S SUNSET REVIEW OF 1994 HOUSE POLICIES

HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

At its 1984 Interim Meeting, the House of Delegates established a sunset mechanism for House policies (Policy H-600.110, AMA Policy Database). Under this mechanism, a policy established by the House ceases to be viable after 10 years unless action is taken by the House to retain it.

The objective of the sunset mechanism is to help ensure that the AMA Policy Database is current, coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the sunset mechanism contributes to the ability of the AMA to communicate and promote its policy positions. It also contributes to the efficiency and effectiveness of House of Delegates deliberations.

Although the policy sunset review mechanism may not be used to change the meaning of AMA policies, minor editorial changes can be accomplished through the sunset review process.

In this report, the Council on Long Range Planning and Development presents its recommendations on the disposition of the 1994 House policies that were assigned to it. The CLRPD's recommendations on 1994 policies are presented in the Appendix to this report.

RECOMMENDATION

The Council on Long Range Planning and Development recommends that the 1994 House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

APPENDIX - RECOMMENDED ACTIONS ON 1994 HOUSE POLICIES

<i>Policy Number</i>	<i>Title</i>	<i>Recommended Action and Rationale</i>
H-85.992	Hospice Care Regulations	Rescind - This policy is obsolete and conflicts with standard hospital credentialing practices.
H-200.964	Encouragement of Physician Participation in Project USA	Retain - Still relevant; the AMA continues to administer Project USA.
H-220.951	Medical Staff Membership	Retain - Still relevant; the AMA continues to advocate for hospital medical staff membership to be based only on the physician's professional training, experience, qualifications, and adherence to medical staff bylaws as well as for the due process rights of physicians.
H-220.959	Compliance with JCAHO Accreditation Standards	Retain - Still relevant; The AMA continues to support JCAHO accreditation standards prohibiting unilateral amendment of medical staff bylaws by either the governing body or the medical staff.
H-220.983	JCAHO Standard IV Should Not Tie Clinical Privilege Termination to Contract	Retain with title changed to "JCAHO Standard Regarding Hospital-Physician Contracts."
H-220.985	Amendment to JCAHO Medical Staff Standard 4	Rescind - The current standards (MS.1.20 and EPs) provide the medical staff the authority to adopt bylaws that address the time periods for credentialing, corrective actions, fair hearings, etc.
H-220.988	Hospital Admitting Privileges	Retain - Still relevant; the AMA advocates that the medical staff should have the responsibility for clinical privileges and patient care standards for all practitioners to the facility.
H-225-989	AMA Opposes Forcing Medical Staffs to Repay Hill-Burton Obligations of Free Medical Care	Retain - Still relevant because some states still have outstanding obligations under the Hill-Burton Act.

<i>Policy Number</i>	<i>Title</i>	<i>Recommended Action and Rationale</i>
H-225.991	Communication and Cooperation Between Hospital Management and Medical Staff	Retain - Still relevant.
H-225.992	Right to a Hearing	Retain - Still relevant; the AMA continues to advocate for “timely notice” and the “opportunity to rebut” any adverse entry in the medical staff physician’s personal file.
H-230.970	Proper Notification of a Physician Regarding Possible Loss of Medical Staff Membership or Privileges	Retain - Still relevant; The AMA continues to advocate for the proper notification of a physician regarding possible loss of medical staff membership or privileges.
H-235.971	Amending Medical Staff Bylaws	Retain - Still relevant; the AMA continues to provide the assistance of its legal staff to hospital medical staffs and county and state medical associations when a hospital board of directors unilaterally changes, amends, or substitutes medical staff bylaws, or denies seats to duly-elected medical staff officers.
H-235.987	Right of Committees of Medical Staffs to Meet in Executive Sessions	Retain - Still relevant; the AMA continues to support the right of any hospital medical staff committee to meet in executive session.
H-235.988	Non-Physicians Voting on the Medical Staff	Retain - Still relevant; the AMA continue to oppose any regulation that would mandate voting privileges for non-physician members of medical staffs.
H-235.989	Medical Staff Bylaws	Retain - Still relevant; the AMA believes that the medical staff bylaws, rules and regulations should be initiated and adopted by the medical staff and should establish a framework for self-government.
H-235.990	Organized Self-Governing Medical Staff	Retain - Still relevant; the AMA strongly advocates for the organized self-governance of medical staffs.
H-445.987	Sexually Exploitative Advertising to Physicians	Retain -- Still relevant
H-450.965	Medical Staff Leadership in Continuous Quality Improvement	Retain - Still relevant; the AMA strongly advocates for the involvement of medical staff leadership in continuous quality improvement efforts.

2. FRIENDS OF AMERICAN MEDICINE

HOUSE ACTION: FILED

BACKGROUND

At the 2003 Annual Meeting, the House of Delegates adopted Resolution 607 which called for the AMA to “explore the development of a fee-based patient organization, Friends of American Medicine.” The purpose of the organization, as described in the resolution, would be to provide an opportunity for patients to better understand issues affecting the medical profession and the health care system as a basis for supporting AMA’s advocacy efforts. The Board asked the Council on Long Range Planning and Development to address the issues raised in Resolution 607 (A-03). This informational CLRPD report responds to Resolution 607 (A-03).

PATIENTS’ ACTION NETWORK (PAN)

In the summer of 2003, AMA staff in the Advocacy Group established a public outreach/ recruitment activity directly related to the professional liability/tort reform campaign. Part of the program for the professional liability campaign was devoted to the recruitment of “patient activists” to encourage the US Congress to pass medical liability reform legislation. The project to recruit public support and participation is called the “Patients’ Action Network” (PAN). Traditional recruiting methods such as phone solicitation were used, but a new approach using on-line recruiting techniques was added and proved to be highly effective. By the spring of 2004, almost 100,000 people had signed up, more than two-thirds of which came in through the online approach.

So far, the Patients’ Action Network has focused primarily on the professional liability issue, although it was used briefly late in 2003 to support the Medicare payment update issue. Based on its success so far, the PAN will surely be continued and applied more broadly as other high priority issues are pursued.

CLRPD'S ASSESSMENT

The Council's conclusion is that the PAN is a very effective model for recruiting the public to participate in AMA advocacy efforts and that the intent of Resolution 607 is being well served by the PAN even though it is not technically "fee based" nor an "organization" per se. The experience with the PAN over the past year has demonstrated several important points:

1. There is substantial public interest in participating with the AMA on advocacy issues.
2. There does not seem to be a "quid pro quo" concern on the part of the public participants. Feedback from those who signed up indicates that the opportunity to participate is the benefit they derive from the relationship, and that this is adequate in and of itself. There have been numerous inquiries from individuals along the lines of "what more can I do," "how can I help get others involved," etc. There has been virtually no negative feedback, and no inquiries regarding how public participants might participate in the establishment of AMA policy. There is no apparent expectation for a governance or representational dimension.
3. The use of the Internet as a recruitment tool has proved to be a cost-effective approach to establishing the Patients' Action Network. It is estimated that the recruitment cost per activist is approximately three dollars. However, once a person signs up, the ongoing maintenance cost per person is minimal because subsequent communications are done on-line. Issue updates are sent periodically and special communications can be done at any time as critical stages of an issue campaign wax and wane. The cost of setting up what has been done so far has been covered from the special fund established by the Board for the professional liability campaign.
4. This approach is scalable and flexible. It could be used on any issue, and the subscriber database can be segmented by subscriber interest.
5. The PAN approach works. The advocacy staff indicate that the participation of the public in the professional liability campaign through the Patients' Action Network has added materially to the AMA's impact on this issue.

The Council believes that the Patients' Action Network fulfills the intent of Resolution 607 (A-03), and strongly encourages continued support of the PAN as an effective way to involve patients in the advocacy work of the AMA.

AFFILIATED PATIENT ORGANIZATION

In the course of its deliberations on Resolution 607 (A-03), the Council also discussed ways that patients or the general public could participate in the AMA or have a linkage to the AMA other than on advocacy issues. For example, the AMA could be a credible source of regular health information, provide advice on how to become a better patient/health consumer, or provide discounts on health and medical products and services. The Council will continue to pursue these concepts and may recommend to the Board that the AMA pursue one or more of them more formally. However, pursuit of these other linkages with the public should be pursued independently of the Patients' Action Network in order to not weaken the effectiveness of that mechanism as an advocacy support tool for the AMA.