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Physicians' referral volume should not be tied to hospital access

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As health care payment and delivery systems evolved to more care moving to outpatient settings, it changed the relationships between hospitals and physicians. This change is also due to the shift away from physician practice ownership, according to an AMA Council on Medical Service report adopted at the November 2020 AMA Special Meeting.

Hospital care has also evolved over time with inpatients who are now sicker, but stays are shorter. However, while primary care doctors and other generalist physicians continue to serve as inpatient attendings, few specialists do so. Instead, most inpatient care is managed by hospitalists.

Many private practice physicians are still members of hospital medical staffs and have clinical privileges. However, about 75% of hospitals use hospitalists for inpatient care.

"Recently, concerns have been raised in the House of Delegates regarding hospital-physician relationships and hospitals giving preference to their employed physicians to the detriment of private practice physicians and patient-physician relationships," says the report.

These concerns include hospitals using case and volume metrics to limit access to hospital services by private practice physicians who are on staff. The AMA *Physician's Guide to Medical Staff Organization Bylaws* speaks to the same concerns. The book provides sample bylaw language on self-governance and other issues that affect hospital-medical staff relationships.

Physicians need full access to hospital services to provide quality care to their patients, and doctors should also have access to hospital services to maintain medical staff membership and privileges.

To that end, the AMA House of Delegates adopted new policy to:

- Actively oppose policies that limit a physician's access to hospital services based on the number and type of referrals made, the number of procedures performed, the use of any and all hospital services, or employment affiliation.

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- Recognize that physician onboarding, credentialing and peer review should not be tied in a discriminatory manner to hospital employment status.

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