Whereas, The patient centered medical home is considered the optimal way to provide high quality, cost-effective, comprehensive, and continuous primary care to patients; and

Whereas, The use of telehealth services, providing healthcare remotely to patients via computer and video links, has been proposed as an extension of physician healthcare services with the potential to supplement the medical home and provide care where health care services are not easily accessible; and

Whereas, The use of telehealth services has seen rapid growth in the past few years, supported and promoted by insurance companies, for-profit health care businesses, and hospital systems primarily as cheaper, easier, and faster than an in-person physician visit; and

Whereas, Some telehealth systems lure patients to telehealth care by providing patients with financial incentives (lower fees and co-pays); and

Whereas, The use of telehealth services outside the medical home of the patient, as currently promoted by for-profit health care entities, undermines the medical home as the optimal source for provision and coordination of patient care; and

Whereas, It is understood that there are emergency medicine and critical care telehealth modalities, and other applications of telehealth (save and forward radiology, pathology, and dermatology) that occur outside the realm of the primary care medical home; and

Whereas, Telehealth care cannot involve a personal, face-to-face interview and physical examination (even in those systems which use instruments at the patient’s site manipulated by the patient or another person) and laboratory testing, which may be crucial to making an accurate diagnosis; and

Whereas, Telehealth systems are providing diagnoses for patients with sore throat, dysuria, congestion/cough and other symptoms without performing adequate physical and laboratory assessments, resulting in inappropriate antibiotic prescribing; and

Whereas, Certain patient populations (including infants and children, developmentally disabled individuals, and patients with complicated medical histories) may not be able to adequately provide accurate history or participate in any limited telehealth physical examination or decision making, leading to inaccurate, and potentially harmful, prescribing and treatment practices by telehealth providers; therefore be it
RESOLVED, That our American Medical Association work with relevant stakeholders to ensure that all telehealth services are provided by and organized within the confines of the medical home, including financial incentives to utilize the telehealth modality outside the medical home (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate at both the state and national level that all telehealth vendors be required to collect and report quality measures in the context of clinical guidelines developed by reputable national specialty organizations (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant stakeholders to accumulate quality of care, patient satisfaction, and outcome data to compare telehealth with face-to-face care. (Directive to Take Action)

Fiscal Note: Not yet determined

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