Whereas, existing AMA policies and recent publications have called attention to the need for topics of healthcare finance and medical economics to be featured in medical education curricula in order to equip future physicians with the knowledge to practice medicine in today's ever-changing healthcare environment;1,2 and

Whereas, there has been little to no study on whether schools have been incorporating these topics and/or how effective these changes have been; and

Whereas, recent empiric and anecdotal evidence indicates that physicians and residents still rate their knowledge of healthcare finance and medical economics as fair or low,3,4,5 and it is widely acknowledged that new physicians are not well-prepared to understand topics such as physician reimbursement, compensation and practice models;6,7 and

Whereas, the Liaison Committee on Medical Education (LCME) outlines that “medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine,” but does not directly advocate for the inclusion of topics like healthcare finance or medical economics into medical school curricula;7 therefore be it

RESOLVED, That our American Medical Association study the extent to which medical schools and residency programs are teaching topics of healthcare finance and medical economics (Directive to Take Action); and be it further

RESOLVED, That our AMA make a formal suggestion to the LCME encouraging the addition of a new Element, 7.10, under Standard 7, “Curricular Content,” that would specifically address the role of healthcare finance and medical economics in undergraduate medical education. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 04/30/18
RELEVANT AMA POLICY

Health Care Economics Education D-295.321
Our AMA, along with the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, and other entities, will work to encourage education in health care economics during the continuum of a physician’s professional life, starting in undergraduate medical education, graduate medical education and continuing medical education.
Citation: (Res. 320, A-09; Reaffirmation I-15)

Future Directions for Socioeconomic Education H-295.924
The AMA: (1) asks medical schools and residencies to encourage that basic content related to the structure and financing of the current health care system, including the organization of health care delivery, modes of practice, practice settings, cost effective use of diagnostic and treatment services, practice management, risk management, and utilization review/quality assurance, is included in the curriculum;
(2) asks medical schools to ensure that content related to the environment and economics of medical practice in fee-for-service, managed care and other financing systems is presented in didactic sessions and reinforced during clinical experiences, in both inpatient and ambulatory care settings, at educationally appropriate times during undergraduate and graduate medical education; and
(3) will encourage representatives to the Liaison Committee on Medical Education (LCME) to ensure that survey teams pay close attention during the accreditation process to the degree to which "socioeconomic" subjects are covered in the medical curriculum.
Citation: CME Rep. 1-I-94; Reaffirmed and Modified: CME Rep. 2, A-04; Reaffirmation A-12; Reaffirmation I-15; Reaffirmed in lieu of: Res. 307, A-17;

Socioeconomic Education for Medical Students H-295.977
1. The AMA favors (a) continued monitoring of U.S. medical school curricula and (b) providing encouragement and assistance to medical school administrators to include or maintain material on health care economics in medical school curricula.
2. Our AMA will advocate that the medical school curriculum include an optional course on coding and billing structure, RBRVS, RUC, CPT and ICD-9.

References:
8 Liaison Committee on Medical Education. Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree. April 2016.