OMSS RESOLUTIONS

1. Hospital Accreditation Programs and Medical Staffs
   Introduced by the OMSS Governing Council

   OMSS Action: Resolution 1 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Interim Meeting.

   RESOLVED, That our American Medical Association engage accrediting organizations to ensure that their hospital accreditation standards acknowledge the medical staff's essential role in the provision of high quality care, and otherwise appropriately position the medical staff to fulfill its responsibility to provide leadership and work collaboratively with the health care organization’s administration and governing body to continuously improve patient care and outcomes. (Directive to Take Action)

   HOD Action: Resolution 827 adopted.

2. Physician and Medical Staff Wellness
   Introduced by the OMSS Governing Council

   OMSS Action: The following substitute resolution was adopted in lieu of Resolution 2 and transmitted to the AMA House of Delegates for consideration at the 2017 Interim Meeting:

   IDENTIFICATION AND REDUCTION OF PHYSICIAN DEMORALIZATION

   RESOLVED, That our AMA recognize that physician demoralization, defined as a consequence of externally imposed occupational stresses, including but not limited to EHR-related and administrative burdens imposed by hospitals or other regulatory agencies, is a problem among medical staffs (New HOD Policy); and be it further

   RESOLVED, That our AMA advocate that hospitals be required by accrediting organizations to confidentially survey physicians to identify factors that may lead to physician demoralization (Directive to Take Action); and be it further

   RESOLVED, That our AMA develop guidance to help hospitals and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff wellness (Directive to Take Action).

   HOD Action: Resolution 605 referred for report back at the 2018 Annual Meeting.
3. Hospital Disaster Plans and Medical Staffs
Introduced by the OMSS Governing Council

OMSS Action: Resolution 3 adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Interim Meeting.

RESOLVED, That our American Medical Association: (1) work with appropriate stakeholders to examine the barriers and facilitators that medical staffs encounter following a natural or other disaster; and (2) encourage hospitals to incorporate, within their hospital disaster plans, workplace and personal preparedness efforts that reduce barriers to staff response during a natural or other disaster, both within their institutions and across the community. (Directive to Take Action)

HOD Action: Resolution 916 adopted as amended.

RESOLVED, That our AMA: (1) encourage appropriate stakeholders to examine the barriers and facilitators that medical staffs will encounter following a natural or other disaster; and (2) encourage hospitals to incorporate, within their hospital disaster plans, workplace and personal preparedness efforts that reduce barriers to staff responses during a natural or other disaster, both within their institutions and across the community (Directive to Take Action)

4. CVS Cannot and Should Not be Making Clinical Decisions
Introduced by Lee Ansel, MD (Arizona)

OMSS Action: The following substitute resolution was adopted in lieu of Resolution 4 and transmitted to the AMA House of Delegates for consideration at the 2017 Interim Meeting:

PHARMACISTS CANNOT AND SHOULD NOT BE MAKING MEDICAL DECISIONS

RESOLVED, That our American Medical Association (AMA) take steps to implement AMA Policies H-120.947 and D-35.981 that prescriptions must be filled as ordered by physicians or other duly authorized/licensed persons, including the quantity ordered. (Directive to Take Action); and be it further

RESOLVED, That our AMA seek out those bodies overseeing the nation’s pharmacies and advocate that actions be taken to prohibit pharmacists from making medical decisions outside the scope of their practice; (Directive to Take Action) and be it further

RESOLVED, That our AMA report back at the 2018 Annual Meeting on actions taken to preserve the purview of physicians in prescription origination at A-18. (Directive to Take Action)

HOD Action: Resolution 233 adopted as amended with a change in title.

EVALUATING ACTIONS BY PHARMACY BENEFIT MANAGER AND PAYER POLICIES ON PATIENT CARE

RESOLVED, That our AMA work with pharmacy benefit managers, payers, relevant pharmacy associations, and stakeholders to: (a) identify the impact on patients of policies that restrict prescriptions to ensure access to care and urge that these policies receive the same notice and public comment as any other significant policy affecting the practice of pharmacy and medicine, and (b) prohibit pharmacy actions that are unilateral medical decisions; (Directive to Take Action) and be it further

RESOLVED, That our AMA report back at the 2018 Annual Meeting on actions taken to preserve the purview of physicians in prescription origination. (Directive to Take Action)
OMSS GOVERNING COUNCIL REPORTS

The following reports were presented by David Welsh, MD, Chair:

House of Delegates Resolutions & Reports

Refer to annotated House of Delegates reference committee reports for final adopted language:

1. Board of Trustees Report 5 - Effective Peer Review

OMSS Action: OMSS Delegate instructed to support the intent of Board of Trustees Report 5 and seek amendment by addition to the Board of Trustee's second recommendation as follows:

2. That AMA Policy H-375.962, "Legal Protections for Peer Review," be amended by addition as follows:
   . . . Peer Review Immunity and Protection from Retaliation. To encourage physician participation and ensure effective peer review, entities and participants engaged in peer review activities, including review of non-physician practitioners, should be immune from civil damages, injunctive or equitable relief, and criminal liability, and should be afforded all available protections from any retaliatory actions that might be taken against such entities or participants because of their involvement in peer review activities. (Modify Current HOD Policy); and

HOD Action: The recommendations in Board of Trustees Report 5 adopted as amended.

2. Council on Ethical and Judicial Affairs Report 4 - Mergers of Secular and Religiously Affiliated Health Care Institutions


3. Resolution 006 - Physicians' Freedom of Speech

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 006.

HOD Action: Resolution 006 referred.

4. Resolution 214 - APRN Compact

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 214.

HOD Action: Resolution 214 adopted as amended.

5. Resolution 212 - Physician Identification

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 212.

HOD Action: Resolution 212 not considered at the 2017 Interim Meeting.

6. Resolution 216 - Relationship with US Department of Health and Human Services

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 216.

HOD Action: Resolution 216 adopted.
7. **Resolution 601 - Physician Burnout and Wellness Challenge**
   OMSS Action: OMSS Delegate instructed to seek referral of Resolution 601.
   HOD Action: Resolution 601 referred.

8. **Council on Medical Service Report 4 - Health Insurance Affordability: Essential Health Benefits and Subsidizing the Coverage of High-Risk Patients**

9. **Resolution 805 - A Dual System for Universal Health Care in the United States**
   OMSS Action: OMSS Delegate instructed to seek amendment by deletion of the first resolve clause.

10. **Council on Medical Service Report 2 - Hospital Surveys and Health Care Disparities**
    OMSS Action: OMSS Delegate instructed to support the intent of Council on Medical Service Report 2.

11. **Resolution 804 - Prior Authorization**
    OMSS Action: OMSS Delegate instructed to support the intent Resolution 804.

12. **Resolution 807 - Structural Barriers to Achieving Better Health Care Efficiency and Outcomes: ACOs and Physician Employment by Hospitals**
    OMSS Action: OMSS Delegate instructed to support the intent of Resolution 807.

13. **Resolution 811 - Update OBRA Nursing Facility Preadmission Screening Requirements**
    OMSS Action: OMSS Delegate instructed to support the intent Resolution 811.
    HOD Action: Resolution 811 adopted.

14. **Resolution 817 - Addressing the Site of Service Differential**
    OMSS Action: OMSS Delegate instructed to support the intent Resolution 817.
    HOD Action: Resolution 817 referred with report back at the 2018 Annual Meeting.

15. **Resolution 818 - On-Call and Emergency Services Pay**
    OMSS Action: OMSS Delegate instructed to support the intent Resolution 818.
    HOD Action: Resolution 818 adopted.
16. Resolution 819 - Consultation Codes and Private Payers

OMSS Action: OMSS Delegate instructed to support the intent Resolution 819.

HOD Action: Resolution 819 adopted.

17. Resolution 956 - House Physicians Category

OMSS Action: OMSS Delegate instructed to seek referral of Resolution 956.

HOD Action: Resolution 956 not adopted.


The following OMSS-sponsored resolution, which was not included in Report A, was also considered at the 2017 Interim Meeting:

19. Resolution 218 - Health Information Technology Principles

OMSS Action: At the 2016 Interim Meeting, Resolution 4 was referred to the Governing Council for decision. The Governing Council decided to transmit Resolution 4-I-16 to the AMA House of Delegates for consideration at the 2017 Interim Meeting.

HEALTH INFORMATION TECHNOLOGY PRINCIPLES

RESOLVED, That our American Medical Association adopt and promote the development of effective electronic health records in accordance with the following health information technology principles:

1. Whenever possible, physicians should have direct control over choice and management of the information technology used in their practices.
2. Information technology available to physicians must be safe (e.g., electronically secure, and in the case of distributed devices, physically so), effective and efficient.
3. Information technology available to physicians should support the physician’s obligation to put the interests of patients first.
4. Information technology available to physicians should support the integrity and autonomy of physicians.
5. Information technology should support the patient’s autonomy by providing access to that individual’s data.
6. There should be no institutional or administrative barriers between physicians and their patients’ health data.
7. Information technology should promote the elimination of health care disparities.
8. The cost of installing, maintaining and upgrading information technology should be specifically acknowledged and addressed in reimbursement schedules on an ongoing basis; payments should ensure sustainability of such systems in practice.

(New HOD Policy)

HOD Action: Resolution 218 referred.