Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

2. Resolution 1 - Hospital Accreditation Programs and Medical Staffs
3. Resolution 2 - Physician and Medical Staff Wellness
4. Resolution 3 - Hospital Disaster Plans and Medical Staffs
5. Resolution 4 - CVS Cannot and Should Not be Making Clinical Decisions
RECOMMENDATION A:

Mr. Chair, your Reference Committee recommends that the recommendations in Report A be amended by addition of a new recommendation as follows:

15. That the OMSS Delegate be instructed to seek referral of Resolution 956.

RECOMMENDATION B:

Mr. Chair, your Reference Committee recommends that the recommendations in Report A be amended by addition of a new recommendation as follows:

16. That the OMSS Delegate be instructed to seek referral of CMS Report 4.

RECOMMENDATION C:

Mr. Chair, your Reference Committee recommends that the recommendations in Report A be amended by addition of a new recommendation as follows:

17. That the OMSS Delegate be instructed to support the intent of Resolution 819.

RECOMMENDATION D:

Mr. Chair, your Reference Committee recommends that the recommendations in Report A be adopted as amended.

Your Reference Committee heard substantial testimony on Report A, which we summarize below:

Your Reference Committee heard mixed testimony on Resolution 956. While testimony supported the intent of the resolution, concerns over the implications of inviting state legislators and other regulatory organizations to define “house physicians” were raised. Many commenters also expressed concerns over the potential unintended consequences associated with a category of “House Physicians” in hospitals. We therefore recommend that the OMSS Delegate be instructed to seek referral of Resolution 956 with report back at the 2018 Annual Meeting.

Your Reference Committee also heard testimony that the OMSS should comment on Council on Medical Service Report 4. While there was general support for the recommendations in this report, it was noted that the report did not address a number of complex issues that vary by state, including the levels of coverage available within
certain categories of essential health benefits. Accordingly, we recommend that the OMSS Delegate be instructed to seek referral of Council on Medical Service Report 4.

Testimony unanimously supported the OMSS supporting the intent of Resolution 819, and we have therefore added a recommendation to this effect.

Your Reference Committee did not include a minor amendment that was offered in the recommendation for item 1, Board of Trustees Report 5. We note that the offered amendment would change the intent of the original recommendation from the Governing Council, which simply seeks to ensure that physicians engaged in peer review should have immunity, regardless of whether they are reviewing physician or non-physician practitioners.

Finally, while there was testimony in support of adding Resolution 805 to Report A and instructing the OMSS Delegate to oppose the intent of the resolution, your Reference Committee notes that the topics addressed in this resolution are outside the scope of issues generally considered by OMSS.

For the convenience of the Assembly, the original recommendations in Report A are listed below.

1. **Board of Trustees Report 5 - Effective Peer Review**
   That the OMSS Delegate be 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) . . .

2. **Council on Ethical and Judicial Affairs Report 4 - Mergers of Secular and Religiously Affiliated Health Care Institutions**
   That the OMSS Delegate be instructed to support the intent of Council on Ethical and Judicial Affairs Report 4.

3. **Resolution 006 - Physicians’ Freedom of Speech**
   That the OMSS Delegate be instructed to support the intent of Resolution 006.

4. **Resolution 212 - Physician Identification**
   That the OMSS Delegate be instructed to support the intent of Resolution 212.

5. **Resolution 214 - APRN Compact**
   That the OMSS Delegate be instructed to support the intent of Resolution 214.
6. Resolution 216 - Relationship with US Department of Health and Human Services
   That the OMSS Delegate be instructed to support the intent of Resolution 216.

7. Resolution 601 - Physician Burnout and Wellness Challenges
   That the OMSS Delegate be instructed to support the intent of Resolution 601.

8. Council on Medical Service Report 2 - Hospital Surveys and Health Care Disparities
   That the OMSS Delegate be instructed to support the intent of Council on Medical Service Report 2.

9. Resolution 804 - Prior Authorization
   That the OMSS Delegate be instructed to support the intent of Resolution 804.

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

11. Resolution 811 - Update OBRA Nursing Facility Preadmission Screening Requirements
    That the OMSS Delegate be instructed to support the intent of Resolution 811.

12. Resolution 817 - Addressing the Site of Service Differential
    That the OMSS Delegate be instructed to support the intent of Resolution 817.

13. Resolution 818 - On-Call and Emergency Services Pay
    That the OMSS Delegate be instructed to support the intent of Resolution 818.

    That the OMSS Delegate be instructed to support the intent of Council on Science and Public Health Report 4 and seek amendment by addition of a new recommendation as follows:

    10. Our AMA will advocate for the creation of a mechanism that would allow a physician to determine whether a particular drug has been deemed to be in shortage, and to report access troubles that might suggest that a particular drug should be considered to be in shortage. (Modify Current HOD Policy)
(2) RESOLUTION 1 - HOSPITAL ACCREDITATION PROGRAMS AND MEDICAL STAFFS

RECOMMENDATION A:

Mr. Chair, your Reference Committee recommends that Resolution 1 be amended by addition and deletion as follows:

RESOLVED, That our American Medical Association engage relevant accrediting organizations to ensure that their hospital accreditation standards acknowledge the medical staff’s role in the provision of high quality care, and otherwise appropriately position the medical staff to fulfill its essential 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)

RECOMMENDATION B:

Mr. Chair, your Reference Committee recommends that Resolution 1 be adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Interim Meeting.

Resolution 1 recommends that the AMA engage relevant accrediting organizations to ensure that their hospital accreditation standards acknowledge the medical staff’s 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.

Your Reference Committee heard testimony that generally supported the intent of Resolution 1. Minor clarifying amendments were offered, which we have recommended for adoption.
(3) RESOLUTION 2 - PHYSICIAN AND MEDICAL STAFF WELLNESS

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that Substitute Resolution 2 be adopted in lieu of Resolution 2 and transmitted to the 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 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).

Resolution 2 asks that the AMA develop guidance to help hospitals and medical staffs identify sources of stress that may lead to physician burnout and implement organizational strategies that will help reduce these sources of stress and promote overall medical staff wellness.

Your Reference Committee heard extensive, impassioned testimony on Resolution 2, especially on the appropriateness of the term “burnout.” We agree with testimony suggesting that the resolution and its language around the concept of "burnout" ought to convey a sense of systemic organizational failure, rather than the personal failing of a physician. We therefore recommend adoption of a substitute resolution we have drafted to address these concerns.
(4) RESOLUTION 3 - HOSPITAL DISASTER PLANS AND MEDICAL STAFFS

RECOMMENDATION A:

Mr. Chair, your Reference Committee recommends that Resolution 3 be amended by addition as follows:

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)

RECOMMENDATION B:

Mr. Chair, your Reference Committee recommends that Resolution 3 be adopted as amended and transmitted to the AMA House of Delegates for consideration at the 2017 Interim Meeting:

Resolution 3 asks that the AMA work with appropriate stakeholders to examine the barriers and facilitators that medical staffs encounter following a natural or other disaster; and 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.

Testimony supported Resolution 3. Your Reference Committee notes that disaster response requires coordination both within each hospital and across hospitals and other organizations in the affected community. We recommend an amendment broadening the scope of the resolution to reflect this sentiment.
(5) RESOLUTION 4 - CVS CANNOT AND SHOULD NOT BE MAKING CLINICAL DECISIONS

RECOMMENDATION:

Mr. Chair, your Reference Committee recommends that Substitute Resolution 4 be adopted in lieu of Resolution 4 and transmitted to the House of Delegates for consideration at the 2017 Interim Meeting:

PHARMACIES CANNOT AND SHOULD NOT BE MAKING CLINICAL DECISIONS

RESOLVED, That our AMA advocate, in accordance with Policy H-120.947, to end all efforts made by pharmacists, pharmacy benefit managers, and/or hospital systems to unilaterally substitute physician orders or take any other actions that could interfere with patient safety, and report back on these efforts at the 2018 Interim Meeting. (Directive to Take Action)

Resolution 4 asks the AMA to take steps to reaffirm that prescriptions must be filled, as ordered by doctors or other duly authorized/licensed persons, and that the AMA seek out those bodies overseeing the nation’s pharmacies and reaffirm that they do not get to decide patient care, and redefine the traditional roles of the various professionals in dispensing care to the American public.

Your Reference Committee heard wide-ranging testimony on Resolution 4, which elucidated the sponsor’s intent in bringing the resolution. The general sense of those testifying was that despite the existence of current AMA policy on the topic, AMA must redouble its efforts to address the continued overreach of non-physician entities in second-guessing physician prescriptions and other orders. We therefore recommend the adoption of a substitute resolution that would strengthen the AMA’s work in this area and ensure that physicians remain aware of such efforts.
Mr. Chair, this concludes the report of the OMSS Reference Committee. I would like to thank Joseph Bergeron, MD, Alan Klitzke, MD, Dolleen Licciardi, MD, Vimal Nanavuati, MD, and all those who testified before the Committee.

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