POLICY PROCEEDINGS OF THE 2018 INTERIM MEETING OF THE
AMA ORGANIZED MEDICAL STAFF SECTION

ACTIONS ON OMSS RESOLUTIONS

1. Negligent Credentialing Actions Against Hospitals
   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 2018 Interim Meeting.

RESOLVED, That our American Medical Association recognize that “negligent credentialing” lawsuits undermine the overall integrity of the credentialing process, potentially resulting in adverse impacts to patient access and quality of care (New HOD Policy); and be it further

RESOLVED, That our AMA actively oppose state legislation and court action recognizing “negligent credentialing” as a cause of action that would allow for patients to sue a hospital and medical staff (Directive to Take Action); and be it further

RESOLVED, That our AMA work with state medical societies and medical specialty associations in those states that recognize the tort of negligent credentialing to advocate that such claims should place the highest standard of proof on the plaintiff.

HOD Action: Resolution 234 referred for decision.

2. Impact on the Medical Staff of the Success or Failure in Generating Savings of Hospital Integrated System ACOs
   Introduced by Massachusetts Medical Society OMSS

OMSS Action: Substitute Resolution 2 adopted in lieu of Resolution 2 and transmitted to the AMA House of Delegates for consideration at the 2018 Interim Meeting:

IMPACT ON THE MEDICAL STAFF OF THE SUCCESS OR FAILURE IN GENERATING SAVINGS OF HOSPITAL INTEGRATED SYSTEM ACOS

RESOLVED, That our American Medical Association study: (1) the effect of hospital integrated system ACOs’ failure to generate savings on downsizing of the medical staff and further consolidation of medical practices; and (2) the root causes for failure to generate savings in hospital integrated ACOs, as compared to physician-owned ACOs, and report back at the 2019 Interim Meeting.

HOD Action: Resolution 824 not considered.
3. Preservation of the Patient-Physician Relationship
   Introduced by Robert Tortolani, MD

OMSS Action: Substitute Resolution 3 adopted as amended in lieu of Resolution 3 and transmitted to the AMA House of Delegates for consideration at the 2018 Interim Meeting:

PRESERVATION OF THE PATIENT-PHYSICIAN RELATIONSHIP

RESOLVED, That our American Medical Association, in an effort to improve professional satisfaction among physicians while also enhancing patient care, conduct a study to identify perceived barriers to optimal patient-physician communication from the perspective of both the patient and the physician, as well as identify healthcare work environment factors that impact a physician’s ability to deliver high quality patient care, including but not limited to: (1) the use versus non-use of electronic devices during the clinical encounter; and (2) the presence or absence of a scribe during the patient-physician encounter, and report back at the 2020 Interim Meeting.

HOD Action: Resolution 825 not considered.

4. E-Cigarettes, Revisited
   Introduced by Lee Ansel, MD

OMSS Action: Substitute Resolution 4 adopted in lieu of Resolution 4 and transmitted to the AMA House of Delegates for consideration at the 2018 Interim Meeting:

E-CIGARETTES, REVISITED

RESOLVED, That our American Medical Association recognize the use of e-cigarettes and vaping as an urgent public health epidemic and actively work with the Food and Drug Administration and other relevant stakeholders to counteract the marketing and use of addictive e-cigarette and vaping devices, including but not limited to bans and strict restrictions on marketing to minors under the age of 21.

HOD Action: Resolution 926 adopted as amended with change in title:

ADDRESSING THE PUBLIC HEALTH EPIDEMIC OF E-CIGARETTES

RESOLVED, That our American Medical Association recognize the use of e-cigarettes and vaping as an urgent public health crisis epidemic and actively work with the Food and Drug Administration and other relevant stakeholders to counteract the marketing and use of addictive e-cigarette and vaping devices, including but not limited to bans and strict restrictions on marketing to minors under the age of 21.
ACTIONS ON 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. CEJA Report 1 – Competence, Self-Assessment and Self-Awareness
   OMSS Action: OMSS Delegate instructed to support the intent of CEJA Report 1.
   HOD Action: CEJA Report 1 referred.

2. BOT Report 8 – 340B Drug Discount Program
   OMSS Action: OMSS Delegate instructed to support the intent of BOT Report 8.
   HOD Action: BOT Report 8 adopted.

3. Resolution 201 – Reimbursement for Services Rendered During Pendency of Physician’s Credentialing Application
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 201.
   HOD Action: Resolution 201 adopted as amended.

4. Resolution 221 - Regulatory Relief from Burdensome CMS "HPI" EHR Requirements
   OMSS Action: OMSS Delegate instructed to seek referral for decision of Resolution 221.

5. Resolution 225 – “Surprise” Out of Network Bills
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 225, and seek amendment by deletion of the words “not subject to state regulation” in the first resolve clause.

6. Resolution 226 – Support for Interoperability of Clinical Data
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 226.
   HOD Action: Resolution 226 adopted.

7. Resolution 227 – CMS Proposal to Consolidate Evaluation and Management Services
   OMSS Action: OMSS Delegate instructed to support the intent of Resolution 227.
   HOD Action: Resolution 227 was withdrawn.
8. **CME Report 1 – Competency of Senior Physicians**

OMSS Action: OMSS Delegate instructed to oppose the intent of CME Report 1 as written, and recommend that the AMA develop specific guidelines for competency in practice, with report back at I-19.

HOD Action: CME Report 1 referred.

9. **Resolution 957 – Board Certifying Bodies**

OMSS Action: OMSS Delegate instructed to support the intent of the first resolve of Resolution 957, and seek amendment by deletion of the second resolve.

HOD Action: Resolution 957 adopted as amended.


OMSS Action: OMSS Delegate instructed to support the intent of CMS Report 4, so long as such policy would not reduce payments for services in outpatient settings.


11. **Resolution 807 – Emergency Department Copayments for Medicaid Beneficiaries**

OMSS Action: OMSS Delegate instructed to oppose the intent of Resolution 807. The Delegate’s testimony should suggest that, rather than restricting access to care, a better approach to the problem of ED overuse is to increase patient access to outpatient primary care by increasing Medicaid payment rates.


12. **Resolution 812 – ICD Code for Patients Harm From Payer Interference**

OMSS Action: OMSS Delegate instructed to support the intent of Resolution 812.

HOD Action: Substitute Resolution 812 adopted in lieu of Resolution 812.


OMSS Action: OMSS Delegate instructed to support the intent of Resolution 814.

HOD Action: Resolution 814 adopted as amended.

14. **Resolution 820 – Ensuring Quality Health Care for Our Veterans**

OMSS Action: OMSS Delegate instructed to seek amendment of Resolution 820 as follows:

…5. Our AMA will strongly advocate that the Veterans Health Administration and Congress develop and implement necessary resources, protocols, and accountability to ensure the Veterans Health Administration recruits, hires and retains first-rate, competent, and ethical physicians and other health care professionals to deliver the safe, effective and high-quality care that our veterans have been promised and are owed....

HOD Action: Resolution 820 adopted as amended.
15. **Resolution 604 – Physician Health Policy Opportunity**

**OMSS Action:** OMSS Delegate instructed to support the intent of Resolution 604.

**HOD Action:** Resolution 604 referred.


**OMSS Action:** OMSS Delegate instructed to support the intent of Resolution 902. The Delegate’s testimony should highlight the importance of and need for access, training and resources in this area.

**HOD Action:** Resolution 902 adopted as amended with change in title.

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**Governing Council Report B: Emeritus Membership Category**

**OMSS Action:** Report B referred for report back at the 2019 Annual Meeting.

At its 2018 Annual Meeting, the OMSS Assembly referred Resolution 1, “Emeritus Membership Category,” to the Governing Council for report. Resolution 1 asked the OMSS Governing Council to pursue amendment of the AMA Bylaws and OMSS Internal Operating Procedures as necessary to establish a new category of Section membership as follows:

Emeritus members of the Organized Medical Staff Section

1. **Membership criteria --** An emeritus member must:
   1. Be an active member of the AMA;
   2. Have previously been an OMSS representative; and
   3. Be retired from medical practice and no longer in a position to represent a medical staff in the OMSS.

2. **Membership rights --** An emeritus member shall have the right to speak and debate, but shall not have the right to introduce business, make motions, vote, or run for election to the OMSS Governing Council.

3. **Certification --** The Governing Council shall establish a process, which shall be codified in the Internal Operating Procedures, for certifying emeritus members. the AMA to:

Testimony revealed significant confusion about current requirements for OMSS representation, as well as disagreement about which rights should be granted to members of the proposed emeritus category. There was also a suggestion that the Section should not approve this proposal without first explicating the process by which emeritus status would be granted. Resolution 1 was therefore referred to the Governing Council for report to clarify these and other ambiguities.

**BACKGROUND**

AMA Bylaw 7.41 limits membership in the OMSS to physicians, including residents and fellows, selected by physician members of the medical staffs of hospitals and other delivery systems. This current membership model does not permit formal continued involvement in the Section by OMSS representatives who have retired from medical practice and are no longer affiliated with a medical staff. In recognizing that many of these retired/former OMSS representatives possess a specialized knowledge and unique expertise, and continue to demonstrate a genuine interest in current medical staff affairs, the Governing Council sought to expand membership to include these retired OMSS representatives in a non-voting capacity.
DISCUSSION

Expanding the Section’s membership through the creation of an emeritus member category would allow former OMSS representatives who have since retired to formally participate in OMSS business meetings. However, we note that designating the title of “emeritus” to describe this new category of membership has created confusion—particularly among OMSS representatives and alternative representatives who are currently affiliated with their hospital or health care organization through honorary or emeritus categories of medical staff membership.

It is important to clarify that this new category of membership is separate and distinct from those OMSS representatives who are currently affiliated with their organization through such honorary or emeritus staff categories. Specifically, this new category of Section membership was narrowly-tailored to expand membership opportunities only to those OMSS members who have since retired and are no longer affiliated (i.e., former OMSS representatives) with their medical staff in any formal capacity. We recommend changing the title of this new membership category to eliminate any further confusion.

Concerns have also been raised by Section members regarding the granting of voting rights to those retired/former OMSS representatives that would make up this new category of membership. Most notably, Section members cautioned that extending such voting rights to individuals who are no longer affiliated with a medical staff would diminish the foundational essence of the Section’s representative model.

After careful consideration, we agree that representation at OMSS business meetings should remain grounded in the fundamental unit of the medical staff. Further, we note that nothing would preclude any of the members within this new category of membership from certifying as a current OMSS representative if they re-affiliate with a medical staff in the future. We therefore recommend that voting rights remain limited to those physicians who have been selected in part to represent the interests and concerns of their medical staff peers at biannual OMSS meetings.

RECOMMENDATION

The OMSS Governing Council recommends that the following be adopted in lieu of Resolution 1-A-18, and that the remainder of this report be filed:

That our Organized Medical Staff Section (OMSS) Governing Council pursue amendment of the AMA Bylaws and OMSS Internal Operating Procedures as necessary to establish a new category of Section membership as follows:

Unaffiliated members of the Organized Medical Staff Section

1. Membership criteria -- An unaffiliated member of the OMSS must:
   a. Be a member of the AMA;
   b. Have previously served as an OMSS representative;
   c. Be fully retired from medical practice; and
   d. Have no formal membership on any medical staff.

2. Membership rights -- An unaffiliated member of the OMSS shall have the right to speak and debate, but shall not have the right to introduce business, make motions, vote, or run for election to the OMSS Governing Council.
OMSS Action: OMSS Delegate instructed to support the intent of the recommendations of BOT Report 9-I-18.

RESOLVED, That our OMSS Governing Council review BOT Report 35-A-18 and present to OMSS at I-18 specific ways to strengthen our AMA’s efforts to improve the accessibility and usability of, and to proactively disseminate, the content contained in the AMA Physicians Guide to Medical Staff Organization Bylaws.

HOD Action: BOT Report 9 adopted as amended:

1. That our American Medical Association (AMA) reaffirm Policy H-230.956, which states that the governing body of the hospital, ambulatory surgery facility, nursing home, or other health care facility should be responsible for making arrangements for the disposition of physician credentialing records upon the closing of a facility and should make appropriate arrangements so that each physician will have the opportunity to make a timely request to obtain a copy of the verification of his/her credentials, clinical privileges, and medical staff status.

2. That our AMA develop model state legislation and regulations that would require hospitals to: (a) implement a procedure for preserving medical staff credentialing files in the event of the closure of the hospital; and (b) provide written notification to its state health agency and medical staff before permanently closing its facility indicating whether arrangements have been made for the timely transfer of credentialing files and the exact location of those files.

3. That our AMA: (a) continue to monitor the development and implementation of physician credentialing repository databases that track hospital affiliations, including tracking hospital closures, as well as how and where these closed hospitals are storing physician credentialing information; and (b) explore the feasibility of developing a universal clearinghouse that centralizes the verification of credentialing information, and report back to the House of Delegates at the 2019 Interim Meeting.