Whereas, Patient or coworker observation experience surveys are increasingly used by healthcare centers in evaluating physician clinical care and are often tied to physician salaries; and

Whereas, These patient surveys focus on patient perspectives and brand management while not addressing any specific quality metrics of complicated clinical care; and

Whereas, Coworker observation metrics have not been validated as a reliable monitoring tool for patient care or clinical professional behavior; and

Whereas, Patient or coworker experience surveys depend upon active responses and thus may exhibit reporting bias due to complaints frequently unrelated to the providers' actual clinical care; and

Whereas, It has been demonstrated that higher patient satisfaction scores are associated with higher health care and prescription expenditures; and

Whereas, Patient satisfaction utilization can promote job dissatisfaction, attrition, and inappropriate clinical care (the very opposite of high-value clinical care); and

Whereas, Patient surveys or coworker observation metrics are not conducted nor evaluated in a peer-review environment; and

Whereas, These surveys and metrics are performed anonymously and thus cannot be adequately addressed by the clinician; and

Whereas, These metrics are usually utilized only to negatively impact an employed physician's salary in a punitive manner (with no potential for positive impact); and

Whereas, A clinician's overall work product cannot be distilled to a few numerical metrics; and

Whereas, Health care centers may publish the results of patient or coworker surveys regarding individual providers in an effort to be “transparent”; and

Whereas, it is apparent that patient satisfaction surveys or coworkers’ observation reporting symptoms produce “scores” that are not related to any clinical quality metric, have questionable validity, and are often taken out of context; therefore be it
RESOLVED, That our American Medical Association adopt policy opposing any association between anonymous patient satisfaction scores (e.g. “loyalty scores”) or the coworkers’ observation reporting system, and employed physicians’ salaries (New HOD Policy); and be it further

RESOLVED, That our AMA adopt policy opposing any publication of anonymous patient satisfaction scores or coworkers’ observation reporting system information directed at an individual physician (New HOD Policy); and be it further

RESOLVED, That our AMA adopt policy opposing the use of any anonymous patient satisfaction scores or any individually and anonymously posted patient or co-worker comments in formulating or impacting employed physician salaries or in relation to any other physician compensation program. (New HOD Policy)

Fiscal Note: Not yet determined

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References: