

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 903
(I-19)

Introduced by: Medical Student Section

Subject: Encouraging the Development of Multi-Language, Culturally Informed Mobile Health Applications

Referred to: Reference Committee K
(_____, Chair)

1 Whereas, There is a scarcity of mobile health applications addressing the needs of patients
2 receiving costly care, in poor health, or of low English literacy¹; and
3
4 Whereas, Longstanding disparities in health burden minority and low-income communities and
5 persist at all levels of health care, from access to health insurance, preventive services, and
6 high-quality care to condition-specific burden, morbidity, and mortality^{2,3}; and
7
8 Whereas, Concern has been raised that current mobile health technologies may exacerbate
9 existing disparities by precluding individuals of low socioeconomic status from potential financial
10 rewards or health benefits^{3,4}; and
11
12 Whereas, Existing national policy fails to address barriers to equal access to mobile health
13 technologies for vulnerable, culturally diverse, and low-income communities^{2,5}; and
14
15 Whereas, The National Standards for Culturally and Linguistically Appropriate Services in
16 Health and Health Care, published by the U.S. Department of Health and Human Services, do
17 not contain provisions relating to mobile health application development⁶; and
18
19 Whereas, English language fluency varies widely among cultural subgroups, from 31% of
20 Hispanics to 51% of Vietnamese Americans who report non-fluency²; and
21
22 Whereas, A study of Hispanic migrant farm workers, a patient population with high burden of
23 chronic disease and limited access to healthcare, found 81% of this population has access to
24 mobile devices and the majority are receptive to using mobile health platforms for facilitation of
25 medication adherence and management of chronic conditions⁷; and
26
27 Whereas, A 2018 study noted that a uniquely designed mobile health app could facilitate
28 smoking cessation in LGBTQ+ young adults, who engage in tobacco use at much higher rates
29 than the general population⁸; and
30
31 Whereas, The pervasiveness of smartphone use may serve as a means to deliver health-
32 related interventions to racial and ethnic minority groups⁹; and
33
34 Whereas, The timely and convenient interventions offered by mobile devices, such as
35 personalized medication reminders, have the potential to enhance the health of minority and
36 low-income individuals, to reduce the costs of their medical care, and to close health gaps
37 between populations^{7,10}; and

1 Whereas, Our AMA has resolved to "identify and incorporate strategies specific to the
2 elimination of minority health disparities in its ongoing advocacy and public health efforts"
3 (D-350.996); therefore be it

4
5 RESOLVED, That AMA policy D-480.972 be amended by addition to read as follows:
6

7 Guidelines for Mobile Medical Applications and Devices, D-480.972

8 1. Our AMA will monitor market developments in mobile health (mHealth),
9 including the development and uptake of mHealth apps, in order to identify
10 developing consensus that provides opportunities for AMA involvement.

11 2. Our AMA will continue to engage with stakeholders to identify relevant guiding
12 principles to promote a vibrant, useful and trustworthy mHealth market.

13 3. Our AMA will make an effort to educate physicians on mHealth apps that can
14 be used to facilitate patient communication, advice, and clinical decision
15 support, as well as resources that can assist physicians in becoming familiar
16 with mHealth apps that are clinically useful and evidence-based.

17 4. Our AMA will develop and publicly disseminate a list of best practices guiding
18 the development and use of mobile medical applications.

19 5. Our AMA encourages further research integrating mobile devices into clinical
20 care, particularly to address challenges of reducing work burden while
21 maintaining clinical autonomy for residents and fellows.

22 6. Our AMA will collaborate with the Liaison Committee on Medical Education
23 and Accreditation Council for Graduate Medical Education to develop germane
24 policies, especially with consideration of potential financial burden and personal
25 privacy of trainees, to ensure more uniform regulation for use of mobile devices
26 in medical education and clinical training.

27 7. Our AMA encourages medical schools and residency programs to educate all
28 trainees on proper hygiene and professional guidelines for using
29 personal mobile devices in clinical environments.

30 8. Our AMA encourages the development of mobile health applications that
31 employ linguistically appropriate and culturally informed content catered to
32 underserved and low-income populations. (Modify Current HOD Policy)

33 Fiscal Note:

Received: 08/28/19

References:

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RELEVANT AMA POLICY:

Integration of Mobile Health Applications and Devices into Practice D-480.967

Our AMA will: (1) assess the potential liability risks to physicians for using, recommending, or prescribing mHealth apps, including risk under federal and state medical liability, privacy, and security laws; and (2) assess the feasibility of state and federal legislation, as well as other innovative alternatives, in an effort to mitigate the physician's potential risk of liability from the use or recommendation of mHealth apps.

Citation: CMS Rep. 06, I-16

Guidelines for Mobile Medical Applications and Devices D-480.972

1. Our AMA will monitor market developments in mobile health (mHealth), including the development and uptake of mHealth apps, in order to identify developing consensus that provides opportunities for AMA involvement.
2. Our AMA will continue to engage with stakeholders to identify relevant guiding principles to promote a vibrant, useful and trustworthy mHealth market.
3. Our AMA will make an effort to educate physicians on mHealth apps that can be used to facilitate patient communication, advice, and clinical decision support, as well as resources that can assist physicians in becoming familiar with mHealth apps that are clinically useful and evidence-based.
4. Our AMA will develop and publicly disseminate a list of best practices guiding the development and use of mobile medical applications.
5. Our AMA encourages further research integrating mobile devices into clinical care, particularly to address challenges of reducing work burden while maintaining clinical autonomy for residents and fellows.
6. Our AMA will collaborate with the Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education to develop germane policies, especially with consideration of potential financial burden and personal privacy of trainees, to ensure more uniform regulation for use of mobile devices in medical education and clinical training.
7. Our AMA encourages medical schools and residency programs to educate all trainees on proper hygiene and professional guidelines for using personal mobile devices in clinical environments.

Citation: CSAPH Rep. 5, A-14; Appended: Res. 201, A-15; Appended: Res. 305, I-16

Integration of Mobile Health Applications and Devices into Practice H-480.943

1. Our AMA supports the establishment of coverage, payment and financial incentive mechanisms to support the use of mobile health applications (mHealth apps) and associated devices, trackers and sensors by patients, physicians and other providers that: (a) support the establishment or continuation of a valid patient-physician relationship; (b) have a high-quality clinical evidence base to support their use in order to ensure mHealth app safety and effectiveness; (c) follow evidence-based practice guidelines, especially those developed and produced by national medical specialty societies and based on systematic reviews, to ensure patient safety, quality of care and positive health outcomes; (d) support care delivery that is patient-centered, promotes care coordination and facilitates team-based communication; (e) support data portability and interoperability in order to promote care coordination through medical home and accountable care models; (f) abide by state licensure laws and state medical practice laws and requirements in the state in which the patient receives services facilitated by the app; (g) require that physicians and other health practitioners delivering services through the

app be licensed in the state where the patient receives services, or be providing these services as otherwise authorized by that state's medical board; and (h) ensure that the delivery of any services via the app be consistent with state scope of practice laws.

2. Our AMA supports that mHealth apps and associated devices, trackers and sensors must abide by applicable laws addressing the privacy and security of patients' medical information.
3. Our AMA encourages the mobile app industry and other relevant stakeholders to conduct industry-wide outreach and provide necessary educational materials to patients to promote increased awareness of the varying levels of privacy and security of their information and data afforded by mHealth apps, and how their information and data can potentially be collected and used.
4. Our AMA encourages the mHealth app community to work with the AMA, national medical specialty societies, and other interested physician groups to develop app transparency principles, including the provision of a standard privacy notice to patients if apps collect, store and/or transmit protected health information.
5. Our AMA encourages physicians to consult with qualified legal counsel if unsure of whether an mHealth app meets Health Insurance Portability and Accountability Act standards and also inquire about any applicable state privacy and security laws.
6. Our AMA encourages physicians to alert patients to the potential privacy and security risks of any mHealth apps that he or she prescribes or recommends, and document the patient's understanding of such risks.
7. Our AMA supports further development of research and evidence regarding the impact that mHealth apps have on quality, costs, patient safety and patient privacy.
8. Our AMA encourages national medical specialty societies to develop guidelines for the integration of mHealth apps and associated devices into care delivery.

Citation: CMS Rep. 06, I-16; Reaffirmation: A-17

Strategies for Eliminating Minority Health Care Disparities D-350.996

Our American Medical Association will continue to identify and incorporate strategies specific to the elimination of minority health care disparities in its ongoing advocacy and public health efforts, as appropriate.

Citation: (Res. 731, I-02; Modified: CCB/CLRPD Rep. 4, A-12)