

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 5
(I-20)

Introduced by: Usman Hasnie MD, Violet Lin MD

Subject: Research in Telemedicine Platforms for Physicians and Patients

Referred to: Reference Committee

1 Whereas, the impact of the COVID pandemic on the daily functioning of patients and healthcare
2 providers has been documented and evident¹⁻⁸; and

4 Whereas, barriers of care erected by the COVID pandemic has limited patient attendance rates
5 in outpatient visits as well as emergent/urgent care visits⁷⁻¹⁰; and

7 Whereas telemedicine has exhibited certain successes in diagnosis and management of
8 disease, with cost-effectiveness and efficiency¹¹⁻¹⁵; and

10 Whereas telemedicine also has noted disadvantages including notably difficulties in ensuring
11 patient information protection, patient utilization, and patient/provider access¹⁶⁻¹⁸; and

13 Whereas there is currently limited research in the impact of telemedicine on patients and
14 providers; and

16 Whereas existing AMA policy does not clearly advocate for research in regard to the patient's
17 ability to access healthcare via telemedicine; and

19 Whereas the COVID-19 pandemic has catalyzed the rise of many telemedicine initiatives in
20 order to deliver healthcare and comply with safe distancing measures¹⁹; therefore be it

22 RESOLVED, That our AMA will advocate for studies that provide analysis on the access of
23 telemedicine for patients; and be it further

25 RESOLVED, That our AMA will advocate for further study in the efficacy of different
26 telemedicine platforms; and be it further

28 RESOLVED, That our AMA will advocate for policy and measures that make telemedicine a
29 more broadly available tool in the healthcare system for patients, when feasible.

Fiscal Note:

References:

1. Liu C, Zhao Y, Okwan-Duodu D, Basho R, Cui X. COVID-19 in cancer patients: risk, clinical features, and management. *Cancer Biol Med*. 2020;17(3):519-527.
2. Osofsky JD, Osofsky HJ, Mamon LY. Psychological and social impact of COVID-19 [published online ahead of print, 2020 Jun 15]. *Psychol Trauma*. 2020;10.
3. Karaye IM, Horney JA. The Impact of Social Vulnerability on COVID-19 in the U.S.: An Analysis of Spatially Varying Relationships. *Am J Prev Med*. 2020;59(3):317-325.

4. Chew QH, Chia FL, Ng WK, et al. Perceived Stress, Stigma, Traumatic Stress Levels and Coping Responses amongst Residents in Training across Multiple Specialties during COVID-19 Pandemic-A Longitudinal Study. *Int J Environ Res Public Health.* 2020;17(18):E6572.
5. Demirjian NL, Fields BKK, Song C, et al. Impacts of the Coronavirus Disease 2019 (COVID-19) pandemic on healthcare workers: A nationwide survey of United States radiologists [published online ahead of print, 2020 Aug 29]. *Clin Imaging.* 2020;68:218-225.
6. Morgantini LA, Naha U, Wang H, et al. Factors contributing to healthcare professional burnout during the COVID-19 pandemic: A rapid turnaround global survey. *PLoS One.* 2020;15(9):e0238217.
7. Teoh JY, Ong WLK, Gonzalez-Padilla D, et al. A Global Survey on the Impact of COVID-19 on Urological Services. *Eur Urol.* 2020;78(2):265-275.
8. Provenzano DA, Sitzman BT, Florentino SA, Buterbaugh GA. Clinical and economic strategies in outpatient medical care during the COVID-19 pandemic. *Reg Anesth Pain Med.* 2020;45(8):579-585.
9. Boserup B, McKenney M, Elkbuli A. The impact of the COVID-19 pandemic on emergency department visits and patient safety in the United States [published online ahead of print, 2020 Jun 6]. *Am J Emerg Med.* 2020;38(9):1732-1736.
10. Butt AA, Azad AM, Kartha AB, Masoodi NA, Bertollini R, Abou-Samra AB. Volume and Acuity of Emergency Department Visits Prior To and After COVID-19 [published online ahead of print, 2020 Aug 7]. *J Emerg Med.* 2020;S0736-4679(20)30855-6.
11. Martinez JA, Parikh PD, Wong RW, et al. Telemedicine for Diabetic Retinopathy Screening in an Urban, Insured Population Using Fundus Cameras in a Primary Care Office Setting. *Ophthalmic Surg Lasers Imaging Retina.* 2019;50(11):e274-e277.
12. Lee JY, Lee SWH. Telemedicine Cost-Effectiveness for Diabetes Management: A Systematic Review. *Diabetes Technol Ther.* 2018;20(7):492-500.
13. Schneider RB, Biglan KM. The promise of telemedicine for chronic neurological disorders: the example of Parkinson's disease. *Lancet Neurol.* 2017;16(7):541-551.
14. Russo JE, McCool RR, Davies L. VA Telemedicine: An Analysis of Cost and Time Savings. *Telemed J E Health.* 2016;22(3):209-215.
15. Doolittle GC, Spaulding AO, Williams AR. The decreasing cost of telemedicine and telehealth. *Telemed J E Health.* 2011;17(9):671-675.
16. Langarizadeh M, Moghbeli F, Aliabadi A. Application of Ethics for Providing Telemedicine Services and Information Technology. *Med Arch.* 2017;71(5):351-355.
17. de la Torre A, Hernández-Rodríguez C, García L. Cost analysis in telemedicine: empirical evidence from sites in Arizona. *J Rural Health.* 2004;20(3):253-257.
18. Baker J, Stanley A. Telemedicine Technology: a Review of Services, Equipment, and Other Aspects. *Curr Allergy Asthma Rep.* 2018;18(11):60. Published 2018 Sep 26
19. Wosik J, Fudim M, Cameron B, et al. Telehealth transformation: COVID-19 and the rise of virtual care. *J Am Med Inform Assoc.* 2020;27(6):957-962.

Relevant RFS Position Statements:

240.001R Telemedicine and Medical Licensure

That our AMA study how guidelines regulating medical licenses are affected by telemedicine and medical technological innovations that allow for physicians to practice outside their states of licensure. (Resolution 4, I-07)

294.001R Telemedicine in Graduate Medical Education

That our AMA: (1) advocate for educating resident and fellow physicians during their training on the use of tele-health technology in their future practices; (2) study the barriers to optimizing the use of tele-health technology for the purposes of tele-education and specifically tele-precepting in Graduate Medical Education and the solutions to overcoming these barriers; and (3) that this resolution be forwarded to the House of Delegates at A-15. (Resolution 16, A- 15)

Relevant AMA Policy:

H-480.974 Evolving Impact of Telemedicine

Our AMA:

- (1) will evaluate relevant federal legislation related to telemedicine;
- (2) urges CMS, AHRQ, and other concerned entities involved in telemedicine to fund demonstration projects to evaluate the effect of care delivered by physicians using telemedicine-related technology on costs, quality, and the physician-patient relationship;
- (3) urges professional organizations that serve medical specialties involved in telemedicine to develop appropriate practice parameters to address the various applications of telemedicine and to guide quality assessment and liability issues related to telemedicine;
- (4) encourages professional organizations that serve medical specialties involved in telemedicine to develop appropriate educational resources for physicians for telemedicine practice;
- (5) encourages development of a code change application for CPT codes or modifiers for telemedical services, to be submitted pursuant to CPT processes;
- (6) will work with CMS and other payers to develop and test, through these demonstration projects, appropriate reimbursement mechanisms;
- (7) will develop a means of providing appropriate continuing medical education credit, acceptable toward the Physician's Recognition Award, for educational consultations using telemedicine;
- (8) will work with the Federation of State Medical Boards and the state and territorial licensing boards to develop licensure guidelines for telemedicine practiced across state boundaries; and
- (9) will leverage existing expert guidance on telemedicine by collaborating with the American Telemedicine Association (www.americantelemed.org) to develop physician and patient specific content on the use of telemedicine services--encrypted and unencrypted.

CMS/CME Rep., A-94; Reaffirmation A-01; Reaffirmation A-11; Reaffirmed: CMS Rep. 7, A-11; Reaffirmed in lieu of Res. 805, I-12; Appended: BOT Rep. 26, A-13; Modified: BOT Rep. 22, A-13; Reaffirmed: CMS Rep. 7, A-14; Reaffirmed: CME Rep. 06, A-16; Reaffirmation: A-18

H-510.982 VA Technology-Based Eye Care Services

Our AMA encourages the Department of Veterans Affairs to continue to explore telemedicine approaches that increase access to quality health care to U.S. veterans, including the Technology-Based Eye Care Services (TECS) program; and will work with Congress to ensure that U.S. veterans can access eye care through the TECS program.

Res. 111, A-17

G-615.035 Technology and the Practice of Medicine

Our AMA encourages the collaboration of existing AMA Councils and working groups on matters of new and developing technology, particularly electronic medical records (EMR) and telemedicine.

Res. 606, A-14