

REPORT OF THE SPEAKERS

Speakers' Report 1-JUN-21

Subject: Recommendations for Policy Reconciliation

Presented by: Bruce A. Scott, MD, Speaker; and Lisa Bohman Egbert, MD, Vice Speaker

Policy G-600.111, "Consolidation and Reconciliation of AMA Policy," calls on your Speakers to "present one or more reconciliation reports for action by the House of Delegates relating to newly passed policies from recent meetings that caused one or more existing policies to be redundant and/or obsolete."

Your Speakers present this report to deal with policies, or portions of policies, that are no longer relevant or that were affected by actions taken at recent meetings of the House of Delegates. Suggestions on other policy statements that your Speakers might address should be sent to hod@ama-assn.org for possible action. Where changes to policy language will be made, additions are shown with underscore and deletions are shown with strikethrough.

RECOMMENDED RECONCILIATIONS

Policies to be rescinded in their entirety

The following directives will be rescinded in full, as the requested activity has been completed, with reports presented to the House of Delegates when required.

- D-65.988, "TIME'S UP Healthcare"

Our AMA will evaluate the TIME'S UP Healthcare program and consider participation as a TIME'S UP partner in support of our mutual objectives to eliminate harassment and discrimination in medicine with report back at the 2019 Interim Meeting.

Board of Trustees Report 16-I-19 provided the report, which concluded that "your Board of Trustees will work with the leadership of TIME'S UP Healthcare to specify the terms of a formal partnership that will enable our organizations to work together to advance gender equity in medicine." The policy will be rescinded.

- D-165.936, "Updated Study on Health Care Payment Models"

Our AMA will research and analyze the benefits and difficulties of a variety of health care financing models, with consideration of the impact on economic and health outcomes and on health disparities and including information from domestic and international experiences.

The Council on Medical Service authored Report 2-A-17, "Health Care Financing Models," fulfilling this directive, which will be rescinded.

- 1 • D-215.989, "Studying Hospital Incentives for Admission, Testing and Procedures"
- 2 Our AMA will study the extent to which US hospitals interfere in physicians' independent
- 3 exercise of medical judgment, including but not limited to the use of incentives for admissions,
- 4 testing, and procedures.

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6 This policy will be rescinded, having been studied in Council on Medical Service Report
7 5-A-15, "Hospital Incentives for Admission, Testing and Procedures."

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9 • D-230.984, "Hospital Closures and Physician Credentialing"
- 10 1. Our AMA will develop model state legislation and regulations that would require hospitals
- 11 to: (a) implement a procedure for preserving medical staff credentialing files in the event of the
- 12 closure of the hospital; and (b) provide written notification to its state health agency and
- 13 medical staff before permanently closing its facility indicating whether arrangements have been
- 14 made for the timely transfer of credentialing files and the exact location of those files. 2. Our
- 15 AMA will: (a) continue to monitor the development and implementation of physician
- 16 credentialing repository databases that track hospital affiliations, including tracking hospital
- 17 closures, as well as how and where these closed hospitals are storing physician credentialing
- 18 information; and (b) explore the feasibility of developing a universal clearinghouse that
- 19 centralizes the verification of credentialing information, and report back to the House of
- 20 Delegates at the 2019 Interim Meeting.

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22 The model legislation called for in paragraph 1 has been prepared and is available from the
23 Advocacy Resource Center, and your Board of Trustees presented Report 13-I-19 in fulfillment
24 of paragraph 2 of the policy. The policy will be rescinded.

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26 • D-285.964, "Physician Payment by Medicare"
- 27 Our AMA will study the impact of hospital acquisition of physician practices on health care
- 28 costs, patient access to health care and physician practice.

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30 This should be rescinded as the study was accomplished with Council on Medical Service
31 Report 2-A-15, "Physician Payment by Medicare."

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33 • D-305.954, "For-Profit Medical Schools or Colleges"
- 34 Our AMA will study issues related to medical education programs offered at for-profit versus
- 35 not-for-profit medical schools, to include the: (a) attrition rate of students; (b) financial burden
- 36 of non-graduates versus graduates; (c) success of graduates in obtaining a residency position;
- 37 and (d) level of support for graduate medical education; and report back at the 2019 Annual
- 38 Meeting.

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40 This policy will be rescinded as the Council on Medical Education issued Report 1-I-19 in
41 fulfillment of this directive.

- 42
43 • D-410.991, "Re-establishment of National Guideline Clearinghouse"
- 44 Our AMA will research possible and existing alternatives for the functions of the National
- 45 Guidelines Clearinghouse with a report back to the House of Delegates.

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47 The Board of Trustees presented report 11-I-19 in fulfillment of this request. The policy will be
48 rescinded.

Policies to be rescinded in part

• H-85.952, "Advance Directives During Pregnancy"

1. Our AMA vigorously affirms the patient-physician relationship as the appropriate locus of decision making and the independence and integrity of that relationship.

2. Our AMA will promote awareness and understanding of the ethical responsibilities of physicians with respect to advance care planning, the use of advance directives, and surrogate decision making, regardless of gender or pregnancy status, set out in the Code of Medical Ethics.

3. Our AMA recognizes that there may be extenuating circumstances which may benefit from institutional ethics committee review, or review by another body where appropriate.

~~4. The Council on Ethical and Judicial Affairs will consider examining the issue of advance directives in pregnancy through an informational report.~~

The Council on Ethical and Judicial Affairs reviewed ethics policy on advance care planning (Opinion 5.1), surrogate decision making (Opinion 2.1.2), and treatment at the end of life (Opinions 5.2, 5.3, 5.4, 5.5, and 5.6) and concluded that existing guidance is clear with respect to strong ethics practice regarding advance care planning and treatment decisions at the end of life. For this reason, Paragraph 4 of the policy will be rescinded.

• H-285.902, "Ban on Medicare Advantage "No Cause" Network Terminations"

1. Our AMA urges the Centers for Medicare & Medicaid Services (CMS) to further enhance the agency's efforts to ensure directory accuracy by: a. Requiring Medicare Advantage (MA) plans to submit accurate provider directories to CMS every year prior to the Medicare open enrollment period and whenever there is a significant change in the physicians included in the network; b. Conducting accuracy reviews on provider directories more frequently for plans that have had deficiencies; c. Publicly reporting the most recent accuracy score for each plan on Medicare Plan Finder; d. Indicating to plans that failure to maintain complete and accurate directories, as well as failure to have a sufficient number of physician practices open and accepting new patients, may subject the MA plans to one of the following: (i) civil monetary penalties; (ii) enrollment sanctions; or (iii) incorporating the accuracy score into the Stars rating for each plan; e. ~~Offering plans the option of using AMA/Lexis Nexis VerifyHCP system to update provider directory information;~~ f. Requiring MA plans immediately remove from provider directories providers who no longer participate in their network.

2. Our AMA urges CMS to ensure that network adequacy standards provide adequate access for beneficiaries and support coordinated care delivery by: a. Requiring plans to report the percentage of the physicians, broken down by specialty and subspecialty, in the network who actually provided services to plan members during the prior year; b. Publishing the research supporting the adequacy of the ratios and distance requirements CMS currently uses to determine network adequacy; c. Conducting a study of the extent to which networks maintain or disrupt teams of physicians and hospitals that work together; d. Evaluating alternative/additional measures of adequacy.

3. Our AMA urges CMS to ensure lists of contracted physicians are made more easily accessible by: a. Requiring that MA plans submit their contracted provider list to CMS annually and whenever changes occur, and post the lists on the Medicare Plan Finder website in both a web-friendly and downloadable spreadsheet form; b. Linking the provider lists to Physician Compare so that a patient can first find a physician and then find which health plans contract with that physician. Our AMA urges CMS to simplify the process for beneficiaries to compare network size and accessibility by expanding the information for each MA plan on Medicare Plan Finder to include: (i) the number of contracted physicians in each specialty and county; (ii) the extent to which a plan's network exceeds minimum standards in each specialty,

1 subspecialty, and county; and (iii) the percentage of the physicians in each specialty and county
2 participating in Medicare who are included in the plan's network.

3 4. Our AMA urges CMS to measure the stability of networks by calculating the percentage
4 change in the physicians in each specialty and subspecialty in an MA plan's network compared
5 to the previous year and over several years and post that information on Plan Finder.

6 5. Our AMA urges CMS to develop a marketing/communication plan to effectively
7 communicate with patients about network access and any changes to the network that may
8 directly or indirectly impact patients; including updating the Medicare Plan Finder website.

9 6. Our AMA urges CMS to develop process improvements for recurring input from in-network
10 physicians regarding network policies by creating a network adequacy task force that includes
11 multiple stakeholders including patients.

12 7. Our AMA urges CMS to ban "no cause" terminations of MA network physicians during the
13 initial term or any subsequent renewal term of a physician's participation contract with a MA
14 plan.

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16 Although the VerifyHCP product still exists, our AMA is no longer a partner, and AMA is no
17 longer offering the product. For this reason, paragraph 1(e) of the policy will be rescinded, with
18 any necessary renumbering accomplished editorially.

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20 • D-383.978, "Restrictive Covenants of Large Health Care Systems"

21 ~~1. Our AMA, through its Organized Medical Staff Section, will educate medical students,~~
22 ~~physicians-in-training, and physicians entering into employment contracts with large health~~
23 ~~care system employers on the dangers of aggressive restrictive covenants, including but not~~
24 ~~limited to the impact on patient choice and access to care.~~

25 ~~2. Our AMA will study the impact that restrictive covenants have across all practice settings,~~
26 ~~including but not limited to the effect on patient access to health care, the patient-physician~~
27 ~~relationship, and physician autonomy, with report back at the 2019 Interim Meeting.~~

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29 Board of Trustees Report 5-I-19 provided the study requested by paragraph 2 of the policy, so
30 that portion of the policy will be rescinded.

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32 Changes effected by the Speakers' Report do not reset the sunset clock for those items rescinded in
33 part, and the changes are implemented upon filing of this report.

Fiscal Note: \$500 to edit PolicyFinder