WHEREAS, Communication is the key to a strong patient-doctor relationship; it is critical to use correct terms and particularly important to use the word “physician” instead of “provider”; and

WHEREAS, Patient care experience is of the utmost importance to our profession and using the word “provider” to describe physicians is detrimental to that interaction; and

WHEREAS, The premise of the “provider” based environment is that health care delivery is essentially a commercial transaction, a market-based enterprise with a market ethic; and

WHEREAS, The word “provider” is confusing to patients and they deserve to know who does what on the team of medical professional who take care of them; and

WHEREAS, The word “provider” levels distinctions and implies a uniformity of expertise and knowledge among health care professionals as well as erroneously implies that “providers” are interchangeable and patients can expect to receive the same level of care from any “provider”; and

WHEREAS, By lumping the care team together with the word “provider”, patients do not know whether they are seeing a nurse, physician, therapist, physician assistant, or nurse practitioner; and

WHEREAS, Our American Medical Association considers the generic terms “health care providers” and “providers” to be inadequate to describe the extensive education and qualifications of physicians licensed to practice medicine in all its branches and has instituted an editorial policy prohibiting the use of the term “provider” in lieu of “physician” in all AMA publications outside of JAMA (AMA Policy H-405.968); and

WHEREAS, In December 2022, The Joint Commission (TJC) stated they will no longer use the term “licensed independent practitioner” in its hospital and critical access hospital standards, replacing it with the term “licensed practitioner” as of February 2023; and

WHEREAS, According to the TJC, “the revisions are consistent with current terminology used by the Centers for Medicare & Medicaid Conditions of Participation,” and “better reflects the full scope of practice of licensed practitioners allowed by their license and permitted by state and federal law and regulation while keeping the intent of the requirement”2; and

WHEREAS, In addition to eliminating the term “licensed independent practitioner,” TJC is also updating, revising and/or deleting the following terms from is glossary: Staff (revised); Clinical
staff (revised); Practitioner (replaced with Licensed practitioner); Licensed independent practitioner (deleted); and Provider (new); and

WHEREAS, TJC pre-publication standards effective February 19, 2023, revised glossary definitions defines “provider” as “a licensed individual or organization that provides health care services outside the accredited organization”; and

WHEREAS, The TJC definition of “provider” refers to both individuals and organizations, which is inherently confusing and does not allow the distinction of expertise and knowledge of physicians; therefore be it

RESOLVED, That our American Medical Association advocate to The Joint Commission to redefine the term “provider” in their revised glossary as to separate “licensed individuals” and “organizations” and should not use the term “provider” when referring to physicians (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage The Joint Commission to not delete the term and definition of “licensed independent practitioner” (Directive to Take Action).

Fiscal Note: TBD

Received: 4/28/2023

References:


RELEVANT AMA POLICY

Clarification of the Term "Provider" in Advertising, Contracts and Other Communications H-405.968

1. Our AMA supports requiring that health care entities, when using the term "provider" in contracts, advertising and other communications, specify the type of provider being referred to by using the provider's recognized title which details education, training, license status and other recognized qualifications; and supports this concept in state and federal health system reform.

2. Our AMA: (a) considers the generic terms "health care providers" or "providers" as inadequate to describe the extensive education and qualifications of physicians licensed to practice medicine in all its branches; (b) will institute an editorial policy prohibiting the use of the term "provider" in lieu of "physician" or other health professionals for all AMA publications not otherwise covered by the existing JAMA Editorial Governance Plan, which protects editorial independence of the Editor in Chief of JAMA and The JAMA Network journals; and (c) will forward to the editorial board of JAMA the recommendation that the term "physician" be used in lieu of "provider" when referring to MDs and DOs.


Education of the General Public on the Role of Physician and Non-Physician Health Care Providers H-450.955

The AMA will educate the general public and legislators to the differences between physician and non-physician providers of clinical services regarding their unique training, experience, broad based knowledge, ability and expertise, which impacts on their ability to provide high quality clinical care.

Citation: res. 308, A-98; Reaffirmed: A-99; Reaffirmed: CMS Rep. 5, A-09; Reaffirmed: BOT Rep. 9, A-19