INTEGRATED PHYSICIAN PRACTICE SECTION
Governing Council Report A
Annual 2022 Meeting

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Item #	Ref Com	Title and Sponsor(s)	Proposed Policy	Governing Council Recommendation
1	.Con	CEJA Rep. 03 – Amendment to E-9.3.2, "Physician Responsibilities to Colleagues with Illness, Disability or Impairment"	The Council believes that a more general formulation that did not delineate specific actors would better emphasize the importance of fairness whenever and by whomever such assessment is sought and would help ensure that guidance remains evergreen. The Council therefore proposes to amend Opinion 9.3.2 by insertion as follows: E-9.3.2 – Physician Responsibilities to Colleagues with Illness, Disability or Impairment Providing safe, high-quality care is fundamental to physicians' fiduciary obligation to promote patient welfare. Yet a variety of physical and mental health conditions—including physical disability, medical illness, and substance use—can undermine physicians' ability to fulfill that obligation. These conditions in turn can put patients at risk, compromise physicians' relationships with patients, as well as colleagues, and undermine public trust in the profession. While some conditions may render it impossible for a physician to provide care safely, with appropriate accommodations or treatment many can responsibly continue to practice, or resume practice once those needs have been met. In carrying out their responsibilities to colleagues, patients, and the public, physicians should strive to employ a process that distinguishes conditions that are permanently incompatible with the safe practice of medicine from those that are not and respond accordingly. As individuals, physicians should: (a) Maintain their own physical and mental health, strive for self-awareness, and promote recognition of and resources to address conditions that may cause impairment.	Delegate instructed to support.

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			(b) Seek assistance as needed when continuing to practice is unsafe for patients, in keeping with ethics guidance on physician health and competence. (c) Intervene with respect and compassion when a colleague is not able to practice safely. Such intervention should strive to ensure that the colleague is no longer endangering patients and that the individual receive appropriate evaluation and care to treat any impairing conditions. (d) Protect the interests of patients by promoting appropriate interventions when a colleague continues to provide unsafe care despite efforts to dissuade them from practice. (e) Seek assistance when intervening, in keeping with institutional policies, regulatory requirements, or applicable law. Collectively, physicians should nurture a respectful, supportive professional culture by: (f) Encouraging the development of practice environments that promote collegial mutual support in the interest of patient safety. (g) Encouraging development of inclusive training standards that enable individuals with disabilities to enter the profession and have safe, successful careers. (h) Eliminating stigma within the profession regarding illness and disability. (i) Advocating for supportive services, including physician health programs, and accommodations to enable physicians and physicians-in-training who require assistance to provide safe, effective care. (j) Advocating for respectful and supportive, evidence-based peer review policies and practices to ensure fair, objective, and independent assessment of	

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			potential impairment whenever and by whomever assessment is deemed appropriate to~~that will~~ ensure patient safety and practice competency. (II)	
2	.Con	Res. 003 – Gender Equity and Female Physician Work Patterns During the Pandemic (Women Physicians Section)	RESOLVED, That our American Medical Association advocate for research on physician-specific data analyzing changes in work patterns and employment outcomes among female physicians during the pandemic including, but not limited to, understanding potential gaps in equity, indications for terminations and/or furloughs, gender differences in those who had unpaid additional work hours, and issues related to intersectionality (Directive to Take Action); and be it further RESOLVED, That our AMA collaborate with relevant organizations to evaluate obstacles affecting female physicians and medical students during the pandemic. (Directive to Take Action)	Delegate instructed to support.
3	A	Res. 102 – Bundling Physician Fees with Hospital Fees (New York)	RESOLVED, That our American Medical Association oppose bundling of physician payments with hospital payments, unless the physician has agreed to such an arrangement in advance. (New HOD Policy)	Item on Reaffirmation Calendar. Delegate instructed to support if extracted.
4	A	Res. 105 – Health Insurance that Fairly Compensates Physicians (New York)	RESOLVED. That our American Medical Association advocate for insurance plans to adequately compensate physicians so that they are able to remain in practice independent of hospital employment. (Directive to Take Action)	Item on Reaffirmation Calendar. Delegate instructed to support if extracted.
5	A	Res. 109 – Piloting the Use of Financial Incentives to Reduce Unnecessary Emergency Room Visits (New York)	RESOLVED, That our American Medical Association study and report on the positive and negative experiences of programs in various states that provide Medicaid beneficiaries with incentives for choosing alternative sites of care when it is appropriate to their symptoms and/or condition instead of hospital emergency departments. (Directive to Take Action)	Item on Reaffirmation Calendar. Delegate instructed to support if extracted.

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6	A	Res. 119 – Medicare Coverage of Dental, Vision, and Hearing Services (Medical Student Section)	RESOLVED, That our American Medical Association support Medicare coverage of preventive dental care, including dental cleanings and x-rays, and restorative services, including fillings, extractions, and dentures (New HOD Policy); and be it further RESOLVED, That our AMA support Medicare coverage of routine eye examinations and visual aids, including eyeglasses and contact lenses (New HOD Policy); and be it further RESOLVED, That our American Medical Association amend Policy H-185.929, "Hearing Aid Coverage," by addition to read as follows: Hearing Aid Coverage H-185.929 1. Our AMA supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids. 2. Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear. 3. Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of hearing aid purchases, hearing-related exams and related services. 4. Our AMA supports coverage of hearing tests administered by a physician or physician-led team, aural rehabilitative services, and hearing aids as part of Medicare's Benefit. 5. Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly. 6. Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids. 7. Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss. (Modify Current HOD Policy)	Delegate instructed to support.

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7	B	Res. 202 – AMA Position on All Payer Database Creation (New York)	RESOLVED, That our American Medical Association advocate that any All Payer Database should also provide true payments that hospitals are making to their employed physicians, not just the amount of payment that the insurer is making on the physician's behalf to the hospital. (Directive to Take Action)	Delegate instructed to monitor.
8	B	Res. 205 – Insurers and Vertical Integration (New York)	RESOLVED, That our American Medical Association seek legislation and regulation to prevent health payers (except non-profit HMO's) from owning or operating other entities in the health care supply chain. (Directive to Take Action)	Delegate instructed to monitor.
9	B	Res. 215 – Transforming Professional Licensure to the 21st Century (American College of Cardiology)	RESOLVED, That our American Medical Association address the issue of state licensure in a comprehensive manner including studying the best mechanisms to ensure interstate licensure for practitioners practicing in multiple states, optimizing state licensure practices to allow for seamless telemedicine practice across state lines, and addressing long delays in practitioners obtaining state licensures which lead to delays in medical care (Directive to Take Action); and be it further RESOLVED, That our AMA research the feasibility of convening a meeting of appropriate stakeholders, including but not limited to state medical boards, medical specialty societies, state medical societies, payers, organizations representing non-physician medical professionals, Centers for Medicare and Medicaid Services-approved accrediting agencies, and patients to develop recommendations to modernize the state medical licensure system including creating mechanisms for multi-state licensure, streamlining the process of obtaining medical licensure, and facilitate practice across state lines (Directive to Take Action); and be it further RESOLVED, That our AMA report back on these recommendations by the 2022 Interim Meeting. (Directive to Take Action)	Item on Reaffirmation Calendar. Delegate instructed to support if extracted.
10	B	Res. 236 – Out-of-Network Care (Ohio)	RESOLVED, That our American Medical Association amend, by substitution, AMA Policy H-285.904, "Out-of-Network Care," item H, to read as follows: ~~H. Mediation should be permitted in those instances where a physician's unique background or skills (e.g. the Gould Criteria) are not accounted for within a minimum coverage standard.~~	To be extracted for discussion at IPPS Business Meeting.

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			H. Mediation and/or Independent Dispute Resolution (IDR) should be permitted in all circumstances as an option or alternative to come to payment resolution between insurers and providers. (Modify Current HOD Policy)	
11	B	Res. 239 – Virtual Services When Patients Are Away From Their Medical Home (Idaho)	RESOLVED, That our American Medical Association support Medicare coverage of virtual continuity of care follow-up services for patients within the physician's established medical home when the patient has an established relationship with the provider and such care is not prohibited by the state in which the patient is geographically situated at the time of service (Directive to Take Action); and be it further RESOLVED, That our AMA advocate with the Centers for Medicare and Medicaid Services (CMS), and Congress if necessary, to cover virtual continuity follow-up care services provided by a patient's established medical home or usual source of care, as if they were in person, even if the patient is temporarily located outside of the region or state of their medical home. (Directive to Take Action)	Delegate instructed to support.
12	B	Res. 240 – Physician Payment Reform & Equity (PPR&E) (Carl S. Wehri, MD)	RESOLVED, That our American Medical Association define Physician Payment Reform and Equity (PPR & E) as "improvement in physician payment by Medicare and other third-party payers so that physician reimbursement covers current office practice expenses at rates that are fair and equitable, and that said equity include annual updates in payment rates" (Directive to Take Action); and be it further RESOLVED, That our AMA place PPR & E as the single highest advocacy priority of our organization (Directive to Take Action); and be it further RESOLVED, That our AMA use every resource at its disposal (including but not limited to elective, legislative, regulatory, and lobbying efforts) to advocate for an immediate increase in Medicare physician payments to help cover the expense of office practice (Directive to Take Action); and be it further RESOLVED, That in addition to an immediate increase in Medicare physician payments, our AMA advocate for a statutory annual update in such payments that would equal or exceed the Medicare Economic Index or the Consumer Price Index, whichever is most advantageous in covering the continuously	Delegate instructed to monitor. Special Note: PPPS has a nearly identical item it is considering during its Business Meeting as well.

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			inflating costs of running an office practice (Directive to Take Action); and be it further RESOLVED, That our AMA establish a Task Force appointed by the Board of Trustees to outline a specific set of steps that are needed to accomplish the goals of PPR & E and report back to the HOD at the 2022 Interim Meeting regarding that plan (Directive to Take Action); and be it further RESOLVED, That our AMA Board of Trustees report back to the HOD at each subsequent meeting regarding their progress on meeting the goals of PPR & E, until PPR & E is accomplished. (Directive to Take Action)	
13	D	CSAPH Rep. 02 – Transformation of Rural Community Public Health Systems	The Council on Science and Public Health recommends that the following be adopted, and the remainder of the report be filed. 1. That our AMA amend Policy H-465.994, "Improving Rural Health," by addition and deletion to read as follows: 1. Our AMA (a) supports continued and intensified efforts to develop and implement proposals for improving rural health care and public health, (b) urges physicians practicing in rural areas to be actively involved in these efforts, and (c) advocates widely publicizing AMA's policies and proposals for improving rural health care and public health to the profession, other concerned groups, and the public. 2. Our AMA will work with other entities and organizations interested in public health to: ·Encourage more research to identify the unique needs and models for delivering public health and health care services in rural communities. ·Identify and disseminate concrete examples of administrative leadership and funding structures that support and optimize local, community-based rural public health. ·Develop an actionable advocacy plan to positively impact local, community-based rural public health including but not limited to the development of rural public health networks, training of current and future rural physicians and public health professionals in core public health techniques and novel funding mechanisms to support public health initiatives that are led and managed by local public health authorities.	Delegate instructed to support.

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			·Advocate for adequate and sustained funding for public health staffing and programs. ~~·Study efforts to optimize rural public health.~~ 2. That our AMA amend Policy D-440.924, "Universal Access for Essential Public Health Services" by addition and deletion to read as follows: Our AMA: (1) supports equitable access to the 10 Essential Public Health Services and the Foundational Public Health Services to protect and promote the health of all people in all communities ~~updating The Core Public Health Functions Steering Committee's "The 10 Essential Public Health Services" to bring them in line with current and future public health practice~~; (2) encourages state, local, tribal, and territorial public health departments to pursue accreditation through the Public Health Accreditation Board (PHAB); (3) will work with appropriate stakeholders to develop a comprehensive list of minimum necessary programs and services to protect the public health of citizens in all state and local jurisdictions and ensure adequate provisions of public health, including, but not limited to clean water, functional sewage systems, access to vaccines, and other public health standards; and (4) will work with the National Association of City and County Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the Big Cities Health Coalition, the Centers for Disease Control and Prevention (CDC), and other related entities that are working to assess and assure appropriate funding levels, service capacity, and adequate infrastructure of the nation's public health system, including for rural jurisdictions. (Amend HOD Policy) 3. That our AMA reaffirm Policy H-478.980, "Increasing Access to Broadband Internet to Reduce Health Disparities." (Reaffirm HOD Policy)	
14	G	CMS Rep. 02 – Prospective Payment Model Best Practices for Independent Private Practice	The Council on Medical Service recommends that the following be adopted in lieu of Resolution 122-J-21, and the remainder of the report be filed: 1. That our American Medical Association (AMA) support the consideration of prospective payment elements in the development of payment and delivery reform that are consistent with AMA principles. (New HOD Policy)	TBD – IPPS actively discussing with CMS as of June 6. Delegate to receive instruction.

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			2. That our AMA support the following principles to support physicians who choose to participate in prospective payment models: a. The AMA, state medical associations, and national medical specialty societies should be encouraged to continue to provide guidance and support infrastructure that allow independent physicians to join with other physicians in clinically integrated networks, independent of any hospital system. b. Prospective payment model compensation should incentivize specialty and primary care collegiality among independently practicing physicians. c. Prospective payment models should take into consideration clinical data, where appropriate, in addition to claims data. d. Governance within the model must be physician-led and autonomous. e. Physician practices should be encouraged to work with field advisors on patient attributions and a balanced mix of payers. f. Quality metrics used in the model should be clinically meaningful and developed with physician input. g. Administrative burdens, such as those related to prior authorization, should be reduced for participating physicians.(New HOD Policy) 3. That our AMA reaffirm Policies H-165.844 and H-385.926, which support pluralism and the freedom of physician enterprise. (Reaffirm HOD Policy) 4. That our AMA reaffirm Policy H-385.907, which supports fair and accurate risk adjustment. (Reaffirm HOD Policy) 5. That our AMA reaffirm Policies H-385.913, D-478.972, D-478.995, H-478.984, H-478.980, D-480.965, H-480.946, D-480.969 and H-285.957, which collectively address the concerns raised in Resolution 122-I-21. (Reaffirm HOD Policy)	
15	G	CMS Rep. 05 – Poverty-Level Wages and Health	The Council on Medical Service recommends that the following be adopted in lieu of Resolution 203-N-21 and that the remainder of the report be filed: 1. That our American Medical Association (AMA) affirm that poverty is detrimental to health. (New HOD Policy) 2. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include plans for adjusting the minimum wage level in the future and an explanation of how these adjustments can keep pace with inflation. (New HOD Policy)	Delegate instructed to support.

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			3. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should be consistent with the AMA's commitment to speak against policies that create greater health inequities and be a voice for our most vulnerable populations who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation. (New HOD Policy) 4. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should be consistent with the AMA's principle that the highest attainable standard of health, in all its dimensions, is a basic human right and that optimizing the social determinants of health is an ethical obligation of a civil society. (New HOD Policy) 5. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include an explanation of how variations in geographical cost of living have been considered. (New HOD Policy) 6. That our AMA affirm that federal, state, and/or local policies regarding minimum wage should include an estimate of the policy's impact on factors including: a. Unemployment and/or reduction in hours; b. First-time job seekers; c. Qualification for public assistance (e.g., food, housing, transportation, childcare, health care, etc.); d. Working conditions; e. Health equity, with specific focus on gender and minoritized and marginalized communities; f. Income equity; g. Local small business viability, including independent physician practices; and h. Educational and/or training opportunities. (New HOD Policy) 7. That our AMA reaffirm Policy D-440.922, which states that the AMA will enhance advocacy and support for programs and initiatives that strengthen public health systems to address health inequities and the social determinants of health. (Reaffirm HOD Policy) 8. That our AMA reaffirm Policy H-165.822, which encourages coverage pilots to test the impacts of addressing certain non-medical, yet critical health needs,	

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			for which sufficient data and evidence are not available, on health outcomes and health care costs. (Reaffirm HOD Policy)	
16	G	Res. 702 – Health System Consolidation (Private Practice Physicians Section)	RESOLVED, That our American Medical Association undertake an annual report assessing nationwide health system and hospital consolidation in order to assist policymakers and the federal government in assessing healthcare consolidation for the benefit of patients and physicians who face an existential threat from healthcare consolidation. (Directive to Take Action)	Item on Reaffirmation Calendar. Delegate instructed to support if extracted.
17	G	Res. 704 – Employed Physician Contracts (New York)	RESOLVED, That our American Medical Association advocate in support of all employed physicians receiving all rights and due process protections afforded all other members of the medical staff. (New HOD Policy)	Item on Reaffirmation Calendar. Delegate instructed to support if extracted.
18	G	Res. 709 – Physician Well-Being as an Indicator of Health System Quality (New York)	RESOLVED, That our American Medical Association support policies that acknowledge physician well-being is both a driver and an indicator of hospital and health system quality (New HOD Policy); and be it further RESOLVED, That our AMA promote dialogue between key stakeholders (physician groups, health-system decision makers, payers, and the general public) about the components needed in such a quality-indicator system to best measure physician and organizational wellness (Directive to Take Action); and be it further RESOLVED, That our AMA (with appropriate resources) develop the expertise to be available to assist in the implementations of effective interventions in situations of suboptimal physician wellness. (Directive to Take Action)	Item on Reaffirmation Calendar. Delegate instructed to support if extracted.
19	G	Res. 721 – Amend AMA Policy H-215.981, "Corporate Practice of Medicine" (Resident and Fellow Section)	RESOLVED, That our American Medical Association amend policy H-215.981, "Corporate Practice of Medicine," by addition to read as follows: 4. Our AMA acknowledges that the corporate practice of medicine has led to the erosion of the physician-patient relationship, erosion of physician-driven care and created a conflict of interest between profit and training the next generation of physicians. (Modify Current HOD Policy)	Item on Reaffirmation Calendar. Delegate instructed to monitor and refer if extracted.
20	G	Res. 722 – Eliminating Claims Data for	RESOLVED, That our American Medical Association collaborate with the Centers for Medicare and Medicaid Services (CMS) and other appropriate	Item on Reaffirmation Calendar. Delegate

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		Measuring Physician and Hospital Quality (Oklahoma)	stakeholders to ensure physician and hospital quality measures are based on the delivery of care in accordance with established best practices (Directive to Take Action); and be it further RESOLVED, That our AMA collaborate with CMS and other stakeholders to eliminate the use of claims data for measuring physician and hospital quality. (Directive to Take Action)	instructed to monitor if extracted.
21	G	Res 723 – Physician Burnout (American Medical Women's Association)	RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services and The Joint Commission to assure that clinician, including physician, wellbeing is a component of standards for hospital certification (Directive to Take Action); and be if further RESOLVED, That our AMA work with hospitals and other stakeholders to determine areas of focus on clinician wellbeing, to include the removal of intrusive questions regarding clinician physical or mental health or related treatments on initial or renewal hospital credentialing applications. (Directive to Take Action)	Item on Reaffirmation Calendar. Delegate instructed to monitor if extracted.