

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 3
(A-24)

Introduced by: Oklahoma

Subject: Augmented Intelligence and Organized Medical Staff

Referred to: OMSS Reference Committee
(xxxx, MD, Chair)

1 Whereas, artificial intelligence (AI)- and machine learning (ML)-based technologies have the
2 potential to transform healthcare by deriving new and important insights from the vast amount of
3 data generated during the delivery of healthcare every day¹; and
4

5 Whereas, the American Medical Association uses the term “augmented intelligence” as a
6 conceptualization of artificial intelligence that focuses on AI’s assistive role, emphasizing that its
7 design enhances human intelligence rather than replaces it²; and
8

9 Whereas, as the number of AI-enabled health care tools continue to grow, it is critical they are
10 designed, developed, and deployed in a manner that ethical, equitable, and responsible; the use
11 of AI in health care must be transparent to physicians, patients, and stakeholders²; and
12

13 Whereas, there is currently no national policy or governance structure in place to guide the
14 development and adoption of non-device AI; While the Food and Drug Administration (FDA)
15 regulates AI-enabled medical devices, many types of AI-enabled technologies fall outside the
16 scope of FDA oversight, including AI that may have clinical applications, such as some clinical
17 decision support functions³; and
18

19 Whereas, while the Federal Trade Commission and the United States Health and Human
20 Services Office for Civil Rights have oversight over some aspects of AI, their authorities are
21 limited and not adequate to ensure appropriate development and deployment of AI generally,
22 and specifically in the healthcare space³; and
23

24 Whereas, in addition to the government, healthcare institutions, practices, and professional
25 societies share some responsibility for appropriate oversight and governance of AI-enabled
26 systems and technologies; Beyond government oversight or regulation, purchasers, users, and
27 consumers of these technologies should have appropriate and sufficient policies in place to
28 ensure AI processes are acting in accordance with and supporting the current standard of care⁴;
29 and
30

31 Whereas, healthcare AI requires a risk-based approach where the level of scrutiny, validation,
32 and oversight should be proportionate to the potential harm and consequences (including
33 unintended) the AI system might introduce⁵; and
34

35 Whereas, healthcare practices and institutions should not utilize AI systems or technologies that
36 introduce overall or disparate risk that is beyond their capabilities to mitigate; implementation
37 and utilization of AI should avoid exacerbating clinician burden and should be designed and
38 deployed in harmony with the clinical workflow while demonstrating positive medical benefit⁶;
39 and

1
2 Whereas, medical societies, clinical experts, and informaticists are best positioned and should
3 identify the most appropriate uses of AI-enabled technologies relevant to their clinical expertise
4 and set the standard of care for AI usage in their specific domain⁷; and
5

6 Whereas, current AMA policy (H-223.957, Positions for Strengthening the Physician-Hospital
7 Relationship) states “the organized medical staff and the hospital governing body are
8 responsible for the provision of quality care, providing a safe environment for patients, staff, and
9 visitors, and working continuously to improve patient care and outcomes, with the primary
10 responsibility for the quality of care rendered and for patient safety vested with the organized
11 medical staff; and these activities depend on mutual accountability, interdependence, and
12 responsibility of the organized medical staff and the hospital governing body for the proper
13 performance of their respective obligations;” therefore be it
14

15 Resolved, that our American Medical Association recognizes as leaders in hospital medicine,
16 organized medical staff have a duty of protecting safety within their institutions and have a
17 unique opportunity to ensure that the evolution of augmented intelligence in hospitals benefits
18 medical care without unintended consequences for patients and physicians (New HOD Policy);
19 and be it further
20

21 Resolved, that our AMA recognizes as physicians, physicians have a duty of protecting safety
22 within their institutions and organizations and have a unique opportunity to ensure that the
23 evolution of augmented intelligence in medical practices benefits medical care without
24 unintended consequences for patients and physicians (New HOD Policy).

Fiscal Note: TBD

Received: 4/17/2024

References:

1. <https://www.fda.gov/media/122535/download>
2. <https://www.ama-assn.org/practice-management/digital/augmented-intelligence-medicine>
3. <https://www.ama-assn.org/system/files/ama-ai-principles.pdf>
4. <https://www.ama-assn.org/system/files/ama-ai-principles.pdf>
5. <https://policysearch.ama-assn.org/policyfinder/detail/H-480.939%20?uri=%2FAMADoc%2FHOD.xml-H-480.939.xml>
6. <https://www.ama-assn.org/system/files/ama-ai-principles.pdf>
7. <https://policysearch.ama-assn.org/policyfinder/detail/H-480.940?uri=%2FAMADoc%2FHOD.xml-H-480.940.xml>
8. <https://www.cms.org/articles/medical-staffs-bylaws-legal-standing-recognized-by-minnesota-supreme-court>

RELEVANT AMA POLICY

Model Hospital Medical Staff Bylaws D-235.982

1. Our AMA will continue to update the Physician's Guide to Medical Staff Organization Bylaws to address emerging issues in medical staff affairs, including relevant changes to medical staff regulatory and accreditation requirements, such as those outlined in the Medicare Hospital Conditions of Participation and in the accreditation standards of The Joint Commission and other hospital accrediting organizations.
2. Our AMA will develop guidance for physicians on key state-by-state differences in medical staff bylaws requirements and best practices, and work with state medical societies to catalog state-specific medical staff resources available to physicians.
3. Our AMA will pursue opportunities to improve the accessibility and usability of the content contained in the Physician's Guide to Medical Staff Organization Bylaws, including but not limited to development of supplemental materials such as education modules, checklists, and so forth.

Citation: BOT Rep. 35, A-18

Principles for Strengthening the Physician-Hospital Relationship H-225.957

The following twelve principles are AMA policy:

PRINCIPLES FOR STRENGTHENING THE PHYSICIAN-HOSPITAL RELATIONSHIP

1. The organized medical staff and the hospital governing body are responsible for the provision of quality care, providing a safe environment for patients, staff and visitors, and working continuously to improve patient care and outcomes, with the primary responsibility for the quality of care rendered and for patient safety vested with the organized medical staff. These activities depend on mutual accountability, interdependence, and responsibility of the organized medical staff and the hospital governing body for the proper performance of their respective obligations.
2. The organized medical staff, a self-governing organization of professionals, possessing special expertise, knowledge and training, discharges certain inherent professional responsibilities by virtue of its authority to regulate the professional practice and standards of its members, and assumes primary responsibility for many functions, including but not limited to: the determination of organized medical staff membership; performance of credentialing, privileging and other peer review; and timely oversight of clinical quality and patient safety.
3. The leaders of the organized medical staff, with input from the hospital governing body and senior hospital managers, develop goals to address the healthcare needs of the community and are involved in hospital strategic planning as described in the medical staff bylaws.
4. Ongoing, timely and effective communication, by and between the hospital governing body and the organized medical staff, is critical to a constructive working relationship between the organized medical staff and the hospital governing body.

5. The organized medical staff bylaws are a binding, mutually enforceable agreement between the organized medical staff and the hospital governing body. The organized medical staff and hospital bylaws, rules and regulations should be aligned, current with all applicable law and accreditation body requirements and not conflict with one another. The hospital bylaws, policies and other governing documents do not conflict with the organized medical staff bylaws, rules, regulations and policies, nor with the organized medical staff's autonomy and authority to self govern, as that authority is set forth in the governing documents of the organized medical staff. The organized medical staff, and the hospital governing body/administration, shall, respectively, comply with the bylaws, rules, regulations, policies and procedures of one another. Neither party is authorized to, nor shall unilaterally amend the bylaws, rules, regulations, policies or procedures of the other.

6. The organized medical staff has inherent rights of self governance, which include but are not limited to:

a) Initiating, developing and adopting organized medical staff bylaws, rules and regulations, and amendments thereto, subject to the approval of the hospital governing body, which approval shall not be unreasonably withheld. The organized medical staff bylaws shall be adopted or amended only by a vote of the voting membership of the medical staff.

b) Identifying in the medical staff bylaws those categories of medical staff members that have voting rights.

c) Identifying the indications for automatic or summary suspension, or termination or reduction of privileges or membership in the organized medical staff bylaws, restricting the use of summary suspension strictly for patient safety and never for purposes of punishment, retaliation or strategic advantage in a peer review matter. No summary suspension, termination or reduction of privileges can be imposed without organized medical staff action as authorized in the medical staff bylaws and under the law.

d) Identifying a fair hearing and appeals process, including that hearing committees shall be composed of peers, and identifying the composition of an impartial appeals committee. These processes, contained within the organized medical staff bylaws, are adopted by the organized medical staff and approved by the hospital governing board, which approval cannot be unreasonably withheld nor unilaterally amended or altered by the hospital governing board or administration. The voting members of the organized medical staff decide any proposed changes.

e) Establishing within the medical staff bylaws: 1) the qualifications for holding office, 2) the procedures for electing and removing its organized medical staff officers and all organized medical staff members elected to serve as voting members of the Medical Executive Committee, and 3) the qualifications for election and/or appointment to committees, department and other leadership positions.

f) Assessing and maintaining sole control over the access and use of organized medical staff dues and assessments, and utilizing organized medical staff funds as appropriate for the purposes of the organized medical staff.

g) Retaining and being represented by legal counsel at the option and expense of the organized medical staff.

- h) Establishing in the organized medical staff bylaws, the structure of the organized medical staff, the duties and prerogatives of organized medical staff categories, and criteria and standards for organized medical staff membership application, reapplication credentialing and criteria and processing for privileging. The standards and criteria for membership, credentialing and privileging shall be based only on quality of care criteria related to clinical qualifications and professional responsibilities, and not on economic credentialing, conflicts of interest or other non-clinical credentialing factors.
 - i) Establishing in the organized medical staff bylaws, rules and regulations, clinical criteria and standards to oversee and manage quality assurance, utilization review and other organized medical staff activities, and engaging in all activities necessary and proper to implement those bylaw provisions including, but not limited to, periodic meetings of the organized medical staff and its committees and departments and review and analysis of patient medical records.
 - j) The right to define and delegate clearly specific authority to an elected Medical Executive Committee to act on behalf of the organized medical staff. In addition, the organized medical staff defines indications and mechanisms for delegation of authority to the Medical Executive Committee and the removal of this authority. These matters are specified in the organized medical staff bylaws.
 - k) Identifying within the organized medical staff bylaws a process for election and removal of elected Medical Executive Committee members.
 - l) Defining within the organized medical staff bylaws the election process and the qualifications, roles and responsibilities of clinical department chairs. The Medical Executive Committee must appoint any clinical chair that is not otherwise elected by the vote of the general medical staff.
 - m) Enforcing the organized medical staff bylaws, regulations and policies and procedures.
 - n) Establishing in medical staff bylaws, medical staff involvement in contracting relationships, including exclusive contracting, medical directorships and all hospital-based physician contracts, that affect the functioning of the medical staff.
7. Organized medical staff bylaws are a binding, mutually enforceable agreement between the organized medical staff and the hospital governing body, as well as between those two entities and the individual members of the organized medical staff.
8. The self-governing organized medical staff determines the resources and financial support it requires to effectively discharge its responsibilities. The organized medical staff works with the hospital governing board to develop a budget to satisfy those requirements and related administrative activities, which the hospital shall fund, based upon the financial resources available to the hospital.
9. The organized medical staff has elected appropriate medical staff member representation to attend hospital governing board meetings, with rights of voice and vote, to ensure appropriate organized medical staff input into hospital governance. These members should be elected only after full disclosure to the medical staff of any personal and financial interests that may have a bearing on their representation of the medical staff at such meetings. The members of the organized medical staff define the process of election and removal of these representatives.
10. Individual members of the organized medical staff, if they meet the established criteria that are applicable to hospital governing body members, are eligible for full membership on the

hospital governing body. Conflict of interest policies developed for members of the organized medical staff who serve on the hospital's governing body are to apply equally to all individuals serving on the hospital governing body.

11. Well-defined disclosure and conflict of interest policies are developed by the organized medical staff which relate exclusively to their functions as officers of the organized medical staff, as members and chairs of any medical staff committee, as chairs of departments and services, and as members who participate in conducting peer review or who serve in any other positions of leadership of the medical staff.

12. Areas of dispute and concern, arising between the organized medical staff and the hospital governing body, are addressed by well-defined processes in which the organized medical staff and hospital governing body are equally represented. These processes are determined by agreement between the organized medical staff and the hospital governing body.

Citation: Res. 828, I-07; Reaffirmed in lieu of: Res. 730, A-09; Modified: Res. 820, I-09; Reaffirmed: Res. 725, A-10; Reaffirmed: A-12; Reaffirmed: CMS Rep. 6, I-13; Reaffirmed: CMS Rep. 5, A-21

Organized Self-Governing Medical Staff H-235.990

With respect to the responsibilities and functions of the hospital, its governing board and the medical staff, the AMA believes that: (1) the hospital has corporate responsibility for maintaining the necessary facilities, a safe environment, and a mechanism for the prudent selection of those who treat patients within the institution; (2) the governing board is responsible for the operation and management of the hospital and fulfilling its corporate responsibilities; (3) the organized medical staff and its members have a contractual obligation, entered into with the hospital, to carry out their professional medical responsibilities through the efficient operation of medical staff committees; the objective selection of professionally qualified members of the organized medical staff and disciplinary functions relating to their competent performance; and functioning as a self-governing body in promoting quality patient care within the hospital; and (4) members of the organized medical staff may likewise deal collectively, as an entity, with the hospital and its governing board with respect to professional matters involving their own interests, as distinguished from the functions the organized medical staff performs on behalf of the hospital.

Citation: BOT Rep. PP, A-84; Reaffirmed: CLRPD Rep. 3, I-94; Reaffirmed: Res. 725, A-10; Reaffirmed: CMS Rep. 01, A-20

Augmented Intelligence in Health Care H-480.940

As a leader in American medicine, our AMA has a unique opportunity to ensure that the evolution of augmented intelligence (AI) in medicine benefits patients, physicians, and the health care community.

To that end our AMA will seek to:

1. Leverage its ongoing engagement in digital health and other priority areas for improving patient outcomes and physicians' professional satisfaction to help set priorities for health care AI.
2. Identify opportunities to integrate the perspective of practicing physicians into the

development, design, validation, and implementation of health care AI.

3. Promote development of thoughtfully designed, high-quality, clinically validated health care AI that:

- a. is designed and evaluated in keeping with best practices in user-centered design, particularly for physicians and other members of the health care team;
- b. is transparent;
- c. conforms to leading standards for reproducibility;
- d. identifies and takes steps to address bias and avoids introducing or exacerbating health care disparities including when testing or deploying new AI tools on vulnerable populations; and
- e. safeguards patients' and other individuals' privacy interests and preserves the security and integrity of personal information.

4. Encourage education for patients, physicians, medical students, other health care professionals, and health administrators to promote greater understanding of the promise and limitations of health care AI.

5. Explore the legal implications of health care AI, such as issues of liability or intellectual property, and advocate for appropriate professional and governmental oversight for safe, effective, and equitable use of and access to health care AI.

Citation: BOT Rep. 41, A-18

Assessing the Potentially Dangerous Intersection Between AI and Misinformation H-480.935

Our American Medical Association will: (1) study and develop recommendations on the benefits and unforeseen consequences to the medical profession of large language models (LLM) such as, generative pretrained transformers (GPTs), and other augmented intelligence-generated medical advice or content, and that our AMA propose appropriate state and federal regulations with a report back at A-24; (2) work with the federal government and other appropriate organizations to protect patients from false or misleading AI-generated medical advice; (3) encourage physicians to educate our patients about the benefits and risks of consumers facing LLMs including GPTs; and (4) support publishing groups and scientific journals to establish guidelines to regulate the use of augmented intelligence in scientific publications that include detailing the use of augmented intelligence in the methods, exclusion of augmented intelligence systems as authors, and the responsibility of authors to validate the veracity of any text generated by augmented intelligence.

Citation: Res. 246, A-23