Whereas, principles of our American Medical Association include preservation of public health and the sustainability of medical practice; and

Whereas, proliferation of prior authorization procedures has intruded into the routine practice of medicine; and

Whereas, the only justification for prior authorization is for curtailing excessive expense in providing medical care and should not impair routine and appropriate management; and

Whereas, contemporary medical education in the United States emphasizes comprehensiveness of diagnosis and treatment, often the use of tests and procedures that individually and in aggregate become expensive for low probability targets; and

Whereas, experienced clinicians usually develop the perspective as to which tests and treatments are most relevant and/or effective and which may be deferred or omitted; and

Whereas, knowledge of the latest medical advances leavened by wisdom of experience holds the promise of more cost-effective, quality care; and

Whereas, ongoing education of all physicians in the pragmatic economics of clinical healthcare could ethically be integrated into clinical decision-making and help to argue against external constraints of prior authorization, returning control to the level of the doctor-patient relationship; and

Whereas, factors in the equation of cost of healthcare also include threats of litigation for failure to diagnose or use all available means of treatment, as well as delays due to nuisance prior authorization requirements (e.g. for low-cost, off-label treatments and/or related to preferred pharmacy benefit management contracts); and

Whereas, a novel approach that satisfies society’s primary directive to contain healthcare costs may attract legislative and regulatory support to mitigate the above factors and other matters; therefore be it

Resolved, that our American Medical Association study the development of a template for a mentorship program for early career physicians as a means to reduce excessive healthcare costs, with a report back by Annual 2025 (Directive to Take Action); and be it further
Resolved, that our AMA develop modules of education centered on the economics of utilization of testing, pharmaceuticals, and procedures in various categories of common and exceptional medical care (Directive to Take Action); and be it further

Resolved, that our AMA work with affected stakeholders, including government legislators and regulators, pharmaceutical and business interests, healthcare systems, and patient representatives as well as physicians on substitution of mentorship for frequent prior authorization requests (Directive to Take Action).

Fiscal Note: TBD

Received: 4/4/2024
RELEVANT AMA POLICY

Strategies for Enhancing Diversity in the Physician Workforce H-200.951

Our AMA: (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin, and rurality; (2) commends the Institute of Medicine (now known as the National Academies of Sciences, Engineering, and Medicine) for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; (3) encourages the development of evidence-informed programs to build role models among academic leadership and faculty for the mentorship of students, residents, and fellows underrepresented in medicine and in specific specialties; (4) encourages physicians to engage in their communities to guide, support, and mentor high school and undergraduate students with a calling to medicine; (5) encourages medical schools, health care institutions, managed care and other appropriate groups to adopt and utilize activities that bolster efforts to include and support individuals who are underrepresented in medicine by developing policies that articulate the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this goal; and (6) continue to study and provide recommendations to improve the future of health equity and racial justice in medical education, the diversity of the health workforce, and the outcomes of marginalized patient populations.