AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 1
(A-24)

Introduced by: Matthew D. Gold, MD

Subject: Mentorship to Combat Prior Authorization

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

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1 Whereas, principles of our American Medical Association include preservation of public health
2 and the sustainability of medical practice; and
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4 Whereas, proliferation of prior authorization procedures has intruded into the routine practice of
5 medicine; and
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7 Whereas, the only justification for prior authorization is for curtailing excessive expense in
8 providing medical care and should not impair routine and appropriate management; and
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10 Whereas, contemporary medical education in the United States emphasizes
11 comprehensiveness of diagnosis and treatment, often the use of tests and procedures that
12 individually and in aggregate become expensive for low probability targets; and
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14 Whereas, experienced clinicians usually develop the perspective as to which tests and
15 treatments are most relevant and/or effective and which may be deferred or omitted; and
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17 Whereas, knowledge of the latest medical advances leavened by wisdom of experience holds
18 the promise of more cost-effective, quality care; and
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20 Whereas, ongoing education of all physicians in the pragmatic economics of clinical healthcare
21 could ethically be integrated into clinical decision-making and help to argue against external
22 constraints of prior authorization, returning control to the level of the doctor-patient relationship;
23 and
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25 Whereas, factors in the equation of cost of healthcare also include threats of litigation for failure
26 to diagnose or use all available means of treatment, as well as delays due to nuisance prior
27 authorization requirements (e.g. for low-cost, off-label treatments and/or related to preferred
28 pharmacy benefit management contracts); and
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30 Whereas, a novel approach that satisfies society's primary directive to contain healthcare costs
31 may attract legislative and regulatory support to mitigate the above factors and other matters;
32 therefore be it
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34 Resolved, that our American Medical Association study the development of a template for a
35 mentorship program for early career physicians as a means to reduce excessive healthcare
36 costs, with a report back by Annual 2025 (Directive to Take Action); and be it further
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1 Resolved, that our AMA develop modules of education centered on the economics of utilization
2 of testing, pharmaceuticals, and procedures in various categories of common and exceptional
3 medical care (Directive to Take Action); and be it further
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5 Resolved, that our AMA work with affected stakeholders, including government legislators and
6 regulators, pharmaceutical and business interests, healthcare systems, and patient
7 representatives as well as physicians on substitution of mentorship for frequent prior
8 authorization requests (Directive to Take Action).

Fiscal Note: TBD

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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.

Citation: CME Rep. 1< i-06; Reaffirmed: CME Rep. 7, A-08; Reaffirmed: CCB/CLRPD Rep. 4, A-13; Modified: CME Rep. 01, A-16; Reaffirmed: A-16; Modified: Res. 009, A-21; Modified: CME Rep. 5, A-21