Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Resolution 2 – Obtaining Professional Recognition for Medical Service Professionals
2. Resolution 3 – Supervision of Non-Physician Providers by Physicians

RECOMMENDED FOR ADOPTION AS AMENDED

3. Resolution 1 – Mattress Safety in the Hospital Setting

RECOMMENDED FOR NOT ADOPTION

4. Resolution 4 – Transparency of Prior Authorization
RECOMMENDED FOR ADOPTION

(1) RESOLUTION 2 – OBTAINING PROFESSIONAL RECOGNITION FOR MEDICAL SERVICE PROFESSIONALS

RECOMMENDATION:

Resolution 2 be adopted.

RESOLVED, That our American Medical Association collaborate with leadership of the National Association of Medical Staff Services' advocacy and government relations teams to advocate to the U.S. Department of Labor Statistics for obtaining a unique standard occupational classification code during the next revision for medical service professionals to maintain robust medical credentialing for patient safety (Directive to Take Action).

Your Reference Committee heard near universal support from members for Resolution 2 with several providing testimony noting the importance of medical service professionals to the medical staff. There was general agreement that having dedicated full time staff present and available in person was a significant benefit to the credentialing process as well as other administrative processes routinely faced by medical staff. The Committee heard testimony acknowledging the advent of online credentialing services and noted that as facilities moved to online processes, they often shed full time medical service staff, adding barriers and burdens to the medical staff who found having them on site much improved interactions when their services were needed. For these reasons, the Committee recommends Resolution 2 be adopted and advanced to the House of Delegates.

(2) RESOLUTION 3 – SUPERVISION OF NON-PHYSICIAN PROVIDERS BY PHYSICIANS

RECOMMENDATION:

Resolution 3 be adopted.

RESOLVED, That our American Medical Association advocate to relevant entities with a goal to ensure physicians on staff receive written notification when their license is being used to document "supervision" of non-physician practitioners. Physician supervision should be explicitly defined and mutually agreed upon (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for advanced notice and disclosure to the physician before they are hired or as soon as practicably known by provider organizations and institutions that anticipate physician supervision of non-physician practitioners as a condition for physician employment (Directive to Take Action); and be it further
RESOLVED, That our AMA advocate that organizations, institutions, and medical staffs that have physicians who participate in supervisory duties for non-physician practitioners have processes and procedures in place that have been developed with appropriate clinical physician input. These should be adequate to assure patient safety and appropriate clinical care and are fully disclosed to physicians (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that physicians be able to report professional concerns about care provided by the non-physician practitioners to the appropriate leadership with protections so as not to be retaliated against by the physician’s employer in any way (Directive to Take Action).

Your Reference Committee heard testimony strongly in support of Resolution 3. The Committee also acknowledges that the issue of physician responsibility for extenders and non-physician clinicians, particularly when that responsibility is assigned without the physician’s foreknowledge and/or when the relationship between the physician and the extender is weak or non-existent, is one that has come before the Organized Medical Staff Section before, however the OMSS was previously not able to reach a desired outcome due to constraints around resolutions during the virtual business meetings in 2020 and 2021.

The Committee recognizes and supports Resolution 3’s proposition that lack of appropriate notice and disclosure around physician supervision creates multiple problems for both the physician and the rest of the medical staff. The Committee also agreed that while there is ample AMA policy around physician supervision in general, there is a gap in policy surrounding the role of a supervisory physician outside of hiring and determining initial competency and roles for new non-physician practitioners. The Committee believes Resolution 3 will help to fill this gap.

The Committee did struggle with wanting the resolution to also speak to the potential risk to liability that a physician may assume upon supervising a non-physician practitioner. While the Committee fully recommends Resolution 3 be adopted and immediately advanced to the House of Delegates, it also would be very receptive to an amendment by adding a fifth resolve to the Resolution that may address the liability question. The Committee welcomes any member in good standing to offer such an amendment during the OMSS Business Meeting.
RECOMMENDED FOR ADOPTION AS AMENDED

(3) RESOLUTION 1 – MATTRESS SAFETY IN THE HOSPITAL SETTING

RECOMMENDATION A:

The first resolve in Resolution 1 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association work with the accrediting bodies and interested stakeholders to make sure all possible appropriate care and maintenance measures be undertaken to mitigate infection related to hospital bed and mattress use (Directive to Take Action); and be it further

RECOMMENDATION B:

The second resolve in Resolution 1 be deleted:

RESOLVED, That our AMA promulgate appropriate toolkit and bylaws recommendations to assist organized medical staffs to make sure all possible appropriate care and maintenance measures be undertaken to mitigate infection related to hospital bed and mattress use (Directive to Take Action).

RECOMMENDATION C:

Resolution 1 be adopted as amended.

RESOLVED, That our American Medical Association work with the accrediting bodies and interested stakeholders to make sure all possible appropriate care and maintenance measures be undertaken to mitigate infection related to hospital bed and mattress use (Directive to Take Action); and be it further

RESOLVED, That our AMA promulgate appropriate toolkit and bylaws recommendations to assist organized medical staffs to make sure all possible appropriate care and maintenance measures be undertaken to mitigate infection related to hospital bed and mattress use (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 1 specifically citing the need for focus on sanitation and proper hygienic care of medical equipment in the hospital setting. Lessons learned from Covid-19 were highlighted as a point to illustrate the importance of thorough disinfection of all kinds of medical equipment. Members testified that creating more resources, such as the toolkit and bylaws recommendations in Resolution 1’s second resolve clause, could bring attention to the issue and create better safety oversight.
The Committee also considered that placing the responsibility for mattress cleanliness
and safety (and, presumably by extension, other types of medical equipment) squarely in
under the responsibilities of the medical staff could have unintended consequences. The
Committee asked could such a mandate theoretically be extended by facility
administrations, such that medical staff become the primary assurers of the safety of all
medical equipment? Would doing this create greater liability for physicians and medical
staffs? How would incorporating these safety measures into medical staff bylaws
improve physicians’ practices given that facility policies and procedures documents
typically have requirements that medical equipment must be treated and maintained
according to manufacturer standards? Likewise, how would they conflict and/or work in
concert with similar requirements from external accrediting bodies that are already in
effect?

Given the reality of the importance of the issue but tempered by the outstanding
questions it raises, the Committee determined that the issue should be addressed but
with perhaps less granularity than implied by the second resolve clause. The Committee
believes that eliminating the requirement to promulgate directives while leaving the
directive to take action on addressing the issue could grant the medical staff the
authority for oversight of the issue of medical equipment safety and security without
adding an additional work task to physicians practicing in a facility, such as requiring
them to make routine checks for safety and disinfection, for example. The Committee
takes no issue with the notion that medical staff have a responsibility to ensure safety of
equipment, however it believes that physicians should not be tasked with taking on
additional administrative tasks that could be performed by other professionals.

Your Reference Committee thus recommends striking the second resolve while
advancing Resolution 1 with the first resolve immediately to the House of Delegates.
RECOMMENDED FOR NOT ADOPTION

(4) RESOLUTION 4 – TRANSPARENCY OF PRIOR AUTHORIZATION

RECOMMENDATION:

Resolution 4 be not adopted.

RESOLVED, That our American Medical Association advocate that third party payers and surrogates include economic information on the costs of medications denied prior authorization and, where applicable, comparative costs of alternative approved or suggested medications (Directive to Take Action); and be it further

RESOLVED, That our AMA compile data, to the extent available, on comparative economic costs of medications denied prior authorization and, where applicable, those of alternative or suggested medications that would be approved by a third party (Directive to Take Action); and be it further

RESOLVED, That our AMA publish data, on a regular basis and to the extent available, on the comparative economic costs of medications denied prior authorization and, where applicable, those of alternative or suggested medications that would be approved by the third party, along with the identification of the third party involved (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 4. Members testified that the cost to physicians and their patients from prior authorizations continues to be too high, that justifications provided by payers for the cost-savings of prior authorizations have not born out in practice, and that attempts on the part of state and federal regulatory and legislative bodies to streamline or check prior authorizations have remained mired or watered down.

The Committee agreed, as was pointed out in several members’ testimony, that Resolution 4 comports with the AMA’s goal of fixing prior authorization. The Committee is concerned, however, that as such the Resolution covers ground that is already covered by AMA policy and by AMA actions. Fixing prior authorizations is a critical plank in the AMA’s Recovery Plan and it has worked with stakeholders to create reform principles and action plans. It has a deep collection of policy regarding prior authorization requirements and reforms.

The Committee was intrigued by the second and third resolve clauses directing the AMA to compile economic data and use them to publish reports, presumably to help bolster arguments that could made as to the deleterious effects of prior authorization on both physician practice and patient experience. The Committee’s concern is that requiring such data to be compiled, analyzed, and published could be prohibitively expensive. Additionally, it worried that the task of gathering such data would fall to physicians who would need to report it, either to the AMA or to another source, a prospect the Committee feels could be adding to the administrative burdens physicians already face. The Committee debated if changing the requirements around data collection and
publication from being a routine process to a one-time process could improve both
concerns, but declined to make that specific recommendation itself.

The Committee’s ultimate concern is that Resolution 4 as written will be too expensive to
enact and too cumbersome to fully achieve. It is because of that the Committee
recommends that Resolution 4, as it is currently written, be not adopted at this time.
Doctor Speaker, this concludes the report of the Organized Medical Staff Section Reference Committee. I would like to thank Drs. Anjalee Galion, Jay Gregory, Christopher Gribbin, and Alan Klitzke as well as all those who testified before the Committee.

Marilyn Laughead, MD
Chair, OMSS Reference Committee
AMA Delegate for AIUM

Anjalee Galion, MD
California Medical Association

Jay Gregory, MD, FACS
Oklahoma State Medical Association

Christopher Gribbin, MD
Medical Society of New Jersey

Alan Klitzke, MD, FACNM, FACR
Medical Society of the State of New York