AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 001
(I-23)

Introduced by: American College of Cardiology, American Society of Echocardiography, American Society of Nuclear Cardiology, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, Society for Cardiovascular Magnetic Resonance

Subject: Physician-Patient Communications in the Digital Era

Referred to: Reference Committee on Amendments to Constitution and Bylaws

Whereas, rapid advances in digital health care and information technology have compounded communication gaps already stressing our overloaded health care workforce; and

Whereas, physicians communicate results of tests, evaluate clinical progress, and answer individual patient’s queries, often after usual business hours, utilizing the digital messaging capabilities of the electronic medical record; and

Whereas, physicians also evaluate electronically transmitted data and interact with other health care providers via the electronic medical record outside the time allotted for a traditional office visit; and

Whereas, several large U.S. health systems including the Mayo Clinic, the Cleveland Clinic, Northwestern Medicine, the University of California at San Francisco, the Ohio State University, Johns Hopkins Medicine, and others have started billing in the range of $50-160 for certain online messaging between doctors and their patients; and

Whereas, under some circumstances, these charges may be covered by Medicare and private insurance as general standard of care; and

Whereas, Medicare defines a billable exchange as a series of messages that requires at least five minutes of a clinician’s time over seven days; and

Whereas, the federal Hospital Price Transparency Rule,1 which took effect on January 1, 2021, requires hospitals to post all prices online, easily accessible and searchable, in the form of (1) a single machine-readable standard charges file pricing for all items, services, and drugs by all payers and all plans, the de-identified minimum and maximum negotiated rates, and all discounted cash prices, as well as (2) prices for the 300 most common shoppable services either as a consumer friendly standard charges display listing actual prices or, alternatively, as a price estimator tool; and

Whereas, low-income patients may be less likely than high-income patients to have access to digital technology and to be able to afford these additional fees; and

Whereas, separate charges for communicating medical results and recommendations electronically to select patients could be considered a form of retainer or concierge medicine, raising ethical issues; and
Whereas, clinicians are already stressed by heavy workloads and need time-efficient, compensated alternatives to traditional in-person or real time video patient encounters; and

Whereas, requirements for documentation under the current fee-for-service payment system may be an obstacle to appropriate, efficient, desirable digital interaction between physicians and their patients; therefore be it

RESOLVED, that our American Medical Association conduct a comprehensive study defining the appropriate role of digital interaction between patients and their doctors, including models for compensation. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

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REFERENCES
1. CEJA Report 3-A-03 AMA Principles of Medical Ethics: I, II VI, VIII, IX