Introduced by: Matthew D. Gold, MD

Subject: Revisiting Medical Staff and Hospital Engagement of Community Physicians

Referred to: OMSS Reference Committee

(xxxx, MD, Chair)

Whereas, Our Organized Medical Staff Section assembly at the 2012 Interim Meeting requested (via Resolution 5) a study addressing problems of maintaining an organized medical staff in hospitals under conditions of increasing presence of hospitalist physicians; and

Whereas, The Governing Council of the OMSS offered its report B-I-13 in answer to this request, which for its time was a comprehensive overview of conditions and strategies for engaging community physicians; and

Whereas, A decade later, there have been further developments altering the nature of the relationship between independent physicians, employed physicians, both in primary care and in the specialties, and the hospital as health care institution; and

Whereas, In addition to preservation of engagement of independent, community physicians in the affairs of the hospital, for those physicians that rely on access to work in the hospital that do not have ongoing office presence in the institution, loss of inpatient volume is an economic hardship at the same time as patient choice and availability of a wider spectrum of subspecialty qualifications is lessened as well; therefore be it

Resolved, That the Governing Council of our Organized Medical Staff Section revise, update and expand GC report B-I-13, “Medical Staff and Hospital Engagement of Community Physicians,” from both the perspective of engagement in medical staff affairs and clinical engagement of the community physician (Directive to Take Action).

Fiscal Note: TBD

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RELEVANT AMA POLICY

Medical Staff and Hospital Engagement of Community Physicians H-225.949

1. Our AMA encourages medical staffs to develop medical staff membership categories for physicians who provide a low volume or no volume of clinical services in the hospital ("community physicians").

2. Our AMA encourages medical staffs and hospitals to engage community physicians, as appropriate, in medical staff and hospital activities, which may include but need not be limited to: (a) medical staff duties and leadership; (b) hospital governance; (c) population health management initiatives; (d) transitions of care initiatives; and (e) educational and other professional and collegial events.

Citation: Res. 701, A-14; Reaffirmed: CMS Rep. 06, A-16