AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: XXX (Assigned by HOD)
(I-26)

Introduced by: Women Physicians Section, Organized Medical Staff Section, Private Practice Physicians Section

Subject: Increasing Payment for Patient Portal Messages

Referred to: Reference Committee (Assigned by HOD)

Whereas, a study of patient portal message volume estimate that patient authored portal messages have increased by 153% since the start of the COVID-19 pandemic [1] and show no signs of slowing down; and

Whereas, a retrospective study from the University of Wisconsin Department of Family Medicine showed that, over a 2 year period, female family physicians on average received 1754 messages each compared to an average of 1235 messages received per male family physician, equaling a 42% higher rate of patient portal messages received over their male colleagues [2]; and

Whereas, female physicians spend approximately 20% more time managing electronic communications such as Web portals, remote patient monitoring, real-time virtual office visits, patient portal messages, email and telephone communications than their male counterparts [3]; and

Whereas, much of the time and effort spent on managing electronic patient communications is unpaid work; and

Whereas, lack of protected time to manage electronic patient communications becomes time taken away from seeing patients, caring for oneself, and spending time with friends and family, leading to increased rates of burnout; and

Whereas, while Medicare does offer payment for some electronic patient communications that meet strict requirements, fewer than 1% of Medicare beneficiaries are billed for portal message services [4]; and

Whereas, more insurance companies are starting to cover reimbursement for electronic patient communications, physicians generally submit billing codes for only a tiny fraction of billable messages [5]; and

Whereas our AMA's policy, advocacy and member education surrounding payment for electronic patient communications has been limited despite broad advocacy for overall physician payment reform; therefore be it

RESOLVED, that our American Medical Association amend Policy H-385.919, "Payment for Electronic Communication," by addition and deletion to read as followed:

1. Our American Medical Association will advocate that ~~pilot projects of innovative~~ physician payment models be structured to include ~~incentive~~ fair market payment for the use of electronic communications such as Web portals, remote patient monitoring, real-time virtual office visits, patient portal messages, and email and telephone communications.
2. Our AMA will continue to update its guidance on communication and information technology to help physicians meet the needs of their patients and practices.
3. Our AMA will educate physicians on how to effectively and fairly bill for electronic communications between patients and their physicians. (Update current policy); and be it further

RESOLVED, that our AMA advocate for employers to a.) educate physicians on how to effectively and fairly bill for electronic communications b.) create workflows and templates which make such billing easy to implement, and c.) incorporate protected time into a physician's schedule in order to adequately address patient portal messages, (Directive to take Action); and be it further

RESOLVED, that our AMA prioritize the promotion of already available toolkits and member education resources pertaining to how to more effectively manage inbasket work and bill for patient portal messages (Directive to Take Action).

Fiscal Note: (Assigned by HOD)

Received: 08/13/2026

REFERENCES

1. Long JJ, McAdams-DeMarco MA, Schwartz MD, et al. Trends in Patient Portal Messages, Office Visits, and Telephone Encounters. *JAMA*. Published online June 22, 2026. doi:10.1001/jama.2026.8690
2. Couture A, Birstler J. The Gender of the Sender: Assessing Gender Biases of Greetings in Patient Portal Messages. *J Womens Health (Larchmt)*. 2023;32(2):171-177. doi:10.1089/jwh.2022.0333
3. Rittenberg E, Liebman JB, Rexrode KM. Primary Care Physician Gender and Electronic Health Record Workload. *J Gen Intern Med*. 2022;37(13):3295-3301. doi:10.1007/s11606-021-07298-z
4. Liu T, Zhu Z, Holmgren AJ, Ellimoottil C. National trends in billing patient portal messages as e-visit services in traditional Medicare. *Health Aff Sch*. 2024;2(4):qxae040. Published 2024 Apr 3. doi:10.1093/haschl/qxae040
5. Holmgren AJ, Byron ME, Grouse CK, Adler-Milstein J. Association Between Billing Patient Portal Messages as e-Visits and Patient Messaging Volume. *JAMA.* 2023;329(4):339–342. doi:10.1001/jama.2022.24710

RELEVANT AMA POLICY

H-385.919 Payment for Electronic Communication

1. Our American Medical Association will advocate that pilot projects of innovative payment models be structured to include incentive payments for the use of electronic communications such as Web portals, remote patient monitoring, real-time virtual office visits, and email and telephone communications.
2. Our AMA will continue to update its guidance on communication and information technology to help physicians meet the needs of their patients and practices.

3. Our AMA will educate physicians on how to effectively and fairly bill for electronic communications between patients and their physicians.

[CMS Rep. 1, A-10; Reaffirmed in lieu of Res. 705, A-11; Reaffirmation: I-18; Reaffirmed: Res. 801, I-24]