

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIAN SECTION

Resolution: 4
(JUN-22)

Introduced by: Alex Shteynshlyuger, MD

Subject: Outsourcing of Administrative and Clinical Work to Different Time Zones – An Issue of Equity, Diversity, and Inclusion

Referred to: PPPS Reference Committee

1 WHEREAS, the AMA has previously affirmed its strategic plan to embed equity, diversity, and
2 inclusion as its guiding principles; and
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4 WHEREAS, Many healthcare tasks are outsourced by health plans to lower-cost countries in
5 vastly different time zones, including India, Pakistan, the Philippines among them; and
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7 WHEREAS, Likewise, many revenue cycle management (RCM) duties are outsourced to the
8 same countries by healthcare providers, including hospitals and physician practices with
9 surveys suggesting that 85 to 90 percent of calls are answered by insurance representatives in
10 non-US time zones; and
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12 WHEREAS, Studies have shown that night shift work has adverse health effects; and
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14 WHEREAS, Provider outsourced staff in a time zone with a 12-hour difference is forced to work
15 during US business hours while mostly interacting with health plan-outsourced staff in the same
16 time zone who are also working night shifts to coincide with US business hours; and
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18 WHEREAS, Common sense suggests that it would be advantageous for outsourced staff to
19 work in their local time zone as much as possible, and that such an option would be the
20 preferred option for most; and
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22 WHEREAS, Staff in low-cost outsourced countries are relatively under-privileged; therefore be it
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24 RESOLVED, That our American Medical Association support the policy and advocates for
25 national legislature that health plans implement 12-hour availability for their support services
26 staffed by outsourced employees to allow local day shift work schedules for their own
27 outsourced employees in different time zones and provider employees located in similar time
28 zones (Directive to Take Action); and be it further
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30 RESOLVED, That our AMA will advocate for fair treatment of outsourced employees in vastly
31 different time zones by health plans (Directive to Take Action).

Fiscal Note: Not yet determined

Received: 4/28/2022

RELEVANT AMA POLICY

Remuneration for Physician Services (H-385.951)

1. Our AMA actively supports payment to physicians by contractors and third party payers for physician time and efforts in providing case management and supervisory services, including but not limited to coordination of care and office staff time spent to comply with third party payer protocols.
2. It is AMA policy that insurers pay physicians fair compensation for work associated with prior authorizations, including pre-certifications and prior notifications, that reflects the actual time expended by physicians to comply with insurer requirements and that compensates physicians fully for the legal risks inherent in such work.
3. Our AMA urges insurers to adhere to the AMA's Health Insurer Code of Conduct Principles including specifically that requirements imposed on physicians to obtain prior authorizations, including pre-certifications and prior notifications, must be minimized and streamlined and health insurers must maintain sufficient staff to respond promptly.

Citation: Sub. Res. 814, A-96; Reaffirmed: A-02; Reaffirmed: I-08; Reaffirmed: I-09; Appended: Sub. Res. 126, A-10; Reaffirmed in lieu of: Res. 719, A-11; Reaffirmed in lieu of: Res. 721, A-11; Reaffirmed: A-11; Reaffirmed in lieu of Res. 822, I-11; Reaffirmed in lieu of: Res. 711, A-14; Reaffirmed: Res. 811, I-19

Prior Authorization Reform (D-320.982)

Our AMA will explore emerging technologies to automate the prior authorization process for medical services and evaluate their efficiency and scalability, while advocating for reduction in the overall volume of prior authorization requirements to ensure timely access to medically necessary care for patients and reduce practice administrative burdens.

Citation: Res. 704, A-19

Light Pollution: Adverse Health Effects of Nighttime Lighting (H-135.932)

Our AMA:

1. Supports the need for developing and implementing technologies to reduce glare from vehicle headlamps and roadway lighting schemes, and developing lighting technologies at home and at work that minimize circadian disruption, while maintaining visual efficiency.
2. Recognizes that exposure to excessive light at night, including extended use of various electronic media, can disrupt sleep or exacerbate sleep disorders, especially in children and adolescents. This effect can be minimized by using dim red lighting in the nighttime bedroom environment.
3. Supports the need for further multidisciplinary research on the risks and benefits of occupational and environmental exposure to light-at-night.
4. That work environments operating in a 24/7 hour fashion have an employee fatigue risk management plan in place.

Citation: CSAPH Rep. 4, A-12

Plan for Continued Progress Toward Health Equity (H-180.944)

Health equity, defined as optimal health for all, is a goal toward which our AMA will work by advocating for health care access, research, and data collection; promoting equity in care; increasing health workforce diversity; influencing determinants of health; and voicing and modeling commitment to health equity.

Citation: BOT Rep. 33, A-18; Reaffirmed: CMS Rep. 5, I-21