AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION (N-21)

Report of the Organized Medical Staff Section Reference Committee

Christopher Gribbin, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED

1. Resolution 1 – Ransomware Prevention and Recovery

RECOMMENDED FOR REFERRAL

2. Resolution 2 – Associate Physician Limited Practice

RECOMMENDED FOR ADOPTION AS AMENDED

(1) RESOLUTION 1 – RANSOMEWARE PREVENTION AND RECOVERY

RECOMMENDATION A:

The first Resolve in Resolution 1 be amended by addition:

RESOLVED, That our AMA work with other stakeholders to seek legislation or regulation that funds assistance to cover cyberattack prevention and recovery expenses for physician practices, hospitals, and healthcare entities to ensure continuity of optimal patient care (Directive to Take Action); and be it further

RECOMMENDATION B:

Resolution 1 be adopted as amended.

RECOMMENDATION C:

Resolution 1 be transferred immediately to the House of Delegates for consideration at the November 2021 Special Meeting.

RESOLVED, That our AMA seek legislation or regulation that funds assistance to cover cyberattack prevention and recovery expenses for physician practices, hospitals, and healthcare entities to ensure continuity of optimal patient care (Directive to Take Action); and be it further (Directive to Take Action); and be it further

RESOLVED, That our AMA, in collaboration with appropriate stakeholders, develop a toolkit for physician practices, hospitals, and healthcare entities to include best practices on preventing cyberattacks and a plan of action for when such an attack happens to their practice or institution; the toolkit should include guides to financial resources (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 1, particularly citing the increase in cyberattacks against hospitals and other healthcare facilities in recent years and the rise of ransomware as a particularly insidious development given how frequently ransoms are paid in order to regain control of vital systems and records.

The Committee did, however, voice concern about how the legislation and regulations called for in Resolution 1 could practically be created outside of AMA policy. The Committee acknowledges that significant funding sources would be needed to secure the kinds of protections legislation that is favorable to Resolution 1 would require and that both the federal government and various state governments are unlikely to be willing to devote significant public dollars toward those initiatives. To that end, the Committee considered whether it would be better for Resolution 1 to refine its objectives to give the AMA's government relations arms more solid direction and some guardrails in crafting policy solutions. The Committee also

recognized that being more prescriptive could limit the effectiveness of future legislative and regulatory action. Ultimately, the Committee determined that the best option was to refine the Resolve clauses slightly to incorporate more stakeholders (a change proposed and supported by the original author) and advance Resolution 1 due to the imminent nature of continued cyberattacks.

It was the sense of the Reference Committee that Resolution 1 easily meets the criteria for "High Priority Resolution" and thus should be forwarded on for consideration before the House of Delegates at the November 2021 Special Meeting.

RECOMMENDED FOR REFERRAL

(2) RESOLUTION 2 – ASSOCIATE PHYSICIAN LIMITED PRACTICE

RECOMMENDATION:

Resolution 2 be <u>referred</u>.

RESOLVED, That the OMSS Governing Council work with interested stakeholders as to the possibility of a position Associate Physician and how that medical school graduate would best be dealt with in the hospital setting by the organized medical staff and accrediting bodies (Directive to Take Action); and be it further

RESOLVED, That this position, associate physician, be considered for medical school graduates otherwise eligible to begin their PGY1 who do not match with a residency that includes at least the following requirements:

- The applicant graduated from an ACGME accredited medical school.
- Has successfully completed Step 2 of the USMLE or COMPLEX within the immediately preceding three-year period.
- Enters into a collaborative agreement with a licensed physician
- The collaborative agreement shall limit the Associate Physician to providing only primary care services and only in medically underserved rural or urban areas or any other pilot project areas.
- Physicians may not collaborate with more than four (4) Associate Physicians at any one time.
- An initial license may be granted for one year with the option to renew the license annually for an additional two years for a maximum of three years (New HOD Policy);

and be it further

RESOLVED, That the OMSS continue to strongly advocate for increasing the number of traditional physician workforce solutions, such as increasing the number of state-funded residency positions and increases to the Graduate Medical Education Board Medical Residency Education Grants (Directive to Take Action).

Your Reference Committee heard testimony around Resolution 2 acknowledging that the U.S. matching system for medical graduates is experiencing a problem with overcrowding with the end result of literally thousands of graduates failing to match each year. The problem is even more pronounced for international medical graduates attempting to match each year. The result is the creation of a cohort of medical graduates who are left in limbo as they consider their next options. In recognizing this problem, the Committee appreciates Resolution 2 for attempting to find a solution that can create a new pathway for unmatched graduates.

Online testimony also raised support for the intent behind Resolution 2, particularly for supporting standardization of licensing and credentialing requirements for the position of “Associate Physician.” Testimony did, however, reflect the need to be careful about terminology going forward, as there is no abundantly accepted common definition of “Associate Physician” or “Assistant Physician” and that the terms are in a state of flux. The

need for a commonly understood definition of the position is, in fact, a key component that is not yet universally agreed upon.

The Committee's primary concern with Resolution 2 lies in the nebulous nature of the overall concept of the role, duty, and background of an "Associate Physician" as well as in how such physicians should be allowed to practice and in what places and under what conditions. The Committee believes that every effort should be taken to avoid creating an underclass of physicians who, in addition to suffering possible career limitations, could also be placed in a position to be taken advantage of financially or professionally or have their services exploited as cheap labor.

Likewise, The Committee found the second Resolve's direction that Associate Physicians be utilized only in medically underserved areas and only allowed to engage in primary care services to be potentially problematic. The Committee is concerned that such direction effectively communicates that patients who are medically underserved, either because of their geographic location or any other life condition, are somehow less worthy of medical treatment and thus any healthcare provider can provide care for them. Likewise, the Committee is troubled that limiting Associate Physicians to only primary care services does a disservice to primary care.

Given the concerns raised via online testimony and the Committee's own analysis, your Reference Committee recommends that Resolution 2 be referred back to the OMSS Governing Council with the request that the Section develop Resolution 2 more completely to address the implications of Associate Physicians' restrictions on geography, underserved populations, and service provision. The Committee also recommends revisions to Resolution 2 address strategies or ideas for how to make the concept of a position called "Associate Physician" be a part of a larger strategy for addressing unmatched medical graduates that includes other possible remedies aside from just the ones presented here and what sort of oversight would be appropriate in such circumstances.

Finally, while the Committee collectively recommends Resolution 2 for referral back to the Section, it was the sense of the Committee that the third and final Resolve clause was particularly strong and could be considered by the Section for adoption on its own, however doing so would constitute a clear reaffirmation of existing policy and thus would likely not be appropriate for submission to the House of Delegates.