

REFERENCE COMMITTEE G (*Medical Practice*)
SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION
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QUESTIONS for Interviews

What more can be done to address physician burnout?

With increasing rates of physician employment are the days of the independent physician numbered and how should the AMA continue to respond?

CONSENT CALENDAR FOR APPROVAL

BOT Report 31 Physician Burnout and Wellness Challenges, Physician and Physician Assistant Safety Net, Identification and Reduction of Physician Demoralization

Well written report codifying existing policy and making recommendations for updated policy.

BOT Report 37 Eliminate the Requirement of H&P Update

Interesting history of 710 A16. Final recommendation is that it not be adopted.

BOT Report 39 Expanding Access to Screening Tools for Social Determinants of Health/Social Determinants of Health in Payment Models

Well written report codifying existing policy and making recommendations for updated policy.

CMS Report 04 Health Plans' Medical Advice

Well written report reaffirming existing policy and making recommendations for updated policy.

CMS Report 05 Financing of Long-Term Services and Supports

Well written report examining a complex and potentially costly issue.

CMS Report 06 Integrating Precision Medicine into Alternative Payment Models

Well written report that explains concept of precision medicine which is a tailored approach to health care that accounts for individual variability in the genes, environment, and lifestyle of each person and provides methodology for incorporating PM into APMs.

705 Modify the Clinical Laboratory Improvement Amendment of 1988 (NY)

706 Ensuring Medicare Coverage for Long Term Care (NY)

708 Arbitrary Paperwork and Signature Deadlines for Hospital and Rehabilitation Unit Admission (OH)

709 Prior Authorization for Durable Medical Equipment (OH)

OK, but may benefit from better wording for clarity.

710 Code Status Through the Continuum of Care (MI)

712 Alternative Payment Models and Vulnerable Populations (NED)

Extremely well written, worthy of our strong support.

713 Private Equity Firms (Mult Soc, DC, NJ)

RESOLUTIONS FOR DISCUSSION

- 701 Employed Physicians Bill of Rights (IL)**
Multiple resolves. Best for referral to allow evaluation of resolves and more formal declaration of physician Bill of Rights incorporating the resolves with other pertinent issues.
- 702 Basic Practice Professional Standards of Physician Employment (IN)**
Single resolved with multiple described options. May be best referred for thoughtful analysis of issues and formulation of specific recommendations/guidelines.
- 703 Economic Credentialing (PA)**
Probably OK. Raises the larger question of how to best credential those completing procedures without clear metric for demonstration of proficiency.
- 704 Non-Payment and Audit Takebacks by CMS (NY)**
Well intentioned, but devil in the details how to best define “minor wording or clinically insignificant documentation inconsistencies.”
- 707 Health Plan Payment of Patient Cost-Sharing (CA)**
Support sentiment, but highly unlikely that AMA “urging” health plans to do anything will result in meaningful change.
- 711 Compensation for Pre-Authorization Requests (OH)**
No references. Best of luck in obtaining reimbursement for pre-authorization services. Standard Medicare does not have mechanism for pre-authorization. This may be applicable only to Medicare HMO products.
- 714 Laboratory Benefit Managers (Coll of AP)**
Perhaps most appropriate for referral for study and report back.