Emerging Issues in Medical Staff Affairs

Session Code: TU05

Date: Tuesday, September 20, 2016

Time: 8:00am - 9:30am

Total CE Credits: 1.5

Presenter(s): Arthur Snow, MD
Emerging Issues in Medical Staff Affairs

Arthur D. Snow, Jr., MD
Immediate Past Chair, AMA Organized Medical Staff Section
Presented at the NAMSS Educational Conference & Exhibition
September 20, 2016

Agenda

I. The organized medical staff and AMA-OMSSS
   - A brief overview of the AMA Organized Medical Staff Section
II. Emerging issues in medical staff affairs
   - Drug testing requirements
   - Criminal background checks
   - National Practitioner Data Bank (NPDB): Reporting adverse medical staff actions
   - Disciplinary behavior
   - Challenges of the “exord” medical staff
   - Looking back at the CMS Hospital Conditions of Participation (CoPs): What medical services professionals still need to know
   - A primer of assessing competency in aging physicians

The AMA Organized Medical Staff Section

The AMA Organized Medical Staff Section (AMA-OMSSS) is a constituency group within the AMA that represents and provides support to hospital and other health care system medical staffs and their members.

The AMA-OMSSS is the only physician-led, national group that:
- Advocates for medical staff organizations and their members
- Empowers medical staffs to effect positive change in their practice environments
- Provides medical staffs with the resources needed to adapt to and remain relevant in the changing healthcare environment
AMA-OMSS: Developing high-performing medical staffs

The AMA-OMSS provides your medical staff with the tools necessary to perform at the highest level.

- AMA-OMSS provides relevant, timely, and engaging educational content on topics of interest to medical staff organizations and other stakeholders
  - Quality and patient safety
  - Physician leadership
  - Professionalism
- AMA-OMSS also provides resources on medical staff governance to help staffs understand the issues in health care that impact medical staffs and ensure that they are in compliance with regulatory requirements and accreditation standards (e.g., AMA Physician's Guide to Medical Staff Organization Bylaws, Model Medical Staff Code of Conduct, Medical Staff Conflict of Interest Guidelines)

AMA-OMSS: Improving the quality and safety of care

The AMA-OMSS helps your medical staff improve the quality and safety of care provided in your organization.

- AMA-OMSS serves as a clearinghouse for information about relevant quality improvement resources
  - Medical Staff Update Conference Calls
  - Free and open to all NAMSS medical staff professionals
  - AMA-OMSS email list
  - Subscribe to receive weekly updates on issues of interest to medical staff members
  - AMA-OMSS Annual/Interim Meetings
  - Attend a variety of free education programs on topics of interest to medical staff organizations presented at our June and November meetings

Receive the latest medical staff news and updates by visiting www.ama-assn.org/go/omss

AMA-OMSS: Advocating for medical staffs

The AMA-OMSS advocates for the interests of your medical staffs and its members, and provides a way for you to make your voice heard.

- The AMA-OMSS advocates for patient safety and quality of care—for example:
  - Assesses, monitors, and comments on proposed Joint Commission and other accreditation standards
  - Reviews and comments on proposed regulations and rules at both the state and federal levels

AMA-OMSS Action Highlights

- Currently, policy/advocacy efforts with NAMSS and other organizations to preserve the appropriate use of temporary medical staff privileges
- Policy/advocacy opposing CMS requirement for authentication of verbal orders within 48 hours
Is your medical staff represented?

AMA-OMSS Representatives
- Physician members of the medical staff who represent staff interests and concerns
- Serve as a two-way conduit for the transfer of vital information between the AMA-OMSS and their medical staffs

Take action today!
Ensure your medical staff has selected an AMA-OMSS representative

Medical staff drug testing requirements

Why require drug testing for physicians on the medical staff?
- Identification of impaired physicians has long been a duty of the medical profession (AMA Ethical Opinion 9.3.2)
- Physicians are responsible for monitoring and assessing their colleagues and taking appropriate action when confronted with the possible impairment of another physician
- Impaired physicians on the medical staff have the potential to impact the quality and safety of medical care rendered to patients in the hospital
- The organized medical staff and organization leaders have an obligation to protect patients, its members, and other persons present in the hospital from harm
How can medical staffs protect member autonomy while preventing physician impairment?

- Medical staffs should be involved in the development of their institutions’ substance abuse policies
  - Primacy of medical staff authority for all substance abuse policy and procedures covering any pre-employment, credentialing, or other phases of physician evaluation is vital
- Drug and alcohol testing should be performed only with substantive and procedural due process safeguards in place
  (AMA Policy H-225.966)

Joint Commission Hospital Accreditation Standard MS.11.01.01

The medical staff is required to implement a process to identify and manage matters of individual health for licensed independent practitioners which is separate from actions taken for disciplinary purposes.

<table>
<thead>
<tr>
<th>Elements of Performance</th>
<th>Intent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The medical staff must:</td>
<td>The purpose of the process is to facilitate the rehabilitation, rather than discipline, by assisting a practitioner to retain and to regain optimal professional functioning that is consistent with the protection of patients.</td>
</tr>
<tr>
<td>1. Design a process that provides education about LIP health;</td>
<td></td>
</tr>
<tr>
<td>2. Address prevention of physical, psychiatric, or emotional illness;</td>
<td></td>
</tr>
<tr>
<td>3. Facilitate confidential diagnosis, treatment, and rehabilitation of LIPs who suffer a potentially impairing condition</td>
<td></td>
</tr>
</tbody>
</table>

AMA recommendations

The AMA supports the approach suggested by The Joint Commission, which recognizes the responsibility of the medical staff, but requires that the health issues of a medical staff member be separated from the disciplinary process applicable to medical staff members.

Wellness/Medical Staff Assistance Committee

- Affords impaired medical staff members a non-punitive opportunity to recover while preserving their valuable skills through monitored practice
- Provides appropriate intervention and education to members whose limited ability to work well with others affects patient care
- Authorizes mandatory drug testing in the event of any accident or incident in which a staff member’s performance cannot be discounted
Drug testing upon suspicion of impairment ("for cause")

- Can be a useful tool in assessing the potential impairment of a medical staff member in the event of any accident or incident in which a staff member’s performance cannot be discounted as a contributing factor.
- A Department Chair, or the Medical Executive Committee, should be appropriately authorized under medical staff bylaws to order drug testing when warranted by a member’s reported or observed behavior, even when no performance-related incident has occurred.
- Periodic drug and/or alcohol testing should be required of any medical staff member identified as impaired from drug and/or alcohol abuse disorders as part of ongoing treatment and monitoring of the impaired individual.

“No cause” drug testing

What about drug testing as a condition of medical staff membership or continued privileges?

- Potentially challenging/fraught with problems
  - Implementation
  - Costs of testing
  - Confidentiality, security, and accuracy of testing
- If implemented, it should only be as part of the medical staff governance after careful consideration of the legal and ethical issues raised by such testing.
- Employed medical staff members should be entitled to have any suspected impairment addressed under the medical staff bylaws and not the human resource policies of the hospital.
- Any requirement to submit to drug testing, whether random or upon suspicion of impairment, should be consistent with staff bylaw provisions.

Sample Bylaw: Drug Testing (without Random Testing)

Any person accepting privileges and/or appointment to the Medical Staff of the Hospital agrees to immediate testing of blood and/or urine for controlled substances and/or alcohol upon appropriate request. An appropriate request is based upon suspicion of impairment from alcohol and/or drug abuse and may be made by the Chief of Staff, [president of the Medical Executive Committee], [Department Chair], or his or her designee.

Any testing shall be conducted by a qualified Medical Review Officer and shall be conducted in accordance with U.S. Department of Transportation standards to assure confidentiality and security of specimens, results, and reports.
Sample Bylaw: Drug Testing (with Random Testing)

Any person accepting privileges and/or appointment to the Medical Staff of the Hospital agrees to random drug testing as well as immediate testing of blood and/or urine for controlled substances and/or alcohol upon appropriate request. An appropriate request is based upon suspicion of impairment from alcohol and/or drug use and may be made by the Chief of Staff, president of the Medical Executive Committee, [Department Chair], or his or her designee.

Any testing shall be conducted by a qualified Medical Review Officer, and shall be conducted in accordance with [U.S. Department of Transportation] standards to assure confidentiality and security of specimens, results, and reports.

Medical staff criminal background checks

Why require criminal background checks for physicians?

The consequences of even a small number of practicing physicians who have a criminal background can be devastating:

Dr. Michael Swango
Estimated to have been involved in 60 trial proceedings of patients and colleagues

Dr. Christopher Duntsch
Neurosurgeon accused of killing two patients and leaving four paralyzed over several years of maliciously botched spinal procedures
Liability issues

- In order to protect staff and patients alike, demonstrate due diligence, and reduce the risk of liability and exposure to negligent credentialing or hiring claims, many hospitals elect to run background checks
- Hospitals and other healthcare entities can be held financially liable for negligent credentialing if they allow a physician to join their medical staff despite potential concerns about his or her character
  - State laws, as well as judicial decisions affecting the law, can vary

Are criminal background checks required for medical staff membership?

Medicare CoPs
- No requirement to screen the medical staff for criminal or credit history

Joint Commission Hospital Accreditation Standard HR.01.02.05
- Criminal background check requirements only apply to hospital employees, including contracted practitioners on the medical staff
  - Requirements do not apply to independent members on the medical staff
- Joint Commission Sentinel Event Alert: Issue 45
  - While The Joint Commission staff does not require criminal background checks, The Joint Commission recommends criminal background checks as a means of preventing violence in the healthcare setting.
  - Suggested action: That healthcare organizations work with HR departments to ensure it thoroughly prescreens job applicants and establishes and follows procedures for conducting background checks of prospective employees and staff

Are criminal background checks required for medical staff membership?

State laws
- There are limited circumstances where background checks are required by state law, but those laws are narrowly defined and often affect employees and not members of the medical staff

...what about licensure requirements?
The Federation of State Medical Boards (FSMB) provides a summary of state law and pending legislation addressing background checks by state medical licensing boards
FSMB Criminal Background Checks: A Board-by-Board Overview

45 medical boards in 36 states and Washington, D.C., have the authority to require physicians to submit to a criminal background search when they apply for a medical license. But states differ in how they conduct those checks and what records they access.

- 45 state medical boards conduct criminal background checks (condition of initial licensure)
- 39 state medical boards require fingerprinting as a condition of initial licensure
- 42 state medical boards have access to the Federal Bureau of Investigation (FBI) database

*The Minnesota Board of Medical Practice will conduct criminal background checks and require fingerprinting (including access to the FBI database) by January 1, 2018.

What medical staffs should know when voluntarily screening applicants for criminal/credit histories

- The scope and implementation of such checks should be carefully drawn
- No standards exist for how these background checks should be conducted
- Background checks for medical staff membership must comply with both federal and state law regarding notice and disclosure to the investigated person of information derived from the background check
- The Fair Credit Reporting Act (FCRA)
- If your medical staff uses a third party (i.e., consulting firm, security agency) to conduct a criminal or credit background check, your organization may be required to notify the applicant about negative information revealed by a background check and provide him or her the opportunity to contest the information.

Should criminal background checks be a requirement for medical staff membership?

Information regarding an applicant’s criminal background can provide an important perspective on the applicant’s ability to provide quality care, exercise good judgment, maintain an ethical practice and otherwise comply with the various requirements of medical staff membership.

- Does your medical staff membership application inquire further into whether an applicant has ever been convicted of a crime, other than a minor traffic violation?
  - Filed charges
  - Plea bargains that did not result in a conviction
  - Felony conviction vs. misdemeanor conviction
What happens if negative information arises from a credit or criminal background check?

- Does your medical staff have a policy that addresses what happens if negative information arises from a credit or criminal background check?
- What negative information poses a potential threat to patient care or safety or other justifiable basis for disciplinary action?
- Are failures to disclose or misrepresentations grounds to deny the application for medical staff membership?

NPDB: Reporting adverse medical staff actions

What do medical staff leaders need to know?
- A physician’s surrender of privileges during an investigation into his or her competence or conduct is reportable to the NPDB, even when:
  - The investigation clears the physician of any wrongdoing
  - A physician had no notice that he or she was under investigation

How do recent revisions to The NPDB Guidebook affect medical staffs?
- The April 2015 revisions provide guidance that prompts hospitals and other entities to:
  - Clarify that an “investigation” begins as soon as an inquiry is made by the health care entity
  - Include any leave of absence as a “surrender of privilege”
NPDB: Reporting adverse medical staff actions

How do these current reporting requirements cause harm to physicians?

- A physician under investigation who takes a leave of absence, even for personal reasons, which restricts that physician’s privileges, must be reported.
- With the new interpretation that any “inquiry” may begin an investigation, it is possible that physicians who resign or take a leave of absence (e.g., for health or maternity reasons), during any such inquiry, may be reported to the NPDB.

Before taking a leave of absence or otherwise surrendering any privileges, physicians should always seek to determine whether they are the subject of any investigation.

How can medical staff leaders safeguard from unnecessary NPDB reporting comply with federal law?

- Proper procedures in medical staff bylaws can provide direction to:
  - Protect medical staff from legal action
  - Close loopholes; and
  - Clarify ambiguities left in the regulations and The NPDB Guidebook

Medical staffs should also adopt medical staff bylaws that:

- Clearly define what constitutes an “investigation;”
- Clearly define when an “investigation” begins and ends; and
- Require that physicians be notified before the initiation of an “investigation.”

Sample Bylaw: Investigation

Investigation means the formal medical staff process targeted to review an issue or issues with the competence or professional conduct of a specific member/privileges holder identified by a medical staff committee or department. Investigations begin following notice to the subject member/privileges holder and terminate with the recommendation of the investigating officer or committee. Routine, on-going professional practice evaluation does not constitute an investigation.
Some recent AMA advocacy efforts

- **National Practitioner Data Bank** (Resolution 207 adopted June 2016)
  - The AMA advocate to the Health Resources and Services Administration that a physician’s surrender of clinical privileges or failure to renew clinical privileges while under investigation should not be reported to the National Practitioner Data Bank unless the physician has been notified that an investigation is underway.
  - The AMA: (1) recommend that medical staff bylaws require that physicians be notified in writing prior to the start of any investigation.

---

**Disruptive behavior**

What is disruptive behavior?

Physicians with Disruptive Behavior (AMA Ethical Opinion 9.4.4)

- Physicians behave disruptively when they “speak or act in ways that may negatively affect patient care, including conduct that interferes with the individual’s ability to work with other members of the health care team, or for others to work with the physician.”

Joint Commission Leadership Standard LD.02.01.01

- Behavior that undermines a culture of safety.
Why is it important to address disruptive behavior?

- Disruptive behavior prompts risky practices
- "Intimidating and disruptive behaviors can:
  - foster medical errors,
  - contribute to poor patient satisfaction and to preventable adverse outcomes,
  - increase the cost of care, and
  - cause qualified clinicians, administrators and managers to seek new positions in more professional environments."

Source: Joint Commission Sentinel Event Alert, Issue 40, July 2008

Disruptive behavior is bad for patients, bad for hospital personnel, and bad for business.

Joint Commission Hospital Accreditation Standard
LD.02.01.01

Leaders create and maintain a culture of safety and quality throughout the hospital.
EP 3. Leaders develop and implement a code of conduct that defines both acceptable and unacceptable behaviors in regard to a culture of safety

AMA Model Medical Staff Code of Conduct

Medical staffs are encouraged to adopt a Code of Conduct as part of their medical staff bylaws, which should be the exclusive means for review and disciplining medical staff members for behavior that undermines a culture of safety (comprising two categories):

1. Inappropriate behavior
   - Conduct that is unwarranted and is reasonably interpreted by a reasonably prudent person under similar circumstances to be demeaning or offensive
2. Disruptive behavior
   - Any abusive conduct that harms or intimidates others to the extent that quality of care or patient safety likely would be compromised.
AMA Model Medical Staff Code of Conduct

- Addresses inappropriate and disruptive behavior by physicians and other members of the medical staff
- Fulfills the Joint Commission's accreditation requirements with respect to addressing medical staff member behaviors that undermine a culture of safety
  - Inappropriate or disruptive behavior on the part of non-medical staff hospital personnel (e.g., nurses, administrators, board members) should be addressed using a similar, but separate, hospital policy or code of conduct.
- Intended for incorporation into the medical staff bylaws

Prevention is the best medicine

- Promote awareness of the code of conduct by disseminating the code to all current medical staff members upon its adoption and/or amendment and to all new medical staff applicants.
- Educate medical staff members about appropriate professional behavior, especially as it relates to behaviors described in the code of conduct.
- Provide medical staff members with training opportunities to augment their interpersonal/communications skills.
- Promote a culture of respect – do not tolerate inappropriate or disruptive behaviors by anyone.

Challenges of the “mixed” medical staff
Community-based physicians might be perceived as frequently eschewing vital medical staff activities, while hospital-based physicians, particularly hospitalists, may not be warmly received by independent members of the medical staff. Conflicts may exist between economically-aligned physicians and independent physicians as a result of the:
- Dual identity that economically-aligned physicians have as employees and staff members
- Competing financial interests that exist for independent physicians

What does this mean for mixed medical staffs?
- Hindered access to perspectives that improve quality, safety, and other practice and policy matters
- Poor care transitions and coordination of care
- An environment of interpersonal distrust and poor communication within the medical staff
- Discriminatory excluding physicians from leadership positions because of their employment status or practice setting
- Underrepresentation of medical staff members who spend little to no time in the hospital
- Skewed elections or voting results that determine who holds power in the governance and other key activities of the medical staff
How can medical staffs engage their community-based members?

- Set the table for engaging community physicians through staff membership
- Involve community physicians in medical staff duties, leadership, and hospital governance
- Involve community physicians in population health management and transitions of care initiatives
- Provide community physicians opportunities for professional and collegial interaction

What can medical staffs do to manage conflicts of interests?

Identify potential conflicts of interest and implement policies that address those conflicts of interest which are actual and material.

Basic Tenets for the Development of an OMS Conflict of Interest Policy:

- Conflict of interest policies should appropriately consider and reflect a members’ responsibilities in their elected or appointed positions
- The objective of a medical staff conflict of interest policy is to encourage unbiased, responsible management and decision-making
- It is never appropriate to deny, restrict or rescind membership and/or privileges based on the existence of personal or financial affiliations, or relationships of which the individual is reasonably aware that may result in a conflict of interest requiring disclosure

Disclosure of potential conflicts: Before election or appointment

Sample Bylaw: Disclosure of Interest

All nominees for election or appointment to medical staff offices, department chairships, or the medical executive committee shall, at least 20 days prior to the date of election or appointment, disclose in writing to the medical executive committee those personal, professional, or financial affiliations or relationships of which they are reasonably aware, including contractual, employment or other relationships with the hospital, which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the medical staff.

- The voting or appointing members of the medical staff, fully informed of potential conflicts, are then appropriately positioned to make informed judgments as to whether candidates will be able to act in the best interest of the medical staff and select their leaders accordingly.
Management of conflicts after election or appointment

In the event a conflict materializes after a physician has been elected or appointed to a leadership position on the medical staff, conflict management policies can be implemented to ensure quality patient care:
- Voluntary disclosure of the conflict of interest;
- Voluntary abstention from voting on the matter to which the conflict relates;
- Voluntary recusal from the deliberative process and abstention from voting on the matter to which the conflict relates; and
- Involuntary recusal of the elected/appointed leader upon a two-thirds vote of the membership of the leadership body in question.

Meetings and elections

1. Establish governance processes that:
   - Facilitate broad participation in medical staff meetings and elections;
   - Ensure that all members are fully notified of the timing and importance of upcoming meetings and elections.

Guidelines
- Arrange online or off-site meetings to accomplish expeditious routine medical staff work;
- Encourage off-site participation in meetings by offering teleconferencing services (i.e., GoToMeeting, ReadyTalk, Skype);
- Schedule in-person staff meetings only when live discussion is necessary;
- Leverage administrative staff to identify ways to support physician attendance and participation at meetings; and
- Allow for electronic voting processes or consider accepting paper ballots submitted by mail.

Sample Bylaw: Voting

Voting Rights
All members can vote in medical staff meetings, and in departments, sections and committees of which they are members.

Electronic Means
Voting and participation may be accomplished by email or other electronic and/or telephonic means where permitted by the chair of the meeting on either an individual or group basis.
Leadership strategies

- Expand the role of your Nominating Committee by charging them to:
  - Identify potential leaders within the independent, non-hospital-based segments of the medical staff; and
  - Prepare those individuals for leadership roles
- Develop criteria for novel leadership positions
- Diversity committee memberships to provide for and support the interests of all members

With effective physician leaders in place, medical staffs are well-positioned to ensure that the design of their organizational structures is representative of and responsive to the needs of their collective membership.

Developing an aligned, engaged, and committed mixed medical staff

- **Mixed Medical Staffs** (Resolution 714, adopted June 2016)
  - Members of the organized medical staff must work collectively to improve patient care and outcomes, regardless of the employment status or practice setting of each individual member.
  - The AMA, through its Organized Medical Staff Section, has been driven to provide guidance to medical staffs that facilitates representation of and encourages participation in medical staff activities by community-based and independent physicians.

The AMA-OMSS is on track to empower medical staff leaders with comprehensive resources to build a more committed mixed medical staff. The strategies that follow represent a preliminary framework for the guidance being developed.

CMS Hospital CoPs: What medical services professionals still need to know about the final rule
CMS Hospital CoPs and medical staff bylaws

A look back to move forward...

- CMS Hospital CoPs: the 2014 final rule
  - Permits a multi-hospital health system to have a unified, system-wide medical staff, rather than a separate medical staff at each hospital, provided that the medical staff at each hospital votes to accept a unified staff structure.
  - By now, all medical staffs in multi-hospital systems should have reviewed their bylaws to describe the process for voting on whether to opt into a unified medical staff.
- The AMA recommends that all medical staffs in multi-hospital systems revise their bylaws to describe the process for voting on whether to opt into a unified medical staff even if:
  - A unified staff structure has not been proposed within your hospital
  - Your hospital is not part of a health system

Are your medical staff bylaws in compliance?

Ensure your medical staff bylaws address:
- Medical staff unification process
- Medical staff disunification process
- Voting processes for disunification

Guidance on each is included in the meeting handout and in the AMA's Physician's Guide to Medical Staff Organization Bylaws, Sixth Edition: www.ama-assn.org/go/bylaws

Assessing competency in aging physicians
What effect does age have on an individual physician’s competency?

Effects are highly variable…

- Cognitive dysfunction, prevalent among older adults, is not caused by aging alone
- Manual dexterity and visuospatial ability decrease with age, and older physicians are less likely to prescribe appropriate medications and incorporate new treatment modalities
- Many attributes needed to deliver quality health care also increase with aging
  - Wisdom
  - Resilience
  - Compassion
  - Tolerance of stress

Other Factors Affecting Clinical Performance

- Solo practice
- Lack of board certification
- International training
- Incongruence between training and scope of practice
- Physical/mental health
- Male gender
- Other practice characteristics:
  - Rural
  - Administrative
  - General practice
  - High volume
What about the legal baselines?

- **Licensure**: No federal or state age requirements for physicians. Some states do have minimum age requirements.
- **Board Certification and Recertification**: The American Board of Medical Specialties (ABMS) has no age-specific requirements.
- **Accreditation Standards**: No age-specific criteria.
- **Medical Society Eligibility**: No age-specific criteria.

Can age be a criterion for medical staff membership/privileging?

*Proceed with caution…*

- **State laws**: Many states, counties, cities, and towns have their own laws prohibiting discrimination, as well as Fair Employment Practices Agencies responsible for enforcing those laws.
- **Federal law**: The Age Discrimination in Employment Act of 1967 (ADEA) protects certain applicants and employees 40 years of age and older from discrimination on the basis of age in hiring, promotion, discharge, compensation, or terms, conditions or privileges of employment.

What should medical staffs know?

*Assume compliance with federal law is required!*

- Some courts have denied application of ADEA or the Americans with Disabilities Act (ADA) based on non-employee status.
- Other courts find a sufficient nexus even if a medical staff member is not a hospital employee.

Any age-related requirement must be a:

1. Bona fide occupational requirement; and
2. Reliable proxy for a safety-based qualification.
What can medical staffs do?

Joint Commission MS Standard 06.01.05

EP 6. In instances where there is doubt about an applicant’s ability to perform privileges requested, an evaluation by an external and internal source may be required. The request for an evaluation rests with the organized medical staff.

The Healthcare Quality Improvement Act of 1986 (“HCQIA”)
- No protection from any action for damages brought under the Civil Rights Act
- Resignations during the “investigation” are reported

Addressing competency in medical staff bylaws

- Focus on core competencies for all members
- Strengthen proctoring & monitoring
- Coordinate re-entry after rehab/re-education
- Activate thresholds for referral/reporting
- Promote Physician Health Programs

Who is best positioned to develop competency standards in the practice of medicine?

Physicians!

The AMA, in collaboration with other organizations, will work together to develop preliminary guidelines for assessment of the senior/late career physician and develop a research agenda that could guide those interested in this field and serve as the basis for guidelines more grounded in research findings (AMA Policy D-275.955)
AMA stakeholder meeting (March 2016)

Meeting participants engaged in small group discussions regarding four focus areas related to senior physician assessment:
1. Screening and assessment approaches;
2. Applying existing policy or developing new policy to support screening and/or assessment of senior physicians;
3. Infrastructure and elements of a screening and/or assessment process; and
4. Legal challenges and guidance in developing policies and guidelines for screening/assessing senior physicians.

Summary and next steps

- Identify a smaller group of participants to develop "Guiding Principles for the development of guidelines to screen and assess senior/late career physicians"
- Discuss the creation of a screening mechanism that works for all specialties
- Consider making the screening/assessment of senior physicians integral to a broader wellness program
- Develop mentoring and teaching programs that educate physicians on how their skills change throughout their lifespan and careers
- Collect and aggregate data on the effectiveness of physician competency evaluation programs, including a review of current screening systems (i.e., Kaiser, etc.)
- Consider the specialty-specific requirements and the practice environment factors in developing future guidelines
- Develop a timeline for moving forward

Relevant AMA Resources

- Portions of the AMA’s Physician’s Guide to Medical Staff Organization Bylaws, Sixth Edition are included in the meeting handout: www.ama-assn.org/go/bylaws
- Sample medical staff bylaws language
- Model Medical Staff Code of Conduct
- Medical Staff Conflict of Interest Guidelines
- Principles for Strengthening the Physician-Hospital Relationship
- Medical Staff Update Conference Call
- Educational Webcasts
- Contact us at omss@ama-assn.org