

RESOLUTION 60-10A

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3 **Title: Credentialing Low-Volume/No-Volume Practitioners**
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5 **Introduced by: Michael L. Gambel, MD, for the International Medical Graduate**
6 **Section**
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8 **Original Author: Ponon Dileep Kumar, MD**
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10 **Referred to: Reference Committee A**
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12 **House Action: Disapproved**
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15 **Whereas, the patient centered medical home with a primary care physician**
16 **as the care coordinator has been touted as the model for providing quality care**
17 **that is cost efficient, and**
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19 **Whereas, with the advent of the hospitalist movement, a number of**
20 **primary care physicians are confining themselves to the office primarily, and**
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22 **Whereas, some of the credentialing bodies are denying application of**
23 **privileges of such physicians saying that they do not admit adequate number of**
24 **patients to the hospital, and**
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26 **Whereas, it is important to keep independent and solo physicians**
27 **connected to the hospital and the center of medical activity in a community, and**
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29 **Whereas, such supervision becomes the de facto responsibility of local**
30 **hospitals in small and medium sized communities, and**
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32 **Whereas, several quality indicators from the office could be used as**
33 **markers of quality of the physicians, and**
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35 **Whereas, referral of patients to a particular facility and recommendations**
36 **from physicians actively participating in the facility who know the work and**
37 **practice patterns of primary care physicians could act as suitable additional**
38 **testimonials, and**
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40 **Whereas, concerns about the cost of care and length of stay have**
41 **effectively pushed care of acutely ill patients to the primary care doctors offices**
42 **also, and**
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44 **Whereas several primary care physicians see medically ill patients just**
45 **before admission at their office and then immediately after their discharge at**
46 **their office; therefore be it**

47 **RESOLVED: That the Michigan Delegation to the AMA ask the AMA to**
48 **work with the Joint Commission and other accrediting organizations to establish**
49 **suitable criteria for privileging primary care physicians to treat medical patients**
50 **at hospitals even if their total number of patient admissions falls below a**
51 **particular threshold in a year, with a report back in 2011.**



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54 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**