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3 Title: Credential, Supervision, and Outcomes Transparency
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5 Introduced by: Rev. Don H. Tynes, MD, for the Wayne County Delegation
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8 MD
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10 Referred To: Reference Committee B
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12 House Action: **REFERRED TO THE MSMS BOARD OF DIRECTORS FOR STUDY**
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15 Whereas, the term “physician” refers specifically to a health care practitioner who has
16 successfully matriculated and graduated from an allopathic or an osteopathic school of medicine,
17 and
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19 Whereas, the term health care practitioner refers to anyone who provides health care
20 services, and
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22 Whereas, some health care practitioners are misleading patients when they introduce
23 themselves, implying they are physicians, and
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25 Whereas, some health care practitioners are performing procedures and delivering
26 treatments while allowing patients to believe they are physicians, and
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28 Whereas, some non-physician health care practitioners are performing treatments and
29 procedures unsupervised by physicians, and
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31 Whereas, insurance companies are paying less for procedures and treatments that are
32 delivered by non-physician health care practitioners, and
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34 Whereas, patient care is potentially compromised by medical procedures and treatments
35 delivered by unsupervised non-physician health care practitioners, and
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37 Whereas, physicians are more likely to be sued for incorrect treatments and procedures
38 performed by non-physician health care practitioners than the practitioners themselves, and
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40 Whereas, health center and hospital Chief Executive Officers are directing their facilities to
41 hire non-physician health care practitioners to deliver treatment and procedures instead of
42 physicians because this practice saves their facilities money; therefore be it
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44 RESOLVED: That MSMS believes all health care practitioners must clearly identify
45 themselves as a physician or as a non-physician practitioner, including their credentials and field of
46 specialty; and be it further
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48 RESOLVED: That MSMS believes that a physician must directly supervise all non-physician
49 practitioners. In cases where a non-physician practitioner is practicing unsupervised in a health

50 care facility, the health care facility must acknowledge in writing that the facility is directly
51 responsible for patient care provided by the non-physician practitioners; and be it further
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53 RESOLVED: That MSMS supports all insurance companies annually reporting outcomes for
54 all health care practitioners against whom they have taken corrective action to the health care
55 facilities where they have privileges and their respective licensing Boards. Additionally, health care
56 practitioners shall self-report any corrective actions to the health care facilities where they have
57 privileges and their respective licensing Boards; and be it further
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59 RESOLVED: That MSMS supports all hospitals and health care facilities reporting any
60 outcomes of health care practitioners that have led to a corrective action to the health
61 practitioner's respective licensing Boards.
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64 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy:

Clear Identification of Health Worker Position/Title with ID Tags

MSMS supports that physicians, nurses and other health providers wear a clearly visible photo identification badge that states their credentials in large block letters with descriptions such as "physician," "nurse," "physician assistant," "nurse practitioner," and that the badges be worn at all times when in contact with patients.

Non-Physician Practitioner Use Rules

MSMS supports daily physician supervision of all non-physician practitioners who provide care to hospitalized patients as documented by a signature.

Relevant AMA Policy:

Clarification of Healthcare Physician Identification: Consumer Truth & Transparency D-405.974

Our AMA will advocate for: (1) legislation that would establish clear legal definitions for use of words or terms "physician," "surgeon," "medical doctor," "doctor of osteopathy," "M.D.," "D.O.," or any other allopathic or osteopathic medical specialist; and (2) "Truth & Transparency" legislation that would combat medical title misappropriation; that such legislation would require non-physician healthcare practitioners to clearly and accurately state their level of training, credentials, and board licensure in all professional interactions with patients including hospital and other health care facility identifications, as well as in advertising and marketing materials; and that such legislation would prohibit non-physician healthcare practitioners from using any identifying terms (i.e. -ologist) that can mislead the public.

Supervision of Non-Physician Practitioners by Physicians D-35.978

Our AMA will advocate: (1) to ensure physicians on staff receive written notification when their license is being used to document supervision of non-physician practitioners; (2) that physician supervision should be explicitly defined and mutually agreed upon; (3) for advanced notice and disclosure to the physician before they are hired or as soon as practicably known by provider organizations and institutions that anticipate physician supervision of non-physician practitioners as a condition for physician employment; (4) that organizations, institutions, and medical staffs that have physicians who participate in supervisory duties for non-physician practitioners have processes and procedures in place that have been developed with appropriate clinical physician input; and (5) that physicians be able to report professional concerns about care provided by the non-physician practitioners to the appropriate leadership with protections against retaliation.

Supervision and Proctoring by Facility Medical Staff H-375.967

Our AMA advocates that the conduct of medical staff supervision be included in medical staff bylaws and be guided by the following principles:

- (1) Physicians serving as medical staff supervisors should be indemnified at the facility's expense from malpractice claims and other litigation arising out of the supervision function.
- (2) Physicians being supervised should be indemnified at the facility's expense for any damages that might occur as a result of implementing interventions recommended by medical staff supervisors.
- (3) AMA principles of peer review as found in Policies H-320.968 [2,d], H-285.998 [5], and H-320.982 [2c,d] should be adhered to in the conduct of medical staff supervision.
- (4) The medical staff member serving as supervisor should be determined through a formal process by the department chair or medical staff executive committee.
- (5) The scope of the medical staff supervision should be limited to the provision of services that have been restricted, are clearly questionable, or are under question, as determined by the department chair or medical staff executive committee.
- (6) The duration of the medical staff supervision should be limited to the amount of time necessary to adequately assess the degree of clinical competence in the area of skill being assessed.
- (7) Medical staff supervision should include a sufficient volume of procedures or admissions for meaningful assessment.
- (8) Medical staff supervisors should provide periodic performance reports on each patient to the appropriate designated medical staff committee. The reports should be transcribed or transcribed by the medical staff office to assure confidentiality. The confidentiality of medical staff supervision reports must be strictly maintained.
- (9) Physicians whose performance is supervised should have access to the performance reports submitted by medical staff supervisors and should be given the opportunity to comment on the contents of the reports.

Scopes of Practice of Physician Extenders H-35.973

Our AMA supports the formulation of clearer definitions of the scope of practice of physician extenders to include direct appropriate physician supervision and recommended guidelines for physician supervision to ensure quality patient care.

Principles for Revision of the Medical Staff Section of The Joint Commission "Accreditation Manual for Hospitals" H-220.990

The AMA supports adherence to the following principles as the basis for any revision of the Medical Staff Section of the "Accreditation Manual for Hospitals": (1) continued use of the term "Medical Staff" in the title of the chapter and throughout the Manual; (2) deletion of any specific reference to limited licensed practitioners without precluding such practitioners from having hospital privileges consonant with their training, experience and current competence, if approved by the normal credentialing process; (3) consideration of qualified limited licensed practitioners in accordance with state law, and when approved by the executive committee of the medical staff, by the governing board, and when their services are appropriate to the goals and missions of that hospital, taking into account the training, experience and current clinical competence of the practitioners; (4) provision that the executive committee of the medical staff is composed of members selected by the medical staff, or appointed in accordance with the hospital bylaws. All members of the active medical staff, as defined in the Medical Staff Bylaws, are eligible for membership on the executive committee, and a majority of the executive committee members must be fully licensed physician members (Doctors of Medicine or Doctors of Osteopathy) of the active medical staff in the hospital; (5) assurance that the medical care of all patients remains under the supervision and direction of qualified, fully licensed physicians (Doctors of Medicine or Doctors of Osteopathy); and (6) assurance that the continued high quality of care, credentialing of physicians and other licensed practitioners, and effective quality assurance programs remain under the supervision and direction of fully licensed physicians.

Sources:

1. <https://www.msms.org/About-MSMS/House-of-Delegates/Search-Resolutions/Details/1386>
2. <https://www.msms.org/About-MSMS/House-of-Delegates/Search-Resolutions/Details/1479>
3. <https://www.msms.org/About-MSMS/House-of-Delegates/Search-Resolutions/Details/1481>

4. <https://www.msms.org/About-MSMS/House-of-Delegates/Search-Resolutions/Details/1485>