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Patients "want to know that there is a doctor in charge of their care," said Donna Sweet, MD, an internist in Wichita, Kan., and chair of the AMA Council on Medical Service. [Photo by Ted Grudzinski / AMA]

AMA meeting: Guidance on health care teams approved

Adopted policy seeks to help physicians leading patient-centered medical homes, while addressing a new environment of work force shortages and increased demand for health services.

By CHARLES FIEGL AND KEVIN B. O'REILLY, amednews staff. Posted Nov. 26, 2012.

Honolulu Physicians leading health care teams have new policy to guide their practices in a way that is designed to meet the challenges of treating a more robust patient population amid the work force shortages projected for future years.

The American Medical Association House of Delegates adopted a report and recommendations on physician-led interprofessional health care teams on Nov. 13. The new policy addresses how teams can optimize patient-centered, coordinated and high-quality care for patients, said Carl A. Sirio, MD, a critical care specialist from Pittsburgh and a member of the AMA Board of Trustees.

“The future of health care delivery is patient-centered and will require a team approach, and physicians and health care

professionals need to be prepared to efficiently work together to provide quality patient care,” Dr. Sirio told delegates to the Interim Meeting. To help manage the health industry’s work force shortage, the AMA Council on Medical Service wrote a report with the AMA Council on Education to address interprofessional health care teams that can work together to provide high-quality and efficient services. “We are also entering into the era of the patient-centered medical home where hopefully we can leverage all of our skills to the best advantage of the patient,” said Wichita, Kan., internist Donna Sweet, MD, chair of the AMA Council on Medical Service.

The councils' report cites recent studies that project a physician shortage reaching 130,600 by 2025. A shortage of nurses is expected to hit 260,000 that year. The estimated 30 million patients obtaining health coverage in 2014 under the health system reform law is a factor leading demand for more health care services.

Delegates defined team-based health care as “the provision of health care services by a physician-led team of at least two health care professionals who work collaboratively with each other and the patient and family to accomplish shared goals within and across settings to achieve coordinated, high-quality, patient-centered care.” The AMA will advocate that the physician leader of an interprofessional health care team be empowered to perform a full range of medical interventions.

"We think that's the way patients would like to see it," Dr. Sweet said. "They want to know that there is a doctor in charge of their care. Once they know that, then you can entrust parts of their care to other practitioners or professionals."

Other members of the team, such as nurse practitioners and health educators, also should be enabled to work up to the level of their individual licenses and training, delegates said.

The house adopted 11 principles to help guide physician leaders of teams. The principles call for focusing on patient- and family-centered care, making clear the team's mission and values, collaborating with team members on patient care, and being accountable for clinical care, quality improvement, efficiency of care and continuing education. Another policy states that the AMA would "encourage independent physician practices and small group practices to consider opportunities to form health care teams, such as through independent practice associations, virtual networks or other networks of independent providers."

The AMA would study payment models that compensate teams and report back to delegates at a future meeting.

In related action, the house put the AMA's support behind the concept that medical education should prepare students for practice in physician-led interprofessional teams. To implement this new policy, the Association will encourage health care organizations to provide access to an appropriate mix of role models and learners.

Also, the AMA will urge medical education accrediting bodies to help medical schools and residency programs incorporate doctor-led interprofessional education. Delegates directed the AMA to encourage the development of the skills that doctors, nurses and other health professionals need to work in teams. About a third of medical schools do not require interprofessional education experiences of their students, according to the AMA Council on Medical Education report the house adopted.

It is not only physician training programs that can impede interprofessional education, said former AMA President J. James Rohack, MD, a cardiovascular disease specialist from Bryan, Texas.

"Barriers also exist in the accreditation of nursing, public health, pharmacy and other professions," Dr. Rohack said in virtual reference committee testimony. "For the other professions to educate with us, those [barriers] need to be addressed collaboratively."

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