

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 818  
(I-16)

Introduced by: Georgia

Subject: Improving Communications Among Health Care Clinicians

Referred to: Reference Committee J  
(Candace E. Keller, MD, Chair)

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1 Whereas, With the massive changes in the delivery of health care over the last few years, as  
2 electronic medical records (EMR), the advent of hospitalists being the primary care provider  
3 (PCP) in the hospital, and the increasing amount of burdensome regulations that physicians and  
4 hospitals deal with daily, it is clear that the art of communication between all aspects of the  
5 health care spectrum has seen tremendous changes in the management of direct patient care;  
6 and

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8 Whereas, Though these changes are continuing, it is becoming that the art of communication  
9 between physicians-physicians, physicians-hospital staff, and physicians-patients appear to  
10 have only worsened resulting in higher health care costs, increased medical errors, and an  
11 increase in medical malpractice suits due to poor communications, also known as “systems”  
12 failure; and

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14 Whereas, Several studies have pointed out that direct communication between physicians on a  
15 particular patient during their hospitalization may be between three to 20 percent of the time;  
16 and

17  
18 Whereas, In one study, *Bell et al.* surveyed 1,772 PCPs for 1,078 hospitalized patients at six  
19 academic centers--only 77 percent were aware of the patient’s hospitalization, and of that only  
20 23 percent received direct communication about their patient during their hospital care; and

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22 Whereas, Another study done by *Roy et al.* studied the communication between hospitalist  
23 teams who assumed care from a previous hospitalist team found that only 43.7 percent of the  
24 teams actually had a communication about the medical care of the same patients from the  
25 previous team; and

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27 Whereas, A later study again by *Roy et al.* looked into the barriers in communication between  
28 hospitalists and a patient’s PCP and cited that hospitalists believed that they were too busy with  
29 multiple patients, did not believe it would help with in-patient care, or were unclear who the  
30 patient’s PCP actually was and did not have anyone find out; and

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32 Whereas, The same study further provided that all these perceived barriers by hospitalists  
33 suggest that the concept of continuity of aftercare has not been a priority; and

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35 Whereas, In 2014, poor communication amongst providers in Texas resulted in a patient who  
36 had traveled to an Ebola-endemic region being sent home from the emergency room; the  
37 admitting nurse recorded this information, but none of the medical clinicians ever looked at it,  
38 which resulted in the patient exposing more people to Ebola; and

1 Whereas, The number of cases being sent to medical boards as well as cases involved in  
2 medical malpractice suits are increasing in number yearly and they are being labeled as  
3 “systems” failures; and  
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5 Whereas, In order to improve the quality of care in today’s health care environment, there must  
6 be a leader in the health care arena to change this increasing problem; and  
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8 Whereas, Physicians must take the lead to improve communication between all entities; state  
9 medical associations and the AMA must take a leadership role to decrease these kinds of  
10 unnecessary medical errors; therefore be it  
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12 RESOLVED, That our American Medical Association, in association with the American Hospital  
13 Association, assess the national impact of communication barriers and their negative impact on  
14 direct patient care in the hospital and after discharge between physician-physician in the  
15 hospital, in-hospital and after discharge care, and physician-patients and report to our AMA  
16 House of Delegates by the 2017 Interim Meeting (Directive to Take Action); and be it further  
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18 RESOLVED, That our AMA research and develop guidelines that physicians can initiate in their  
19 communities to improve communication between physician-physician in the hospital, hospital  
20 and after discharge care, and physician-patients and report to our AMA House of Delegates by  
21 the 2017 Interim Meeting. (Directive to Take Action)

Fiscal Note: Not yet determined

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