

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 2-13

INTRODUCED BY: Baltimore County Medical Association

SUBJECT: Development of Models/Guidelines for Medical Teams

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1 Whereas, as a result of the passage of the Patient Protection and Affordable Care Act there will be  
2 a significant expansion of the population of patients served by a Medical Home; and  
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4 Whereas, the Medical Home model implies long term personal care and oversight of patients in a  
5 community setting for ambulatory, urgent and acute care, preventive care, the monitoring of  
6 chronic conditions as well as being a resource for appropriate referrals to specialists and hospitals  
7 for care not provided in the Medical Home; thus avoiding the episodic, but significant expense of  
8 crisis care due to of neglect of appropriate monitoring and preventive care that previously resulted  
9 in increased morbidity and mortality; and  
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11 Whereas, even with the increase in medical student class size, it is unlikely that there will be  
12 enough physicians to individually provide all the care that will be needed for at least the next ten  
13 year transition period and possibly longer; and  
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15 Whereas, one proposed solution to expanding the medical caregiver population immediately is to  
16 use non-physician providers acting within medical teams to extend physician's medical care under  
17 physician crafted guidelines; and  
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19 Whereas, our AMA at IM-12 adopted as amended the "Council on Medical Education – Council  
20 on Medical Service Joint Report: The Structure and Function of Interprofessional Health Care  
21 Teams"; and  
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23 Whereas, this document offered a definition of "physician led" health care teams and the principles  
24 they should establish, including: (a) focus on patient and family-centered care, (b) clarity about the  
25 teams mission, vision and values, (c) requirements for teams to provide direction and collaborate  
26 on patient care, and (d) holding teams accountable for clinical care, quality improvement,  
27 efficiency of care and continuing education, as well as, asking that the AMA continue studying  
28 payment mechanisms, liability, credentialing of different team members and ethical issues that  
29 may arise; and  
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31 Whereas, although our AMA action provided important broad principles, many relevant specifics  
32 were not addressed, for example: what does "physician-led" mean: Does it mean the physician's  
33 authority is absolute? Are there circumstances in which it can be overridden? If there are, what are  
34 they, and is it necessary that there be written protocols for the team on this? Is a physician  
35 forbidden to practice in a non-physician-led team? What does that mean? Can physician leadership  
36 exist without physicians having final authority about medical decisions? If a physician bears the

1 major responsibility for liability on a physician-led team, who bears it on a non-physician led  
2 team? Should the liability be that of the physician leader or of every member of the team  
3 individually or of the team as a whole?; and

4  
5 Whereas, there are available models in the airline industry (CRM = Crew Resource Management  
6 and PACE = Probing for a better understanding; Alerting captain of anomalies; Challenging  
7 suitability of present strategy; Emergency warning of critical and immediate dangers) and the  
8 nuclear power industry etc. that address safety and authority in those industries that might be  
9 adapted for use within medicine to help to answer some of the team questions posed above;  
10 therefore be it

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12 Resolved, that MedChi ask our AMA to study and report back on important unanswered questions  
13 about medical teams and leadership thereof in order to benefit the physician community including  
14 academic training programs; and be it further

15  
16 Resolved, that Med Chi ask our AMA to propose acceptable models that value the expertise of the  
17 physician and could be used by such teams including specific issues such as safety and authority  
18 within the teams, any role of physicians in a non physician-led team, and the ethical and legal  
19 issues of the team model.

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22 As adopted by the House of Delegates at its April 27, 2013 meeting.