

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Introduced by: AAPHP

Subject: Developing Physician Leadership in the Implementation of Diagnostic Error Surveillance

Whereas diagnosing disease is a core competency of being a physician as there is not any physician practice in any specialty that does not diagnosis disease.

Whereas diagnostic error is estimated to contribute to 10% of patient deaths and 6-17% of avoidable adverse event in hospital alone and we know that diagnosis error is not limited to hospital care alone.

Whereas, although diagnostic error was first nationally identified in 2001 in the landmark “To Error is Human” report, until recently measure of diagnostic error has remained elusive and in 2015 the National Academies of Medicine (former IOM) came out with a way to measure diagnostic error.

Whereas system failures need to be considered when measuring diagnostic error and diagnostic near misses and physicians as diagnosticians have an important perspective that needs to be considered when measuring diagnostic error, as system issues that lead to physician burn out, over work or ineffective support systems can affect a physician’s ability to make a correct diagnosis.

Whereas, recognizing that oversight of this core physician process will be coming and can be used by insurance companies and other that may not favor physician practices, the AMA needs to provide leadership by taking ownership of this measure.

Whereas, consistent with previous AMA Policy H-450.966, H-160.654, and H-222.991, the AMA has a role in the leadership of quality management.

Whereas to provide leadership, our AMA must be more than simply at the table, our AMA must have a direction and our AMA is the best organization to devise a direction that will protect physician practices and allow good physician care to thrive.

RESOLVED that our AMA endorse the finding of the Improving Diagnosis in Health Care report put out by National Academies of Medicine in 2015; and be it further

RESOLVED that our AMA support having physician satisfaction with the administrative and support systems as a standard measure when assessing diagnostic error; and be it further

RESOLVED that our AMA analyze from a policy perspective how best to position physicians in what may be increasing review of a physician diagnostic skills.

Links to the NAM Recommendation:

http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2015/Improving-Diagnosis/Diagnosis_Recommendations.pdf

<http://www.nationalacademies.org/hmd/Reports/2015/Improving-Diagnosis-in-Healthcare.aspx>

<http://journalofethics.ama-assn.org/2011/09/ccas1-1109.html>