AMA Releases Health Insurer Code of Conduct

BY ALICIA AULT
Associate Editor, Practice Trends

The American Medical Association on May 25 called on U.S. health insurance companies to adopt its just-issued code of conduct.

The Health Insurer Code of Conduct Principles evolved out of a resolution put forward and unanimously adopted by the AMA House of Delegates at its 2008 Interim Meeting. The New York Delegation called on the AMA to develop such a code, get insurers to sign on, and come up with a way to monitor compliance. The code has already been endorsed by nearly every state medical society as well as 19 specialty societies, according to the AMA.

The last time the insurance industry issued any kind of internal standards was 15 years ago, according to the AMA. “The health insurance industry has a crisis of credibility,” Dr. J. James Rohack, AMA president, said in the statement.

“With the enactment of federal health reform legislation, it’s time for insurers to re-commit to patients’ best interests and adhere to fair business practices necessary to re-establish trust with the patient and physician communities.”

Americas Health Insurance Plans, the industry trade organization, did not directly address the AMA code. But AHIP spokesman Robert Zirkelbach said that many of the principles are covered under the health reform law—formally, the Affordable Care Act.

“Health plans have pioneered innovative programs to reward quality, promote prevention and wellness, coordinate care for patients with chronic conditions, streamline administrative processes, and provide policyholders with greater peace of mind,” Mr. Zirkelbach said.

“We will continue to work with policymakers and other health care stakeholders to improve the quality, safety, and efficiency of our health care system.”

The code addresses topics including cancellations and recissions; medical loss ratios and calculating fair premiums; open access to care, including transparent rules on provider networks and benefits limitations; fairness in contract negotiations with physicians; medical necessity and who can define it; and a call for more administrative simplification, fewer restrictions on benefits, and better risk adjustment mechanisms for “physician profiling” systems.

For more information, visit www.ama-assn.org/ama/pub/advice/current-topics-advocacy/private-sector-advocacy/code-of-conduct-principles.shtml

The hospital, thinking I had ordered a regular MRV, sent the patient home—contrary to the doctor’s orders. As the patient—who by now was in too much pain to hold still for the MRV and had to be sent home—continued to explain this to me that I was incompe- tent and that the radiologist had to explain the difference to me. Even after the hospital took the blame for the mix-up and threw in a complementary gasoline gift card to mollify him, the patient told my staff that he would never come back, in tones that were, according to the sticky note that my nurse left on my desk, “VERY angry.” When I called him, he zinged a few choice expletives at me before he hung up.

I had only seen this patient once, but—sadly—the doctor-patient relationship is more fragile and more pressurized than ever before. It’s a bit like working on the bomb squad: You get it right the first time or else.

Fortunately, I don’t have to face such direct, in-your-face, patient hostility very frequently, but it is always memorable when it happens. I was aggravated for a week over that MRV mix-up.

The hospital should have sent me the gasolene card, but I forgive them.

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Dr. Greenbaum is a rheumatologist who practices in Greenwood, Ind.

In your practice there are so many opportunities to make a difference. That’s why we have created the American Medical Association’s Health Insurer Code of Conduct. It gives patients and doctors a common ground to agree on the value of fair business practices and what constitutes genuine progress in the health care industry.

Professional opportunities:

■ AMC is seeking a full time rheumatologist to take over for a physician who plans to retire in late May 2010. The ideal candidate will be caring for a full and diverse patient base. This is a full time, hospital employed position, or a private practice is preferred, that option is open for discussion.

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