REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

CEJA Report 10-A-25

Subject: The Preservation of the Primary Care Relationship

Presented by: Jeremy A. Lazarus, MD, Chair

Referred to: Reference Committee on Ethics and Bylaws

Policy D-140.948, "The Preservation of the Primary Care Relationship," was adopted at the 2024 Annual Meeting. Item two of this policy asks:

> Our AMA requests the Council on Ethical and Judicial Affairs review the ethical implications of health systems requiring patients to change to primary care clinicians employed by their system to access specialists.

This report is in fulfillment of this directive.

BACKGROUND

There are concerns that some large health systems are restricting access to specialty care unless patients first change their primary care physician to one employed by their system, resulting in the disruption of well-established patient-physician relationships and continuity of care. This could be particularly challenging for patients whose insurance or socioeconomic status prevents them from changing their primary care physician (PCP). For instance, community health clinics/centers (CHCs), a core health-safety net for many in the US that provides primary care to anyone who walks through their doors, already suffer from limited access to specialty care, and requiring CHC patients to find a new PCP in order to receive specialty care, which can already be challenging to obtain, might not always be possible [1].

Finding a new PCP can also be a challenge in and of itself, as the US is experiencing a shortage of PCPs. An estimated 83 million Americans live in areas with insufficient access to primary care, and it is projected that by 2036, the US will face a shortage of over 68,000 primary care physicians [2,3]. Placing this burden on patients who are actively seeking needed care could easily and needlessly delay their care and lead to a break in the continuity of their care. Proponents argue that having physicians in the same network could improve coordinated care. Conversely, maintaining current PCPs while simply working to improve communication could effectively uphold continuity of care while also supporting coordination. This may be especially important in rural areas.

Relevant AMA Policy

Our American Medical Association (AMA) has several relevant House policies, including D-140.948, "The Preservation of the Primary Care Relationship," which states: "(1) Our American Medical Association opposes health systems requiring patients to switch to primary care physicians within a health system in order to access specialty care. […] (3) Our AMA advocates for policies that promote patient choice, ensure continuity of care, and uphold the sanctity of the patient-physician relationship, irrespective of healthcare system pressures or economic incentives."

H-160.901, "Preservation of Physician-Patient Relationships and Promotion of Continuity of Patient Care," states: "Our AMA supports: (1) policies that encourage the freedom of patients to choose the health care delivery system that best suits their needs and provides them with a choice of physicians; (2) the freedom of choice of physicians to refer their patients to the physician practice or hospital that they think is most able to provide the best medical care when appropriate care is not available within a limited network of providers; and (3) policies that encourage patients to return to their established primary care provider after emergency department visits, hospitalization or specialty consultation."

And H-285.944, "Disease Management and Demand Management," states: "The AMA strongly encourages health insurance plans and managed care organizations that provide disease management to involve the patient's current primary or principal care physician in the disease management process as much as possible, and to minimize arrangements that may impair the continuity of a patient's care across different settings."

Relevant Code *Opinions*

The AMA *Code of Medical Ethics* also has several relevant Opinions that support the preservation of primary care relationships and patient-physician relationships more broadly. These include Opinion 1.1.1, "Patient-Physician Relationships," which states, ""[t]he relationship between a patient and a physician is based on trust, which gives rise to physicians' ethical responsibility to place patients' welfare above the physician's own self-interest or obligations to others, to use sound medical judgment on patients' behalf, and to advocate for their patients' welfare"; Opinion 1.1.3, "Patient Rights," which states that patients' rights include "courtesy, respect, dignity, and timely, responsive attention to his or her needs" as well as a right "[t]o continuity of care"; and Opinion 1.1.6, "Quality," which states, "physicians individually and collectively share the obligation to ensure that the care patients receive is safe, effective, patient centered, timely, efficient, and equitable." Together, these opinions articulate physicians' obligations to prioritize patients' welfare and highlight the ethical importance of providing care that is timely, equitable, and continuous.

Also of note, Opinion 11.2.3, "Contracts to Deliver Health Care Services," states that physicians "should be mindful that while many arrangements have the potential to promote desired improvements in care, some arrangements also have the potential to impede patients' interests." Relatedly, Opinion 11.2.1 "Professionalism in Health Care Systems," states that physicians in leadership positions within health care organizations should ensure that financial incentives and other tools "do not disadvantage identifiable populations of patients or physicians or exacerbate health care disparities;" Opinion 11.3.1 "Fees for Medical Services," states that physicians should not charge unnecessary fees "or fees solely to facilitate hospital admission"; and Opinion 11.3.4 "Fee Splitting" states that a fee solely for referral of a patient is unethical.

ETHICS ISSUE

Does requiring patients to switch to primary care physicians within a health system in order to access specialty care violate professional ethical obligations, such as continuity of care, and/or negatively impact the patient-physician relationship by violating the trust that is the foundation of the relationship and source of professional privilege for the practice of medicine?

ETHICAL ANALYSIS

Requiring patients to switch PCPs in order to access specialty care raises several ethical concerns regarding potential wrongs and harms that such requirements may cause. Principal among these

concerns is that such requirements represent an undue barrier to care, that such barriers violate the trust fundamental to the patient-physician relationship, and ultimately undermine public trust in and respect for the practice of medicine.

The AMA *Code of Medical Ethics* is very clear that patients have a right to timely care that is responsive to their needs as well as to continuity of care (Opinion 1.1.3). Respect for these rights by the medical profession is what enables patients to trust that the obligations of the patient-physician relationship will be upheld. Timeliness is also a fundamental aspect of quality care (Opinion 1.1.6). Requiring patients to change PCPs in order to receive needed care could violate these ethical obligations.

Furthermore, such requirements raise concerns regarding issues of equity. If the patient populations of various insurance plans differ, such as those between Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs), it is likely that requirements regarding changing PCPs to access specialty care will have stronger impacts on certain patient populations than others. For example, compared to PPOs, HMO patient populations tend to be younger, with higher rates of Black and Hispanic patients [4]. Additionally, because HMOs are generally less costly than PPOs, they are likely to attract more people of lower socioeconomic backgrounds[5]. The *Code* is explicit in its insistence that all financial incentives and tools should be implemented fairly and in ways that do not disadvantage identifiable patient populations (Opinion 11.2.1).

CONCLUSION

As outlined in policy D-140.948, "The Preservation of the Primary Care Relationship," our AMA opposes the practice of "health systems requiring patients to switch to primary care physicians within a health system in order to access specialty care." This policy stems from the 2024 Annual Meeting Resolution 014, "The Preservation of the Primary Care Relationship," the second resolve of which asked your Council on Ethical and Judicial Affairs (CEJA) to "review the ethical implications of health systems requiring patients to change to primary care clinicians employed by their system to access specialists". This report is in fulfillment of the second resolve.

After review, CEJA has found that the AMA *Code of Medical Ethics* has several relevant Opinions that support the preservation of primary care relationships. These include Opinion 1.1.1, "Patient-Physician Relationships," Opinion 1.1.3, "Patient Rights," Opinion 1.1.6, "Quality," Opinion 11.2.3, "Contracts to Deliver Health Care Services," Opinion 11.2.1 "Professionalism in Health Care Systems," and Opinion 11.3.1 "Fees for Medical Services."
Existing Ethics and House policy are clear that the choice of who to see should be between patients and physicians. Such decisions should be based on the best interest of the patient. Policies that influence these decisions should be in accordance with physicians' professional and ethical obligations, and should support patient choice, continuity of care, equity, and the patient-physician relationship. Any practices that may compromise the patient-physician relationship should be closely examined with attention to these considerations. The *Code* opposes any practices that threaten to undermine patient-physician relationships.

RECOMMENDATION

The Council on Ethical and Judicial affairs recommends that Policy D-140.948(2) be rescinded as having been accomplished by this report.

Fiscal Note: Less than $500

REFERENCES

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