

**AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2016
RESOLUTION: C10**

INTRODUCED BY:	Michael Sparks, International Trustee
SCHOOL:	Ross University School of Medicine
SUBJECT:	Amendment to Principles Regarding Quality, Affordable, Health Care for All in The United States: Coverage, Access, and Delivery
TYPE:	Resolution of Principles

WHEREAS AMSA has long stood for healthcare with comprehensive coverage and access for all persons living in the United States, and;

WHEREAS “The direct primary care model gives family physicians a meaningful alternative to fee-for-service insurance billing, typically by charging patients a monthly, quarterly, or annual fee that covers all or most primary care services including clinical, laboratory, and consultative services, and care coordination and comprehensive care management,¹” and;

WHEREAS “Direct primary care benefits patients by providing substantial savings and a greater degree of access to, and time with, physicians,¹” and;

WHEREAS “The Direct Primary Care model is structured to emphasize and prioritize the intrinsic power of the relationship between a patient and his/her family physician to improve health outcomes and lower overall health care costs. The Direct Primary Care ... structure can enable physicians to spend more time with their patients, both in face-to-face visits, and through telephonic or electronic communications mediums should they choose, since they are not bound by insurance reimbursement restrictions.” [1]

THEREFORE BE IT RESOLVED that the Principles on Quality, Affordable, Health Care for All in The United States: Coverage, Access, and Delivery (p.28-30) be AMENDED to state:

6. In regard to health care delivery,

e. SUPPORTS Direct Primary Care as a model of providing affordable, high quality, patient-centered primary care.

FISCAL NOTE: None

REPORT OF REFERENCE COMMITTEE C

DISCUSSION

BOT: Voted to reject as written, because direct primary care as a model is still in its infancy, unanimous

BRD: Voted to ***

PRD: Voted to ***

IRD: Voted to reject as written

ACTE: Voted to adopt as amended

Strike direct primary care as a model, replace the further exploration of direct primary care models

Add after affordable “equitable and high quality”

Reasoning: there are multiple models within and some can provide affordable, equitable, high quality,

Premedical Caucus: Voted to ***

[1] American Academy of Family Physicians. Direct Primary Care. Accessed at <http://www.aafp.org/about/policies/all/direct-primary.html>

Michael Sparks as individual: in favor of ACTE's recommendation to further explore direct primary care. Sparks defined the model as that in which doctor is paid directly outside of insurance.

SUMMARY OF DISCUSSION

PROS: Pros to adopting as amended is likely to become more popular, so we should know more about it.

CONS: Possibly supporting an inequitable model of health care.

REFERENCE COMMITTEE COMMENTS

This is a relatively controversial resolution there is discordance among AMSA leadership. DPC is very new and the definitions need to be established before AMSA can take a stance.

REFERENCE COMMITTEE RECOMMENDATION

Recommend to refer to Health Policy Action Committee to further investigate issues presented in this resolution and report to the ACTE further recommendations on educating AMSA members. To be completed no later than November 30, 2016.