

SUNSETTED



***ACP policy originating from ACP sponsored resolution introduced to the AMA House of Delegates**

HEALTH CARE DELIVERY

Principles on Retail Health Clinics

1. Retail health clinics should have a well-defined and limited scope of clinical services given the limited clinical services that can be provided in such settings. These services should also be consistent with state scope of practice laws.
2. Retail health clinics should establish arrangements by which their health care practitioners have direct access to and supervision by physicians.
3. Retail health clinics should use standardized medical protocols based on evidence based practice guidelines.
4. Retail health clinics should have a system in place so that information about the care provided is communicated to the patient's primary care physician and/or "medical home."
5. Retail health clinics should have a referral system to physician practices or other entities appropriate to the patient's symptoms beyond the clinic's scope of practice and/or to establish continuity of care where appropriate.
6. Retail health clinics should provide for continuous coverage of patients during off hours, either directly or through arrangements with other practices in those cases where such follow up cannot be arranged with a personal physician with whom the patient already has an ongoing medical care relationship. (BoR 07)

Language Services

Physicians encounter patients with limited English proficiency (LEP) on a fairly frequent basis. Yet, medical practices typically do not have a formal process for tracking data on patients' primary language and those that do rely primarily on paper records. These patients have more difficulty understanding basic health information and generally require additional time during office visits. The majority of practices represented by internists that have LEP patients provide language services. And, the majority of these physicians agree that it is difficult to provide patient care to LEP patients when language services are not available. However, language services are limited and are typically provided by a bilingual physician or staff member. Nevertheless, the aggregate costs are not insignificant and are mostly borne by the physician practice. Few practices rely on external sources for language services or provide such services during off hours.

Few physicians perceived a need for tools or training to assist their practices in providing language services. A clearinghouse to provide translated documents and patient education materials would be useful, but providing reimbursement for the added costs of clinical time and language services would be the most effective means of expanding the use of language services.

ACP recommends:

1. Language services should be available to improve the provision of health care services to patients

with Limited English Proficiency (LEP).

2. Medicare should directly reimburse clinicians for the added expense of language services and the additional time involved in providing clinical care for patients with LEP.
3. A national clearinghouse should be established to provide translated documents and patient education materials (*Language Services for Patients with Limited English Proficiency* BoR 07)

Prohibit Institutions from Mandating In-House Testing*

ACP seeks measures discouraging institutions from mandating only in-house preoperative testing where responsible internists are able to assume this function and provide the necessary documentation before the procedure. (HoD 96; reaffirmed BoR 08)

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