

**Missouri State Medical Association
House of Delegates**

Resolution #15
(A-18)

Introduced by: Alex Goodson, Meghna Srinath, Jared Lammert, Ariel Carpenter, University of Missouri School of Medicine

Subject: Healthcare Finance in the Medical School Curriculum

Referred to: Reference Committee A

1 WHEREAS, existing AMA policies and recent publications have called attention to the need for topics of
2 healthcare finance and medical economics to be featured in medical education curricula in order to
3 equip future physicians with the knowledge to practice medicine in today’s ever-changing healthcare
4 environment;^{1,2} and

5
6 WHEREAS, there has been little to no study on whether schools have been incorporating these topics
7 and/or how effective these changes have been; and

8
9 WHEREAS, recent empiric and anecdotal evidence indicates that physicians and residents still rate their
10 knowledge of healthcare finance and medical economics as fair or low,^{3,4,5} and it is widely acknowledged
11 that new physicians are not well-prepared to understand topics such as physician reimbursement,
12 compensation and practice models;^{6,7} and

13
14 WHEREAS, the Liaison Committee on Medical Education (LCME) outlines that “medical curriculum
15 provides content of sufficient breadth and depth to prepare medical students for entry into any
16 residency program and for the subsequent contemporary practice of medicine,” but does not directly
17 advocate for the inclusion of topics like healthcare finance or medical economics into medical school
18 curricula;⁷ therefore be it

19
20 RESOLVED, that the MSMA study the feasibility of providing funds to support efforts by the MSMA-MSS,
21 and individual chapters therein, to host educational events about topics of healthcare finance and
22 medical economics; and be it further

23
24 RESOLVED, that our AMA study the extent to which medical schools and residency programs are
25 teaching topics of healthcare finance and medical economics; and be it further

26
27 RESOLVED, that our AMA make a formal suggestion to the LCME encouraging the addition of a new
28 Element, 7.10, under Standard 7, “Curricular Content,” that would specifically address the role of
29 healthcare finance and medical economics in undergraduate medical education.

Fiscal Note:

Current Policy:

References:

1. Patel, M. *et al.* Advancing Medical Education by Teaching Health Policy. *N Engl J Med.* 2011 Feb.; 364:695-7.
2. Skochelak, S. *et al.* Health Systems Science. *AMA Education Consortium.* Elsevier. 2017.
3. Lourenco, A. *et al.* RVUs, SGR, RUC, and Alphabet Soup: Utility of an iPad App to Teach Healthcare Economics. *Acad Radiol.* 2016 Jul; 23(7):797-801.
4. Rock, T. *et al.* General pediatric attending physicians' and residents' knowledge of inpatient hospital finances. *Pediatrics.* 2013 Jun; 131(6):1072-80.
5. Lee, J. *et al.* Evaluating cost awareness education in U.S. pediatric emergency medicine fellowships. *Pediatric Emergency Care.* 2012 Jul; 28(7):655-75.
6. Naples, J. Education, health care economics, and the resident in the middle. *Otolaryngology- Head and Neck Surgery.* 2016; 155(3): 542-3.
7. Salib, S. *et al.* Good-Bye and Good Luck: Teaching Residents the Business of Medicine After Residency. *J Grad Med Educ.* 2015 Sep; 7(3):338-40.
8. Liaison Committee on Medical Education. Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree. April 2016.

RELEVANT AMA AND AMA-MSS POLICY:**Future Directions for Socioeconomic Education H-295.924**

The AMA: (1) asks medical schools and residencies to encourage that basic content related to the structure and financing of the current health care system, including the organization of health care delivery, modes of practice, practice settings, cost effective use of diagnostic and treatment services, practice management, risk management, and utilization review/quality assurance, is included in the curriculum;

(2) asks medical schools to ensure that content related to the environment and economics of medical practice in fee-for-service, managed care and other financing systems is presented in didactic sessions and reinforced during clinical experiences, in both inpatient and ambulatory care settings, at educationally appropriate times during undergraduate and graduate medical education; and

(3) will encourage representatives to the Liaison Committee on Medical Education (LCME) to ensure that survey teams pay close attention during the accreditation process to the degree to which "socioeconomic" subjects are covered in the medical curriculum.

Socioeconomic Education for Medical Students H-295.977

1. The AMA favors (a) continued monitoring of U.S. medical school curricula and (b) providing encouragement and assistance to medical school administrators to include or maintain material on health care economics in medical school curricula.

2. Our AMA will advocate that the medical school curriculum include an optional course on coding and billing structure, RBRVS, RUC, CPT and ICD-9.

Healthcare Economics Education D-295.321

Our AMA, along with the Association of American **Medical** Colleges, Accreditation Council for Graduate **Medical Education**, and other entities, will work to encourage **education** in health care **economics** during the continuum of a physicians professional life, starting in undergraduate **medical education**, graduate **medical education** and continuing **medical education**.