

The Wisconsin Medical Society's Statement of Principles for Allocating MA Program Resources

A goal of the Wisconsin Medical Society should be to provide Wisconsin legislators and other policy makers its members' informed opinions on how best to allocate resources for health care.

Therefore, the Wisconsin Medical Society (Society) supports and will work to implement policies regarding the Wisconsin Medical Assistance (MA) program that allocates limited resources to benefit the greatest number of people with the best health care possible.

- The goal of health policy and health programs should be to optimize the health status of Wisconsin's residents, and not focus solely on health services or health insurance
- Policy regarding MA should be developed through a public process with structured public input
- Budget constraints should be met by modifying benefits rather than removing people from coverage or reducing payments to levels below the cost of care
- Available resources should be used to fund clinically effective treatments of conditions important to Wisconsinites
- Explicit health service priorities should be developed to guide resource allocation decisions
- An evidence-based prioritization process should have integrity and should be protected from changes driven by appropriations decisions by the Legislature.

A greater emphasis should be placed on preventive services and chronic disease management by the Wisconsin Medical Assistance (MA) Program, reflecting the fact that providing health care before a condition progresses and complications develop can prevent avoidable morbidity and mortality.

The Society promotes enhanced Wellness Care as well as improved Illness Care as a means to optimizing the health and well-being of Wisconsin's residents. Attention must also be paid to enhancing and improving End of Life Care. The WMS recognizes that management of MA program resources will require that attention also be paid to processes and programs providing Long-Term Care.

The rank order of categories of clinical services that need to be prioritized, from highest to lowest, should be as follows:

Category 1: Maternity and newborn care

Category 2: Primary and secondary prevention including reproductive health services (but not including infertility services)

Category 3: Chronic disease management (E.g. diabetes management)

Category 4: Non-terminal conditions* where the focus of treatment is on disease modification or cure

Category 5: Terminal conditions* where the focus of treatment is on disease modification

Category 6: Palliative care



The Wisconsin Medical Society encourages the State Legislature and the Department of Health Services to sort and rank items within these categories based on the following considerations, in no particular order:

- Impact on suffering—To what degree the condition results in pain and suffering. The suffering of family members (e.g., dealing with a loved one with Alzheimer’s disease or to care for a person with a life-long disability) should also be considered.
- Secondary effects—To what degree individuals other than the person with the illness will be affected. Examples include public health concerns due the spread of untreated tuberculosis or public safety concerns resulting from untreated severe mental illness.
- Impact on Health Life Years—To what degree the condition impacts the health and functioning of the individual if left untreated, considering the median age of onset (i.e., does the condition affect mainly children, for whom the functional impacts on the ability to meet life’s demands could potentially be experienced over a person’s entire lifespan?).
- Vulnerability of population affected—To what degree the condition affects vulnerable populations, such as children, those of certain racial/ethnic descent or those afflicted by certain stigmatized illnesses such as HIV or alcohol and drug dependence.
- Tertiary prevention—to what degree early treatment prevents complications of disease encompassed in Categories 4 and 5 above.
- Effectiveness—To what degree the treatment achieves its intended purpose.

* “Terminal Condition” means an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

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