
Practice, Organization and Interprofessional Issues

HMS-HOSPITAL MEDICAL STAFF

HMS-004

Application Form for Use in Determining Hospital Medical Staff Memberships: The Wisconsin Medical Society supports the concept of a universal credentialing form in order to ease the process of hospital privileging for physicians and hospital staff. (HOD, 0407)

HMS-005

Hospital Medical Staffs: The Wisconsin Medical Society (Society) reaffirms support for the autonomy of the structure and governance of the independent medical staffs of hospitals including the ability of the independent medical staff to elect its own officers.

The Society supports codifying state law to mandate the hospital medical staff bylaws be viewed as contracts that must include a physician's due process and hearing rights.

Further, the Society supports the efforts of all Wisconsin hospital medical staff members to advocate for the highest quality of medical care for the patients they serve. (BOD, 0709)

HMS-006

Membership in the Medical Staff: The Wisconsin Medical Society pledges to study how hospital medical staffs involve physician assistants and nurse practitioners in the activities of hospital medical staffs—especially concerning patient care, safety, quality and ethical issues. (HOD, 0409)

HSR-HEALTH SYSTEM REFORM

HSR-002

Medical Savings Accounts: The Wisconsin Medical Society (Society) continues to support tax-advantaged health care spending accounts in support for a pluralistic system of health care financing designed to preserve consumer choice. The Society continues to support tax-advantaged status for proposals designed to promote segregated savings accounts to be used for health care costs. (HOD, 0408)

HSR-003

Fee For Service Plans in Health System Reform: The Wisconsin Medical Society will support health system reform plans that:

1. Provide universal access free from rationing, and to include reasonable basic benefits, patient education, and significant patient responsibility for their own health care choices and behavior;
2. Are not biased toward managed care and include a true (fee-for-service) option, including balance billing;
3. Allow physicians and patients choice of plans and physicians;
4. Alleviate regulatory hassles and preserve high quality care;
5. Provide meaningful antitrust relief, including the ability for state and county medical associations to form partnerships of physicians for the purpose of being “accountable health plans;”
6. Provide true tort reform;
7. Provide significant insurance market reforms; and,
8. Recognize the physician’s responsibility and authority in medical decision-making and treatment in conjunction with the patient. (HOD, 0406)

HSR-005

Universal Coverage: The Wisconsin Medical Society recognizes the essential principle of universal coverage in health system reform. This needs to be achieved through any or all of the following: employer participation; individual participation; government participation, excluding a single payer system; the use of tax credits; the use of medical savings accounts and the use of catastrophic insurance. (HOD, 0406)

HSR-007

Inclusion of Long Term Care Benefits in AMA Reform Proposal: The Wisconsin Medical Society believes that the leaders of the American Medical Association (AMA) should consider, as part of the current AMA health care reform proposal, the inclusion of long-term care benefits for services such as home health care, nursing facility care and hospice care for all Americans in need, regardless of age. (HOD, 0406)

HSR-008

Discrimination in the Delivery of Health Care: The Wisconsin Medical Society opposes any arbitrary, inequitable or discriminatory application of plan benefits or medical care under any state or national health care plan and, further, specifically opposes discriminatory allocation of medical care on the basis of class, means, age or gender. (HOD, 0408)

HSR-009

All-Payer Health Care Fraud: The Wisconsin Medical Society:

1. Opposes the Health Security Act of 1993 proposal of an All-Payer Health Care Fraud and Abuse Enforcement Program as it specifically applies to the seizure of property as a punitive measure in health care fraud cases.
2. Supports due process and efforts to clearly define health care fraud, and establish an intergovernmental commission to investigate the nature, magnitude and costs involved in health care fraud.

3. Supports enactment of laws measures that ensure the equal application of due process rights to physicians in health care fraud prosecution cases.
4. Urges the AMA (through the Wisconsin delegation to the AMA) to consider supporting this policy efforts to monitor origin, magnitude and costs of health care fraud. (HOD, 0406)

HSR-012

Essential Elements and Guiding Principles for Health System Reform: The Wisconsin Medical Society (Society) endorses and reaffirms three essential goals in reforming the health care system:

1. Attain universal health insurance coverage.
2. Provide high quality health care.
3. Control health care costs.

The Society endorses the following guiding principles for health system reform:

- Retain a pluralistic health care system that promotes competition based on quality and cost.
- Expand insurance coverage through purchasing pools, premium subsidies and a “Play or Pay” model.
- Attain knowledge and understanding of health care delivery costs and information comparing various pricing systems.
- Foster consumer participation in costs and decisions regarding utilization of health care services in partnership with their physician.
- Protect existing “safety net” programs while seeking expanding eligibility as needed.
- Consider an explicit priority-setting process, based on evidence-based medicine and cost-effectiveness, for coverage of services by public and private insurance programs.
- Certify a state-defined standard benefits package, with any coverage beyond such a standard package to be treated as taxable compensation to the employee (in both private and public sector coverage).
- Promote adoption of practice guidelines and disease management protocols based on the best evidence available that will allow for appropriate flexibility in treating patients when measuring adherence to and variations from the guidelines.
- Promote payment levels by government-funded programs sufficient to eliminate cost shifting onto other payers, which results in price distortion and restricted access to services. (BOD, 0709)

HSR-013

Monopolies for Health Care Coverage: The Wisconsin Medical Society opposes efforts to grant a single insurer a monopoly for health care. (HOD, 0406)

HSR-014

Primary Care Inclusion in Access Plan: The Wisconsin Medical Society believes in protecting and enhancing primary care and the continuity of care, and also in measures to assure an adequate supply of well-trained primary care physicians. (HOD, 0406)

HSR-015

Tax Code that Affects all Health Care Expenses Equitably: The Wisconsin Medical Society supports a tax code that, in the context of health care reform, will treat the health care expenses of all workers in the same manner. (HOD, 0406)

HSR-016

Protecting the Right of Group Practices to Refer to Facilities in Which They Have an Investment Interest: The Wisconsin Medical Society believes in protecting

- The ability of physicians in groups to refer patients for other services provided within the group (in any legislation proposed to regulate physician investment in and referral to health care facilities and services).
- The ability of group practices to work jointly with other entities to provide services cost-effectively, provided that the individual referring physician is not directly compensated for making the referral. (HOD, 0406)

HSR-017

Physician Involvement in Health Care Access Advocacy: The Wisconsin Medical Society encourages, in line with the AMA Declaration of Professional Responsibility and the ethical principles of beneficence and justice, physicians to advocate for legislation that aims to secure health care access for all in Wisconsin. The Wisconsin Medical Society will research and implement new approaches to increase physician participation in health care access policy-making in Wisconsin. (HOD, 0408)

INR-INTER-PROFESSIONAL RELATIONS**INR-003**

Physician Involvement in National and State Drug Policy: The Wisconsin Medical Society encourages physicians to partner with lawyers and judges in their communities to work collaboratively in their communities to promote a more rational, public-health-focused approach to substance use and addiction. (HOD, 0407)

MEB-MEDICAL EXAMINING BOARD**MEB-001**

Dissemination of Information to the Public: The Wisconsin Medical Society supports the concept of providing the public with information on a physician's education, practice and disciplinary history. (HOD, 0408)

MEB-002

Disciplinary Priorities for the Department of Regulation and Licensing: The Wisconsin Medical Society opposes identifying physicians who may warrant evaluation and investigation even though they are not the subject of a complaint filed with the Medical Examining Board

unless such an identification is evidence-based and focuses on attributes that have been shown to impact patient outcomes. (HOD, 0408)

MEB-005

Physician License Renewals and Student Loans: The Wisconsin Medical Society supports the Department of Regulation and Licensing's ability to deny an application to renew a health care credential if the applicant is in default without cause on a student loan made, insured or guaranteed by a federal or state governmental entity. (HOD, 0405)

MEB-006

Centralized Credentials Verification Organizations: The Wisconsin Medical Society encourages the use of certified credentials verification organizations (CVOs) by hospitals, managed care organizations and other health care facilities in Wisconsin. (HOD, 0405)

MEB-008

Issuance of Administrative Warnings by the Medical Examining Board: The Wisconsin Medical Society supports the issuance of Administrative Warnings by the disciplinary boards under the jurisdiction of the Department of Regulation and Licensing (including the Medical Examining Board) as a disciplinary measure when the board determines that there is substantial evidence of misconduct by the holder of the credential but determines that a disciplinary proceeding should not be commenced. An administrative warning may not be used as evidence that a credential holder is guilty of misconduct, but if a subsequent allegation of misconduct is made, the matter relating to the issuance of the administrative warning may be reopened or the administrative warning may be used in a subsequent disciplinary proceeding as evidence that the credential holder had actual knowledge that certain practices were contrary to law. (HOD, 0405)

MEB-010

Adequate Funding for the Wisconsin Medical Examining Board: The Wisconsin Medical Society

- Supports adequate funding for the Medical Examining Board to fulfill its responsibility.
- Offers its assistance for consultation purposes whenever questions of incompetence arise and asks that specialty societies in Wisconsin be consulted in a like manner. (HOD, 0405)

MEB-012

Medical Examining Board: The Wisconsin Medical Society (Society) strongly supports the mission and activities of the Medical Examining Board of Wisconsin's Department of Regulation and Licensing (MEB), but has longstanding concerns regarding the staffing and workload of the MEB. The Society

- Expresses persistent concerns on the part of its membership regarding the MEB's ability to fulfill its legislative obligations, given the inadequate number of support staff assigned to carry out these obligations.
- Supports legislation to strengthen the physician discipline role of the MEB, in order to meet the goal of protecting Wisconsin physicians and patients.

The Society recommends

- That there should be an adequate number of support staff assigned to carry out the duties of the MEB.
- That all licensure fees collected by the MEB should be used exclusively to fund staff to carry out the functions of the MEB, and that staff be assigned exclusively to the MEB. (BOD, 1109)

MEM-MEMBERSHIP, AMERICAN MEDICAL ASSOCIATION AND WISCONSIN MEDICAL SOCIETY

MEM-001

American Medical Association (AMA) Membership Outreach Program: The Wisconsin Medical Society (Society) supports outreach programs that involve personal contact by members of the Society House of Delegates for the purposes of retaining and recruiting AMA members. (HOD, 0405)

MEM-002

Encouragement of House of Delegates Members to Join the American Medical Association (AMA): The Wisconsin Medical Society (Society) encourages all members who serve in the Society House of Delegates, who are not members of the AMA, to join the AMA. (HOD, 0405)

MEM-003

Cost Containment at American Medical Association (AMA) Functions: The Wisconsin Medical Society encourages the AMA to continue to emphasize cost containment at all AMA functions. (HOD, 0405)

MEM-004

Full Support for Wisconsin Medical Society AMA Delegation: The Wisconsin Medical Society AMA delegation, including the medical students, residents and young physicians section delegates, will be more proactive in establishing future budgets that include allocations for meetings, elections, and other expenses and forwarding them to the Finance Committee during the annual budget process with the intent to reasonably fund the number of delegates and alternate delegates as designated by the AMA, and based on our membership numbers, to attend the annual, interim and other meetings of the AMA, including the meetings of the AMA medical student, resident and fellow, and young physicians sections. (HOD, 0409)

MER-MEDICAL RECORDS

MER-001

Electronic Signatures: The Wisconsin Medical Society supports maintaining an active interest in the development of laws and regulations related to the area of electronic medical records and electronic signatures for medical purposes. (HOD, 0406)

MER-002

Confidentiality of Patient Medical Information: The Wisconsin Medical Society supports patient control of the release of their medical information. (HOD, 0406)

MER-003

Unauthorized Review of Patients' Medical Records: The Wisconsin Medical Society believes in the prevention of unauthorized review of patients' medical records without the written consent of the individual patient. This will not prohibit institutions from reviewing their own records for the purposes of quality assurance, quality improvement or research, nor the review and research for medical record research where appropriate by an institutional review board. (HOD, 0406)

MER-005

Requiring a Parent to Provide Medical and Family History: The Wisconsin Medical Society supports requiring a court to order a parent who is not granted legal custody of a child to provide to the court medical and family history about the parent providing the information, as well as a report of any medical examination that the parent has had within the past year. The parent providing the information must also provide medical and family history about his/her parents and siblings, and about any siblings of the child unless the parent or other person with legal custody of the child also has legal custody of the sibling. In the event joint legal custody is provided, each parent must provide the medical and family history to the court. Upon request of the custodial parent or other person with legal custody of the child, the court must release the medical information to a physician designated by the custodial parent or other person with legal custody. The physician then may release to the custodial parent or other person with legal custody any of the information that is relevant to the child's medical condition. (HOD, 0406)

MER-006

Discovery of Medical Records: The Wisconsin Medical Society supports giving defendants the right to inspect and copy any film, image, scan, slide, specimen or other record or report concerning the physical or mental condition of the person claiming damages, including records from before and after the incident giving rise to the present claim. Any record relating to the physical or mental condition of the party claiming damages is presumed subject to discovery, with the party claiming damages having the burden of rebutting the presumption. (HOD, 0406)

MER-007

Medical Records Rules: The Wisconsin Medical Society supports an administrative rule that governs the preparation and retention of patient medical records as long as it doesn't specifically delineate the information that is to appear in a medical record. (HOD, 0406)

MER-009

Confidentiality: The Wisconsin Medical Society supports the following statement with regard to confidentiality:

- The following formulation is intended as an ethical guide regarding the obligation on the part of individuals working in health care occupations to respect the confidentiality of medical information gathered in the course of their work.
- It is assumed that where necessary and appropriate, various aspects of this statement are congruent with existing state and federal law. But it is also assumed that ethical obligations may in some instances be independent of laws and legal formulations. It is necessary that such ethical statements be cast in commonly understandable language, and not only in the complex constructions used in law.

- The professional obligation to hold health and illness disclosures in confidential trust is ancient. Hippocrates said: “And whatsoever I shall see or hear in the course of my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.”
- In cognizance of the preceding considerations, the State Medical Society of Wisconsin endorses the following viewpoint and procedures:
- Physicians are bound to respect the confidentiality of medical information regarding individual patients with limited exceptions such as threats of violence to others or self, evidence of child abuse, etc. Physicians are also bound to monitor and encourage similar regard for non-disclosure of medical information on the part of other health-care workers and overall health-care systems.
- Extraordinary measures to preserve secrecy of medical data are not expected or required. Medical records shall not be considered “top secret” in the manner of national security information, but continuing scrutiny of the health system records is expected of physicians along with reasonable remedial actions when potential breaches in confidentiality are apparent to the practitioner.
- Physicians and health care systems are not considered responsible for self-disclosure of ordinarily confidential information on the part of the patient, nor shall the physician or care system be considered responsible for disclosures made by fellow-patients coincidentally aware of medical information regarding another patient.
- Sharing of confidential medical information with duly appointed guardians or parents of minor children shall be considered ethically proper with certain exceptions provided in law, such as the diagnosis and treatment of sexually transmitted diseases or alcohol and other drug abuse.
- Physicians and other health-system workers should offer patients an explanation of the boundaries of the exchange of confidential medical information among physicians and other health-system workers within a particular hospital, clinic, or health-care system. Such exchange within a system should be limited to legitimate participants with functional needs to know confidential medical data. Patients should also know that all participants in their health care are aware of the expectation of confidentiality.
- The direct sharing of individual medical data with other physicians or health care workers within the same hospital or system is limited to “need-to-know” situations such as those in relation to consultation requests or team approaches to care of a particular patient. Incidental acquisition of medical information such as a patient’s trip to surgery, observation of x-ray procedures, laboratory results, or even knowledge of a hospital admission obliges all hospital or health care workers to non-disclosure without the patient’s permission. Physicians in particular are expected to refrain from unauthorized examination of medical records on the basis of mere curiosity about a particular or former patient’s condition.
- The qualifications of treatment reviewers, for whatever reasons a review of medical care might be conducted, shall not be withheld from the patient whose care is reviewed. This shall apply even in situations where the identity of the patient is kept anonymous to the reviewer.

- Health care organizations are expected to periodically conduct educational sessions for all employees, even those with remote or infrequent opportunity for contact with confidential patient data, to inform and remind them of the need and expectation of confidential regard even for incidentally acquired patient information. Employees should be made aware of potential penalties including possible discharge from employment.
- Patients are entitled to release medical information to any parties they might designate including themselves, given a reasonable interval of time for duplication and mailing. With the patient's knowledge, the physician shall determine which information to release in a given instance, based on evidence relevant to the purpose at hand.
- The preceding guidelines are assumed to apply to all data storage, retrieval, and transfer systems, particularly including computerized data systems.

This statement addresses medical ethics and is not intended to constitute legal advice. Where this statement appears to conflict with state or federal law, physicians may wish to consult qualified legal counsel to determine the best course of action. (HOD, 0406)

MER-011

Transfer of Medical Records: The Wisconsin Medical Society reaffirms its policy of strongly supporting and mandating transfer of records including x-rays, when patients change providers of medical care. (HOD, 0406)

MER-012

Regional Information Sharing of Medical Records: The Wisconsin Medical Society supports the development of the Milwaukee Regional Informatics System through the WHA/MCMS Community Collaboration with the Wisconsin Hospital Association and WHIE.

The Wisconsin Medical Society supports the development of medical homes and plans of care for at-risk populations that benefit the patient, are consistent across competing health system platforms, have means of being updated, have means of being challenged by patients, reviewed by ethics committees, coordinated with health care providers, managed care organizations, governmental payors, advocacy groups and experts in specialty providers (psychiatry, emergency medicine, pain management, etc).

The Wisconsin Medical Society supports the research and methodology by which such care plans can be shown to improve patient outcomes and save valuable and scarce health care resources.

The Wisconsin Medical Society supports the collaboration between emerging methods of health information sharing into a common method such that multiple disparate means are reduced to effective sources of useful information. (Example: rare diseases protocols for pediatrics may be merged in a common web based access point with plans of care for mental health patients who are homeless and being managed by case managers, or dialysis patients, or patients with pain clinic contracts.) (HOD, 0407)

NUR-NURSES AND NURSING

NUR-002

Student Loan Forgiveness for Nurses: The Wisconsin Medical Society supports state funding for the establishment of a student loan forgiveness program for nurses who continue to practice in Wisconsin. (HOD, 0407)

NUR-003

The Nursing Shortage in Wisconsin: It is the policy of the Wisconsin Medical Society (Society) to work together with the Wisconsin Nurses Association (WNA) to address the nursing shortage in Wisconsin. (HOD, 0407)

OPH-OPHTHALMOLOGY AND OPTOMETRY**OPH-002**

Expansion of the Scope of Optometry: The Wisconsin Medical Society opposes legislation that would enable the unwarranted expansion of the scope of practice of optometry. (HOD, 0405)

ORG-ORGANIZATION**ORG-002**

Nominating Committee Composition and Deliberations: The Wisconsin Medical Society requires that the members of the Nominating Committee be provided a list of persons that have held the open position over the previous 10 years along with their District or Specialty section designation such that the Nominating Committee can consider the representation of all parts of the state over time for that position in its deliberations. The Wisconsin Medical Society suggests that the Wisconsin Medical Society Board establish an open process for information sharing about the candidates on the WMS members-only Web site and that the Nominating Committee develop criteria that ensures a fair, standardized and transparent process for all candidates. (HOD, 0408)

ORG-003

Public Disclosure of Affiliations: The Wisconsin Medical Society requires that the officers, directors, and nominees for elected office of the Wisconsin Medical Society disclose on an annual basis all significant affiliations. Disclosure will be modeled on the requirements of the ACCME and consistent with state and federal law.

The definition of significant affiliations includes all financial or leadership relationships that may be reasonably anticipated to have a material effect on issues considered, policies developed, or activities undertaken by the Wisconsin Medical Society.

Financial relationships include compensation, contracts, honoraria, stock ownership representing more than 10% of any one corporation's holdings, or other remuneration or consideration.

Leadership relationships include service as an officer, director, or trustee of an organization.

Disclosure will include all current relationships and all relationships during the preceding 5 years. As appropriate, the officer, director, or candidate should report significant affiliations of immediate family members. Immediate family members are defined as a spouse, parent, or child.

The Wisconsin Medical Society requests that the above disclosures be published in the Wisconsin Medical Journal and on the members-only section of the Wisconsin Medical Society Web site prior to elections. (HOD, 0408)

ORG-004

Physician Contribution to WISMedPAC and/or WISMedDIRECT: The Wisconsin Medical Society will establish a very strong expectation that every member will make an annual contribution to WISMedPAC and/or WISMedDIRECT. The Wisconsin Medical Society requests that the members be reminded and informed regularly of the value of contributing in WMS publications. The Wisconsin Medical Society also requests that the WMS Board of Directors take leadership by first creating an expectation that every WMS Board Member make an annual contribution to WISMedPAC and/or WISMedDIRECT. (HOD, 0408)

ORG-005

Endorsement of Political Candidates by the WISMedPAC and its Impact on the Wisconsin Medical Society: The Wisconsin Medical Society requests that the WISMedPAC Board review its policy on political endorsements, research what other respected organizations such as the American Medical Association PAC have done and consider adopting strategies for lobbying that do not include formal political endorsements. (HOD, 0408)

ORG-006

Transparency: The Wisconsin Medical Society supports that agendas of the Wisconsin Medical Society committees, councils and Board of Directors be available on the Member Only section of the Society Web site in advance of and following each meeting to allow members better knowledge of meetings. (HOD, 0409)

OUT-OUTREACH (MEDICAL)**OUT-002**

Helping Parents of Lesbian, Gay, Bisexual and Transgendered Children: The Wisconsin Medical Society should encourage physicians to inform the public of local or a national organizations such as PFLAG (Parents, Family and Friends of Lesbians and Gays) which have proven very helpful in helping families come through these stressful times and which have been very helpful in educating the public. (HOD, 0405)

OUT-003

Medical Clinic on Wheels: The Wisconsin Medical Society wholeheartedly endorses volunteer medical missions to areas of extreme poverty, unusual catastrophes or any place of acute medical needs, and encourages members to lend their support to worthwhile projects. (HOD, 0409)

PHA-PHARMACY**PHA-005**

Prescription Drug Assistance for Seniors: The Wisconsin Medical Society believes that any legislative proposals to provide financial assistance to senior citizens for the purchase of prescription drugs should include:

1. Ensuring that providers receive payment sufficient to recover their costs for both acquiring and dispensing medications in order that patients are assured access to pharmacy providers and covered prescription medications.
2. Provision of incentives by state programs to pharmacy providers for assisting physicians and providing services that improve health care quality such as medication reconciliation, patient education, and medication adherence. (HOD, 0406)

PHA-006

Parental Consent for Contraceptive Drugs and Devices: The Wisconsin Medical Society opposes requiring parental consent before an organization providing family planning services or pregnancy counseling that receives federal, state or local funds can prescribe contraceptive drugs or devices to teenage girls. (BOD, 0407)

PHA-009

Antidepressant Pharmacological Use in Long-Term Care Facilities: The Wisconsin Medical Society supports efforts to work actively to reexamine and change the administrative decision that antidepressants are viewed as “chemical restraints.” (HOD, 0406)

PHA-012

Therapeutic Substitution by Pharmacists: The Wisconsin Medical Society opposes any and all efforts that may be initiated to advance the concept of allowing pharmacists to substitute one medication for another with a similar therapeutic use and/or initiate medication prescriptions without the physician’s consent in each specific case, including any hospital formulary. (HOD, 0406)

PHE-PHYSICIAN EXTENDERS**PHE-002**

Whistleblower Protections: The Wisconsin Medical Society supports providing all employees in the health care arena whistleblower protection in their place of work. (HOD, 0408)

PHE-004

Medical Supervision of Allied Health Care Professionals: The Wisconsin Medical Society will vigorously monitor any efforts by allied health care professionals to seek legislation or administrative rule change that would allow a practice independent of physician supervision, especially in the area of independent drug prescription authority. Organized medicine’s intentions in this matter is to ensure that high quality medical care be delivered and that the safety and well being of the patient always be paramount. (HOD, 0405)

PHE-006

Nurse Midwife Education Program: The Wisconsin Medical Society supports a certified nurse midwife educational program in Wisconsin. (BOD, 0709)

PHY-PHYSICIANS**PHY-001**

Physician Participation in Community: The Wisconsin Medical Society encourages all physicians and members of the Wisconsin Medical Society Alliance to become more actively involved in their communities and will publicly recognize physicians and Alliance members who have made a positive impact in their local communities. (HOD, 0405)

PHY-002

Inter-specialty Cooperation: The Wisconsin Medical Society (Society) affirms, commends and endorses the actions of the Wisconsin Academy of Family Physicians and the Wisconsin Society of Obstetrics and Gynecology/Wisconsin Section of the American College of

Obstetricians and Gynecologists to improve relationships between the two specialties and encourages similar efforts on the part of other specialties. The Society also supports the following policy statement developed by the two organizations:

The Wisconsin Academy of Family Physicians and the Wisconsin Section of the American College of Obstetricians and Gynecologists agree that close collaboration between family physicians and obstetricians/gynecologists is necessary and desirable both to meet the health care needs of women and to make our professional activities more rewarding.

The Wisconsin Academy of Family Physicians supports the role of primary care provider for those obstetricians/gynecologists who have appropriate interests and skills in generalist health care.

The Wisconsin Section of the American College of Obstetricians and Gynecologists supports the provision of women's health care services, including maternity care, by family physicians that have appropriate skills and interests.

To this end, both groups call upon their members to collaborate enthusiastically in areas of patient care, medical education, and legislative action. (HOD, 0405)

PHY-003

Use of the Word "Provider": The Wisconsin Medical Society (Society) believes in the use of the word "physician" when referring to physicians (MDs, DOs) and encourages the use of the term "non-physician clinician" when referring to all other health care professionals in official Society literature such as journals, brochures, interviews, lectures, etc.; and will encourage other state medical specialty societies (academies) and medical schools within the state to adopt this practice. (HOD, 0405)

PHY-007

Use of the MD Title: The Wisconsin Medical Society

- Defends the use of the MD title by physicians who graduated with an MBBS and are licensed to practice medicine in Wisconsin.
- Believes in clarifying Wisconsin statute so that International Medical Graduates licensed to practice as medical doctors can use the title MD. (HOD, 0405)

PHY-008

Medicine is Art and Science, not a Public Utility: The Wisconsin Medical Society reaffirms its unshakable belief in the medical profession being both an art and a science and will take necessary steps to educate individuals who view the healing arts as a public utility. (HOD, 0405)

PHY-010

Advocacy During Clinical Encounters: The Wisconsin Medical Society supports the following principles related to physicians, patients and advocacy:

1. It is laudable for physicians to run for political office, to lobby for political positions, parties or candidates, and in every other way to exercise the full scope of their political rights as citizens. These rights may be exercised individually or through organizations such as professional societies and political action committees.

2. Physicians have a responsibility to keep themselves well-informed as to current political questions regarding needed and proposed changes to laws concerning access to health care, quality of health care services, scope of medical research, and promotion of public health.
3. Communications by telephone or other modalities with patients and their families about political matters must be conducted with the utmost sensitivity to patients' vulnerability and desire for privacy. Conversations about political matters are not appropriate at times when patients or families are emotionally pressured by immediate medical problems. Physicians are best able to judge both the intrusiveness of the discussion and the patient's level of comfort. In general, when conversation with the patient or family concerning social, civic, or recreational matters is acceptable, discussion of items of political import may be appropriate.
4. Physicians should not allow their differences with patients or their families about political matters to interfere with their delivery of high quality, professional care. (HOD, 0409)

PHY-011

Medical Examiner Qualifications: The Wisconsin Medical Society believes that a Medical Examiner should be a physician—preferably a pathologist with special expertise in the investigation of medico-legal-forensic cases. (HOD, 0405)

PHY-012

Medicine and Culture: The Wisconsin Medical Society encourages physicians to undertake reasonable efforts to provide culturally and linguistically appropriate services as needed in their practices. (HOD, 0406)

PHY-013

Economic Credentialing: The Wisconsin Medical Society (1) adopts the following definition of economic credentialing: economic credentialing is defined as the use of economic criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital Exhibit G 2 medical staff membership or privileges; (2) strongly opposes the practice of economic credentialing; (3) believes that physicians should continue to work with their hospital boards and administrators to develop appropriate educational uses of physician hospital utilization and related financial data and that any such data collected be reviewed by professional peers and shared with the individual physicians from whom it was collected; (4) believes that physicians should attempt to assure provision in their hospital medical staff bylaws of an appropriate role for the medical staff in decisions to grant or maintain exclusive contracts or to close medical staff departments; and (5) will communicate its policy and concerns on economic credentialing on a continuing basis to the Wisconsin Hospital Association. (BOD, 1109)

(Derived from AMA Policy H-230.975 Economic Credentialing; A-2007)

PRP-PRACTICE PARAMETERS

PRP-005

Outcomes Research in Wisconsin: The Wisconsin Medical Society (Society) supports the development of a medical quality research foundation or research committee within the

current Society Foundation for the purpose of developing, funding and implementing medical quality outcomes research in Wisconsin. (HOD, 0405)

PRP-007

Practice Parameters and Quality Assessment: The Wisconsin Medical Society (Society), as a leader in promoting quality health care for Wisconsin, should

- Continue its support for the development of practice parameters (including guidelines, practice measurement systems, and outcomes research).
- Assist in the dissemination of this information to its members in both its electronic (via the Society Web site) and print periodical formats.
- Monitor the misuses of practice parameters through review of concerns raised by members. (HOD, 0409)

REP-REVIEW: PEER

REP-001

Metastar: The Wisconsin Medical Society (Society) should disseminate information on the structure and workings of Metastar including

- The Metastar review process and how it affects physicians.
- The selection process for the Metastar Board.
- Information regarding Metastar election including names of candidates, qualifications and any Society recommendations. (BOD, 0709)

REP-002

Peer Review Code of Conduct: The Wisconsin Medical Society approved the following code of conduct for all organizations undertaking peer review activities affecting Wisconsin physicians:

- Peer review activities shall be carried out in a professional manner, maintained through all levels of review and communication, by both the reviewing organization and its physicians as well as the attending physician involved.
- Peer review activity at all levels shall be based on a thorough review of the complete medical record. Denials shall be made not on failure to meet screening criteria but rather on professional review of the case as a whole. Rubber-stamping of prior review decisions without a thorough review of the medical record is to be condemned.
- Specialty-specific review by practicing physicians shall be the goal at all levels of review beyond the initial screening. All physicians involved in providing peer review services shall be understanding of the methodology of appropriate case review.
- Final decisions regarding recommendations for sanction activity shall be made only after a thorough review of each individual case by a physician reviewer in the same specialty as the attending physician and only following a full opportunity for the attending physician to present and discuss the total case situation with the reviewing physicians.
- Peer review decisions shall be made based only upon that information which was available to the attending physician at the time in question. Analyzing

patient care based solely on outcome and other subsequent case information is not appropriate.

- The attending physician's decisions must be judged on generally accepted standards of care and that the medical care provided was necessary, reasonable, and appropriate given the available resources and the individual patient case situation in question.
- Peer review activity shall be completed expediently in each case, with similar time response constraints placed on the reviewing organizations themselves as are imposed on the attending physician.
- All communication from the peer review organization to the attending physician shall be worded to be appropriately reflective of the seriousness of the proposed patient care infraction and appropriately reflect the appeals process available to the attending physician.
- All peer review organizations shall develop internal quality assurance mechanisms at all levels of review to minimize the amount of inappropriate re-view which practicing physicians are subjected to. The Wisconsin Medical Society condemns overzealous review and any quota systems of review denials and supports appropriate review without quota or economic incentives to deny claims.
- Patient confidentiality shall be maintained at all levels of review.

In cases of reviewer uncertainty, the benefit of the doubt in case management shall be given to the attending physician. Only the attending physician was at the scene, under the stress of the situation, and responsible for the total care of the patient. (HOD 0405)

REP-004

Release of Commission on Mediation and Peer Review Records to the Department of Regulation and Licensing: The Wisconsin Medical Society recommends that peer review records not be released to the Division of Enforcement of the Department of Regulation and Licensing. (HOD, 0405)

REQ-REVIEW: QUALITY ASSURANCE AND UTILIZATION

REQ-001

Protection of Quality of Care for Psychiatric Patients: The Wisconsin Medical Society supports high quality services for psychiatric patients and believes that physicians who collaborate with psychologists must recognize the physician's responsibility for overseeing the medical and psychiatric needs of their hospitalized patients. (HOD, 0405)

REQ-004

Third Party Medical Review: The Wisconsin Medical Society (Society) reaffirms its policy of continuing to seek uniform procedural standards and requirements for all organizations utilizing medical review to approve or deny health insurance benefits for medical care. The Society believes these organizations should be required to

- Register with the state of Wisconsin.
- Make review criteria available to health care professionals and patients.
- Obtain licensure for all medical care reviewers along with requiring adequate education and training in the areas that they are reviewing.

- Clearly delineate the appeals process available to both patients and health care professionals.
- Fully disclose any financial incentives that the reviewers might have based on denying a target amount of services or health care professionals.
- Prior to any adverse determination regarding medical necessity or appropriateness of care, provide the physician with an opportunity to discuss the plan of treatment with a physician reviewer in the same specialty, during normal working hours.
- Assure patient confidentiality and present authorization to the physician for release of patient information to the review organization. (BOD, 0709)

REQ-005

Performance Measures: The Wisconsin Medical Society supports the Physician Consortium for Performance Improvement convened and operating under the auspices of the American Medical Association, and the performance measures that it has developed and encourage all those involved in developing and distributing performance measures to coordinate their efforts and assure that their measures are:

1. Feasible
2. Relevant
3. Valid
4. Patient-centered
5. Tested before distribution (HOD, 0405)

REQ-006

Support for Performance Measures Developed By The Physician Consortium For Performance Improvement: The Wisconsin Medical Society supports that any allocation of resources toward physician performance measures be consistent with the guidelines of performance measures adopted by the American Medical Association. (HOD, 0405)

REQ-007

Patient-Centered Medical Home: The Wisconsin Medical Society supports the Joint Principles of the Patient-Centered Medical Home developed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and the American Osteopathic Association as guidelines for Wisconsin and all states to improve the health of its citizens.

The Wisconsin Medical Society encourages Wisconsin to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

The Wisconsin Medical Society will put forward a resolution to the American Medical Association in support of the Joint Principles of the Patient-Centered Medical Home and to encourage national payors to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

Principles (2/07)

Personal physician - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Physician directed medical practice – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole person orientation – the personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.

Care is coordinated and/or integrated across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Quality and safety are hallmarks of the medical home:

- Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient's family.
- Evidence-based medicine and clinical decision-support tools guide decision making
- Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.
- Patients actively participate in decision-making and feedback is sought to ensure patients' expectations are being met
- Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication
- Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model.
- Patients and families participate in quality improvement activities at the practice level.

Enhanced access to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.

Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on the following framework:

- It should reflect the value of physician and non-physician staff patient-centered care management work that falls outside of the face-to-face visit.
- It should pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers, and community resources.
- It should support adoption and use of health information technology for quality improvement;

- It should support provision of enhanced communication access such as secure e-mail and telephone consultation;
- It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
- It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
- It should recognize case mix differences in the patient population being treated within the practice.
- It should allow physicians to share in savings from reduced hospitalizations associated with physician-guided care management in the office setting.
- It should allow for additional payments for achieving measurable and continuous quality improvements. (HOD, 0408)

TEC- TECHNOLOGY ADVANCEMENTS

TEC-001

Information Technology Standardization and Costs: The Wisconsin Medical Society supports concepts of information technology (IT) standards for interchangeability of data from different IT systems. (BOD, 0709)

TEC-002

Health Information Technology: The Wisconsin Medical Society supports the adoption of health information technology that will provide information where it is needed, when it is needed, to support care, and encourages physicians to work toward the following goals, at a pace appropriate to their practices:

- The adoption and implementation of electronic health records (EHRs).
- The adoption of e-prescribing, ideally integrated with the EHR.
- The adoption of systems providing clinical decision support.
- The choice of systems that comply with emerging national standards.
- The choice of systems from vendors that have achieved appropriate certification.
- The collection and use of clinical data for quality improvement.
- The reporting of data on clinical quality measures to public warehouses. (HOD, 0405)