

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

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

Therefore, the Wisconsin Medical Society shall support and work to implement policies regarding the state Medical Assistance (MA) program that allocate those limited resources to benefit the greatest amount of people with the best health care possible with the resources that are available.

- Acknowledge that the goal is health rather than health services or health insurance
- Commit to a public process with structured public input
- Commit to meet budget constraints by modifying benefits rather than cutting people from coverage or reducing payments to levels below the cost of care
- Commit to use available resources to fund clinically effective treatments of conditions important to Wisconsinites
- Develop explicit health service priorities to guide resource allocation decisions
- Commit to maintain the integrity of the prioritization process, including a prohibition against changes to the priorities as part of Legislative funding decisions

**A greater emphasis is placed on preventive services and chronic disease management, reflecting the fact that providing health care before reaching crisis mode will prevent avoidable morbidity and mortality. The nine categories in ranked order are:**

Category 1: Maternity and newborn care

Category 2: Primary and secondary prevention

Category 3: Chronic disease management

Category 4: Reproductive services (excluding infertility services)

Category 5: Comfort care

Category 6: Fatal conditions where the focus of treatment is on disease modification or cure

Category 7: Nonfatal conditions where the focus of treatment is on disease modification or cure

Category 8: Self-limiting conditions

Category 9: Inconsequential care



To sort and rank items within the categories, the Wisconsin Medical Society encourages the State Legislature and the Department of Health Services to consider priorities within the categories when making choices in determining the prioritization of health care resources:

When considering priorities and deciding measures to best capture the impacts on both individual health and population health, the following should be considered in determining the relative importance of a condition-treatment pair:

- Impact on suffering—To what degree does the condition result in pain and suffering? Effect on 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 factored in here.
- Population effects—The degree to which 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 will the condition impact the health of the individual if left untreated, considering the median age of onset (i.e., does the condition affect mainly children, for whom the impacts could potentially be experienced over a person’s entire lifespan)?
- Vulnerability of population affected—To what degree does the condition affect vulnerable populations, such as those of certain racial/ethnic descent or those afflicted by certain debilitating illnesses such as HIV or alcohol and drug dependence?
- Tertiary prevention—In considering the ranking of services within categories 6 and 7, to what degree does early treatment prevent complications of the disease (not including death)?
- Effectiveness—To what degree does the treatment achieve its intended purpose?
- Need for medical services—The percentage of time in which medical services would be required after the diagnosis has been established.

*This statement contains some passages from A Brief History of Health Services Prioritization in Oregon by Bob DiPrete and Darren Coffman, March 2007.*