

Task force report Part III

Ways to reduce barriers

Editor's note

This article is the third in a series taken from the report developed by the Wisconsin Medical Society's Task Force on Professionalism.

The first two installments in this series documented the stress facing our profession and the need for the medical profession to recover. We defined professionalism and listed the barriers to implementation of professionalism. In this issue we address how physicians and patients can work together to reduce the barriers we all face. We document a variety of strategies designed to improve the physician/patient relationship. Many of these strategies have in common the idea of promoting a better dialogue, be it with patients, with businesses, in our communities, or with other professionals. This is just a beginning though. This fall, we will continue the dialogue with a Patient Congress. By bringing together patients and physicians we hope to directly work toward improving and strengthening the special relationship that patients and physicians have historically had. More information on the Patient Congress will appear in a future issue of the *WMJ*.

—Jack Lockhart, MD, Wisconsin Medical Society
Task Force on Professionalism

II. Wisconsin Medical Society Activities that may reduce the barriers

A. Physician attitudes, beliefs, knowledge and behavior

1. Assertively take back control of work time for the benefit of patient care
 - Make patient needs and concerns a, if not the, most important focus of energy
 - Educate and influence HMOs on critical nature of enough time per patient
 - Assertively support members in taking control of patient schedules
 - Promote patient care over paperwork
 - Save time by promoting single-standard forms and automated reporting
2. Develop and demonstrate a responsible attitude toward health care costs
 - Forums to educate public about reasons for high costs
 - Collaborate with public in strategies to contain costs
 - Assertively reduce wasteful and duplicative medical service
 - Assertively promote insurance coverage for all citizens
 - Provide leadership in a public debate on priorities in health care
3. Develop and demonstrate a responsible attitude toward health care safety and error
 - Develop a highly assertive-corrective attitude to sub-standard health care

- Rapid adoption of cost-effective error reduction systems
 - Recover original quality enforcement function of medical societies
 - Promote an attitude of prompt resolution of quality concerns
 - Promote most effective CME activities (active vs. passive)
 - Promote appropriate expressions of regret/apology
 - Physicians assist hospitals to develop programs for error reduction
4. Increasing collaboration with the public in solving health care problems
 - Public lectures, forums, and workshops on issues in medical care
 - Inform individual patients on problems and needed changes
 - Lectures and forums for civic leaders by geographic area
 - Guest editorials in local newspapers
 - Emphasizing facts, public service ideals, and barriers
 5. Wisconsin Medical Society-sponsored CME to enhance professionalism in Wisconsin physicians
 - Lectures, forums and workshops
 - Publications in *WMJ*, newsletters, and website
 - For physicians and clinic leaders by geographic area
 - Promote understanding of the health care delivery system
 - Clarify the concept and role of professionalism
 - Patient-physician communication
 6. Reduce perceptions of politicians and public on physician greed and self-interest
 - Promote pricing of all medical services according to resource costs
 - Discourage displays of wealth, luxury and extravagance
 - Avoid drug company gifts and CME subsidies
 - Promote voluntary community service, clinical and otherwise
 - Develop a menu of possible community activities for MDs to utilize
 - Re-formulate our management model for health services
 - Continue the best ideas from the business model
 7. Promote assertive participation and leadership in Wisconsin Medical Society and county societies
 - Articulate and promote a “humane service” model
 - Avoid industrial production metaphors and language e.g., identity as “physician” not “provider”
 - Discourage whining and complaining as a dominant form of expression
 - Promote sense of control of our destiny vs. victims of evil social forces
 - Encourage problem-solving and expectations of success
 - Wisconsin Medical Society solicits member and county society participation in specific projects
 - Wisconsin Medical Society provides strongest possible support for member’s professionalism activities
 - Funding to support activities and subsidize physician costs
- B. The organization, structure and management of health services
 1. An ongoing forum involving the various stakeholders for mutual understanding of the reason for high costs and development of strategies to contain the increases
 2. Reformulate our practice model
 - Alter practice to promote patient-centered model of service and lexicon
 - Wisconsin Medical Society consultation on contracts, e.g., advice line, model contract preparation
 3. Endorse standardized forms (consults, applications, claims, etc.)
 4. Reduce time pressures
 - Reduce “through-put” pressures
 - Promote patient care over paperwork
 - Pressure HMOs, insurance carriers to allow more time
 5. Reduce disparities in health care utilization and outcomes due to race, gender, class and geography
 - C. Public opinion and attitudes toward health care
 1. Medicine must teach the public about the limits and costs of contemporary medical care
 - Distribute educational material to patients
 - Press releases

- Regarding realistic expectations such as antibiotic resistance issue, maybe set up hot line for patients
 - Public awareness / publicity (make sure we get credit for what we do without overdoing it)
2. An ongoing forum involving the various stakeholders for mutual understanding and education (akin to the Alliance Quality Forum)
 3. An ongoing forum involving the various stakeholders for mutual understanding of the reason for high costs and development of strategies to contain the increases
 4. Promulgate the essence of professionalism through meetings, writings
 5. Alter practice model to promote patient-centered model of service and lexicon
 6. Endorse uniform forms (consults, applications, claims, etc.)
 7. Promote patient care over paperwork
- D. Professional leadership from organized medicine
1. Wisconsin Medical Society needs to strongly support and sponsor strong CME on professionalism, including the following:
 - Make patient needs and concerns a, if not the, most important focus of energy
 - Promulgation of the essence of professionalism through meetings and writings
 - Wisconsin Medical Society statewide CME on patient-physician communication
 - *WMJ* publication of research and opinion on professionalism
 - Reject business model and promote patient-centered model for the work of medicine
 - Promote a “can do” enthusiasm toward professional recovery
 - Develop recognition awards for members who exemplify the ideals of professionalism
 2. Take back assertive leadership on quality and safety of medical care
 - Strengthen effectiveness of existing professional self-policing
 - Support cost-effective and validated publication of doctor-quality data
 - Promote a sense that MDs are policing their own through error reduction, peer review and salary issues
 3. Strong opposition to “unprofessional arrangements” (kick-backs, fee splitting)
 - Strengthen legal protections for physicians who report sub-standard medical work
 - CME on methods of self-policing
 - Initiate a task force on physician professional self-policing
 - Empower physicians to take back control of their patient schedules
 - Empower physicians to speak up with patients on needed changes and collaboration to effect change in health care policy
 - Empower physicians to rapidly recognize desirable cost-effective error reduction systems and facilitate their adaptation into practice
 - Explore ways to enhance patient/physician communications, Society web page, newspaper articles, specialty societies
 3. Take assertive leadership on issues of health care cost and equity
 - Wisconsin Medical Society sponsors ongoing forum of all stakeholders to promote understanding of reasons for high costs and strategies to contain the increases
 - Promote rapid adoption of resource-based pricing practices
 - Empower physicians to adopt a cost-effective attitude to testing and treatment
 - A major policy initiative to assure access to good health insurance for every Wisconsin citizen
 - A major policy initiative for fair drug pricing in Wisconsin
 - Review malpractice claims based on the exclusion of tests for low likelihood disease and initiate CME or appropriate action if necessary
 4. Promote research to fill critical gaps in knowledge
 - Sponsor outcomes research on patient-physician communication
 - Sponsor validation research on what doctor-quality data is cost-effective
 5. Strong advocacy position on members’ community service
 - Develop menu of options
 - Promote community service, (e.g., smoking cessation, “Smoking Truth or Dare”)

- Facilitate CMS community service program development
 - Provides staff support for events
 - Wisconsin Medical Society to prepare the outlines for programs
6. Greatly strengthen our leadership in policy development and adoption
 - Strengthen Wisconsin Medical Society policy action in government organizations and non-government organizations
 - Advocate for fair and equitable payment
 - Assertive leadership to reduce practice hassles
 - Promote patient care over paperwork
 - Endorse standard forms (consults, applications, claims, etc.)
 - Oppose gag clauses
 7. Develop a powerful political alliance with Wisconsin citizens
 - Wisconsin Medical Society initiates and sponsors periodic “citizens congress” on health care in Wisconsin
 - Professionalism/Patient Forum—could present at Wisconsin Medical Society Annual Meeting
 - Partner County Medical Societies with other organizations (AARP, WEAC, etc.)
 8. Strengthen our medical societies
 - Promote Wisconsin Medical Society/ County Medical Society’s professional societies and resources
 - Enhance communication and ease physician participation.
 - Work with AMA to promote professionalism standards
 - Enhance collegiality—Wisconsin Medical Society functions, CMS “meet your legislator,” picnics, holiday parties, CME
 - Need for better public identity: NOT an arm of the state legislature
 9. Strengthen relations with other health professions
 - Invite nurses to CME on our efforts on professionalism
 - To strengthen professional and political collaboration
 - Work with other groups (AMA, ANA, specialty societies)
 - Physicians assist hospitals to develop programs for error reduction

III. How can we make this all happen?

(All of these are very critical to making the ‘big idea’ come alive and grow)

1. Acknowledge professionalism as a currently critical issue and assertively promote a proactive mindset to address.
2. Professionalism encompasses all the Society does; therefore, to ensure it is being implemented to its fullest extent, we believe the Executive Committee should review regularly and report to the Board.
3. Utilize multiple options to address professionalism, i.e., public forums, multi-disciplinary meetings, resolutions for annual meetings, specific task forces, Wisconsin Medical Society publications, Wisconsin Medical Society sponsored CME, seek to learn how other professional groups may be addressing this issue.
4. Integrate professionalism in our discussion with all stakeholders.
5. Seek sources of funding for activities.
6. Sponsor and promote leadership training for physician leadership at the local level for the accomplishment of these objectives.

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Editor's Note: To read the entire Professionalism report, go to the Professionalism section of the Society's website: http://www.wisconsinmedicalsociety.org/physician_resources/professionalism/default.cfm



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