

Wisconsin Medical Society Strategic Plan 2006 - 2008

I. Mission

Improve the health of the people of Wisconsin by supporting and strengthening physicians' ability to practice high-quality patient care in a changing environment.

II. Vision

Enable physicians to lead efforts with other health care partners to optimize health care delivery and ensure accessible, efficient, patient-centered quality care for all the people of Wisconsin.

III. Guiding Principles

- Place community and patient interests above self interest and be the leading advocates for patients' well-being
- Ensure that Medicine thrives as a noble and self-regulating profession, and that physicians foster professionalism in their behavior
- Set standards for professional conduct, establish and comply with measures of optimum clinical performances, and exercise self-discipline
- Develop future physician leaders within their communities, organizations and profession, keeping in mind changing physician demographics
- Promote collegiality, health and well-being among physicians
- Assure that business needs do not supercede what is best for the patient
- Foster dialogue on the challenging ethical/moral decisions in Medicine
- Focus Society efforts on initiatives that unite the profession

The Society represents individuals who have taken or will take an oath that recognizes our debt to our ancestors for pointing the way to ethical and moral behavior

Editor's note: The Society's Strategic Plan was approved by the Board of Directors in July 2005.

in the midst of the multitude of scientific activities of the medical profession, and who accept the axiom "It is more important to treat the person with the illness/disease, than treating the illness/disease the person has."

IV. Strategic Initiatives and Goals

A. Health Insurance Coverage and Access

1. Increase number of Wisconsin people who have adequate health insurance and ready access to medical services
 - i. Objectives*
 - a. Participate effectively in changing our health system by:
 - Looking for allies to broaden support
 - Evaluating competing health care proposals and working with their authors on compromises we can support
 - b. Develop a legislative plan that pursues change in appropriate increments
 - c. Partner with our citizens to reform the health system
 - ii. Measurements*
 - a. Number of uninsured in Wisconsin
 - b. Number of insured in Wisconsin
 - c. Number of recipients of Medicaid, BadgerCare, etc.
 - d. Emergency Department trends
2. Advocate for more sufficient Government financial support of its health care programs
 - i. Objectives*
 - a. Develop sound financing options for Medicaid
 - Promote cigarette user fee and evaluate alcohol user fee with proceeds from both allocated to Medicaid
 - Develop physician plan for increasing generic drug use
 - Review/monitor covered Medicaid services and change where appropriate
 - Work with partners to develop long-term care funding options

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- b. Broaden access to currently covered services for all Medicaid users
 - c. Encourage effective small-employer insurance pools
 - d. Make sure financially-sound government programs such as worker's compensation remain so
 - e. Maximize Wisconsin's potential for equity in Medicare
 - Increase size and, as a result, the lobbying power of the Geographic Equity for Medicare (GEM) coalition
 - Work with Wisconsin's Congressional delegation to develop ideas to improve Medicare and establish Wisconsin as a potential test site
 - Understand how Centers for Medicare & Medicaid Services (CMS) pay-for-performance impacts reimbursement rates; monitor activities and reports of the Practicing Physicians Advisory Council to ensure that reimbursement is adequate
- ii. Measurements*
- a. Percentage of Medicare and Medicaid costs that are reimbursed
 - b. Percentage of a Medicaid dollar to clinics
 - c. Cost of uncompensated care
3. Protect Wisconsin's favorable medical liability climate
- i. Objectives*
- a. Aggressively seek restoration of Wisconsin caps on noneconomic damages in medical malpractice cases by every appropriate means
 - b. Proactively look for ways to keep the Injured Patients and Families Compensation Fund ("Fund") safe; monitor Fund from financial perspective
 - Analyze Fund data to understand maloccurrence versus incorrect practice
 - Review and promote physician disclosure laws
 - c. Strengthen relationship with all medical liability insurance agencies operating in Wisconsin
- ii. Measurements*
- a. Number of lawsuits filed
 - b. Malpractice premium costs
 - c. Number of mediations
 - d. Actuarial integrity of Fund
 - e. Percentage trials won, percentage suits settled, cost
4. Increase percentage of health care dollar spent on patient care versus administrative costs
- i. Objectives*
- a. Implement a Wisconsin physician data warehouse to decrease private and public administration costs
 - Expedite application process for Wisconsin MD license
 - b. Look for opportunities within government-funded areas to decrease administrative costs
 - Work with WPS to decrease processing time for Medicare claims
 - Work with DHFS and vendors to decrease processing costs for Medicaid claims
 - Look for opportunities to reduce administrative issues through coordination of Medicare/Medicaid
- ii. Measurements*
- a. Percent of administrative cost of health care dollar
 - b. Length of time for new physician to get Wisconsin license
 - c. Length of time from billing to payment
 - d. Percent of coding changes by insurance companies
5. Advocate for the right distribution of physicians in specialties and location, based on patient need
- i. Objectives*
- a. Influence medical applicant pool to maximize physician workforce potential
 - Increase number of Wisconsin medical school students who practice in Wisconsin
 - Ensure that, in addition to academic aptitude, personal skills and other characteristics necessary to be a good physician are considered when selecting medical school students
 - Support efforts by the University of Wisconsin (UW) and Medical College of Wisconsin (MCW) to ensure that medical student classes reflect an appropriate level of diversity
 - Reinstigate capitation for MCW to increase number of Wisconsin citizens attending MCW
 - Investigate financial rewards for those who go into high-need specialties
 - b. Work to maximize the number of Wisconsin residents who remain in Wisconsin for their practice
 - Increase number of Wisconsin medical residents who choose to stay and practice in Wisconsin
 - Increase Graduate Medical Education (GME) funding to maintain a stable number of resident positions
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- Increase Society activity with medical students and residents
 - c. Analyze scope-of-practice issues from the workforce shortage perspective
 - d. Identify physician satisfaction measures and determine what factors affect physicians' decision to leave the profession early
- ii. *Measurements*
- a. Number of medical students from Wisconsin, number of rural Wisconsin students
 - b. Number of Wisconsin medical graduates who practice in Wisconsin
 - c. Number of resident positions
 - d. Number of Wisconsin medical residents who practice in Wisconsin
 - e. Annual gain versus loss of physicians by each practice category
 - f. Annual number of physicians in/out of Minnesota, Iowa, Michigan and Illinois versus Wisconsin
 - g. Number of Wisconsin physician openings and location

B. *Quality/Clinical Outcomes*

1. Ensure that all physicians understand and can participate in national and state quality efforts
 - i. *Objectives*
 - a. Continue to look for innovative ways to measure quality
 - b. Continue to bring physician leaders together to discuss quality issues
 - Keep patient-centered care the primary focus of quality efforts
 - Understand implications of pay-for-performance on different practice types, and how patient adherence and risk affects quality improvement efforts
 - Investigate pay-for-adherence models for patients
 - Partner with those with appropriate expertise in the needed areas
 - c. Develop avenues to make Health Information Technology affordable for all practices
 - Interoperability standard in Wisconsin
 - d. Educate physicians on quality, patient-centered and efficiency efforts
 - Be the bridge for smaller practices to state and national quality efforts
 - ii. *Measurements*
 - a. Number and percent of practices that use Electronic Medical Records (EMR), Wisconsin versus United States
 - b. Nurse and physician report cards on EMR systems

- c. CMS quality measures for Wisconsin
 - d. Patient surveys of care
 - e. Number of patient adherence efforts
2. Lead the practice of patient-centered medical care in Wisconsin
 - i. *Objectives*
 - a. Improve members' operational concept of "patient-centered care" from multiple perspectives
 - b. Encourage CME workshops to enhance patient-centered clinical skills known to improve health care process and outcome
 - ii. *Measurements*
 - a. *Wisconsin Medical Journal* articles and bibliographies
 - b. Local/regional didactics and dialogues on patient-centeredness
 - c. Surveys, focus groups, dialogues with Wisconsin citizens
 - d. Sampling of indicator medical outcomes
 - e. Monitor complaints and claims
 3. Support patient safety efforts in hospital and ambulatory settings
 - i. *Objectives*
 - a. Encourage physicians to be involved with their hospital and clinic patient safety efforts
 - Promote patient safety efforts at local level
 - b. Investigate creation of a medical error reporting system like the pilot error reporting system
 - Increase vision of Injured Patients and Families Compensation Fund Board to help decrease liability claims by looking at patient safety issues in ambulatory areas
 - ii. *Measurements*
 - a. Number of medical errors versus number of patient encounters
 - b. Number of organizations contributing data
 4. Improve Wisconsin population health
 - i. *Objectives*
 - a. Support implementation of Wisconsin's public health plan "Healthiest Wisconsin: 2010"
 - Envision ways to improve population health in cooperation with other population health experts
 - Publish peer-reviewed scientific research specific to Wisconsin
 - Coordinate with other specialty societies to communicate public health information, reducing duplication where possible

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- b. Proactively support a public health system that will improve the health of Wisconsin's population

ii. Measurements

- a. Number of days missed from school/work
- b. Life expectancy
- c. Infant mortality
- d. Geographic, ethnic and economic disparity in patient morbidity/mortality

C. Wisconsin Medical Society

1. Ensure the Society's vibrancy and attractiveness to members, financial soundness, and its regard by the public, policy-makers and media as the primary resource for credible health care policy and perspective

i. Objectives

- a. Increase/maintain non-dues revenue
 - Become more financially flexible and able to invest more money in strategic initiatives

- b. Manage and minimize risks for Society
 - Establish and maintain adequate reserves to bridge financial shortfalls and make strategic investments
- c. Understand what is valued by both members and non-members
 - Act and communicate in ways that nourish, capture and sustain the interest, allegiance and support of existing and potential members
 - Make a special effort to communicate and invite input and participation of new members

ii. Measurements

- a. Membership numbers, length of membership
- b. Dues and non-dues revenue increases
- c. Reserves—6 months of liquid reserves; 12 months in long-term reserves
- d. Effectiveness of communications
- e. Level of participation by members in Society activities

Wisconsin Medical Journal

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