

RESOLUTION 16 - 2010

Subject: Establishing a Council on Evidence-Based Medical Practice

Introduced by: Council on Health Care Access

Referred to: Quality and Clinical Outcomes

1 Whereas, The structure of some state-sponsored insurance programs (BadgerCare Core and Core-
2 Basic) are exempt from federal mandates regarding types of services to be covered, allowing for a
3 reasoned discussion of what services should be offered and covered by the plan; and

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5 Whereas, There is no one entity at the state level to examine evidence of cost, effectiveness and
6 value of medical services to this population; and

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8 Whereas, Establishing such an entity could serve as a source of analysis and information for
9 many public entities making decisions about how to distribute resources to promote the health of
10 the people of Wisconsin; therefore be it

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12 RESOLVED, That the Wisconsin Medical Society work with state agencies to form a
13 multidisciplinary group which will be convened on a regular basis to consider the medical
14 evidence supporting the use of specific health services, making a determination of effectiveness
15 and value, for use in decision-making regarding funding of health services.

Fiscal note: \$10,000 or greater, requires staff time, mailing costs and meeting expenses.

Relevant Policy

Society:

ETH-007

Ethics of Clinical Management Guidelines: Clinical management guidelines (CMG) are clinical guidelines created to aid the physician in the diagnosis and treatment of patients' health conditions. The Wisconsin Medical Society believes that CMGs should be based on clinical research that includes but is not limited to clinical trials and medical outcomes. Development of CMGs should be a cooperative effort of physicians (as represented by the AMA, state and local medical associations and appropriate specialty groups) as well as third party payers and concerned government agencies. A formal entity/organization should take responsibility for developing, comparing and evaluating CMGs. Information gathered by the group should be readily accessible to practitioners and to the public and input should be encouraged. With respect to professional liability, the use of CMGs must be carefully tested and monitored by physicians for both hazards and benefits. CMGs should:

- Be in the best interest of the patient;
 - Reflect the unique character of the providers and the patients they serve;
 - Reflect physician's autonomy and their right to depart or deviate from CMGs with the stipulation that physician's document supporting reasons behind their treatment choices;
 - Not be static, but instead reflect real medical practice over time and include improvement based on scientific clinical research;
 - Reflect societal concerns and the need for appropriate allocation of resources;
- and,
- Not be used against physicians who document scientific reasons for departing from the guidelines. (HOD, 0405)

AMA:

H-160.972 Physician Representation on State and National Health Care Advisory Bodies

The AMA urges Congress, and others who select members of state and national health advisory bodies, to increase the proportion of physicians in active clinical practice serving on these bodies, with selected members being recommended by state or national medical associations. (Sub. Res. 110, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: BOT Rep. 23, A-09)

H-290.975 State and Federal Medicaid Physician Advisory Bodies

Our AMA: (1) supports the creation of state Medicaid Physician Advisory Commissions that would advise states on payment policies, utilization of services, and other relevant policies impacting physicians and patients; and (2) reaffirms support for a federal Medicaid Physician Advisory Committee to advise the Centers for Medicare & Medicaid Services (CMS) and Congress on policies impacting physicians and patients related to the Medicaid program. (BOT Rep. 13, I-02)