

RESOLUTION 8 - 2010

Subject: Enhanced Distribution of Physician Services

Introduced by: Council on Health Care Access

Referred to: Health Care Coverage and Access

1 Whereas, The supply of primary care physicians appears to be maldistributed with an oversupply
2 in suburban and wealthier areas and an undersupply in areas of rural and urban poor; and

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4 Whereas, Primary care and emergency room physicians find it difficult to find specialists who
5 will accept state-insured (Badgercare) patients; and

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7 Whereas, Access to primary care and specialty physician services for all patients is a goal for the
8 Wisconsin Medical Society and the State of Wisconsin; therefore be it

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10 RESOLVED, That the Wisconsin Medical Society will convene state primary care and specialty
11 medical societies and directors of private and public health care organizations to discuss and
12 implement solutions for improved access to physician care for state-insured patients.

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

Relevant Policies

Society:

UNS-001

Report of the Task Force on Urban Medicine: The Wisconsin Medical Society supports the report of the Urban Medicine Task Force and favors the following recommendations: With regards to:

1. *Reimbursement/Paperwork Issues.* The Wisconsin Medical Society believes that:
 - a. Intake forms, prior authorization forms and referral forms used by the HMOs should become uniform among the HMOs. The information contained on these forms should be made part of the telecommunication system.
 - b. Regarding reimbursement for care provided to pregnant women, there should be a change in the billing rules whereby the physician gets an extension to the billing time when prenatal care has been provided, rather than the present 60-day limit. The physician who provides prenatal care to a patient, but may not provide services throughout the pregnancy, should get reimbursed for the care given. The HMOs should notify the physician when a patient has been dropped from MA or has been switched to another HMO.
 - c. Health Professional Shortage Areas (HPSA) should be publicized and physicians should be educated about the higher reimbursement rates when seeing patients who live in a HPSA.
 - d. Physicians practicing in the inner city should have money available on a short-term low interest basis to be used when necessary. Longer-term low interest loans should be available to expand/open a practice. In particular, The Wisconsin Medical Society should pursue the possibility of expanding the Wisconsin Health and Educational Facilities Authority (WHEFA) program to include physicians and physician clinics in underserved areas.
2. *Patient Access.* The Wisconsin Medical Society believes:
 - a. There should be patient access to culturally and geographically appropriate physicians
 - b. New incentives should be provided to encourage physicians to work in the inner city, such as low interest loans.

- c. The Healthy Start program should be supported and expanded and access to the program should be improved.
 - d. Communities should be encouraged to establish free clinics to provide health care for the working poor and for those who are temporarily uninsured. Retired physicians could staff these clinics.
3. *Continuity of Care.* The Wisconsin Medical Society believes the Bureau of Health Care Financing and the HMOs should be asked to address the issue of continuity of care at their HMO Forum meetings, particularly in providing HMO care throughout a woman's pregnancy and coverage for the newborn at the time of delivery and during the first six months of life. On-going seminars/ provider forums should be held by the Bureau of Health Care Financing for physicians to inform them of aspects of the MA HMO system.
4. *Education, and the Lack of Patient Education.* The Wisconsin Medical Society believes patient advocate should be available at all the HMOs to answer questions from patients and to work pro-actively to educate patients on their rights and responsibilities.
5. *Collaboration, and the Lack of Cooperation Between Private Physicians and Community Based Clinics.* The Wisconsin Medical Society believes that private physicians should have access for their HMO patients to non-physician services provided through the community-based clinics. An assessment survey should be done to determine the services available at such community clinics. (HOD, 0406)

UNS-002

Accessible Health Care and Health Reform Plans: The Wisconsin Medical Society should advocate for the extension of medical care services to the state's urban and rural underserved areas by working closely with those organizations committed to developing proposals to correct the problems of accessibility to medical care in Wisconsin. (HOD, 0406)

UNS-005

Physician Supply: The Wisconsin Medical Society recognizing the vital necessity for sufficient physician population and specialty distribution across all of Wisconsin supports:

- Efforts to increase the number of Wisconsin medical school students and postgraduate trainees that remain and practice in Wisconsin
- Efforts to monitor geographic distribution of physician specialties to determine incidents of undersupply/oversupply with a goal of encouraging proper specialty demographics.
- Efforts to modify methods of funding Wisconsin medical schools with a goal of creating a more affordable medical education, while retaining high standards for quality in both education curricula and student aptitude.
- Periodic Society review of physician supply demographics and issues in order to identify potential problems/shortfalls in sufficient time to study and propose possible solutions.
- Fostering an environment attractive to physicians, including physicians practicing outside of Wisconsin. (HOD, 0406)

RUR-003

Rural Health: The Wisconsin Medical Society supports improving the delivery of medical care to rural Wisconsin and urges:

1. Increasing physician workforce by:
 - a. Encouraging a rural family medicine or other rural primary care experience, including internal medicine, pediatrics, obstetrics-gynecology, for all medical students.
 - b. Supporting the development of a primary care and rural primary care curriculum for medical students.
 - c. Requiring that all medical students have a formal education in family medicine.
 - d. Maintaining an adequate level of state funding for family practice residency programs.
 - e. Recognizing and publicizing that Wisconsin citizens benefit from GME programs, and that in order for GME programs to be successful, their support must be broad based - the Wisconsin Medical Society supports encouraging and improving local support for family practice residency programs in rural areas.
 - f. Continuing to oppose attempts at the federal level to reduce payments to hospitals for GME costs.
 - g. Continuing support for the National Health Service Corps (NHSC) and similar programs to ensure a steady supply of health care professionals for rural health professional shortage areas (HPSAs).

- h. Continue support for Area Health Education Centers (AHEC).
 - i. Increasing the number of applicants and admissions to the Medical College of Wisconsin and the University of Wisconsin from medically underserved areas.
 - j. Endorsement and support of the New Physicians for Wisconsin, a physician placement service operated by the University of Wisconsin's Department of Professional and Community Development, and the Department of Family Medicine and Practice.
 - k. Improving the public image of the rural primary care physician by publicizing the quality of health care provided in rural areas.
 - l. Encouraging physicians to become active in the community and encouraging communities to get to know their physicians.
 - m. Continuing Society activities aimed at seeking modifications in state and federal legislation to create a more positive environment for practice.
 - n. Developing a rural health support system to provide physicians in isolated areas with opportunities for continuing medical education, management assistance for office record and billing systems, physician coverage of their offices for vacation, insurance cover-age and other benefits.
 - o. Considering participation in programs which provides short-term replacement for National Health Service Corps and Indian Health Services physicians seeking time off for continuing education or vacations.
2. Changes in hospital and physician payment differentials by:
- a. Seeking a more equitable and realistic reimbursement level for rural health care providers.
 - b. Pursuing a political strategy designed to educate the Wisconsin Congressional Delegation to the problems of Medicare reimbursement inequities.
 - c. Considering a public information campaign to alert policy-makers and the public to the problems experienced by rural health care providers and their patients.
 - d. Developing its ties to other organizations (such as WHA, Coalition of Wisconsin Aging Groups (CWAG) and others) to alleviate the problems of payment inequities.
3. Health care delivery as a rural development strategy by:
- a. Supporting the Wisconsin Health and Educational Facilities Authority (WHEFA) and other options to strengthen capital financing assistance for economically distressed health care facilities in underserved areas.
 - b. Supporting legislation to provide state funding of planning grants for pilot projects in chronically under-served rural areas for the purpose of creating cooperative service programs and rural health care provider networks that would offer comprehensive primary care services. (HOD, 0406)

AMA:

H-200.987 Supply and Distribution of Health Professionals

(1) Licensure, certification and accreditation should not be used for the purpose of regulating the supply of health professionals. (2) Health professions' curricula should emphasize the needs of underserved populations, including the poor, minorities, the chronically ill and disabled, and the geographically isolated. Decisions regarding the financing of health professions education should be based in part on the data and analyses of the national consortium on the supply and distribution of health professionals. (BOT Rep. NN, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmation A-01; Modified: CME Rep. 2, I-03)

H-205.992 Supply and Distribution of Health Care Facilities

(1) Local communities or regions should exercise the responsibility for assessing their needs with respect to the type, size, scope, and location of health care facilities. State governments should ensure that needs of the underserved are being met satisfactorily without wasteful duplication. (2) The role of the federal government in planning the supply and distribution of health care facilities should be limited to providing planning incentives and resources to states and communities for their activities. (3) It is the responsibility of the governing body of health care facilities to ensure that their primary goal is to serve community need. (BOT Rep. NN, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: CMS Rep. 9, A-07)