Practice, Organization and Interprofessional Issues

HMS-HOSPITAL MEDICAL STAFF

HMS-004

Application Form for Use in Determining Hospital Medical Staff Memberships: The Wisconsin Medical Society supports the concept of a universal credentialing form in order to ease the process of hospital privileging for physicians and hospital staff. (HOD, 0413)*

HMS-005

Hospital Medical Staffs: The Wisconsin Medical Society reaffirms support for the autonomy of the structure and governance of the independent medical staffs of hospitals including the ability of the independent medical staff to elect its own officers.

The Society supports codifying state law to mandate the hospital medical staff bylaws be viewed as contracts that must include a physician’s due process and hearing rights.

Further, the Society supports the efforts of all Wisconsin hospital medical staff members to advocate for the highest quality of medical care for the patients they serve. (HOD, 0416)

HSR-HEALTH SYSTEM REFORM

HSR-002

Medical Savings Accounts: The Wisconsin Medical Society continues to support tax-advantaged health care spending accounts in support for a pluralistic system of health care financing designed to preserve consumer choice. The Society continues to support tax-advantaged status for proposals designed to promote segregated savings accounts to be used for health care costs. The Society believes that medical savings accounts should be without expiration and allowed to accrue annually. However, they are a supplement to the broader insurance marketplace and should not be intended to serve as a replacement for comprehensive insurance. (HOD, 0418)

*Currently under five-year policy review.
HSR-003

Fee for Service Plans in Health System Reform: The Wisconsin Medical Society will support health system reform plans that:

1. Provide universal access to include reasonable basic benefits, patient education and significant patient responsibility for their own health care choices and behavior.
2. Include a true fee-for-service option, including balance billing.
3. Allow physicians and patients choice of plans and physicians.
4. Alleviate regulatory hassles and preserve high quality care.
5. Provide meaningful antitrust relief, including the ability for state and county medical societies to form partnerships of physicians for the purpose of being “accountable health plans.”
6. Provide true tort reform.
7. Provide significant insurance market reforms.
8. Recognize the physician’s responsibility and authority in medical decision-making and treatment in conjunction with the patient.
9. Charges for services should be derived, billed and made available for public information in advance and in a clear and transparent manner. Specifically, the Society supports transparency in charges and insurance payment for these charges for health care delivery systems, insurers, payors and third-party administrators.

The Society also supports outcome and price transparency disclosures for hospitals and health systems. (HOD, 0418)

HSR-005

Universal Coverage: The Wisconsin Medical Society recognizes the essential principle of universal coverage in health system reform. This needs to be achieved through any or all of the following:

- employer participation
- individual participation
- government participation

and could be supplemented with any or all of the following:

- the use of tax credits
- the use of medical savings accounts
- the use of catastrophic insurance (HOD, 0418)

HSR-008

Discrimination in the Delivery of Health Care: The Wisconsin Medical Society opposes any arbitrary, inequitable or discriminatory application of plan benefits or medical care under any state or national health care plan and, further, specifically opposes discriminatory allocation of medical care on the basis of class, socioeconomic status, gender, sexual orientation, gender identity, sex, race, ethnicity, religious beliefs, disabilities or any other federally protected class of citizens. (HOD, 0418)

HSR-009

All-Payer Health Care Fraud: The Wisconsin Medical Society:

1. Supports efforts to clearly define health care fraud and investigate the nature, magnitude and costs involved in health care fraud.
2. Supports enactment of laws that ensure the equal application of due process rights to physicians in health care fraud prosecution cases. (HOD, 0418)

*Currently under five-year policy review.*
HSR-012
Essential Elements and Guiding Principles for Health System Reform: The Wisconsin Medical Society endorses and reaffirms four essential goals in reforming the health care system:
1. Attain universal health insurance coverage.
2. Provide high quality health care.
3. Control health care costs.
4. Be responsive to physician well-being and sustainability in the workforce. (HOD, 0416)

HSR-013
Monopolies for Health Care Coverage: The Wisconsin Medical Society opposes efforts to grant a single commercial insurer a monopoly for health care insurance. (HOD, 0418)

HSR-014
Primary Care Inclusion in Access Plan: The Wisconsin Medical Society believes in protecting and enhancing physician-provided/physician-coordinated primary care and the continuity of care and measures to assure an adequate supply of well-trained primary care physicians. (HOD, 0418)

HSR-016
Protecting the Right of Group Practices to Refer to Facilities in Which They Have an Investment Interest: The Wisconsin Medical Society believes in protecting
- The ability of physicians in groups to refer patients for other services provided within the group (in any legislation proposed to regulate physician investment in and referral to health care facilities and services).
- The ability of group practices to work jointly with other entities to provide services cost-effectively, provided that the individual referring physician is not directly compensated for making the referral.

Referrals and any investment interests within such a system should be made in a transparent manner. (HOD, 0418)

HSR-017
Physician Involvement in Health Care Access Advocacy: The Wisconsin Medical Society encourages, in line with the AMA Declaration of Professional Responsibility and the ethical principles of beneficence and justice, physicians to advocate for legislation that aims to secure health care access for all in Wisconsin. The Wisconsin Medical Society will research and implement new approaches to increase physician participation in health care access policy-making in Wisconsin. (HOD, 0414)

INR-INTER-PROFESSIONAL RELATIONS
INR-003
Physician Involvement in National and State Drug Policy: The Wisconsin Medical Society encourages physicians to partner with lawyers and judges in their communities to work collaboratively in their communities to promote a more rational, public-health-focused approach to substance use and addiction. (HOD, 0413)

MEB-MEDICAL EXAMINING BOARD
MEB-001
Dissemination of Information to the Public: The Wisconsin Medical Society supports the concept of providing the public with information on a physician’s education, practice and disciplinary history. (HOD, 0414)
**MEB-002**

**Disciplinary Priorities for the Department of Safety and Professional Services:** The Wisconsin Medical Society opposes identifying physicians who may warrant evaluation and investigation even though they are not the subject of a complaint filed with the Medical Examining Board unless such an identification is evidence-based and focuses on attributes that have been shown to impact patient outcomes. (HOD, 0414)

**MEB-006**

**Centralized Credentials Verification Organizations:** The Wisconsin Medical Society encourages the use of certified credentials verification organizations (CVOs) by hospitals, managed care organizations and other health care facilities in Wisconsin. (HOD, 0417)

**MEB-008**

**Issuance of Administrative Warnings by the Medical Examining Board:** The Wisconsin Medical Society supports the issuance of Administrative Warnings by the disciplinary boards under the jurisdiction of the Department of Safety and Professional Services (including the Medical Examining Board) as a disciplinary measure when the board determines that there is substantial evidence of misconduct by the holder of the credential but determines that a disciplinary proceeding should not be commenced. An administrative warning may not be used as evidence that a credential holder is guilty of misconduct, but if a subsequent allegation of misconduct is made, the matter relating to the issuance of the administrative warning may be reopened or the administrative warning may be used in a subsequent disciplinary proceeding as evidence that the credential holder had actual knowledge that certain practices were contrary to law. (HOD, 0417)

**MEB-010**

**Adequate Funding for the Wisconsin Medical Examining Board:** The Wisconsin Medical Society supports adequate funding for the Medical Examining Board to fulfill its responsibilities. (HOD, 0418)

**MEB-012**

**Medical Examining Board:** The Wisconsin Medical Society strongly supports the mission and activities of the Medical Examining Board (MEB) of Wisconsin’s Department of Regulation and Licensing.

The Society recommends:

- That there should be an adequate number of support staff assigned to carry out the duties of the MEB.
- That all licensure fees collected by the MEB should be used exclusively to fund staff to carry out the functions of the MEB, and that staff be assigned exclusively to the MEB. (HOD, 0416)

**MEB-013**

**Maintenance of Licensure:** The Wisconsin Medical Society opposes the public reporting of individual physician performance data for maintenance of licensure and maintenance of certification.

The Society advocates that:

1. Reciprocity in maintenance of licensure between states should be championed.
2. Flexibility must be incorporated into the maintenance of licensure and maintenance of certification process in order to accommodate all of the roles and professional responsibilities (clinical care, research, administration, education, etc.) physicians have.
3. Maintenance of licensure and maintenance of certification must be about improvement rather than being punitive.
4. The Society should be included and involved in discussions about changes in maintenance of licensure and maintenance of certification requirements so that the Society can help the process in an optimal manner. (HOD, 0418)

*Currently under five-year policy review.*
**MEB-014**

**Medical Licensure Requirements:** The Wisconsin Medical Society will advocate for Wisconsin to maintain its current state licensure requirement of one year of post graduate residency training for medical school graduates who are enrolled and in good standing in an ACGME-accredited or American Osteopathic Association Board of Specialists-accredited residency program. (HOD, 0414)

**MEB-015**

**Maintenance of Certification:** Medical licensure, hospital medical staff privileges and eligibility for insurance company reimbursement/participation should not be solely contingent upon maintenance of certification. (HOD, 0418)

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**MEM-MEMBERSHIP, AMERICAN MEDICAL ASSOCIATION AND WISCONSIN MEDICAL SOCIETY**

**MEM-001**

**American Medical Association (AMA) Membership Outreach Program:** The Wisconsin Medical Society supports outreach programs that involve personal contact by members of the Society House of Delegates for the purposes of retaining and recruiting AMA members. (HOD, 0417)

**MEM-002**

**Encouragement of House of Delegates Members to Join the American Medical Association (AMA):** The Wisconsin Medical Society encourages all members who serve in the Society House of Delegates, who are not members of the AMA, to join the AMA. (HOD, 0417)

**MEM-003**

**Cost Containment at American Medical Association (AMA) Functions:** The Wisconsin Medical Society encourages the AMA to continue to emphasize cost containment at all AMA functions. (HOD, 0417)

**MEM-004**

**Full Support for Wisconsin Medical Society AMA Delegation:** The Wisconsin Medical Society AMA delegation, including the medical students, residents and young physicians section delegates, will be more proactive in establishing future budgets that include allocations for meetings, elections, and other expenses and forwarding them to the Finance Committee during the annual budget process with the intent to reasonably fund the number of delegates and alternate delegates as designated by the AMA, and based on our membership numbers, to attend the annual, interim and other meetings of the AMA, including the meetings of the AMA medical student, resident and fellow, and young physicians sections. (HOD, 0415)

**MEM-005**

**Wisconsin Medical Society AMA Delegation:** The Wisconsin Delegation to the AMA will provide annual summaries including actions on Wisconsin resolutions as well as the more significant national AMA issues to the Wisconsin Medical Society members. (HOD, 0414)

**MEM-006**

**Support and Respect for Members:** The Wisconsin Medical Society (Society) will advance the privileges of all members with an interest in participating in official business of the Society, regardless of age, race, ethnicity, national origin, creed or religion, class, sex or gender, gender identity or expression, sexual orientation, physical ability or disability, or cultural background. The Society encourages the civil, respectful and appropriate behavior of all people during all official Society events in order to keep the focus of meetings on the Society business at hand. The Society respects the attendance at official Society events of members who are parents or caregivers and respects the choice of members to engage in breastfeeding during official Society events, given the known health benefits of breastfeeding. (HOD, 0414)
MEM-007

Civility in Debate Amongst Physicians: The Wisconsin Medical Society supports high standards of civility and respect among physicians amidst differing political beliefs, conscience and ethics. Debate and expression of disagreement are essential to the improvement of medicine, and physicians should communicate any differences in a civil and professional manner. (HOD, 0414)

MER-MEDICAL RECORDS

MER-001

Electronic Signatures: The Wisconsin Medical Society supports maintaining an active interest in the development of laws and regulations related to the area of electronic medical records and electronic signatures for medical purposes. (HOD, 0414)

MER-003

Unauthorized Review of Patients’ Medical Records: The Wisconsin Medical Society believes in the prevention of unauthorized review of patients’ medical records without the written consent of the individual patient. This will not prohibit institutions from reviewing their own records for the purposes of quality assurance, quality improvement or research, nor the review and research for medical record research where appropriate by an institutional review board. (HOD, 0415)

MER-005

Requiring a Parent to Provide Medical and Family History: The Wisconsin Medical Society supports a court’s ability to order non-custodial parents to provide medical and family health information relevant to the health or well-being of the child. (HOD, 0418)

MER-006

Discovery of Medical Records: The Wisconsin Medical Society supports giving physicians in medical liability lawsuits the right to inspect and copy any film, image, scan, slide, specimen or other record or report concerning the physical or mental condition of the person claiming damages, including records from before and after the incident giving rise to the present claim. Any record relating to the physical or mental condition of the party claiming damages is presumed subject to discovery, with the party claiming damages having the burden of rebutting the presumption. (HOD, 0418)

MER-009

Confidentiality: The Wisconsin Medical Society supports the following statement with regard to confidentiality:

- The following formulation is intended as an ethical guide regarding the obligation on the part of individuals working in health care occupations to respect the confidentiality of medical information gathered in the course of their work.
- It is assumed that where necessary and appropriate, various aspects of this statement are congruent with existing state and federal law. But it is also assumed that ethical obligations may in some instances be independent of laws and legal formulations. It is necessary that such ethical statements be cast in commonly understandable language, and not only in the complex constructions used in law.
- The professional obligation to hold health and illness disclosures in confidential trust is ancient. Hippocrates said: “And whatsoever I shall see or hear in the course of my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.”

*Currently under five-year policy review.*
In cognizance of the preceding considerations, the Society endorses the following viewpoint and procedures:

- Physicians are bound to respect the confidentiality of medical information regarding individual patients with limited exceptions such as threats of violence to others or self, evidence of child abuse, etc. Physicians are also bound to monitor and encourage similar regard for non-disclosure of medical information on the part of other health-care workers and overall health-care systems.

- Extraordinary measures to preserve secrecy of medical data are not expected or required. Medical records shall not be considered “top secret” in the manner of national security information, but continuing scrutiny of the health system records is expected of physicians along with reasonable remedial actions when potential breaches in confidentiality are apparent to the practitioner.

- Physicians and health care systems are not considered responsible for self-disclosure of ordinarily confidential information on the part of the patient, nor shall the physician or care system be considered responsible for disclosures made by fellow-patients coincidentally aware of medical information regarding another patient.

- Sharing of confidential medical information with duly appointed guardians or parents of minor children shall be considered ethically proper with certain exceptions provided in law, such as the diagnosis and treatment of sexually transmitted diseases or alcohol and other drug abuse.

- Physicians and other health-system workers should offer patients an explanation of the boundaries of the exchange of confidential medical information among physicians and other health-system workers within a particular hospital, clinic, or health-care system upon request. Such exchange within a system should be limited to legitimate participants with functional needs to know confidential medical data. Patients should also know that all participants in their health care are aware of the expectation of confidentiality.

- The direct sharing of individual medical data with other physicians or health care workers within the same hospital or system is limited to “need-to-know” situations such as those in relation to consultation requests or team approaches to care of a particular patient. Incidental acquisition of medical information such as a patient’s trip to surgery, observation of x-ray procedures, laboratory results, or even knowledge of a hospital admission obliges all hospital or health care workers to non-disclosure without the patient’s permission. Physicians in particular are expected to refrain from unauthorized examination of medical records on the basis of mere curiosity about a particular or former patient’s condition.

- The qualifications of treatment reviewers, for whatever reasons a review of medical care might be conducted, shall not be withheld from the patient whose care is reviewed upon the patient’s request. This shall apply even in situations where the identity of the patient is kept anonymous to the reviewer.

- Health care organizations are expected to periodically conduct educational sessions for all employees, even those with remote or infrequent opportunity for contact with confidential patient data, to inform and remind them of the need and expectation of confidential regard even for incidentally acquired patient information. Employees should be made aware of potential penalties including possible discharge from employment.

- Patients are entitled to release medical information to any parties they might designate including themselves, given a reasonable interval of time for duplication and mailing. With the patient’s knowledge, the physician shall determine which information to release in a given instance, based on evidence relevant to the purpose at hand.

- The preceding guidelines are assumed to apply to all data storage, retrieval, and transfer systems, particularly including computerized data systems.

This statement addresses medical ethics and is not intended to constitute legal advice. Where this statement appears to conflict with state or federal law, physicians may wish to consult qualified legal counsel to determine the best course of action. (HOD, 0412)
**MER-011**  
**Transfer of Medical Records:** The Wisconsin Medical Society supports the transfer of records including x-rays, when patients change providers of medical care. (HOD, 0418)

**MER-012**  
**Regional Information Sharing of Medical Records:** The Wisconsin Medical Society supports the development of the Milwaukee Regional Informatics System through the WHA/MCMS Community Collaboration with the Wisconsin Hospital Association and WHIE.

The Wisconsin Medical Society supports the development of medical homes and plans of care for at-risk populations that benefit the patient, are consistent across competing health system platforms, have means of being updated, have means of being challenged by patients, reviewed by ethics committees, coordinated with health care providers, managed care organizations, governmental payors, advocacy groups and experts in specialty providers (psychiatry, emergency medicine, pain management, etc).

The Wisconsin Medical Society supports the development of medical homes and plans of care for at-risk populations that benefit the patient, are consistent across competing health system platforms, have means of being updated, have means of being challenged by patients, reviewed by ethics committees, coordinated with health care providers, managed care organizations, governmental payors, advocacy groups and experts in specialty providers (psychiatry, emergency medicine, pain management, etc).

The Wisconsin Medical Society supports the research and methodology by which such care plans can be shown to improve patient outcomes and save valuable and scarce health care resources.

The Wisconsin Medical Society supports the collaboration between emerging methods of health information sharing into a common method such that multiple disparate means are reduced to effective sources of useful information. (Example: rare diseases protocols for pediatrics may be merged in a common web based access point with plans of care for mental health patients who are homeless and being managed by case managers, or dialysis patients, or patients with pain clinic contracts.) (HOD, 0413)

**MER-013**  
**Electronic Health Records:** The Wisconsin Medical Society advocates that patients be allowed to opt out from having their records placed on Health Information Exchanges, regardless of how well-intentioned, and support patient-centered health information technology such as smart cards, which provide clinical benefits of HIT without compromising confidentiality. (HOD, 0418)

**MER-014**  
**Principles of Electronic Health Record Design, Implementation and Policy:** The Wisconsin Medical Society supports the following Electronic Health Record (EHR) principles regarding its design, implementation and policy.

*Patient-centered design*
1. The use of an EHR should add value for the patient.
2. The primary function of an EHR is clinical care.

*Health care professionals*
3. The use of an EHR should improve, or at a minimum not reduce, the well-being of health care workers.
4. The use of an EHR should align the work with the training of the worker.
5. The EHR is a shared information platform for individual and population health.

*Efficiency*
6. The use of an EHR should minimize waste.
7. Electronic workflows should align with clinical work.
8. Various methods of communication, including nonelectronic forms, will be necessary for optimal patient care.

*Regulation and payment*
9. Sufficient resources should be available for the new work associated with the advanced use of an EHR.
10. Policies around EHR use should reflect the strength of the evidence base supporting them.

11. Regulatory balance between often competing values (i.e., clinical quality vs. security or efficiency vs. performance measurement) should be sought. (HOD, 0415)

**MER-015**

Inclusion of Gender Identity and Sexual Orientation in Health Care Documentation: The Wisconsin Medical Society:

1. Supports the voluntary inclusion of a patient’s current gender identity, sexual orientation, preferred gender pronoun(s) and preferred name in medical documentation and related forms, including electronic health records, in a culturally sensitive and voluntary manner.

2. Supports that with patient consent, gender identity be prominently displayed and easily accessible within the electronic health record.

3. Opposes the use of gender identity or sexual orientation information in medical records for the purposes of discrimination, including discrimination in the delivery of or payment for health care to transgender or gender nonconforming patients. (HOD, 0418)

**NUR-NURSES AND NURSING**

**NUR-002**

Student Loan Forgiveness for Nurses: The Wisconsin Medical Society supports state funding for the establishment of a student loan forgiveness program for nurses who continue to practice in Wisconsin. (HOD, 0413)*

**NUR-003**

The Nursing Shortage in Wisconsin: It is the policy of the Wisconsin Medical Society to work together with the Wisconsin Nurses Association (WNA) to address the nursing shortage in Wisconsin. (HOD, 0414)

**OPH-OPHTHALMOLOGY AND OPTOMETRY**

**OPH-002**

Expansion of the Scope of Optometry: The Wisconsin Medical Society opposes legislation that would enable the unwarranted expansion of the scope of practice of optometry. (HOD, 0417)

**ORG-ORGANIZATION**

**ORG-002**

Nominating Committee Composition and Deliberations: The Wisconsin Medical Society requires that the members of the Nominating Committee be provided a list of persons that have held the open position over the previous 10 years along with their District or Specialty section designation such that the Nominating Committee can consider the representation of all parts of the state over time for that position in its deliberations. The Society suggests that the Wisconsin Medical Society Board establish an open process for information sharing about the candidates on the Society’s members-only website and that the Nominating Committee develop criteria that ensures a fair, standardized and transparent process for all candidates. (HOD, 0415)

**ORG-003**

Public Disclosure of Affiliations: The Wisconsin Medical Society requires that the officers, directors, and nominees for elected office of the Society disclose on an annual basis all significant affiliations. Disclosure will be modeled on the requirements of the ACCME and consistent with state and federal law.
The definition of significant affiliations includes all financial or leadership relationships that may be reasonably anticipated to have a material effect on issues considered, policies developed, or activities undertaken by the Society.

Financial relationships include compensation, contracts, honoraria, stock ownership representing more than 10 percent of any one corporation’s holdings or other remuneration or consideration.

Leadership relationships include service as an officer, director or trustee of an organization.

Disclosure will include all current relationships and all relationships during the preceding five years. As appropriate, the officer, director or candidate should report significant affiliations of immediate family members. Immediate family members are defined as a spouse, parent or child.

The Wisconsin Medical Society requests that the above disclosures be published on the members-only section of the Society website prior to elections. (HOD, 0415)

**ORG-004**

**Physician Contribution to WISMedPAC and/or WISMedDIRECT:** The Wisconsin Medical Society will establish a strong expectation that every member will make an annual contribution to WISMedPAC and/or WISMedDIRECT. The Society requests that the members be reminded and informed regularly of the value of contributing in Society publications. The Society also requests that the Society Board of Directors take leadership by first creating an expectation that every Society Board member make an annual contribution to WISMedPAC and/or WISMedDIRECT. (HOD, 0415)

**ORG-006**

**Transparency:** The Wisconsin Medical Society supports that agendas of the Society committees, councils and its Board of Directors be available on the members only section of the Society website in advance of and following each meeting to allow members better knowledge of meetings. (HOD, 0415)

**ORG-007**

**Prohibiting Society Political Endorsements:** The Wisconsin Medical Society’s role is to provide information regarding the political process. No one acting in his or her official capacity with the Society shall endorse any candidate for public office. Society members are encouraged to participate in the political process through WISMedPAC, WISMedDIRECT and their own individual efforts. (HOD, 0417)

**ORG-008**

**Tax-Exempt Status:** The Wisconsin Medical Society believes that the tax exempt status afforded various organizations be limited to what was originally intended and also provides that if tax exempt organizations expand and diversify into businesses that are not normally tax exempt, that they be subject to the same taxation, regulation and rules that govern other competitive businesses. (HOD, 0414)

**OUT-OUTREACH (MEDICAL)**

**OUT-002**

**Helping Parents of Lesbian, Gay, Bisexual and Transgender Children:** The Wisconsin Medical Society should encourage physicians to inform the public of local or a national organizations such as PFLAG (Parents, Family and Friends of Lesbians and Gays) which have proven very helpful in helping families come through these stressful times and which have been very helpful in educating the public. (HOD, 0417)
OUT-003
Volunteer Medical Services: The Wisconsin Medical Society supports volunteer medical service to areas of extreme poverty, unusual catastrophes or any place of acute medical needs, and encourages members to lend their support to worthwhile projects. (HOD, 0415)

PHA-PHARMACY

PHA-005
Prescription Drug Assistance for Seniors: The Wisconsin Medical Society believes that any legislative proposals to provide financial assistance for senior citizens for the purchase of prescription drugs should fairly and adequately compensate physicians for rendering such services. This would include immunizations or other drugs or treatments dispensed in physician offices. (HOD, 0418)

PHA-009
Antidepressant Pharmacological Use: The Wisconsin Medical Society does not consider antidepressants to be “chemical restraints.” (HOD, 0418)

PHA-012
Therapeutic Substitution by Pharmacists: The Wisconsin Medical Society opposes any and all efforts that may be initiated to advance the concept of allowing pharmacists to substitute one medication for another with a similar therapeutic use and/or initiate medication prescriptions without the physician’s consent in each specific case, including any hospital formulary. (HOD, 0418)

PHA-013
Prescription Management – Changing the Renewal Length to Improve Practice Efficiency and Quality of Care: The Wisconsin Medical Society will work with the State Board of Pharmacy and the state legislature to extend the validity of state non-controlled substance prescription renewal length to 13 months. (HOD, 0413)*

PHA-014
Counterfeit Pharmaceuticals From International Sources: The Wisconsin Medical Society expresses to Wisconsin’s members of Congress the strong recommendation for increased funding for the Food and Drug Administration to allow it to meet its mission. The Society requests that the Wisconsin Medical Journal inform physicians about the prevalence and implications of counterfeit pharmaceuticals and that physicians be informed that when they experience an unexpected or suboptimal response to treatment, that they be encouraged to ask their patients to show them their medications and report where they purchased them, so they might be able to counsel their patients regarding the risks of purchasing lower cost pharmaceuticals that could be counterfeit and therefore unsafe or ineffective. (HOD, 0414)

PHE-PHYSICIAN EXTENDERS

PHE-002
Whistleblower Protections: The Wisconsin Medical Society supports providing all employees, in the health care arena, with whistleblower protection in their place of work. (HOD, 0415)

PHE-004
Medical Supervision of Allied Health Care Professionals: The Wisconsin Medical Society will vigorously monitor any efforts by allied health care professionals to seek legislation or administrative rule change that would allow a practice independent of physician supervision, especially in the area of independent drug prescription authority. Organized medicine’s intentions in this matter is to ensure that high quality medical care be delivered and that the safety and well being of the patient always be paramount. (HOD, 0417)
PHE-006
Nurse Midwife Education Program: The Wisconsin Medical Society supports a certified nurse midwife educational program in Wisconsin. (HOD, 0417)

PHY-PHYSICIANS
PHY-001
Physician Participation in Community: The Wisconsin Medical Society encourages all physicians to become more actively involved in their communities and will publicly recognize physician members who have made a positive impact in their local communities. (HOD, 0417)

PHY-002
Interspecialty Cooperation: The Wisconsin Medical Society affirms, commends and endorses the actions of the Wisconsin Academy of Family Physicians and the Wisconsin Society of Obstetrics and Gynecology/Wisconsin Section of the American College of Obstetricians and Gynecologists to improve relationships between the two specialties and encourages similar efforts on the part of other specialties. The Society also supports the following policy statement developed by the two organizations:

The Wisconsin Academy of Family Physicians and the Wisconsin Section of the American College of Obstetricians and Gynecologists agree that close collaboration between family physicians and obstetricians/gynecologists is necessary and desirable both to meet the health care needs of women and to make our professional activities more rewarding.

The Wisconsin Academy of Family Physicians supports the role of primary care provider for those obstetricians/gynecologists who have appropriate interests and skills in generalist health care.

The Wisconsin Section of the American College of Obstetricians and Gynecologists supports the provision of women’s health care services, including maternity care, by family physicians that have appropriate skills and interests.

To this end, both groups call upon their members to collaborate enthusiastically in areas of patient care, medical education, and legislative action. (HOD, 0417)

PHY-003
Use of the Word “Provider”: The Wisconsin Medical Society believes in the use of the word “physician” when referring to physicians (MDs, DOs) and encourages the use of the specific title of applicable non-physician clinicians (or the term “non-physician clinician” if necessary) when referring to all other health care professionals in official Society literature such as journals, brochures, interviews, lectures, etc.; and will encourage other state medical specialty societies (academies), medical schools, hospitals, insurance companies and health systems within the state to adopt this practice. (HOD, 0417)

PHY-008
Medicine is Art and Science, not a Public Utility: The Wisconsin Medical Society reaffirms its unshakable belief in the medical profession being both an art and a science and will take necessary steps to educate individuals who view the healing arts as a public utility. (HOD, 0417)

PHY-010
Advocacy During Clinical Encounters: The Wisconsin Medical Society supports the following principles related to physicians, patients and advocacy:

*Currently under five-year policy review.*
1. It is laudable for physicians to run for political office, to lobby for political positions, parties or candidates, and in every other way to exercise the full scope of their political rights as citizens. These rights may be exercised individually or through organizations such as professional societies and political action committees.

2. Physicians have a responsibility to keep themselves well-informed as to current political questions regarding needed and proposed changes to laws concerning access to health care, quality of health care services, scope of medical research and promotion of public health.

3. Communications by telephone or other modalities with patients and their families about political matters must be conducted with the utmost sensitivity to patients’ vulnerability and desire for privacy. Conversations about political matters are not appropriate at times when patients or families are emotionally pressured by immediate medical problems. Physicians are best able to judge both the intrusiveness of the discussion and the patient’s level of comfort. In general, when conversation with the patient or family concerning social, civic or recreational matters is acceptable, discussion of items of political import may be appropriate.

4. Physicians should not allow their differences with patients or their families about political matters to interfere with their delivery of high quality, professional care. (HOD, 0415)

**PHY-011**

**Medical Examiner Qualifications:** The Wisconsin Medical Society believes that a Medical Examiner should be a physician—preferably a pathologist with special expertise in the investigation of medico-legal-forensic cases. (HOD, 0417)

**PHY-012**

**Medicine and Culture:** The Wisconsin Medical Society encourages physicians to undertake reasonable efforts to provide culturally and linguistically appropriate services as needed in their practices. (HOD, 0418)

**PHY-013**

**Economic Credentialing:** The Wisconsin Medical Society:

1. Adopts the following definition of economic credentialing: economic credentialing is defined as the use of economic criteria unrelated to quality of care or professional competency in determining an individual’s qualifications for initial or continuing hospital medical staff membership or privileges.

2. Strongly opposes the practice of economic credentialing.

3. Believes that physicians should continue to work with their hospital boards and administrators to develop appropriate educational uses of physician hospital utilization and related financial data and that any such data collected be reviewed by professional peers and shared with the individual physicians from whom it was collected.

4. Believes that physicians should attempt to assure provision in their hospital medical staff bylaws of an appropriate role for the medical staff in decisions to grant or maintain exclusive contracts or to close medical staff departments. (HOD, 0417)

**PHY-014**

**Government Interference in the Patient-Physician Relationship:** The Wisconsin Medical Society opposes any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling and evidence-based benefit to the patient, a substantial public health justification, or both. The Society will educate lawmakers and industry experts on the following principles endorsed by the American College of Physicians, which should be considered when creating new health care policy that may impact the patient-physician relationship or what occurs during the patient-physician encounter:
• Is the content and information or care consistent with the best available medical evidence on clinical 
effectiveness and appropriateness and professional standards of care?
• Is the proposed law or regulation necessary to achieve public health objectives that directly affect the 
health of the individual patient, as well as population health, as supported by scientific evidence, and if so, 
are there no other reasonable ways to achieve the same objectives?
• Could the presumed basis for a governmental role be better addressed through advisory clinical guidelines 
developed by professional societies?
• Does the content and information or care allow for flexibility based on individual patient circumstances 
and on the most appropriate time, setting and means of delivering such information or care?
• Is the proposed law or regulation required to achieve a public policy goal – such as protecting public 
health or encouraging access to needed medical care – without preventing physicians from addressing 
the health care needs of individual patients during specific clinical encounters based on the patient’s own 
circumstances, and with minimal interference to patient-physician relationships?
• Does the content and information to be provided facilitate shared decision-making between patients and 
their physicians, based on the best medical evidence, the physician’s knowledge and clinical judgment, 
and patient values (beliefs and preferences), or would it undermine shared decision-making by specifying 
content that is forced upon patients and physicians without regard to the best medical evidence, the 
physician’s clinical judgment and the patient’s wishes?
• Is there a process for appeal to accommodate individual patients’ circumstances? (HOD, 0413)*

PHY-015
**Truth in Advertising:** The Wisconsin Medical Society supports legislation that clarifies physician and healthcare practitio- 
nor qualifications and does not support the use of the term “doctor” without qualification. Specifically, a doctorate of nurs- 
ing practice should be identified as a doctorate of nursing practice and not just as doctor. Practitioners of podiatry should 
be identified as doctor of podiatry, podiatric surgeon, or doctor of podiatric medicine. Practitioners of dentistry should be 
identified as dentist, doctor of dental surgery, or doctor of dental medicine. Practitioners of optometry should be identified 
as optometrist or doctor of optometry. The Society supports the identification of the physician supervising procedures and 
care by non-physician health care providers including bedside care and in all advertisements. (HOD, 0415)

PHY-016
**Use of Person-Centered Language:** The Wisconsin Medical Society encourages the use of person-centered language. 
(HOD, 0418)

PHY-017
**Zero Tolerance for Sexual Harassment in Medicine:** The Wisconsin Medical Society:
1. Supports zero tolerance of sexual harassment in medicine, and that all reports of sexual harassment be 
timely and adequately investigated and subject to due process.
2. Recommends that all medical students and physicians receive periodic sexual harassment training.
3. Supports that all health care systems and health care organizations:
   a. Have organizational policies and procedures that define harassment, state a zero tolerance policy for 
      harassment and retaliation, and outline the process for reporting hostile and/or abusive conduct and 
      the process for corrective and disciplinary action.
   b. Work to create an environment that is free of harassment.
   c. Mandate sexual harassment training for all physicians and employees in managerial positions.
   d. Provide to employees a means for confidential reporting and recourse.

*Currently under five-year policy review.*
e. Take immediate and effective corrective and/or disciplinary action if policy violations occur that is appropriate to the individual circumstances. (HOD, 0418)

**PRP-PRACTICE PARAMETERS**

**PRP-005**

**Outcomes Research in Wisconsin:** The Wisconsin Medical Society supports the development of a medical quality research foundation or research committee within the current Society Foundation for the purpose of developing, funding and implementing medical quality outcomes research in Wisconsin. (HOD, 0417)

**REP-REVIEW (PEER)**

**REP-001**

**Metastar:** The Wisconsin Medical Society should disseminate information on the structure and workings of Metastar including:

- The Metastar review process and how it affects physicians.
- The selection process for the Metastar Board.
- Information regarding Metastar election including names of candidates, qualifications and any Society recommendations. (HOD, 0417)

**REP-002**

**Peer Review Code of Conduct:** The Wisconsin Medical Society approved the following code of conduct for all organizations undertaking peer review activities affecting Wisconsin physicians:

- Peer review activities shall be carried out in a professional manner, maintained through all levels of review and communication, by both the reviewing organization and its physicians as well as the attending physician involved.
- Peer review activity at all levels shall be based on a thorough review of the complete medical record. Denials shall be made not on failure to meet screening criteria but rather on professional review of the case as a whole. Rubber-stamping of prior review decisions without a thorough review of the medical record is to be condemned.
- Specialty-specific review by practicing physicians shall be the goal at all levels of review beyond the initial screening. All physicians involved in providing peer review services shall be understanding of the methodology of appropriate case review.
- Final decisions regarding recommendations for sanction activity shall be made only after a thorough review of each individual case by a physician reviewer in the same specialty as the attending physician and only following a full opportunity for the attending physician to present and discuss the total case situation with the reviewing physicians.
- Peer review decisions shall be made based only upon that information which was available to the attending physician at the time in question. Analyzing patient care based solely on outcome and other subsequent case information is not appropriate.
- The attending physician’s decisions must be judged on generally accepted standards of care and that the medical care provided was necessary, reasonable, and appropriate given the available resources and the individual patient case situation in question.
- Peer review activity shall be completed expediently in each case, with similar time response constraints placed on the reviewing organizations themselves as are imposed on the attending physician.
• All communication from the peer review organization to the attending physician shall be worded to be appropriately reflective of the seriousness of the proposed patient care infraction and appropriately reflect the appeals process available to the attending physician.

• All peer review organizations shall develop internal quality assurance mechanisms at all levels of review to minimize the amount of inappropriate re-view which practicing physicians are subjected to. The Wisconsin Medical Society condemns overzealous review and any quota systems of review denials and supports appropriate review without quota or economic incentives to deny claims.

• Patient confidentiality shall be maintained at all levels of review.

In cases of reviewer uncertainty, the benefit of the doubt in case management shall be given to the attending physician. Only the attending physician was at the scene, under the stress of the situation, and responsible for the total care of the patient. (HOD, 0417)

**REP-004**

**Release of Commission on Mediation and Peer Review Records to the Department of Safety and Professional Services:** The Wisconsin Medical Society recommends that peer review records not be released to the Division of Enforcement of the Department of Safety and Professional Services. (HOD, 0417)

**REQ-REVIEW (QUALITY ASSURANCE AND UTILIZATION)**

**REQ-001**

**Protection of Quality of Care for Psychiatric Patients:** The Wisconsin Medical Society supports high quality services for psychiatric patients and believes that physicians who collaborate with psychologists must recognize the physician’s responsibility for overseeing the medical and psychiatric needs of their hospitalized patients. (HOD, 0417)

**REQ-004**

**Third-party Medical Review:** The Wisconsin Medical Society reaffirms its policy of continuing to seek uniform procedural standards and requirements for all organizations utilizing medical review to approve or deny health insurance benefits for medical care. The Society believes these organizations should be required to:

• Register with the state of Wisconsin.

• Make review criteria available to health care professionals and patients.

• Obtain licensure for all medical care reviewers along with requiring adequate education and training in the areas that they are reviewing.

• Clearly delineate the appeals process available to both patients and health care professionals.

• Fully disclose any financial incentives that the reviewers might have based on denying a target amount of services or health care professionals.

• Prior to any adverse determination regarding medical necessity or appropriateness of care, provide the physician with an opportunity to discuss the plan of treatment with a physician reviewer in the same specialty, during normal working hours.

• Assure patient confidentiality and present authorization to the physician for release of patient information to the review organization. (HOD, 0417)

**REQ-005**

**Performance Measures:** The Wisconsin Medical Society supports the Physician Consortium for Performance Improvement convened and operating under the auspices of the American Medical Association, and the performance measures that it has developed and encourage all those involved in developing and distributing performance measures to coordinate their efforts and assure that their measures are:

*Currently under five-year policy review.*
1. Feasible
2. Relevant
3. Valid
4. Patient-centered
5. Tested before distribution (HOD, 0417)

**REQ-007**

**Patient-Centered Medical Home:** The Wisconsin Medical Society supports the Joint Principles of the Patient-Centered Medical Home developed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and the American Osteopathic Association as guidelines for Wisconsin and all states to improve the health of its citizens.

The Society encourages Wisconsin to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

The Society supports the Joint Principles of the Patient-Centered Medical Home and encourages national payors to implement and fund pilot programs to demonstrate the quality, safety, value, payment mechanisms and effectiveness of the patient-centered medical home.

**Personal physician**—each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

**Physician directed medical practice**—the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

**Whole person orientation**—the personal physician is responsible for providing for all the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end-of-life care.

**Care is coordinated and/or integrated** across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient’s community (e.g., family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

**Quality and safety** are hallmarks of the medical home:

- Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient’s family.
- Evidence-based medicine and clinical decision support tools guide decision making.
- Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.
- Patients actively participate in decision-making and feedback is sought to ensure patients’ expectations are being met.
- Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education and enhanced communication.
- Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient-centered services consistent with the medical home model.
- Patients and families participate in quality improvement activities at the practice level.
Enhanced access to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician and practice staff. Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on the following framework:

- It should reflect the value of physician and non-physician staff patient-centered care management work that falls outside of the face-to-face visit.
- It should pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers and community resources.
- It should support adoption and use of health information technology for quality improvement.
- It should support provision of enhanced communication access such as secure e-mail and telephone consultation.
- It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
- It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
- It should recognize case mix differences in the patient population being treated within the practice.
- It should allow physicians to share in savings from reduced hospitalizations associated with physician-guided care management in the office setting.
- It should allow for additional payments for achieving measurable and continuous quality improvements. (HOD, 0415)

REQ-008
Comparative Effectiveness Research: The Wisconsin Medical Society believes that physicians must play an active part in the governing Comparative Effectiveness Research entity to ensure that the effect does not disrupt the trust between a physician and her/his patient. The Wisconsin Medical Society supports using Comparative Effectiveness Research as a tool for determining what is the best evidentiary value-based approach based on quality over cost. The Wisconsin Medical Society supports policy makers using Comparative Effectiveness Research as long as the benefits from such use are not diverted to non-health care funds, and that decisions on coverage are not based solely on cost. (HOD, 0416)

REQ-009
Comparative Effectiveness Research: The Society adopts current AMA policy H-460.9 09-Comparative Effectiveness Research

PRINCIPLES FOR CREATING A CENTRALIZED COMPARATIVE EFFECTIVENESS RESEARCH ENTITY:

A. Value. Value can be thought of as the best balance between benefits and costs, and better value as improved clinical outcomes, quality and/or patient satisfaction per dollar spent. Improving value in the U.S. health care system will require both clinical and cost information. Quality comparative clinical effectiveness research (CER) will improve health care value by enhancing physician clinical judgment and fostering the delivery of patient-centered care.

B. Independence. A federally sponsored CER entity should be an objective, independent authority that produces valid, scientifically rigorous research.

C. Stable Funding. The entity should have secure and sufficient funding in order to maintain the necessary infrastructure and resources to produce quality CER. Funding source(s) must safeguard the independence of a federally sponsored CER entity.

*Currently under five-year policy review.
D. Rigorous Scientifically Sound Methodology. CER should be conducted using rigorous scientific methods to ensure that conclusions from such research are evidence-based and valid for the population studied. The primary responsibility for the conduct of CER and selection of CER methodologies must rest with physicians and researchers.

E. Transparent Process. The processes for setting research priorities, establishing accepted methodologies, selecting researchers or research organizations, and disseminating findings must be transparent and provide physicians and researchers a central and significant role.

F. Significant Patient and Physician Oversight Role. The oversight body of the CER entity must provide patients; physicians (MD, DO), including clinical practice physicians; and independent scientific researchers with substantial representation and a central decision-making role(s). Both physicians and patients are uniquely motivated to provide/receive quality care while maximizing value.

G. Conflicts of Interest Disclosed and Minimized. All conflicts of interest must be disclosed and safeguards developed to minimize actual, potential and perceived conflicts of interest to ensure that stakeholders with such conflicts of interest do not undermine the integrity and legitimacy of the research findings and conclusions.

H. Scope of Research. CER should include long-term and short-term assessments of diagnostic and treatment modalities for a given disease or condition in a defined population of patients. Diagnostic and treatment modalities should include drugs, biologics, imaging and laboratory tests, medical devices, health services, or combinations. It should not be limited to new treatments. In addition, the findings should be re-evaluated periodically, as needed, based on the development of new alternatives and the emergence of new safety or efficacy data. The priority areas of CER should be on high volume, high cost diagnosis, treatment and health services for which there is significant variation in practice. Research priorities and methodology should factor in any systematic variations in disease prevalence or response across groups by race, ethnicity, gender, age, geography and economic status.

I. Dissemination of Research. The CER entity must work with health care professionals and health care professional organizations to effectively disseminate the results in a timely manner by significantly expanding dissemination capacity and intensifying efforts to communicate to physicians utilizing a variety of strategies and methods. All research findings must be readily and easily accessible to physicians as well as the public without limits imposed by the federally supported CER entity. The highest priority should be placed on targeting health care professionals and their organizations to ensure rapid dissemination to those who develop diagnostic and treatment plans.

J. Coverage and Payment. The CER entity must not have a role in making or recommending coverage or payment decisions for payers.

K. Patient Variation and Physician Discretion. Physician discretion in the treatment of individual patients remains central to the practice of medicine. CER evidence cannot adequately address the wide array of patients with their unique clinical characteristics, comorbidities and certain genetic characteristics. In addition, patient autonomy and choice may play a significant role in both CER findings and diagnostic/treatment planning in the clinical setting. As a result, sufficient information should be made available on the limitations and exceptions of CER studies so that physicians who are making individualized treatment plans will be able to differentiate patients to whom the study findings apply from those for whom the study is not representative. (HOD, 0416)

**REQ-010**

Costs of Assessing Clinical Competence: The Wisconsin Medical Society believes that any method used to determine clinical competence should be supported by evidence of effectiveness or set up as pilot projects to test effectiveness. (HOD, 0418)
TEC- TECHNOLOGY ADVANCEMENTS

TEC-001
Information Technology Standardization and Costs: The Wisconsin Medical Society supports concepts of information technology (IT) standards for interchangeability of data from different IT systems. (HOD, 0417)

TEC-002
Health Information Technology: The Wisconsin Medical Society supports the adoption of meaningful use health information technology that will provide information where it is needed, when it is needed, to support care, and encourages physicians to work toward the following goals, at a pace appropriate to their practices:

- The adoption and implementation of electronic health records (EHRs).
- The adoption of e-prescribing, ideally integrated with the EHRs.
- The adoption of systems providing clinical decision support.
- The choice of systems that comply with emerging national standards.
- The choice of systems from vendors that have achieved appropriate certification.
- The collection and use of clinical data for quality improvement.
- The reporting of data on clinical quality measures to public warehouses.
- The development of systems that allow the electronic sharing of information between different EHRs.

The Society also supports the reduction of administrative burdens on physicians as they relate to meaningful use regulations and payment incentives. (HOD, 0417)

TEC-005
ICD-10: The Wisconsin Medical Society will petition the AMA to work toward the goal of having insurance companies and governmental entities pay physicians for the extra cost of increasingly complex and mandatory changes in coding. (HOD, 0414)

TEC-006
Artificial Intelligence in Health Care: The Wisconsin Medical Society:

1. Recognizes the use of artificial intelligence as a complementary tool in making clinical decisions.
2. Supports ethical artificial intelligence research and education focused on improving clinical decision-making, including diagnosis, patient care and health systems management.
3. Supports the inclusion of physicians as key stakeholders in the development of regulatory guidelines for the use of artificial intelligence in health care, ensuring further developments will be beneficial for patients, physicians and society. (HOD, 0418)

*Currently under five-year policy review.*