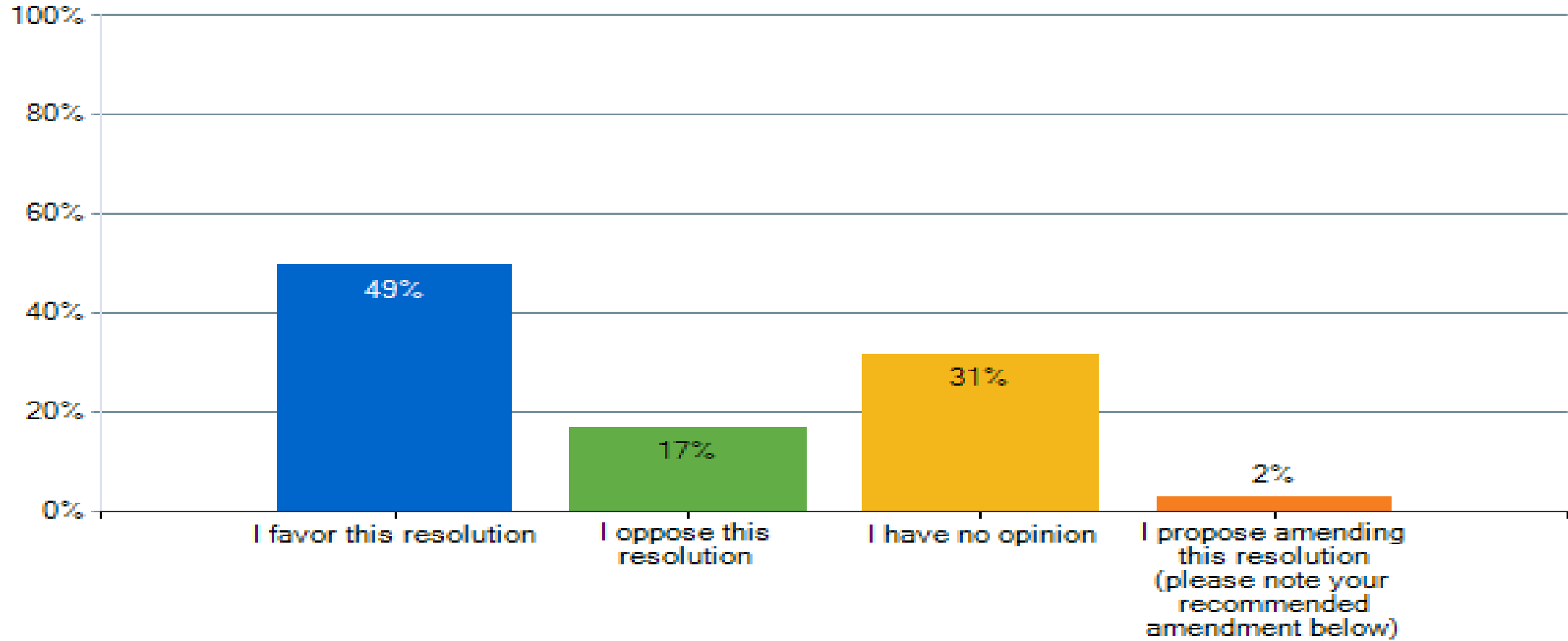
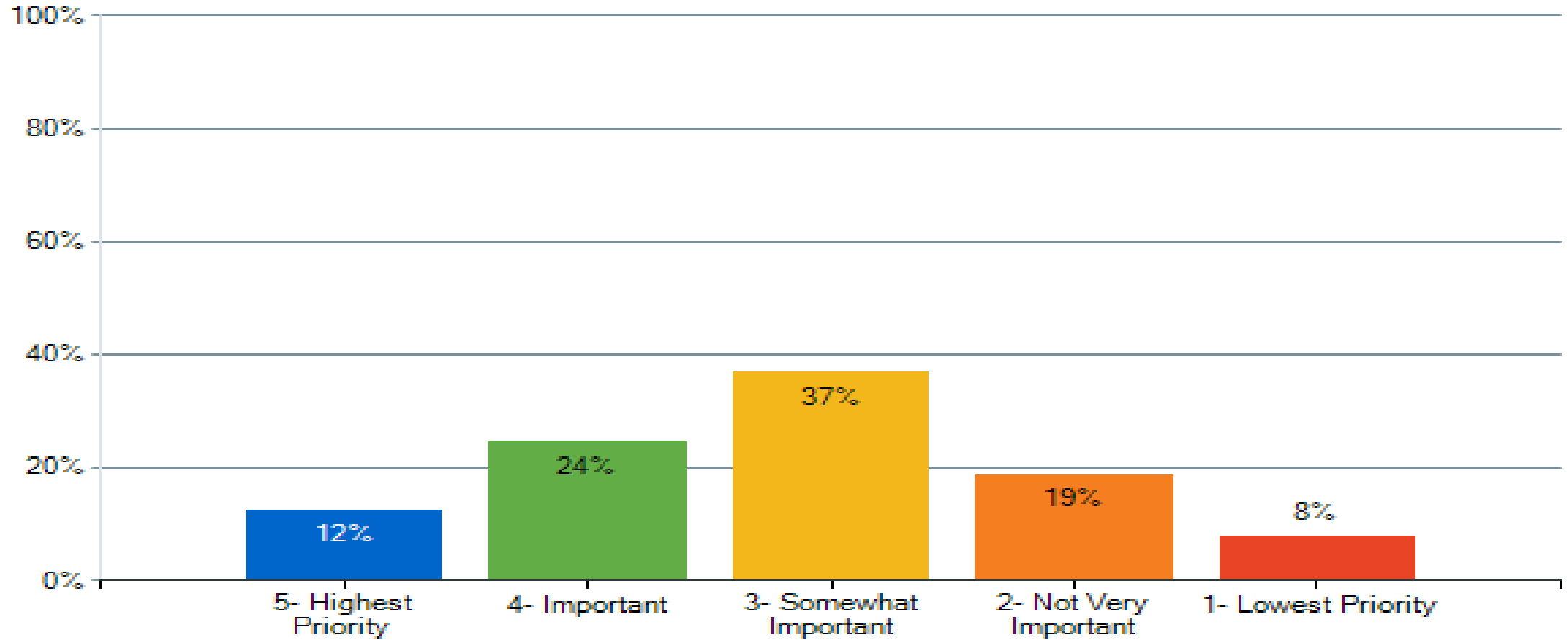


Enabling Royalty Income for ISMS



245 responses

Please indicate your view of this resolution as an ISMS priority.



229 responses

Comments

Response Text

Difficult resolution-can lead to conflicts-money and ethics and <https://doctor.webmd.com/doctor/ralph-butz-jr-7b6fe5fd-390a-4e88-bc34-d99c170cd9fe-overview>vs single and purpose.The word study might be considered

Not a good idea. Making money should not be the reason for this society's existence.

This is may create opportunity to enhance revenue and then reduce membership fees

Royalties can provide much needed financial support, however, we must strive to ensure professionalism over profit of undue monetarily generated bias.

could be a negative if not done right. Remember AMA and Sunbeam

I do not know how ISMS can survive financially and continue essential services with continued membership issues. I wish royalty money was not required to continue but I am afraid that is not the case.

Royalty programs encourage dishonest opinions and recommendations. Just remember what happened to the AMA. I think that even programs that provide physician services like insurance or other similar programs should be completely transparent and physicians using those programs should know the dollar benefit to the organization or the % of benefit. I am opposed to endorsements and sponsorships. It has nothing to do with our mission.

Maybe if successful you won't need the \$1M Ismie allocates to the ISMS.

AMA ownership of CPT coding has had mixed results but ultimately incentivized the medical society to neglect more important political action in favor of preserving fee-for-service models. It is not the medical society's mission to make money and adding this resolution will unnecessarily introduce uncertainty to our motivations.

I agree

This seems like something that would likely cost more than it would generate.

Does ISMS has any significant thing to cash on?

Very well reasoned argument.

I think this may trigger conflicts of interest

this is a common though sometimes uncomfortable revenue stream

This is a slippery slope but with oversight and policies in place to ensure conflict of interests are adhered to and code of ethics are not violated by ISMS staff and members , this may be beneficial to the public.

May lead to conflicts of interest. Look at the current medical climate in this country. Many people no longer trust the government suggestions (including me) because the pharmaceutical industry has been allowed too much financial influence on decision making. Just heard today that a vaccine cannot get EUA if there is a treatment for the condition being vaccinated - hence no treatments for COVID until the vaccine was approved - Hmmm. No wonder there was no true research on COVID treatments being done in the US during the first half of the pandemic.

ISMS should represent licensed Illinois Physicians and actively seek all licensed Illinois Physicians who should be united in our profession and its medical work and ethics, which can get distorted by individual systems contracts.. If any suggestion, perhaps increasing the strength of ISMS by unifying with Illinois Osteopathic Physician and perhaps Chiropractic Medical Physician groups. ISMS should develop methods to assure the priority is individual Physicians , always independent from employed health care systems since physician contracts with a system are as shallow as 30 day at will contracts, not assured long term by any organization for practitioners .

This proposal is not one but several. I would concur with entering discussions to discover services that would encourage membership, but strongly oppose generating income from sponsorships

and endorsements. How could one be assured of the truthfulness of the endorsement if we are paid to endorse? Unless this can be separated into its components, I would oppose

The last 3 proposals that are entirely counter-healthcare makes me realize that the society that I have revered my entire career may have fallen into extremist and anti-health hands. I'd like to see controls on how funds are raised and distributed, and this is one way to realize that.

Must avoid conflicts of interest.

This would ideally need to go to multiple committees. However, I think the first issue is to establish and promote the value of membership and define what dollar value could be ascribed to that membership. By attracting more members, the costs of advocacy would be spread among a larger membership base. The board has been looking at this issue for years. maybe a group to do some research would be more appropriate rather than to allocate money in something that is not proven. Specialty societies retain membership due to educational opportunities within that specialty. A more broad based group needs to find a niche to establish and promote the value that the organization brings to independent and employed physicians.

I would be interested in learning more about this and the impacts it would have on our 501c-6 status and if it is possible within state law. I think a study would be better than having a vote at this meeting on this topic.

the sad fact that we do not provide services relevant or compelling to employed physicians, or do not communicate those services adequately, is not a reason to compromise, in fact or opinion, the Society's impartiality and non-commercial identity. Did we not learn from the AMA experience, Dr. Seward, and Sunbeam?

Under no circumstances should any funds or benefit to the ISMS come from the pharmaceutical industry or any government source or a branch of the government. ISMS must not be beholden to these entities in any way or the credibility of ISMS will be lost and may be impossible to regain.

As with all membership organizations, if there is not a sustainable source of revenue they will not be able to survive.

I favor this resolution in spirit. I have a conflict of interest in that I have developed a software platform that might meet the criteria for such a product or service. www.thecurecoach.com I doubt it can be implemented as easily as it might be thought. There will be endless opposition from current constituencies supported by the resources to be diverted for development of this proposal. Conflicts of interest will be cited to stymie current ISMS members to offer solutions.

This is a tricky subject area that could put the Society in trouble. Product endorsements require research that ISMS is ill-equipped to do. Making revenue through alternative streams may make some sense but has to be carefully entered into. It should be studied.

Probably a necessity

Welcome to the future of medicine!

I think that we all agree that non-dues revenue is a necessity. The barrier is going to be the start-up costs during a time of budgetary crisis. I want this idea to succeed, but I'm unclear how to turn the ideas into dollars.

I think its smart to diversify revenue streams considering membership is such a struggle for ISMS.

I would need more information about this. The AMA once years ago got into trouble endorsing a certain product although I cannot recall what it was. But I do remember that physicians left the AMA over that issue. It may change the nature of how your organization is perceived as advocating for physicians with the Illinois legislature. However, finding diverse revenue resources for innovation and reaching out to more physicians makes sense. Maybe poll the membership in terms of what they need further. What do physicians want? What are the gaps in what is actually provided?. Right now, one issue is creating a union. because doctors are fed up. Another may be providing more standard ways that doctors can operate as a whole--for example, one standard e-prescribing system for the state.

It's important for the ISMA to be able to advocate for us all.

NO Idea what this is even trying to say other than something about money and needing to get more of it. I suppose it would be nice to understand what intellectual property is subject to royalties, where the revenue would be used and what kind of conflicts of interest might be in the weeds.

Is the first resolve accurate ? I have been told there is a prohibition of ISMS non dues revenue exceeding about one third of total revenue, something to do with tax status. Puts a ceiling on our non dues revenue that drops ever lower as our dues revenue stagnates or declines.

This is ripe for problems. Better to cut our budget than get into promoting products

-ISMS is funded by members and other revenues streams with a written mission. -Seeking expansion of legitimate aligned and ethical sources of funding are consistent with this mission. -Resolved any Pro-active expansion of ISMS policy and action like this be in alignment with ISMS and AMA business and ethical policies. -Resolved the Board Review Panel on Endorsements and Sponsorship should have an ethics oversight component and training highlighting the issue of the AMA 'Sun-Beam' situation so that we do not run into a situation like the AMA did with the 'Sun-Beam' situation in the 1990's..... -Resolved that all ISMS members and employees and any directly and/or indirectly related others involved with and/or potentially in a position of influence regarding these pro-active reviews and actions have enhanced vetting and specific on-boarding and yearly ethics training and ongoing Conflict of Interest documents onfile and continuously updated. -Resolved we should be involved with qualified Licensing Executive Society Professionals and/or attorneys who have Special Domain Expertise and have a better understanding of IP and Royalty development help create and monitor business plans and appropriate processes to do this.

It appears that to be a more effective organization serving the needs of Illinois physicians, ISMS should explore and study additional revenue sources as long as it is done in very transparent ways and as long as it ultimately benefits the physician membership, which is its base. You don't want commercial interests to outweigh the physicians' interests

The 3rd RESOLVED seems to be separate from the 1st, 2nd & 4th RESOLVEDs, and only deals with revenue as a result of membership dues. The 1st, 2nd and 4th RESOLVEDs deal with royalty revenue. I agree, ISMS needs revenue. I strongly support the 3rd RESOLVED on its own. I am not fully comfortable with the 1st, 2nd, 4th RESOLVEDs. I guess seeing some examples of what they might mean would help me know if I support these 3 RESOLVEDs or oppose them. As written, I cannot yet support the resolution, which explains my vote below. Even though I'd like some part of this to go forward, not just the 3rd RESOLVED.

agree that new lines of revenue needs to be developed. I would want to be sure that the funds are for isms use and not part of drug or device company advertising. Companies used to give \$\$ to the organization in an unrestricted way.

Slippery slope. Dont sell our souls

This Resolution is absolutely necessary for the ISMS' survival.

Alternative revenue streams are going to be key to the organization's longer term success. To effectively develop these streams of income, the physician should not be viewed as the front line in developing this program. Professional service organizations should be engaged to aid in the process.

hate the use of "etc" in resolutions---would advocate that the phrase be stricken/not allowed in any resolution....otherwise non-dues revenue may be appropriate when performed wisely and with full transparency-do not need another "sunbeam" escapade

ISMS should not be in the business of making money. If you are not collecting enough dues and donations it means your members think you are on the wrong track.