

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 02.2024-02
(A-25)**

Introduced by: Brian Anseeuw, MD, ISMS Member

Subject: Expanding Referral Access to Specialists

Referred to: Council on Medical Service

1 Whereas, many patients need a referral to a medical specialist who can
2 appropriately evaluate and treat their medical condition; and

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4 Whereas, wait times for appointments with specialists have exponentially
5 increased due in part to physician shortages in specific specialties or geographic areas;
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8 Whereas; access to specialists may also be negatively affected by contractual
9 requirements that limit referral options to physicians within a single medical system;
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12 Whereas, health system policies that limit patient referrals to only physicians
13 affiliated with the health system can result in long appointment wait times and other
14 access issues by making it difficult for patients to receive care from independent
15 specialist physicians who may be able to offer services in a more timely or convenient
16 manner; therefore, be it

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18 RESOLVED, that the Illinois State Medical State Society advocate that health
19 care organizations permit the referral of patients to specialist physicians that practice
20 outside of the health care organization’s network when timely access to specialty care is
21 not available within the organization, or upon request by the patient.

Fiscal Note:

n/a

Existing ISMS policy related to this issue:

Board of Trustees adopted Substitute Resolution 02.2021-34 (A-21) in lieu of Resolution 02.2021-34 (A21): RESOLVED, that it is the policy of ISMS that a patient referred to a specialist should be seen by a physician (rather than a mid-level provider) practicing in that specialty when the referring physician specifies the need for a physician consultation in the referral documentation. (BOT - OCT 2022)

It is the policy of ISMS that a patient referred to a specialist should be seen by a physician (rather than a mid-level provider) practicing in that specialty when the referring physician specifies the need for a physician consultation in the referral documentation. (2023 Annual Meeting; BOT 2022-OCT; Last BOT Review 2022)

Board of Trustees approved Substitute Resolution 26 (A-12), as follows: RESOLVED, That ISMS develop and post on its website appropriate material in response to frequent physician inquiries regarding Federally Qualified Health Center and Rural Health Clinic governance, staffing, contractual arrangements for in-patient care, referral to specialists and how services not covered by these entities are reimbursed, for the purpose of encouraging collaboration in the community. (BOT 2012-OCT)

ISMS supports the following ethical guidelines for physicians who provide services without referral from another physician: (1) Performance of a test or therapy at the request of an individual is justifiable only if, in the judgment of the physician, the potential benefits of the service outweigh the risks. (2) Once a physician agrees to perform the test, a patient-physician relationship is established with all the obligations such a relationship entails. In the absence of a referring physician who orders the test, the testing physician assumes responsibility for relevant clinical evaluation, as well as pre-test and post-test counseling concerning the test, its results, and indicated follow-up. Post-test counseling may also be accomplished through referral to an appropriate physician who accepts the referral. In obtaining the patient's informed consent, the testing physician should discuss, in a manner the patient can understand, the usual elements of informed consent as well as 1) the inaccuracies inherent in the proposed test, 2) the possibility of inconclusive results, 3) false positives or false negatives, and 4) circumstances which may require further assessment and additional costs. (3) Physicians who hold financial interests in facilities must not place those interests above the welfare of their patients. Moreover, physicians who advertise diagnostic services should ensure that advertisements are truthful and not misleading or deceptive. (HOD 2007; Amended 2013; Last BOT Review 2012)

Board of Trustees approved supporting a submittal to the House of Delegates requesting consideration of a change in current ISMS policy on acupuncture that would eliminate the requirement that a physician must provide referral before an acupuncturist could initiate treatment, and directed that a resolution describing the revised policy be prepared for presentation to the House of Delegates in 2004. (BOT 2003-OCT)

ISMS supports full disclosure to patients and companies regarding all positive and negative financial incentives involving physician referrals and approval for physician referrals by managed care organizations prior to enrollment in health insurance plans. (HOD 1993; Last BOT Review 2013)

House of Delegates adopted Res. 42 (A-92) which directed that the Society House of Delegates adopt the procedure of “referral for national action” for resolutions for which such referral would be appropriate, and include this process in the instructions of Reference Committees and the Delegates Handbook. (HOD 1992)

The Illinois State Medical Society encourages voluntary health organizations to work with the available local medical communities in providing referral and treatment of patients so that existing physician-patient relationships are not breached. (HOD 1990; Reaffirmed 2019; Last BOT Review 2011)

County medical societies should establish procedures for referral of patients seeking physician services. It is appropriate to announce the availability of such an activity via the news media as a public service. When any such request is received at the state society office or by any officer of the ISMS, it shall immediately be referred to the secretary of the county medical society involved. (HOD 1980; Last BOT Review 2011)

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