ILLINOIS STATE MEDICAL SOCIETY

Resolution 04.2024-05
(A-25)

Introduced by: Divya Meher Surabhi, MD, ISMS Member

Subject: Advocating for Vaccinations Supported By Evidence-Based Medicine

Referred to: Council on Medical Service

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1 Whereas, in 2019, the World Health Organization deemed vaccine hesitancy, the
2 delay in acceptance or refusal of vaccines, as one of the top 10 threats to global health[1];
3 and
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5 Whereas, vaccine hesitancy has been increasing in the United States[2], including
6 among physicians; and
7
8 Whereas, for example, during the COVID-19 pandemic, a 2021 national survey
9 of primary care physicians (PCPs) found that 10.1% of PCPs did not agree that the
10 COVID-19 vaccines were safe, 9.3% did not agree they were effective, and 8.3% did
11 not agree that they were important[3], despite evidence-based research supporting the
12 benefits of the COVID-19 vaccine[4, 5, 6]; and
13
14 Whereas, social media has amplified the high degree of vaccine questioning and
15 reluctance to accept vaccinations; and
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17 Whereas, factors that contribute to vaccine hesitancy include a wider decline in
18 trust of expertise and authority, political polarization, anxiety about administration or
19 possible side effects, and new vaccine policies and recommendations[7]; and
20
21 Whereas, vaccine hesitancy is fueling the decreasing number of children who are
22 becoming vaccinated; and
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24 Whereas, for the 2020-2021 school year, 94% of incoming kindergarteners
25 received all state-required vaccines, approximately one percentage point lower than the
26 previous school year[8]; and
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28 Whereas, vaccine refusal is associated with outbreaks of Haemophilus influenzae
29 type B, pneumococcal disease, varicella, measles, and pertussis[9]; and

30 Whereas, the number of vaccine preventable disease outbreaks are rising; and
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32 Whereas, for example, the Centers for Disease Control and Prevention reported
33 the number of measles cases among children who were not fully vaccinated more than
34 doubled from 2021 to 2022[10]; and
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36 Whereas, immunizations prevent disease, disability, and death among children
37 and adults, and they are one of the most cost-effective ways to promote public health;
38 and
39
40 Whereas, physicians have the responsibility to promote health prevention
41 strategies, including the promotion of evidence-based vaccinations; therefore, be it
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43 RESOLVED, that ISMS supports the use of vaccination when evidence-based
44 research demonstrates the vaccination promotes public health and reduces illness and
45 disease; and be it further
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47 RESOLVED, that ISMS promote the production of educational materials
48 regarding vaccine preventable diseases that have recently been the subject of rising
49 outbreaks and any new vaccinations that have been added to vaccine schedules; and be
50 it further
51
52 RESOLVED, that, if evidence-based research supports the use of a vaccine,
53 ISMS should not be against the use of that vaccine.

References:

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10. Rise in Measles Cases Raises Concerns for Public Health Experts - NFID. https://www.nfid.org/. https://www.nfid.org/rise-in-measles-cases-raises-concerns-for-public-health-experts/

Fiscal Note:

n/a

Existing ISMS policy related to this issue:

The Illinois State Medical Society advocates increased HPV vaccination coverage rates in rural counties in the State of Illinois. (2021 Annual Meeting; BOT 2020-OCT; Last BOT Review 2020) The Illinois State Medical Society supports the vaccination of individuals in line with CDC guidelines. (2021 Annual Meeting; BOT 2021-JAN; Last BOT Review 2021)

ISMS supports legislation and/or regulatory change to add HPV vaccination to the Illinois School Immunization Requirements, aligned with Centers for Disease Control and Prevention (CDC) recommendation for HPV vaccination at 11-12 years of age for females and males. (2019 Annual Meeting; BOT 2019-APR; Last BOT Review 2019)

ISMS opposes philosophical exemptions from state vaccination requirements. (HOD 2015; BOT 2015-OCT; Last BOT Review 2015)

ISMS supports the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention on pneumococcal vaccination. (HOD 2012; Last BOT Review 2014)

The Illinois State Medical Society supports the COVID-19 vaccine distribution plan adopted by the Illinois Department of Public Health. (2021 Annual Meeting; BOT 2021-JAN; Last BOT Review 2021)

The Illinois State Medical Society supports the vaccination of individuals in line with CDC guidelines. (2021 Annual Meeting; BOT 2021-JAN; Last BOT Review 2021)

The Illinois State Medical Society advocates the equitable distribution of vaccines and the employment of community-specific strategies for education and distribution to ensure adequate access to all populations. (2021 Annual Meeting; BOT 2021-JAN; Last BOT Review 2021)

The Illinois State Medical Society advocates state funding allocations towards vaccine distribution, including, but not limited to, healthcare personnel staffing, vaccination clinic resources, and vaccine storage capacity, as well as federal funding for vaccines, needles, syringes, and PPE for COVID-19 vaccinations (2021 Annual Meeting; BOT 2021-JAN; Last BOT Review 2021)

Illinois residents should be provided access to all medically indicated immunizations. Physicians are requested to provide this protection or to encourage the local public health agency to perform this function, and to encourage enforcement of current immunization laws. In addition, physicians should be encouraged to participate in epidemiological studies (especially as related to “search and destroy” methods for communicable diseases) which have been endorsed by the local or state medical society.

ISMS continues to support the need for physical examinations of, and updating of immunizations for, school children in the State of Illinois on school entry, at 6th grade and 9th grade levels, in keeping with preventive medicine measures presently in existence in the state. Measures to assure compliance of the school health mandates by school districts in Illinois should be maintained.

Every school district should be consulted by health departments planning any mass immunization campaign. In counties where there is no public health department, the Illinois Department of Public Health should contact either the county medical society or local physicians (whichever is appropriate) for coordination of the immunization program.

If private facilities are utilized during a mass immunization campaign, normal reimbursement procedures may be employed, but no charge shall be made for the cost of vaccine paid for by the federal government. (HOD 1991; Reaffirmed 2017; Amended 2019; Last BOT Review 2014)

It is the policy of the Society to acknowledge a National Vaccine Initiative for Adults; support efforts of the Illinois Department of Public Health in disseminating information to all physicians in Illinois regarding the benefits of immunization; and to encourage the adoption of a standard personal and institutional immunization record as a means of verifying the immunization status of patients and staff. (HOD 1992; Last BOT Review 2014)

ISMS supports the concept of increased government funding for immunizations of school children. (HOD 1987; Last BOT Review 2014)

ISMS encourages physicians to be immunized for vaccine-preventable diseases, if not medically contraindicated. (HOD 2013; Last BOT Review 2014)

It is the policy of ISMS that all CDC/ACIP-recommended vaccines should be included for all Medicare enrollees, including those in traditional Medicare and in Medicare Advantage programs, with no out-of-pocket cost. (HOD 2015)

Relevant ISMS Past Actions

Board of Trustees adopted Resolution 12.2020-31 (A-21), Supporting the General Public in Vaccination Against COVID-19. (BOT - JAN 2021)

ISMS affirmed Board action regarding Resolution 12.2020-31 (A-21), Supporting the General Public in Vaccination Against COVID-19; Resolution 12.2020-31 (A-21) Adopted. (2021 Annual Meeting)

Board of Trustees approved statements for use in public messaging on COVID-19 vaccination. (BOT - OCT 2021)

Board of Trustees adopted Resolution 01.2020-34 (A-20), Increasing All-Payer Coverage of Vaccines, as amended: RESOLVED, ISMS advocate for all relevant bodies

including appropriate state agencies to reimburse physicians in a timely manner for all CDC and ACIP recommended vaccines not covered by the Vaccine for Children program; and be it further RESOLVED, ISMS work with relevant stakeholders such as American Medical Association, Illinois Department of Public Health, Illinois Department of Healthcare and Family Services, and Centers for Medicare and Medicaid Services to encourage payers to cover all costs associated with the administration of vaccines including deductibles, copays and coinsurance related to Centers for Disease Control and Prevention recommended vaccinations; and be it further RESOLVED, the ISMS work with the Illinois Department of Public Health and the Illinois Department of Healthcare and Family Services to promote community education outreach to spread information regarding new and future vaccination coverage programs. (BOT - JAN 2020)

ISMS affirmed the Board's adoption of Resolution 02.2019-36 (A-19), Prevention of Human Papillomavirus (HPV) – Associated Cancers by Improving Vaccination Coverage Levels in Illinois, which states: RESOLVED, that the ISMS support or cause to be introduced legislation and/or regulatory change to add HPV vaccination to the Illinois School Immunization Requirements, aligned with Centers for Disease Control and Prevention (CDC) recommendation for HPV vaccination at 11-12 years of age for females and males. (2019 Annual Meeting) House of Delegates adopted Resolution 5 (A-12) as amended, which directed that ISMS support the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention regarding pneumococcal vaccination, and that ISMS support expanding the state's Immunization Code to include the pneumococcal vaccine for daycare entry and communicate its position to the director of the Illinois Department of Public Health. (HOD 2012)

Board of Trustees approved sending a letter to the IDPH requesting early dialogue on public health messages, encouraging physician involvement in vaccination programs and reiterating the need for practical messages and clear guidance to both the public and physicians on H1N1 response. (BOT 2009-OCT)

Existing AMA policy related to this issue:

Encourage Autism Society to Support Vaccinations D-440.931
Our American Medical Association will work jointly with the American College of Physicians, American Academy of Pediatrics and American Academy of Family Physicians to encourage the Autism Society of America to display on their website that based on current scientific evidence, autism is not caused by vaccinations and encourage vaccinations to promote better health for all our population. Res. 12, A-15

Distribution and Administration of Vaccines H-440.877

1. It is optimal for patients to receive vaccinations in their medical home to ensure coordination of care. This is particularly true for pediatric patients and for adult patients with chronic disease and co-morbidities. If a vaccine is administered outside the medical home, all pertinent vaccine-related information should be transmitted back to the patient's primary care physician and entered into an immunization registry when one exists to provide a complete vaccination record.
2. All physicians and other qualified health care providers who administer vaccines should have fair and equitable access to all ACIP recommended vaccines. However, when there is a vaccine shortage, those physicians and other health care providers immunizing patients who are prioritized to receive the vaccine based upon medical risks/needs according to ACIP recommendations must be ensured timely access to adequate vaccine supply.
3. Physicians and other qualified health care providers should: (a) incorporate immunization needs into clinical encounters, as appropriate; (b) strongly recommend needed vaccines to their patients in accordance with ACIP recommendations and consistent with professional guidelines; (c) either administer vaccines directly or refer patients to another qualified health care provider who can administer vaccines safely and effectively, in accordance with ACIP recommendations and professional guidelines and consistent with state laws; (d) ensure that vaccination administration is documented in the patient medical record and an immunization registry when one exists; and (e) maintain professional competencies in immunization practices, as appropriate.
4. All vaccines should be administered by a licensed physician, or by a qualified health care provider pursuant to a prescription, order, or protocol agreement from a physician licensed to practice medicine in the state where the vaccine is to be administered or in a manner otherwise consistent with state law.
5. Patients should be provided with documentation of all vaccinations for inclusion in their medical record, particularly when the vaccination is provided by someone other than the patient's primary care physician.
6. Physicians and other qualified health care providers who administer vaccines should seek to use integrated and interoperable systems, including electronic health records and immunization registries, to facilitate access to accurate and complete immunization data and to improve information-sharing among all vaccine providers.
7. Vaccine manufacturers, medical specialty societies, electronic medical record vendors, and immunization information systems should apply uniform bar-coding on vaccines based on standards promulgated by the medical community.
8. Our AMA encourages vaccine manufacturers to make small quantities of vaccines available for purchase by physician practices without financial penalty.

Sub. Res. 512, A-06, Reaffirmed: BOT Rep. 26, A-07, BOT Action in response to referred for decision Res. 902, I-08, Modified: CSAPH Rep. 4, I-14, Appended: Res. 404, A-16, Reaffirmed: CMS Rep. 07, A-17, Reaffirmed: CMS Rep. 6, A-21.

An Urgent Initiative to Support COVID-19 Vaccination and Information Programs D-440.921

Our AMA will institute a program to promote the integrity of a COVID-19 vaccination information program by: (1) educating physicians on speaking with patients about COVID-19 infection and vaccination, bearing in mind the historical context of "experimentation" with vaccines and other medication in communities of color, and providing physicians with culturally appropriate patient education materials; (2) educating the public about up-to-date, evidence-based information regarding COVID-19 and associated infections as well as the safety and efficacy of COVID-19 vaccines, by countering misinformation and building public confidence; (3) forming a coalition of health care and public health organizations inclusive of those respected in communities of color committed to developing and implementing a joint public education program promoting the facts about, promoting the need for, and encouraging the acceptance of COVID-19 vaccination; (4) supporting ongoing monitoring of COVID-19 vaccines to ensure that the evidence continues to support safe and effective use of vaccines among recommended populations; (5) educating physicians and other healthcare professionals on means to disseminate accurate information and methods to combat medical misinformation online; and (6) supporting the public purchase and cost-free distribution and administration of COVID-19 booster vaccine doses.

Res. 408, I-20; Reaffirmed: Res. 228, A-21; Reaffirmed: Res. 421, A-21; Appended: Res. 408, I-21.

Smallpox Vaccination Policy H-440.993

Our AMA supports the recommendations of the Public Health Service Advisory Committee on Immunization Practices that systematic programs of routine vaccination for smallpox for hospital and health personnel no longer be required.

BOT Rep. P, A-76; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed; CSAPH Rep. 1, A-10; Reaffirmed: CSAPH Rep 01, A-20.

Smallpox: A Scientific Update H-440.852

Our AMA will remain engaged with the CDC, the Advisory Committee on Immunization Practices (ACIP), and the Federation on smallpox vaccination and support a commitment to monitor the current status of smallpox and smallpox vaccination in the world and in the United States and develop appropriate recommendations as necessary.

CSA Rep. 2, I-02, BOT Action in response to referred for decision Recommendation 2 of CSA Rep. 2, I-01; Modified: CCB/CLRPD Rep. 4, A-12; Reaffirmed: CSAPH Rep. 1, A-22.

Financing Adult Vaccines: Recommendations for House H-440.860

1. Our AMA supports the concepts to improve adult immunization as advanced in the Infectious Diseases Society of America's 2007 document "Actions to Strengthen Adult and Adolescent Immunization Coverage in the United States," and support the recommendations as advanced by the National Vaccine Advisory Committee's 2008 white paper on pediatric vaccine financing.
2. Our AMA will advocate for the following actions to address the inadequate financing of adult vaccination in the United States:

Provider-related

a. Develop a data-driven rationale for improved vaccine administration fees.
b. Identify and explore new methods of providing financial relief for adult immunization providers through, for example, vaccine company replacement systems/deferred payment/funding for physician inventories, buyback for unused inventory, and patient assistance programs.
c, Encourage and facilitate adult immunization at all appropriate points of patient contact; e.g., hospitals, visitors to long-term care facilities, etc.
d. Encourage counseling of adults on the importance of immunization by creating a mechanism through which immunization counseling alone can be reimbursed, even when a vaccine is not given.

Federal-related

a. Increase federal resources for adult immunization to: (i) Improve Section 317 funding so that the program can meet its purpose of improving adult immunizations; (ii) Provide universal coverage for adult vaccines and minimally, uninsured adults should be covered; (iii) Fund an adequate universal reimbursement rate for all federal and state immunization programs.
b. Optimize use of existing federal resources by, for example: (i) Vaccinating eligible adolescents before they turn 19 years of age to capitalize on VFC funding; (ii) Capitalizing on public health preparedness funding.
c. Ease federally imposed immunization burdens by, for example: (i) Providing coverage for Medicare-eligible individuals for all vaccines, including new vaccines, under Medicare Part B; (ii) Creating web-based billing mechanisms for physicians to assess coverage of the patient in real time and handle the claim, eliminating out-of-pocket expenses for the patient; (iii) Simplifying the reimbursement process to eliminate payment-related barriers to immunization.
d. The Centers for Medicare & Medicaid Services should raise vaccine administration fees annually, synchronous with the increasing cost of providing vaccinations.

State-related
a. State Medicaid programs should increase state resources for funding vaccines by, for example: (i) Raising and funding the maximum Medicaid reimbursement rate for vaccine administration fees; (ii) Establishing and requiring payment of a minimum reimbursement rate for administration fees; (iii) Increasing state contributions to vaccination costs; and (iv) Exploring the possibility of mandating immunization coverage by third party payers.
b. Strengthen support for adult vaccination and appropriate budgets accordingly.

Insurance-related
1. Provide assistance to providers in creating efficiencies in vaccine management by: (i) Providing model vaccine coverage contracts for purchasers of health insurance; (ii) Creating simplified rules for eligibility verification, billing, and reimbursement; (iii) Providing vouchers to patients to clarify eligibility and coverage for patients and providers; and (iv) Eliminating provider/public confusion over insurance payment of vaccines by universally covering all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines.
b. Increase resources for funding vaccines by providing first-dollar coverage for immunizations.
c. Improve accountability by adopting performance measurements.
d. Work with businesses that purchase private insurance to include all ACIP-recommended immunizations as part of the health plan.
e. Provide incentives to encourage providers to begin immunizing by, for example: (i) Including start up costs (freezer, back up alarms/power supply, reminder-recall systems, etc.) in the formula for reimbursing the provision of immunizations; (ii) Simplifying payment to and encouraging immunization by nontraditional providers; (iii) Facilitating coverage of vaccines administered in complementary locations (e.g., relatives visiting a resident of a long-term care facility).
Manufacturer-related
Market stability for adult vaccines is essential. Thus: (i) Solutions to the adult vaccine financing problem should not deter research and development of new vaccines; (ii) Solutions should consider the maintenance of vibrant public and private sector adult vaccine markets; (iii) Liability protection for manufacturers should be assured by including Vaccine Injury Compensation Program coverage for all ACIP-recommended adult vaccines; (iv) Educational outreach to both providers and the public is needed to improve acceptance of adult immunization.

3. Our AMA will conduct a survey of small- and middle-sized medical practices, hospitals, and other medical facilities to identify the impact on the adult vaccine supply (including influenza vaccine) that results from the large contracts between vaccine manufacturers/distributors and large non-government purchasers, such as national retail health clinics, other medical practices, and group purchasing programs, with particular

attention to patient outcomes for clinical preventive services and chronic disease management.
CSAPH Rep. 4, I-08, Reaffirmation I-10, Reaffirmation: I-12, Reaffirmation I-14, Reaffirmed: CMS Rep. 3, I-20, Reaffirmation: A-22.

Education and Public Awareness on Vaccine Safety and Efficacy H-440.830
1. Our AMA (a) encourages the development and dissemination of evidence-based public awareness campaigns aimed at increasing vaccination rates; (b) encourages the development of educational materials that can be distributed to patients and their families clearly articulating the benefits of immunizations and highlighting the exemplary safety record of vaccines; (c) supports the development and evaluation, in collaboration with health care providers, of evidence-based educational resources to assist parents in educating and encouraging other parents who may be reluctant to vaccinate their children; (d) encourages physicians and state and local medical associations to work with public health officials to inform those who object to immunizations about the benefits of vaccinations and the risks to their own health and that of the general public if they refuse to accept them; (e) will promote the safety and efficacy of vaccines while rejecting claims that have no foundation in science; (f) supports state policies allowing minors to override their parent's refusal for vaccinations; and encourages state legislatures to establish comprehensive vaccine and minor consent policies; and (g) will continue its ongoing efforts with other immunization advocacy organizations to assist physicians and other health care professionals in effectively communicating to patients, parents, policy makers, and the media that vaccines do not cause autism and that decreasing immunization rates have resulted in a resurgence of vaccine-preventable diseases and deaths.
2. Our AMA: (a) supports the rigorous scientific process of the Advisory Committee on Immunization Practices as well as its development of recommended immunization schedules for the nation; (b) recognizes the substantial body of scientific evidence that has disproven a link between vaccines and autism; and (c) opposes the creation of a new federal commission on vaccine safety whose task is to study an association between autism and vaccines.
Res. 9, A-15; Modified: CSAPH Rep. 1, I-15; Appended: Res. 411, A-17; Modified: Res. 011, A-19.

Meningococcal Vaccination for School Children H-60.923
Our AMA supports efforts to require that school children receive meningococcal vaccine per the Advisory Committee on Immunization Practices guidelines.
Res. 414, A-14.

Pneumococcal Vaccination H-440.921 Our AMA encourages physicians to expand their use of pneumococcal vaccine per current Advisory Committee on Immunization Practices recommendations.

Res. 512, A-94; Reaffirmed: Res. 515, I-01; Reaffirmed: Res. 520, A-02; Modified: CSAPH Rep. 1, A-12; Modified: CSAPH Rep. 1, A-22.

Assuring Access to ACIP/AAFP/AAP-Recommended Vaccines H-440.875

1. It is AMA policy that all persons, regardless of economic and insurance status, receive all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines as soon as possible following publication of these recommendations in the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR).
2. Our AMA will continue to work with the federal government, Congress, and other stakeholders to improve liability protection for vaccine manufacturers and health care professionals who provide immunization services and to examine and improve compensation mechanisms for patients who were legitimately injured by a vaccine.
3. Our AMA will continue to work with the federal government, Congress, and other appropriate stakeholders to enhance public opinion of vaccines and to monitor and ensure the continued safety of existing and newly approved vaccines (including providing adequate resources for post-approval surveillance) so as to maintain and improve public confidence in the safety of vaccines.
4. Our AMA will work with appropriate stakeholders, including vaccine manufacturers, vaccine distributors, the federal government, medical specialty societies, and third party payers, to guarantee a robust vaccine delivery infrastructure (including but not limited to, the research and development of new vaccines, the ability to track the real-time supply status of ACIP-recommended vaccines, and the timely distribution of ACIP-recommended vaccines to providers).
5. Our AMA will work with appropriate federal and state agencies and private sector entities to ensure that state Medicaid agencies and private insurance plans pay health care professionals at least the approved Relative Value Unit (RVU) administration Medicare rates for payment when they administer ACIP-recommended vaccines.
6. Our AMA will work with the Centers for Medicare and Medicaid Services (CMS) to address barriers associated with Medicare recipients receiving live zoster vaccine and the routine boosters Td and Tdap in physicians' offices.
7. Our AMA will work through appropriate state entities to ensure all health insurance plans rapidly include newly ACIP-recommended vaccines in their list of covered benefits, and to pay health care professionals fairly for the purchase and administration of ACIP-recommended vaccines.
8. Our AMA will urge Medicare to include Tdap (Tetanus, Diphtheria, Acellular Pertussis) under Medicare Part B as a national public health measure to help prevent the spread of Pertussis.
9. Until compliance of AMA Policy H-440.875(6) is actualized to the AMA's satisfaction regarding the tetanus vaccine, our AMA will aggressively petition CMS to include tetanus and Tdap at both the "Welcome to Medicare" and Annual Medicare Wellness visits, and other clinically appropriate encounters, as additional "triggering

event codes" (using the AT or another modifier) that allow for coverage and payment of vaccines to Medicare recipients.
10. Our AMA will aggressively petition CMS to include coverage and payment for any vaccinations administered to Medicare patients that are recommended by the ACIP, the US Preventive Services Task Force (USPSTF), or based on prevailing preventive clinical health guidelines.
BOT Action in response to referred for decision Res. 524, A-06, Reaffirmation A-07, Appended: Res. 531, A-07, Reaffirmation A-09, Reaffirmed: Res. 501, A-09, Reaffirmation I-10, Reaffirmation A-11, Reaffirmed in lieu of Res. 422, A-11: BOT action in response to referred for decision Res. 422, A-11, Reaffirmation: I-12, Appended: Res. 227, I-12, Appended: Res. 824, I-14, Reaffirmed: Res. 411, A-17, Reaffirmed: CMS Rep. 3, I-20, Reaffirmed: Res. 228, A-21, Reaffirmation, A-22.

8.11, Health Promotion and Preventative Care
Medicine and public health share an ethical foundation stemming from the essential and direct role that health plays in human flourishing. While a physician's role tends to focus on diagnosing and treating illness once it occurs, physicians also have a professional commitment to prevent disease and promote health and well-being for their patients and the community.

The clinical encounter provides an opportunity for the physician to engage the patient in the process of health promotion. Effective elements of this process may include educating and motivating patients regarding healthy lifestyle, helping patients by assessing their needs, preferences, and readiness for change and recommending appropriate preventive care measures. Implementing effective health promotion practices is consistent with physicians' duties to patients and also with their responsibilities as stewards of health care resources.

While primary care physicians are typically the patient's main source for health promotion and disease prevention, specialists can play an important role, particularly when the specialist has a close or long-standing relationship with the patient or when recommended action is particularly relevant for the condition that the specialist is treating. Additionally, while all physicians must balance a commitment to individual patients with the health of the public, physicians who work solely or primarily in a public health capacity should uphold accepted standards of medical professionalism by implementing policies that appropriately balance individual liberties with the social goals of public health policies.

Health promotion should be a collaborative, patient-centered process that promotes trust and recognizes patients' self-directed roles and responsibilities in maintaining health. In keeping with their professional commitment to the health of patients and the public, physicians should:

(a) Keep current with preventive care guidelines that apply to their patients and ensure that the interventions they recommend are well supported by the best available evidence.
(b) Educate patients about relevant modifiable risk factors.
(c) Recommend and encourage patients to have appropriate vaccinations and screenings.
(d) Encourage an open dialogue regarding circumstances that may make it difficult to manage chronic conditions or maintain a healthy lifestyle, such as transportation, work and home environments, and social support systems.
(e) Collaborate with the patient to develop recommendations that are most likely to be effective.
(f) When appropriate, delegate health promotion activities to other professionals or other resources available in the community who can help counsel and educate patients.
(g) Consider the health of the community when treating their own patients and identify and notify public health authorities if and when they notice patterns in patient health that may indicate a health risk for others.
(h) Recognize that modeling health behaviors can help patients make changes in their own lives.
Collectively, physicians should:
(i) Promote training in health promotion and disease prevention during medical school, residency and in continuing medical education.
(j) Advocate for healthier schools, workplaces and communities.
(k) Create or promote healthier work and training environments for physicians.
(l) Advocate for community resources designed to promote health and provide access to preventive services.
(m) Support research to improve the evidence for disease prevention and health promotion. Issued: 2016.