CMSS Framework for Society Interaction with Physician-Facing Large Language Models

Overview

Specialty societies are currently challenged by fragmented, rapid approaches from physician-facing large language model (LLMs) vendors seeking to engage with societies. Without a shared evaluation framework of principles and standards that societies can use when evaluating, engaging with, and advising members about physician-facing LLMs, societies risk unfavorable intellectual policy (IP) exposure and inconsistent member guidance.

The CMSS LLM workgroup was convened to focus on framework-building and education, which are well-established safe harbors for collaborative activity among competitors under antitrust law. All information gathered and workgroup activities will comply with the CMSS Policy on Antitrust Compliance.

Workgroup members disclosed any relevant financial relationships with LLM vendors.

Core Strategic Goals

The primary objective is to establish an aligned, informed posture on LLM engagement across medical specialty societies:

- **Evaluate Vendor Engagements:** Define key questions and requirements societies must ask during negotiations.
- **Protect Society Assets:** Identify and safeguard intellectual property (IP), publisher relationships, and revenue streams.
- **Drive Collective Policy and Advocacy:** Build shared guidelines and regulatory advocacy mechanisms.

Vendor Landscape and Integration Dynamics

The physician-facing LLM market is evolving rapidly across multiple channels, including direct outreach, publisher networks, health system partnerships, and pharma-sponsored programs. Electronic Health Record (EHR) workflow integration is emerging as a critical determinant of clinical adoption, directly shaping physician tool selection.

Vendors range from developers of proprietary models to product builders using retrieval-augmented generation (RAG) over publisher or society-owned content. Societies must navigate vendor fragmentation, rapid contracting timelines, and EHR lock-in.

Protecting Society IP and Scraping Mitigation

High-value society content—including clinical practice guidelines, peer-reviewed journals, educational modules, clinical registries, certification materials, and member expertise—is actively targeted for LLM model training and retrieval.

Society Guidance

Addressing Unsanctioned Web Scraping and Data Mining

AI vendors routinely crawl publicly available clinical guidelines and publisher repositories without explicit authorization. Specialty societies should establish proactive legal and technical defenses to protect their proprietary IP from unauthorized ingestion and model training.

♦ Technical Mitigation Protocols

- **Robots.txt and AI.txt Governance:** Maintain and continuously update standard web crawler exclusion files to explicitly block generative AI bots.
- **Rate-Limiting and Bot Detection:** Deploy Web Application Firewalls (WAF) and automated behavior analysis to detect and throttle scraping bots.
- **Paywall and Authentication Safeguards:** Enforce strict access controls and session validation for high-value proprietary clinical repositories.

♦ Legal Mitigation Protocols

- **Terms of Service Prohibitions:** Incorporate explicit legal bans against automated data mining, harvesting, and LLM ingestion in site Terms of Use.
- **Dynamic Enforcement and C&D Action:** Establish automated monitoring and rapid legal response frameworks to issue targeted cease-and-desist notices.
- **Authorized Crawler Registry and Copyright Monitoring:** Maintain a centralized whitelist of licensed partners alongside active copyright registration and

detection tracking.

Publisher Contracts and Legacy Rights Audit

Before executing new agreements, societies should conduct a comprehensive audit of existing publisher and third-party contracts to clarify what AI/LLM licensing rights have already been conveyed or retained. Legacy publishing agreements often contain broad electronic dissemination clauses that publishers may leverage for AI sublicensing without society consent.

Mitigating Revenue Risk and Value Erosion

Uncontrolled ingestion of society content into generative tools creates severe subscription, licensing, and membership revenue risks by disintermediating the society as the authoritative publisher.

Model Contracting Terms and Safeguards

Societies should enforce a protective model contracting framework incorporating explicit legal clauses:

Model Contracting Term	Protective Mandate and Legal Clause Standard
Anti-Training Clause	Explicit prohibition against using society content for foundational model training, fine-tuning, or model weights without dedicated licensing.
Attribution and Direct Linking	Mandatory, prominent citation and direct linking back to society platforms for all generated clinical outputs.
Real-Time Version Control and Takedown	Strict update SLAs for clinical revisions and explicit society authority to pull outdated or revised clinical guidelines from RAG indexes.
Audit and Data Log Inspection	Contractual rights to audit RAG pipelines, prompt/response logs, and usage metrics to verify compliance and prevent leakages.
Fair Market Value Revenue Sharing	Securing equitable compensation models, avoiding broad exclusivity, and aligning financial returns with content utilization.

Vendor Engagement Framework

Societies must anchor evaluations in internal strategic objectives rather than vendor sales pitches. Strategic priorities include clinical quality, content dissemination, member education, revenue preservation, research insights, and product co-design.

Decision Categorization Matrix

Must-Do: Complete thorough publisher rights audits, establish mandatory due diligence questionnaires, and enforce strict IP protection terms.

Should-Do: Develop sample use-case pathways, tailored guidance for varying AI maturity levels, and collaborative pilot programs.

Must-Not-Do: Avoid granting unmonitored model-training rights, signing restrictive exclusive contracts, or surrendering editorial oversight.

Vendor Due Diligence Checklist for Society Engagement

When evaluating AI/LLM vendors, specialty societies should consider the following key checklist parameters:

- **Technical and Clinical Validation:** Assess foundational model accuracy, RAG pipeline retrieval reliability, citation precision, and hallucination monitoring mechanisms.
- **Data Privacy and Security:** Evaluate HIPAA compliance, robust data encryption standards, and zero data retention policies for user inputs or society IP without explicit consent.
- **IP and Content Licensing:** Ensure transparent content provenance, clearly defined licensing scopes, non-exclusive engagement terms, and protection against unauthorized model training.
- **Integration and Workflow Support:** Evaluate EHR integration capabilities, API robust health, maintenance support, and seamless workflow embedding for clinical end-users.
- **Business and Operational Alignment:** Structure fair revenue-sharing arrangements, establish clear liability allocation, and define unambiguous exit strategies with guaranteed data return or destruction.