

California Public Health/Prevention Physician Leadership Forum

Initial Conference Call Meeting

Tuesday, May 6, 2014, 8:30-9:30 am PDT

Minutes (as corrected and approved)

Call in: (712) 432-1500, Access Code: 545218#

1. Attendance:

Mark Horton took the roll by institution/organization represented.

<u>INSTITUTION/ORGANIZATION</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
CALIF. ACADEMY OF PREVENTIVE MED:		
	Durrani	Timur
	Gunzenhauser	Jeffrey
	Hattis	Ronald
	Horton	Mark
	Lyman	Donald
	Peck	Caroline
STATE GOVERNMENT:		
	CDPH Chapman	Ronald
	CDPH Ramstrom	Karen
	DHCS Kohatsu	Neal
HEALTH OFFICERS ASSOC. OF CALIF.		
	Pomer	Bruce
AMERICAN COLLEGE OF PREVENTIVE MED:		
	Barry	Michael
	Blumenthal	Daniel
	Bonta	Paul
	Booth	Ben
CALIFORNIA MEDICAL ASSOCIATION:		
	Clark	Scott
SCHOOLS OF MEDICINE:		
	UC Davis	Not represented
Touro	West	Catherine
UCSF	Rutherford	George
Stanford	Not represented	
Loma Linda	Marie-Mitchell	Ariane
	Orlich	Michael

Western University	Mackintosh	Ariane
UC Riverside	Nduati	Michael
UCLA	Duvall	Karen
USC	Samet	Jonathan
	Watanabe	Richard
UC Irvine	Baker	Dean
UC San Diego	Represented by Novotny, Tom (see SDSU)	

SCHOOLS OF PUBLIC HEALTH:

UC Berkeley	Seward	James
Loma Linda	Wilber	Lori
UCLA	Jackson	Richard
San Diego State Univ	Novotny	Thomas

UNIVERSITIES TEACHING PUBLIC HEALTH:

Claremont Grad. Univ.	Johnson	C. Anderson
-----------------------	---------	-------------

2. Concept and Purposes of This Forum:

Mark Horton asked Ron Hattis to present the history and goals behind the current effort, which is being sponsored by the California Academy of Preventive Medicine (CAPM).

History: The concept was inspired by the former Scientific Advisory Panel on Preventive Medicine and Public Health of the California Medical Association (CMA), of which Ron was the last chair before it and the CMA panels for all other specialties were disbanded in 2001. Each specialty's Scientific Advisory Panel included leaders of the state specialty society, and a representative from each California medical school. The panel on Preventive Medicine and Public Health also included the schools of public health, along with CAPM and the medical schools. The state health officer and a representative from the local health officers were sometimes informally invited.

Such a group was able to consider a wide range of academic, scientific, and public health issues related to public health and prevention. There has been no such inclusive leadership group for the last 13 years, and CAPM saw value in reconstituting one to address today's pressing issues.

Goals: Three initial general goals for the current forum have been proposed (subject to future refinement):

- a) Promote academic training in Preventive Medicine and Occupational Medicine for medical students and physicians, to assure a well-trained future workforce. Today's meeting will focus on this.
- b) Serve as a source of advice and support for state public health medical leaders, from like-minded physicians, including those outside of the immediate public health community; and as a venue to present and review recommendations related to public health and prevention from organized medicine.

- c) Promote the broad medical specialty area of prevention and public health in California, including medical leadership roles in public health and health care reform.

Logistics: In the absence of funding from CMA, travel for face-to-face meetings will be replaced by conference calls and possibly future Web conferencing. CAPM will support the forum logistically until such time as it might be self-supporting. The time commitment expected should be hour-long conference calls (as recommended by responders to our online survey), the first 3-4 at intervals of 4-6 weeks, then perhaps quarterly. The most available time slot revealed by the survey is Tuesday mornings at 8:30 a.m.

Participation: Invitations to participate were issued to the medical leaders of the California Department of Public Health (CDPH), Department of Health Care Services (DHCS), CAPM, Health Officers Association of California (HOAC), and CMA. The American College of Preventive Medicine (ACPM) was included for a liaison to the national scene. The most difficult task was to help identify the most appropriate academic medical leader at each school of medicine and of public health. In some cases, there was an obvious candidate, e.g., a department chair and/or residency director. In other cases, deans were consulted, and some chose to participate personally, while others nominated designees. At this time, a physician representative has not yet been identified at Stanford School of Medicine. The current roster was shared, and will be again as changes occur.

Inclusiveness: The specialty field is being defined broadly and inclusively. As consistent with general membership eligibility in ACPM and CAPM (as distinguished from fellowship), residency training or board certification in Preventive or Occupational Medicine will not be required. The field embraced by this forum will include physicians with practice, teaching, or research experience and special interest in this general area, and/or an MPH or other public health postgraduate training. Osteopathic medical schools and specialists will be welcomed, and Occupational Medicine specialists and issues will be included.

3. Career Outlook from State Leadership Needs and Opportunities for Public Health-Trained Physicians in the Public Health Workforce:

Dr. Horton called upon three statewide leaders for comments on projected physician workforce needs in public health in California, and on the training needed.

CDPH: Ron Chapman, state health officer and director of the California Department of Public Health, expressed his appreciation for being part of the forum, and indicated that the issues to be addressed have been really important to him throughout his career. He said there are many opportunities for physicians in a department of 4000 people in 40 separate office locations, but that for physicians entering public health, technical knowledge is not enough. They need skills in such areas as policy development, team leadership, public administration, and even public speaking, which are often omitted from formal training programs, although mentoring can often

make up for such deficiencies. Frequently, leadership positions intended for physicians go to non-physicians because of inability to find a physician with these skills, which Dr. Chapman considers a “tremendous loss.”

DHCS: Neal Kohatsu, medical director of DHCS, concurred with Dr. Chapman’s remarks. He considers the present period of health care reform to be a “golden opportunity” for physicians with proper training in public health at the state and federal levels. He mentioned the example of the optimum distribution of expensive new hepatitis C drugs for Medi-Cal patients as an issue needing public health medical expertise.

HOAC: Bruce Pomer, Executive Director of the Health Officers Association of California, said that being a local health officer has over the years increasingly become a long-term professional role, often with progression from prior jobs as assistant health officer, and with fewer health officers being selected from other fields of medicine. Nevertheless, although there are only 61 local health officers, vacancies occur (6 so far this year), and physicians with the proper training are needed to fill them. HOAC has provided mentoring in a collegial atmosphere, and continuing education programs, to help orient its own members as well as other interested physicians, and most recently has provided Preventive Medicine residents an opportunity to present research at such meetings.

4. Marketing of Public Health, Preventive Med, and Occupational Med Training Opportunities, Joint Degree Programs, and Potential Careers to Medical Students:

Ron Hattis noted that it is possible to graduate medical school without ever having been exposed to, or even having heard of, the specialties of Preventive Medicine or Occupational Medicine. This is unlike most other medical and surgical specialties and subspecialties, which have mandatory rotations. One goal of this forum can be to assure that each medical school has a way of educating students about what these specialties do, and what types of careers in them are available. He invited representatives of each medical school to enter any additions or corrections to a spreadsheet listing of all 11 schools and the training available to medical students in Preventive Medicine, Occupational Medicine, and related fields, residencies available, and joint degree programs.

ACPM: The ACPM representatives were invited to comment. Paul Bonta said that a medical student section had been established several years ago, and has shown strong growth. The section has a Web page on the ACPM site, and a slide show on Preventive Medicine careers. President-Elect Dan Blumenthal said that a faculty advisor (preferably an ACPM member) and a student chapter, which could get medical students involved in projects, is desired at every medical school. ACPM would like to be of assistance at California schools. Michael Barry reported that the medical student chapter program had been developed in 2013, but that only a handful of

chapters exist yet. The goal for the coming year is at least ten chapters. A procedural guide for forming one has been developed. These could simultaneously function as CAPM student chapters.

Mark Horton invited medical schools to report on how they expose medical students to preventive and occupational medicine.

UCSF: George Rutherford reported that UCSF has an epidemiology series during the first two years, which covers a range of Preventive Medicine topics. There is also a fourth year elective rotation in Preventive Medicine, but no compulsory rotation. About 10 students per year take advantage of the MD/MPH dual degree program.

LLU: Ariane Marie-Mitchell noted that Loma Linda uniquely has mandatory Preventive Medicine rotations in all four years. She described the fourth year rotation, which includes lifestyle counseling, motivational interviewing, quality improvement, and safety issues. A barrier has been the impracticality in rotating students through local public health departments for a few days, because of massive paperwork required for each student.

UCR and CGU: Michael Nduati said that a lecture series including quality improvement and Preventive Medicine is provided, and that there may be lecture opportunities for guest speakers in the specialty. There is a student group on lifestyle medicine. A joint MD/MPH dual degree program is being discussed with Claremont Graduate University. Anderson Johnson from that institution was available and mentioned the CGU MPH program, “translational research” involving public health programs, community-based diabetes prevention, team-building opportunities, and plans to work with public health in both Riverside and San Bernardino Counties.

Western University: Susan Mackintosh discussed her school’s interest in integrating public health principles and lifestyle medicine into the curriculum. There is a fairly new student public health club. There has been preliminary talk about a dual-degree DO/MPH program, but unlike Touro University, no MPH degree is awarded on campus, so this would involve negotiations with an outside school (such as Loma Linda or CGU).

Other schools will be asked to report at the next meeting. Meanwhile, schools are invited to communicate to Dr. Horton or Dr. Hattis by phone or e-mail, and to update the spreadsheet.

Joint Degree Programs: Combined MD/MPH programs exist at 7 medical schools, and a DO/MPH at one (Touro). The programs at UCSF and Stanford utilize the MPH program at UC Berkeley, and the one at UC San Diego utilizes SDSU (though there are long-term plans for a UCSD MPH degree). UC Davis, UC Irvine, USC, and UCLA offer their own MPH programs on campus (the latter at its own School of Public Health). Only 3 medical schools in the state lack joint degree programs: Loma Linda (which has its own School of Public Health and could easily develop one), Western

University, and UC Riverside. As noted above, the latter two are considering moving in that direction.

One limitation of such joint degree programs is that new requirements for Preventive Medicine and Occupational Medicine residencies make it disadvantageous to join such a residency already having earned an MPH degree. At many residency programs, an MPH can be earned along with the required practicum training within 2 years, whereas if the student already has spent a year obtaining an MPH, s/he will still have to be in the residency for the same 2 years, thus having essentially delayed completion time by a year.

Follow-up: Medical schools were invited to report at a coming meeting, or by e-mail before that, on how these joint degree programs operate, how successful they are, and how medical students find out about them.

5. Tailoring MPH Programs to Training Needs of Physicians:

Lori Wilber from the Loma Linda School of Public Health was asked to report on new requirements for the public health didactic component of PM residencies, and how they are being addressed at Loma Linda.

Dr. Wilber reviewed a distributed table outlining the new ACGME requirements, and the planned update of an existing track or major in "Population Medicine" which should meet these requirements through didactic courses within the School of Public Health. Since some School of Medicine faculty involved with residency teaching, such as Drs. Wilber and Orlich, also have appointments at the School of Public Health, current thinking is that it will be most efficient to address the new requirements through the MPH curriculum.

Recently added requirements for General Preventive Medicine and Public health: advanced applied epidemiology (to include acute and chronic disease); advanced biostatistics; advanced health services management; clinical preventive services; and risk/hazard control and communication.

Recently added requirements for Occupational Medicine: occupational medicine: toxicology; occupational epidemiology; industrial hygiene, safety and ergonomics; and risk/hazard control and communication.

Even separate from the residency requirements, medical students and physicians taking MPH degree programs have sometimes complained that they do not always find courses that seem relevant to future medical careers. The Loma Linda plan would add four 4-credit "major core" courses in Population Medicine covering these requirements, to a physician-oriented track at the School of Public Health. There would also be electives or "cognate/focus" area options in

Occupational Medicine, Lifestyle Medicine, Global Health, Maternal and Child Health, GIS, and Epidemiology.

Mike Orlich added that there will be an attempt to impart public health and health care leadership skills. He expected the MPH with the revised Population Medicine track to become available totally online as well as on campus, so it could be shared more widely. Input on the development of this program is welcome.

Richard Jackson noted that the UCLA School of Public Health is divided into five separate departments, e.g., epidemiology, management and policy, environmental health, etc., so it is difficult for a medical student or physician to obtain all of the needed skills, which are divided among these.

The new ACGME requirements do not necessarily have to be met in graduate public health didactic courses. George Rutherford said that the plan at UCSF was to utilize existing courses at the UC Berkeley School of Public Health for some of the requirements, e.g., advanced epidemiology, and to supply the remainder through seminars separate from the MPH program.

Follow-up: Drs. Wilber and Rutherford may be contacted to share their planned solutions. E-mail addresses are on the roster. Other residency programs, and MPH programs catering to resident physicians, will be asked for their plans at a future meeting.

6. Status of Preventive Medicine and Occupational Medicine Programs:

Federal HRSA funding for Preventive Medicine residencies has been cut back, and apparently no California Preventive Medicine residency programs have received federal funding this year.

For Occupational Medicine, Dean Baker explained that funding has until now been available through NIOSH's 18 Education and Research Centers (ERCs). The President's budget and OMB and House of Representatives budget recommendations do not include such funding. Senator Harkin has championed it and restored \$28 million in ERC funding in the Senate version of the budget bill, but he will be retiring at the end of 2014. This year, NIOSH continued to provide a reduced level of funding through the ERCs, and UCSF has received a HRSA grant as well. Dr. Baker expressed the concern that many Occupational Medicine residencies around the country may have difficulty surviving if the NIOSH funding disappears.

UCSD: Dr. Linda Hill was not present, but reported through Ron Hattis that the UC San Diego Preventive Medicine residency program has been cut back approximately 30% as a result of loss of federal funding. The situation would be worse if not for some active duty Navy residents who receive salary from the military while in the program.

UCSF: George Rutherford reported that In order to survive, the Preventive Medicine program has been merged into a combined Internal and Preventive Medicine residency, which is being entirely funded by Kaiser. Drs. Rutherford and Seward indicated that the Occupational Medicine residency is in robust condition.

LLU: Mike Orlich noted that the Loma Linda residency program is intact, thanks to contracts with the V.A. Hospital and other agencies hosting residency rotations, as well as subsidization from the LLU Medical Center. The program has grown by the addition several years ago of a joint Family and Preventive Medicine residency program in addition to the straight Preventive Medicine residency. The Occupational Medicine residency, with an average of 3 residents, is intact.

CDPH: Dr. Ramstrom reported that the loss of federal funding has adversely impacted the Preventive Medicine Residency Program. There are no current residents, but some are expected for the next academic year. Another concern is the ACGME requirement for clinical experience, which may require assistance from UC Davis.

UCLA: On a positive note, Karen Duvall reported that UCLA, which had one of the earliest Preventive Medicine residency programs in the country, but which disbanded it years ago, is now planning to revive it. Vice-Dean Clarence Braddock, who has an interest in population health, has asked her to organize a joint Family and Preventive Medicine residency. Jeff Gunzenhauser confirmed that the County of Los Angeles (between the Departments of Public Health and Health Care Services) is planning to fund two of the new residency positions at UCLA. Dean Baker offered his advice as a former Preventive Medicine residency director 1982-86 when he was at UCLA. He noted that at that time, too, the Los Angeles Department of Public Health assisted in the funding. Ron Hattis also recommended she consult Paul Torrens, another past residency director.

Follow-up: Residency program directors are encouraged to share successful funding methods for economic survival. Combined specialty programs seem to have economic viability. ACPM can continue lobbying efforts in Washington.

7. Next Conference Call:

The tentative date is Tuesday, June 10, at the same time.

Suggested topics for the second meeting include follow-up on the above, and addition of CMA Resolutions on public health. At a future meeting, possible video conferences or Webinars from Sacramento for residents/students on health legislation and public health policy development may be discussed.

Volunteers were welcomed to contact Dr. Horton or Dr. Hattis to assist with agendas and planning for organizational structure.

Respectfully submitted,

A handwritten signature in black ink that reads "Ronald P. Hattis, MD, MPH". The signature is written in a cursive style.

Ronald P. Hattis, MD, MPH, Recorder

The above minutes include corrections made at the 6/10/14 conference call, at which they were approved as amended.