California Public Health/Prevention Physician Leadership Forum
Third Conference Call Meeting
Tuesday, September 2, 2014, 8:15-9:45 am PDT
Minutes

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

1. Roll Call with Identification of Representation

   Mark Horton took the roll by institution/organization represented. Following were present:

INSTITUTION/ORG	LAST NAME	FIRST NAME
CALIF. ACADEMY OF PREVENTIVE MED:	Horton	Mark
(CAPM)	Lyman	Donald
STATE GOVERNMENT	Kohatsu	Neal
:	Mark	Karen
HEALTH OFFICERS ASSOC. OF CALIF.	DeBurgh	Kat
CALIFORNIA MEDICAL ASSOCIATION	Clark	Scott
:		
SCHOOLS OF MEDICINE (N to S): Touro	West	Catherine
UCSF	Seward	James
Loma Linda	Hattis	Ronald
UC Riverside	Nduati	Michael
USC	Samet	Jonathan
UC Irvine	Baker	Dean
SCHOOLS OF PUBLIC HEALTH (N to S):		
UC Berkeley	Bertozzi	Stefano

2. Minutes of July 15, 2014 Meeting
   The draft by Ron Hattis had been circulated in advance and pre-approved by Drs. Baker, Wagner, Watt, and West.

   Action: Minutes were approved without objection.

3. Future Plans, Structure for This Forum (5')
   a. Appointment of a working group on structure and simple bylaws:
      Volunteers were again solicited to work on structure and simple bylaws.

Action: Drs. Lyman, Horton, Hattis, Seward and West volunteered, the latter two conditionally if time commitment were small.

b. Confirmation of future quarterly calls:
At the last meeting, there was a proposal that future meetings continue to be quarterly or on call of the Chair.

Action: There was positive feedback and no objections to the plan to continue meetings quarterly and on call of the Chair.

c. Should audiovisual conferencing be explored?
Dr. Bertozzi mentioned a videoconferencing service of UC Berkeley that could be made available free of charge, called "Bluejeans." Dr. Hattis reported that Freeconferencecall.com has a free Web-based platform to supplement audio calls, and noted that good audio quality is essential.

Action: Dr. Hattis will explore free audiovisual services and optimizing audio quality through Freeconferencecall.com. Dr. Bertozzi was invited to send any information about "Bluejeans."

4. Continued Discussion, CMA Resolutions 108-13 and 128-12 on HIV (copy supplied) (10-12')
How can CDPH, DHCS, universities, health officers, etc. help implement these resolutions' recommendations for:

a. Supporting and encouraging physicians to follow the recommendations of the Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force, to offer voluntary, opt-out HIV screening to all adolescents and adults (Res. 108-13):

Dr. Mark, Director of the Office of AIDS (a component of the California Department of Public Health, CDPH), reported that a fact sheet and a policy letter about AB 446 are on the Office of AIDS Web site. That bill requires the offering of HIV testing by primary care clinics when other blood testing is to be done. The biggest current gap in the HIV Care Continuum, in her opinion, is identifying undiagnosed persons with HIV through expanded testing, and the new bill should help, but restoring money formerly available for testing and linkage to care would be valuable.

b. Promoting partnerships between public health and private providers that strive to assure that all persons who test positive for HIV are linked to care and treatment, provided with antiretroviral treatment, retained in care, and enabled to suppress the virus for their own benefit and to significantly reduce transmission (Res. 108-13):

Dr. Mark confirmed upon questioning that state funding for HIV prevention, formerly $33 million/year had been cut from the state budget since 2009. This money used to be distributed to all counties, funding more staff for activities like partner services, that more HIV testing

was done, and more brochures and other educational material were contracted. This fiscal year $3 million was restored for 3-4 HIV prevention demonstration projects, which can be used to promote testing and outreach for linkage to care for underserved populations.

Dr. Hattis reported that CAPM had just approved this week a resolution for the California Medical Association House of Delegates, calling for restoration of state funding for HIV prevention at pre-2009 levels.

She said that the Office of AIDS does not contact all HIV/AIDS providers to pass on new guidelines, but that she believes that most providers are familiar with the new treatment guidelines, on the basis of surveillance data. Viral load test results are correlated with known HIV positives, and that of the estimated Californians infected with HIV in 2012, 40% are virally suppressed, which is above the national average of about 25%. Of persons who have had at least two lab tests done during a year, almost all are virally suppressed. Dr. Hattis mentioned that patients who stop showing up at clinics are not always followed up to help retain them in care. HRSA grant funds can be used for such follow-up.

Dr. Mark indicated willingness to collaborate with other groups in helping to publicize the testing and treatment recommendations in connection with World AIDS Day. Dr. Hattis suggested inviting other HIV/AIDS groups not represented in the Forum.

c. Promoting voluntary linkage of all persons reported with new HIV infections to …confidential partner notification services (excerpt from Res. 128-12):

Dr. Hattis reported that a Beyond AIDS Foundation survey had revealed some rural counties that were not providing partner services because they had no staff to do so, and that California is relatively unusual in this regard in its decentralization, noting that many states operate such services centrally for everyone living in the state. Dr. Mark agreed that some local jurisdictions probably do not currently have such staff and funding.

Dr. Hattis reminded Dr. Mark of the outdated list of partner services contacts on the CDPH Web site. She thanked him for bringing this to her attention, and said she had already asked staff to start updating this.

d. HIV practices of training institutions:
It has been difficult for Forum representatives from medical schools to verify whether all of the residencies and clinics are following new HIV guidelines. Dr. Seward suggested that deans of education could ask for such information.

5. CMA Resolution 101-13 on Support for Local Public Health (copy supplied)
How can CDPH, CMA, health officers, universities, CAPM, etc. help implement this resolution's recommendations that:

a. California Dept. of Public Health, in cooperation with the California Conference of Local Health Officers and local public health agencies, assess gaps and weaknesses in local public health resources in California, particularly in small rural counties:

Drs. Chapman and Chavez were not available for the call. Kat Deburgh expressed appreciation that CMA and the Forum had this on their "radar screen." She said that many local public health jurisdictions were planning to apply for accreditation, and that part of the process was a self-assessment. Dr. Hattis predicted that the accreditation will prove valuable for medium to large counties, but that the smallest departments with the greatest deficiencies would not even apply for accreditation. Ms. Deburgh will obtain and forward information on the number of counties pursuing it. Dr. Horton asked about the availability of technical assistance or grants, and she thought there were sources of assistance, but was not aware of any from CDPH.

b. A plan be developed for state-local, regional, and/or inter-county partnerships, to assure the availability of essential public health and prevention services that small rural counties are not able to perform without assistance:

Dr. Hattis reviewed the historical "contract counties" program, discontinued some years ago, which allowed rural counties to contract for some of the time of state employees to cover core public health functions. The issue will be continued to the next meeting, when Dr. Chapman can comment on the practicality of reviving something of this nature.

c. Stable funding sources be developed and protected, for core local public health functions:

Continued to next meeting.

6. Teaching of Nutrition and Lifestyle for Chronic Disease Prevention, Management, and Reversal

a. Senate Bill 380 (Wright, 2011, copy supplied)

Dr. Hattis reviewed this bill, sponsored by CAPM, which requires the California Medical Board to periodically disseminate information to physicians on lifestyle and nutrition for prevention and treatment of chronic diseases. It also permits, but does not require, the Board to require content on that topic in continuing medical education on chronic diseases, and the Board has elected not to move forward on that. Drs. Hattis and Lyman are members of the working group required by the bill, which is advisory to the Board on this matter. The Board has been slow to implement this bill, and only now is developing a Web site and planning to distribute articles in its Website; it is soliciting material to use, and Forum participants could contribute to this. Since this bill did not include the Osteopathic Medicine Board of California, voluntary similar action by that Board would be welcome.

One of the findings of the legislature included in the bill is that "Practicing physicians continually rate their nutrition knowledge and skills as inadequate. More than one-half of

graduating medical students report that the time dedicated to nutrition instruction is inadequate." Studies showing reversibility of coronary artery disease and pre-diabetes with diet and lifestyle are relatively recent, as is awareness of the obesity epidemic, and most physicians in practice did not learn about these during training.

b. Information from Schools of Medicine and Public Health on Teaching of Nutrition and Lifestyle:

Dr. Hattis suggested that this Forum could help determine whether today's California medical students, and physicians in public health programs, are being exposed to an adequate emphasis on nutrition and lifestyle. There apparently are no standards for uniformity in how these are presented. Information was solicited from schools represented today.

Dr. West reported that Touro teaches nutrition, including a pediatric nutrition lecture, lifestyle, motivational counseling, and smoking cessation. All faculty physicians received a copy of "Nutrition Guide for Clinicians" from the Physicians Committee for Responsible Medicine. There is a popular nutrition elective, including review of nutrition studies and preparing a lecture for colleagues, and a student lifestyle medicine club. There is current research on the effects of high-fructose soft drink consumption by children. There are plans for a on an inter-profession online nutrition medicine course. Journal Club participation is mandatory for the first two years, including analyzing studies in the literature.

Dr. Bertozzi reported that UC Berkeley faculty from the Berkeley Center for Weight and Health, Berkeley Food Institute, etc., lecture at UC San Francisco on topics such as obesity.

Other schools were encouraged to send in information by e-mail, which can be added to the spreadsheet comparing the offerings at California's medical schools.

Karen Duvall sent information by e-mail that UCLA medical students get nutrition education in all four years, especially in the first year in connection with studying the GI system. In the second year, lifestyle and nutrition are included in the "doctoring" curriculum. The Family Medicine residencies emphasize nutrition, lifestyle, and preventive medicine. UCLA also has a Center for Human Nutrition.

7. Board Questions on Epidemiology, Biostatistics, and Prevention:

Dr. Horton asked what content in the board exams is devoted to these topics. Dr. West said that 5% of the Comlex exam taken by all osteopathic students is devoted to health promotion and disease prevention in the first part, and 15-20% in the clinical portion. Touro students also optionally take the USMLE. Dr. Samet said that Part I of the USMLE includes epidemiology, biostatistics, and evidence-based medicine, although it is less clear how well prevention is covered.

8. Progress Reports and Discussion from Schools of Medicine and Public Health:

   Dr. Hattis briefly summarized information submitted by some but not all California medical schools, and tabulated on the comparative spreadsheet. Eight out of eleven medical schools have dual degree programs (MD or DO and MPH).

   Dr. Baker added information that UC Irvine has PhD programs in public health, epidemiology, and environmental health sciences.

   a. Utilization of California Immunization Registry system (CAIR, discussed at last meeting):

      Dr. Duvall sent in information by e-mail, that both clinic sites utilized by medical students are using the registry. Nurses enter immunizations into the registry, and a new audit before patient appointments determine whether there are undocumented immunizations.

   b. Teaching and practice of universal HIV screening for adults and adolescents (in accordance with CDC and USPTF recommendations), and offering early treatment and partner services to all infected individuals (as per HHS and CDC guidelines):

      Information is solicited from the schools.

9. Next Meeting: Tentatively Tuesday, December 2. Those participating said that Tuesday mornings are usually convenient.