



ANNUAL MEETING, DECEMBER 5, 2012
MINUTES

PHYSICAL LOCATION: CDPH at 1616 Capitol Ave., Room 74.463, Sacramento, CA 95814

TIME: 5:15 P.M.

CONFERENCE CALL-IN: through freeconferencecall.com

In Attendance:

Chair: Dr. Jeff Gunzenhauser

Members Attending in Person: Karen Furst, Ron Hattis, Leona Lianov, Donald Lyman, Julia Logan, Jessica Nunez de Ybarra, Caroline Peck

Guests: None

Members Attending by Phone: Ellen Alkon, Cora Hoover (first portion), Timur Durrani, Marcia Epstein, Jeff Gunzenhauser, Michael Orlich, James Stratton, Glen Thomazin.

1. Minutes of last general meeting, 1/27/11

Minutes were reviewed.

Action: Motion to approve by Ron Hattis and second by Don Lyman, passed unanimously.

2. President's Report: Jeffrey Gunzenhauser

Opening reflections were given on changes we face. Affordable Care Act was affirmed by Supreme Court, implementation will involve changes. Components include a National Prevention Council. Fiscal Cliff issues and deficit will put more pressure to redirect prevention funds from the act. Nevertheless, Dr. Gunzenhauser predicted that this will still be "an amazing time for Preventive Medicine." He urged that this be a time to ramp up activities, not slow down. The obesity epidemic and environmental impacts on health demand action. He also noted that during the past year, CAPM expanded its membership and its finances went from the red to the black. We also had legislative accomplishments, which will be discussed below. He thanked Ron Hattis for assistance during the year.

3. Treasurer's Report: Ron Hattis

- a) Ron presented two balance sheets, for calendar year 2011, and for 2012 through November 15. At the time of the last Annual Meeting, we were in a negative financial status, with debts that were resolved through beginning early collection of 2012 dues during 2011, plus extra donations from members, and revenue from new members. Altogether for 2012, we collected \$2415 in dues from 82 members, and

\$875 in extra donations from more than half of them. The balance on November 15 was \$505.84.

- b) Ron noted that income in the latter balance sheet did not include the initial response to the latest dues solicitation of November 22. In the first two weeks since that request, nine members (who will be paid up for 2013) have already contributed \$375 (\$260 in dues and \$115 in additional donations). However, this response is at less than 1/8th of the total collection that we reached for 2012. Continued efforts will be needed to elicit renewals. Even though dues for regular and retired members have been raised by \$5, they are still not sufficient to meet all of our anticipated expenses. Appeal is therefore made for members to continue extra donations beyond minimum dues.
- c) At present, there are \$213 in CMA-related travel expenses of Ron Hattis and Jessica Nunez that have already been authorized by the Board but not yet paid. However, even taking those obligations into account, we are in the black with a small balance, which is much better than one year ago.
- d) Ideas for soliciting new members were requested. Liana stated she felt that cooperation with ACPM members would be good and Ellen stated she would be willing to work with her to request a current California list of ACPM members so we could reach out to them. An e-mail early this year to a previous list of California ACPM members brought in several new members. Jeff stated that ACPM might be willing to consider option of adding our organization as one that California members could consider joining. Ron Hattis and Ellen Alkon suggested attempting to obtain rosters of other organizations with physician members, including CCLHO, STD controllers, TB controllers to provide potential member recruitment options, as would residency advisory committees for Preventive Medicine in California. There is now also a CCLHO affiliate of Communicable Disease Controllers. WOEMA and the American College of Occupational Medicine could be considered. CAPM could offer reciprocally to pass on information about those organizations to our members, in return for their doing the same or sharing their mailing lists. CCLHO meetings have provided opportunities to recruit health officers; the next one is May 1-3 in San Diego.

Action: Treasurer's report was accepted without objection.

4. Legislative Report

- a) Follow-up with Medical Board on CAPM's successful 2011 bill, SB 380: Don Lyman

SB 380 authorizes the Medical Board of California (MBC) to require information on lifestyle and nutrition to be included in any approved CME on chronic diseases, and requires the Board to appoint a working group on the subject, and to address it periodically in its newsletter to all California physicians. This bill was effective in January of this year but has not yet been implemented. Don spoke with Jennifer

Simose at the MBC on Nov 6 and notified the CAPM Board on November 7th. She is working to put this on the MBC agenda for July as part of the Education committee. Jennifer was looking for nominees for the working group for MBC. Please forward any names to Don Lyman. Karen Furst encouraged Don to present this information to the Chronic Disease Committee of CCLHO tomorrow.

- b) Passage of 2 out of 4 bills supported in 2012: AB 1641, AB 2253: Ron Hattis, Jeffrey Gunzenhauser

A written report was distributed. Ron and Jeff described four bills selected by the CAPM Board for support.

AB 1640 (Mitchell) and AB 2253 (Pan) passed and were signed into law and will take effect in January 2013. AB 1640 will extend CalWorks benefits for pregnant women who financially qualify, from the four months prior to delivery starting immediately after verification of pregnancy and eligibility. AB 2253 will permit Internet testing or phone notification of patients about test results for HIV, hepatitis, drug tests, and tests for malignancy. Previously, electronic transmission of such results was prohibited.

Two bills that we supported were unsuccessful. AB 1636 (Monning), would have required the Department of Managed Health Care to convene a committee to evaluate health and wellness incentive and rewards programs offered by health care service plans, health insurers, and employers. It failed to pass out of the Senate Appropriations Committee. SB 1318 (Wolk), a CMA-sponsored bill, would have required outpatient clinics and healthcare facilities to offer and encourage onsite influenza vaccine, and to report percentage of employees vaccinated, by January 2015. It passed both houses but was vetoed by Governor Brown, who objected to mandatory features and to moving up the goal from 2020 which is listed in national guidelines for achievement of 90% immunization rates.

- c) Future legislation

Earlier today, Ron had taken time to talk with Senator Wright's legislative director, Stan DiOrio (who won an award from CAPM last year for his work on SB 380) about the idea of carrying a CAPM-sponsored bill in 2013. One idea would be a bill similar to the unsuccessful SB220 (Yee), which would have required which would have required medical plans in California to cover smoking cessation. The additional idea of requiring coverage for visits providing counseling on prevention, nutrition, and lifestyle was suggested. Stan will consider such an idea and present it to Senator Wright for consideration, if we develop a bill and line up support from other organizations early in 2013.

Other legislative ideas were solicited. Marsha Epstein suggested a law requiring a place that sells cigarettes to also sell OTC nicotine replacement products (e.g.,

nicotine patches). Ron noted that CAPM expenses for following legislation could be reduced if local Sacramento-area members got involved to testify and lobby.

Action: The report was accepted by consensus. Follow-up will be the responsibility of the new Board.

5. Reports on CAPM's accomplishments at CMA House of Delegates (HOD), 10/11-15/12: Ron Hattis, Jessica Nunez de Ybarra; Don Lyman

a) Delegation report:

Ron & Jessica presented on the CMA House of Delegates, and discussed Ron's written report. All 14 resolutions plus one report that CAPM strongly supported passed in some form, and the 3 that CAPM strongly opposed did not. The resolutions covered a wide range of prevention-related topics, including cannabis (see below), "takeback" of unused medication, school TB testing, blood donor deferral criteria, sales tax on alcoholic beverages, global warming, water recycling, nanoparticles in food, sustainable communities, furniture flammability, health risks of sitting, and informing patients of positive MRSA cultures. This year, we were able to afford to send both a delegate (Ron) and an alternate (Jessica), and both got to vote as delegates. Resident member Julia Logan attended the reference committee hearing that considered most of the resolutions relating to public health and prevention. Last year, in part to save money, we only sent one delegate (Ron).

Ron spoke about his resolution, introduced on behalf of CAPM, to promote voluntary linkage of all persons with positive HIV tests to clinical care, and to encourage partner services. The e-mail submitting this resolution had for some reason never arrived at CMA, so Ron had to get the permission of the Rules Committee for it to be considered at all. Then the resolution was weakened by the reference committee, but it was extracted for debate on the floor. It was the very last item of business of the HOD, so Ron feared that the House might adjourn before getting to it, or might be impatient with his request to revert to reject the modification by the reference committee and to return to original language as submitted. However, it did come up shortly before the noon adjournment deadline, and with support from the Specialty Delegation, it passed in original form except for a 3-word amendment supported by Ron, without objection.

Action: Report was approved by consensus.

b) Cannabis:

Don also attended much of the HOD, as a member of the Council on Scientific and Clinical Affairs (see below) and as Chair of the Technical Advisory Committee (TAC) that he had headed on the cannabis issue. Don explained that the HOD rejected reconsideration of the TAC's white paper, which had recommended rescheduling of cannabis by the federal government. In addition, a new resolution was passed

endorsing rescheduling and decriminalization of medical marijuana. The previous year, the white paper had only been approved by the Board of Trustees. The issue will now progress on to the AMA. Jessica commented how the issues surrounding medical marijuana (putting physicians in the role of authorizing patients to use cannabis) can distract from physicians' ability to treat patients.

c) Council on Scientific and Clinical Affairs:

Don stated that this council, on which he represents the specialty of Preventive Medicine, has faded somewhat in its input over the last 10 yrs and now handles questions posed to it from the hierarchy of the CMA and from items in resolutions. Ron noted that in the past, when CMA had more members and income, each medical specialty, including Preventive Medicine and Public Health, had a Scientific Advisory Panel that was funded for an annual meeting. In those days, the elected chairs of the panels served as the Council on Scientific Affairs. Each panel had additional functions, including periodically editing a specialty-specific Epitomes section for the Western Journal of Medicine (no longer owned by CMA). Now the council has been renamed, is appointed, and functions without its former advisory panels. Questions have come up on what this council is and can do. Some feel it can be some sort of California IOM, speaking to what should be covered as part of Affordable Care Act.

d) CMA's interest in prevention and public health:

Don related that the current CEO of CMA, Dustin Corcoran, had remembered and claimed to have been impressed by a brief, informal argument in favor of supporting prevention, which Don had provided to him a year and a half earlier. Don also stated that there is a burden on our organization to help CMA put prevention forward in their list of priorities. He also noted that public health and prevention topics often inspire more CMA resolutions than any other subject, but once passed, they do not get high priority for implementation by the staff. Jessica said that at the HOD, the retiring lobbyist noted that most of the CMA bills that were actually passed and signed into law were public health-related. Results of a survey of CMA members presented at the HOD showed medium priority of public health issues, which was an improvement from the past.

6. Report on CAPM Participation in Medicare CAC Committee: Jessica Nunez, Jeffrey Gunzenhauser

Jeff stated this was his first time to attend the Contractor advisory committee. This meeting is where medical specialties come in with proposals to change the billing rules around certain procedures (e.g., blepharoplasties, hyperbaric oxygen therapy). Some issues did not pertain to CAPM but others did (e.g., hemoglobin A-1C reimbursement was approved quarterly, influenza immunization was approved "per flu season."). Jeff made a recommendation to the committee to do data analysis, and the Palmetto staff

agreed to his idea. Jeff recommended that it is good for CAPM to have some presence at this committee.

Meridian will take over as the Medicare carrier contractor from Palmetto in mid-2013.

Jessica responded to Caroline's enquiry about how we can influence CMS coverage around prevention. It is by staying involved at the committee and making recommendations.

CAPM has been involved for years and we should continue to participate. Jeff stated those involved with this committee can meet about how best to participate and make recommendations. Jessica stated Bob Shakman, who was our representative for years, may be a good person to present to that group.

Action: Continued participation was reaffirmed. Bob Shakman will be asked to give background information including what regional actions related to prevention can be taken.

7. Election of Officers: The following slate has been prepared by the Nominating Committee:

President-Elect: Timur Durrani

Secretary: Glen Thomazin

Treasurer: Ronald Hattis

Directors: Michael Orlich (3-year term), Caroline Peck (to fill 2-year vacancy if Durrani elected)

The following officers will also serve on the 2012 Board but are not up for election at this time:

President for 2012: Donald Lyman (automatic ascension with consent of the membership)

Director: Karen Furst

Past-President: Jeffrey Gunzenhauser (currently President through end of 2012)

Ex-officio Preventive Medicine resident member: Julia Logan; successor upon completion of residency will be appointed by the regular Board members

Action: Ron Hattis moved approval of the slate, seconded by Ellen Alkon; unanimously approved. The new board will take over January 1, 2013.

8. Plans for 2013: Next President Don Lyman

Don hopes to further increase membership and to work with Ron to make sure CAPM is "whole." He noted that the Affordable Care Act and how it is implemented will determine the future of prevention in general medical care. He was encouraged that the new chair of the state Assembly Health Committee is Richard Pan, a physician and friend of CMA.

Also CMA has leaders who are friendly to CAPM. See also Don's comments in section 5 above.

9. Other Plans for 2013

The floor was opened to brainstorming from the membership.

Ron Hattis proposed that we consider one or more projects from the following list, although not all due to limited resources:

- Increase awareness of specialty of PM among medical students at California's medical schools. This is a past project (CAPM many years ago used to run an essay contest for medical students), and one in which we can collaborate with ACPM.
- Enhancing job listings or opportunities for PM, especially to help new residency graduates who struggle to find specialty-related jobs.
- Posting on our Web site of projects and ideas by members, for input
- Prevention in Healthcare Reform: input to ACPM, CMA, or directly to government
- Initiate CMA resolutions much earlier, have brainstorming group. Only a small number of CMA resolutions on prevention and public health are submitted by our members or officially on behalf of CAPM, and we could increase this.
- Support for endangered local public health medical leadership. In the past, CAPM helped to preserve the powers of vacant health officer positions that were proposed to be weakened.
- CAPM bill to require coverage by managed care for prevention visits including smoking cessation, nutrition, exercise counseling. See section 4c above.
- Sponsor (or co-sponsor) an annual teleconference meeting of PM reps from CA medical and public health schools, CCLHO, ACPM leaders in state, etc. with our own leaders, to discuss statewide PM issues. This used to be valuable when done through the CMA Scientific Advisory Panel on Preventive Medicine and Public Health, which no longer exists.

Action: The new Board will consider these and other ideas. Further input from members will be welcome.

10. Meeting adjourned at 6:51pm.

The above minutes were approved at the CAPM Annual Meeting of 10/23/13.