

California Medical Leadership Forum for Public Health/Preventive Medicine

17th Conference Call Meeting

Tuesday, December 5, 2017, 8:15-9:30 am PT

MINUTES (draft 12/6/17)

Call in: (515) 739-1015 Access Code: 457-029-043#

“Handouts” were attached to the cover email.

1. Roll Call by Institution was taken by Mark Horton:

HOAC: Kat DeBurgh, Muntu Davis

CMA: Samantha Pellon

OPSC: Alesia Wagner

Northstate SOM: Peter Yip

Touro SOM: Patricia Rehfield, Catherine West

Loma Linda SOM: April Wilson

Western SOM: Maryam Othman

UC Riverside SOM: Brandon Brown

UC San Diego SOM: Margaret Ryan

Loma Linda SPH: Helen Hopp Marshak

CAPM: Mark Horton (Chair), Ron Hattis (Secretary), Don Lyman

2. Minutes of September 12, 2017 Meeting (Handout):

There were no additions or corrections. Minutes were approved by consensus.

3. Discussion on Optimal Roles of Local Public Health Departments/Agencies, and Their Relations to Medical Education and to Organized Medicine:

Ron suggested the following five topics for discussion:

- What clinical care should health departments do? Should this include primary care? For what types of conditions is there a valid rationale today for governmental agencies to deliver care?

Alesia Wagner described the unique relationship between Touro University School of Medicine and the Solano County clinics, which are also organized as a federally qualified health center (FQHC). Touro supplies most of the physicians, and in return gets an outpatient teaching center, as well as a clinical research opportunity for medical and public health students. Papers have been published with students' names as co-authors. Ron asked whether primary care in a health department setting differs from typical community practice. Alesia said there is more attention to reporting of communicable diseases. Alesia said that the arrangement provides a “great partnership” but is not a perfect setting. Pat Rehfield gave her personal input, that she found working in this system to be frustrating, due to heavy

Medical Leadership Forum for Public Health and Preventive Medicine, December 5, 2017

bureaucracy and no effective system for referral to specialists. She thought that the clinic tries to do more than it is capable of delivering.

In addition, Touro has its own public health programs, including diabetes education van in an outreach program directed by Dr. Shubrook, funded by Sutter and not part of the health department.

Mark Horton suggested that it would be useful to do a survey about which local public health departments are delivering primary care. Ron Hattis mentioned his experiences working at Kern and Riverside Counties and living in San Bernardino County. Geographically large counties like those apply some pressure to their departments of public health to use their clinics all through the county as feeders that will refer their inpatient care, obstetric deliveries, and specialty consultations to the county hospitals. In Kern, this was resisted, but Riverside has accepted this responsibility since the 1980s and San Bernardino has recently begun providing primary care. Ron is concerned that when categorical clinics like TB, HIV, and STD are discontinued and all of these patients are seen in a primary care mix, some of the public health expertise could be lost. He knows a physician providing most of the HIV care for the Riverside County Department of Public Health along with doing general internal medicine, who assures Ron that the HIV care does not suffer. However, it may depend on whether the counties continue to hire physicians trained in public health as opposed to high-volume general primary care. The Affordable Care Act (ACA) has reduced the pool of uninsured patients, but undocumented patients depend on health departments and FQHCs, some states have not expanded Medicaid, and there is still a prospect that the ACA will be rolled back.

Muntu Davis said that the health department in Alameda County formerly did clinical care, but discontinued this when it split from the Health Care Services Agency. The department does home visits and public health nursing services, which enhance the primary care outcome. Ron suggested that limiting public health's role to these services, along with contact tracing and epidemiological services, instead of delivering total care, could constitute an alternative model. Muntu noted that there are not sufficient resources to provide services like home visits to the entire population, and that ACA funding from the exchanges cannot be used for public health.

Ron said that as far as he knows, in all but the very smallest counties, public health still treats TB. Mark mentioned that when health departments deliver most TB care, they are capable of providing directly observed therapy. The longterm success of mixing primary care and public health is still not fully determined.

- How should organized medicine partner with local public health?

Semantha Pellon said that CMA in the past year received grant funds and has developed joint educational programs offering continuing medical education (CME) credit, and did one with

Medical Leadership Forum for Public Health and Preventive Medicine, December 5, 2017

the San Diego Department of Public Health about diabetes, including engaging high-risk communities. Another program was held in Fresno in cooperation with UC San Francisco and the local county health department, related to the UCSF Champion Provider Fellowship program for physicians and dentists.

- What role should public health professionals, especially physicians, have in systems of care (e.g., determining needs, setting standards, measuring and evaluating effectiveness, etc.)?

Don Lyman said that he expects changes in funding streams for health care. Some writers advocate a “public health model,” but they might not understand that there really is none for overall health care. He referred to a book by the former director of the San Diego State School of Public Health, which describes a dual-track leadership in health systems in Europe and around the world, administrative and medical. Ron mentioned that local public health departments have a similar dual structure, with the health officer at the head of the medical aspect. He thinks that the entire system will be in “big trouble” if health care reaches 20% of GDP, although when it was 7% a catastrophe was predicted when it reached 10%. Administrators frequently pursue profit, and that needs to be “cut out,” which will be very difficult.

The following topics were not discussed, and will be offered for comment at the next meeting:

- What should health departments teach all medical students? Should students be exposed to environmental health, home visits, communicable disease control, public health epidemiology, community health education, etc.?
- What mutually beneficial teaching and research opportunities should be available at health departments as electives, for students in public health training programs and medical students? (Alesia Wagner had mentioned that research done by Touro students included data analysis.)

4. California Department of Public Health (CDPH) and Department of Health Care Services (DHCS):

Neither department was represented today by a current administrator. However, several issues relating to these departments were raised, the first 2 of which will be addressed after the meeting. Mark Horton attended a briefing last week by CDPH, DHCS, and the Department of Justice, on the roles of each department in addressing the opioid epidemic. Karen Smith and Jennifer Kent represented CDPH. CDPH plans a public awareness campaign, and on gathering a broad work group to discuss prescribing practices, availability of Medicaid Assistance Treatment, and availability of naloxone. DHCS advocated a “hub and spokes” model for access to treatment, with the “hubs” being high-expertise specialized treatment facilities, and the “spokes” involving primary care providers.

CDPH has a new Web site, but not all information content has been transferred from the old Web site. Ron Hattis has already asked the Office of AIDS to work with IT to re-post the department’s

Medical Leadership Forum for Public Health and Preventive Medicine, December 5, 2017

information sheets for HIV testing in multiple languages. For the time being, he has posted the English versions on the Beyond AIDS Web site. There may be a lot of other clinical-related content missing.

The CDPH Preventive Medicine residency program has a new director. That doctor will be invited to participate in the Forum, replacing the last director, Karen Ramstrom.

CDPH has also been hard at work developing regulations on cannabis, to become effective at the start of 2018.

5. California Medical Association; Selected 2017 CMA Resolutions Impacting Public Health (Handout): Samantha Pellon, Don Lyman:

Samantha Pellon reported that CMA was involved for the past year in the development of regulations on medical cannabis, but these were withdrawn so that both medical and adult recreational cannabis will be part of one regulatory system, rather than being organized separately. However, CMA also worked with the medical board to develop guidelines for medical cannabis. Yesterday was the close of the emergency regulation process.

The topics covered in a list of resolutions from the last several quarters were reviewed briefly by Don Lyman and Ron Hattis. Action on the last five of these is still pending, because the Council was preparing for the House of Delegates at its last meeting. Don and Ron described and compared the old and new systems for approving resolutions. The old system was for the annual House of Delegates House of Delegates, made up of about 1% of the membership selected by delegations and specialty societies, and paying their own travel expenses, to intensively debate and vote on resolutions over several days. Any member could write a resolution, but to testify he or she would need to travel to Sacramento or Anaheim and do so in person. Each year, ad hoc reference committees were appointed to review and edit the resolutions based on the testimony, and final action was taken by the full House of Delegates debating and voting on the reference committee reports.

The current quarterly online system, which Ron described as an experiment and an imperfect system, enables any CMA member to submit resolutions and testimony online without traveling as in the past, however so far, there have been fewer resolutions, and the number of members testifying has not been large. After a first round of testimony, resolutions are reviewed by standing councils (Don chairs the Council on Science and Public Health), replacing the annual reference committees of the past. There is then a second round for more online testimony. Final action is taken by the Board of Trustees, a group much smaller than the House of Delegates. Under the new system, some medical societies have complained that it is difficult for them to hold meetings to develop positions on resolutions four times a year. Consideration of resolutions has added more work for the Board of Trustees, and there has been less time for debate than there had been at the House of Delegates. Usually, the Board accepts the Council reports.

Medical Leadership Forum for Public Health and Preventive Medicine, December 5, 2017

Don commented on some specific resolutions. The one on making oral contraceptives over the counter was considered premature, as there are pilot projects to evaluate training pharmacists to counsel patients, and CMA will wait for the results. Supervised injection facilities have been implemented in some other states, and CMA will encourage the state to look at this issue.

6. Report, Selected 2017 State Legislation, Related to Public Health and Prevention (Handout): Don Lyman, Ron Hattis:

Don Lyman described the joint efforts of himself and Ron Hattis in advocacy on behalf of the California Academy of Preventive Medicine, for selected bills related to public health and prevention. Don, who lives in Sacramento, visits the Capitol, meets with legislators' staff, and occasionally testifies on bills (either as a spokesperson for or against, or by announcing the position at a microphone), while Ron mostly writes letters of support or opposition to the authors, which must be repeated when significant amendments occur. Ron briefly reviewed the 14 bills listed, of which 6 passed and were signed into law, one was defeated, and 7 did not progress but will have a second chance in 2018.

Two bills were discussed in more detail. AB 1048 (Arambula) repealed the requirement that pain be considered by health facilities as a 5th vital sign. Don said that a recent New Yorker article revealed that the vital sign concept had been pushed by some pharmaceutical officials as a marketing strategy for opioid drugs, which are now out of control. The only bill on the list opposed by CAPM was SB 239 (Wiener), which repealed all penalties for exposing others to communicable diseases. The main intent was to eliminate felony penalties applying only to HIV, but the bill also eliminated a misdemeanor penalty for knowingly exposing others to any communicable disease. CAPM's position was that the latter penalty should have been retained, to give public health clout in controlling diseases like Ebola, SARS, and other dangerous infections. The opposition effort was unsuccessful, and the bill passed and was signed into law. Other successful bills will provide for trauma screening in CHDP exams, guidelines for child lead screening, training for alcoholic beverage servers, and an assurance that Medi-Cal clients can obtain family planning services out of network. A mosquito surveillance bill was the one that died.

Kat DeBurgh discussed two bills followed by HOAC. AB 186 (Eggman), would have authorized 6 counties, or cities within those counties, to set up supervised injection facilities for addicts. The bill made it through the Assembly and Senate committees but failed on the Senate floor. HOAC opposes AB 626 (Garcia), which would permit home kitchens to prepare and sell food with less strict sanitation and health standards than required for other food establishments. The bill did not pass this year but has a second chance next year.

7. Osteopathic Physicians and Surgeons of California Issues:

OPSC does not ordinarily deal with resolutions at the state level, but does develop resolutions to submit at the national level. Those are debated at the national American Osteopathic Association congress in Chicago each July.

8. Updates from Schools of Medicine:

A new medical school is in the process of formation, sponsored by Kaiser Permanente, and located in Pasadena. Peter Yip said that this school is still in the planning stages.

Peter went on to report that Northstate SOM has started its first

April Wilson was introduced as the Loma Linda SOM Preventive Medicine residency director.

Western, UC Riverside, and UC San Diego had no announcements.

9. Updates from Schools of Public Health:

Helen Hopp Marshak reported that curriculum is being adjusted to increase cross-discipline integration at the Loma Linda School of Public Health.

Mark Horton reported that the UC Berkeley School of Public Health will be observing its 75th anniversary and the opening of a new building.

10. Continued Discussion: Clinical Care by Physicians with MPH Degrees or Trained in Preventive Medicine/Public Health:

This was deferred in the interests of time.

11. Next Meeting:

This will be scheduled on a Tuesday in March 2018 (6th?); agenda to include continuation of discussion on items 3 and 10.

Submitted by Ronald Hattis, Secretary