

California Public Health/Prevention Medical Leadership Forum
13th Conference Call Meeting
Tuesday, December 6, 2016, 8:15-9:30 am PDT
MINUTES

Call in: (712) 432-1212, access Code: 457-029-043#

A link was provided to “Handouts” posted online on the meeting “wall.”

Access and this wall were provided by Freeconferencecall.com.

1. Roll Call by Institution

CAPM: Ron Hattis (chairing this meeting in absence of Mark Horton), Don Lyman

HOAC: Muntu Davis, Kat DeBurgh

ACPM: Paul Bonta

CMA: Samantha Pellon

OPSC: Alesia Wagner

Touro SOM: Catherine West

Loma Linda SOM: Akbar Sharip

Western U. SOM: Susan Mackintosh, Maryam Othman

USC SOM: Jonathan Samet

UCSD SOM: Linda Hill, Margaret Ryan

UC Berkeley SPH/SOM: John Balmes

2. Minutes of June 7 and September 6, 2016 Meeting

A motion was made and seconded to approve both sets of minutes.

Action: Motion was approved without opposition.

3. Special Report from Washington: Paul Bonta, American College of Preventive Medicine

The Trump administration designee to head DHHS is Dr. Tom Price, a Congress member from Georgia and a physician. He is a strong opponent of the Affordable Care Act, but ACPM has worked with him on legislation in the past and found him open to discussing prevention. His main attention will probably go toward replacing the ACA and reforming Medicare and Medicaid, and future funding for Preventive Medicine residency training may depend on whether the person he appoints to head HRSA will understand the need for Preventive Medicine and for disease prevention in general. The current funding level for Preventive Medicine residencies for the past year was at an unusually high \$11 million, due to \$4 million in integrative medicine training having been applied to it. There is no budget yet for 2016-17, but the continuing budget resolution continues funding at the \$11 million/year rate through April, pending the new administration’s proposals.

With respect to legislation, the most significant in the lame duck Congress is the 21st Century Cures Act, HR 34. It increases funding for NIH, streamlines some processes in the FDA, and provides some

funds for SAMHSA to expand prevention and treatment for opioid addiction. Unfortunately, part of the funding comes from diverting \$250 million that is supposed to accrue every 2 years to the Prevention and Public Health Fund (which was supposed to grow to \$2 billion annually. That fund was established at the initiative of former Senator Tom Harkin, as a part of the ACA that Republicans want to abolish, and it has been funding allocations to CDC. An alert has gone to ACPM members, and Congressional committee members were written to ask that alternative funding be found, but that feature of the bill is unlikely to change. Samantha Pellon asked what impact can be expected from rescinding the augmentation of the increases to the Prevention and Public Health Fund, and Paul replied that no immediate funding cuts were anticipated.

Ron Hattis told Mr. Bonta that ACPM is invited to participate in any of our calls, and that he and Executive Director Michael Barry remain on the email list.

4. Osteopathic Physicians and Surgeons of California Issues: Alesia Wagner

OPSC House of Delegates last met in July. At the recently concluded Fall Conference, a lot of public health topics were discussed. The resolution process will pick up again in January and later.

Alesia Wagner said that OPSC has recently developed a multi-year plan for its continuing medical education (CME) efforts. Priorities are also influenced by each incoming President and Vice-President, and for the last few years, these officers have emphasized lifestyle as an important issue.

5. California Medical Association: Samantha Pellon, Don Lyman, Ron Hattis

a. Draft Letter to Medical Schools in Follow-up of Resolutions 607-15, 608-15 and Alternatives

Ron Hattis again shared the draft letter to medical school vice-deans, which CMA staff were reluctant to send out from that organization. The letter would inform them about the 2015 CMA resolutions on teaching prevention of diseases as those diseases are taught, and on providing information on smaller specialties without rotations at the schools. It would then ask about current practices at each of the medical schools. Samantha Pellon's counter suggestion was to get invited to make a presentation at a conference call of curriculum deans. Samantha confirmed that staff sentiment is that a letter might not be the best way to make contact with the schools. She said that this is a topic in which CMA would like to help out.

We are still looking for information and a contact person to do the latter, and Ron asked if anyone on today's call had such a contact. Susan Mackintosh was not aware of any participation by osteopathic schools, and suggested that they could be invited as guests for such a discussion. She said that at Western University, the Curriculum Committee makes decisions on curriculum development, and that the Chairs of Curriculum Committees of schools following a similar pattern could be invited to a conference call. At Western, the Academic Dean and the Office of Academic Affairs are responsible for the implementation and overall policies of executing the curriculum.

Information available so far suggests that at some schools, no outline of topics is supplied to lecturers, and they are entrusted with presenting the subjects as they think appropriate. Ron said that there is literature criticizing medical education for doing a better job of teaching diagnosis, pathophysiology, and treatment with medications and procedures, than how lifestyle and nutrition can help prevent some of the diseases.

John Balmes said that at UCSF and UC Berkeley, prevention is usually present in the lectures on the disease entities, especially cardiovascular disease risk factors. He thought that a bigger problem is that students do not hear about the existence of specialties like Preventive Medicine and Occupational Medicine. In the past, there had been lectures on occupational and environmental medicine, and John at that time was able to mention the specialty of Occupational Medicine, but this has been reduced to one video lecture that does not raise the subject. He suggested Katherine Lucey, Vice-Dean for medical education at UCSF, and will send contact information to Ron. UCSF has just revised its curriculum; the new one is called Bridges and emphasizes prevention.

Catherine West said that at Touro, epidemiology (as an inherent part of all of the disease lectures), risk factors, and other preventive modalities at both the individual and populations levels are routinely presented as disease entities are taught. She also teaches a public health project for all second year students, and **based on discussions in this group**, she has begun mentioning Preventive Medicine as a specialty in an introductory 2-hour lecture. Students in the dual DO/MPH track get additional background.

Maryam Othman said that at Western University, epidemiology, occupational, and environmental medicine, and public health are presented in separate courses the second semester of the first year and first semester of the second year, utilizing lectures and small groups. There is also a special track that emphasizes global, rural, and public health, and Preventive Medicine.

Ron Hattis agreed that these schools do an excellent job of discussing prevention, but how systematically this is done at other schools is not known. Meanwhile, this Forum can encourage best practices through exchange of information.

b. Recent CMA Resolutions for Follow-up and Still Pending (Posted on Meeting “Wall”)

Ron Hattis and Don Lyman discussed a handout listing recent and current California Medical Association resolutions. A resolution on climate change, which was finalized in July, calls for educating patients and the medical community about climate change, and encouraging health care institutions to improve their carbon footprints. A resolution on medical student mistreatment encourages efforts by medical schools, and by the Liaison Committee for Medical Education, to develop guidelines to reduce such mistreatment of medical students. Prior to final action, this was approved by the Academic Forum, headed by Michael Nduati, who is also a member of this Forum.

Pending resolutions (testimony deadline December 9) call for urgent treatment access for injured employees without prior authorization; and calling for CMA to be active in promoting antibiotic stewardship, and for collaboration to promote the development of rapid diagnostics and new antibiotics to deal with the growing problem of drug-resistant pathogens.

Don Lyman reviewed the current process for the quarterly review of CMA resolutions. The annual House of Delegates no longer approves resolutions, but reviews priority issues, and this fall, two of the six issues considered dealt with public health.

c. **5-Year Plan for Public Health (Posted on Meeting “Wall”)**

This was one of the two public health-related issues that were considered by the CMA House of Delegates. It prioritizes reduction of childhood obesity, tobacco use, pain as a public health issue, behavioral disorders, violence, and infectious diseases. Don Lyman said that after extensive discussion, it was referred on to the Board of Trustees for formal adoption. A copy was posted as a handout, for information. Samantha Pellon reported that an example of how CMA might go about implementing the plan. In response to a previous resolution, an expert physician panel will be established in early 2017, to review CMA policy and any gaps, and to develop a statement on the physician’s role in prevention of gun violence.

Ron Hattis asked whether separate resolutions will be required in addition to the plan, for CMA to take action. Samantha said that all of the issues mentioned in the plan are already supported by CMA policy, and the plan will mainly serve to prioritize efforts. Ron also asked how the CME Foundation selects its projects. Samantha said that this is determined by grants. Ron noted that there is apparently some discretion in what grants the Foundation applies for, and that some past CMA resolutions have specifically asked the Foundation to pursue certain subjects.

6. Updates from Schools of Medicine

Catherine West reported that at Touro, Dr. Jay Shubrook has brought diabetes prevention education to the School of Medicine in a “big way,” with an aim to being the first medical school to require certification of all students before graduation as diabetes educators. Diabetes prevention will also be a cornerstone in the inter-professional program. Alesia Wagner, who is one of the educators, gave some additional details.

No other schools provided updates at this time, other than what had already been discussed.

7. Results of Recent Election and Completed Legislative Session Related to Public Health

Ron Hattis reviewed for information a handout summarizing the election results for health-related ballot proposition. Propositions 52, 55, and 56 all passed with more than 60% of the vote, and all should supply needed funding for Medi-Cal and other health needs.

Public Health advocates were successful in passing the cigarette tax (Proposition 56) and gun safety (Proposition 63). The plastic bag ban (Proposition 67) was a victory for environmentalists. Legalization of marijuana (Proposition 64) was backed by some public health organizations, and passed with over 56%. Advocates split on Proposition 60 for requiring condoms in the adult film industry, and it failed.

Three health-related bills previously announced as having passed the Legislature were vetoed by the Governor. These were AB 1594 which would have made campuses of Cal State and community colleges tobacco-free, AB 1763 which would have required health plans to cover colonoscopy without copay, and SB 1090 which would have changed state allocations for STD control.

8. A Neglected/Unpublicized Law: AB 446 of 2013, Mandated Offering of HIV Screening, Primary Care Clinics

Ron Hattis notified the attendees that this bill, which became law in 2014, requires all primary care clinics affiliated with learning institutions, among many others, to offer HIV testing if blood is to be drawn for other purposes and if a recent HIV test is not on file with the clinic. Unfortunately, it was poorly publicized, and many primary care clinics to which it applies have never complied. Ron supplied a slide presentation for reference, and the following link to the text of the bill: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB446

9. Next Meeting

This will tentatively occur on a Tuesday morning early in March 2017. No agenda items were suggested at this time.

Submitted by Ronald P. Hattis, MD, MPH, Secretary

Approved 3/7/17