

California Public Health/Prevention Physician Leadership Forum
9th Conference Call Meeting
Tuesday, December 8, 2015, 8:15-9:45 am PDT

MINUTES

Call in: (712) 432-1212

Access Code: 457-029-043#

“**Handouts**” were posted on meeting “wall” at www.freeconferencecall.com/wall/457029043. Link was supplied.

1. 8:15: Roll Call with Identification of Representation

California Academy of Preventive Medicine: Mark Horton (Chair), Ron Hattis
Health Officers Association of California: Kat DeBurgh
California Medical Association: Scott Clark
Touro University School of Medicine: Catherine West
Western University School of Medicine: Susan Mackintosh, Maryam Othman
UC San Diego School of Medicine: Linda Hill, Margaret Ryan
Loma Linda University School of Medicine: Ron Hattis

2. Minutes of September 24, 2015 Meeting (Posted on meeting “wall”)

Ron Hattis moved approval. Approved with no objections, additions, or corrections.

3. Residency Funding Challenges: Appeal for Letters to Congress from ACPM

Linda Hill said that all other medical residencies besides Preventive Medicine and Pediatrics are covered by Medicare GME funding. Preventive Medicine is not carved out but most medical centers are reluctant to fund them. UCSD has had no university or medical center funding for its first 31 years. Pediatrics residency programs have been carved out because they see few Medicare patients, and HRSA funds them with about \$250 million/year. Preventive Medicine residency programs have historically received about \$2.5 million/year from HRSA.

Paul Bonta from ACPM with help from Linda, who chaired ACPM’s GME committee, got this raised. In the 2013 budget, there was about \$3.5m which funded a few programs, some of it transferred from “integrative medicine.” It was raised in the 2015 budget to almost \$10 million in the form of grants. With the extra funding, in 2015 a few additional programs won grants (for a total of about 15 residency programs, a total of 25 programs including 2013 funding). The fortunate programs included UCSD (the only UC program that got funds). Congress attempted to “redline” this funding with an amendment in July, which was reversed by a resolution in the Senate Appropriations Committee. The “redlining” occurred again about two

weeks ago. It is unclear whether the restriction was again removed. There is still about \$10m in this year's budget but it could be the last year. ACPM has attempted at "call to action" for contacting legislators. Ron Hattis suggested using the angle for Republican support that funding would help prepare for bioterror and Ebola. He suggested that Linda Hill utilize CAPM to help generate letters of support. Mark Horton asked if any of the funding comes from the Affordable Care Act, and Linda replied that none of it comes from this source.

4. Public Health Clerkships for Medical Students: Susan Mackintosh

Susan Mackintosh said that an increasing number of Western University medical students have been expressing interest in public health, including career opportunities. This may be a way to "funnel" students into the public health system. She is interested in arranging 4-6 week clerkships at local health departments, and would like a way of expediting this and developing a standardized curriculum for a rotation to give an idea of what it is like to work in public health. Ron Hattis suggested Jeffrey Gunzenhauser, Medical Director and Acting Health Officer for Los Angeles County, as a contact for organizing rotations at that county. He noted that most counties are understaffed, which could be a barrier to teaching students. In addition, local jurisdictions vary in their directions of emphasis. Maryam Othman is involved with the pre-clinical years, and is exploring what topics should be covered and how this could contribute to passing Part I of USMLE, which half of osteopathic students take (all take COMLEX). Currently, 5 second year and 22 first year students are strongly interested and have joined a new pilot track in global and local health, which should carry on through all four years. Visits to local health department are planned. Kat DeBurgh suggested that a WU representative could speak in person at a meeting of CCLHO or HOAC. Susan said that both she and Maryam might attend. They will also discuss the issue with their dean.

Mark Horton asked if this would be elective. Susan Mackintosh said yes, but that she would eventually like to arrange a routine rotation. Ron Hattis suggested Los Angeles and Riverside Clinic departments of public health could provide opportunities for Western University, which is in Pomona, on the eastern border of Los Angeles County. There is also some interest in San Bernardino County. Susan and Maryam will raise this with their dean.

Catherine West said that Touro University has a similar interest. The Solano County Public Health Department primary care clinics provide training opportunity to Touro students, but no rotations specifically dedicated to public health have been organized. Catherine suggested that for osteopathic schools, rotations could be inter-professional, involving also students from other health professional schools. Mike Stacey, the deputy health officer, might want to put together a plan.

Ron Hattis suggested that clerkships could include shadowing a sanitarian, a public health nurse, an epidemiologist, a health educators, and time spent with policy leaders for such areas as disease control, maternal/child/adolescent health, and emergency and disaster preparedness.

Curriculum to be covered could be based in part on COMLEX and USMLE questions. Catherine said this is always done in planning pre-clinical activities related to public health.

5. Osteopathic Physicians and Surgeons of California Issues: Brief Announcements

Alesia Wagner and Pat Rehfield were unavailable today. Ron Hattis emphasized that although CMA resolutions will be discussed because there are some dealing with public health, the Forum will be open to discussion of any osteopathic issues. Catherine West explained that any changes in medical school curricula, such as public health electives, must be approved by the osteopathic accreditation process, the AOA Commission on Osteopathic College Accreditation (COCA). It accredits 30 schools but 42 locations. Touro has a satellite in Oregon, which must respond to Oregon rules. Another of the osteopathic issues is increasing inter-professional education opportunities, including students from other health professional schools and the MPH program.

Touro now utilizes a national diabetes prevention training program as an elective for medical students, who learn to present 22 topics to patients, and get certificates as diabetes prevention educators, starting in the preclinical years. This program is not limited to osteopathic schools.

6. Follow-up and New Resolution from California Medical Association (CMA) House of Delegates

a. CMA Resolution 112-15: RESTORING FUNDS FOR CALIFORNIA'S PUBLIC HEALTH INFRASTRUCTURE (Authored by Ron Hattis, endorsed by CAPM, passed 10/15)

Resolved: That CMA urge the Governor, California Health and Human Services Agency, and Legislature, including through the state budget process, to develop a plan for funding to repair California's public health infrastructure, and to restore vital prevention services eliminated or drastically reduced since 2007-08, which are not available through other means.

Ron Hattis reported that this resolution was introduced to the CMA House of Delegates after this Forum requested information from the California Department of Public Health on recession-related state public health budget cuts, and the State Epidemiologist, Dr. Gil Chavez, supplied data on about \$226 million/year in state public health funding that had been lost and not restored. Gil said that most of this money had in the past been granted to local health departments for such areas as communicable disease control and maternal, child, and adolescent health. Kat DeBurgh said that the legislative budget process will begin in January and end in June. Scott Clark noted that this resolution was prioritized relatively high by the CMA delegates. CMA develops a legislative agenda each year. Eduardo Martinez is the chief CMA lobbyist for budgetary matters; Janus Norman is the

overall chief of governmental affairs. Ron noted that much of what happens in the budget process is “under the radar” and difficult to track.

Governor Brown has not placed a high priority on use of recent budget surpluses for public health funding. Mark Horton mentioned that when this topic came up at a previous meeting, Jonathan Fielding recommended the selection of a small priority list with compelling arguments. Ron noted that Don Lyman also has recommended against trying to restore all of the former small categorical programs, but rather to focus on repairing infrastructure weaknesses and lack of preparedness for public health emergencies. Scott suggested that Kat DeBurgh get in touch with Eduardo and with Alicia Sanchez, who currently is the CMA lobbyist for public health issues, and offered to write an email to connect them. Mark Horton said there is an annual health ranking of all counties in the nation, which could be referred to. Kat said that this is issued by a university, and which may show trends going in the wrong direction.

b. Update on series of conference calls on methods for “gap analysis” of core public health functions in local jurisdictions:

Kat DeBurgh is trying to assemble data on the funding, staffing, and services provided by local health departments since 2005. Some data has been received from the National Association of County and City Health Officials (NACCHO) and will be analyzed. Kat has been organizing a series of small conference calls to discuss methods of analyzing where the gaps are in California’s public health infrastructure. She hopes to put together a report in the future. Mark Horton expressed appreciation of Kat’s leadership. Ron Hattis agreed and requested periodic follow-up reports to this Forum.

7. CMA Resolutions Relating to Medical School Education: Discussion, Implementation Ideas

a. Resolution 607-15: TEACHING ABOUT PREVENTION OF DISEASES IN MEDICAL SCHOOLS (Authored by Ron Hattis, endorsed by CAPM, reviewed by this Forum, passed 10/15)

Resolved: That CMA recommend that the teaching about specific diseases or disease groups in medical schools include information on the epidemiology and the primary and secondary prevention of those diseases, including the roles of nutrition and lifestyle as relevant.

Scott Clark was uncertain what the follow-up of this resolution should include. Some CMA policy resolutions remain dormant until an issue is raised. Catherine West said this is an inherent part of osteopathic education, and is implemented at Touro. Ron Hattis praised Touro as a model for teaching prevention. Catherine said that students in the second year prepare PowerPoint presentations for mock target audiences (actually presented to fellow

students) on topics such as smoking, heart disease, antibiotic use, healthcare-associated infections, etc. There is an emphasis on teaching about modifiable risk factors and nutrition.

Margaret Ryan said that UCSD utilizes disease-specific models which each include an epidemiology module. Scott Clark said that Dr. Michael Nduati, a member of this forum, chairs CMA's Academic Mode of Practice Forum and that this resolution could be referred to that forum for input, however not all medical schools are represented. At CMA, Yvonne Choong deals with policy issues of this type. Mark Horton noted that medical school curricula are so tight that new material is usually only added if necessary to help students pass Boards. Ron Hattis suggested that associate deans in charge of curriculum at all 11 medical schools, and the national accreditation bodies for allopathic and osteopathic medical schools be informed of the resolution, and asked how these issues are being addressed already, and also asked for recommendations on implementation. This matter will be continued at the next meeting.

b. Resolution 608-15: EXPOSURE TO SPECIALTIES IN MEDICAL SCHOOLS

(Authored by Ron Hattis, endorsed by CAPM, reviewed by this Forum, passed 10/15)

Resolved: That CMA support that medical schools provide medical students with access to information about all recognized medical specialties, through a range of mechanisms including, but not limited to clinical rotations, online resources, physician mentors, and exchange programs with other medical school programs.

Ron Hattis said that when he interviews applicants for residency programs in Preventive Medicine and Occupational Medicine, the typical applicant had never heard of these specialties during medical school and learned of them only after graduating, sometimes after a gap of several years. This indicates two deficiencies, missing information about career training and opportunities that could have been taken directly after medical school or after the PGY-1 year, and missing education about portions of the practice of medicine that should be included in their training. Medical schools cannot provide clinical rotations in 27 or so specialties, however possible ways to address this problem include online resources, physician mentors, external electives, student interest groups, etc. This resolution could be followed up similarly to what was discussed for 607-15 above. Discussion will be continued to the next meeting.

8. Let's Get Healthy California Initiative and Planned Conference: Mark Horton

Mark Horton is on a planning group to put together the first of a series of annual conferences next spring sponsored by the California Department of Public Health, on innovation ideas and implementation for the Let's Get Healthy California Initiative. Mark considers the initiative as a California version of the national Healthy People 2020. It has six goals, three on "Health Across the Lifespan" (childhood, middle years, healthy aging), and three relating to systems changes ("Pathways to Health"). One of the latter goals is "Healthy Communities," which

needs to be strengthened with evidence-based indicators. The Website lists priority areas. There are about 39 indicators altogether. The California Public Health Association – North has received a small grant from the Kaiser Foundation, and is focusing on community initiatives. The Executive Steering Committee for planning the conference meets tomorrow. Anyone interested in participating can contact Mark. Mark can also provide updates at future meetings.

9. Next Meeting: Tuesday, March 1 or 8, 2016.

Meeting was adjourned at approximately 9:30 a.m.

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

Minutes approved with corrections included above, on 3/8/16