

California Public Health/Prevention Physician Leadership Forum
10th Conference Call Meeting
Tuesday, March 8, 2016, 8:15-9:30 am PDT
MINUTES

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

“Handouts”: linked were posted on meeting “wall” for this meeting at
www.freeconferencecall.com/wall/457029043.

1. Attendance by Institution

CAPM: Ron Hattis (Acting as Chair in absence of Mark Horton), Cora Hoover
State of Calif: Susan Fanelli
HOAC: Kat DeBurgh
CMA: Samantha Pellon
Touro and OPSC: Pat Rehfield
UCSF: George Rutherford
Stanford: Rhonda McClinton-Brown
Loma Linda: Akbar Sharip
Western Univ.: Susan Mackintosh and Maryam Othman
UC Riverside: Michael Nduati
UC Irvine: Dean Baker
UC San Diego: Linda Hill and Margaret Ryan

2. Minutes of December 8, 2015 Meeting

An amendment was offered by Maryam Othman to correct the number of first year medical students in the Western University track on global and local health (22, not 2; total of 27 in the track).

Action: Minutes were passed as amended, without objection, and the corrected version will be archived.

3. Follow-up, Preventive Medicine Residency Funding Challenges: Linda Hill

At the last meeting in December, Linda gave the history of HRSA funding for selected Preventive Medicine residency programs, which is currently at an all-time high (\$11 million, supporting 25 programs that won grants), but could end next year. There had been two efforts, last July and at the time of our meeting in December, to delete (“red-line”) all funding from the federal budget. The American College of Preventive Medicine (ACPM) led a campaign each time to restore the funding, and Congress responded. However, now \$4 million of the funding for FY 2017 has been slashed a third time. The Administration’s Office of Management and Budget (OMB) is suspected to be behind these efforts. Senator Udall and Representative Green are circulating a “Dear Colleague” letters in

their respective houses of Congress to reverse budget cuts for PM residency funding a third time, and ACPM is urging contacts with legislators to co-sign the letter of their house.

George Rutherford noted that Preventive Medicine funding sources are unique as they are not funded by Medicare, and not a high priority for Congress. At one time Pediatrics was also ineligible for Medicare funding, but this was changed by special legislation, and George suggested that the long-term winning strategy for Preventive Medicine would be a similar “normalization” of funding eligibility to be like other specialties, and ACPM should be asked to pursue this. At UCSF, almost all the funding for its joint PM/IM residency including 7 of 8 resident salaries currently comes from the Kaiser Community Benefit. Akbar Sharip and Ron Hattis mentioned that Loma Linda gets funding from its Medical Center and the VA Hospital, in return for services provided to those institutions.

Action: Ron Hattis agreed to send Linda the mailing lists of this Forum and of CAPM, and encouraged her to send letters to these lists encouraging contacts to members of Congress. Interested individuals can find more information on the ACPM Web site. Progress report will be requested at next meeting. Winning strategies in funding residencies may be discussed at future meetings.

4. Osteopathic Physicians and Surgeons of California Issues (OPSC): Announcements

Pat Rehfield reported in the absence of Alesia Wagner. The three resolutions introduced by CAPM and passed by CMA on public health funding and on teaching of prevention in medical schools, which will be further discussed at today’s meeting (see 112-15, 607-15, and 608-15 below), were on the February agendas of the OPSC Resolutions Committee and Board (the Board meets in February and May), and the Resolutions Committee will consider passing them on to the House of Delegates in July, including possible referral to the national convention. Two OPSC Board members are also active in CMA and serve informally as liaisons. Pat requested that any future resolutions, for which concurrence of both CMA and OPSC is desired, be shared with OPSC during the development phase, before formal introduction to CMA.

Samantha Pellon noted that the CMA resolution process is not quarterly rather than annual. Susan Mackintosh asked that the Forum be cognizant that Touro has a campus in Oregon which is not subject to policies that apply to California.

5. Follow-up of October 2015 Resolution Passed by CMA House of Delegates, Restoration of State Funding for Public Health Infrastructure

- 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.

Kat DeBurgh reported that she has met with Eduardo Martinez, CMA's chief lobbyist for state budget matters, to discuss the budget process. Health Officer priorities for the state budget this year (2016-17 budget) are for TB, funding of public health laboratory directors, and a wellness fund, to be called the "Community Health Improvement and Innovation Fund." CCHLO and HOAC are also studying the AIDS Healthcare Foundation's bill on STD funding but have not taken a position. For next year (2017-18), HOAC is trying to gather the data from the California Department of Public Health (CDPH) about the needs of counties that do not benefit from existing initiatives, including changes since 2005 in local assistance salaries. Samantha Pellon said that Eduardo is trying to support the TB funding effort.

Rhonda McClinton-Brown said that CDC funding to local health departments has also been cut on two occasions. Ron Hattis invited Rhonda to send him details for possible discussion at a future meeting.

- b. Update on "gap analysis" of core public health functions in local jurisdictions:

NACCHO data have been obtained. A full survey of counties would be a daunting task. Ron Hattis suggested soliciting letters from health officers summarizing the effects of funding cutbacks. In any report, individual jurisdictions would not need to be identified.

6. Follow-up of October 2015 CMA Resolutions Passed by House of Delegates, Relating to Medical School Education: 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)**

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.

Pat Rehfield said that the assistant dean at Touro who deals with curriculum has less influence on teaching content than the course coordinators. She also said there was no required standard for curricula, producing a "free-for-all." At Touro, a curriculum re-design is pending for fall 2016, stressing milestones. Milestone #3 relates to health promotion. Rhonda McClinton-Brown suggested that what to include in a curriculum should be based on competencies, and that these could be developed for epidemiology, population health, and prevention. Michael Nduati agreed that prevention and epidemiology sometimes do get omitted from lecture content, and said that the best way to disseminate this idea is through each school's medical education committee, but that any input would be suggestions, as the content of lectures was basically up to the presenters.

Samantha Pellon noted that this resolution and 608-15 did not receive high prioritization by CMA delegates, and that CMA has identified 7 other strategies that will get priority this year. A survey

might consume significant resources if done all at once, but that a survey of medical schools could be scheduled in the course of the year. Ron Hattis suggested that if a roster of assistant deans at California's 11 medical schools could be prepared, a letter could go out from CMA asking what is already being done in this area, which should not be resource-intensive. Cora Hoover also favored obtaining input from the schools on current practices. Ron Hattis offered to work with Samantha on a limited scope and a practical timeline.

b. Resolution 608-15: EXPOSURE TO SPECIALTIES IN MEDICAL SCHOOLS (Authored by Ron Hattis, endorsed by CAPM, reviewed by this Forum)

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 noted that current online resources about residency options should be strengthened. Currently, they do not always make clear which specialty residencies can be entered directly after medical school, or after a transitional PGY-1 internship year, as opposed to only after completing a prior residency in internal medicine, pediatrics, or general surgery. He suggested that the same letter sent to medical schools about Resolution 607-15 could also inquire about how medical students are being informed about the various specialties. Rhonda McClinton-Brown agreed and suggested that students be exposed to clinical exposures to specialties during the pre-clinical years, starting at the very first month of medical school.

7. Follow-up, Public Health Clerkships for Medical Students: Susan Mackintosh, Kat DeBurgh

Susan and Kat have discussed this issue, and Susan hopes to make a presentation to CCLHO in summer or fall 2016. Western University wants opportunities for students in its global and local health track to do clinical rotations at local health departments. A curriculum for this is needed. The plan is for this track to expand from the current first two years to be longitudinal over all four years, and to students from 8 other health professions including veterinary medicine. Ultimately there could be 40-50 students/year seeking some sort of clerkship with public health. Maryam Othman said that the student-led public health club at Western has already expanded to all of these professional students.

8. Brief Updates from Schools of Medicine and Public Health, on Training in Public Health and Prevention, Including Dual MD/MPP Degrees (see also Spreadsheet in Handouts)

Michael Nduati reported that UC Riverside has a new School of Public Policy, and that one of its four main tracks is public health. A joint 5-year MD/MPP program has been initiated in which medical students will almost always focus on the public health track. Ron Hattis reported that UC Berkeley has recently initiated a "Joint Medical Program" which will grant an MPP from Berkeley along with an MD from UC San Francisco. Stefano Bertozzi, dean of UC Berkeley School of Public Health, has designated John Balmes to head that program and to participate in our Forum, but he did not make

today's call. Rhonda McClinton-Brown said that Stanford has a joint MD/MPH program in which 3 semesters are spent at UC Berkeley. Dean Baker reported that at UC San Francisco has a small 5-year program in which a Master of Health Sciences and pre-clinical training are done in 3 years at UC Berkeley, followed by 2 years of clinical training at UC San Francisco. Cora Hoover said she had graduated from that program. Ron Hattis asked that information on such programs be added to the spreadsheet on prevention training linked from the CAPM Website.

9. Next Meeting: First or Second Tuesday in June 2016

Submitted by Ronald P. Hattis, Secretary

These minutes were approved at the Forum meeting of 6/7/16.