

California Public Health/Prevention Medical Leadership Forum
19th Conference Call Meeting
Tuesday, June 5, 2018, 8:15-9:30 am PT
MINUTES

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

1. Roll Call by Institution: 14 attendees

CAPM: Ron Hattis, Rob Oldham, Susan Bradshaw

CDPH: Aimee Sisson

HOAC: Kat DeBurgh

OPSC: David Canton

Schools of Medicine:

Stanford: Eleanor Levin, Rhonda McClinton-Brown

UCDavis: Patrick Romano

UCSF: George Rutherford

Kaiser Permanente: Rose Rodriguez

UCLA: Peter Capone-Newton

UC San Diego: Margaret Ryan, Jill Waalen

Aimee, David, Eleanor, and Rose were participating for the first time, and were welcomed. Our Chair, Mark Horton, is chairing a simultaneous meeting on opioid crisis response, and has asked Ron Hattis to chair today's meeting.

2. Minutes of December 5, 2017 and March 13, 2018

These had been sent to attendees who had spoken for input not long after the respective meetings. In addition to notes taken at the meetings, an audio recording of the meetings was utilized in preparing the minutes. No additions or corrections were offered at today's meeting.

Action: Minutes were approved as written without opposition.

3. Forum Vision and Usefulness

Ron Hattis briefly reviewed the history and purposes of this Forum, which was inspired by the previously-existing CMA Scientific Advisory Panel on Preventive Medicine and Public Health, which both Ron and George Rutherford had had the privilege of chairing. Three of the values of this group were summarized:

- a) Exchanging information among California schools of medicine and public health, and organizations interested in public health and/or prevention.
- b) Stimulating each other to introduce best practices already initiated in one or another location (there have already been examples of this).
- c) Developing a sense of a community of leaders among California's medical and related professionals in public health and prevention.

General discussions of important public health challenges, particularly those that have not been traditional components of school curricula or public health budgets, such as the opioid and obesity epidemics to be discussed today, can be opportunities for implementation of these concepts.

4. The Opioid Crisis: What Are Our Constituent Institutions/Organizations Doing/Teaching with Regard to Prevention and Prevention-Oriented Treatment?

A preliminary discussion had been started at the last meeting, but attendance was low. Ron Hattis noted the significance of this crisis as an inadequately solved, growing public health problem, recognized as such by the Centers for Disease Control and Prevention.

CDPH and Local Public Health Departments: Aimee Sisson said that although she is not in a position to present all that CDPH is doing for the Opioid Overdose Prevention Program, she knows that the efforts of CDPH are multi-pronged, and include among other things naloxone distribution, and encouraging providers to participate in the CURES system. Rob Oldham added that CDPH has purchased large amounts of naloxone for distribution through local health departments. Opioid coalitions have been formed, mostly in urban areas. Funding has mostly come from foundations, with some support from CDPH. There are opportunities for medical and other health profession schools to get involved with local opioid coalitions.

Ron Hattis mentioned comprehensive guidelines from CDC including proper prescribing, naloxone use, and treatment for opioid addiction. The Northern California Public Health Association is involved in a project to train coaches on those guidelines, in part of which Mark Horton has a guiding role, causing him to miss today's Forum meeting.

UC Davis: There is an interdisciplinary pain curriculum that will include identification of high-risk patients for opioid prescribing, including a new 2-hour second year module on public health aspects of the opioid epidemic. Pharmacy, psychology, and public health staff identify high risk patients.

UC San Francisco: George Rutherford reminded the group that when the 12-hour mandatory CME legislation on pain management and end-of-life care was implemented, the initial

premise was that physicians were not prescribing adequate amounts of opioids. UCSF is in the second year of a new curriculum, spreading out epidemiology, biostatistics, public health and global health throughout. First year students do an outbreak exercise. At the end of the third year, students have a month-long course on design of clinical research. In order to graduate, every student will have to perform a research project, most of which will involve clinical with some “spill-over” into public health and global health topics, and utilizing clinical epidemiology. There is also an optional inter-session course in January with daily 2-hour sessions, including recent public health outbreaks, and George intends to include the opioid epidemic. The residents in Preventive/Internal Medicine get exposure to some opioid curriculum information both at UC Berkeley where they get their MPH degrees, and from Kaiser, and a joint seminar with CDPH.

Stanford: Rhonda McClinton-Brown reported that there is a Center for Population Health Sciences, with a population health program in the first year. This year, one session covered the opioid crisis that incorporated public health representation, and was well-received. There is also an opioid working group of faculty currently identifying priorities.

UCLA: Peter Capone-Newton said he believes that the opioid epidemic has not yet been added to the curriculum, which is pending redesign.

UC San Diego: Jill Waalen reported that the recently awarded HRSA grant for the Preventive Medicine residency included a requirement to address the opioid crisis. Jill plans to develop didactics on all angles of it, including epidemiology, neurobiology, and pharmacology, public health, and clinical issues. There will also be workshops with case reports and discussion of strategies for individual and community interventions. Residents will also visit drug treatment and needle exchange programs. One recent residency graduate interested in addiction medicine helped to develop this plan. There is a San Diego prescription task force dealing with appropriate prescribing. No information was available on undergraduate teaching.

Summary impressions: Ron Hattis noted that most schools appear to be in an early stage of addressing the crisis, and some have not yet integrated it into curricula. Other organizations are also beginning to address the issue. In many cases, only fragmentary information was available today. Graduates of our medical schools will need to have a real understanding of this problem, be prepared to play roles in solving this crisis. There is much more that can be done, and Forum members are encouraged to work for further progress at their respective institutions.

5. Obesity Epidemic, Including Childhood: What Are Our Constituent Institutions/Organizations Doing/Teaching with Regard to Prevention and Prevention-Oriented Treatment?

HOAC: There is a proposal pending for statewide wellness funding. HOAC co-chairs of the California Alliance for Wellness Funding for chronic disease prevention, which will include obesity.

UC Davis: Patrick Romano reported that medical students keep a person dietary and physical activity log for 1-2 weeks in Spring of their first year during the course in Endocrinology, Nutrition, Reproduction, and Genetics. Films and papers are also presented on diet and nutrition.

UC San Francisco: George Rutherford said that the topic is probably well-covered by staff from the diabetes center throughout the curriculum.

Stanford: Dr. Levin said she had retired from Kaiser after 29 years, and started at Stanford 3 months ago in preventive cardiology. A new curriculum began this year. There is ½ hour devoted to treatment of obesity in an endocrine module. A pediatric fellow has a mobile app on childhood obesity for counseling low-income families, and several medical students are shadowing him. In her own practice, Dr. Levin emphasizes nutrition. Ron Hattis suggested development of a suggested joint approach with Pediatrics, to present to Dean Gesundheit.

Kaiser: Rose Rodriguez said that the first classes of students have not begun yet, but lifestyle and culinary medicine and prevention are elements that are already being discussed to thread throughout the curriculum. Kaiser has the advantage of the infrastructure of an entire health system, which already has excellent prevention programs, though not at every center. Eleanor Levin said that meeting regulatory issues to get the new school going is the current highest priority, but that her work is well-known and she could be “pulled in” as a resource.

Western University: There was not a representative on the line today, however Maryam Othman submitted the following information: A Lifestyle Medicine Longitudinal Track will provide osteopathic medical students with a comprehensive and in-depth overview of Lifestyle Medicine and its supporting science with a focus on results-based wellness and chronic disease intervention. Reversal tools for type 2 diabetes, cardiac rehabilitation protocols, heart disease prevention, and weight loss/maintenance strategies for obese patients will be taught.

UCLA: Dr. Capone-Newton had no details but will follow up about whether the approach will be changing in the new curriculum.

UC San Diego: Margaret Ryan reported that there is now a chronic disease module in which obesity is being discussed.

Summary impressions: Ron Hattis noted that most schools appear to be developing programs, but some have only minimal exposure in their curricula. As with the opioid crisis, there is much more that can be done by both schools and organizations, and Forum members are encouraged to advocate within their institutions.

6. CMA Resolutions

Ron Hattis reported that three of the CMA resolutions listed in the agenda (105-18, recommending restoration of funding for school scoliosis screening; 106-18, recommending that secondary school start times not be earlier than 8:30 a.m.; and 108-18, supporting stringent methods of age verification for purchase of e-cigarettes and other nicotine delivery devices) were approved by the Board of Trustees. One (107-18, recommending individualized, interdisciplinary care plans for sex-assignment surgery for children with ambiguous genitalia) was referred for further study.

Both CAPM (sponsor of this Forum) and the Medical Student Section introduced resolutions to support a ban on flavored tobacco products. The Council on Science and Public Health will merge and edit these into a single resolution for presentation to the Board of Trustees.

7. Osteopathic Physicians and Surgeons of California:

David Canton reported that the first (start-up) meeting of the new Public Health Committee of OPSC will occur later today. CME presentations of the organization have included opioids as well as nutrition and obesity, the two main topics discussed today.

8. Health Officers Association of California (HOAC)

No report.

9. Next Meeting

This should take place on September 11, 2018. Partly to honor the “9/11” date, Ron Hattis suggested that the agenda include violence prevention, gun safety, and the public health role in disasters (including terrorism). George Rutherford said that would definitely be worthwhile. Our Chair, Mark Horton, will be informed.

Submitted by Ron Hattis, Secretary, assisted by review of audio recording.
Approved with one correction (included above), 9/11/18.