

California Public Health/Prevention Medical Leadership Forum
16th Conference Call Meeting
Tuesday, September 12, 2017, 8:15-9:30 am PDT
MINUTES

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

“**Handouts**” will be attached to the cover email.

1. Roll Call by Institution

Present on today’s call were the following:

CAPM: Mark Horton, Don Lyman

HOAC: Kat DeBurgh

UC Davis SOM: Patrick Romano

Northstate SOM: Peter Yip

Loma Linda SOM: Ron Hattis

Western Univ. SOM: Susan Mackintosh, Maryam Othman,

UCLA SOM: Peter Capone-Newton

2. Minutes of June 6, 2017 Meeting

Action: These were approved, however Ron will check for any errors in attendance, and make corrections. Some curriculum deans participated in the last call.

3. Results of Election of Chair for 2017-19; Chair appoints Secretary-Treasurer and may appoint a Vice-Chair

Ron received 15 email votes to re-elect Mark Horton as Chair for another year, and none opposed. No other candidates were proposed.

Action: Mark Horton has been re-elected as Chair for 2017-18. He re-appointed Ron Hattis as Secretary-Treasurer, and deferred appointing a Vice-Chair.

4. CDC’s 6/18 initiative: Mark Horton

Mark summarized this major public health initiative, which was conceptualized by Tom Frieden while he was CDC’s director. Brenda Fitzgerald, former health director for Georgia, is now the CDC director.

In an attempt to improve collaboration between public health and clinical care, 6 high priority health conditions were identified, termed “winnable battles,” for which improved results would be attainable by implementing 18 evidence-based interventions in clinical practice. The six conditions are tobacco use, hypertension, healthcare-associated infections, asthma, unintended pregnancies, and diabetes. The 18 interventions are not evenly distributed among the 6 conditions; for example, there is only one listed intervention for healthcare-associated infections (antibiotic stewardship). Others have 3 or 4

interventions each. CDC is looking for additional conditions for expansion of the program. Interventions included are things that can be done in physicians' offices, hospitals, and ancillary services such as health education. The public health community has asked that it be supplemented by a list of public health interventions.

The California Public Health Association North has had a conference on the 6-18 program, and there are other promotional efforts. Overall goals include assurance of reimbursement for providers who implement the 18 interventions. Several state Medicaid programs are piloting the program; California declined to do so. CEOs of health insurance organizations have been included in dialogues.

In discussion, Ron noted that there was not much mention of nutrition or lifestyle, and noted that other countries with more uniform cultures including healthy lifestyles have achieved better health indicators while expending much less money on health care. members noted that some population health interventions were not included. Susan Mackintosh indicated an interest in the 6-18 program and wanted to see it in writing. Peter Capone-Newton mentioned that he was already familiar with the initiative. He was not aware of it becoming part of the medical school curriculum at UCLA. He commented that interventions with populations were a gap in the program. Mark said that this can be considered as an extension of requirements already included in the Affordable Care Act, to provide services recommended by the U.S. Preventive Services Task Force. Ron noted that the Task Force is unable to recommend services that might be valuable, but for which there is inadequate data in the published literature.

Action: Mark will send a 3-page handout from CDC, the content of which is also found on the CDC Website (<https://www.cdc.gov/sixeighteen/> or enter 6-18 initiative into a search engine), to Ron Hattis. Ron will distribute it to the Forum members. Mark invited information from any organizations or institution on any activities related to implement the program.

5. Selected 2017 State Public Health Legislation: Ron Hattis

Ron Hattis briefly discussed the following bills:

HOUSE	BILL	AUTHOR	SUBJECT
AB	182	Waldron	Opioid education campaign to be developed by CDPH for public
AB	340	Arambula	Develop protocols for CHDP to include trauma screening
AB	511	Arambula	Simplification of TB screening, home health, local rec., parochial staff
AB	1048	Arambula Gonzalez	Opioid partial Rx fills OK; ends pain as a 5th vital sign at health facilities
AB	1221	Fletcher	Mandates alcohol training for beverage servers
AB	1316	Quirk	Develop regs. for child lead risk eval., blood tests covered if high risk
AB	1534	Nazarian	Allows HIV Specialists to also provide primary care
SB	49	De Leon	Preserves environmental, worker safety laws if federal rollbacks
SB	239	Weiner	No penalties for CD exposure, reduced for intentional transmission
SB	300	Monning	Warning label, sugary drinks
SB	320	Leyva	Requires medical abortions at UC/Cal State Student Health
SB	382	Pan	Mosquito surveillance fund

SB	562	Lara	Single payer insurance statewide
SB	641	Lara	CURES data not reported to law enforcement unless warrant
SB	743	Hernandez	Medi-Cal family planning providers can be out of network

Of this list, bills expected to be passed by both houses, and to move on to Governor, are Assembly Bills 340, 1048, 1221, and 1316; and Senate Bills 239 and 743. All of these have been supported by the California Academy of Preventive Medicine except SB 239, which Ron discussed. Don Lyman noted that to be considered by the Governor this year, all bills must pass by the last day of the session (September 15). The opposition to SB 239 was because it eliminates all penalties for willful exposure of others to any communicable disease, which could limit public health clout in controlling future epidemics. SB 382 was defeated, and all the others failed to pass this session but will survive as two-year bills for another try in 2018.

6. Follow-up of Medical School Curriculum Development with Reference to Two Previously Discussed CMA Resolutions

- 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.

Peter Yip reported that Northstate SOM is providing several lectures on Occupational Medicine and occupational hazards, and Preventive Medicine are included in clinical cases. The school’s first third year class and clerkships began in July. Ron Hattis noted that Occupational Medicine is one of Peter’s specialties, and that the content provided in medical schools is often dependent on particular faculty members and their training and experience, and that if that member leaves a gap can result. The same thing can occur if a new dean changes the emphasis areas of an entire school. Peter agreed with that observation.

To help avoid that problem at UC Davis, Patrick Romano has taken over the core course in population health following Stephen McCurdy’s retirement. After the first year course, a longitudinal course will attempt to integrate a population approach with the clinical material, much as the resolution promotes. Dr. McCurdy, who had filled multiple roles, continues part-time, mostly in a research role. The MPH program has primarily been taken over by Dianna Cassidy. About 30 students this year are getting MPH degrees. They need to work with a whole team.

Reporting from Western U., Maryam Othman said that epidemiology and biostatistics are taught in the first year and environmental health, occupational health, and public health in the second year. She gave an update on the public health track at Western University SOM. Students can sign up in the first year and continue through graduation. It includes exposure to public health on a local as well as on a global level and community health. The class of 2018 has only 2 students in this track, the following year 17, the next year 5, and applications are pending for the track in

the newest class. She and Susan Mackintosh believe that 6-7 students are optimal, permitting a more intense experience, including monthly meetings lasting 1-3 hours.

Ron Hattis noted that the intent of the resolution was that all medical students learn prevention and epidemiology as they study diseases and see patients, with an emphasis on the roles of lifestyle and nutrition, and that epidemiology and prevention not be isolated only in a non-clinical course during the first 2 years, often forgotten subsequently and divorced from clinical medicine. Ron also mentioned the trends in medical schools toward dual degrees including an MPH, and toward public health or lifestyle tracks. See topic #7 below.

- 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.

There was no discussion today following up on this resolution.

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

- How Does an MPH degree (or Preventive Medicine residency) Influence Clinical Practice? What Should be Special or Different About Clinical Care Delivered by Preventive Medicine Specialists, or by Those with MPH Degrees? Particularly when Combined with Training in a Primary Care Specialty?
- What Role Can Physicians with PM Training or MPH Degrees Play in Systems of Primary and Other Clinical Care?
- Do Current MPH Programs Provide Relevant Information for Physicians and Medical Students? Could this be improved?

Mark Horton offered to check with UC Berkeley School of Public Health, to see if there are any data. Ron Hattis said that Loma Linda University keeps track of the careers of graduates of its full Preventive Medicine and combined Family Practice/Preventive Medicine residency graduates, but not for medical students or physicians who obtain an MPH degree or participate in a public health-associated track. This issue may be continued.

8. California Medical Association; Selected 2017 CMA Resolutions Impacting Public Health (same table as legislation): Ron Hattis, Don Lyman

Ron Hattis presented a list of 2017 CMA resolutions impacting on public health and briefly discussed them.

RES. #	AUTHOR: DR.	SUBJECT
101-17	Butera	Public health risks of antibiotic resistant organism emergency
102-17	Udovic-Constant	Improving implementation of medical cannabis
103-17	Rothenberg	Medically supervised injection facilities
104-17	Borok	Simplifying when physicians must access CURES database (only Sched. II)
105-17	Schrader	Support NIH
106-17	Ekaireb	OTC birth control pills
107-17	Ekaireb	Support programs to prevent resumption of smoking post-prison
108-17	Manes	Promote celiac disease education
602-17	Talamantes	Improve quality of immigrant detention health
109-17	District IX ACCMA	Medical Exemptions from Childhood Immunizations (regulate, monitor)
110-17	Bedard	Allow use of medical cannabis by pts. in opioid treatment programs
111-17	Bedard	Policy and procedures for inpatient use of medical cannabis
112-17	Kownacki	Workplace lead exposure (establish standards)
113-17	Russell/Jackson	Wireless technology and public health: call for a white paper

Resolutions 101 through 103 were approved with modifications by the Board of Trustees recommended by the Council on Science and Public Health, which is chaired by Don Lyman. Resolution 104 was rejected. Resolutions 105 through 108 and Resolution 602 were acted on, according to Don. The Council reviewed 105-108 and sent them on to the Board of Trustees, but minutes of that Board could not be found by Ron on the CMA Website. Ron mentioned his personal concerns about 106, because women need guidance on which oral contraceptive if any to purchase. Don said that 106 will be delayed, pending a study by the Board of Pharmacy of pharmacists providing needed information on oral contraceptives. Don will check on documenting the final actions on the others. Resolution 602 was reviewed by a different council.

Resolutions 109 through 113 are new and have not yet been considered by the Council or the Board of Trustees; Don said that this will be done next quarter. Ron mentioned the reservations of the California Academy of Preventive Medicine about Resolutions 109 (because of a clause calling for the California Department of Public Health to establish a database on medical exemptions), and 111 (because the purity and exact content of community cannabis could not be standardized, and smoking within a hospital would not be legal).

9. Next Meeting: A Tuesday in December 2017 (5th?); Agenda Ideas

Submitted by Ronald P. Hattis
Forum Secretary

These minutes were approved on December 5, 2017.