

California Public Health/Prevention Physician Leadership Forum
8th Conference Call Meeting
Tuesday, September 24, 2015, 8:15-9:35 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:

Chair Mark Horton took a roll call by institution. According to Freeconferencecall.com, there were 12 callers, however only the following 10 identified themselves:

CAPM: Mark Horton, Ron Hattis, Liana Lianov, Don Lyman

CMA: Scott Clark

(OPSC: Pat Rehfield covering)

Touro University School of Medicine: Pat Rehfield

(Loma University School of Medicine: Ron Hattis covering)

USC School of Medicine: Richard Watanabe

UC San Diego School of Medicine: Linda Hill, Margaret Ryan

UCLA School of Public Health: Jonathan Fielding

2. Minutes of June 23, 2015 Meeting

Minutes had been sent in advance for review to all individuals mentioned in them. There were no additions or corrections.

Action: Minutes were approved as written.

3. Organization and Bylaws

- a. Bylaws amendments: The following changes were proposed to Section 8 deletions in ~~strikeout~~ and additions underlined:

The Chair may designate a Vice-Chair (who shall perform all duties of the Chair, if the Chair is not available) and a Secretary-Treasurer...

The Chair ~~shall~~ may designate a recorder for any meeting, unless an elected office of Secretary is established, if no Secretary-Treasurer has been designated, or if the Secretary-Treasurer is not available.

The reasons for the amendments were that no duties had been described for a Vice-Chair, and that although a Secretary-Treasurer has been designated, a recorder may still be useful for any meeting in his absence.

Action: Approved by consensus. In view of the low attendance at this meeting, the amendments will be brought back at the next meeting just to determine if there are any objections.

b. Chair to appoint a Vice-Chair:

This has not yet been implemented. Mark Horton invited submission of emails to him, and he will be contacting potential candidates.

4. Osteopathic Physicians and Surgeons of California Issues: Pat Rehfield

Mark Horton noted that a lot of Forum time has been devoted to CMA issues including resolutions, and that we want to give time at each meeting to OPSC issues if any. At this meeting, our regular OPSC representative, Alesia Wagner, was not present, but Pat Rehfield reported that OPSC has been following a lot of bills, and supported SB 277 (Pan) to limit vaccine exemptions to medical contra-indications

At the last OPSC meeting, working relations with CMA were discussed, and the attitude was very positive.

5. Nominees for California Medical Association (CMA) Council on Science and Public Health

Scott Clark and Ron Hattis announced the nominations for this new council, which will be convened quarterly, including at least one in-person meeting per year. Scott explained that the Council's primary responsibility will be to review resolutions relating to science and public health on a year-round basis. It may also take on additional projects. Scott said that the nominees had played roles in public health, and included former chairs of the reference committee on science and public health. Scott will be the lead staff member to support the Council.

CAPM had recommended to CMA that at least three physicians with backgrounds in public health and prevention be appointed, and that recommendation has actually been exceeded:

Chair: Donald Lyman (current member of CMA's Council on Scientific and Clinical Affairs)

Members: Jessica Nunez (chronic disease specialist at CDPH)

Michael Nduati (Assoc. Dean, Clinical Affairs at UCR School of Medicine, and Chair of CMA's Academic Forum)

Robert Oldham (Placer County Health Officer)

Action: The nominations will be voted on at the CMA House of Delegates in October. Drs. Lyman and Nduati, both members of this Forum, were congratulated.

6. Introduction of New Assistant Director of California Department of Public Health

Susan Fanelli was introduced and asked about her background. She explained that she is not a medical doctor. She is assigned to create a “fusion center” to bring together programs on “Let’s Get Healthy California,” Affordable Care Act, health care reform, and collaboration with other departments on public health and health care delivery. She has been with the department for 14 years and formerly worked for 12 years as the deputy for Emergency Preparedness.

7. Continued Discussion, Public Health Funding Cutbacks

- a. Follow-up, CMA Resolution 111-14 on loss of state funding for HIV and other public health programs: data on cutbacks from Gil Chavez

Mark Horton directed attention to the considerable data supplied by CDPH about the recession-associated cutbacks to state public health programs, especially those previously designated for local public health assistance, which had been posted on the meeting “wall.” Ron explained that last year’s CMA resolution on funding cutbacks called for restoration of HIV prevention cuts (for which the figures were then available), and to work with CDPH to obtain data on other public health cuts and to report back to CMA. This Forum had endorsed that CMA request at previous meetings and had offered to be a platform through which the data could be shared with CMA and our other participants.

Mark asked Susan Fanelli whether the accreditation process that CDPH went through brought out the funding losses. Susan said that accreditation is not designed to reveal problems in such detail. Mark said he was not surprised that the process is not “granular enough” to identify areas of decreased support, so long as basic functions are intact.

Gil Chavez, State Epidemiologist, who was also responding to a similar request from a state legislator, prepared and shared with us a spreadsheet comparing local public health assistance funding for fiscal year 2007-08 compared to 2015-16. This showed that over \$227 million/year, including \$174 million/year related to various communicable diseases, had been cut and not restored. Ron and Mark expressed appreciation through Susan Fanelli to Gil for his forthcoming response.

Don Lyman had suggested that this year’s follow-up CMA resolution not request restoration of every specific previous program, but rather that it aim at restoring core functions and public health infrastructure. See next item.

- b. New CMA Resolution on restoring state funding for public health (pending current online testimony and House of Delegates deliberations, 10/16-18/15)

In follow-up of the data received (see last item), a new resolution has been introduced to the CMA House of Delegates (HOD) for consideration October 16-18. The “Resolved” portion reads:

”That CMA, in view of the state’s improved economy, urge the Governor, Health and Welfare 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 during the recession, which are not available through the Affordable Care Act, Medi-Cal, or other health insurance.”

Ron Hattis and Mark Horton said that they hoped that, if the resolution is passed, CMA will use this information to work with other organizations that advocate for public health, such as the Northern and Southern California Public Health Associations and HOAC, to have input into the Governor’s budget process and to propose legislation.

Jonathan Fielding recommended prioritizing 3 or 4 areas, to address gaps: direct services, core functions beyond direct services (such as laboratory capacity and emergency preparedness), and broad community issues such as climate change and water conservation. Susan Fanelli said the Department is looking at core areas such as laboratory capacity to discuss with the Governor. These discussions are still confidential. CDPH is also discussing priorities with the California Conference of Health Officers (CCLHO).

Scott Clark noted that this resolution is likely to pass, but as with other resolutions, the amount of time and attention that CMA will devote to it depends on how high CMA delegates prioritize it.

- c. Update on series of conference calls on methods for “gap analysis” of core public health functions in local jurisdictions, Kat DeBurgh

Kat was not present, but Mark reported that she had reached an agreement with the National Association of County and City Health Officers (NACCHO) to share details from its periodic surveys of local public health departments, including in California.

Ron Hattis shared some unpublished general information from a just-completed Beyond AIDS Foundation survey of state AIDS directors. California was not routinely doing some prevention services such as outreach to all patients reported with HIV, which other states were doing. A published CDC article in 2011 had associated California’s HIV prevention cutbacks with increased incidence. Jonathan Fielding noted that stories of real-world impacts can be powerful in persuading policy-makers.

Action: The new resolution will go forward at the CMA House of Delegates, October 16-18. Result and further discussion to be continued at next Forum meeting. Kat DeBurgh is continuing to conduct her “gap analysis” conference calls.

8. New CMA Resolutions Relating to Medical School Education

a. Teaching about prevention of diseases in medical schools

This resolution's "Resolved" portion states, in part:

"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..."

Ron Hattis reviewed the issue that had inspired this resolution, which had been discussed at this Forum. The resolution advocates that CMA recommend to medical schools that when information about diseases is presented to medical students, it include prevention, epidemiology, and risk factors, at the same time. Pat Rehfield indicated that Touro and many other osteopathic schools do this routinely, and the Dean has a special interest in obesity. She sought and obtained a reassurance that no legislation or enforcement would be sought. Some schools, however, separate lifestyle and nutrition into one or more separate courses and do not integrate it with the study of the diseases to which it is applicable. Ron noted that the resolution had not resulted from a scientific survey of what is currently being taught.

Jonathan Fielding noted that ACOs address population health, though not geopolitically defined populations as with public health. He also noted that environmental and cultural determinants are important along with what physicians do, to address issues like childhood obesity.

b. Exposure to medical specialties in medical schools

This resolution attempts to deal with the problem that there are more medical specialties than medical schools can arrange rotations for, and some new physicians graduate without even having heard of specialties that would have appealed to them, and which are parts of the scope of medicine that they never learned about.

The "Resolved" portion states, in part:

"That CMA recommend that medical schools provide at least brief clinical exposure to as many as practical of the major medical specialties recognized by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association; that they facilitate access by medical students to online resource information about all recognized medical specialties and subspecialties; and that they provide and encourage access to at least one elective rotation, extramural (off-campus) if needed, for a specialty not available in the regular curriculum but in which a student is interested..."

With respect to online resources, Ron Hattis has checked several and found none that currently clarify which specialties have residencies that can be entered immediately after medical

school, vs. after a transitional PGY-1, or fellowships for which eligibility only follows a full general residency (usually internal medicine or surgery).

Pat Rehfield noted that one effective source of introduction to specialties is student interest groups, but these depend vary over time, and depend on student initiative in the face of continual student turnover.

Action: In view of the low attendance today, particularly by teachers of medical students, Ron Hattis will circulate these resolutions to medical school educators in this Forum who were not present today, for input. They are open now for online testimony by CMA members, and will be considered at the CMA HOD October 16-18.

9. Public Health Clerkships for Students in Schools of Medicine and Public Health

Susan Mackintosh had asked for this topic with respect to medical students, but was not present today.

Mark Horton reported on CalStaff, a service at UC Berkeley School of Public Health which offers assistance in managing outbreaks in Bay Area public health departments. This has been a valuable experience combining learning and service, but no academic credit is available for such assignments.

Jonathan Fielding and Ron Hattis discussed the need for physicians getting MPH degrees to get an interdisciplinary or “cross-current” background in public health, if they might become future health officers. At UCLA, the School of Public Health is divided into five strong departments, and mixing courses from different departments is not always easy. Ron suggested as a model the interdisciplinary “Population Medicine” track for physicians that has been developed at the Loma Linda School of Public Health to address a similar problem there.

Mark Horton reported that San Diego State University School of Public Health has arranged a Web site to match students with rotations at the San Diego County Department of Public Health. Linda Hill and Margaret Ryan were no longer on the call to comment.

Touro University medical students get much of their patient experience at the Public Health Department of Solano County and some others in the area. Pat Rehfield indicated that so far, this relationship has not been exploited to also expose the students to public health practice, except insofar as individual patients are utilizing various public health services. Ron Hattis suggested that the school discuss with local health officers either providing presentations to medical students on core public health functions, or brief rotations in areas of public health other than direct patient care. Pat agreed that this could be valuable.

Action: This topic will be continued, to permit Susan Mackintosh to add to it.

10. Residency Funding Challenges

Linda Hill has encountered a crisis in funding of Preventive Medicine residents, but was no longer on the call. This topic may be continued.

11. Next Meeting: Tuesday, December 8 or 15

Mark Horton said that we would be returning to meetings on Tuesday mornings, and recommended the next meeting be in early December. Ron Hattis noted that this was the most popular meeting time in our Survey Monkey poll. Next came Thursday morning, followed closely by Wednesday morning. However, one meeting a year can be arranged on a day other than Tuesday (as was done today), to accommodate a few members who cannot attend on that day due to clinics or other responsibilities.

Action: The next meeting will be either on Tuesday morning, December 8 or Tuesday morning, December 15.

Submitted by Ronald P. Hattis
Secretary-Treasurer

These minutes were approved at the Forum meeting, 12/8/16.