

CMA Specialty Delegation Annual Report

March 2004

By Michele Raney, M.D., CSA Representative to the CMA Specialty Delegation and Member-At-Large to the CMA Specialty Delegation's Executive Committee

The 133rd Session of the California Medical Association met in Sacramento, California from March 11-15, 2004. Stephen Jackson, M.D., represented CSA on the Council of Scientific Affairs. Peter Moore, M.D., Ph.D., Michele Raney, M.D., Mark Singleton, M.D., and R. Lawrence Sullivan, Jr., M.D., were seated as Delegates in the Specialty Delegation. CSA's representation was further buttressed by having members on the Board of Trustees: Edgar Canada, M.D., and Benjamin Shwachman, M.D. In other delegations, representatives included Virgil Airola, M.D., James Futrell, Jr., M.D., Thelma Korpman, M.D., Jack Moore, M.D., Steve Mulder, M.D., Rebecca Patchin, M.D., Lynn Rosenstock, M.D., Lee Snook, M.D., Hugh Vincent, M.D., and James Willis, M.D. CMA Past President and CSA member Marie Kuffner, M.D., joined in celebrating the elevation of CSA member Robert Hertzka, M.D., to the presidency of the California Medical Association.

Within the Specialty Delegation, Catherine Moore, M.D., (Psychiatry) was elected to serve along with Romie Holland, M.D., (Family Practice) on the Board of Trustees. Ruth Haskins, M.D., (OB-GYN) was elected Delegation Chair, and CSA member Michele Raney, M.D., was re-elected as one of the Members-at-Large of the Specialty Delegation's Executive Committee.

AMA President Donald J. Palmisano, M.D., J.D., applauded California's success with effective and long-lasting tort reform, emphasized the importance of dual membership in CMA/AMA and specialty organizations, and treated the House of Delegates to a rousing presentation. In his presidential address, Bob Hertzka, M.D., specifically recognized the California Society of Anesthesiologists for its longstanding participation and dialogue with CMA. He also challenged those present to increase CMA membership so that it can effectively and credibly represent California physicians.

Prior to the House of Delegates, delegation caucuses and reference committee hearings were held. Rebecca Patchin, M.D., (who is a member of the AMA Board of Trustees) was a member of the reference committee hearing membership, finance, and governance issues, and Michele Raney, M.D., served on that reference committee dealing with health professions and facilities. Over-

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all, the Specialty Delegation had representation on five of the seven reference committees.

Highlights of House of Delegates Actions

Before summarizing the results of deliberations at the CMA meeting, I am pleased to report that an issue enacted upon by our own House of Delegates also has been enacted as CMA policy. As accepted, Mark Singleton, M.D., and Stephen Jackson, M.D.’s resolution specifically states “that any drug testing facility that screens physicians for drug use, including those used by the Diversion Program of the Medical Board of California, adopt a methodology which clearly distinguishes between true positive results of opiate use and false positive results due to poppy seed ingestion,” and “that any drug testing facility that screens physicians for drug use utilize trained Medical Review Officers and certified labs in its testing program.”

There were a number of issues dealing with insurance and insurance reform, which are outlined in the report, “Health Care Financing Reform Policy”. This is a comprehensive report summarizing two years of study and several other recommendations. This report can be accessed on the CSA Web Site at www.csahq.org in the professional and practice issues section (members only).

On Medical Staff Self-Governance, CMA enacted policy that:

- CMA encourage legislation that would strengthen the rights of the medical staff to self-governance.
- CMA oppose economic credentialing or other “loyalty” requirements for medical staff membership and privileges, by regulation or legislation if necessary, so physicians or their partners, associates, or employees are not restricted in obtaining hospital membership or privileges because of an affiliation or ownership interest in a different hospital system or ambulatory care center due to the hospital’s economic or other considerations.
- CMA urge the Department of Health Services to contract with the Institute for Medical Quality to fulfill state hospital survey requirements under Title XXII for all California acute care hospitals.
- CMA study and propose policy regarding 1) the issue of disruptive behavior in the medical staff context, 2) the coercive use of an accusation of disruptive behavior in the hospital medical staff context, 3) the reporting implications for a physician who is found to be disruptive, and 4) the exclusive manage-

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ment of such cases through the medical staff peer review process, including the well-being committee’s functions.

Regarding Public Health and Patient Safety, the House of Delegates established that:

- It be referred for national action that it is the responsibility of the manufacturers of herbal and nutritional products to prominently label their products as having the potential to cause serious interactions with prescription and non-prescription medications, and that such product labels should list any known interactions and include warning that unknown interactions may occur.
- CMA support on going CMA Foundation efforts on childhood obesity to produce rational and cohesive strategies resulting in long-term weight control.
- CMA work with California Native American tribal leadership to support the prohibition of smoking in casinos.

On Governance and Finance:

- Rather than expand the President’s Forum to an unmanageable size, the House of Delegates voted to not expand that body. There was extensive testimony, including that from the Specialty Delegation, in favor of improving that meeting and assuring that input from the specialty and other delegations is heard, rather than have a program controlled by CMA leadership and staff. (The importance of the specialties sending a representative officer or delegate, if the president is unable to attend, was further emphasized at the Specialty Delegation Executive Committee meeting).
- Additionally, the House of Delegates voted to increase membership dues by \$20.

Regarding Medicare Reimbursement and Physician/Payer Contracts:

- There was extensive discussion regarding the Medicare Geographic Practice Cost Index (GPCI), with the matter being referred to the Board of Trustees for further study. The issue stems from the fact that there are nine geographic localities for physician reimbursement in California, eight of which consist of one to three counties, and one, which includes the remaining 27 counties. The problem is that the 27-county GPCI area includes both rural and urban/suburban counties, with the latter having higher cost structure similar to the counties in other areas receiving higher Medicare reimbursement.

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- CMA will take all appropriate steps to ensure that non-contracted physicians have the ability to bill and recover their usual, customary, and reasonable charges for emergency services.
- CMA supported repeal of provisions in state law that allow insurance carriers to deny treatment of injuries sustained as a consequence of the insured being intoxicated due to alcohol or under the influence of narcotics.
- The House of Delegates voted that the CMA should pursue appropriate action that would penalize any health plan, PPO, or other contracted agency that does not effectively terminate all contracted relationships when the physician has provided them with written documentation of their desire to terminate.
- The CMA should consider legislation that requires health plans that propose revised contract terms to deliver to physicians on request (and within 30 days) a copy of the current contract with all proposed changes indicated by applicable strike-through and underlining notations.
- CMA should consider legislation mandating that all private and public payers adopt a definition of medical necessity that is consistent with CMA policy, publish such policies on the payers' web sites, and obtain input from physicians and physician specialty societies prior to the adoption of any definition of medical necessity.

Regarding Workers' Compensation:

- The Board of Trustees was asked to determine the feasibility of legislation that would enable injured workers to use their existing health insurance when they sustain on-the-job injuries.
- A proposal that CMA sponsor legislation to direct ten cents on each industrial claim [from the provider's reimbursement] to finance a California Official Medical Fee Advisory Committee to the Administrative Director, Division of Workers' Compensation, Department of Industrial Relations, was defeated despite favorable testimony from CMA Executive Vice President, Jack Lewin, M.D., and overwhelming support of the Specialty Delegation.

Regarding Quality of Care Allegations, the House of Delegates established policy that:

- Physicians and medical staffs shall not be impugned and quality of care issues shall not be inappropriately imposed between health plans, hospital and physicians as a means of addressing economic or contractual issues.

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- CMA shall insist that all health plan inquiries regarding quality of care and peer review issues be evaluated through objective due process and peer review, and that such issues be brought to an objective and neutral peer review body.
- Audits of quality of care, outcomes, and appropriateness of treatment must adhere to scientifically valid principles and utilize generally accepted guidelines as established by recognized professional physician organizations and/or expert physician panels.
- Physicians must be meaningfully involved in the development of the process of audits of quality of care, outcomes, and appropriateness of treatment.

On the topic of Naturopathic Doctors, it was established that:

- CMA should evaluate the authority of naturopathic doctors to write prescriptions and order tests under SB 907, and to administer medications or any other controlled substances by any method of injection or by intravenous administration. When appropriate, CMA should support legislation to limit such activities to those justified by their training.
- CMA work to amend changes in the applicable codes such that naturopathic practitioners are licensed to practice only commensurate with their training.
- CMA urge an appropriate governmental agency to study the impact of licensing of naturopaths on the health of Californians and the cost of their health care.

On the issue of Specialty Recertification, the House of Delegates voted:

- CMA should request the American Board of Medical Specialties (ABMS) study and provide data supporting the need for ongoing and frequent recertification exams.
- CMA should recommend that recertification not be a requirement for hospital privileges.

Regarding the Availability of Prescription Drugs:

- CMA voted to support federal legislation requiring the FDA to develop quality and safety guidelines in cooperation with Canadian authorities that provide for safe and reliable access to drugs re-imported from Canada.
- CMA should work with the Medical Board of California and other appropriate agencies to prevent web- and media-based sale of prescription drugs

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without a legitimate prescription by a California licensed physician after an appropriate “good faith” examination, and that such regulations be submitted to the Federation of State Medical Boards for review and adoption nationwide.

Other CMA policies enacted include that:

- CMA oppose legislation or other government-imposed regulations mandating specific topics of continuing medical education.
- CMA support a statewide infection control policy that prohibits all health care workers who engage in direct hands-on patient care in ICUs, operating rooms and perioperative areas, or inpatient or outpatient wound care and other high risk settings, from having artificial fingernails or natural fingernails longer than 1/4 inch.
- CMA seek to permit unlicensed surgical assistants [scrub technicians] to assist in the closure of a skin incision by operating a skin staple device under the direct supervision of the operating surgeon, while the surgeon approximates the skin edges.
- CMA should participate in existing coalitions of patient safety, quality care, medical informatics, and standards organizations to develop uniform standards for Computerized Physician Order Entry (CPOE) application that ensure operability, user friendliness, and practicing physician input, and CMA should support education of medical staffs about CPOE systems, and developing an implementing such systems.
- 100% of medical student loans interest be tax deductible on state and federal income tax returns.

CSA has a new web site!
www.csahq.org

- **Members Only area**
- **CME meetings. Register online!**
- **Online membership application**
- **Public Health Section**