



CALIFORNIA ACADEMY OF PREVENTIVE MEDICINE

2010 Annual Meeting January 27, 2011

Minutes

For approval at 10/20/11 Annual Meeting

10:30 – 12:00 PM

Inland Empire Health Plan

303 E. Vanderbilt Way

San Bernardino, CA

and telephone conference call

1. Chair: Nancy Bowen; Other attendees in person: Ron Hattis, Glen Thomazin, Eric Walsh; Attendees by phone: Ellen Alkon, Jeff Gunzenhauser, Benjamin Bristow, Jillian Martin, Jessica Nunez de Ybarra, Richard Sun
2. Minutes of the May 14, 2010 2000 Annual Meeting were presented with a correction from Ron Hattis - Ron Hattis' appointment to the Board Director position was temporary for 1 year due to a vacant Board Director position.
Action: Minutes were approved as corrected.
3. Two agenda items were added – filing of reports and discussion of a new state bill.
4. Nancy Bowen gave the President's Report. She reviewed the situation for the Board over the past couple years with staff vacancies, leave-of-absence, and officers/directors not able to fulfill their duties. There was no solicitation for dues sent out in 2009, and solicitations in 2010 began late in the year. Given the difficulties, the timing of the 2009 and 2010 Annual Meetings got behind (that is why today's meeting is the 2010 Annual Meeting). There was also a problem with getting the membership list. Therefore, the treasury is depleted. There is a reenergized Board coming in for 2011 with all positions filled and we will be moving forward.
4. Ron Hattis gave the Treasurer's Report. (See attachment). Ron explained the report. Ron and Richard Sun both noted that for the past several years, CAPM has been spending more than it has taken in as dues income. As of the date of this meeting, we have unpaid obligations in excess of the bank balance. He emphasized the need for obtaining increased membership dues in 2011 through stronger renewal efforts plus recruiting of new members. Fortunately, renewal dues are starting to come in, in response to a recent e-mail solicitation.

MINUTES, ANNUAL MEETING OF CAPM, 1/27/11

Action: The Report was voted to be accepted as presented.

5. Nominations/Elections

Currently the position of President-Elect is vacant, so both a President and a President-Elect are being selected today. As suggested by the Board and as permitted by the Bylaws, the offices of Secretary and Treasurer, which had been combined for many years, will be separated this year. There were no nominations from the floor. Ron Hattis moved to vote in the slate of nominees for Board positions as presented by the Nominating Committee (see below). Eric Walsh seconded this.

Action: The nominees to the Board positions were accepted by acclamation.

Officers elected today (the slate of the Nominating Committee):

President: Eric Walsh (Health Officer, City of Pasadena)

President-Elect: Jeffrey Gunzenhauser (Medical Director for Public Health, L.A. County)

Secretary: Glen Thomazin (Medical Director, Inland Empire Health Plan)

Treasurer: Ron Hattis (Retired; President, Beyond AIDS)

Director 2011, 2012, and 2013: Jillian Martin (Public Health Medical Officer II, CDPH)

Director 2011 and 2012: Jessica Nunez de Ybarra (Public Health Medical Officer III, CDPH)

The new Board will consist of the six newly elected positions listed above, plus Ellen Alkon as a director continuing for one more year, and Nancy Bowen as Past-President. See also item #9 below re ex-officio member.

6. Brainstorming

- The discussion expanded beyond the agenda item of the role of CAPM in carrying out the 6th objective in the By-laws (“...recommendations relating to research, practice and policy in preventive medicine and public health...”) including to its role in the support of the professional specialty of Preventive Medicine.
- Some history of the roles of CAPM was provided including: the provision and review of resolutions at the CMA House of Delegates; advocating for physician health officers when some positions or their line authority was threatened; and activities with the schools of public health and schools of medicine in CA. It was observed that some of the activities were driven by the interests of the Board members and therefore this points out it is good to keep the Board representation broad.
- The area of the changing definition of Preventive Medicine discussed:
 - The changes from ACGME affecting training programs
 - The activities going on to credential non-clinical docs such as some who practice preventive medicine who are doing administration. (This goes along with the accreditation of public health depts.)
 - The issue of public health physicians who have hospital privileges.
 - The preventive medicine residencies will be emphasizing more outpatient clinical medicine yet some end up doing primarily administrative.

MINUTES, ANNUAL MEETING OF CAPM, 1/27/11

- The area of preventive medicine is so broad - just as there is complexity in other parts of medicine. It would be good to look at this as a continuum of different types of practice.
- It would be useful for CAPM to keep its attention on the specialty, both on the clinical and government practice.
- It was suggested when thinking about our role in the advancement of the science of preventive medicine (and its application) that we need to create synergy by working with stronger organizations on preventive measures. Perhaps give ideas for other groups' activities/focus.
- Perhaps through email we can decide on 5-6 things to focus on, in a structured manner, e.g. committees, perhaps address through legislation or local ordinances. Have an annual agenda to promote.
- Specific issues/examples were suggested by members at this meeting – dental care of pregnant women; teen wellness care and vaccinations; support for the smoking ordinance in Pasadena that will prohibit smoking in any multi-dwelling building.
- It was asked, which are we for, public health for the community or our promotion of our specialty? The consensus was that we deal with both. Perhaps we should focus on what no one else is doing that is essential to the practice of preventive medicine, and public health/prevention issues where the input from our small group will make a significant difference. This will also keep up interest in CAPM and increase our visibility.

Second question was what are the opportunities for CAPM in Health Care Reform.

- Medicare will cover all services recommended by the US Preventive Services Task Force and periodic physical exams. The Obama Administration has issued similar regulation for all health plans as part of health care reform.. However, the USPSTF recommendations are not always very specific and interpretation will involve controversy and competition for budget dollars.
- CAPM may be able to influence this at the state and federal levels, including working through CMA and attempting to influence ACPM.

Action: Follow-up by the Board.

7. Report on CMA House of Delegates

- Ron summarized 6 resolutions that CAPM strongly supported. All passed in amended form. 2 were introduced on behalf of CAPM: helping physicians fulfill requirements of the HIV testing law and supporting state legislation to require health plans to cover smoking cessation services. The other 4 had to do with air pollution, preventive services in the health care reform act, resident time not directly devoted to patient care; (physical) health care delivery for mental health patients. In addition, CAPM testimony helped support several other successful resolutions that the Board had supported but considered lower priority. A draft report on these accomplishments has been prepared.

MINUTES, ANNUAL MEETING OF CAPM, 1/27/11

- Jessica expressed appreciation for Ron's mentorship at the CMA HOD and noted the respect enjoyed by Ron. He is diligent and meticulous and important to the HOD.
- She was concerned about the LA Co MA resolution calling for repeal of health care reform (which was voted down at the HOD, although received a significant number of votes.)
- Action: Ron and Jessica will finalize a report and distribute.

Second part was discussion about representation in 2011.

- This is of some concern as there are still unpaid expenses from sending 2 representatives last year (just to get in the door is \$700, \$250 for extra delegate and there were travel expenses for one representative.)
 - It was noted we might not be able to afford to send 2 representatives. Unless dues come in delegates may need to pay some of their own expenses.
 - Eric Walsh noted what we need is a budget for 2011 and then we can see where this expense fits and where we are.
 - It is a valuable experience and additional people can attend as observers.
 - It has worked well to send one experienced person and one new one, then we have a "succession plan," and a combination of continuity and credibility with the opportunity to train new leaders.
 - Action: CAPM will pay \$450 for participation fee to retain membership in Specialty Delegation. Travel expenses can be limited by having delegates from S. CA (it's going to be held in Anaheim) and representatives' reimbursement will depend on available funding.
8. Report on Representation at the CA Medicare Carrier Advisory Committee
- This committee advises the Medicare carrier for CA, Palmetto.
 - Bob Shakman has been attending Southern CA meetings at his own expense. An alternate is needed for Northern CA meetings. With expansion of preventive services under Medicare, participation may be even more valuable.
 - The 2011 handbook explains the preventive services and rules and can be found at Web site medicare.gov.
 - Action: Robert Shakman was approved to continue as the representative. Jessica Nunez de Ybarra will be the alternate to attend Northern California meetings.
9. Ex-officio Board member position for Preventive Medicine Resident
- Action: It was approved to create this position, which will participate in Board meetings and consultations but will not have a determining vote. Benjamin Bristow was nominated and approved by acclamation.
10. Filing of Mandatory Reports
- Richard Sun learned corporations with incomes under \$25,000 / year are no longer exempt from filing annual reports to state Franchise Tax Board. He submitted an e-postcard to do this for 2010. (We are a 401(c)6 corporation.)

MINUTES, ANNUAL MEETING OF CAPM, 1/27/11

- CAPM should file biennial reports with CA Secretary of State and we aren't sure of our status.
 - Status with respect to IRS reporting also unknown
 - Action: Glen Thomazin and Richard Sun to follow up on these and report to the Board
11. New legislation on coverage of smoking cessation by health plans
- Ron Hattis has been informed that there will be a new bill in the current legislature, similar to SB 220 (which we supported in 2010 on this topic, and which passed but was vetoed), to require California health plans to fully cover smoking cessation visits and medications. We already have policy in favor of such legislation, and so does CMA due to passage of our resolution on the subject.
 - Action: If there is a bill to succeed SB 220, it will be presented to the Board for endorsement.
12. Date and place of 2011 CAPM Annual Meeting
- Historically before last couple years, they were held in conjunction with the Fall CCLHO conference. That may not guarantee optimal attendance this year as it is up north and many board members are down south (and don't go to CCLHO).
 - Eric Walsh will consider this issue. Perhaps consider L.A.
13. Installation of New Officers
- New officers are now installed and the meeting is turned over to the new President, Eric Walsh.
14. Remarks from Incoming President
- We need to continue dialoguing.
 - Right now we need to focus on nuts and bolts of the organization.
 - Let's build on our legacy and be innovative – where we can increase our influence and impact.
 - We do population medicine (that is what no one else does).
 - We need to raise the visibility of our organization.
 - We need an aggressive recruitment, have a goal of 200 members.
 - We need to develop a one page sheet on why to join, with points similar to those in our renewal letter.

Meeting was adjourned at 1200.

Respectfully submitted,

Nancy Bowen, MD, MPH
Recorder; outgoing President