

REPORT OF 2016 SPRING MEETING

Leon Reinstein, M.D.

As the Academy's Long-Term Representative to the CMSS, I attended the Spring Meeting of the CMSS on May 6th and 7th, 2016. Also attending the meeting was Tom Stautzenbach, Academy Executive Director and Chief Executive Officer.

Friday, May 6th, 2016

Professional Self-Regulation through the CMSS Code for Interaction with Companies – the First Five Years

Dina Michels, JD, reviewed the history of the CMSS Code beginning in 2009. At that time, there were articles in ProPublica, JAMA, the New York Times, and USA Today. Also, Senator Grassley had hearings which resulted in the "Sunshine Act." To date, there have been 58 signers, including AAPM&R.

Council Representatives Forum

American Board of Medical Specialties (ABMS)

Mr. Tom Granatir and Dr. Mira Irons emphasized that each board has different requirements for Maintenance of Certification (MOC), as the memberships of the societies vary from 4,000 in Genetics to 200,000 in Internal Medicine. Key features are "relevance, burden, and cost." They noted that Oklahoma recently passed a law which "prevented the state licensing board from requiring board certification for licensure." Also, 12 states use MOC instead of CME for licensure.

Accreditation Counsel of Graduate Medical Education (ACGME)

Dr. Graham McMahon, Executive Vice-President, ACGME, emphasized "Team Care" and "Practice-Based Performance Improvement." He noted that Quality Improvement Projects maximize relevance.

Physician Burnout (Joint Meeting With The CEOs)

There was a group discussion of the size of the problem of physician burnout, facilitated by Drs. Stuart Cohen and Sally Goza, the causes of physician burnout facilitated by Dr. Joe Rotella, and solutions to physician burnout facilitated by Dr. Dan Siegel.

Component Group Reports: Brief reports were presented.

Registries: There are 106.

Clinical Practice Guidelines: Discussed Appropriate Use Criteria.

Continuing Professional Development: Encouraged Boards to collaborate with Societies.

General Counsels: They will revisit the Code of Ethics.

Information Technology, Informatics Directors: Discussed Registries and Cyber-Security Trends.

Membership Directors: They reviewed staff voluntary service training.

Simulation Workgroup: To become a component group.

OPDA (Organization of Program Directors Association): Founded in 1997, they now have 28 members. Currently, they are focusing on residents who do not match.

New Federal Regulations for Imaging Decision Support: HR 4302 - How Do We Prepare?

Drs. Keith Dreyer, Joseph Hunter, and Jay Kaplan.

They identified the problem as “unmanaged growth and the cost of imaging.” Beginning in January, 2017, HHS will begin a program of Appropriate Use Criteria as part of the electronic medical record. The imaging order will be identified as “usually appropriate, may be appropriate, not appropriate.”

Community Paramedicine and Mobile Integrated Healthcare – New Roles for Paramedics

Dr. Debra Perina discussed ultrasound and telemedicine today. This would address wellness, prevention, care of the chronically ill, and social support. The goal would be cost savings through prevention of worsening and decrease readmissions. She also discussed “cost-effective destination,” such as mental health centers, sober centers and urgent care centers, in place of the emergency room.

Saturday, May 7th, 2016

Meeting the Needs of Sub-Saharan Africa through Telemedicine

Dr. E. Blair Holladay, CEO of the American Society of Clinical Pathologists, reported that patients in Sub-Sahara Africa now suffer from non-communicable diseases, rather than AIDS, TB, Malaria, etc. Specifically, of 650,000 cases of cancer, 550,000 die, although 1/3 would be easily preventable or treatable. Eight percent of the 1 billion people in Sub-Saharan Africa have no access to cancer diagnosis and treatment. For example, the Congo has 20 million people and not one pathologist. By comparison, there are 60 pathologists for each million people in the USA. One solution is to “use the cloud to diagnose cancer across the world.” It would require each pathologist in the USA to use 10 minutes per day to review one case. The ultimate goal is to train the local people.

CMSS Council Business Meeting

The Consent Agenda was adopted.

The Treasurer’s Report was presented. There is a budget surplus of \$15,000 due to new members. The Holtzman Fund has a \$45,000 balance. It was noted that Dr. Holtzman died in March, 2016.

Audit Review: “clean opinion.”

Dr. Norman Kahn, CMSS Executive Vice-President Report

He reported that CMSS has 43 Member Organizations representing 793,133 American physicians. Additionally, there are nine Associate Members: AAMC, ABMC, ACCME, ACGME, ACEHP, AHME, AOA, NMBE, and FSMB. Additionally, there are 15 Component Groups.

The 2016 Budget was \$1.2 million Income and \$1.185 million Expenses, projecting a \$26,225 Surplus. Of note, \$159,000 was from outside support. There are \$369,000 in Reserves.

Dr. Kahn identified Four Strategic Priorities: Critical Issues, Common Voice, Culture of Performance and Practice, and a Model of Professionalism which included Altruism, Self-Regulation, and Transparency. He noted that Self-Regulation included: interaction with companies in 2010, clinical guidelines in 2013, measurement and healthcare performance in 2016, and specialty societies clinical data registries in 2016.

He identified Challenges and Opportunities: Registries, Electronic health records, Performance measures, Alternate payment models, and Merit-based incentive payment systems.

He discussed Two National Coalitions: OPDA and the Conjoint Committee on Continuing Education. The committee has 26 members. It focused on educating prescribers of long-term opioids. He noted that in the USA overdose opioid deaths exceed deaths from automobile accidents. Also, heroin deaths have gone from 2,000 in 2011 to 10,000. He discussed the fact that 19 states require CME on opioids.

American Hospital Association (AHA)

Elise Arespachaga of the American Hospital Association identified three concerns of the AHA: physician development, physician organizations, and care delivery models. She noted that “hospitals are the easiest place to get opioids.”

Subsequently, the AHA was approved to become an Associate Member of the CMSS.

I greatly appreciate the opportunity to represent the Academy to the CMSS.

Respectfully submitted,

Leon Reinstein, M.D.
Academy Long-Term Representative to the CMSS.