

**COMMISSION ON PUBLIC HEALTH
MINUTES OF MEETING 9/29/10
7:30 PM – 9:50 PM
Telephone Conference**

Members Present: Drs. William Klepack (Chair), Robert Ostrander (Vice-Chair), Tom Campbell (Resident), Leila Hagshenas, Jennifer Igbokwe, Liz Kwon (Resident), Karen LaFace, , Christopher Murphy, Heather Paladine, Mr. Ron Rouse (staff)

Excused: Drs. George Dunn, Norman Wetterau, Ms. Vanessa Desmarais (student)

Absent: Drs. Ellen Reinheimer, Wayne Strouse, Jana Galan

Agenda Item	Discussion	Action
Introductions	All members introduced themselves.	
Minutes	Minutes from both March and August 2010 meetings reviewed and approved.	No further action.
Chairman's Report	<p>Reviewed strategy of assigning to each PHC Member a key area of interest. Significant activity has happened on several fronts due to Members' actions and participation.</p> <p>Discussed Public Health cutbacks by county health agencies, which are considering ending their home health care services and eliminating critical staff positions; core missions are threatened. At the regional and state level, retirement incentives are leading many key individuals with long experience to leave. Whether budgetary considerations will allow their positions to be refilled in the face of the Governor's plan to cut 2000 state jobs remains to be seen.</p>	<p>Chris Murphy will be available for Albany-based meetings and hearings since he resides in the area.</p> <p>No further action.</p>

	Dr. Klepack attended a 2-day conference entitled “Health Food in Health Care” in Vermont, which examined the food chain and its impact on the public and the environment , and advocated a role that hospitals and similar institutions can play for educating the public and patients.	Dr. Klepack will identify some areas in which we should consider taking action.
Staff Report	Ron Rouse gave us a thumbnail sketch on media releases, and what to expect in the way of payoff from our efforts in generating publicity. The smaller the venue, the more likely a submission will be published or broadcast. Letters to the editor are most likely to be published; length about 200 words or less. Op eds are harder to get published unless it is a small newspaper; 500-700 words and no multiple distributions. Ron can draft a template that can be sent to PHC Members who can personalize it and submit to their local paper or radio.	No further action.
Obesity	<p><u>-3-Year Plan.</u> Reviewed the Plan developed by Dr. LaFace and Ron._ The Plan’s first year focuses on the consumption of fewer calories, which is the fundamental step to losing weight. Although eating healthy and exercising are healthy lifestyles to adopt, and they do facilitate weight loss, they are not needed to lose weight. One of the obstacles to losing weight is that people are faced with the “triple challenge” of consuming less, dropping favorite foods, and exercising. The Plan promotes the concept of “division of labor” or “manageable challenges” by first focusing on eating less and delaying inclusion of eating right and exercising more until Years 2 & 3.</p> <p>AAFP’s Americans in Motion-Healthy Initiative (AIM-HI) focuses too much on the “triple challenge.”</p> <p>We have been invited to be a part of the obesity initiative administered by the NYS Academy of Medicine. First meeting in Albany Nov 5.</p> <p><u>-Walkable/Bikeable Communities.</u> Discussion and resolution deferred to next Cluster.</p>	<p>- Submit ideas to Ron (All PHC Members)</p> <p>- Identify which portions of the Plan to work on and submit to Ron. (All PHC Members)</p> <p>- Draft a COD Resolution (Hagshena, Rouse)</p>

<p>Tobacco</p>	<ul style="list-style-type: none"> - <u>Smoking in Cars w/ Kids</u>. A bill, A. 6714-B, passed the Assembly this year but died in the Senate. It may pass both Houses next year. It would prohibit smoking in private vehicles if a child under age 14 is present. Five states have this type of law. Discussed family physicians publicizing the importance of not smoking in vehicles with children both before and after a law is enacted. - <u>Tobacco Cessation Reimbursement Codes</u>. The new federal health law requires that ‘new plans’ cover tobacco cessation counseling. Other plans may not be affected for some time so we need to convince them and employers to provide coverage. Reviewed resolution drafted by Heather. - <u>Campaign to Encourage Doctors to Help Patients Quit</u>. Due to the recent tobacco tax increase, as many as 120,000 people will want to quit over the next year. We should be ready to support our patients. We have been working with a coalition of organizations (State DoH, American Cancer, MSSNY, Health Plan Association) to jointly issue a 1-page flyer that informs doctors of the reimbursement codes, cessation counseling through the NYS Quit Line, fax referral form, free medications, and free CME for physicians and staff (up to 21 credits). - <u>Outdoor Smoking Bans</u>. Discussed the Ithaca policy of banning smoking in situations where the general public is exposed passively to smoke. - <u>Enforce Tax Collection</u> on cigarettes sold to non-native Americans on reservations. For years, taxes were not collected on the reservations although the State had the authority. NYS AFP has written letters before urging collection as a means to ensure that the impact of the tax increase on cessation is fully realized. After many delays, the Governor was about to begin collection when cases were filed in both Federal and State courts. Thus, steps to enforce collection have been stymied due to the pending cases. 	<p>Draft a patient handout for Familydoc.org, which doctors can download and disseminate to their patients. (Paladine, Rouse)</p> <ul style="list-style-type: none"> - Meet with Business Council and Health Plan Association (Murphy, Rouse); - Send comments on draft Resolution to Heather & Ron (All PHC Members) - Transmit a letter from Jim Greenwald and Bill to the Legislature advocating this issue. (Rouse) <p>Confirm that flyer was disseminated (Rouse)</p> <p>Disseminate the Ithaca Resolution to communities for consideration (Rouse)</p> <p>Determine if another letter should be sent or whether it would be of little value in view of the pending court cases (Rouse)</p>
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<p>Single Payer</p>	<p><u>-2-Year and 7-Year Plan.</u> Discussed proposed plan developed by Ron, which recommends we pursue 2 tracks. One would identify problems with the new law and recommend improvements. The second track would work on seeking a state waiver to implement single payer. The Plan does not advocate repeal of the Federal law, but seeks improvement and a waiver. The Plan was approved.</p> <p><u>-Member Survey on Administrative Waste.</u> We are surveying Members on the administrative burdens related to prior approval, referrals, and billing and payment. About 20 people have responded to varying parts of the survey. Also, Upstate Medical is doing a time and motion study that will be published. John Epling, who is a former member of the PHC, is playing a lead role in the study.</p> <p><u>-Elderly Pharmaceutical Insurance Coverage (EPIC) Program.</u> As of October 1, EPIC will not cover certain Part D medications w/o a pharmacist calling the Physician who then is to call the EPIC Hotline and obtain permission for a short term supply while an appeal process is completed which must go through a first and then a second stage appeal and denial before EPIC will consider paying for the non formulary medication. The physician must submit documentation to EPIC that the appeals process was followed.</p> <p>Members expressed the opinion that this is a further unfunded administrative burden on offices. This type of burden is part of the reason for the decline in primary care physicians. MSSNY is not taking action as it considers this matter an irreversible decision. PHC felt that NYSAFP should take action.</p>	<p>- Send approved plan to the Board and Advocacy Commission for discussion at the October 10 Board meeting. (Rouse)</p> <p>- Conduct Workshop on current status of Federal Health Care Reform at Winter Weekend. (Rouse)</p> <p>- Continue to recruit Members to complete the survey. (Rouse)</p> <p>- Remain informed on Upstate study (Rouse)</p> <p>Ask the Board to route this issue to the Membership Commission to address. (Rouse)</p>
<p>Physician Shortages</p>	<p><u>-Modified Admissions Criteria.</u> The Associated Medical Schools is working with us and some medical schools to organize a summit meeting on ways to modify admissions criteria that are more predictive of which students will ultimately locate in underserved areas. The next discussion on the summit is October 14.</p>	<p>Continue to work with Associated Medical Schools of NYS (Ostrander, Rouse)</p>

<p>Physician Shortages (con't)</p>	<p><u>J-1 Visa.</u> All states are granted up to 30 J-1 Waivers per year although not all states use their allotment. NYS could use more waivers. An increase has been proposed a number of times since it last went from 20 to 30 in 2003. However, this proposal has not gone anywhere because the smaller states do not support it. An increase in slots should be proposed to our Congressional Delegation.</p> <p>- <u>Licensure.</u> NYS SED cannot process and approve a license quickly enough compared to other states, which is an issue for foreign doctors. It takes SED 8 months to approve an application, which is not a problem for US doctors, but foreign doctors cannot apply for their license until they finish their 3rd year. As a result, many foreign doctors end up locating in other states that have a faster approval process. Either shorten the approval period or issue a provisional license.</p> <p>- <u>National Health Service Corp.</u> Ron spoke with Jeanette Willis, who is the director of awards for the NHSC, about the low number of scholarships that are awarded annually and how that negatively affects student decisions to enter primary care. Ms. Willis has said that the number of scholarships will be increased. Also, she believes that the NHSC needs to do a better job of promoting scholarships and loan forgiveness awards. Thus, she has asked if 3-6 of our medical schools and residencies could be pilots for disseminating information on scholarships and loan forgiveness.</p>	<p>Work with Congressional Delegation (Rouse)</p> <p>- Advocate that State Education Dept adopt a shorter turnaround time for approval or enact provisional licensure. (Murphy, Rouse)</p> <p>-Present issue to NYS Rural health Council (Ostrander)</p> <p>Continue to work with the NHSC to identify sites for the pilot program. (Rouse)</p>
<p>Mental Health & Alcohol/Substance Abuse</p>	<p><u>Abuse of Prescription Drugs.</u> A consensus is growing that this problem exceeds the abuse of illicit drugs. Discussed the email that Liz Kwon sent prior to our meeting regarding concrete numbers for MVA's related to prescription drugs. The State DMV website shows that in comparison to total accident rate, prescription drugs are not a big cause of accidents but is still a problem.</p>	<p>Continue to research and develop an informational piece so that physicians can educate their patients about the danger of controlled substances while driving. (Kwon, Wetterau)</p>

<p>Marcellus Shale Drilling</p>	<p>This issue is receiving an increasing amount of attention. We have sent a letter to the Governor and Legislature advocating a moratorium on drilling until the EPA finishes its study, which may take another year or two. No hydraulic drilling of the Marcellus Shale is occurring in NYS while the State DEC considers regulations. Testimony was submitted to the EPA regarding our suggestions for the scope of their study of the public health effects.</p>	<p>No further action at this time.</p>
<p>Primary Care Medical Home</p>	<p>The PCMH is receiving more attention as a mechanism for delivering, managing, and coordinating care; it is also a powerful means for improving quality of care and reducing health care expenditures.</p> <p>At the last Cluster, the PHC decided to request the Board to work for adequate levels of reimbursement to allow medical practices to participate in PCMH and to take the position that one criterion for becoming a medical home is that MDs play a key role in running them</p>	<p>No update</p> <p>No update</p>
<p>Cervical Cancer Vaccine</p>	<p>Venues like neighborhood clinics and PP do not promote use of vaccine. Reasons for this include the cost of vaccines and a philosophical issue. In offering persons a vaccine some will have insurance to cover it, some will be able to pay out of pocket and some will not. The Ithaca PP would like to have vaccine come to them through the State via health departments, which could be given to anyone who cannot pay. Then they could give vaccine to everyone. Dr. Igbokwe spoke with her health center and found that they are using a Merck program to provide vaccine to the underinsured. While this is theoretically useful it requires an application for each patient and is cumbersome and thus a roadblock to successful vaccination at the point of care.</p>	<p>Daft a COD resolution calling upon the State to address this issue. (Klepack, Igbokwe)</p>

<p>Policy Paper On The Impact Of Primary Care On The Costs Of Hospitals, ED's, Medications, And Specialists In NYS</p>	<p>The NYS AFP is part of a Statewide coalition known as the NYS Primary Care Coalition. It is comprised of 4 other organizations. The PCC issued a major policy paper (R. Rouse authored most of it) on how primary care will favorably impact the cost of health care in NYS.</p> <p>The report was released and received media coverage in the spring. The Primary Care Coalition owns the document, and the question now is how to disseminate it more widely.</p>	<p>Table to next cluster</p>
<p>Bylaws change to Section 6: update the mission statement of the PHC</p>	<p>PHC voted to replace the current language with the following suggested text: "The mission of the Public Health Commission of the NYSAFP shall be to extend the reach, the delivery, and the effectiveness of public health within our society. More specifically the Commission, consistent with a balance between the rights of the individual and the needs of the community, will seek to identify gaps in the delivery of health care, recommend remedial action and promote a public health system and measures based on good science, common sense, practicality, and cost effectiveness."</p>	<p>Send bylaws change to Operations for action by them in a timely way so it is considered and voted upon at the next COD. (Rouse)</p>
<p>New Business</p>	<p>Mental illness in refugees and immigrant health care (Kwon)</p> <p>Stress in medical personnel who are in training (LaFace).</p>	<p>Table until next Cluster.</p> <p>Ask the board to refer the issue to the Education Commission. (LaFace, Rouse)</p>
<p>Next Commission Meeting</p>	<p>The next cluster would ordinarily be in March 2011. The Chair proposed a phone cluster in mid-January in order to continue our momentum on items.</p>	<p>The next Cluster will be January 12, 2011 at 7:30PM. Telephone conference format.</p>

