

# CMA BOT MEETING HIGHLIGHTS

## APRIL 25, 2019

*The following is a (non-exhaustive) summary of key agenda items of the latest BOT meeting for informational purposes only. Official actions are recorded in the minutes, which will be approved at the next meeting.*

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The Board of Trustees (BOT) held its second meeting of 2019 in Sacramento, immediately adjacent to CMA's Annual Legislative Advocacy Day .

### CEO REPORT

CEO Dustin Corcoran provided the BOT with updates on the CMA's major activities, including:

#### A. 2019 Strategic Work Plan and Strategic Planning

CMA has kicked-off implementation of its **2019 Strategic Work Plan**, which focuses on activities in the following areas:

- + Leadership Development
- + Subsidiary Focus
- + Proactive Affordability / Accessibility Agenda
- + Sugar Sweetened Beverage Tax
- + Roadmap to Becoming America's Largest Medical Association

Additionally, another key focus for 2019 is development of a **long-range strategic plan**, through stakeholder meetings and discussions with many groups both within and outside of CMA.

#### B. Membership

We are at 87% of our prior year-end member count, needing 1,819 more members to break even.

#### C. Economic Services

The Center for Economic Services recouped almost **\$11.4 million** from payors on behalf of physicians in 2018.

**Update on AB 72: Out-of-Network Billing and Payment:** Under AB 72 (Bonta, 2016), regulators are required to report to the legislature on the data and information provided in the Independent Dispute Resolution Process (IDRP). DMHC recently published its report summarizing the utilization of the IDRP thus far:

- + As of December 31, 2018, the DMHC had received a total of 39 IDRP applications. Two of the 39 applications are still pending. Seventeen, or 46 percent, of the closed

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applications were settled. Twenty, or 54 percent, were either ineligible, non-jurisdictional, or marked as incomplete applications.

### D. Medical Policy

**Proposition 56 Value Based Payments.** CMA was pleased that the Governor's Budget for FY 19-20 included additional Prop. 56 funds for physicians and proposes Value-Based Payment (VBP) Program in addition to continuing the current supplemental payments. CMA submitted comments supporting the overall direction of the VBP program, while offering suggestions to ensure its successful implementation.

### E. Legal

Assisted the California Attorney General's lawsuit to block the Trump Administration's **Title X Family Planning Rule** which directs funds away from qualified Title X providers, limits women's access to care, and forces physicians to withhold information about their health care options.

**CMA Health Law Library.** Updated and reviewed over 5,000 pages of content for CMA's health law library and the California Physician's Legal Handbook (CPLH). New content includes an overview of the Medi-Cal delivery system for physicians who participate, updated information on new reporting requirements to the Parkinson's Disease registry, information on new requirements related to prescribing opioids, and more.

### F. Federal Government Relations

**Implement the CMA Medicaid Payment Demonstration Project.** "Improving Access to Care in California's Underserved Communities" Update: CMS approved the project contingent on state approval Fall 2018; State approved the project Jan 2019; CMA seeking final approval from CMS and an expansion to all underserved California regions.

**Reduce Prescription Drug Costs.** (including legislation that allows Medicare to negotiate prices with the drug manufacturers) Update: House Energy Commerce Health Subcommittee recently passed six bills aimed at reducing generic drug costs on a bipartisan basis.

### G. Subsidiary Updates

#### PHYSICIANS FOR A HEALTHY CALIFORNIA (PHC)

**CalMedForce GME:** For the inaugural cycle, PHC and CMA continue to work on press releases and photo ops with local leaders to highlight CalMedForce grants. We are also working to develop a GME brochure highlighting how this program proactively addresses physician shortages.

**CalHealthCares Loan Repayment Program.** CalHealthCares launched on April 1, 2019. The loan repayment program requires eligible physicians and dentists to maintain a caseload of 30% Medi-Cal beneficiaries. PHC received **1,276** applications requesting a total of \$300,626,830 in funding.

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### **INSTITUTE FOR MEDICAL QUALITY (IMQ)**

**CME Accreditation and Provider Programs:** IMQ is working with CMA to transition the CME Accreditation and Provider programs to CMA. The team is working to update CME materials and forms to reflect a CMA-only program. These will be released for use in conjunction with the May 16-17, 2019, CME provider conferences and surveyor trainings being held in Newport Beach. CME has been working with the Accreditation Council of Continuing Medical Education (ACCME) during the transition to ensure that our program continues to meet the markers of equivalency, the criteria established to ensure that the CME accreditation experience and accreditation decisions conform across the country.

### **WELL PHYSICIANS CALIFORNIA (WPCA)**

Numerous presentations have been made to medical groups of varying sizes. There is a great deal of interest and enthusiasm around the program. An important aspect still to be determined is the groups' willingness to fund the program appropriately. We have been working closely with numerous component medical societies to promote the program.

CMA's Government Relations department is pursuing changes to California statute to ensure confidentiality of any information obtained through the course of the wellness programs and services.

The San Diego pilot of the wellness survey was distributed on May 7, with 13 medical groups engaging with us to enhance physician participation. Concurrently, planning continues for other WPCA programs and services such as the Local Engagement Groups, roster of mental health professionals, peer support line, coaching/counseling, 1<sup>st</sup> line leader conference and intensive retreat.

### **PRESIDENT'S REPORT**

CMA President David Aizuss, MD provided updates on notable activities of the Association:

**New Anthem Policy on Modifier -25.** Anthem Blue Cross announced a new policy to deny services billed with modifier -25 if there is a recent service or procedure for the same or similar diagnosis. Anthem reports the intent of the policy is to identify misuse of the modifier. CMA Leadership met with Anthem staff and physicians to discuss multiple concerns.

- Lack of clarity in the terms "recent" and "similar services"
- Attempt to redefine guidelines for correct use of modifier -25
- The policy is overly broad and will have a negative impact on physicians using the modifier correctly, requiring them to appeal to be paid.

Next steps: CMA reached out to the AMA, which has since engaged and sent a letter of concern. CMA is re-engaging with the collaborative that opposed last year's modifier 25 policy change, as well as with other state societies to submit a joint letter of concern.

The **2019 CMA Model Medical Staff Bylaws** have recently been updated and have been distributed to CMA Organized Medical Staff Section (OMSS) members. While the Tulare

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Regional Medical Center case was successfully resolved in 2018, CMA continues to hear about other potential medical staff self-governance issues emerging around the state. On the medical staff advocacy front, CMA will be engaged in a targeted campaign to increase membership in the OMSS. Only about 20% of California medical staffs are members of OMSS. Increased levels of **OMSS** membership will be a critical foundation for CMA medical staff fundraising campaign for the Political Education Fund (PEF) and the CMA Litigation fund. In addition, increasing the distribution of the CMA Model Medical Staff Bylaws provides an opportunity to educate medical staffs about potential threats to their self-governance.

### Guests

The BOT received a presentation from guest speaker, **Tait Shanafelt, MD**, Chief Wellness Officer for Stanford Medicine. Dr. Shanafelt spoke to the group about the link of physician wellness to organizational wellness, so physicians can continue doing the good work of caring for patients.

### BOT REPORT HIGHLIGHTS:

**Death Penalty Discussion.** A notable discussion that occurred at the Board revolved around a resolution submitted into the year-round resolution process which was sent to the Council on Ethical, Legal and Judicial Affairs. Significant discussion occurred online, at the Council level and at the Board about CMA's role in engaging on the topic, and whether CMA should have a position on the death penalty as a general topic, versus its current policy that focuses on physician involvement in administering the death penalty. As a result of the discussion, the Board opted to table decision on the issue until its July meeting, which will give CMA time to poll its membership at large on the topic to get a better sense of how CMA members feel on the issue.

**RECOMMENDATION 1:** 501-19: Abolition of the Death Penalty in California

**Board action:** Postponed decision until the next meeting of the Board of Trustees on July 26, 2019.