REPORT OF 2017 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 12th and 13th, 2017. Also attending the meeting were Tom Stautzenbach, Academy Executive Director and Chief Executive Officer, Melanie Dolak, Academy Associate Executive Director Health Policy and Practice Resources, Tracey Sereiko, Academy Associate Executive Director Specialty Engagement and Market Development, and Rebecca DeVivo, Academy Associate Executive Director of Education.

Friday, May 12th, 2017

Status of Single Accreditation System

Adrienne White-Faines, MPA
Chief Executive Office,
American Osteopathic Association

Ms. White-Faines reviewed the growth of osteopathic physicians: 32,000 in 1995 compared to 102,000 today. Also, today there are 25,000 osteopathic medical students. She noted that 50% of osteopathic residents train in ACGME Programs. Ultimately, she concluded there will be a single-system which will eliminate unnecessary duplication and costs and provide transparent accreditation, while continuing the AOA. She hopes to incorporate osteopathic perspectives into the ACGME. She reported that of 1244 AOA Residency Programs, 586 are accredited by the ACGME. She emphasized "the continuation of osteopathic philosophies."

Stephen C. Shannon, DO, MPH
President & CEO
American Association of Colleges of Osteopathic Medicine

Dr. Shannon reported that there are 33 Osteopathic Colleges of Medicine in 48 locations. He noted that 99% of fourth year osteopathic students placed in AOA or ACGME residency programs.

Rebecca Miller, MS, SVP
Applications and Data Analysis, ACGME

Ms. Miller reviewed the 2nd year of a 5 year program regarding Pre-Accreditation. She concluded that "the only place where success comes before work is in the dictionary."

Keith Horvath, M.D.
Senior Director, Clinical Transformation
Association of American Medical Colleges

Dr. Horvath discussed the current use of USMLE Scores to filter medical school applicants. He noted that the Medical Student Performance Evaluation replaces the Dean's Letter. He reviewed a Standardized Video Interview. He concluded translating competencies to observable behavior.

Integrating CME in Registries

Steve Foldstein, M.Ed, American Academy Allergy. . .
Kay Regnier, MA, MBA, ACCME, ABMS
Paul Pomerantz, CEO, American Society of Anesthesiology

They identified the purpose of registries as assessment, learning, and improvement. They identified drivers as MACRA, MIPS, MOC, and the marketplace. The ASA identified three areas: quality measurement, economics/practice innovation, and analytic/research services.

Athletic Head Trauma: The Interface Between Sports, Science, Pseudoscience, Politics, and Money

Hunt Batjer, M.D.
Professor and Chair, Neurological Surgery
University of Texas Southwestern Medical School
NFL Consultant

He noted that athletes are getting "bigger, faster, and stronger." He reported that in 1905 18 NCAA football players died on the field. In 1968 there were 32 deaths. Today there were 153 cases of Chronic Traumatic Encephalopathy (CTE).

Building Leadership and Communication Skills That Empower You

Char Wenc, M.Ed.

This session provided the attendees an opportunity to increase their skills of connection, communication and leadership, to provide an interactive forum to learn the best methods to influence others, and to empower each individual within their own potential to become the best leader they can be.

Component Group Reports

Clinical Practice: Reviewed the Principles Guidelines Development.

Continuing Professional Development: Will start publishing outcomes.

General Counsel: Will review association management and registry legal issues.

Governing Support Staff: Will discuss on-board orientation and performance accountability.

Information Technology Informatics: Reviewed IT Survey and member engagement.

Membership Directors: Discussed special interest groups and on-line communities.

Organization of Program Directors Association (OPDA): Discussed increased frustration with the US News and World Report and Doximetry Rankings, GME funding, and training slots.

Clinical Burnout, Resiliency and Regaining Joy in Medicine

Christine Sinsky, MD
Vice-President, Professional Satisfaction
American Medical Association

Key Takeaway: "Care of the patient requires care of the provider."

She stated that half of the medical workforce shows some sign of burnout. Burnout results in increased mistakes, decreased adherence, less physician satisfaction, increased malpractice, increased part-time, and increased physician turnover. She identified the problems of drugs, suicide, disease, and disruptive behavior. She noted that the electronic medical record causes increased time, increased clerical work, decreased fact-to-face time, and decreased quality notes. She identified improved activities: such as same day pre-visit labs, less phone and letters, less additional visits, increased patient satisfaction, and synchronized prescription renewals. Further information is available at www.stepsforward.org . She reviewed a study which concluded that physicians spend 50% of their time with the electronic medical record and 1/3 of their time with direct patient care. She concluded that the electronic medical record is a major driver of physician burnout.

Joe Rotella, MD
Chief Medical Officer
American Academy of Hospice and Palliative Medicine

Dr. Rotella recommended that physicians "make deep human connection, treat the whole person, align with the patient, help other people." He identified the "Quadruple Aim:" better patient experience, better population health, lower costs, and improve professional satisfaction."

Saturday, May 13th, 2017

Duty to Report or Prevent – The Challenge to Professional Self-Regulation in Medicine

Arthur S. Hengerer, MD
Chair, Federation State Medical Boards

Dr. Hengerer discussed the formation of the American Medical Association in 1847. However, the AMA had no legal rights. Today, all states provide self regulation of physicians, usually retrospective, rather than prospective. He discussed three case studies involving multiple patient murders and pedophilia. He emphasized that *the duty to report* is the key to self-regulation. He identified Challenges: culture fears, secrecy, stigmatization, lack of knowledge and understanding, one size fit all, lack of incentives, lack of accountability, confidentiality, and anonymity. He discussed System Problems: lack of data integration, legal restrictions, procedural and institutional hurdles, lack of coordination with law enforcement, lack of coordination with health care, limited resources, regional issues, and rural vs. urban. He presented the following Solutions: change the culture, share information, learn the culture of child abuse, make the media a partner – not an adversary, research early identification, educate everyone, and establish best practices.

Lifestyle Medicine Curriculum For All Specialties

Wayne S. Dysinger, MD, MPH
Board of Regents, American College of Preventive Medicine

Dr. Dysinger noted that in 1961 only 1% of the US population had Diabetes Mellitus. By 2012, 14% of the US population had Diabetes and 38% had Prediabetes, thus, totaling 52% of the current population. He defined the Lifestyle Medicine Curriculum as "the evidence-based practice of helping individuals and communities with comprehensive treatment to prevent, treat, and reverse the progression of chronic disease." The curriculum would include: nutrition, physical activity, sleep, decreased stress, alcohol and tobacco, and weight loss. They have established the American Board of Lifestyle Medicine.

1. Proposed Bylaws Changes (2nd reading):

a. Membership – The Bylaws Committee unanimously recommends eliminating the affiliate membership category. It was approved.

b. Standing Committees – The Committee unanimously recommends changing the composition and language of all three standing committees to read, "This Committee shall consist of the Chair and six members from separate member organizations, selected from the Council." "The Committee unanimously recommends language to the Bylaws to indicate that standing committee chairs are voting members." They were approved.

2. Financial Report: (Informational). Dr. Norman Kahn announced that as of December 31st, 2016, total annual income was $1,493,707.43 and total annual expense was $1, 339,152.22, indicating a surplus for the year of $154,555.21. This compares to the previous year surplus of $11,900.00.

3. Dr. Norman Kahn, Executive Vice-President and Chief Operating Officer announced that he will retire after the Fall, 2017 CMSS Meeting.

Respectfully submitted,

Leon Reinstein, M.D.
AAPM&R Long-Term Delegate to the CMSS

P.S. I greatly appreciate having had the opportunity to represent the AAPM&R to the CMSS since 1994. However, I will be retiring from clinical practice on June 30th, 2017, and I will complete my term as the AAPM&R Long-Term Representative to the CMSS at that time.