

**REPORT OF 2016 FALL MEETING**

Leon Reinstein, M.D.

As the Academy's Long-Term Representative to the CMSS, I attended the Fall Meeting of the CMSS on November 18<sup>th</sup> and 19<sup>th</sup>, 2016 in Washington, DC. Also attending the meeting were Tom Stautzenbach, Academy Executive Director and Chief Executive Officer and Rebecca DeVivo, Academy Associate Executive Director, Education.

Friday, November 18<sup>th</sup>, 2016

**Council Representatives Forum**

Leon Reinstein, M.D. presented: "Medical Practice Through The Years: The Good, The Bad, and the Ugly," (see attached).

**"2016 U.S. Election Analysis"**

Mr. Bill Black  
President, Greater Washington China Investment Center

Mr. Black noted the advantages that the Democrats had going into the election: President Obama's high approval rating, a low unemployment rate, 80 months of continuous job growth, and wage growth. However, mortality rates for middle age white Americans had risen. He concluded that "at the end of the day, the Obama coalition didn't show up," "the FBI impact was the key." He referenced the 2012 election noting that in this election "Trump was Obama (he had the new ideas) and Clinton was Romney (stay the course)." Mr. Black identified key questions going forward in health care: pre-existing conditions, 20 million additional Americans with health insurance, Medicare reform, and Medicaid expansion."

**"Silos: Getting Beyond Silos in Our Organizations:  
Collaborating to Support Better Care."**

Norman B. Kahn, Jr., M.D.  
EVP and CEO of CMSS

Dr. Kahn noted that MACRA is "forcing us to tear down the silos. We need to develop awareness of other specialties."

### **Patient and Family Engagement**

Wendy Nickel and Stephanie Wright Griggs  
American College of Physicians

They discussed Hospice Care, the National Health Council, the Patient-Centered Medical Home, Patient-Focused Care, the National Quality Forum Improving Quality Program, Shared-Decision Making, and Antibiotic Stewardship.

### **Simulation Session**

Ajit Sachdeva, M.D.  
American College of Surgeons

Dr. Sachdeva reviewed the recent Summits on Simulation. The November, 2012 Simulation Summit included 80 participants and covered use teaching and learning, use teaching and assessment, and value/ business models. The November, 2015 Simulation Summit had 90 participants and covered maintenance of life-long skills and credentialing, simulation centers, in-situ simulations, and keynote presentations by Drs. Jeffrey Gold and James Anderson. Potential topics for the next simulation session are: cognitive simulations, technical skills, and team teaching.

### **Component Group Reports**

Registries Group – They noted that there will be an upcoming Webinar December 12<sup>th</sup>, 2016 and a Registries Summit in 2017.

Clinical Practice Guidelines – They discussed “CMSS Principles of Clinical Practice Guidelines,” “Procurement of Clinical Practice Guidelines,” and “The Training Curriculum of Clinical Practice Guidelines.”

Human Resources Group – They discussed student loan repayment and “what keeps you up at night?”

Information Technology – They identified the theme as “change.” They noted the use of data to make decisions, transitioning to a customer-relationship management system, monitoring innovation, and cyber-security.

Membership Directors – They discussed tiered memberships, group memberships, member satisfaction surveys, joint memberships and partnerships, international and senior members, incentive programs, and on-line communications.

Page 3 of 6

Simulation Group – They noted that there are 100 members and they reviewed the two recent simulation summits.

Organization of Program Directors Associations (OPDA) – There are 28 members. They discussed the transition from medical student to graduate medical education and the transition from graduate medical education to practice, volume and workload, and unmatched medical students.

### **“Growing Antibiotic Resistance Threatens All Of Our Patients”**

Arjun Srinivasan, MD  
Capt. USPHS, CDC

Dr. Srinivasan reported that there are 2 million infections per-year which require 2<sup>nd</sup> and 3<sup>rd</sup> generation antibiotics and 23,000 deaths. He noted that there are 450,000 cases of C. Diff, annually and 15,000 deaths. He noted that the following factors drive antibiotic resistance: bacteria mutations, spread of resistance, and overuse of antibiotics. He estimated that 30% of antibiotic use is un-necessary, either duration of treatment is too long, non-bacterial infections, and/or colonization. He noted that JCAHO and CMS are actively involved. Impediments include: difficulty to convince patients, clinical practice inertia, and we’ve always done it this way.” He reported that 50% of hospital use of antibiotics involved either pneumonia, urinary tract infections, or skin and soft tissue infections.

### **“The Current Status of Counterfeit Drugs and Rogue Distributors: Protecting Your Patients”**

John Whyte, MD, MPH  
Director of Professional Affairs and Stakeholder Engagement  
Food and Drug Administration

Dr. Whyte noted that physicians “can face personal liability and criminal prosecution for involvement in counterfeit drugs.” Since 2012, 3500 physicians have been charged with illegal drug purchasing practices. Beginning in 2015, physicians are required to purchase drugs only from legal distributors and physicians must check that the distributors are properly licensed. Clues to illegal sources of drugs include misspelling on the bottles, a label not in English, and no expiration date.

**Choosing Wisely Update**

Daniel B. Wolfson  
Executive Vice-President & COO  
American Board of Internal Medicine Foundation

Dr. Wofson asked: “What did we accomplish?” He concluded: “Four years of professionalism, core values, and self-regulation.” He noted that “Choosing Wisely” is “cover for people to do the right thing.” It framed the issue of overuse: safety, quality, and “do no harm,” It has resulted in real savings. As an example he noted the following experience in Los Angeles County Hospital: 23% decrease in chest x-rays, 71% decrease in CT Scans before surgery, and a 20% decrease in EKGs. Similarly, in the Detroit Medical Center, there has been a 24% decrease in Imaging. The University of Virginia saved \$156 million. However, we still do not have a good focus on drugs and cost effectiveness. Finally, he suggested that we change the question from: “Why didn’t you do that test,” to “Why did you do that test?”

**Occupational/ Environmental Medicine (OEM)**

Robert McLellan, MD, PPH  
Professor of Medicine and Community and Family Medicine  
The Dartmouth Institute

Dr. McClellan noted that Occupational Medicine refers to exposure at work and that Environmental Medicine refers to exposure in the community. It involves physical, biological, chemical, and radioactive agents. The residency is a Masters of Public Health in Preventive Medicine. He noted that OEM involves medical, political, economic, and social events in the 130 to 150 million members of the US workforce. Work disability exceeds \$160 Billion per year in the United States. “Return to work” involves medical outcomes, *functional outcomes* (emphasis added), and economic outcomes. He reported that healthcare workers perform “the riskiest work you can do.” He identified physician burnout and resulting medical errors as a “public health problem.”

**CMSS BUSINESS MEETING**

**Proposed Changes to the ByLaws (*in italics*)**

1. **Size of the Board:** (Second Reading) “ The Board of Directors shall consist of the Officers, *three to four at-large representatives. . .*” Approved

Page 5 of 6

2. **Membership:** (First Reading) “*eliminating the affiliate membership category.*” To be voted upon at the Spring, 2017 CMSS Meeting.

3. **Standing Committees:** (First Reading) . . . all three standing committees . . . “This committee shall consist of the *Chair and six members from separate member organizations* selected from the Council.” Also, “*standing committee chairs are voting members.*” To be voted upon at the Spring, 2017 CMSS Meeting.

### **American Board of Medical Specialties (ABMS) Report to CMSS**

This 5 page report noted that the ABMS/CMSS Leadership Summit will occur in December, 2016. The report provided an update from the June, 2016 ABMS Board of Directors Meeting. At its April, 2016 Meeting, the ABMS Committee for Continuing Certification (3C) completed its evaluation of ABMS Member Boards MOC Part IV (IMP) activities. The review identified a number of best practices and improvements, which will be shared across the Member Boards Community.

The ABMS responded to AMA Resolution 309, June, 2016 which “called for the immediate end to any mandatory, secure recertifying examination by ABMS.” The ABMS statement noted that “certifying and recertifying exams evaluate physicians against an objective, national standard in a given specialty. . . ABMS urges the AMA leadership and House of Delegates to reevaluate this policy . . .”

**N.B.** Barry S. Smith, a physiatrist, is chair-elect of the ABMS. Anthony Chiodo, M.D., also a physiatrist, is a newly elected ABMS Board Member.

### **CMSS Statement Re: ABMS MOC**

“CMSS supports the principle of professional self-regulation, including life-long learning and on-going performance improvement.

Specifically, societies are formed to fulfill professional self-regulation through continually educating specialists through life-long learning, and facilitation on-going performance improvement in practice. Certifying boards are formed to fulfill professional self-regulation through on-going assessment of physician knowledge and practice performance.

Therefore, with complementary goals, societies and board should collaborate to continually improve the care of patients and the health outcome of populations. Specifically, societies and boards should work together to evolve existing process of on-going assessment of physician knowledge and practice performance to be consistent with

these principles of professional self-regulation, and to be more relevant and less burdensome to practicing physicians.”

It was **adopted as amended.**

Page 6 of 6

### **Dr. Norman Kahn CMSS CEO and Executive Vice-President Report**

#### Proposed 2017 BUDGET

Total Expense: \$1.3 Million.      Excess: \$7,725.      Reserves: \$445,000.

#### 2017 Assessments:

1. One year 4 ½ % Dues Assessment to complete Registries.
2. One year 4 ½ % Dues Assessment Chicago-based search firms.

Dr. Kahn reported that CMSS has 43 Member Organizations representing 790,000 American physicians. Additionally, there are ten Associate Members: AAMC, ABMC, ACCME, ACGME, ACEHP, AHA (newest), AHME, AOA, NMBE, and FSMB. and 16 Component Groups.

He identified Two Strategic Priorities: Maturation of Specialty Society Registries and Preparing for MACRA.

Dr. Kahn discussed Two National Coalitions: Organization of Program Directors Associations (OPDA) and Conjoint Committee on Continuing Education (CCCE).

He reviewed recent CMSS successes: increased membership, CEO engagement, ABMS influence, ACGME common program requirements, and the Physician Payment Sunshine Act.

Dr. Kahn announced that the American Gastrological Association will be withdrawing from CMSS membership in 2017.

Finally, Dr. Kahn announced that he will be retiring as CMSS EVP and CEO in June, 2017.

#### **New Member**

The Society of Vascular Surgery was admitted into membership of 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.