2019
CMA Delegate Report

Jeffrey Young, MD, delegate, Janet Lord, MD, alternate delegate

CMA delegate, specialty caucus

CMA House of Delegates

October 12-14, 2018, Sacramento Convention Center Sacramento, California

Major Issue 1- Addressing Utilization Through Improved Care Delivery

- **Jeff Bailet, MD**
- **Peter Lee- Covered California**
- **Alma Hernandez- SEIU**

Major Issue 1- Addressing Utilization Through Improved Care Delivery

- Goal is to reduce costs as well as maintain quality of care
- SEIU supports single payer to get healthcare costs under control
- Want to reduce administrative demand, increase timeliness of healthcare delivery and not decrease provider reimbursement

Major Issue 2- Addressing the Cost of Healthcare

Richard Scheffler, PhD

Professor, School of Public Health and Goldman School of Public Policy,

University of California, Berkeley

Major Issue 3- Reducing Administrative Burdens

Jeffrey Rideout, MD, MA

CEO

Integrated Healthcare Association

Major Issue 3- Reducing Administrative Burdens

- Simplify and streamline administrative tasks
- Financial risk arrangements drive better quality and lower cost of care

Major Issue 3- Workforce

- Planning assumptions over next 10 years Examples to be considered:
- Population will become significantly larger, older, more diverse
- Shift from volume to value reaches tipping point; true financial incentive to focus on pop. health management and outcomes
- Medicare and Medi-Cal payment rates will be static or lower
- Focus on cross-sector collaboration to tackle community health issues becomes a priority
- The standard of care is team-based, integrated, whole-person, and coordinated across the health continuum
- Widespread technology integration supports a shift to self- management; increases access to behavioral health care, rural health care, home care; and transforms care delivery.
- Culture, practice and educational changes support the above

Actions on 2018 Major Issues Report

Addressing the Cost and Affordability of Health Care

- That CMA evaluate and where appropriate support health care delivery and payment system reforms that target the costs incurred by the 5 percent of California patients
- That CMA evaluate and where appropriate, promote innovative health care delivery reforms
- That CMA evaluate and where appropriate encourage programs to have better coordination of domestic care, physician care, and medication adherence,

Addressing the Cost and Affordability of Health Care

- That CMA support payment and delivery reforms for treating Medicare-Medicaid dual eligible patients
- That CMA support long-term financial modeling of new health care legislation and other reforms on health care delivery and payment
- That CMA support physician collaboration within their health care system
- That CMA support a comprehensive assessment of California's efforts to address social needs and health behaviors

Addressing the Cost and Affordability of Health Care

- That CMA advocate for a statewide entity to coordinate, identify and evaluate successful pilot programs that address social determinants of health and which can be scaled up for broader implementation
- That CMA prioritize data collection and quality improvement metrics that capture the diversity of all populations
- **That CMA support increased funding for telehealth infrastructure and reimbursement**
- **That CMA support the use of electronic consultation**
- That CMA support that the physician determines when telehealth services would be most appropriate and beneficial for the patient.

Addressing the Cost and Affordability of Health Care

- That CMA advocate for risk-based funding and payment models that incentivize health care delivery and innovation for patients with chronic physical, mental and/or behavioral health conditions
- **The CMA will support limiting the profit of health plans and health insurance companies. to two percent, above which, rebates must be given to patients**
- That CMA support efforts to require state regulatory approval for all proposed mergers,

Addressing the Cost and Affordability of Health Care

- **That CMA support efforts to ensure that California's state health insurance regulators have the appropriate and necessary expertise to enforce the laws and monitor the products under their jurisdiction.**
- That CMA continue to pursue strong enforcement of California laws and regulations prohibiting health plan and insurer predatory behavior,
- That CMA continue to pursue strong enforcement of California laws and regulations prohibiting health plan and insurer predatory behavior.
- **That CMA support efforts to make it more feasible for all physicians to participate in delivery and payment reforms.**

Addressing the Cost and Affordability of Health Care: Administrative Burdens

- That CMA support that administrative tasks be evaluated using the following criteria…
- **That CMA support efforts to simplify and streamline administrative tasks that do not improve quality of care and outcomes, e.g. credentialing, eligibility and billing, prior authorization, quality measure and reporting, medical records**

Addressing the Cost and Affordability of Health Care: Addressing the Costs of Pharmaceuticals

- That CMA support drug price transparency laws
- **That CMA support transparency in the prices negotiated by pharmacy benefit managers (PBMs) with manufacturers, plans and insurers, and pharmacies**
- That CMA support efforts to ensure state regulators have the rationale and the evidence for the inclusion or exclusion of drugs on the formulary
- That CMA support efforts by the Department of General Services (DGS) to consolidate drug procurement or engage in other joint activities with other state agencies and the private sector that will result in cost savings in the procurement of prescription drugs.

Addressing the Cost and Affordability of Health Care: Addressing the Costs of Pharmaceuticals

- That CMA support strong enforcement of California's Unfair Competition Law against pharmaceutical companies and pharmacy benefit managers (PBMs)
- **That CMA support pharmaceutical manufacturers establishing fair list prices and limiting unnecessary price increases.**
- That CMA support efforts to encourage more competition in the market
- **That CMA support basing cost-sharing on the post-rebate amount negotiated by pharmacy benefit managers, plans, and insurers so that patients benefit from such price reductions directly.**

Addressing the Cost and Affordability of Health Care: Addressing the Costs of Pharmaceuticals

- That CMA support efforts to eliminate incentives that increase the cost of prescription drugs without improving access, safety, or efficacy.

What does it all mean

- Gov. Gavin Newsom is going to make California great again just like he did with San Francisco:
  - 90000 few jobs in SF
  - Laid off hundreds of city worker and cut city services
  - Strengthened status of SF as sanctuary city
  - Universal health access plan- currently 15000 enrollees
- CMA is poised to support a universal health plan. Supported Newsom for governor. Came out with this major report

What does it all mean

- CMA feels some form of universal health is inevitqable
- CMA wants to be at the forefront of healthcare report
- CMA's report is a combination of years of CMA resolutions and task force research
- Some of the policy cited in the report came from CSPM&R

Title: Enforcement of labor code regulations
Introduced by: Jeffrey Young, MD
Author: Jeffrey Young, MD

WHEREAS, There are specific California Labor Code regulations protecting the rights of injured workers, and;

WHEREAS, insurers have a distinct advantage over injured workers secondary to economies of scale and, therefore be it,

RESOLVED: that CMA promote increased resources for the California Department of Worker's Compensation specifically for the enforcement of Labor Code violations, and therefore be it,

RESOLVED: that CMA lobby for increased punishment against insurers for violation of Labor Code to include, but not limited to, increased penalties and interest.

Title: ELECTRONIC DEVICES WITH MEDICAL APPLICATIONS
Introduced by: Jeffrey Young, MD
Author: Jeffrey Young, MD

WHEREAS, With the advent of technology and rapid progression of technological advance; and

WHEREAS, More electronic devices are being introduced into the market claiming medical applications for which there is no proof that it works; therefore be it

RESOLVED: That CMA endorse the creation of a standardized certification process to support the application of an electronic device for a medical application; and be it further

RESOLVED: That CMA does not support the use of such medical device until it has received certification from a certified body (e.g. FDA); and be it further

RESOLVED: That this be referred for nation action.

Title: NON VACCINATED INDIVIDUALS AS PUBLIC HEALTH HAZARD
Introduced by: Jeffrey Young, MD
Author: Jeffrey Young, MD

WHEREAS, The growing number of individual who have chosen to refrain from receiving the recommended vaccination schdule. And;

WHEREAS, non-vaccinated individuals are suspected to be a cause of the re-emergence of previously eradicated diseases, therefore be it,

RESOLVED: that CMA study and report back the correlation between non-vaccinated individuals and the incidence of increased disease rates of concomitant diseases, and therefore be it,

RESOLVED: that based on the findings of the study determine if non-vaccinated individuals pose a public health hazard, and further be it,

RESOLVED: that if non-vaccination poses a public health hazard, CMA promote the formation of educational campaigns by local medical societies regarding the current medical evidence regarding non-vaccination, and be it further,

RESOLVED: that this be referred for national action

Title: PREDATORY PHYSICIAN REIMBURSEMENT
Introduced by: Jeffrey Young, MD
Author: Jeffrey Young, MD

WHEREAS, The consolidation of billing and reimbursement has resulted in the creation network intermediaries who require further reductions as grounds for inclusion of their networks. And;

WHEREAS, some insurers only allow these intermediaries into their network thus leaving the intermediary as the only avenue for inclusion into the network thereby creating a virtual monopoly, therefore be it,

RESOLVED: pricing limitations be placed on any intermediaries proportionate with CMA policy covering insurers, and therefore be it,

RESOLVED: that these intermediaries include, but not exclusive of, pharmacy benefit managers, third party administrators, interpreting services, diagnostic testing brokers, durable medical equipment brokers and physical therapy brokers.

Title: Physician Involvement in Opioid Crisis
Introduced by: Jeffrey Young, MD
Author: Jeffrey Young, MD

WHEREAS, The opioid crisis has been given top priority as a public health problem, and;

WHEREAS, accusations have been made against physicians overprescribing opioids to patient, therefore be it,

RESOLVED: that CMA study and report back the extent of collusion between physicians and pharmaceutical companies in the overprescribing of opioids and its contribution to overall opioid overdose mortality, and therefore be it,

RESOLVED: that CMA study and report back the extent of physician overprescribing of opioids and its contribution to overall opioid overdose mortality, but not limited to, increased penalties and interest, and therefore be it,

RESOLVED: that if the results of the study contradict public perception, that CMA mount a campaign to educate and inform the general public accurate epidemiological findings regarding the opioid crisis and its causation, and therefore be it,

RESOLVED: that this be referred for national action