



1 **THIS REPORT DOES NOT REFLECT OFFICIAL CMA POLICY**

2
3 Report to the Board of Trustees from the
4 Committee of Delegation Chairs
5 Tanya Spiratos, MD, Chair

6
7 JUNE 17, 2020
8

9
10 **Major Issues 2020**

11
12 **Summary of Recommendations**

13
14 **RECOMMENDATION 1:** That the Board of Trustees approve the Committee of Delegation Chairs'
15 recommended Major Topics as the business of the 2020 House of
16 Delegates.

17
18 • Pandemic Response and Preparedness
19 • The Future of Medical Practice in a post COVID-19 World

20
21 **FISCAL IMPACT:** Within budget.

22
23
24 **STAFF CONTACT:** Michelle Chapanian
25 VP, Governance and Business Administration
26 (916) 551-2054
27 mchapanian@cmadocs.org

1 THIS REPORT DOES NOT REFLECT OFFICIAL CMA POLICY

2
3 Report to the Board of Trustees from the
4 Committee of Delegation Chairs
5 Tanya W. Spiratos, MD, Chair

6
7 JUNE 17, 2020
8

9
10 Major Issues 2020**11**
12 SUMMARY

13 The CMA Committee of Delegation Chairs (CDC) convened virtually on April 14, 2020 to discuss
14 potential Major Issue topics for the 2020 CMA House of Delegates meeting. The following report
15 describes the issues selected by the committee, and the nature of the work product requested to be
16 developed in each area.

17
18 BACKGROUND

19 Due to the impact of COVID-19, the 2020 House of Delegates Annual Session will be conducted as a
20 one-day, virtual meeting, consisting of the following:

21

- 22 1. Action on council and committee reports addressing the issues specified by the Committee of
23 Delegation Chairs (CDC)
- 24 2. Action on any matters the Board of Trustees may refer to the House
- 25 3. Receipt of an annual report on the actions of standing councils and committees during the year
26 preceding the meeting
- 27 4. Elections of officers
- 28 5. Educational sessions on key issues
- 29 6. Ceremonial functions (speeches, recognitions, etc.)

30
31 CMA's House of Delegates convenes annually to debate on the most important issues affecting
32 members, the Association, and the practice of medicine. The Major Issues to be considered each year
33 are determined by the Committee of Delegation Chairs, Speakers and the Board of Trustees. The CDC
34 meets annually to put forward ideas, and carefully weigh the merits of considering various topics in a
35 given year. The CDC is provided with a variety of materials, reports, and staff recommendations to help
36 in the process, and each delegation is encouraged to bring forward their own list of recommended topics.

1

DISCUSSION

2 There was broad consensus from the Committee that pandemic response and preparedness would be a
3 timely and relevant discussion topic, with a status report from state public health leadership, lessons
4 learned from the local, state and federal management of current COVID-19 emergency, identification
5 and prioritization of areas where the state can improve its planning for future public health emergencies.

6

7 There was broad consensus from the Committee that pandemic response and preparedness would be a
8 timely and relevant discussion topic, with a status report from state public health leadership, lessons
9 learned from the local, state and federal management of current COVID-19 emergency, identification
10 and prioritization of areas where the state can improve its planning for future public health emergencies.

11

12 Related to pandemic response, there was consensus support to select the future of medical practice
13 during and after the pandemic emergency as a major issue topic. The Committee was concerned about
14 whether physician practices would be able to overcome financial and other challenges and remain open
15 to serve their patients. There was discussion about including topics directly related to physician practices
16 remaining open, including:

17

- 18 • Operating in alignment with other changes in the health care system
- 19 • Economic viability of medical practices
- 20 • Compliance with new training and safety measures

21

22 The Committee also discussed including subtopics such as telemedicine; responding to regulatory and
23 administrative burdens; ensuring patient access to primary care; workforce changes; and climate change
24 impacts under the broad topic of “Future of Medical Practice”.

25

MAJOR ISSUES

26 The two Major Issue topics as recommended by the Committee of Delegation Chairs are:

- 27 1. Pandemic Response and Preparedness
- 28 2. The Future of Medical Practice

29

30 Each of these Major Issue topics is significant and could be the sole focus of an HOD meeting depending
31 on how deeply the membership wishes to learn about, discuss, and make recommendations about each
32 issue. The Board of Trustees may wish to determine if two significant topics can be discussed within
33 the revised virtual HOD meeting framework or if it would be more effective to identify one issue and
34 review it in more depth.

35

1. Pandemic Response and Preparedness

2
3 The CDC requests that the topic of Pandemic Response and Preparedness be discussed at the House of
4 Delegates, with a report containing actionable recommendations (as deemed necessary) to be developed
5 by the appropriate Council and/or educational session be provided to the House.

7 CMA Policy

8 CMA does not currently have a unified statement or recommendation related has developed policy on
9 pandemic and disaster response as follows:

- 10 • CMA recognize the need for standardized training for disaster preparedness; CMA supports
11 publicizing the programs developed by the AMA/National Disaster Life Consortium to address
12 this preparation: Basic Disaster Life Support Course (BDLS), Core Disaster Life Support
13 Course (CDLS) and Advanced Disaster Course Life Support (ADLS) (HOD 103a-11)
- 14 • CMA will form a TAC to collect information about, and address, coordination issues among
15 existing medical disaster response teams and plans, including those of component medical
16 societies, hospitals, the medical reserve, and federal and state-sponsored disaster medical
17 assistance teams. This TAC will work to define the roles of CMA and component medical
18 societies roles in response to a disaster; that it prepare recommendations for improved
19 coordination among the various teams and plans that involve physician participation and that it
20 investigate liability coverage issues for participating physicians; and address the separate issue
21 of physicians volunteering to fill unmet medical needs of indigent persons, including liability
22 coverage for physician volunteers. (HOD 101a-11)
- 23 • CMA support immunity from liability for medical and nonmedical care rendered and triage
24 decisions made during a major disaster or state of emergency anywhere within any jurisdiction
25 covered by such emergency for the extent of time that a state of emergency may exist. (HOD
26 513-09)
- 27 • CMA join the California Medicine and Public Health Initiative (CMPhi), a coalition of leaders
28 in medicine, public health and related disciplines, in warning about increased risk of health
29 decline and disaster in our state, and urge that the threat to California's health be recognized by
30 a broad coalition of leaders in business, government, the media and the public; CMA support
31 the CMPhi in urging the Governor of California, the California Chamber of Commerce, the
32 State Department of Health and Human Services and other relevant state leaders to join leaders
33 in medicine and public health in a prompt and concerted effort to reverse the decline of the
34 public health infrastructure in our state. (HOD 720-05)

1 • CMA continue to work actively to preserve and strengthen the public health infrastructure in
2 California at the state and local level, including funding increases for infectious disease and
3 disaster preparedness programs; CMA continue to work actively for the appointment of
4 qualified physicians to fill leadership positions in public health within state and local
5 government. (HOD 114-02)

6 • CMA endorses the concept of the national disaster medical system and urges increased medical
7 leadership in the planning process. CMA urges early implementation of the national disaster
8 medical system in California. (BOT 6-28-85:18)

9 **2. The Future of Medical Practice post COVID-19.**

10 The CDC requests that the topic of the Future of Medical Practice, post COVID-19 be discussed at the
11 House of Delegates, with a report containing actionable recommendations (as deemed necessary) to be
12 developed by the appropriate Council and/or educational session be provided to the House.

13 **CMA Policy**

14 CMA has existing and extensive policy on many of the subjects that were recommended for inclusion
15 as part of “Future of Medical Practice”, including telemedicine, reducing administrative and regulatory
16 burdens, supporting access to primary care, and supporting the financial viability of medical practices.
17 In general, much of CMA’s existing policy on these topics is broad and applicable in pandemic and non-
18 pandemic practice environments. The discussion by the CDC was primarily focused on these issues in
19 a post-pandemic environment. It would not be necessary to re-assess and re-affirm all of CMA’s
20 existing policy in these issue areas. However, CMA could determine how to prioritize the many issues
21 that need to be addressed to effectively position physicians to ensure the healthy future of medical
22 practice.

23 **OTHER TOPICS CONSIDERED**

24 The Committee as whole considered many other important topics, which we hope the delegations will
25 consider submitting to CMA through the Year-Round Resolution process in an upcoming quarter. We
26 have included a list of several of those topics with this report. We encourage the delegations and
27 members to participate in drafting language on these and other issues.

28 In no particular order, they are:

29

30

31 • Access to Care

32 • Cost of Medication/Pharmaceuticals

33 • Universal Healthcare

34 • Physician Autonomy

35 • Failure of EHR

- 1 • Virtual Care/Telemedicine
- 2 • Physician Wellness/Burnout
- 3 • Mental Health
- 4 • California Aging Population
- 5 • Health Disparities/Health Equity
- 6 • Immigrant/Border Health
- 7 • Gun Safety/Violence as Public Health Crisis
- 8 • Medical School Debt/ Medical Education Reform

WHAT TO EXPECT FROM A VIRTUALIZATION OF HOUSE OF DELEGATES

In May, the CMA Executive Committee met to discuss how to best handle the 2020 Annual Session of the House of Delegates (HOD) in light of the COVID-19 pandemic and the surrounding regulations and guidelines around hosting large meetings. After weighing feedback from the Committee of Delegation Chairs and others, the rules, risks, and our responsibilities, CMA moved to cancel the in-person meeting and replace it with a virtual session of the House.

What might a virtual House look like?

- A limited virtual meeting, held for ½ a day on Saturday, October 24th (same weekend as previously planned for). A limited meeting time will allow for delegation caucuses to meet in the morning on Saturday (or Friday, if desired), and for members of the House to convene for a reasonable time-frame that will (hopefully) not exceed member's patience in a virtual setting. Ideally, the virtual meeting will utilize a simple and broadly accessible software platform that is familiar to most delegates.
- Voting on a small number of essential items can be accomplished by using a reputable third-party voting software platform to conduct voting. This can be used to approve the Report of the Rules Committee, officer elections, etc.
- Allow the House to convene for essential items (like confirming elections), recognize a change in leadership (brief speeches), hear important updates (CEO, etc.), and to provide some mode of feedback/engagement on the Major Issues selected this year by the Committee of Delegation Chairs.
- The final disposition of the policy recommendations and testimony will be referred to the Board of Trustees for decision, after the House has multiple opportunities to provide insight including some form of direct engagement. The Board can possibly meet as early as Sunday to take final actions.
- Provide educational resources in advance of the meeting, and on-demand for participants to access at their leisure.

SUGGESTED AGENDA FOR SATURDAY, OCTOBER 24, 2020*(subject to change)*

| Agenda Item | Duration |
|-------------------------------------|-----------------|
| Call to Order | 2 |
| National Anthem | 2 |
| Invocation | 2 |
| Speaker's Remarks | 5 |
| AMA Address | 10 |
| House Business & Announcements | 5 |
| Report of Rules Committee | 5 |
| Consent Calendar | 5 |
| House Reports | 5 |
| CEO Report | 15 |
| Major Issue A Briefing / Engagement | 60 |
| In Memoriam | 6 |
| (Break) | 10 |
| Address of President-Elect | 10 |
| Major Issue B Briefing / Engagement | 60 |
| Address of President | 10 |
| Officer Elections | 5 |
| GR Update | 10 |
| Honoring Past President | 5 |
| Candidacy Announcements | 5 |

CMA wants to ensure that this meeting remains technologically accessible to all members of the House, while still maintaining ways to have the delegates engage on the key issues. Some thoughts about how to do so:

- By utilizing real-time polling software during the meeting.
- By enabling some limited discussion during the meeting.
- By focusing on building robust, online engagement opportunities in the CMA website discussion forums on these topics.
- By asking relevant Councils to post questions, topics, and key issues under consideration in order to solicit additional background information or build toward consensus.
- By working to connect delegates with trustees if they want to suggest amendment ideas or express support or concerns.

1 How will this affect Major Issues Reports in 2020?

2
3
4 Business this year will not be “business as usual,” due to the changed format and general re-allocation
5 of staff resource in light of COVID-19 response. The chief difference in the Major Issues Reports is
6 which body will be final arbiter of policy decisions. Due to the ‘slimmed’ virtual meeting, we will be
7 focusing the meeting on broad engagement on the Major Issues, and not on precise language of
8 amendments. Instead, all of the feedback and perspectives shared by the House will be passed along to
9 the Board of Trustees, to make the final decisions on the adoption of the recommendations contained
10 in the reports.

11
12 Another change will be that there will be no time provisioned during the meeting for educational
13 speakers. CMA still hopes to provide speakers and education on the topics, however it plans instead to
14 present those as webinars held in advance of the meeting, and available to attendees to peruse on-
15 demand, as convenient to each individual.

16 Prospective Timeline of Major Issues Development

17 **19 Mid-June** – Board to Approve Major Issues Topics

20 **19 Mid-June** – Topics to be posted online for initial general feedback

21 **21 Early July** – Request Councils to develop key questions to include on web forum for House
22 engagement

23 **(Though July)** – Website collecting feedback for Council report development

24 **August – September** – Councils to develop reports, additional online questions posted by
25 Councils as appropriate

26 **September 24** – Bylaws deadline to post HOD materials

27 **Sept 24 – Oct 22** – Report are posted for comment and feedback for the Board

28 **Mid October** – Educational Webinars on Major Issues topics

29 **October 24** – Virtual HOD meeting to include polling and other possible engagement
30 mechanisms to provide BOT sufficient guidance.

31 **October 25** – (Possible) BOT meeting to decide the Major Issues

32 CONCLUSION

33
34 **35 RECOMMENDATION 1:** That the Board of Trustees approve the Committee of Delegation Chairs’
36 recommended Major Topics as the business of the 2020 House of
37 Delegates.

38
39 • Pandemic Response and Preparedness
40 • The Future of Medical Practice in a post COVID-19 World
41

1 ***FISCAL IMPACT:*** Within budget.
2
3
4
5
6
7

STAFF CONTACT: Michelle Chapanian
VP, Governance and Business Administration
(916) 551-2054
mchapanian@cmadocs.org