

Medical Student Section of the Minnesota Medical Association
Saturday, March 27th, 2010 12:00pm

MMA Headquarters – John Murphy Room
1300 Godward Street NE, Suite 2500, Minneapolis, MN 55413

Agenda

- I. Welcome/Introductions
 - a. Executive Committee Update

- II. Exec committee
 - a. [MMA website](#)
 - i. Anything chapters would like to add publications/events – Duluth and the Twin Cities will be send the match lists to Molly.
 - ii. Students can submit articles to Molly to be posted on the website.
 - b. MMA-MSS listserve mma-mss@googlegroups.com - using this and facebook to post message.
 - c. Facebook page status – We have 10 members. Try to recruit fellow classmates.
 - d. Budget information

- III. AMA Meeting recaps
 - a. AMA Lobby day – Rishi Kumar – There was a lack of organization this year at the Lobby Day in Washington, DC. Two important issues were brought up. 1. Medical Student Debt. 2. Primary Care Physician shortfall. Any health care reform is talking about having patients see their primary docs earlier. Sometimes politicians are unaware of this. AMA is working on education them about this. Turn-out was about the same as last year... approximately 200 people. There were no student representatives from Minnesota to meet with the Minnesota representatives. There is funding for this trip available through the MMA. The cut-off for registration is the end of January.
 - b. AMA Region 2 meeting – No one attended the region 2 meeting. The Twin Cities did pay \$100 dollars for this as well as Mayo?

- IV. Event for the rest of the year
 - a. Budget information – we did not have Lobby Day at the Capital and so we have money in our budget for our education day. We have \$1300 for educations and \$300 for a speaker.
 - b. Students have suggested – The Twin Cities medical school has many groups who already do events that are listed below. They recommend using this money to enticing more students to attend the state annual meeting. We want to encourage more students to attend the MMA annual meeting.
 - i. Have an education Day
 1. health care reform
 2. specialties
 3. rural medicine
 - ii. Hold a Speed Mentoring event (similar to speed dating) but have either residents or physicians mentor med students. This is a no unless we did it

- at the MMA meeting. We could call it Meet & Greet with the Young Physicians or the Residents and Fellowship sections.
- iii. Hold small educational/advocacy update events at each school and provide the lunches (similar to what we did in November/December)
- iv. **Offer discount hotel rooms for MMA's Annual meeting (or buy a few rooms) to entice students to go to the Annual Meeting**
- v. Social event at the MMA Annual meeting – this idea is highly supported by the Twin Cities representatives.
- c. Advocate with physicians!

Discussion included using the funding to have a social hour with young physicians or using money for a speaker to have a work-shop at the Annual Meeting. The annual meeting will be in Brainerd at Breezy Point Resort. There will be 3 or 4 rooms paid for by the MMA for student use.

We need to spend our budget by the end of the calendar year.

Does anyone want to attempt to do that Lobby Day? There was great attendance at this event last year so we should not drop the idea. Hold this event every other year. Plan an event or some type of specific follow-up to retain interest in the MMA-MSS.

V. MMA Board of Trustees Report

- a. Elizabeth Vogel - State reform. There was passage of the GMAC bill. We still have the GAMC but hugely reduced in terms of funding and set up of coops. (Coordinated care associations). To be eligible for payment, you have to belong to hospital coops. If you do not belong, you will not receive reimbursement for seeing GAMC patients. Sustainability of the program is tenuous right now.
- b. The MMA position on the Federal Reform – happy to see the insurance expansion because it fits well the MMA goals. There are many areas of reform that are yet to be addressed that were addressed by the federal bill. There is some language about correcting the Medicare reimbursement rates to not be affected by geography. They are trying to work it out to base it on cost effectiveness and quality.

VI. MEDPAC Board of Directors Report

- a. Andrew Landstrom and Rishi Kumar
- b. They have been looking at preliminary races in the State and at the Federal level. They MEDPAC donations have been skewed towards Democrats at this point because the Democrats are in control. All the committee leaders are Democrats. MEDPAC money is split 2/3 to 1/3 Democrats to republicans. There are a lot of highly contested races in the state, so MEDPAC is holding off on making a donation at this point so that they can donate to the winning candidates to help improve the chances of getting money to the right candidate. No money will be given out until August or September because any money given to the candidate while they are in office is considered a bribe. Very rarely does the board give

money to opposing candidates. When it comes down to deciding between 2 people you almost always give money to the incumbent.

- c. Consider joining MEDPAC. It is \$25 dollar contribution for medical students. Encourage your colleagues to join as well.

VII. Minnesota Physicians Foundation Board Report

- a. Maureen Murphy-Ryan – The meeting was held in February.
- b. Discussed the strategic plan. In 2006 the foundation realized that the revenue had lagged and they were not receiving new donations. They hired a non-profit strategic planner. He was going to be in charge of the donors and revitalizing the program. They turned the loan program into a scholarship program for medical students. They ended up \$150,000 in costs over revenue. The ultimate recommendation by Dennis Kelly is to do 2 more years of the program and review the program in 2012. Dennis Kelly has been given the title of CEO and his recognition. The idea that is most relevant to us is the student scholarship program. University of MN (including Duluth) there were 3 scholarships for \$2500 and some for \$5000. At Mayo there is one scholarship totaling \$10,000. These scholarships are being offered before the students matriculate. Students are more likely to know what they are going into as a 4th year or a resident. If the scholarship is geared towards students going into primary care. One set of scholarships was given out 4 years ago. One idea is to offer scholarships later on in the student's medical school career or another idea is to encourage grants given to residents. They are unwilling to give up the medical students scholarship program. The physicians have a lot more of an emotional response towards students. Considering giving scholarships during the 4th and most expensive because of residency applications and Step 2 costs. Another idea is to invest in students for 4 years and then if they choose a Family Medicine Residency program, then they receive more funding during residency to repay loans.

VIII. MMA Committee Reports

Discussion was had about the requirement of always submitting written reports or if oral reports are going to be good enough. Being that this is the first year of activating this policy we are going to be giving committee chairs some flexibility. Molly will send an email remind the chairs of the committee about this policy. This policy will be implemented for next year.

1. Currently as we understand the policy – a committee member has to submit a written report and be present for an oral report.
2. Either a written report submitted or an oral presentation given.
3. The second option (submitting a written report or be present to given an oral report) plus they have to make contact with Blake prior to the meeting via email at least 2 days in advance.

A vote was taken regarding this issue and the majority of the members voted for the 3rd option and this applies to the committee reports. This decision will also apply to the MEDPAC committee, Foundation Rep, and the Board of Trustees report.

b. Ethics and Medical-Legal Affairs

- i. Mary Zatochill – Mary was not in attendance. Report submitted by Mary was read by VP Blake. Mary attended the meeting and the committee discussed how to inform MMA members about the rights and responsibilities regarding misconduct amongst their peers.
- ii. Discussion regarding a 1 page form regarding a patient's end of life wishes. The POST form is in its final stage of review.
- iii. Physician Apology Laws – MN does not have a law. How much will a physician be protected or not protected if they do apologize. Student input is welcome on this issue. This would be a good issue for students to lobby on if this becomes a bill.

c. Legislation

- i. Stephen Smith - Stephen was not in attendance, but report submitted was read by VP Blake. The fate of the federal health care bill was discussed. The 21% Medicare cuts were discussed.
- ii. Significant state health care cuts were discussed. This bill will not pass. Republicans are opposed to a tax increases. K-12 cuts are unlikely. Medicine cuts are going to happen to make up for the budget deficit.
- iii. Chiropractic bill – attempts to expand the requirements/practices of chiropractors. This bill will not move forward this year.
- iv. Lyme disease – Treating chronic Lyme disease with long-term antibiotics. It is currently against the Minnesota Medical Board of Practice.
- v. Pharmaceutical Drugs - Concern about drugs levels in the water. There needs to be a plan to return old medicines to pharmaceutical companies. Will not be passed this year due to the complexity of the matter.
- vi. Peer grouping – MMA initiative. State is in the process of collecting data from all health care providers. This data will be released to the public. All clinics will then be under the same tier. We supported this at first, it will hard for providers to make meaningful change. MMA doesn't want this data to be used in a punitive manner, at least at this point.
- vii. Laser licensing. Education standards for people using lasers are Spas for hair removal. Doctors often purchase the lasers for business venture. MMA wants onsite supervision 1 day per week and increased education for people using the letters.
- viii. Cobra subsidies to help the unemployed.
- ix. Pharmaceutical gift band – MMA supports this. There was concern that the implementing of the bill would be problematic for small device companies. More transparency is felt to improve the system. This bill will not pass this year.
- x. Establish maximum payments for Birth Centers and standards for licensing payments. Try to direct Medicaid patients there. There is not a

lot clearly defined at this point. The patient population that would be utilizing this place. Keep your ears open on this issue.

d. Medical Practice and Planning

- i. Bryan Eberle – Bryan was not in attendance and we have no report from him.

e. Minority and Cross-Cultural Affairs

- i. Rep: Annie Sirany and Alt Rep: Shayla Wilson
- ii. Shayla – reported on interpreter training. They are constantly setting up new sites and working on getting out to greater Minnesota training physicians on how to address interpreters and speak to them. A goal for 2010 is make some You Tube videos to help with this. They are trying to reach physicians and the public to come to the minority website. They are trying to make videos about quality of care. They are working on making education videos about epilepsy for the Spanish speaking population. They are trying to reach people ... what physicians need to see and what the public needs to see. An instructional video instead of reading long files. They goal is to have physicians come away from at least 1 piece of knowledge. They will work on the physician series first then move on to videos for minority communities. The talked about having a page that physicians can go to a page about an ethnic group so physicians can be educated about this group. Perhaps having a patient from that community do a general statement about their community with the caveat that they do not represent every individual. Address the issue of a physical exam with an interpreter present and address the issue of trust between physicians and the interpreter and how to build a good relationship. There is a book reading list which is not going over as well. One person will read the book and give a review and then others can choose to read the book if they wish. Discussed adding interpreter training as part of the medical student curriculum. Should we write a resolution either MMA or AMA on interpreter training and that it should be added as medical school curriculum?
- iii. Annie Sirany – reported on the Explorers Program. Dr. Osborne from the U and a first year medical student and Bill who does the lab. All the students were able to see their EKG and were taught to take blood pressures. One of the residents from St. Johns did splinting and casting. There are 12-15 students participating in the Explore Programs at Harding High School in St. Paul. An ER nurse and then there will be a pediatric infectious disease doctor to talk to them about STD's. If anyone ever wants to help, the programs are on Wednesday afternoons and last approximately 1 hour.. You can email Annie at Sira0009@umn.edu if you are available to help with this program. It is a great opportunity to give back to the community.

- f. Public Health and Preventive Medicine
 - i. Maureen Murphy-Ryan and Alt Rep: Rahul Suresh – There has not been a meeting since the last MMA-MSS meeting.
- g. Quality Health Care
 - i. Zubin Agarwal and Alt Rep: Blake Fechtel - Zubin was not in attendance. Blake, the alternate Rep will give the report.
 - ii. The DIAMOND project – Depression Improvement Across Minnesota Offering a New Direction. The consensus was that there is an interest in assessing the situation once ICSI is finished with their assessment.
 - iii. The scope of work of the committee. The committee will look at re-evaluating pay for performance in 2010 and an annual review of this process which did not happen last year. Interested in starting a state award for quality. They are looking at measuring physician efficacy and studying that as long as it does not affect quality.
 - iv. Discussion on streamlining the flow of medical information and records from one physician to another. Minnesota should adopt the Health Information Exchange and use patient data in point of care to make clinical decision making it a requirement for all clinical care settings to have the ability to do this. Make sure that health information is secure be careful about the accuracy of patient records. Is this feasible? Cost versus benefits of health care. This program will be most successful if implemented statewide. Is this affordable? Payments or financial incentives for physicians who use this information to improve the quality of care. At the next meeting, this will continue to be discussed.
- h. POSITIONS AVAILABLE!
 - i. Alt Rep: Ethics and Medical-Legal Affairs, Legislation, Medical Practice and Planning

IX. Component Society Updates

- a. Twin Cities Medical Society – Meeting with 2 representatives had interesting thoughts on GAMC. Can the Twin Cities campus expect that same amount of funding as previous because now the societies have been joined.
- b. Lake Superior Medical Society - John O’Neil was not present to give the report.
- c. Zumbro Valley Medical Society – Rishi reported on a task force that is being formed that will meet 7-10 times this year. The task force is called the Health Reform Group and a position for student input on this task force. The student would be a voting member. This is a short term position. Please submit your application to them. More information can be found on the MMA website. Zumbro has an environmental health committee to address environmental impact of health care and the environment’s impact on health.

X. Other MMA Business

- a. MMA Annual Meeting – Breezy Point, MN (near Brainerd); September 15-17 (Wednesday Night, Thursday and Friday) – Please see discussing above.
- b. Resolutions usually due in July

XI. AMA Chapter Updates

- a. Mayo Medical School – Rishi Kumar. 3 day student run quality conference and it was about understanding the economics of medicine and carrying out every day practice. Do not change the quality of care, but how to make the hospitals and clinics more efficient. Maureen was a speaker at this event. ACMQ – American College of Medical Quality. There is student and resident section. They want to see students get involved in quality. They want to publish student research in the American Journal of Medical Quality. Encourage students to join. It is a \$25 fee for students to join for 4 years. They are trying to get representatives at every medical school in every state to join. The quality issue is through AMSA. You do not need to be a member of AMSA.
- b. University of Minnesota – Duluth – John O’Neil was not present to give a report.
- c. University of Minnesota – Twin Cities – Shayla Wilson. Co-sponsoring lunch lectures with GLBT, Cardiac Interest group. Their service project is going to elementary schools to do a health fair to talk about not smoking, exercising and eating healthy.

XII. AMA Business

- a. AMA Annual Meeting – Chicago; June 10-12th.
- b. AMA Interim Meeting – San Diego; November

XIII. Assign dates for the next meetings: June, September, and November.

- a. June 5th, 2010 at noon.
- b. September 11th, 2010 at noon. Elections will be held this meeting.
- c. November

XIV. Adjourn