

MINUTES

MMA POLICY COUNCIL

TUESDAY, JUNE 20, 2017

6:00 – 8:00 PM

MINNESOTA MEDICAL ASSOCIATION, JOHN MURPHY CONFERENCE ROOM

Members Present

Lisa Mattson, MD, Chair
Elisabeth Bilden, MD
James Dehen, MD (via phone)
Elizabeth Fracica
Robert Grill, MD (via phone)
Dionne Hart, MD
Ernest Lampe, MD
Kathryn Lombardo, MD (via phone)
Kimberly McKeon, MD (via phone)
Ahmed Pasha, MBBS (via phone)

Douglas Pryce, MD
George Schoephoerster, MD
Neil Shah, MD (via phone)
Lynne Steiner, MD (via phone)
Sally Trippel, MD
Jon Van Loon, MD (via phone)
Craig Walvatne, MD
Thomas Witt, MD (via phone)

Members Absent

Peter Amadio, MD
Leah Anderson, MD
Michael Baich, MD
Stuart Cameron, MD
Stephen Cragle, MD
Ramnik Dhaliwal, MD
Mark Eggen, MD
Alexander Feng
Daniel Heinemann, MD
Evan James

Christopher Johnson, MD
Kenneth Kephart, MD
Matthew Kruse, MD
Salma Patel, MD
Noel Peterson, MD
Christopher Reif, MD
Erica Sanders
Caleb Schultz, MD
Annabelle Soares
Kimberly Tjaden, MD
Robert (Jay) Widmer, MD

Staff Present

Juliana Milhofer
Janet Silversmith

Guests Present

Matt Reid, AMA (via phone)

I. Welcome & Introductions

Lisa Mattson, MD, Chair, called the meeting to order at 6:05 pm.

II. Approve Minutes of May 1, 2017

After noting two corrections to the meeting attendance (both Dr. McKeon and Dr. Witt attended via remote connection), the following motion was made, seconded and adopted:

Motion: that the amended minutes of the May 1, 2017 meeting be adopted.

III. **Common Clinical Data Set for Electronic Health Records**

Matt Reid, Sr. Health IT Consultant for the American Medical Association (AMA) participated in the meeting to provide background information and to share information about current certification standards used by the Office of the National Coordinator (ONC) to certify electronic health records (EHRs). Among the certification standards are 21 data elements known as the common clinical data set (CCDS), originally called the common meaningful use data set. Each EHR vendor must be able to send and receive, in a standard format, at least those 21 data elements; for example, if a physician sends a summary of care record, those data elements must be included.

Some of the advantages and disadvantages of the CCDS were discussed, including an unintended consequence by which EHR vendors view the CCDS as a ceiling, rather than a floor (as ONC intended). The result is that for data elements that fall outside of the standard set, any given EHR vendor may not have a field for it, may not be able to capture it, and a patient may not be able to access it through the patient portal. According to Mr. Reid, some of the current limitations in data exchange and common data elements are the result of ONC certification requirements and CMS standards for EHR use.

The AMA is focused on identifying ways to improve the usability of EHR systems – one area of focus is trying to ensure that any requirements or standards are not overly proscriptive such that creativity and flexibility are harmed. In addition, although the AMA does not rate EHR vendors or offer any recommendations, it does advocate for transparency in areas such as features, functions, and cost. The AMA also partners with an organization that allows physicians and other users to post comments and experiences about EHR use (American EHR, <http://www.americanehr.com/Home.aspx>), and the AMA also works directly with vendors to elevate common themes, questions, and concerns.

A lengthy discussion followed and questions regarding opportunities for physician input and CCDS changes were identified (*specific opportunities for comment/input, as well as additional resources, were sent to Council members via email after the meeting*).

Sally Trippel, MD and Elizabeth Fracica presented background information and a proposal for a practicing physician-developed EHR. They suggested that the Council convene a task force to move forward with the idea and begin to pursue other partners and financial support. A lengthy discussion followed, with support for the goal, but questions about feasibility and the role of the MMA. It was agreed that prior to further consideration of the proposal, the Council would first gather additional input about the status of e-health efforts in Minnesota, EHR adoption and use in the state, and the state's approach to health information exchange. Liz Fracica suggested that another state's model, Maryland, also be shared for comparison.

IV. **2016 Open Issue: Pornography as Public Health Problem**

The Council reconsidered this outstanding 2016 open issue topic. After reviewing the background information and a proposed policy statement, Council members proposed and discussed several language changes.

A motion was made, seconded and adopted (with at least a 2/3 majority):

Motion: The MMA Policy Council recommends that the MMA Board of Trustees adopt the following policy:

The MMA cautions that violent, sexist, and dehumanizing sexually explicit material has the potential to distort perceptions of healthy relationships.

The MMA urges physicians and other health care providers to communicate with families on ways to protect children from viewing sexually explicit material.

The MMA further supports comprehensive sexuality education that is medically accurate, evidence-based, age-appropriate, and that addresses forms of sexual expression, healthy sexual and nonsexual relationships, gender identity and sexual orientation, recognizing and preventing sexual violence, the need for consent, and decision making.

Council members provided input and suggestions for ensuring feedback to open issue authors and for demonstrating how submissions can lead to policy development for the broader membership.

V. **Update: 2017 Annual Conference Policy Forums**

Staff provided brief updates on the planning efforts for the policy forums at the 2017 Annual Conference.

VI. **New Business**

It was noted that the next meeting is scheduled for Wednesday, August 16, 6:00-8:00 pm at the MMA.

VII. **Adjourn**

With no time remaining, the following motion was made, seconded, and adopted:

Motion: that the meeting be adjourned at 8:15 pm