

MINUTES

MMA POLICY COUNCIL

WEDNESDAY, OCTOBER 8, 2014

5:00-8:00 PM

MIDLAND HILLS COUNTRY CLUB

ROSEVILLE, MN

Members Present

Ernest Lampe, MD, Chair
Peter Amadio, MD
Elisabeth Bilden, MD
Stuart Cameron, MD
Stephen Cragle, MD
James Dehen, MD
Peter Dehnel, MD
Laurie Drill-Mellum, MD
Mark Eggen, MD
Alexander Feng
Robert Grill, MD
Daniel Heinemann, MD
Jessica Heiring, MD
Evan James

Christopher Johnson, MD
Kenneth Kephart, MD
Kathryn Lombardo, MD
Kimberly McKeon, MD
Noel Peterson, MD
Douglas Pryce, MD
Christopher Rief, MD
Neil Shah, MD
Kimberly Tjaden, MD
Craig Walvatne, MD
Thomas Witt, MD

Members Absent

David Agerter, MD
Leah Anderson
Maya Babu, MD
Michael Baich, MD
Terence Cahill, MD
Ramnik Dhaliwal, MD
Elizabeth Fracica
Meltiady Issa, MD
Steven Meister, MD
Jonathan Shelver, MD
Christopher Thiessen, MD
David Thorson, MD
Sally Trippel, MD
Jon Van Loon, MD
Robert (Jay) Widmer, MD

Staff Present

Barb Daiker
Eric Dick
Teresa Knoedler
Juliana Milhofer
Dave Renner
Janet Silversmith

I. Welcome & Opening Remarks

Ernest Lampe, MD, Policy Council Chair, called the meeting to order at 5:15 pm. He reviewed the purpose statement previously articulated for the Council and summarized the agenda.

II. Approve Minutes of September 20, 2014

With no changes noted, the following motion was made, seconded and adopted:

Motion: that the minutes of the September 20, 2014 meeting be adopted as amended.

III. 2014 Open Issues – Consent Calendar

Prior to considering the open issue items, Dr. Lampe noted that the Council received requests from authors of open issue topics who wanted to submit additional materials for consideration by the Council members. The discussion that followed focused on two related items – 1) submission of additional background material on previously submitted open issue topics; and, 2) submission of new topics directly to the Council.

To ensure fairness for all involved, the Council noted that any policy will need to be applied prospectively, rather than retroactively. Although there was some disagreement voiced about new topics being submitted directly to the Council, there was a request to defer further discussion on this question until the January retreat.

With respect to items submitted to an open issues forum, the following motion was made, seconded and adopted:

Motion: the Council will accept additional written input on open issue items after the close of the open issues forum but before deliberation by the Council.

MMA staff will communicate this policy, and any associated timelines, to open issue authors and other attendees at open issue forums.

Noel Peterson, MD, facilitator of the 2014 Open Issues Forum, reviewed the prepared consent calendar for the 18 open issues. After a call for extractions from the calendar, the following open issues were extracted – Open Issues #1, #2, #5, #6, and #14. He further noted that Open Issues #3 and #15 are automatically extracted given the recommendation for further Council deliberation noted in the consent calendar.

With the noted items extracted, the following motion was made, seconded and adopted:

Motion: that the remainder of the consent calendar be adopted as recommended and the recommended items be forwarded for consideration to the MMA Board of Trustees.

Note that this motion passed with a 2/3 majority, meaning any changes by the MMA Board of Trustees will require a 2/3 majority of the Board.

Each extracted item was discussed:

Open Issue #1 (Pain Management Standards & the Joint Commission): During discussion it was noted that several individuals were not aware of current AMA policy on the topic; given the recently adopted AMA policy, several Council members questioned the value of this topic as a new submission to AMA. Others expressed frustration at the lack of national progress and at least one Council member suggested that a conversation with the Joint Commission might be a more productive next step. Lacking any clear consensus, the following motion was made, seconded and adopted:

Motion: the Council refers Open Issue #1 (Pain Management Standards & the Joint Commission) to the MMA Board of Trustees.

Note that this motion passed with a 2/3 majority, meaning any changes by the MMA Board of Trustees requires a 2/3 majority of the Board.

Open Issue #2 (Access to Birth Control; Physician-Patient Relationship): During discussion, there was a question as to whether the reason for the submission of this item was in response to the recent *Hobby Lobby* decision; staff noted that, yes, background material submitted with this item did reference the *Hobby Lobby* decision. Some members of the Council supported the idea of MMA taking a clear position supporting the importance of access to birth control. At least one Council member expressed concern about the implications of such a policy relative to the federal Religious Freedom Restoration Act (RFRA). Lacking any clear consensus, the following motion was made, seconded and adopted:

Motion: the Council refers Open Issue #2 (Access to Birth Control; Physician-Patient Relationship) to the MMA Board of Trustees.

Note that this motion passed with a 2/3 majority, meaning any changes by the MMA Board of Trustees requires a 2/3 majority of the Board.

Open Issue #3 (Opposition to “Personhood” Proposals): During discussion of this item, some committee members questioned the value of the Council addressing divisive issues – there were mixed opinions. Bob Meiches, MD, MMA CEO, urged the Council not to shy away from complex and/or divisive issues noting that it was part of the purpose of creating a Council of this size and breadth. On the specifics of the issue, one Council member noted the relevance of this topic given a similar constitutional ballot effort underway in North Dakota. Others urged further committee consideration of this topic. The following motion was made, seconded and adopted:

Motion: the Council refers Open Issue #3 (Opposition to Personhood Proposals) to the MMA Board of Trustees.

Note that this motion passed with a 2/3 majority, meaning any changes by the MMA Board of Trustees requires a 2/3 majority of the Board.

Open Issue #5 (Climate Change): During discussion some members spoke against this topic, while others expressed confusion as to what MMA could effectively accomplish. After further discussion, the following motion was made, seconded and adopted:

Motion: the Council adopts Open Issue #5 (Climate Change) as recommended in the consent calendar.

Note that this motion did NOT pass with a 2/3 majority, meaning any changes by the MMA Board of Trustees do NOT require a 2/3 majority of the Board.

Open Issue #6 (Expanded Roles for MMA/MHA): The Council member who requested extraction of this item no longer had any questions. With no other discussion noted, the following motion was made, seconded and adopted:

Motion: the Council does not adopt Open Issue #6 (Expanded Roles for MMA/MHA) as recommended in the consent calendar.

Note that this motion passed with a 2/3 majority, meaning any changes by the MMA Board of Trustees requires a 2/3 majority of the Board.

Open Issue #14 (Hospital Privileges for Procedures): This item was extracted for purposes of clarification. The following motion was made, seconded and adopted:

Motion: the Council adopts Open Issue #14 (Hospital Privileges for Procedures) as recommended in the consent calendar.

Note that this motion passed with a 2/3 majority, meaning any changes by the MMA Board of Trustees requires a 2/3 majority of the Board.

Open Issue #15 (Medical Liability): During discussion, some Council members noted that the malpractice climate in Minnesota is extremely good as evidenced, in part, by low premium rates. Others noted that low premiums are positive, but there may be more to this topic that is worthy of further Council consideration. The following motion was made, seconded and adopted:

Motion: the Council will retain Open Issue #15 (Medical Liability) for further deliberation within the next year.

IV. **Recommendations: Telehealth Policy Forum**

Teresa Knoedler, MMA Policy Counsel, presented a summary of the Telehealth Forum held at the MMA Annual Conference. She also presented two recommendations for Council consideration, based on input provided at the September 20 meeting of the Council:

1. Item to submit to MMA Board of Trustees:

The Policy Council recommends that the MMA Board of Trustees endorse legislation providing for parity of payment for telehealth services relative to face-to-face encounters.

2. Items for further Policy Council input:

- A. What, if any, educational support or resources would the Policy Council like the MMA to develop around telehealth?
- B. Are there other telehealth related policy issues that the Policy Council would like to consider?

Barb Daiker, MMA Quality Manager, noted the following topics that were identified during the forum, as well as subsequent Council discussion, that could potentially benefit from further discussion: a) statewide support for telehealth (e.g., registry, capital support); b) monitoring of telehealth quality of care; c) health plan network participation; d) Medicare and Medicaid payment issues.

During discussion, Dr. Lampe shared written comments he received from Council member Terry Cahill, MD on the payment parity recommendation. Dr. Cahill expressed concern about the potential harm such a policy could have on rural care. Dr. Eggen, a member of the Minnesota Board of Medical Practice who is on the Federation of State Medical Board's (FSMB) Telemedicine Task Force, noted that a report on the topic is expected in April 2015. He urged clear differentiation between physician-physician telemedicine and physician-patient telemedicine. Others noted that telemedicine is currently occurring in Minnesota, with at least three national vendors, so MMA needs to pay attention to the current environment. Other Council members noted the differences in how physicians sometimes think about this issue – such as the opportunity to bring specialty care to rural and underserved areas of the state, while others tend to see telemedicine strictly as a disruptive, cost-savings technology. It was noted that the experience of radiology and pathology may be worth examining. Another Council member questioned what is known about the risks and benefits to patients associated with telemedicine – is there a way to look at both the patient health and business aspects of this practice?

Given the complexity of this issue and the numerous outstanding questions, the Council took no action on the proposed recommendations and instead agreed to focus some time and energies on this topic through a Council-created task force. This task force would be comprised of Council members and other interested MMA members. Recommendations would be submitted to the Council for review, with final recommendations of the Council shared with the MMA Board of Trustees.

The following motion was made, seconded and adopted:

Motion: the Council will create a Telehealth Task Force for the purpose of developing policy recommendations for MMA action.

A proposed charge, deliverables, and timeline will be presented for Council approval at the January 2015 meeting.

V. Recommendations: Workforce Policy Forum

Juliana Milhofer, MMA Policy Analyst, presented a summary of the Workforce Policy Forum held at the MMA Annual Conference. She also presented two recommendations for Council consideration, based on input provided the September 20 meeting of the Council:

1. Item to submit to MMA Board of Trustees:

The Policy Council recommends that the MMA Board of Trustees explore the development of educational resources to support physicians in their role as leaders of multi-disciplinary health care teams.

2. Items for further Policy Council input:

A. What, if any, approaches might the MMA pursue that could help to ensure ongoing APRN competency and safe patient care in light of recent legislative changes?

B. What other workforce-related topics might the Policy Council like to consider at future meetings?

A lengthy discussion followed. It was noted that physicians are increasingly being pushed into new "executive-type" roles to run and lead care teams. Others noted the changing role of APRNs, with specific issues identified as follows: unique issues associated with those looking to practice independently; changes in hospital medical staffs (e.g., it was noted that the Indian Health Service is adding APRNs as full members of hospital medical staff); the value of the creation of model medical group policies/practices for assuring APRN competency; and, likely pressure on payment rates that will follow. There was also a request to clarify that other workforce issues, such as student debt and residency availability, are being addressed as part of MMA's ongoing primary care physician workforce efforts.

With no clear agreement on how to focus recommendations or define next steps, the Council took no action on the proposed recommendations and instead agreed to postpone further discussion on this topic until the January retreat.

VI. New Business

Ernest Lampe, MD, Chair, announced that the date for the Council's retreat has been scheduled for Saturday, January 10, 2015. Among the topics to be discussed at the retreat are outstanding processes, finalizing the charter for the telehealth task force, considering further work needed on the workforce topic, and planning for the spring meeting.

VII. Adjourn

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

Motion: that the meeting be adjourned at 8:10 pm.

Minutes submitted by
Janet Silversmith