Annual Meeting of the CMA House of Delegates

By Michele Raney, M.D., CMA Board of Trustees

The 139th Annual Session of the CMA House of Delegates (HOD) was held October 2–4, 2010, in Sacramento. Representing the CSA in CMA’s Specialty Delegation were John McDonald, M.D., Peter Sybert, M.D., and Narendra Trivedi, M.D., while Michele Raney, M.D., represented the Specialty Delegation on the CMA Board of Trustees (BOT). CSA members Virgil Airola, M.D., Lee Snook, M.D., and Robert Wailes, M.D., also participated on the BOT. Other CSA members who represented their delegations included Adam Dorin, M.D., Thelma Korpman, M.D., Dennis Lindeborg, M.D., James Merson, M.D., Sarada Mylavarapu, M.D., Mark Singleton, M.D., Hugh Vincent, M.D., and James Willis, M.D. Paul Yost, M.D., and R. Laurence Sullivan, M.D., contributed to the deliberations of the Organized Medical Staff Section. Also attending were Marie Kuffner, M.D., and Robert Hertzka, M.D., Past Presidents of the CMA. Rebecca Patchin, M.D. (Immediate Past Chair of the AMA BOT), addressed the CMA BOT and HOD on AMA activities and priorities. Although fewer than 5 percent of CMA members designate anesthesiology as their primary specialty, CSA members participate in all aspects of CMA governance, contributing to the CSA’s position as a respected and influential force in organized medicine in California and nationally.

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Issues considered to be of the highest priority were federal health reform; the responsible development, implementation and monitoring of accountable care organizations (ACOs); preservation of fair and confidential peer review; and continuing Medi-Cal, scope of practice, and public health and safety issues.

Government Health Programs and Health Reform

This issue was ranked as CMA’s highest priority. CMA will continue to take an active role, at both the federal and the state levels, to ensure that implementation of federal health reform is done in a manner that protects and enhances the practice of medicine and protects patients. CMA will continue to work with the Congress to address issues left unresolved by federal health reform or remaining
in conflict with existing CMA policy. CMA strongly advocates reinstatement of
the Centers for Medicare and Medicaid Services (CMS) Practicing Physicians
Advisory Council (PPAC), or a similar committee, to advise CMS on all Medicare
and Medicaid issues impacting physicians—including payment, quality, coverage
and new delivery models.

Among the Medi-Cal issues addressed were: Medi-Cal should adopt and publish
standardized criteria for hospitalization approval; and payments should be
increased for physicians practicing in Health Professions Shortage Areas or
serving medically underserved populations.

ACOs, Insurance, and Reimbursement

CMA will support legislation that requires that ACOs, now being created as
a result of federal health care reform legislation, be permitted to function in
California only if they are physician-led organizations established to ensure
that quality of care and patients’ interests are the highest priority. CMA will
support legislation that prevents any ACO from circumvention of California’s
prohibition of physician employment, and will work with county medical
societies and physician groups to develop ACOs that are sustainable, equitable,
and fair. (A separate report, “Physician-Hospital Alignment TAC Report,” can
be accessed through the CMA Web site.)

Health Professions and Facilities

CMA reaffirmed that peer review must be confidential to be effective, and that
non-discoverable peer review protections should be included in any proposed
legislation that impacts peer review. Ongoing Professional Practice Evaluation
data should be treated as peer review information, subject to peer review
protections, and the CMA Model Medical Staff Bylaws will be amended to
include methods to protect confidentiality.

CMA reaffirmed that CMS and California Department of Public Health surveyors
should be licensed physicians and nurses knowledgeable in the areas they are
evaluating. CMA will work with all stakeholders to implement a consistent
feedback and appeals mechanism as well as to assist in the development of
surveyor standards, interpretation and enforcement of regulations.

CMA demands that all laws concerning changes in the scope of practice of
allied health professionals be supported by facts, evidence-based data, and
quality of care impact studies.

The unabridged report by Dr. Raney appears on the CSA Web site in the electronic
version of this Bulletin.