LATE-FILED REPORTS
FOR ACTION

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #:	18
Code:	Late CPH Report A-17 A-8
Title:	Public Health Campaign for Environmental Health
Sponsors:	Louis Fazen, MD Committee on Public Health Steven Ringer, MD, Chair
Referred to:	Reference Committee A Kevin O'Callaghan, MD, Chair

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Background

The MMS has long recognized the relationship between environmental health and human health; has policies on air quality, air pollution, climate change, and energy, among others; and has as a strategic priority the promotion of a sound public health system.

Recent actions at the federal level with regard to environmental protections contradict MMS policies on environmental health, and they jeopardize legal protections designed to promote environmental and human health. These actions include significant cuts to the Environmental Protection Agency (EPA) and legislation that would promote industry representation on environmental regulatory advisory boards, and limit the types of scientific research that may be used as the basis for EPA policy.

Current MMS Policy

The MMS has the following policies:

> The Massachusetts Medical Society (MMS) recognizes the importance of promoting health industry practices that minimize harm to public health and the environment, without compromising patient care. *(HP)*
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> *MMS House of Delegates, 5/31/02*
> *Item 2: Amended and Reaffirmed MMS House of Delegates, 5/8/09*
> *Item 1 of Original 2: Reaffirmed MMS House of Delegates 5/8/16*
> *(Item 2 of Original: Sunset)*
>
> *Biomass*
>
> The Massachusetts Medical Society (MMS) urges federal, state, and local government to adopt policies that scrutinize the approval, permitting, and construction of biomass plants, and instead promote public health, energy efficiency and conservation and near zero-pollutant emissions and other renewable energy technologies. *(D)*
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> *MMS House of Delegates, 12/5/09*
> *Item 1:Amended and Reaffirmed MMS House of Delegates, 5/7/16*
> *Items 2-4 of Original: Sunset MMS House of Delegates, 5/7/16*

Climate Change

The Massachusetts Medical Society adopts the following adapted from American Medical Association policy:

> The MMS concurs with the findings of the Intergovernmental Panel on Climate Change's fifth assessment report that “human influence on the climate system is clear, and recent anthropogenic emissions of greenhouse gases are the highest in history”; that “recent climate changes have had widespread impacts on human and natural systems”; that “climate change will amplify existing risks and create new risks for natural and human systems”; and “that risks are unevenly distributed and are generally greater for disadvantaged people and communities in countries at all levels of development.” *(HP)*
>
> The MMS recognizes the importance of physician involvement in policymaking at the state, national, and global levels and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect human health. *(HP)*
>
> The MMS encourages physicians to consider and promote environmentally responsible policies and practices in the health care setting. *(HP)*
>
> The MMS will pursue a suitable way to invest a portion of its Portfolio in an appropriate alternative (“clean”) energy fund and report back on progress and status to the HOD at I-17. *(D)*
>
> The MMS will consider and report back on a shift of non-pension investments into socially-responsible investments. *(D)*

MMS House of Delegates, 12/3/16

Fossil Fuels

That in order to promote public health and safety for current and future generations, the MMS will promote education of its membership and the public about the health impacts of fossil fuel usage and engage in advocacy to reduce the use of fossil fuels and increase healthier and safer energy sources. *(D)*

MMS House of Delegates, 11/15/08
Reaffirmed MMS House of Delegates, 5/2/15

Water

The MMS strongly advocates for enhanced monitoring and surveillance systems for contaminants and waterborne disease throughout the Commonwealth.

MMS House of Delegates, 5/7/99
Reaffirmed MMS House of Delegates, 5/12/06
Reaffirmed MMS House of Delegates, 5/11/13

Relevance to MMS Strategic Priorities

The MMS has identified promoting a sound public health system as a strategic priority.

Discussion

Recent budget cuts to the EPA amount to a 31.4% funding cut and elimination of 50 programs. Recently proposed legislation would change the way EPA works to prevent pollution, identify pesticides, and classify toxins in consumer products such as laundry detergent and clothing dye; would promote industry representation on environmental regulatory advisory boards; and would limit the types of scientific research that may be used as the basis for EPA policy, including epidemiological research, which was used in the past to ban harmful substances such as DDT and leaded gasoline.[1,2,3]

There is concern that the health of our nation and of our Commonwealth will decline as a result of the recent and proposed environmental policy changes, and that these policy changes will have long lasting, and harmful, impacts.[4,5]

Conclusion

In light of recent significant changes to environmental regulatory policies and programs, which have the potential to increase Massachusetts residents' risk of adverse health effects resulting from increased exposure to pollutants and toxins, the Committee on Public Health believes that the MMS should take action to raise awareness among policymakers and Massachusetts residents of the relationship between environmental health and human health, and the potential for adverse health effects resulting from exposure to environmental toxins and pollutants, and advocate for stronger policies, at all levels, particularly state and local levels, that will protect environmental and public health.

Recommendations:

1. **That the MMS recognizes the inextricable link between environmental health, animal health, and human health, and the importance of scientific research in informing policies that protect human health from environmental toxins. *(HP)***

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[1]The White House. Office of the Press Secretary. 2016. Presidential Executive Order on Promoting Energy Independence and Economic Growth (press release). https://www.whitehouse.gov/the-press-office/2017/03/28/presidential-executive-order-promoting-energy-independence-and-economi-1

[2]HONEST Act, H.R. 1430, 115 Cong. 2017. https://www.congress.gov/bill/115th-congress/house-bill/1430

[3]Office of Management and Budget. *American First: A Budget Blueprint to Make America Great Again* (pdf). 2017. https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/budget/fy2018/2018_blueprint.pdf

[4]The Atlantic. March 31, 2017. "How EPA Budget Cuts Could Affect Public Health." https://www.theatlantic.com/politics/archive/2017/03/trumps-epa-cuts-budget/521223/

[5]Environmental Protection Network. "Former Federal and State Civil Servants Analyze Trump Administration's Proposals for EPA's FY2018 Budget." http://www.4cleanair.org/sites/default/files/Documents/EPA_budget_analysis_EPN_press_statemt_3-22.pdf

2. **That the MMS will initiate a public health campaign to promote public awareness of the potential sources of pollutants and toxins in the environment and their impact on human health. *(D)***

3. **That the MMS will advocate for policies, regulations, and legislation that protect and promote environmental and human health and that are aligned with MMS strategic and public health priorities. *(D)***

Fiscal Note: (Out-of-Pocket Expenses)	$15,000 per year for three years
FTE: (Staff Effort to Complete Project)	Existing Staff

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Item #:	17
Code:	Late OMSS Report A-17 B-6
Title:	Fair Process for Employed Physicians
Sponsors:	Organized Medical Staff Section Frank Carbone Jr., MD, Chair Ronald Dunlap, MD
Referred to:	Reference Committee B Aimie Zale, MD, Chair

Background

This report is based on and in part excerpted from a recent American Medical Association (AMA) resolution.

Current MMS Policy

Although there is much attributed to employed physicians in MMS policy, there are no MMS policies specific to this report, particularly as it pertains to whistleblower protections. The MMS does have the following related policy:

Principles for Physician Employment

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4. Hospital Medical Staff Relations

(c) Employed physicians who are members of the organized medical staff should be free to exercise their personal and professional judgment in voting, speaking, and advocating on any matter regarding medical staff matters and should not be deemed in breach of their employment agreements, nor be retaliated against by their employers, for asserting these interests.

…

MMS House of Delegates, 5/11/13

Relevance to MMS Strategic Priorities

This report relates to the physician advocacy strategic priority ensuring the MMS has a credible voice advocating at all levels for all physicians in any practice environment or setting. The MMS continues to monitor the impact of the rapidly transforming health care delivery system on physicians and their patients, and identify and develop appropriate strategies as needed.

Discussion

Employed physicians face unique challenges in that they are held accountable, but often not given enough resources or authority. They may find themselves facing a moral dilemma within the workplace regarding processes that are beyond their control, resulting in creating increased stress, even depression and often contributing to physician burnout.

Fear of retaliation and the stigma associated with being labeled a “troublemaker” or having a reputation of not being a team player contributes to underreporting of problems

in health care. All physicians find themselves facing a dilemma if their employer will not correct a problem/situation.

Employed physicians avoid bringing up valid medical staff issues because of the fear of being fired. Realizing this fact, they avoid raising concern and frequently choose to leave the organization rather than “fight a battle” over important issues with the hospital administrators.

This problem is especially prevalent among the hospitalist ranks and exacerbates the frequent movement of the already labile force of hospitalists within an institution. Hospitalists and primary care doctors in particular are in great demand, and thus have little difficulty finding new positions.

Some hospitals have mechanisms that allow the medical staff members to make suggestions regarding improvements through their quality improvement processes. The process may not require individuals making the suggestions to identify themselves.

Some hospitals and institutions will state that there are venues or processes in place for employed physicians to turn to. For example, there are medical staffs that have quality improvement committees and hold monthly or bimonthly meetings. And most would say that their administration is open to suggestions, and that reprisals would never be an outcome of raising concerns over the delivery of quality care.

The OMSS believes the following:

- Employed physicians would benefit from meeting outside of the hospital so that those initiating the cause or raising an issue would not likely be identified.
- The hot-button issues have generally been about the working conditions, particularly the workload and pressure to create RVUs to justify compensation. The movement from “volume to value” has mostly been about volume and the bottom line.
- Contracts for employed physicians may frequently have clauses that allow a physician who is perceived to be a “troublemaker” to be fired or dismissed without cause or due process. Physicians should be aware of this issue and avoid signing contracts with clauses of this type. It is this type of situation that inhibits physician team members from speaking out.
- Advice from Medical Society consultants and committees might be helpful. For example, there could be focus groups that address the major day-to-day problems for employed physicians.
- Whether or not the above are problems depends upon the “culture” of the institution or system. Problems may be more prevalent in larger systems where the gap is greater between the administration and what is happening on-site, at the institution.

<u>Conclusion</u>

It is important to stress that the creation of a forum would allow critical issues to be openly discussed without burdening a single individual with repercussions if the administration viewed the suggestions in a negative manner. Additionally, many organizations have whistleblower protections in place as it is perceived to be good business practice. Therefore, the OMSS makes the following recommendations.

Recommendations:

That the Massachusetts Medical Society adopt the following adapted from American Medical Association policy.

1. **That the MMS support whistleblower protections for physicians — particularly employed physicians — who raise questions of quality, safety, and efficacy of health care and are adversely treated by any health care organization or entity. *(HP)***

2. **That the MMS advocate for whistleblower protections in medical staff bylaws and incorporate these protections in the MMS Model Medical Staff Bylaws. *(D)***

3. **That the MMS advocate for medical staff bylaws to include a provision for the development of a "medical staff forum" with open meetings on at least a quarterly basis, so medical staff members can meet with the hospital or health system administration to discuss issues of quality, safety, and the efficacy of health care within their organization. *(D)***

Fiscal Note: (Out-of-Pocket Expenses)	One-Time Expense of $5,000
FTE: (Staff Effort to Complete Project)	Existing Staff