REPORT OF THE BYLAWS COMMITTEE

Subject: OSMA Bylaw Amendments

Presented by: Bruce Storms, MD, Chair

INTRODUCTION:

The OSMA Bylaws Committee on November 1, 2016 and considered proposed changes in the OSMA Bylaws and forwarded them to the Board of Trustees for approval. The Board of Trustees amended and approved the proposed Bylaw revisions on January 29, 2017. In accordance with the current OSMA Bylaws, the revisions as amended were published in News Now on February 24, 2017.

ACTIVITIES:

Section 2.02.3 Affiliate Members. Any physician who does not satisfy the requirements of any other category, but was once eligible for Active membership but no longer qualifies due to the residency requirement, may be classified as an M.D. or D.O. Affiliate Member. Other health care providers, as defined by the Board of Trustees, may join the association as Affiliate Members. Affiliate membership applications shall be initiated by the member seeking affiliate membership status. Affiliate membership applications must be approved by the Association. Affiliate members shall not be entitled to vote or hold office. The rights and privileges of Affiliate members may be further restricted by the Board of Trustees.

Section 2.02.4 Resident/Fellow Members. Physicians serving as full-time residents or fellows in a program leading to certification by the American Board of Medical Specialties or the American Osteopathic Association or American College of Medical Specialties, upon application of the component society or participation in an AMA membership program, may become Resident/Fellow members of a component society and of this Association. Resident/Fellow membership is limited to the period of training. Resident/Fellow members shall have all the rights and privileges of Association membership, except the right to hold office, unless otherwise stated in these Bylaws.

Section 4.02.2 Partial Exemption. Full membership rights and privileges will be retained during the period of partial dues exemption, except the right to hold office, except the right to be a General Officer of the Association.

Section 4.02.4 Group Membership. Active members in a group membership may be permitted to pay partial dues and/or assessments in an amount as approved by the OSMA Board of Trustees on an annual basis. Definition of Group membership shall be determined by the Board of Trustees.

Section 7.02 Term of Office and Tenure. All Trustees and Alternate Trustees shall be elected for staggered terms of three (3) years each, except Resident and Student Trustees and Alternate Trustees who shall be elected annually. No Trustee, except for Resident and Student Trustees, may serve more than two (2) consecutive terms and will be ineligible for immediate election to Alternate Trustee after his/her term limit as Trustee expires. Filling an unexpired term will not count toward the term limit. Officers shall serve as members of the Board of Trustees during their terms in office.

Section 11.05 Nominating Committee. This Committee shall select a slate of candidates to stand for election to offices to be filled by the House of Delegates. It shall be the duty of the Committee to recruit qualified candidates. The Nominating Committee shall publish its official ticket of candidates to the membership through whatever means of communication it determines will reach the most members at least sixty (60) thirty (30) days prior to the Annual Meeting of the House of Delegates at which the candidates will be elected.
ARTICLE XVII
INVESTMENT ACCOUNT

There is hereby established an “Investment Account”, to be the proceeds from the sale of the Association’s interest in PLICO, to be held and administered as follows: Any expenditure, distribution, disbursement or payment from the Investment Account, other than distributions of not to exceed three percent (3%) annually from the Investment Account to the “Reserve Account” as administered by the Board of Trustees, shall require an affirmative vote of seventy-five percent (75%) of the Board of Trustees at a properly called meeting thereof and an affirmative vote of seventy-five percent (75%) of the House of Delegates at a properly called meeting thereof.

RECOMMENDATIONS:

The Bylaws Committee is recommending changes to the OSMA Bylaws as presented above.

CONCLUSION:

Respectfully submitted,

Bruce Storms, MD, Chair
REPORT OF THE OSMA NOMINATING COMMITTEE

Subject: 2017-2018 Nominations

Presented by: Woody Jenkins, MD, Chair

INTRODUCTION:

The OSMA Nominating Committee met on February 7, 2017 and certified the slate of nominees. The certified nominations were published in News Now on February 07, 2017.

ACTIVITIES:

OSMA GENERAL OFFICERS

President: Kevin Taubman, MD 2017-2018
President-Elect: Jean Hausheer, MD 2017-2018
Vice President: Larry Bookman, MD 2017-2018
Secretary/Treasurer: Mark Kowalski, MD 2017-2019

AMA DELEGATION

Delegates: 2 year term – (Two open positions) (Two year terms)
2. Sherri Baker, MD, Oklahoma City 2017-2019

Alternate Delegates: 2 year term – (Two open positions) (Two year terms)
1. Pete Aran, MD, Tulsa 2017-2019
2. Julie Hager, MD, Oklahoma City 2017-2019

OSMA Health: 3 year term – (Three open positions) (Three year terms)
1. Diane Heaton, MD, Tulsa 2017-2020
2. Lee Schoeffler, MD, Tulsa 2017-2020
3. Teresa Shavney, MD, Oklahoma City 2017-2020

OKLAHOMA STATE MEDICAL ASSOCIATION
BOARD OF TRUSTEES AND ALTERNATES
2017-2018

District I – Cimarron, Texas, Beaver, Harper, Woods, Alfalfa, Grant, Kay, Ellis, Woodward, Major, Garfield, Kingfisher & Logan Counties
Trustee: D. Wesley Hughes, II, MD, Enid (2020)
Alternate: Susan Hull, MD, Waynoka (2020)

District III - Tulsa
Trustees: Patrick Lester, MD, (2019)
Alternates: Rollie Rhodes, Jr., MD (2019)
Jenny Boyer, MD (2020)
Britney Else, DO (2020)
District VI - Oklahoma

Trustees:  
Sam Dahr, MD (2019)  
David Holden, MD (2020)  

Alternates:  
Lisa J Wasemiller-Smith, MD (2019)  
Ashley Weedn, MD (2020)  

Trustee/Alternate At Large  
Trustee:  
John Siegle, MD, Ada (2020)  

Alternate:  
Woody Jenkins, MD, Stillwater (2020)  

RECOMMENDATIONS:  

CONCLUSION:  

Respectfully submitted,  
Woody Jenkins, MD  
Chair
REPORT OF THE OSMA ALLIANCE

A-2017

Subject: Annual Report

Presented by: Kathy Bookman & Maureen Crook, Co-Presidents

INTRODUCTION:

The Presidency of the OSMAA has been shared by Co-Presidents, Kathy Bookman and Maureen Crook. It has been our pleasure to attend the Installation of OSMA President, Dr. Sherri Baker and to have served with her this past year. Dr. Baker has served diligently on behalf of the physicians of our State and has shown respect and appreciation for the Alliance.

We witnessed the Installation of the AMA President, Dr. Andrew Gurman, and the new AMA Alliance President, Rosemary Xavier, while attending the AMA and AMAA Annual Meeting in Chicago; June 2016.

It was an honor to join forces with the OSMA Delegation and represent the State of Oklahoma.

The efforts of the OSMA Alliance wouldn’t be possible without the support, guidance and encouragement of the OSMA staff. We sincerely appreciate Kathy Musson, Assoc. Exec. Director and Ken King, Exec. Director for their time and dedication. We thank Nancy Bennett, Administrative Assistant for all her time and attention to Alliance duties allowing a team effort to achieve our goals. We thank Wes Glinsmann, Director of State Legislation and Political Affairs, for keeping us informed of Legislative issues and always being available to speak at our meetings.

ACTIVITIES:

MEMBERSHIP

Jeary Seikel, VP of Membership, continues to work with the active counties in Oklahoma encouraging their involvement and membership. Jeary reaches out by phone as well as email, which has allowed a more personal touch. This has been appreciated by the membership. As always, we continue to recruit and this recruitment method has resulted in adding to the membership.

Oklahoma County

Amy Bankhead stepped down as OCMSA President in February after serving for the past two years. The OCMS Alliance continues to do excellent work. The Community Service Team is very active and partners with health related non-profits to further their services. The Kitchen Tour was held in October, and raised $30,000 to benefit Good Shepherd Clinic and Schools for Healthy Lifestyles. Cara Falcon was installed in February 2017 as the new OCMSA President. The grant selection process for the next Kitchen Tour is underway.

Cleveland-McClain County

Projects within the Cleveland-McClain Alliance continue on a steady basis. Many of their projects are held in conjunction with the physicians and spouses and works well this way. They recently stocked the Diaper Closet at the Center for Children and Families. They provided food for both of Norman’s High Schools food pantries. These programs send food home with students over the weekends. Maureen Crook and Marcy Paskowski lead this Alliance.

Tulsa County

Carol Schoeffler, longtime Alliance Member passed away. She was the wife of Dr. Lee Schoeffler. A donation was made by the Tulsa Alliance in Carol’s name to the Tulsa Medical Society Foundation.

Tulsa Alliance members worked on a project that was started by their Alliance, the Toyland Ball, associated with the Parent Child Center coordinated by Sheryl Chadd.
Pottawatomie County

Carmen Wolf, President, has requested from Nancy Bennett, all the names of previous members with a renewed
effort for recruitment and reinstatement in mind. They are also hoping to form a Community Service Team
modeled after the one within the Oklahoma County Alliance.

LEGISLATIVE/MEDICINE DAY

Our legislative representatives, Rick Knapp (OKC) and Amy Clingan (Tulsa), continue to work on these efforts
with the assistance of Wes Glinsmann and the OSMA staff. The Alliance reached out this year and made
personal phone calls and emails to state leaders regarding HB1013. Leadership attended Medicine Day February
21, 2017.

OFFICERS

Kathy Bookman will be stepping down as Co-President with Maureen Crook. Maureen will be the acting
President as of April 2017. At that time, Rick Knapp will serve as President Elect.

HEF (Health Education Foundation)

Each year the OSMA Alliance raises money for a selected Medical Student. Our donation is $2,000. Funds are
raised through a raffle held during the General Meeting and the OSMA Inaugural. Barbara Jett, HEF Treasurer,
then presents the check on behalf of the State Alliance. Our goal was reached last year and the raffle will be
held again at the Annual State Meeting in Tulsa.

ANNUAL GENERAL MEETING/AWARDS

The Annual Meeting of 2016 was held in OKC at the Embassy Suites in conjunction with the OSMA Meeting and
Inaugural. Installation of officers took place on Friday prior to the Saturday event. Members heard special
speaker, Dr. Julie Hager, Board Member of the Toby Keith Foundation Kid’s Korral. A tour of the facility took
place immediately following the meeting. Members brought items to help the Korral. Awards: The “Spotlight
Award” was given to Jeary Seikel, for her vision in bringing the concept of a Community Service Team to life
within the OCMS Alliance. “Certificates of Merit” for accomplishments within their community were given to
Oklahoma, Cleveland and Pottawatomie Counties.

A “Presidential Citation” was presented to Barbara Jett, the evening of the OSMA Inaugural, for her many years
of outstanding service with Oklahoma County; State Medical and the AMAA, as well as her valuable mentoring
to the Alliance.

Respectfully submitted,

Kathy Bookman and Maureen Crook

Co-Presidents, OSMAA

Supporting Medical Families through Advocacy and Education
REPORT OF THE AMERICAN MEDICAL ASSOCIATION DELEGATION

Subject: Annual Report
Presented by: Bruce L. Storms, MD – Delegation Chair
Sherri Baker, MD – Delegation Vice-Chair
Kathy Musson, CAE, Associate Executive Director (Staff Liaison)

REVIEW OF 2016 ACTIVITIES:

The following physicians served on the Oklahoma American Medical Association (AMA) Delegation for 2016:

Delegates: Sherri Baker, MD, Jack Beller, MD, Jay Gregory, MD, and Bruce L. Storms, MD.
Alternate Delegates: Peter Aran, MD, Jenny Boyer, MD, Julie Hager, MD and Woody Jenkins, MD.

AMA 2016 Annual Meeting – June 10-15 (Chicago, IL):

The 2016 AMA Annual Meeting took place in Chicago June 10-15, 2016 at the Hyatt Regency Hotel. All four (4) OSMA/AMA Delegates, as well as all four (4) of the Alternate Delegates, attended the meeting. Several Specialty Society delegates represented Oklahoma, including: M. Dewayne Andrews, MD, AMA Section on Medical Schools; Jane Fitch, MD, American Society of Anesthesiologists; Jean Forsberg, MD, College of American Pathologists; Robert McCaffree, MD, American College of Chest Physicians; and Saundra Sprueill, DO, American Board of Phlebology. In addition, Mary Ann McCaffree, MD represented Oklahoma as a member of the AMA Board of Trustees.

Eudy Bosley, MD and Christopher Sudduth, MD attended the AMA Annual Meeting representing the OSMA Resident/Fellow Section (RFS). Medical students representing the OSMA Medical Student Section (MSS) from Oklahoma were: Bob Aran (OSU-Tulsa), John Carradini (OU-Tulsa), Brady Iba (OU-OKC), Austin McCullough (OU-OKC), Sarah Tran (OSU-Tulsa) and Sarabeth Williams (OU-OKC).

OSMA Staff members Ken King, Kathy Musson, Wes Glinsmann, Donna Bartlett and Stacie Sawvell attended the AMA annual meeting. Kathy Musson served as staff liaison for the Heart of America Caucus (HOA) since Oklahoma was designated as the host for 2016 and 2017. The OSMA staff also assisted with Mary Anne McCaffree’s campaign for President-elect and helped host the Oklahoma Reception held in her honor on Sunday, June 12th.

AMA 2016 Annual Meeting Highlights:

• Code of Medical Ethics modernized for first time in 50 years
Physicians affirmed a comprehensive update of the nearly 170-year-old AMA Code of Medical Ethics, the conclusion of a meticulous project started eight years ago to ensure that this ethical guidance keeps pace with the demands of the changing world of medical practice.

• AMA calls for gun research, background checks to prevent violence
Recognizing that gun violence is a public health crisis, the AMA voted to urge background checks and a waiting period for all firearms purchasers and will lobby Congress to overturn legislation that for 20 years has prevented the Centers for Disease Control and Prevention from researching gun violence.
• Ethical considerations prompt new telemedicine ground rules
  With the increasing use of telemedicine and telehealth technologies, delegates adopted new
  policy that outlines ethical ground rules for physicians using these technologies to treat patients.

• Physicians are guiding new payment system, CMS chief says
  In the effort to design the new Medicare payment system, Andy Slavitt, acting administrator of
  the Centers for Medicare & Medicaid Services (CMS), said that the driving factor behind many
  of the changes was physician input.

• Public Health Initiatives
  At the heart of policymaking of the AMA is the mission to promote the betterment of public
  health. Physicians adopted policies that will help improve consumer safety and reduce harm—
  they range from preventing drug overdose to delaying school start times and supporting paid
  sick leave.

• How physicians are making EHRs interoperable
  Electronic health records (EHR) have consistently caused problems for physicians due to a lack
  of interoperability. Physicians and health IT developers explained how physicians must lead—
  and are leading—the way forward.

• Physicians take steps to address opioid overdose epidemic
  Recognizing that the physician role in reducing opioid medication misuse, overdose and death is
  an important one, AMA delegates voted to support new policies which address factors that are
  critical to reversing the epidemic, including support for prescription drug monitoring programs,
  access to naloxone and identifying addiction medicine as a sub-specialty.

• Andrew W. Gurman, MD installed as President of the AMA. Dr. Andrew Gurman is an
  orthopedic hand surgeon in private practice in Altoona, Pa. During the last eight years, he has
  served as the speaker and vice speaker of the AMA House of Delegates and has been an active
  member of the AMA Board of Trustees.

Oklahoma Sponsored Resolutions:

The following resolutions were sponsored by the Oklahoma Delegation and submitted to the AMA 2016
Annual Meeting for consideration by the AMA House of Delegates:

Oklahoma Resolution 2 – Interstate Medical Licensure Compact.

This resolution was forwarded to the AMA (A-16) as Resolution 212 and referred to Reference
Committee B for consideration.

AMA Resolution 212 asked that the AMA oppose the Federation of State Medical Boards’ Interstate
Medical Licensure Compact (Compact). (New HOD Policy) Reference Committee B heard substantial
testimony in opposition to Resolution 212. In particular, testimony highlighted the fact that the Compact
is an alternative approach to medical licensure in states other than a physician’s primary state of
licensure, and that traditional pathways to licensure remain for any physician who does not qualify for
the Compact’s expedited process, or who chooses to not participate in the Compact. Testimony also
offered that specialty certification is an initial requirement for participation in the Compact because
those states that had existing expedited pathways uniformly required specialty certification, and as such,
the same would have to be included in the Compact for those states to participate. Testimony from a member of the Interstate Medical Licensure Compact Commission also clarified that the Compact’s definition of physician is for purposes of the Compact only, and does not alter a state’s medical practice act. The Reference Committee heard testimony suggesting that the Compact is essential to initiatives to create a federal medical license or federal telemedicine license. Finally, the Reference Committee heard testimony from many of the seventeen states that have already joined the Compact, urging defeat of this resolution. The Reference Committee understands that concerns remain regarding the Compact and Maintenance of Certification (MOC), but heard testimony clarifying that the Compact itself does not require MOC. However, the Reference Committee is aware that the Council on Legislation has approved, and the AMA Board of Trustees will be considering at this meeting, model state legislation that would address these issues. The Reference Committee believed that the Compact is a mechanism through which the medical licensure process can be modernized while preserving state authority to regulate the practice of medicine, and therefore, recommended that Resolution 212 not be adopted.

**Oklahoma Resolution 4 – Merit-Based Incentive Payments**

This resolution was forwarded to the AMA (A-16) meeting as AMA Resolution 213 and referred to Reference Committee B for consideration.

AMA Resolution 213 asked that the AMA seek regulation or legislation to make the certified vendor-based EHR’s accountable in legal and/or financial fashion for the quality and reliability of the reports so that they are more aligned with the physicians who are judged by the reports. (Directive to Take Action)

Reference Committee B heard testimony in support of Resolution 213. Testimony noted that the AMA is actively working to improve oversight of EHR vendors in many ways. For instance, the AMA has supported federal legislation that would require vendors to undergo a star rating performance system and incur financial penalties for data blocking. Second, the AMA has worked with the Office of the National Coordinator for Health Information Technology (ONC) to enhance accountability of vendors and recently wrote comments in support of a new proposed rule that would allow ONC to directly review the EHR certification process. Finally, the MIPS proposed rule also includes provisions that would require EHR vendors to undergo data integrity and submission criteria to ensure information is valid and accurate. To acknowledge this ongoing work and to support efforts that are broader than legal and financial requirements, an amendment to Resolution 213 was offered. The Reference Committee recognized the support for improving EHRs and the advocacy efforts already being pursued by the AMA. Therefore, Reference Committee B recommended that Resolution 213 be adopted as amended to read as follows:

RESOLVED, That the AMA seek regulation or legislation advocate to make the certified vendor-based EHRs accountable for the provision of reports in a format suitable to satisfy physician reporting requirements in legal and/or financial fashion for the quality and reliability of the reports that they are more aligned with the physicians who are judged by the reports.

**Oklahoma Resolution 6 – Lead and Copper Rule Compliance.**

This resolution was forwarded to the AMA (A-16) meeting as AMA Resolution 409 and referred to AMA Reference Committee D.

Resolution 409 (Lead and Copper Rule Compliance) was combined with Resolution 413 (Ban Lead in Plumbing), Resolution 414 (Replace Municipal lead plumbing), Resolution 415 (regular monitoring of
water at school and daycare sites) and Resolution 416 (Timely and transparent data sharing for drinking water testing). Reference Committee D recommended that the following resolution be adopted in lieu of Resolutions 409, 413, 414, 415, and 416.

**AMA ADOPTED THE FOLLOWING RESOLUTION ON SAFE DRINKING WATER**

**RESOLVED,** That AMA support updates to the U.S. Environmental Protection Agency’s Lead and Copper Rule as well as other state and federal laws to eliminate exposure to lead through drinking water by: (1) Removing, in a timely manner, lead service lines and other leaded plumbing materials that come into contact with drinking water; (2) Requiring public water systems to establish a mechanism for consumers to access information on lead service line locations; (3) Informing consumers about the health-risks of partial lead service line replacement; (4) Requiring the inclusion of schools, licensed daycare, and health care settings among the sites routinely tested by municipal water quality assurance systems; (5) Improving public access to testing data on water lead levels by requiring testing results from public water systems to be posted on a publicly available website in a reasonable timeframe thereby allowing consumers to take precautions to protect their health; (6) Establishing more robust and frequent public education efforts and outreach to consumers that have lead service lines, including vulnerable populations; and (7) Requiring public water systems to notify public health agencies and health care providers when local water samples test above the action level for lead. HOD ACTION: Alternative Resolution 409 adopted as amended in lieu of Resolutions 409, 413, 414, 415, and 416. 8) Seeking to shorten and streamline the compliance deadline requirements in the Safe Drinking Water Act (Directive to take action)

**2016 Interim Meeting –November 11-15 in Orlando, Florida**

Hundreds of physicians, medical students, residents and fellows met in Orlando, Florida November 11 to 15, 2016, to consider a wide array of proposals designed to help fulfill the AMA's core mission of promoting medicine and improving public health. AMA Delegates attending the Interim Meeting were Sherri Baker, MD, Jack Beller, MD, Jay Gregory, MD and Bruce Storms, MD. Alternate Delegates attending were Peter Aran, MD, Jenny Boyer, MD, Julie Hager, MD and Woody Jenkins, MD. OSMA President Kevin Taubman, MD, was seated as an Alternate Delegate. Several Specialty Society delegates represented Oklahoma, including: Jane Fitch, MD, American Society of Anesthesiologists; Robert McCaffree, MD, American College of Chest Physicians and Saundra Spruiell, DO, American Board of Phlebology.

Eudy Bosley, MD represented the AMA Resident and Fellow Section. Chris Sudduth, MD represented the Young Physician Section. Medical student representatives for the OSMA Medical Student Section were: Lauren Bessette (OSU-Tulsa), John Carradini (OU-Tulsa), Brady Iba (OU-OKC), Tom Labarthe (OU-OKC), Chelsea McKenzie (OU-Tulsa); Helga Skaftason (OU-Tulsa), Sarah Tran (OSU-Tulsa); and Trey Wells (OU-OKC).

OSMA Staff members Ken King and Kathy Musson attended the AMA interim meeting. Kathy Musson served as staff liaison for the Heart of America Caucus (HOA) since Oklahoma was designated as the host for 2016 and 2017.
AMA 2016 Interim Meeting Highlights:

- **AMA prepared to engage new administration on health reform**
  
The AMA’s House of Delegates adopted a resolution voicing “firm commitment” to current AMA policy on health care reform. In its discussions with the Trump administration and Congress, the AMA will continue efforts to cover the uninsured and work to assure that future proposals do not result in loss of coverage for patients currently insured.

- **Physicians back steps toward value-based drug pricing**
  
  Value-based pricing has the potential to reduce prescription drug spending in the U.S. And with recent spikes in drug prices directly affecting patients, delegates looked to address increases by adopting new guiding principles to support value-based prescription drug pricing.

- **Physician who discovered CTE in NFL players gets AMA's highest honor**
  
  As the physician who made the initial discovery of chronic traumatic encephalopathy (CTE) in an NFL player in 2002, forensic neuropathologist Bennet I. Omalu, MD, MBA, MPH, overcame massive efforts to discredit him and his research. Today CTE is widely recognized as a health risk in millions of patients with histories of repetitive brain trauma, including military veterans. The AMA honored Dr. Omalu with its Distinguished Service Award.

- **Easing student loan debt one of several new med education policies**
  
The AMA adopted several policies aimed at alleviating medical student loan debt, integrating mental illness and addiction treatment into training programs, and giving physicians in training more leadership and community health work opportunities.

- **As care team leaders, physicians should set right tone**
  
The AMA adopted new policy that lays out the ethical obligations that physicians have to lead and participate in the team-based care model that research shows can improve health care quality and patient outcomes, enhance care access and slow the rate of medical spending while reducing burnout among health professionals.

- **Wounded veterans deserve infertility benefits**
  
The Veterans Health Administration doesn’t cover assisted-reproductive technology benefits, including IVF, even though war injuries can cause infertility. Newly adopted AMA policy says that should change.

- **Policy aims driven by physicians’ core values**
  
  “This week we shared a moment of tremendous impact in our country,” AMA President Andrew W. Gurman, MD, said of the recent presidential election during the meeting’s opening session. “The policies that have been developed by this House of Delegates serve our patients and professions well. These are our guides: our mission, our policies and our values.”
• Public health concerns prompt physician policy

Delegates adopted several policies to promote the health of the nation. Public health issues addressed include distracted driving, dangerous coal-tar sealcoats and smoking among youth.

• Joining the call for action to stem tide of gun violence

The AMA has joined an advocacy effort, started by leading organizations representing physicians, public health professionals and attorneys, aimed at reducing gun-related deaths and injuries. The document seeks universal background checks on gun purchases, restrictions on the sale of military-style weapons and large-capacity magazines to civilians and more research on how to cut morbidity and mortality involving firearms.

CONCLUSION:

The AMA delegate apportionment is based on AMA membership records as of December 31st with one delegate apportioned for every 1,000, or fraction thereof, of AMA members within the state of Oklahoma. Although only 24% of OSMA members paid their AMA dues through their county society or the OSMA, AMA shows Oklahoma’s 2016 AMA membership number was 3,418 which was an increase of 73 over the 2015 membership number. The AMA membership number includes students, residents, life members and a number of physicians who join the AMA directly. This number entitles Oklahoma to four (4) delegates and four (4) alternates for the 2017 year.

The 2017 AMA Annual Meeting will be held June 9-14, 2017 at the Hyatt Regency Hotel in Chicago, IL. Due date for resolutions to be included in the Handbook is Wednesday, May 3. The deadline for “on-time” resolutions to be included in the Handbook Addendum is Thursday, May 11. All business will be posted on the AMA website, and most items will appear on the website several days or even weeks before the Handbook is compiled. Late resolutions (those received after May 11) will be distributed on Sunday, June 11 but will be accepted as business only if approved by 2/3 of the delegates present and voting. The Committee on Rules and Credentials will submit recommendations regarding the acceptance of late resolutions following procedures previously established by the House.

The Interim Meeting will be held at the Hawaii Convention Center in Honolulu, Hawaii on November 11-14, 2017.

The Oklahoma AMA Delegation will meet on Saturday, April 22nd, following the OSMA House of Delegates to discuss plans for the upcoming AMA Annual and Interim meetings. All physicians, residents and medical students attending the 2016 AMA Annual Meeting are invited to participate in the delegation’s planning meeting.

Respectfully submitted,

Bruce L. Storms, MD, Chair
Sherri Baker, MD, Vice-Chair
Kathy Musson, CAE, Associate Executive Director (Staff Liaison)
REPORT OF THE CONTINUING MEDICAL EDUCATION (CME) PLANNING COMMITTEE

Subject: Annual Report

Presented by: Tomas Owens, MD, Chair, CME Planning Committee

INTRODUCTION:
Each year licensed Oklahoma physicians are required to average 20 hours of Category 1 CME credit, so that in a three year period they must complete 60 hours of *AMA PRA Category 1 Credits™* for license renewal. The CME Planning Committee works hard to bring to the OSMA physician membership statewide quality CME activities that will assist and enhance their practice in providing excellent care and patient safety for their patients.

CME Planning Committee met on February 17, 2016, May 4, 2016, August 10, 2016 and November 9, 2016

Introduction of Guests to the CME Planning Committee
Dr. Tomas Owens introduced to the CME Planning attending guests, Cori Loomis, JD; Todd Barnes, Executive Director, Oklahoma Pain Society, (OPS) and Dr. Terrell Phillips, OPS President and OSMA member and pain management specialist. Cori explained that OPS is a new Organization with forty members strong and growing. They would like to partner with the OSMA on any upcoming CME activities that would include pain management. They would like to educate physicians and their patients on this major issue in Oklahoma. They are working on the solution to this problem and developing Standards of treatment for patients with these pain management issues. Dr. Owens assured Cori, Todd and Dr. Phillips that Sandy would be in touch with them soon to develop a CME activity targeting Pain Management issues in Oklahoma.

Dr. Owens thanked them for attending and bringing forth the idea of working with the OSMA on future CME Mini Series that would include “Pain Management for Physicians and Their Patients” and again stated that we look forward to working with you in the future on this topic.

Motion made and approved working with the Oklahoma Pain Society on any future CME Mini Series dealing with “Pain Management” issues. Sandy Deeba will contact them when a date is selected for this topic.

Update on Oklahoma Board Of Medical Licensure and Supervision online CME Enduring Activity
“Oklahoma Health Care Providers’ Responsibilities and Rights Under Certain Medical Treatment Laws”
Lyle Kelsey presented the results for the year 2015 on those completing the online course “Oklahoma Health Care Providers’ Responsibilities and Rights Under Certain Medical Treatment Laws.” There were 9,952 professionals that completed this course with no errors on the test. There were 6,435 health professionals who took the test and passed. There were 3,517 physicians that took the course and passed the test and received credit for participating. There were many that took the test but have not completed it due to not passing the test. This is a requirement of taking the course and receiving credit for it. They must pass the test with a perfect score in order to pass it and receive credit. This course is required by state law to take and pass every two years.

Motion made and approved the 2015 report on the Oklahoma Medical Board’s online CME Enduring Activity required by state law “Oklahoma Health Care Providers’ Responsibilities and Rights Under Certain Medical Treatment Laws.”

Review Final Plans for the OSMA CME Mini Series VII: “What Physicians Need To Know: Being Prepared” held on Friday, February 26, 2016 at the OSMA Headquarters in Oklahoma City, OK
Sandy Deeba presented to the Committee the final plans for the upcoming OSMA CME Mini Series VII: “What Physicians Need To Know: Being Prepared” to be presented at the OSMA Headquarters on Friday, February 26, 2016. This CME Mini Series will offer to the participants 6 *AMA PRA Category 1 Credits™*.

The following is the schedule, speakers and objectives:
PART I: WHAT PHYSICIANS NEED TO KNOW: BEING PREPARED
8:30 a.m. - 9:30 a.m.
“Disaster Preparedness: Is Your Family Prepared?” - Charles Olson, MD

Course Objectives:
REPORT OF THE CME PLANNING COMMITTEE
A-2016
PAGE 2

After attending the activity the physician should be able to:
1. Recognize High Risk scenarios and plan for personal and family safety; and
2. Recognize asymmetric response to critical medical injuries; and
3. Discuss tourniquets and immediate life-saving interventions.

9:30 a.m. - 10:30 a.m.
“Cognitive Biases and Human Error” - Curtis Harris, MD, JD

Course Objectives:
After attending the activity the physician should be able to:
1. Characterize the two systems of thinking common to all humans; and
2. Understand the interplay between expertise and cognitive bias; and
3. Reduce both diagnostic error and therapeutic error.

10:30 a.m. - 10:45 a.m.
Break

10:45 a.m. – 11:45 a.m.
“PMP Is Law: How It Will Impact You” – Larry Carter, OSBMLS Investigator

Course Objectives:
After attending the activity the physician should be able to:
1. Comply fully with current laws related to mandatory use of the Prescription Monitoring Program; and
2. Analyze and interpret information returned from the PMP system.

11:45 a.m. - 12:30 p.m.
Lunch

PART II: “WHAT PHYSICIANS NEED TO KNOW: BEING PREPARED”

2:30 p.m. – 1:30 p.m.
“Contracts: Be Sure, Before You Sign the Dotted Line” – Cori Loomis, JD, Christensen Law Group

Course Objectives:
After attending the activity the physician should be able to:
1. Discuss contract terms in employment and service agreements; and
2. Know issues related to these terms that are often misunderstood by physicians; and
3. Discuss representations made by deal promoters that raise legal issues; and
4. Know that physicians should review and understand each term and be cautious about representation made by deal promoters.

1:30 p.m. – 2:30 p.m.
“Beware! Watch Out For Fraud and Data Breach” – April Lee, OU Senior IT Security Analyst

Course Objectives:
After attending the activity the physician should be able to:
1. Know the recent Office of Civil Rights Breach statistics; and
2. Discuss the common threats posed to medical organizations and healthcare facilities; and
3. Learn the safe practices to preventing fraud and breaches.

Break – 2:30 p.m. – 2:45 p.m.

2:45 p.m. – 3:45 p.m.
“The Top Ten Medical/Legal Risks of the Early 21st Century” – Curtis Harris, MD, JD

Course Objectives:
After attending the activity the physician should be able to:
1. Identify and control new legal risks in the practice; and
2. Anticipate the social and economic causes of previously unforeseen medical-legal risks; and
3. Manage patient expectations of communication and transparency without creating greater legal risks.

The cost will be $175 for members and their staff and $200 for non-members. This includes a light breakfast and a box lunch. Approximately 39 signed up to attend this event.

Motion made and approved the final review of the upcoming CME Mini Series VII: “What Physicians Need To Know: Being Prepared” to be held at the OSMA Headquarters on February 26, 2016. This event
will provide 6 AMA PRA Category 1 Credits to all attendees. The cost will be $175 for members and their
staff and $200 for non-members. This includes a light breakfast and a box lunch.

Overview of OSMA CME Mini Series VII: “What Physicians Need To Know: Being Prepared” held on
Friday, February 26, 2016 at the OSMA Headquarters in Oklahoma City
Sandy Deeba presented to the Committee the overview of the OSMA CME Mini Series VII: “What Physicians
Need To Know: Being Prepared” presented at the OSMA Headquarters on Friday, February 26, 2016. This CME
Mini Series offered to the participants 6 AMA PRA Category 1 Credits™.
There were approximately 39 in attendance and it was very well received and all speakers received excellent
marks on their evaluations. The event brought in $5,950 for registration and $2,500 in exhibitors with a total of
$8,450 in revenue.

Motion made and approved the overview of the OSMA CME Mini Series VII, “What Physicians Need To
Know: Being Prepared,” held on Friday, February 26, 2016 at the OSMA Headquarters Conference
Room from 8:30 a.m. to 3:45 p.m.

Overview on “Child Obesity Webinars 2015”
Melissa reported that there have been nine webinars thus far this year with approximately 90 participants for an
average of 25 in attendance per seminar. They have been very well done. She informed the Committee that they
have lost their funding from the Health Department but will extend six months into next year. Melissa will try to
work on Grants for this project for 2016. They hope to continue “Childhood Obesity” into 2016.

Motion made and approved update on “Child Obesity Webinars 2015”.

Update on Oklahoma Board of Medical Licensure and Supervision Online CME Enduring Activity
“Oklahoma Health Care Providers’ Responsibilities and Rights Under Certain Medical Treatment Laws”
Lyle Kelsey, Executive Director of the Oklahoma Board of Medical Licensure and Supervision, reported that
9,450 participants have completed the webinar on “Oklahoma Health Care Providers’ Responsibilities and
Rights Under Certain Medical Treatment Laws.” He also informed the Committee that this webinar is required
by law that all physicians complete every two years.

Motion made and approved the update presented on the online CME Enduring Activity for 2015 on
“Oklahoma Health Care Providers’ Responsibilities and Rights Under Certain Medical Treatment
Laws.”

Update On PMP Rules and Supervision of PAs with Oklahoma Medical Board
Lyle presented to the Committee that the Oklahoma Medical Board will consider the “Proposed Rules” on
March 10, 2016. The updated “Proposed Rules” will be presented at the upcoming CME Planning Committee
Meeting on May 4, 2016.

Motion made and approved the update on the “Proposed Rules” by the Oklahoma Medical Board.

Review Final Plans and Schedule for the “OSMA/OHPP Annual CME Meeting” set for April 15, 2016
The Committee reviewed the schedule below for the OSMA Annual CME Meeting to be held on Friday, April
15, 2016. 8:00 a.m. – 8:30 a.m.
Registration/Breakfast
8:30 a.m. - 9:15 a.m.
“Read the Signs Before it is too Late: Substance Abuse, Boundaries and the Disruptive Physician” –
Robert Westcott, MD
9:15 a.m. - 9:30 a.m. BREAK
9:30 a.m. - 10:30 a.m.
“Diagnostic Error: Human Expertise and Cognitive Biases” – Curtis Harris, MD, JD
10:30 a.m. - 10:45 a.m. BREAK
10:45 a.m. – 11:45 a.m.
“Physician Burnout: When too Much is Just too Much” – Murali Krishna MD
11:45 a.m. – 12:00 p.m.  “Oklahoma Health Professionals Program” – Robert Westcott, MD
12:00 p.m. – 1:00 p.m.  CME and Board of Trustees Luncheon/Mingle with Exhibitors
1:00 p.m. – 2:00 p.m.  “Stress Relief and Self Awareness: How to Manage Your Own Pain in the Neck” – Murali Krishna, MD
2:00 p.m. – 2:15 p.m.  BREAK
2:15 p.m. – 3:15 p.m.  “Beware! Watch Out for Fraud and Data Breach” - April Lee, OU Senior IT Security Analyst
3:15 p.m. – 3:30 p.m.  BREAK
3:30 p.m. – 4:30 p.m.  “Memory Magic: Improve Your Memory/Improve Your Life” - Paul Mellor
4:30 p.m. – 5:30 p.m.  Reception – Mingle with our Physician Members and Exhibitors

The Committee was informed that Paul Mellor, a national speaker on memory, was an additional impressive touch for our participants. This meeting brought in $20,430 in revenue. There were $10,430 in registrants and $10,000 in sponsorships. Comments received that this was the best CME event we have had thus far. They thought the speakers were outstanding and the entire event was very well received. The OSMA/OHPP Annual Meeting CME was held at the Embassy Suites Downtown Medical Center, 741 N. Phillips Avenue, Oklahoma City, OK 73104. This event offered 6 AMA PRA Category 1 Credits™.

Overview of the OSMA/OHPP Annual CME Meeting held on April 15, 2016
The Committee did an overview of the OSMA/OHPP Annual CME Meeting held on Friday, April 15, 2016 from 8:30 a.m.- 4:30 p.m. The meeting brought in approximately 82 participants for this event. The schedule below:

Review of the PLICO 2016 RSS CME Activity at different requested locations
Shari Moore went over 7 different activities that PLICO will be offering to their insurers and their office staff. Each activity will offer 1 AMA PRA Category 1 Credits™ at different locations across the state. The topics and speakers to be offered include:

   Speakers: Shari Moore, RN, BSN; Jeanne Mapes, JD, CPCU; Leann Moran RRT, MBA, CPHRM; Pamela Landry, RN, MSN; Norma Bradley, RN, MSN.

2. “Advanced Practice Providers: Risk Reduction Strategies”
   Speakers: Shari Moore, RN; Jeanne Mapes, JD; LeAnn Moran, RT, MBA, CPHRM; Pamela Landry, RN, MSN.

   Speakers: Shari Moore, RN, BSN; Jeanne Mapes, JD, CPCU; LeAnn Moran, RRT, CPHRM; Norma Bradley, RN MSN; Pam Landry, RN, MS.

Speakers: Shari Moore, RN, BSN; Jeanne Mapes, JD, CPCU; LeAnn Moran, RRT, CPHRM; Pam Landry, RN, MS; Norma Bradley, RN, MSN.


Speakers: Shari Moore, RN, BSN; Jeanne Mapes, JD, CPCU; LeAnn Moran RRT, CPHRM; Pam Landry, RN, MS.

6. “Managing Diagnostic Test Results, Consults and Referrals”

Speakers: Shari Moore, RN, MS; Jeanne Mapes, JD, CPCU; LeAnn Moran, RRT, MBA, CPHRM; Pam Landry, RN MSN.


Speakers: Shari Moore, RN, BSN; Jeanne Mapes, JD, CPCU; LeAnn Moran, RRT, CPHRM; Norma Bradley, RN, MSN.

Motion made and approved these PLICO Risk Topics to different locations all over the state and offer 1 AMA PRA Category 1 Credit™ to all attendees.

PLICO’s Explore: Oklahoma Healthcare Summit 2016

Shari Moore presented to the Committee the planned time and event for the upcoming EXPLORE Healthcare Summit 2016 to be held on August 11 & 12, 2016 at the Embassy Suites Hotel & Conference Center in Norman, OK. The total number of credits to be offered at this two day event is 12 AMA PRA Category 1 Credits™. All PLICO insured physicians and other inter-professionals and non PLICO insured are encouraged to attend. They will be offering five different breakout sessions at different time intervals.

The Speakers and Topics submitted at this time:

Thursday, August 11, 2016

8:30 a.m. – 9:45 a.m.

Topic: “Catch Me If You Can” Speaker: Frank Abagnale, Keynote

Break 9:45 a.m. – 10:00 a.m.

10:00 a.m. – 11:30 a.m.

Topic: “Healthcare Reform and Emerging Risk” Speaker: Graham Billingham, MD

Lunch – 11:30 a.m. – 1:00 p.m.

1:00 p.m. – 2:45 p.m.

Topic: “The Art of the Steal” Speaker: Frank Abagnale

3:00 p.m. – 4:30 p.m.

Topic: “Diagnostic Error: Rethinking Our Relationship with Wrongness”

Speaker: John Banja, PhD – Keynote

Friday, August 12, 2016

8:45 a.m. – 10:15 a.m.

Topic: “Addressing Behaviors that Undermine a Culture of Safety and Reliability” Speaker: Gerald Hickson, MD – Keynote

10:45 a.m. – 12:00 noon

Topic: “Addressing Behaviors: Practical Application”

Speaker: Gerald Hickson, MD

12:15 p.m. – 1:15 p.m.

Topic: “The Economics of Healthcare” – Speaker: Larry Van Horn, PhD

1:30 p.m. – 2:45 p.m.

Topic: “Managing Emotionally Upsetting Conversations”

Speaker: John Banja, PhD

3:00 p.m. – 4:00 p.m.

Topic: “Running Toward Chaos” – Speaker Natalie Stavas, MD, Keynote

The Committee reviewed the schedule with speakers and topics.

Motion made and tentatively approved PLICO EXPLORE Healthcare Summit 2016 and will receive more information at our next CME meeting.
Oklahoma Medical Licensure Board/ Oklahoma Health Professional Program (OHPP) Board Training
Program March 9, 2016
Lyle Kelsey presented to the Committee a new application for the Oklahoma Medical Licensure Board/Oklahoma Health Professional Program (OHPP) CME Board Training Program for March 9, 2016. This event is planned for Wednesday, March 9, 2016 at the Oklahoma State Medical Association Headquarters 313 N.E. 50th St., Oklahoma City, OK, in the Conference Room. They are planning for approximately 60 to attend this event. This event includes this schedule below and the application, disclosures, bios, presentations and objectives have all been submitted.

5:45 p.m. – 5:50 p.m. - Welcome to Seminar – Lyle Kelsey, MBA, CMBE
Executive Director, Oklahoma State Board of Medical Licensure & Supervision

5:50 p.m. – 6:00 p.m. - Lyle Kelsey ~ Introduction of Robert Nisbet, MD, DLFAPA, FASAM ~ Coordinator of APPA

6:00 – 6:30 PM - “Overview of the Allied Professional Peer Assistance Program”
Robert Nisbet, MD, DLFAPA, FASAM
After attending the activity the physician should possess increased awareness of options available through APPA to assist allied professionals with substance abuse problems.

6:30 p.m. – 6:35 p.m. - Billy Stout, MD, Medical Board Secretary ~ Introduction of Keynote Speaker
Paul Earley, MD, DFASAM, Consultant on Addiction

6:35 – 9:00 PM - “Current Concepts in the Management of Physicians with Addiction, Mood Disorders and Pain” ~ Paul Earley, MD, DFASAM
After attending the activity the physician should be able to:
· Identify problems related to assessment & treatment of physicians with substance use disorders, mood disorders and pain problems;
· Identify current dilemmas in long-term disease management of these conditions.

Motion made and approved the submitted application by the Oklahoma Medical Licensure Board and the OHPP for Board Training on Substance Abuse. Other Allied Professionals will be included in the training. This event will take place on Wednesday, March 9, 2016 at the OSMA Headquarters Conference Room with approximately 60 or more in attendance. This will provide all attendees 3 AMA PRA Category 1 Credits™ from 6:00 p.m. to 9:00 p.m.

Overview of the Oklahoma Board of Medical Licensure and OHPP CME Board Training held on March 9, 2016 at the OSMA Headquarters
The Oklahoma Medical Licensure Board and the OHPP presented on March 9, 2016 their CME Board Training with approximately 31 attending. The topics and speakers included:
“Overview of the Allied Professional Peer Assistance Program”, Robert Nisbet, MD, DLFAPA, FASAM.
“Current Concepts In The Management Of Physicians With Addiction, Mood Disorders and Pain,”-Paul Early, MD, DFASAM.

This program offered 2 AMA PRA Category 1 Credits™ to all attendees. The program was excellent and provided up to date educational tools for management techniques on pain addiction and mood disorders.

Motion made and approved the overview of the Oklahoma Medical Licensure Board and OHPP CME Board Training held on March 9, 2016 5:30 p.m. – 9:00 p.m. at the OSMA Headquarters Conference Center with Paul Early, MD, DFASAM, as their guest speaker.

Joint Providership Fees for 2016
Sandy informed the Committee that all CME Providers have been informed on Joint Providership Fees beginning on January 1, 2016 with an additional 1 time fee of $450 for online evaluations. We have already billed for Joint Providership for 2016 $15,500.

Motion made and approved the report on Joint Providership Fees for 2016.
Review Plans for PLICO’s Evening Rounds 2016 and update on PLICO Explore to be held on August 11 and 12, 2016 at the Embassy Suites in Norman, OK

Shari Moore presented to the Committee the upcoming CME Programs planned for Evening Rounds for 2016. Evening Rounds will offer four different topics offering 2 AMA PRA Category 1 Credits™ for each activity. The first activity offered will be “Sorry Works!” – “Disclosure and Apology for Front-Line Physicians, Nurses, and other Clinicians” with Doug Wojcieszak as the speaker. The second topic is “Responsible Prescribing For Chronic Pain” with various presenters to be named. The third topic to be offered is “Healthcare Reform and Emerging Risk” with Graham Billingham, MD, FACEP, FAAEM, Chief Medical Officer, Medical Protective as the speaker. These presentations will be offered on September 13-15, 2016 and October 25-27, 2016.

Shari also updated the Committee on the upcoming PLICO Explore that will be held on August 11-12, 2016 at the Embassy Suites in Norman, OK. There are expecting approximately 400 in attendance. She also provided an update on all speakers and schedule.

Shari Moore presented to the Committee the planned time and event for the upcoming EXPLORE Healthcare Summit 2016 to be held on August 11 & 12, 2016 at the Embassy Suites Hotel & Conference Center in Norman, OK. The total number of credits to be offered at this two day event is 12 AMA PRA Category 1 Credits™. All PLICO insured physicians and other inter-professionals and non PLICO insured are encouraged to attend. They will be offering five different breakout sessions at different time intervals.

The Speakers and Topics submitted at this time:

**Thursday, August 11, 2016**

8:30 a.m. – 9:45 a.m.  
Topic: “Catch Me If You Can” Speaker: Frank Abagnale, Keynote

9:45 a.m. – 10:00 a.m. Break

10:00 a.m. – 11:30 a.m.  
Topic: “Healthcare Reform and Emerging Risk” Speaker: Graham Billingham, MD

11:30 a.m. – 1:00 p.m. Lunch

1:00 p.m. – 2:45 p.m.  
Topic: “The Art of the Steal” Speaker: Frank Abagnale

2:45 p.m. – 3:00 p.m. Break

3:00 p.m. – 4:30 p.m.  
Topic: “Diagnostic Error: Rethinking Our Relationship with Wrongness”  
Speaker: John Banja, PhD – Keynote

**Friday, August 12, 2016**

8:45 a.m. – 10:15 a.m.  
Topic: “Addressing Behaviors that Undermine a Culture of Safety and Reliability” Speaker: Gerald Hickson, MD – Keynote

10:45 a.m. – 12:00 noon  
Topic: “Addressing Behaviors: Practical Application”  
Speaker: Gerald Hickson, MD

12:15 p.m. – 1:15 p.m.  
Topic: “The Economics of Healthcare” – Speaker: Larry Van Horn, PhD

1:30 p.m. – 2:30 p.m.  
Topic: “Managing Emotionally Upsetting Conversations”  
Speaker: John Banja, PhD

2:30 p.m. – 3:00 p.m. - Break

3:00 p.m. – 4:00 p.m.  
Topic: “Running Toward Chaos” – Speaker Natalie Stavas, MD, Keynote

Motion made and approved all presentations for upcoming planned PLICO “Evening Rounds” that will provide 2 AMA PRA Category 1 Credits™ for each presentation to be held September 13-15, 2016 and October 25-27, 2016 at various locations in Oklahoma and the finalization for the PLICO Explore Healthcare Summit.
Overview Dermatology Annual CME Meeting held on April 16, 2016 at the Samis Education Center
The Committee did an overview of the Oklahoma State Dermatology Annual CME Meeting held on Saturday, April 16, 2016 at the Samis Education Center at OUHSC. This meeting provided 7 AMA PRA Category 1 Credits™ to all participants. There were approximately 84 in attendance for this conference. The speakers scored excellent in their evaluations and it was very well received by the participants.

Motion made and approved the overview of the Oklahoma State Dermatology Society Annual CME Meeting held on Saturday, April 16, 2016 from 8:00 a.m. to 5:00 p.m. and offered 7 AMA PRA Category 1 Credits™ to all participants.

Overview of the “Motivational Training on Smoking Cessation” held on March 25, 2016
Sandy reported to the Committee that 17 attended the “Motivational Training on Smoking Cessation” on March 25, 2016. It was very well received and wished that more had attended this session. Since there were so few physicians attending they might not offer CME with this training in the future.

Motion made and approved the overview of “The Motivational Training on Smoking Cessation” held on March 25, 2016.

Update on Oklahoma Board of Medical Licensure and Supervision Online CME Enduring Activity
“Oklahoma Health Care Providers’ Responsibilities and Rights Under Certain Medical Treatment Laws”
Sandy gave an update on the Oklahoma Board of Medical Licensure and Supervision reporting that 2,421 participants have completed the webinar on “Oklahoma Health Care Providers’ Responsibilities and Rights Under Certain Medical Treatment Laws.” Out of this number 729 were physicians. She also informed the Committee that this webinar is required by law that all physicians complete every two years.

Motion made and approved the update presented on the online CME Enduring Activity for 2016 on “Oklahoma Health Care Providers’ Responsibilities and Rights Under Certain Medical Treatment Laws.”

Oklahoma Society of Anesthesiologists Annual CME Meeting set for August 26 – 28, 2016 to be held at the Skirvin Hotel in Oklahoma City
The CME Committee reviewed the Application submitted by the Oklahoma Society of Anesthesiologists Annual CME Meeting to be held on August 26 -28, 2016 at the Skirvin Hotel in Oklahoma City, OK.

The following is the schedule of speakers and topics:
Saturday, August 27, 2016
7:30 a.m. – “Traumatic Brain Injury” – David Ciceri, MD
8:30 a.m. – “Operating Room Fire Safety” – William C. Culp, Jr, MD
9:45 a.m. – “Treating The Bleeding Traumatic Patient” – David Ciceri, MD
11:45 a.m. – “ASA Update” – Mary Dale Peterson, MD
1:00 p.m. – “MOCA Update” – Russell K. McAllister, MD
2:00 p.m. – “Rescue Echocardiography” – William C. Culp, MD
3:00 p.m. – “Post Op Visual Loss” – Russell K. McAllister, MD

August 28, 2016
7:00 a.m. – “OSA Updates” – Brett Hulin, DO
8:00 a.m. – “Cadaver Workshop” – Brett Hulin, DO

This conference will provide 13 AMA PRA Category 1 Credits™ to all their attendees. They plan for approximately 75 to attend. She provided all information in her binder along with the application.

Motion made and approved the application submitted by the Oklahoma Society of Anesthesiologists for their Annual CME Meeting to be held August 27-28, 2016 at the Skirvin Hotel in Oklahoma City, OK.
This meeting will provide 13 AMA PRA Category 1 Credits™ to all attendees.
Review suggested topics for upcoming OSMA CME Mini Series VIII on Friday, October 28, 2016

Sandy provided the Committee a list of topics that could be used at the upcoming OSMA CME Mini Series VII “What Physicians Need to Know: Healthcare Crisis in Oklahoma.” Suggested topics included:

1. “The Financial Tools You Need To Manage Your Practice” - Andrew Gin, MD
3. Topic on Alzheimer’s
4. What You Need To Know: “Why Is It So Confusing To Old Docs? Some Solutions” – Dean Drooby, MD
5. “Oklahoma in Crisis Mode With Medicaid: Consider Your Options”
6. “Future Payment Plans for Physicians in 2017”
7. Health Care Reform Is A House of Cards, Destined To Fail” Pro/Con sides
8. “Is Medicine The Last Noble Profession?” Pro/Con
9. “Is The Profession of Medicine a Lost Art?”
10. “Beware! The OIG Is Serious About Capturing Fugitives: Healthcare Fraud and Abuse”
11. “EHRs The Importance Of Your Health Records” - Regina Holiday

Sandy was to work with Ken and Dr. Curtis Harris to select needed topics that would address the needs of the physicians.

Motion made and approved Sandy working with Ken and Dr. Curtis Harris to select needed topics that would address the needs of the physicians.

Review Dr. Monks CME Cruise for Residents and Young Physicians

Sandy presented to the Committee the information that Dr. Monks passed on to her to give to the Committee regarding promoting the CME Cruise for Residents and Young Physicians. Due to the fact that this was not a CME Issue or request, the Committee felt it proper to give this back to Ken to decide whether or not to help promote this activity or not.

Motion made and approved the decision to give this idea back to Ken to decide whether or not to promote this activity.

Review Final Plans for PLICO 2016 Evening Rounds

Although Shari Moore was unable to attend the meeting Dr. Joseph Leonard and Dr. Mukesh Parekh presented to the Committee the upcoming CME Programs planned for Evening Rounds for 2016. Evening Rounds will offer four different topics offering 2 AMA PRA Category 1 Credits™ for each activity. The first activity offered will be “Sorry Works! – Disclosure and Apology for Front-Line Physicians, Nurses, and other Clinicians” with Doug Wojcieszak as the speaker. The second topic is “Responsible Prescribing For Chronic Pain” with various presenters to be named. The third topic to be offered is “Healthcare Reform and Emerging Risk” with Graham Billingham, MD, FACEP, FAAEM, Chief Medical Officer, Medical Protective as the speaker. These presentations will be offered from September 13-15, 2016 and October 11-27, 2016.

Motion made and approved the Final Plans for the upcoming PLICO 2016 Evening Rounds.

Overview of PLICO’s 2016 Evening Rounds

Shari explained the CME Programs planned for Evening Rounds 2016 offered four different topics offering 2 AMA PRA Category 1 Credits™ for each activity. The first activity offered was “Sorry Works! – Disclosure and Apology for Front-Line Physicians, Nurses, and other Clinicians” with Doug Wojcieszak as the speaker. The second topic was “Responsible Prescribing For Chronic Pain” with various presenters to be named. The third topic offered was “Healthcare Reform and Emerging Risk” with Graham Billingham, MD, FACEP, FAAEM, Chief Medical Officer, Medical Protective as the speaker. The fourth topic was “Diagnostic Error: Rethinking our Relationships with Wrongness” with John Banja, PhD. These presentations were offered from September 13-15, 2016 and October 11-27, 2016. All presentations were very well received and had outstanding attendance at each session.

Motion made and approved the overview of “PLICO’s 2016 Evening Rounds” held in Oklahoma City,
OK and Tulsa, OK. offering 2 AMA PRA Category 1 Credits™ for each session.

Review Final Plans for PLICO’s Explore: Oklahoma Healthcare Summit 2016 to be held on August 11-12, 2016 at the Embassy Suites Norman, OK

Dr. Leonard and Dr. Parekh updated the Committee on the upcoming PLICO Explore to be held on August 11-12, 2016 at the Embassy Suites in Norman, OK. They are expecting approximately 400 in attendance. She also provided an update on all speakers and schedule.

The total number of credits to be offered at this two day event is 12 AMA PRA Category 1 Credits™. All PLICO insured physicians and other inter-professionals and non PLICO insured are encouraged to attend. They will be offering five different breakout sessions at different time intervals.

The Speakers and Topics submitted at this time:

**Thursday, August 11, 2016**

8:30 a.m. – 9:45 a.m.  
Topic: “Catch Me If You Can” Speaker: Frank Abagnale, Keynote

9:45 a.m. – 10:00 a.m. Break

Breakout Sessions: 10:00 a.m. – 11:30 a.m.

Topic: “Healthcare Reform and Emerging Risk” Speaker: Graham Billingham, MD

Topic: “From Typewriters to IPads: How Generational Diversity is Transforming the Workplace” Speaker: Bill Fournet

Topic: “Keep Your Eyes on the Road: Looking Ahead at Hospital and Physician Reimbursement Changes” Speakers: Cori Loomis, Esq. Clay Christensen, JD, William Pettit, DO, Courtney Warmington and Kathy Dean.

Topic “Depression: Where Have We Come From and Where Are We Going” Speaker: Jason Beaman, DO

Topic: “Acceptable Use of Social Media Within Medical Practice” Speaker: April Lee, CISSP, ITILv3, MCSE

11:30 a.m. – 1:00 p.m. Lunch

1:00 p.m. – 2:45 p.m.

Topic: “The Art of the Steal” Speaker: Frank Abagnale

2:45 p.m. – 3:00 p.m. - Break

Topic: “Complexities of Management: Pulmonary Nodule and Lung Cancer Challenges” – Speakers:

Daniel Nader, DO, FCCP, FACP and Peter Baik, DO

3:00 p.m. – 4:30 p.m.

Topic: “Diagnostic Error: Rethinking Our Relationship with Wrongness” - Speaker: John Banja, PhD – Keynote

Topic: “The Economics of Healthcare” – Speaker: Larry Van Horn, PhD

**Friday, August 12, 2016**

8:45 a.m. – 10:15 a.m.

Topic: “Addressing Behaviors that Undermine a Culture of Safety and Reliability” Speaker: Gerald Hickson, MD – Keynote

Break: 10:15 a.m. – 10:45 a.m.

Breakout Sessions: 10:45 a.m. – 12:00 noon

Topic: “Addressing Behaviors: Practical Application” Speaker: Gerald Hickson, MD

Topic: “Driving Success: Using Internal and Payer Audits To Your Advantage” – Speakers: Mary Holloway Richard, JD, MPH; Renee Brown, CMIS, ACS-EM, CHA; Candace Lisle, JD

Topic: “How To Cure Your HIT Ailments and Managing Accountable Care” – Speakers: Brian Yeaman, MD; Jonathan Kolarik, MBA BSN, BS, RN.

Topic: “Quality Assessment of Hospital Care: The Shift from Volume to Value” – Speaker: Dale Bratzler, DO, MPH, MACOL, FIDSA.

Topic: “Let’s Not Sugar Coat the Facts” – Speaker – Jeffrey Stroup, PharmD, BCPS, FCCP. 

Topic: “Managing Behaviors That Undermine a Culture of Safety: It Starts With a Cup of Coffee” –
Report of the CME Planning Committee

A-2016

Page 11

Speaker: Gerald Hickson, MD

12:15 p.m. – 1:15 p.m. – Lunch and Speaker

Topic: “Managing Emotionally Upsetting Conversations” – Speaker: John Banja, PhD

Breakout Sessions: 1:30 p.m. – 2:45 p.m.

Topic: “Legal Update” – Speakers: G. Calvin Sharpe, JD and Earl Ogletree, JD

Topic: “Strategic Planning for the Changing Healthcare Environment” – Speaker: Rick Wagner

Topic: “Managing Behaviors That Undermine a Culture of Safety: It Starts with a Cup of Coffee” – Speaker: Gerald Hickson, MD

Topic: “Aberrant Drug Related Behavior and the Road to Addiction” – Speaker: Layne Subera, DO

Topic: “Conducting Emotionally Difficult Conversations” – Speaker: John Banja, PhD

Break: 2:45 p.m. – 3:00 p.m.

3:00 p.m. – 4:00 p.m.

Topic: “Running Toward Chaos” – Speaker Natalie Stavas, MD, Keynote

After careful review of all topics and presenters the Committee moved to approve the Final Review of the PLICO Explore 2016.

Motion made and approved the final review of all topics and presenters at the PLICO Explore: Oklahoma Healthcare Summit 2016 to be held August 11-12, 2016 at the Embassy Suites in Norman, OK.

This event will offer 12 AMA PRA Category 1 Credits™.

Overview of 2016 PLICO’s Explore: Oklahoma Healthcare Summit 2016 held on August 11-12, 2016 at the Embassy Suites Norman, OK

Shari Moore reviewed with the Committee the overview of the 2016 PLICO Explore Summit which was held on Thursday, August 11th and Friday, August 12th, 2016. Shari also mentioned that our CME Planning Committee Chair, Tomás Owens, MD, also attended this CME event. She expressed that they have been doing this event for several years and this year there were 380 physicians and health professionals in attendance for this event.

The speakers were all outstanding and presented targeted topics that were very timely for all participants. Dr. Joseph Leonard, Dr. Mukesh Parekh, and Dr. Paul Massad were all in attendance for this event. They each shared positive comments and look forward to attending next year’s PLICO Explore Summit. Shari also shared that they are working on getting ZdoggMD to be one of the keynote presenters for next year’s 2017 PLICO Explore Summit.

Motion made and approved the Overview of the 2016 PLICO Explore Summit. This event offered 12 AMA PRA Category 1 Credits™.

OSMA CME Board Retreat to be held on August 20, 2016 at the OSMA Headquarters from 9:30 a.m. to 11:30 a.m. the topic will be “MACRA/MIPS: Fundamentally Changing Physician Practices,” Speaker: Cynthia Brown, BS, MS, VP Government Affairs, AMA

Sandy presented to the Committee that the OSMA Board Meeting to be held on August 20, 2016 will include a CME presentation on “MACRA/MIPS: Fundamentally Changing Physician Practices” with Cynthia Brown, BS, MS, Vice President of Government Affairs at the AMA. Ken explained to the Committee that this is currently a crucial topic affecting physicians all over Oklahoma and they need to be educated and informed on these upcoming changes. This presentation will take place on Saturday, August 20, 2016 at the OSMA Headquarters from 9:30 a.m. to 11:30 a.m. This presentation will be presented to all participating Board members and will offer 2 AMA PRA Category 1 Credits™ to all attendees. The Committee asked if they could attend as well and Ken approved. Without any further discussion the Committee moved to make a motion.

Motion made to approve the OSMA Board Retreat presenting “MACRA/MIPS: Fundamentally Changing Physician Practices” with speaker Cynthia Brown, BS, MS, VP of Governmental Affairs, AMA on Saturday, August 20, 2016 from 9:30 a.m. to 11:30 a.m. providing 2 AMA PRA Category 1 Credits™ to all attending Board members.
Overview of OSMA CME Board Retreat held on August 20, 2016 at the OSMA Headquarters from 9:30 a.m. to 11:30 a.m. the topic was “MACRA/MIPS: Fundamentally Changing Physician Practices.”

Speaker: Cynthia Brown, BS, MS, VP Government Affairs, AMA

Sandy presented to the Committee the overview of the OSMA Board Meeting held on August 20, 2016, which included a CME presentation on “MACRA/MIPS: Fundamentally Changing Physician Practices” with Cynthia Brown, BS, MS, Vice President of Government Affairs at the AMA. This was explained to the Committee that this is currently a crucial topic affecting physicians all over Oklahoma and they need to be educated and informed on these upcoming changes. This presentation took place on Saturday, August 20, 2016 at the OSMA Headquarters from 9:30 a.m. to 11:30 a.m. It was presented to all participating Board members and offered 2 AMA PRA Category 1 Credits™ to all attendees. Cynthia Brown did an excellent job in presenting this crucial topic to our Board Members. This topic will be used as a Town Hall CME to be presented all over the state to educate all physicians on this crucial issue.

Motion made and approved the overview of the OSMA Board Retreat presenting “MACRA/MIPS: Fundamentally Changing Physician Practices” with speaker Cynthia Brown, BS, MS, VP of Governmental Affairs, AMA presented on Saturday, August 20, 2016 from 9:30 a.m. to 11:30 a.m. providing 2 AMA PRA Category 1 Credits™ to all attending Board members.

CME Road Show presented in Shawnee, OK at the St. Anthony Hospital, “Physician Burnout: When Too Much Is Just Too Much” with speaker Murali Krishna, MD on August 16, 2016

The Committee was presented the confirmed plans to do a CME Road Show at the St. Anthony, Shawnee, OK Hospital. The topic requested to be presented was “Physician Burnout: When Too Much Is Just Too Much” presented by Murali Krishna, MD on August 16, 2016. This presentation provided 1 AMA PRA Category 1 Credit™ to all attending physicians.

Motion made and approved the OSMA CME Road Show to be presented at the St. Anthony, Shawnee, OK Hospital on August 16, 2016 from 6:30 p.m. to 7:30 p.m. with Murali Krishna, MD presenting “Physician Burnout: When Too Much Is Just Too Much”. This presentation will offer all attending physicians 1 AMA PRA Category 1 Credit™.

Overview of Road Show held on August 16, 2016 at St. Anthony, Shawnee, OK, Topic: “Physician Burnout: When Too Much Is Just Too Much” presented by Murali Krishna, MD

The OSMA did a Road Show for St. Anthony, Shawnee, OK. The topic was “Physician Burnout: When Too Much Is Just Too Much” presented by Murali Krishna, MD. The room was filled with participants with this very timely topic. Although the presentation went over the time allotted, no one seemed to want to leave and there was a lot of interaction with the speaker with questions and discussions. This was an outstanding topic and all participants were very engaged in this presentation. Dr. Krishna did an outstanding job.

Motion made and approved the overview of the OSMA Road Show presented at St. Anthony, Shawnee, OK on “Physician Burnout: When Too Much Is Just Too Much” presented by Murali Krishna, MD. This offered all attendees 1 AMA PRA Category 1 Credits™.


Sandy Deeba presented to the Committee the Final Plans for the upcoming OSMA CME Mini Series “What Physicians Need To Know: Healthcare Crisis in Oklahoma”. This will be held on Friday, October 28, 2016 at the OSMA Headquarters offering 7 AMA PRA Category 1 Credits™. The schedule and agenda will include:

MORNING SESSION 8:30 a.m. - 11:45 a.m.

8:30 a.m. - 9:30 a.m.

“Stop Avoiding The Elephant In The Room: Addressing Alzheimer’s and What You Can Do About It” - Peter Winn, MD

Course Objectives:

1. Establish a differential diagnosis when a patient presents with cognitive impairment; and
2. Understand the cognitive, behavioral and psychologic symptoms of AD and their non-pharmacologic and pharmacologic treatment; and
3. Provide effective palliative care at the end of life in those afflicted with Alzheimer disease.

9:30 a.m. - 10:30 a.m.
“Reimbursement Crisis: The Financial Tools to Save Your Private Practice” - Andrew Gin, MD
Course Objectives:
1. Recall and identify financial statement line item names; and
2. Recall and identify financial statement line item definitions; and
3. Recall and recite financial statement calculations and interconnections.

10:30 a.m. - 10:45 a.m.
Morning Break

10:45 a.m. - 11:45 a.m.
“Pain Management: How To Avoid The Road To Addiction” - Terrell Phillips, DO
Course Objectives:
1. Know proper documentation for the chronic pain patient; and
2. Urine drug screen, when, how and how often; and
3. Dealing with the difficult decisions of chronic pain management.

12:00 p.m. - 1:00 p.m.
Working Lunch

12:00 p.m. - 12:30 p.m.
Course Objectives:
1. Gain firm knowledge of changes in Physician Assistants’ (PA) Law and Rules; and
2. Incorporate changes in practice settings in compliance with new Law/Rules; and
3. Avert possible violation(s) of Law/Rule.

12:30 p.m. - 1:00 p.m.
“Is Tele-Medicine The Answer?” – Cynthia Scheideman-Miller, MHSA
Course Objectives:
1. Discuss emerging trend in telehealth application; and
2. Identify 2 ways telehealth can be used to address barriers to healthcare; and
3. List 2 low-cost telehealth tools.

1:00 p.m. - 1:15 p.m.
Afternoon Break

AFTERNOON SESSION 1:15 p.m. - 4:30 p.m.

1:15 p.m. - 2:15 p.m.
“Do You Want To Get Paid? Future Payment Plans For Physicians” – Cori Loomis, JD
Course Objectives:
1. Identify changes physicians need to make to maximize reimbursement in light of payment changes; and
2. Make strategic plans for their practice to adapt to MACRA; and
3. Know the basic timeline and requirements for MACRA implementation.

2:15 p.m. - 2:30 p.m.
Afternoon Break

2:30 p.m. - 3:30 p.m.
“Make Sure You Get To Keep The Money You Earned: How To Avoid Recoupment and Investigation”
– Elizabeth Tyrell, JD
Course Objectives:
1. Know the business and personal risks associated with billing for healthcare services; and

3:30 p.m. - 4:30 p.m.
“Surviving Peer Review” – Curtis Harris, MD, JD
1. Act proactively to avoid peer review; and
2. Know due process rights; and
3. Know when to get legal counsel.

These presentations will also offer PLICO credit to all attendees. All physicians and their staff are encouraged to attend. A continental breakfast and box lunches will be provided in the cost of $175 for OSMA members and staff and $225 to all OSMA non-members.

Motion made and approved the final plans for the upcoming OSMA CME Mini Series: “What Physicians Need To Know: Healthcare Crisis in Oklahoma”. This will provide 7 AMA PRA Category 1 Credits™ to all participants. A continental breakfast and box lunches will be provided in the cost of $175 for OSMA members and staff and $225 to all OSMA non-members.

Overview of the OSMA CME Mini Series: “What Physicians Need To Know: Healthcare Crisis in Oklahoma” held on Friday, October 28, 2016.

There were 57 registered for this event with 5 walk-ins. There was a total of 61 in attendance. We received Registrations Fees of $11,225. It was very well received and one physician came up to me and told me that we provide the best CME activities that she has ever attended. The speakers were all excellent and topics were very timely with all of the issues concerning healthcare and medicine today. The next CME Mini Series is planned for February 24, 2017 here at the OSMA Headquarters. We hope to provide again 7 AMA PRA Category 1 Credits™ to all attendees.

Motion made and approved the overview of the OSMA CME Mini Series: “What Physicians Need To Know: Healthcare Crisis in Oklahoma” held on Friday, October 28, 2016.

OSMA CME Online Webinars to be offered January 1, 2017
Sandy Deeba started the conversation with the Committee on what should be the cost for the online CME webinars that will be made available on January 1, 2017. Sandy checked on other states that offer online CME courses to their members and the going rate was $25 per session. The Committee discussed in length how CME should be a valued benefit to our members and a way to encourage non-members to join the OSMA might be by not charging very much for this service. The Committee then suggested that the cost should be $25 for members and $30 for non-members.

Motion made and approve charging OSMA members $25 for each CME online session they participate in and $30 for OSMA non-members.
After further discussion, Ken would like to present to the CME Planning Committee a Membership value benefit of not charging members for online CME. This will be discussed at the November 9, 2016 meeting.

OSMA Online CME Cost Change
Sandy Deeba suggested to the CME Planning Committee to again review the cost of online CME to be offered by the OSMA in 2017. She suggested that instead of charging members $25 for each activity that we offer to our OSMA members these online CME activities free as a member benefit and charge OSMA non-members $30 for each online activity. The Committee agreed with this plan and thought it would show great value and benefit to all OSMA members.

Motion made and approved offering all OSMA members Online CME activities free and charging Non-members a fee of $30 for each CME Online activity they participate in 2017.

PLICO’s Request For Continuation of Enduring Online CME Courses offered by PLICO
Shari Moore presented to the CME Planning Committee a request to extend offering the Online CME Courses they offer on Rievent. They have been outstanding and offer great value and education for all physicians and participants.

Motion made and approved to extend to PLICO the Online CME Courses for another three years since they have been outstanding and offer great value and education to all physicians and participants. This will be extended through January 1, 2020.
Oklahoma State Dermatology Society Annual Meeting set for Saturday, April 8, 2017 at the Tulsa Schusterman Learning Center 41st & Yale, Tulsa, OK offering 7 AMA PRA Category 1 Credits™

The application from the Oklahoma State Dermatology Society Annual CME Meeting to be held on Saturday, April 8, 2017 at the Tulsa Schusterman Learning Center in Tulsa, OK offering 7 AMA PRA Category 1 Credits™ was submitted to the OSMA CME Planning Committee to review for approval. After careful review of the completed application, the Committee moved forward with a decision.

Motion made and approved the Oklahoma State Dermatology Society Annual Meeting to be held on Saturday, April 8, 2017 at the Tulsa Schusterman Learning Center at 41st & Yale, Tulsa, OK. This will offer 7 AMA PRA Category 1 Credits™ to all attendees.

Overview of CME Finances for 2016

The CME Planning Committee at the present time has brought in $65,155 which includes the $11,225 in registration fees for the last CME Mini Series.

- February CME Mini Series revenue is $8,450. OSMA received $5,950 for registrations and brought in $2,500 in sponsorships.
- Annual Meeting CME – What Physicians Need to Know revenue is $20,430. OSMA received $10,430 for registrations. In addition, CME received $10,000 in sponsorships and exhibitors for this program.
- CME Joint Sponsorships received $21,900
- Other CME Revenue received $3,150. This is a Rievent software one time only fee charged to the joint sponsor.
- CME Mini Series for October 28, 2016 brought in $11,225 in registrations and still waiting for all of the expenses to come through. This is the highest amount the OSMA has received yet in registrations for the OSMA CME Mini Series.

The CME Planning Committee expense is at $31,742. The CME Planning Committee was very pleased with $22,188 as a balance prior to the last CME Mini Series held on October 28, 2016.

Motion made and approved the overview of the CME Planning Committee Finances for 2016.

CME Finances Discussed

Dr. Parekh was very concerned, although he was pleased regarding the money brought in from the CME Mini Series. He felt that since the OSMA has money, it shouldn’t try to make money from our CME Program. Sandy explained that she had already given and submitted a CME budget to the Board for approval. Sandy did not have a copy of the CME budget but would provide a copy of it at the next CME Planning Committee Meeting.

Motion made and approved discussion of CME Finances and Sandy will have at the next meeting a copy of the 2017 CME Budget for the CME Planning Committee to review.

OSMA Rural Section CME Meeting to be held on Saturday, January 21, 2017 from 10:00 a.m. to 1:00 p.m. This will offer 3 AMA PRA Category 1 Credits™

Sandy Deeba presented to the Committee the Final Plans for the upcoming OSMA CME Rural Section Meeting to be held on Saturday, January 21, 2017 here at the OSMA from 10:00 a.m. to 1:00 p.m. Topics include:

1. “Medical Response To Disaster & Active Shooter” – Speaker: Charles Olson, MD
2. “Lessons Learned Following OSU Homecoming Tragedy” – Round Table Discussion with the following participants: Charles Olson, MD; Lori Looney, RN; Stillwater Fire Chief Tom Bradley; Stillwater Fireman, Bill Lindsay; Stillwater Emergency Management, Rob Hill; LifeNet, EMS, Joe Cassil, MRP.

After thorough discussion the Committee moved to make a motion

Motion made and approved the OSMA Rural Section CME to be held on Saturday, January 21, 2017 from 10:00 a.m. to 1:00 p.m. at the OSMA Headquarters. This will offer all attendees 3 AMA PRA Category 1 Credits™.
Dr. Paul Massad and Sandy Deeba go to Little Ax Clinic to visit about CME

Dr. Paul Massad and Sandy Deeba will be going to Little Ax Health Clinic on Thursday, November 10, 2016 to discuss CME with them. They are part of the Choctaw Nation. They would be the only Indian Nation to be doing CME in the State of Oklahoma if they should decide to move forward in doing CME at their Clinic.

Motion made and approved Dr. Paul Massad and Sandy Deeba visiting Little Ax Health Clinic on Thursday, November 10, 2016.

OSMA CME Planning Committee Continues To Serve Its Members With Excellence In CME

“The Oklahoma State Medical Association has been surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for six years as a provider of continuing medical education for physicians.

The ACCME accreditation seeks to assure the medical community and the public that the Oklahoma State Medical Association provides physicians with relevant, effective, practice-based continuing medical education that supports US health care quality improvements.

The ACCME employs a rigorous, multilevel process for evaluating institutions’ continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the US are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State

RECOMMENDATION:

None

Conclusion:

The CME Planning Committee continues to serve the members of the OSMA providing excellence in CME programs and to remain in compliance with the Updated Criteria as required by the ACCME. The OSMA has received Accreditation with Commendation for six years. The CME Planning Committee continues to bring to the OSMA physician membership statewide excellence in quality CME activities that assist and enhance their practice, improve physician professional practice gaps, improve knowledge in crucial health issues, improve legal medical issues regarding pain management, improve the way physicians address adverse events in providing education on how to communicate with patients and their families, provide education on abuse in Oklahoma and how to deal with it, provide a mini-series on hot topics to physicians to educate them on what to do when they are sued, knowing what to do in case a disaster hits, knowing how to relieve stress, offering webinars which provide educational training at the convenience of the learner and, at the same time to continue education on the care of cancer patients, by providing excellence in care and patient safety for their patients.

Respectfully submitted,

Tomas Owens, MD, CME Planning Committee Chair
Mukesh Parekh, MD, CME Planning Vice-Chair
Joseph Leonard, MD, PLICO
Shari Moore, PLICO
Timothy Holder, MD
Ralph Richter, MD
Paul Massad, MD
Puneet Sindhwani, MD
Rakesh Prasad, MD
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<td>Curtis, Harris, MD, JD</td>
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<td>Lyle Kelsey, MBA, CAE. CMBE, Executive Director OSBMLS</td>
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REPORT OF THE ACCREDITATION REVIEW COMMITTEE

Subject: Annual Report

Presented by: Timothy Holder, MD, Chair

INTRODUCTION:
The OSMA Accreditation Review Committee (ARC) on Continuing Medical Education (CME) studies and makes recommendations related to all matters of maintaining or improving the level of medical competency in Oklahoma, including, but not limited to, maintaining a liaison with other emerging health professionals or occupations and accrediting 15 continuing medical education providers in Oklahoma. The ARC also monitors CME standards, policies and accreditation requirements as they may be required by the Accreditation Council for Continuing Medical Education.
The Accreditation Review Committee oversees 15 CME Providers throughout the state of Oklahoma.
The business of the ARC is contained in this report and includes an account of their activities.
The OSMA CME Providers that came up for Reaccreditation in 2016 includes: Mercy, OKC, Mercy delayed their Reaccreditation till March of 2016; Hillcrest Healthcare System, Institute For Mental Health and Substance Abuse, and St. Anthony Hospital, OKC; St. Anthony Hospital, OKC received Accreditation with Commendation in 2016. Oklahoma Foundation for Medical Quality did a Voluntary Progress Report to receive Accreditation with Commendation. We also reviewed two Progress Reports from St. Johns Medical Center, Tulsa, OK and Oklahoma Heart Hospital, OKC, both were approved. Norman Regional Hospital dropped their Accreditation in July of 2016. Hillcrest Healthcare System and Institute for Mental Health and Substance Abuse will need to submit a Progress Report. The rest of the CME Providers consist of Stillwater Medical Center, Stillwater, OK; Eastar Health Center, Muskogee, OK; St. Francis Hospital, Tulsa, OK; Mercy, Ada, OK; Allied Health Deaconess, OKC; Integris Baptist Medical Center, OKC; McAlester Regional Medical Center, McAlester, OK.
In December 2016 Timothy Holder, MD was elected Chair of the ACCME Accreditation Review Committee. Sandy Deeba, OSMA CME Manager, continues to serve the ACCME by being a Facilitator at the ACCME Conferences Bridge To Quality and the CME Alliance Conference with their “101 CME Beginners.”
The Accreditation Review Committee reviewed and approved the following business on June 15, 2016. Dr. Holder announced that our membership remains the same with William Allred, MD, Tulsa, OK; Peter Aran, MD, Tulsa, OK; Robert Block, MD, Tulsa, OK; John Chase, MD, Norman, OK; Shirley Dearborn, MD, OKC; Deepak Jaiswal, MD, Durant, OK; Woody Jenkins, MD, Stillwater, OK; Kersey Winfree, MD, OKC; Margie Miller, MS, OKC; Myrna Page, MPH CHES, OKC; and Janet Spradlin, PhD, OKC.

REVIEW OF ACTIVITIES:
The Accreditation Review Committee met on the following date: June 15, 2016.

Committee Actions:
The ARC reports to the Accreditation Council for Continuing Medical Education (ACCME) to ensure all CME activities are planned and implemented in accordance with the accreditation requirements and policies of the ACCME. The ARC conducted four site surveys in 2016 out of 16 statewide providers and reviewed two Progress Reports. Survey results are listed below.

Review Site Survey of Hillcrest Healthcare System, Tulsa, OK, May 24, 2016. Site Surveyors included: Timothy Holder, MD, Janet Spradlin, PhD and Sandy Deeba, OSMA CME Manager
The ARC Committee reviewed the Site Survey Report of the Hillcrest Healthcare System conducted by Dr. Timothy Holder, OSMA ARC Chair, Janet Spradlin, PhD and Sandy Deeba, OSMA CME Manager, on May 24, 2016 with Shelley, CME Specialist and Dr. Brad Hoyt, CME Medical Director overseeing
After careful review of their CME Program, the OSMA Surveyor Team presented the findings of their Site Survey with Hillcrest Healthcare System. The Site Survey Team and Committee commend Hillcrest Healthcare System on their continued work and involvement with Quality and Core Measures within their Hospital. The great strides which your Hospital is making with Anesthesia/Adverse Events, Medication therapy, ED holds, Death in Restraints, Ethics, document control, core measures, Sepsis and communication bi-monthly training will help continue improvement in patient outcomes and heighten your HCAHP scores. They also commend Hillcrest Healthcare System on the role CME plays in improvements that are covered in their RSS annually with their Core Measures, Sepsis, Mortality Rates and Influenza Immunizations. This is evident from their Quality Dashboard Data which shows a fluctuation of vast improvement over the years.

Although your hospital has made great strides and improvements, there are also improvements in your CME processes that need to be addressed. There will be a two-part Progress Report required to demonstrate and show improvements in your CME processes. One will be due in December 2016 and second one will be due June 15, 2017. There is a required Progress Report Fee of $900 which is due when the first Progress Report is submitted. The processes to improve on include:

1. Focus more on performance change and add questions about physician alteration of practice on all evaluation forms. (11C)
2. Provide more direct oversight to your joint providership programs to insure their processes are in compliance, as this was a concern in the previous Site Survey. The Provider needs to be more consistent in ensuring that CME activities of Joint Providers are in full compliance with the CME criteria.
3. Make sure all persons in control of content have disclosed including name of individual, commercial interest and nature of relationships. Disclose to the learners prior to the activity. This includes CME Planning Committee, Faculty, Reviewers and Moderators. Make sure all forms are signed and updated each year and documented. Keep these updated and signed forms in your Policy Manual. (7SCS2)
4. Make sure all disclosed relationships have been resolved prior to the activity even though they are well known at your hospital. (7SCS6)
5. Written Agreements must be signed and dated by both Provider and Commercial Supporter. Keep this documentation in your files. (8C)
6. Needs to be able to demonstrate that the identified program changes or improvements that are required to improve on the providers’ ability to meet the CME mission are underway or completed. (12C)
7. Needs to update all disclosure forms to include the updated definition of Commercial Support on them. (7SCS6)

Motion made and approved awarding Hillcrest Healthcare System, Tulsa, OK four (4) Years Full Accreditation effective until July 31, 2020, with a two-part Progress Report due in 6 months, first one by December 31, 2016 and the second one due in 12 months by June 15, 2017. There will be a fee of $900 for this two part Progress Report. In these Progress Reports, they will give Demonstration and Description of Compliance in Criteria 7 SCS2 and SCS6, Criteria 10, 11 and 12.

Areas the OSMA Site Survey Team and Committee felt the Hillcrest Healthcare System needs to improve and correct include:

1. Focus more on performance change and add questions about physician alteration of practice on all evaluation forms. (11C)
2. Provide more direct oversight to your joint providership programs to insure their processes are in compliance, as this was a concern in the previous Site Survey. The
Provider needs to be more consistent in ensuring that CME activities of Joint Providers are in full compliance with the CME criteria.

3. Make sure all persons in control of content have disclosed including name of individual, commercial interest and nature of relationships. Disclose to the learners prior to the activity. This includes CME Planning Committee, Faculty, Reviewers and Moderators. Make sure all forms are signed and update each year and documented. Keep these updated and signed forms in your Policy Manual. (7SCS2)

4. Make sure all disclosed relationships have been resolved prior to the activity even though they are well known at your hospital. (7SCS6)

5. Written Agreements must be signed and dated by both Provider and Commercial Supporter. Keep this documentation in your files. (8C)

6. Needs to be able to demonstrate that the identified program changes or improvements that are required to improve on the providers’ ability to meet the CME mission are underway or completed. (12C)

7. Needs to update all disclosure forms to include the updated definition of Commercial Support on them. (7SCS6)

Review Site Survey of Institute For Mental Health and Substance Abuse, Oklahoma City, OK, June 1, 2016. Site Surveyors included: Timothy Holder, MD, Margie Miller, MS and Sandy Deeba, OSMA CME Manager

The ARC Committee reviewed the Site Survey Report of the Institute for Mental Health and Substance Abuse, Oklahoma City, OK conducted by Timothy Holder, MD, OSMA ARC Chair, Janet Spradlin, PhD and Sandy Deeba, OSMA CME Manager, on June 1, 2016 with Allison Woodward, Leah Scholes, CME Coordinators and Dr. Clayton Morris, CME Medical Director overseeing the review. After careful review of their CME Program the OSMA Surveyor Team, presented the findings of their Site Survey with the Institute for Mental Health and Substance Abuse, Oklahoma City, OK.

The Site Surveyor Team and Committee commend the Institute for Mental Illness and Substance Abuse CME staff for working through the Self-Study process with your valiant effort and persistent courage under fire. They also commend them for the vision in updates and changes they plan to implement to further improve their CME Program.

Areas that need to be addressed and corrected are the following:

1. With the Designation Statement the Provider needs to use Italics and Trademark for the AMA PRA Category 1 Credits™.

2. Provider should not use on any flyer or brochure the statement “Pending Credits” for any upcoming CME activity.

3. Make sure appropriate Accreditation Statement is consistently printed on all files.

4. Provider will need to develop a Procedure Manual and set up documents and process so that in the future all new people who might step into the CME position will have guidance on what to do for your CME activities in the future.

5. Provider needs to be sure to change wording to Joint Providership within your Policies and other documents.

The Provider will be required in one year to submit a Progress Report due to the OSMA ARC by June 15, 2017. This Progress Report will require the Provider to demonstrate Compliance in areas 1 – 5 above. This will also include a Progress Report Fee of $900 of which will be required to submit along with the Progress Report at that time.

Motion made and approved the following on the Institute for Mental Health and Substance Abuse

The Site Surveyor Team and Committee commend the Institute for Mental Illness and Substance Abuse CME staff for working through the Self-Study process with your valiant effort and
persistent courage under fire. They also commend them for the vision in updates and changes they
plan to implement to further improve their CME Program.
Areas that need to be addressed and corrected are the following:

1. With the Designation Statement the Provider needs to use Italics and Trademark for the
   AMA PRA Category 1 Credits™.
2. Provider should not use on any flyer or brochure the statement “Pending Credits” for any
   upcoming CME activity.
3. Make sure appropriate Accreditation Statement is consistently printed on all files.
4. Provider will need to develop a Procedure Manual and set up documents and process so
   that in the future all new people who might step into the CME position will have guidance
   on what to do for your CME activities in the future.
5. Provider needs to be sure to change wording to Joint Providership within your Policies
   and other documents.

Review Site Survey of St. Anthony Hospital, Oklahoma City, OK May 18, 2016. Site Surveyors
Timothy Holder, MD, Chair, OSMA ARC and Sandy Deeba, OSMA CME Manager
The ARC Committee reviewed the Site Survey Report of St. Anthony Hospital, Oklahoma City, OK
conducted by Timothy Holder, MD, OSMA ARC Chair, and Sandy Deeba, OSMA CME Manager, on
May 18, 2016 with Susan Moore, CME Coordinator and Kersey Winfree, MD, CME Medical Director
overseeing the review. After careful review of their CME Program the OSMA Surveyor Team presented
the findings of their Site Survey with St. Anthony Hospital, Oklahoma City, OK.
First, the survey team wants to thank the CME staff at St. Anthony Hospital for their hospitality during
our visit and Site Survey.
Second, the survey team wants to acknowledge the excellent work that is being done by the CME team
at St. Anthony Hospital.
The program is making a great impact on the professional practice of physicians within their institution.
The Hospital has a committed leadership which is guiding the CME program.
The survey team saw ample evidence of education that is impacting the case for value based health care
and its delivery.
In addition, the survey team applauds the strides that are being made to impact regional health care,
especially including the hospitals within telemedicine outreach.
Lastly, as the CME team explores and expansion of the CME committee, we encourage to add other
disciplines which will help move this hospital towards the road of inter-professional education. Also, we
encourage St. Anthony to add the voice of the patient to your CME committee and/or select activities.
The Site Survey Team and Committee recommend Accreditation with Commendation (6 years)
effective until July 31, 2022.
Motion made and approved to award St. Anthony Hospital, Oklahoma City, OK Full
Accreditation with Commendation for six (6) Years beginning on June 15, 2016 and ending July
31, 2022 for their outstanding job they did on their Reaccreditation.

Review Second Progress Report for St. John Medical Center, Tulsa, OK
The ARC Committee reviewed the second Progress Report and St. John Medical Center to be in:
1. Compliance with Criteria 1 updating their CME Mission Statement.
2. Compliance with Criteria 2 by providing documentation of practice gaps to include each
   activity and including core measures.
3. Compliance with Criteria 6 by providing a form to use in the development of CME
   activities/educational interventions in the context of desirable physician attributes.
4. Compliance with Criteria 7 SCS1 SCS2 and SCS6 by providing a form that everyone in a
   position to control content discloses and completes attestation and conflict resolve form.
5. Compliance with Criteria 8 by demonstrating the use of the Speaker Disclosure Form.
6. Compliance with Criteria 9 by demonstrating approved Commercial Support policy.
7. Compliance with Criteria 10 by demonstrating that the Medical Education Committee reviews all slide presentations prior to giving approval. They also look for bias.
8. Compliance with Criteria 11 by demonstrating Program Summaries that are prepared from the completed evaluation forms.
9. Compliance with Criteria 12 by putting a second evaluation form to be emailed to the attendees approximately 6 weeks following the activity to check the changes they have made due to their attendance to the activity.
10. Compliance with Criteria 13 by revising a new application forms that covers this criteria.

Compliance with Accreditation Statement through demonstration

Motion made and approved to accept the second Progress Report completed by St. John Medical Center, Tulsa, OK.. All Criteria found in Compliance. Their Accreditation is for 4 years Full Accreditation ending July 31, 2019.

Review Second Progress Report for the Oklahoma Heart Hospital
The ARC Committee reviewed the second Progress Report and found the Oklahoma Heart Hospital to be in
1. Compliance with Criteria 7 SCS 2 and 6
2. Criteria 8
3. Completed forms
4. Completed self-assessment for their CME Program
5. Completed disclosures, signed and speaker letters
6. Compliance using measureable verbs to their objectives and increasing types of formats
7. Compliance with using attributes
8. Compliance involving several ways to disclose to learners, CME Committee, Faculty, Reviewer and Moderator
9. Compliance with a mechanism to resolve conflicts of interest

Motion made and approved to accept the second Progress Report completed by the Oklahoma Heart Hospital. All Criteria found in Compliance. Their Accreditation is for 4 years Full Accreditation ending July 31, 2019. If and when they do use commercial Support for any of their CME activities they will demonstrate Compliance with Criteria 8.

Conference Call set for September 2016 to do the ACCME Self-Assessment for Recognized Accreditors
It was decided by the ARC committee that they will meet by tele-conference in September 2016 to complete the ACCME Self-Assessment for Recognized Accreditors. Sandy will contact ARC members regarding the date selected.

Motion made and approved to accept ARC committee meeting by tele-conference in September to complete the ACCME Self-Assessment for Recognized Accreditors.

Tele-Conference Meeting held on October 5, 2016

ARC met as a Tele-Conference Call to Review and complete Survey from the ACCME
The ARC Committee met by tele-conference call to discuss and answer a question survey sent by the ACCME in order to show equivalency with our CME Providers. The ARC answered all 14 questions with 4 participating in this process. The OSMA ARC got all questions correct in this review and showed equivalency with the ACCME with our processes.
Motion made and approved the completed survey to be sent to the ACCME from the OSMA ARC Committee.

**ARC Discusses Increase in Fees for Annual Reports starting January 1, 2017**

The ARC Committee discussed the information regarding the ACCME going up on their fees for Annual Reports beginning January 1, 2017. They expressed that this amount to be $25 to $30 for each OSMA CME Provider. The ARC Committee discussed the need to either increase gradually two years in a row or just increase one time and move it from $1,500 to $1,600 for Annual Report Fees as of January 1, 2017.

**Motion made and approved the increase in Annual Report Fees from $1,500 to $1,600 starting January 1, 2017. All OSMA CME Providers will be informed of this increase.**

**Norman Regional Hospital Drops their Accreditation**

The ARC Committee was informed that Norman Regional Hospital dropped their CME Accreditation as of July 31, 2016. Committee was disappointed to hear of this news. Norman Regional Hospital was informed that the OSMA would work with them as a CME Provider if they so changed their decision.

**Co-Hort Self-Study Training Held on January 26, 2016**

The OSMA ARC held its sixth Co-Hort Self-Study Training Session for all CME Providers coming up for Reaccreditation in 2016 on January 26, 2016 at the OSMA Headquarters. All ARC members were invited to attend and participate in this training session. There were approximately 10 attendees who participated in this training session.

**CONCLUSION**

The Accreditation Review Committee will continue to review CME standards as required by the ACCME and work with other partners to ensure that CME activities are planned and implemented appropriately and in compliance with the updated criteria. The committee meets periodically throughout the year and also conducts site surveys of the 15 providers statewide.

Respectfully submitted,

Timothy Holder, MD, Chair

Kersey L. Winfree, MD

John Chace, MD

William Allred, MD

Margie Miller, MS

Peter Aran, MD

Robert W. Block, MD

W. David Min, MD

Deepak Jaiswal, MD

Shirley Dearborn, MD

Myrna R. Page, MPH, CHES

Woody Jenkins, MD

Janet Spradlin, PhD
INTRODUCTION:

The Council on Governmental Activities reviews federal legislation and regulations of concern to the medical profession or the health care industry, and initiates activities or undertakes appropriate responses on matters of priority interest, consistent with OSMA established goals and policy. It also establishes and maintains relations with federal government entities having statutory or regulatory jurisdiction affecting the medical profession, the delivery of health care, or public health. In cooperation with any other Association councils and committees, it communicates with the medical profession, develops policy recommendations for consideration by the Board of Trustees, prepares testimony, and otherwise conducts the federal legislative program of the Association. The activities of the Council are guided by the Association’s Annual Program of Activities as defined and interpreted by the Board of Trustees.

In order to be more nimble to respond to federal issues, the oversight for the Council on Governmental Activities was transferred to the OSMA Executive Committee beginning in 2013. The Executive Committee welcomes participation from any OSMA member and encourages physicians to get involved in legislative advocacy by contacting members of Congress when they are back in their home districts or joining the Council on Governmental Activities in Hill Visits to Washington DC.

Coalition of State Medical Societies:

To help address the challenges of new practice realities for physicians, the OSMA joined with nine other state medical societies to form the Coalition of State Medical Societies. The Coalition includes the four largest medical societies (CA, FL, NY, and TX), and represents more than 180,000 physicians, medical students and residents from coast to coast. The intent was to start with a core group of states and build on a bi-partisan, grassroots initiative that better utilizes the physician members of Congress and their key Congressional allies. Washington Lobbyist Larry Meyers has provided contract services since 2013 to help coordinate meetings with congressional members for the group. OSMA has renewed its membership each year since.

OSMA Executive staff, Ken King and Kathy Musson, have participated in a number of coalition meetings and congressional visits with the group. The plan is to continue coalition efforts to further refine their mission and develop outlines of potential legislation and a coordinated advocacy strategy. The Coalition talking points are attached to this report.

REVIEW OF ACTIVITIES:

AMA National Advocacy Conference - 2016:

The 2016 AMA National Advocacy Conference (NAC) was held February 22-24, 2016 in Washington, DC. The AMA NAC provides leaders of the medical community from around the
country the opportunity to gather and receive the latest information on various political and advocacy issues of interest to physicians and their patients.

Physicians representing the Oklahoma State Medical Association (OSMA) were President Woody Jenkins, MD; and President-elect Sherri Baker, MD. Also in attendance from Oklahoma were Mary Anne McCaffree, MD, AMA Board of Trustees member; D. Robert McCaffree, MD; OSMA Past President; Jack Beller, MD, OSMA Past President and AMA Council on Legislation Chair; Don Wilber, MD, 2016 President of the Oklahoma County Medical Society; Peter Aran, MD, 2016 President of the Tulsa County Medical Society; Susan Hull, MD, OSMA Rural Physician Section Vice-Chair; OSMA Executive Director Ken King, CAE; and Associate Executive Director Kathy Musson, CAE.

AMA National Advocacy Conference - 2017:

The 2017 AMA National Advocacy Conference (NAC) was held February 26 to March 1, 2017 in Washington, DC.

Physicians representing the Oklahoma State Medical Association (OSMA) were President Sherri Baker, MD; immediate Past-President Woody Jenkins, MD; President-elect Kevin Taubman, MD. Also in attendance from Oklahoma were: Jack Beller, MD, OSMA Past President and AMA Council on Legislation member; David Holden, MD, 2017 President of the Oklahoma County Medical Society; Peter Aran, MD, 2016 President of the Tulsa County Medical Society; Jenny Boyer, MD, OSMA Rural Physician Section Chair; Jean Hausheer, MD, OSMA Vice-President; Resident/Fellow Representative Ankur Rughani, MD; OSMA Executive Director Ken King, CAE; and Associate Executive Director Kathy Musson, CAE.

Oklahoma attendees, along with OSMA Federal Lobbyist Michael Preston, made “House Calls” to all of the Oklahoma Congressional Delegation.

The AMA, the OSMA and the Coalition firmly believe that our government should make it easier – not more difficult – for physicians to care for patients and provided Congress with some important steps that could be taken. The Coalition’s talking points on current health care issues is attached to this report. Also included is an update on the status of the American Health Care Act (HR 1628).

SUMMARY:

The OSMA maintains a close working relationship with the members of the Oklahoma Congressional Delegation on federal issues of importance to physicians and their patients. OSMA will continue to work with federal representatives to improve the quality of the health care system and to ensure Oklahoma patients have access to affordable care. The OSMA executive staff will continue to coordinate federal legislative activities with OSMA Federal Lobbyist Michael Preston and to dialogue with the AMA’s Washington, DC staff regarding federal issues affecting health care.
The Council on Governmental Activities continues to encourage all physicians to become involved in grassroots efforts to get to know their U.S. Senators and U.S. Representatives personally and to call on them when critical issues arise in Congress. For reference, a complete listing of the Oklahoma Congressional Delegation is attached to this report. OSMA physicians are encouraged to respond to OSMA blast federal legislative alerts as needed. In addition, the Council urges all OSMA members to contribute to the Oklahoma Medical Political Action Committee (OMPAC) and the American Medical Political Action Committee (AMPAC) as your involvement enhances their ability to elect and support pro-medicine candidates at the state and federal levels.

Due to the rapidly changing health care environment, Delegates are encouraged to watch for OSMA advocacy alerts or check OSMA’s website at www.okmed.org for updated information on these important topics. Additional information on OSMA’s federal legislative agenda is available by contacting Kathy Musson, OSMA Associate Executive Director at (800) 522-9452 or by e-mail to Musson@okmed.org.

Respectfully submitted,

Kathleen A. Musson, CAE
Associate Executive Director
The Coalition of State Medical Associations

Requests of the 115th Congress

The Oklahoma State Medical Association belongs to the Coalition of State Medical Societies, which comprises 10 state medical associations, including the four largest medical societies (CA, FL, NY, and TX), and represents more than 180,000 physicians, medical students and residents from coast to coast. The Coalition firmly believes that our government should make it easier — not more difficult — for us to care for our patients. Here are some important steps Congress can take.

Affordable Care Act

Our state medical associations are committed to ensuring that patients across America have high-quality, affordable health insurance and real access to doctors.

As Congress debates a replacement plan for the Affordable Care Act, we are urging any plan to meet the following goals:

- Ensure Americans do not lose coverage.
- Improve access to physicians.
- Continue tax policies and subsidies that help low- and moderate-income patients afford coverage.
- Allow patients a broad choice of physicians, plans, and coverage through Health Savings Accounts, private insurers, government programs, and Medicare private contracting.
- Maintain the important insurance reforms that protect physicians and their patients, such as coverage for pre-existing conditions.
- Stabilize the individual insurance market.
- Allow each states to choose the best Medicaid options for their state.
- Improve access to physician-owned hospitals.
- Provide access to affordable prescription drugs.

MACRA

1. Monitor MACRA Implementation to Prevent Another Bureaucratic Catastrophe

The new payment systems established under the Medicare Access and CHIP Reauthorization Act (MACRA) offer the potential to bring positive changes to how we pay for and deliver health care to seniors. While the changes to the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Systems (APMs) in the final rule are a significant improvement over the initial proposal, the burdensome regulations continue to be counterproductive to quality patient care. The Coalition members continue to advocate changes in the MACRA regulations. We urge a further reduction in the requirements for small and rural practices, particularly in the electronic health record (EHR) category. The EHR vendors need to be held more accountable, and the cost category needs to be overhauled so that physicians are not disincentivized for caring for vulnerable patients.

Please join our organizations in monitoring the Centers for Medicare & Medicaid Services’ ongoing implementation of MACRA to prevent its entanglement in unnecessary regulations that discourage physician participation in Medicare.
2. Work for Statutory Changes to Make MACRA Work Better for Physicians and Patients

The Coalition supports the following amendments to the MACRA law to further ensure these new programs actually improve patient care and encourage physician participation in Medicare.

- Establish higher Medicare payment updates.
- Expand the permanent exclusions for small practices.
- Eliminate all penalties and the requirement for budget neutrality in the bonus/penalty payment system.
- Set meaningful, objective performance standards.
- Simplify reporting and compliance requirements.
- Work with information technology vendors to establish lower-cost systems.
- Require appropriate risk adjustment of all cost and quality measures.
- Eliminate APM requirements that physicians must accept insurance-type, downside risk in order to earn incentives in alternative practice models.

Federal Bureaucratic Burden Overall on Physicians
The regulatory burdens in Medicare and Medicaid continue to pile up — the latest being the requirements for physicians to offer translation services to all Medicare patients without payment. Onerous regulations like HIPAA and CLIA have not gone away. The Coalition asks that Congress:

- Impose a two-year moratorium on new regulatory requirements of physicians’ practices.
- Require true interoperability among electronic health records to allow physicians, hospitals, labs, and health plans to exchange vital health care information simply and inexpensively. Despite the widespread adoption of EHRs, physicians are still forced to fax information because these systems can’t talk to each other.
- Require Medicare and Medicaid to arrange for and cover the cost of interpreters.

RAC Audits
Medicare pays Recovery Audit Program contractors (RACs) like bounty hunters to find potential overpayments made to physicians. Nearly half of all audit findings are overturned by an administrative law judge when a physician appeals. This demonstrates how badly the program needs reform. A good sign is the recent Centers for Medicare & Medicaid Services announcement that it no longer will contract with CGI Group. The Coalition asks that Congress:

- Prohibit RACs from recouping physician payments until the appeals process is final.
- Make RACs more accountable for improving extrapolation formulas and employing reviewers trained in the same medical specialty as the physicians they review, and impose penalties for inaccurate findings.
- Provide incentives for RACs to educate physicians about any incorrect billing practices to avoid future billing errors.

Telemedicine
Telehealth offers great hope to make health care more available and efficient. We support the appropriate expansion and coverage of telehealth services to improve access to care for patients covered by Medicare, Medicaid, and the U.S. Department of Veterans Affairs, particularly in underserved areas. HR 6, the 21st Century Cures Act was enacted by Congress and signed into law. It includes language that would expand Medicare’s coverage of telehealth services.

To protect patient safety, we strongly urge Congress to preserve the jurisdiction of state medical boards to license and discipline physicians. Fundamentally, the practice of medicine takes place where the patient is receiving treatment, and physicians should be licensed to practice in the state where this care occurs. In addition, we believe services provided through telehealth should adhere to appropriate standards of care and that these services should be paid for on par with the same services provided in person. We urge any federal telehealth legislation to adhere to these principles.
HEALTH CARE: STATE OF PLAY ON FEDERAL CAPITOL HILL

As of April 12, 2017

The U.S. House Republican’s health care “repeal and replace” proposal entitled the American Health Care Act (HR 1628) would reduce federal deficits by $337 billion over the next ten years and increase the number of people who are uninsured by 24 million in 2026 relative to current law, according to estimates from the Congressional Budget Office. However, on Friday, March 24th, House Republicans had to pull their repeal of the Affordable Care Act from consideration on the House floor due to a revolt from members of the House Freedom Caucus, other conservative Republicans and because not one House Democrat supports a repeal and replace effort. This was considered a major defeat for the Trump Administration and House Republican leadership.

House Energy and Commerce Committee members, who are charged with crafting this bill, met a week later on March 30th to discuss the outlook for the health care agenda which remains in limbo, as conservative and moderate republican lawmakers continue to try to negotiate a deal. On April 6th though the House Rules Committee announced an amendment to HR 1628 which would create a high risk pool in hopes of helping insurers cover costs of individuals with pre-existing conditions and keep premiums lower for healthy individuals. The amendment passed the House Rules Committee, 9-2. House Speaker Paul Ryan touted the amendment as “real progress and it will help us build momentum for delivering on our pledge to the country.” And, Freedom Caucus Chairman Mark Meadows said if the offers made over the last few days are in the final bill, then “the majority, if not all of the Freedom Caucus will vote for this bill.”

As for this stalled health care bill and the rest of Congress’ legislative agenda including tax reform, infrastructure investment legislation, and appropriations bills, House Speaker Ryan still maintains his caucus is on track and scheduled to finish these efforts before the end of the fiscal year.

Even with this new amendment to the American Health Care Act, leadership still acknowledges the legislation may not yet be ready for floor consideration. Congressional staff will continue to work on HR 1628 over the Easter recess, and could make some changes in hopes of garnering more votes. Both chambers will be on break for Easter recess; Senators scheduled to return April 24, and House members the next day. Some House members have voiced optimism that they will pass a health care repeal after this Easter recess, but depending on press reports and forthcoming town hall meetings, the holdouts’ positions could either soften or harden.

Additional information on OSMA’s federal legislative agenda is available by contacting Kathy Musson, OSMA Associate Executive Director at (800) 522-9452 or by e-mail to Musson@okmed.org.
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3/16/2017
REPORT OF THE OSMA COUNCIL ON MEMBER SERVICES

Subject: Annual Report
Presented by: Richard Campbell, MD, Chair

INTRODUCTION:
The OSMA Council on Member Services was initially formed to review and develop programs and services for OSMA members which would bring in non-dues revenue. The OSMA, through its Council on Member Services, offers quality member benefits and services at competitive prices in an effort to reduce expenses both professionally and personally for OSMA members. In addition to the savings the members receive, the Preferred Associates programs generate additional funds so the OSMA can better serve its members. The Council reviews the various programs and services which are designed to encourage participation and membership in the Oklahoma State Medical Association. These products are intended to provide quality and value to the association members and when possible, provide a source of non-dues revenue to the association at little or no expense. In addition, many of the Preferred Associates also provide advertising in the OSMA Journal, the Directory of Physicians, and sponsor fees at the OSMA Annual Meeting and other special events.

ACTIVITIES:
In 2016, the OSMA Council on Member Services Board met on May 19, 2016. The following are pertinent activities to report to the House of Delegates:

- Approved LendKey as an OSMA Preferred Associate.
- Approved The ArcLight Group as an OSMA Preferred Associate.
- Approved Local Hospitality as an OSMA Preferred Associate.

OSMA Preferred Vendors:
The Council on Member Services continues to review vendors to ensure they are reputable and competitively priced. Many of the Preferred Vendors offer essential services that are needed by OSMA members. These services also provide revenue for the OSMA. Here is a list of some of the vendors and the services they offer OSMA Physician members.

OSMA Health offers Oklahoma physicians, their staffs, and families a competitively priced health insurance program designed to meet the needs of Oklahomans. In addition to the traditional plan of insurance, OSMA Health offers a superior PPO program, as well as a Health Savings Account Plan, and Medical Supplemental Coverage.

PPLICO, a MedPro Group/Berkshire Hathaway company, is a managed medical professional liability carrier, has been serving Oklahoma healthcare providers since 1980. For decades, aggressive efforts by the OSMA and PPLICO have saved Oklahoma physicians millions of dollars in insurance premiums. In today’s ever changing environment, PPLICO delivers medical professional liability insurance and other risk solutions that meet the specific challenges you face as a physician or healthcare organization.

ArcLight Group is a company located in Tulsa and was born to solve healthcare’s compliance and technology issues. Our advanced technical knowledge and experience combined with a thorough understanding of HIPAA HiTech ensures that we prescribe the right solution for your technology problems. ArcLight provides outsourced technical helpdesk, infrastructure, network, and consulting to small and medium-sized healthcare providers. Our goal is to provide enterprise-level standards and practices for private healthcare providers. Our experience has allowed us to build and develop the client infrastructure needed to contain rising technology costs and keep your practitioners practicing.
The Christensen Law Group is pleased to partner with the OSMA and its physician-members. CLG has a well-deserved reputation for providing quality legal services that embody the “Oklahoma Standard” – standing with clients during times of adversity and helping clients achieve their goals. CLG is offering preferred pricing to OSMA members at discounted hourly rates and flat rates, depending on the project.

CodeToolz, a simple and easy-to-use payer contract management tool. Analyze and manage “your” CPT® code $-allowables and fee schedules. Determine your exact contract $-allowable, avoid under-billings and analyze any “proposed” changes by the payer. If at the end of the year, physicians could increase their revenue by 4%-7%, would they? Of course they would, get started now and visit www.codetoolz.com

Coordinated Care Oklahoma (CCO) is a not-for-profit Health Information Organization (HIO) comprised of a consortium of hospitals, health systems, physicians, and other health care providers representing a wide range of health care settings. CCO offers health information exchange (HIE) and other health information technology (HIT) services to support the efficient and secure sharing and delivery of patient information amongst diverse health care providers for treatment at the point of care.

CCO’s Charter Members include hospitals, health systems, and physician groups from central Oklahoma and the surrounding vicinity. CCO reflects the commitment of these organizations to establish a member-governed and cost-conscious approach to supporting HIE and leveraging other potential HIT opportunities to streamline care coordination and care transitions and improve patient care.

As of late 2014, CCO offers Participating Members access to records for more than 4.5 million patients via information contributed by 7 health systems, in excess of 45 hospitals, and greater than 3,000 providers and 275 data contributing facilities from Oklahoma and neighboring states. CCO provides both portal and EHR integrated access to an aggregated clinical view, which is capable of supporting unique security roles by organization and custom views and data filters tailored to specific care settings or needs identified by various types of providers or specialties. The number and diversity of CCO Participating Members continues to increase, expanding the scope, depth, and value of information available to health care providers.

CCO welcomes the opportunity to serve OSMA health care providers as CCO Participating Members and invites you to contact CCO today.

Dell Inc. set up for Oklahoma State Medical Association members and employees receive discounts from Dell for their personal purchases!

Dell Member & Employee Purchase Program

- Best price guarantee on Dell.com
- Discounts on thousands of electronics and accessories
- Open enrollment into Dell Advantage Loyalty Program* for 5% back in the form of a Dell e-Gift card and free 2nd business day shipping
- Exclusive additional monthly savings

Dispensary of Hope is a national not-for-profit organization that recovers surplus medications from manufacturers, distributors, and physicians and redistributes them to the uninsured. Through their “Fill the Box Fill the Need” campaign, physicians across the country are donating their short-dated and surplus sample medications to the Dispensary of Hope, who then makes them available to charitable clinics and pharmacies. Currently there are several locations in development throughout Oklahoma. The donation process is free and simple. Receive a Hope Box at your practice, fill it with sample medications that have reached six months prior to expiration, seal it, and apply the prepaid shipping label. After the Dispensary of Hope receives your donation, you’ll receive a faxed, itemized, receipt for your records, along with a new Hope Box to fill the following month.
The program is mutually beneficial for practices and patients. By proactively donating sample medications to the program, physicians are PREVENTING medication waste, increasing sample management compliance, saving time and destruction costs and ultimately providing desperately needed medications to patients that would otherwise go without. The goal: Never let a single pill go to waste (i.e. expire) before reaching a patient—especially while millions of patients go without the medications they desperately need. **100% HOPE Zero WASTE**

**Doerner Saunders Daniel & Anderson LLP Lawyers** has offices in Tulsa and Oklahoma City. The Firm’s lawyers practice in virtually every area of civil law and represent business and individual clients throughout Oklahoma and the nation. The Firm’s health law practice helps physicians deal with day-to-day business issues and pursue new innovations in the ever-changing healthcare environment. In addition, the Firm represents physicians in contract negotiations, challenges to regulatory actions (including those against Medicare and Medicaid), licensure matters, medical staff disputes, mergers and acquisitions, group dissolutions, and with compliance issues such as HIPAA, Stark/anti-kickback/fraud and abuse, just to name a few of the areas of recent physician representation. The Firm’s lawyers are on top of the constantly changing regulatory and business environment and provide useful and effective counsel for their clients. You will be directed to an attorney best suited to handle your legal needs whether in the area of health law or another area of civil law. Doerner Saunders Daniel & Anderson is proud to be associated with OSMA and will apply reduced rates in addressing OSMA Members’ legal needs.

**Frates and Company:** OSMA recommends the following insurance programs offered by C.L. Frates and Company: Business Overhead Expense; Critical Care Insurance; Disability Income; Group Term Life; Hospital Indemnity; Accidental Death and Dismemberment; and Workers Compensation Plan.

**Harrison Henderson, PLLC** was originally founded in 1972 as Harrison Associates, PC, providing tax, accounting and consulting services primarily to physicians and medical groups throughout Oklahoma and the surrounding states. After merging with Henderson and Ramsey, CPAs, PC in 2013, the firm name was changed to Harrison Henderson, PLLC. Last year, the firm also acquired an accounting practice in Perry, Oklahoma so we now have offices in Norman, Tulsa and Perry, Oklahoma.

Health care clients of the firm include practicing physicians, retired physicians, independent medical group practices, home health care/hospice agencies, ancillary medical service entities, and medical equipment sales firms. Harrison Henderson’s medical practice consulting services, provide, among other things:
- New Practice start-ups
- Internal control reviews
- Practice transition (buy-ins and buy-outs)
- Physician compensation models and allocation of profit
- Practice financial benchmarking

Doane Harrison, CPA has been recognized by Medical Economics magazine as one of the "150 Best Financial Advisors for Doctors" for several years. Harrison Henderson, PLLC also maintains active memberships with the Medical Group Management Association.

**HEALTHeCAREERS Network** is a network of hundreds of healthcare career sites that bring healthcare professionals and employers the only true "single-source" solution for recruitment and career searches in every specialty in healthcare. Healthcare professionals can find the largest selection of job opportunities while employers can target job seekers based on their specialty recruitment needs. **HEALTHeCAREERS** operates the OKMed Career Link that offers OSMA members:
Access to the largest collection of healthcare job postings, representing every sub-specialty and work setting from employers of all types and sizes

Ability to post jobs to fill any position, from office administrator to partner, across the HEALTHeCAREERS Network

Access to healthcare news, career information, resources, and events

Ability to sign up for job alerts—email notification of new postings that match your criteria

Ability to post your resume confidentially so that employers can contact you "blindly"—you choose whether to respond, or not

Access to personal customer care consultants to help you post and apply for jobs and maximize your opportunity for a successful search

All resources are free for OSMA members seeking jobs, and job posting rates are highly competitive, with volume discounts

IC System, Inc, is a nation-wide accounts receivable management company that provides collection services to clients in all 50 states. IC System has been a preferred partner of the OSMA since 1986. Established in 1938 in St. Paul, Minnesota, IC System has grown to be one of the largest privately-owned collection agencies in the country, noted for its ethical and progressive services. They offer a full range of flexible and affordable collection programs, as well as litigation referrals, credit reports, and debtor locator service. IC System reports its experience with debts to all three national credit reporting agencies. Accounts are served by local sales representatives and professionally trained teams of collectors and client service representatives. IC System is endorsed by over 1,000 business and professional associations.

LendKey – Student Loan Refinancing is a free service that medical professionals can use to compare new student loan refinancing rates amongst over 320 lenders in the country in a matter of minutes and with no impact on their credit score. By filling out one form, LendKey shows you how much you can save with a lower rate and monthly payment on your student loans, all funded by not-for-profit credit unions and community banks. LendKey is also your partner throughout the life of your loan with a customer service team ready to answer any questions you have from the time you apply until the time you make your final payment.

Local Hospitality – OSMA Travel Discount Program offers exclusive worldwide travel discounts to OSMA members. We aggregate listings of all hotel and car rental suppliers in real-time across our network of global reservation systems. Users enjoy the best inventory, rates and terms in the market. Savings average 10-20% and may exceed 50% on all hotels and car rental suppliers around the world. Every traveler’s needs are unique, our customer agents will service you through online and toll-free phone support.

Medical Provider Compliance, LLC (MPC) is the simplest, fastest, and least expensive way to meet today’s compliance requirements for all size of practices. Many providers don’t know what regulations they are supposed to comply with such as monthly Exclusion Database Checks on all employees and an anonymous method of employee reporting, such as a Hotline. Healthcare compliance is mandatory, prescribed by law, and a prerequisite to accepting Medicare, Medicaid, Medicare Advantage, and using Health Information Exchanges such as CCO. Failure to do so can mean penalties, fines, recouped reimbursement, and even False Claims Act charges. MPC provides an Electronic Compliance Record (ECR®) which is an electronic history of all your compliance policies, procedures, activities and employee participation readily accessible via the web. Compliance becomes integrated into your culture without getting in the way, using a secure central storage repository that integrates your existing compliance programs (i.e., HIPAA, CCO, OSHA), and provides sample policies in the MPC Public Library. ECR® becomes your “evidence” of audit-ready compliance when an auditor comes knocking at your door. OSMA Members receive a discount on signup fees so call today to get started!
Medical Waste Services is a bio-hazard transport and treatment company which services Oklahoma, Arkansas, Missouri, Kansas, Tennessee, and Mississippi. They offer several services including: medical waste removal / transport / disposal, non-hazardous expired pharmaceutical removal, and OSHA compliance. Medical Waste Services has grown from a one truck operation in 2009 to a multi-state fleet running today. They recently completed construction of their very own medical waste treatment facility on the campus of their home office in Harrison, AR. This state-of-the-art facility will allow them to not only handle all of their customers waste from cradle-to-grave, but do so with minimal environmental impact. Affordable pricing, reasonable contracts, a focus on customer service, and a positive impact on the environment are what Medical Waste Services believes sets them apart from other waste disposal companies.

Office Depot, Inc.- Office Depot and OfficeMax completed our merger of equals on November 5th, 2013. By combining our two companies, we've become a $17 billion company and a stronger, more efficient global provider of office products, services, and solutions. Office Depot, Inc. is a preferred vendor of OSMA and offers its members exclusive savings on all of your business needs, including Office Supplies, Copy & Print Services, Furniture and much more. From offices to exam rooms, binders to bandages, we offer best-in-class solutions for OSMA members. Office Depot, Inc. gives you the flexibility to shop online at http://business.officedepot.com or at more than 2,200 retail locations.

Real Property Management Enterprises has been in business for over 25 years and serving Oklahoma City Metro for over 4 years. We specialize in managing single-family homes, small complexes and small commercial properties. We are a full service property management company meaning we handle all management duties and responsibilities (i.e. advertising, screening, collecting, inspecting, maintenance, evicting, end of tax year information, etc.). To learn more about property management please visit our website to review important things you should know about hiring a property manager. As a medical professional you receive discounted services from Real Property Management Enterprises. Make sure to mention you are a member of OSMA. Please call today.

Rx Security - Tamper-resistant Prescription Pads and Rx Paper. OSMA members can now save 15% on products they purchase on a regular basis with Rx Security. Secure prescription pads and forms are an effective way to limit instances of prescription drug fraud and abuse.

Rx Security provides secure prescription pads and Rx prescription paper for licensed physicians. Our focus is to design, develop and supply products that will assist doctors in reducing prescription drug abuse. All products from Rx Security meet and exceed Medicaid requirements for tamper-resistant prescription forms. These forms can be used for all Medicaid/Medicare patients and both controlled and non-controlled substances. Special Order Forms are available on the OSMA ’s Member Services webpage.

Sooner Medical Staffing & Recruitment - Oklahoma owned and managed, Sooner Medical provides OSMA members and their practices discounted services for Temporary Staffing & Permanent Placement – including Medical Assistants, Billers & Coders, Phlebotomists, Receptionists, LPNs, RNs, and Office Managers. Also provided are Private Duty Companion/Sitter services for member patients and employees. All services include statewide coverage and 24 hour a day, seven days a week accessibility through one phone number.

Southwestern Stationers and The Ginger Grant Group are excited to offer this kind of partnership to the members of OSMA. Patients and families, more than ever, are shopping for care with a consumer’s mentality. As consumers of a service, prospective patients and their families often view a provider’s facility as a first and subtle statement of the quality of care they or their loved ones will receive.
We appreciate the opportunity as an OSMA Preferred Associates Vendor to offer members a broad variety of services from simple procurement of necessary products to turnkey packages of healthcare specific furniture, durable medical goods, exam & treatment tables, and modular casework. Southwestern’s team also offers specialized products for bariatrics, pediatrics, labs and pharmacies. OSMA members could also benefit from a scalable support team that can include interior design services, space planning, project management and financing options to ensure proper planning and a smooth transition into a new space. Southwestern Stationers will continue to support providers as a “One-Stop Business Resource” with their comprehensive printing and office supply services.

Wilshire Pennington Wealth Advisors is dedicated exclusively to wealth management for doctors. Wilshire-Pennington was founded to help doctors save more of what they earn, then protect those savings from unnecessary loss, and reduce financial uncertainty. This goal allows doctors to truly enjoy an improved quality of life. We structure our clients so they pay taxes on what they spend, not on what they earn. This allows our doctors to save more, reduce taxes and retire earlier. Our clients are invested with the world's largest asset manager BlackRock, who controls or monitors $17 Trillion in assets. By pairing with BlackRock our clients have access to a Tactical Equity Model which uses 6000 super computers to calculate risk in their portfolios and automatically adjusts them when needed. Our retired doctors are invested into an income for life model using high yield corporate laddered bonds. We are a full service firm offering estate planning, payroll, tax preparation, legal and practice management.

CONCLUSION:

The Council on Member Services will make every attempt to continue to provide high-quality and competitive services through the Preferred Associates programs. The Council welcomes comments and suggestions regarding the member services activities.

Respectfully submitted,

Richard Campbell, MD, Chair
George Caldwell, MD
Diane Hampton, MD
Lara Mashek, MD
Diane Heaton, MD
Sherri Baker, MD, OSMA President
Ken King, OSMA Executive Director
INTRODUCTION:

It is the goal of the Physicians’ Campaign for a Healthier Oklahoma (PCHO) to promote the use and implementation of prevention strategies in physicians’ practices to improve the state of the health of all Oklahomans.

REVIEW OF ACTIVITIES:

Pediatric Obesity Education to Primary Care Providers

Purpose: To partner with organizations to provide training on pediatric weight management through a webinar series to enhance provider practices, resulting in improved outcomes in obesity among Oklahoma youth.

Scope of work: The goal of this project is to provide training on pediatric overweight and obesity to improve the quality of obesity management in primary care. Specific objectives include:

1. Develop a pediatric obesity CME training series for primary care providers. CME training will be developed and provided by a team of experts in childhood obesity, including pediatric psychologists, dietitians, physical therapists and pediatricians trained in pediatric weight management. The curriculum will be based on the expert committee recommendations, incorporating novel biopsychosocial and family systems models of care. Additionally, the OKAAP tool kit on pediatric obesity assessment and management will be distributed to all primary care providers in the state.

2. Provide a pediatric obesity CME training series to pediatric primary care providers through an existing telehealth network. Through partnerships, CME on pediatric weight management will be delivered monthly to selected pediatric primary care practices and Federally Qualified Health Centers over the course of 12 months by the telehealth network, which currently provides services to rural providers across the state.

3. Determine if CME training in pediatric obesity for primary care providers’ impacts provider practices and results in improved patient outcomes among at-risk children. Assessment of provider practices of childhood obesity will be based on chart review of well-child checks for obese children, including documentation of BMI, blood pressure, obesity-related lab work, visit diagnoses, and weight management counseling. Re-assessment of these measures will be evaluated and tracked following the training to determine differences in provider practices and impact on patient outcomes.

PCHO Prevention in Practice Award

The 2016 Prevention in Practice award was presented to The Chickasaw Nation. The award was presented at the Annual Meeting in April. This award is designed to recognize exemplary physicians, organizations, and OSMA members for putting Prevention into Practice. This award is presented for showing a proactive leadership role and responsibility working with patients and colleagues regarding healthier lifestyle choices and the betterment of improving the health of Oklahomans. This award is given to one who exemplifies excellence in promoting clinical prevention and wellness education in their medical center and community to improve the overall health and well-being of their patients as well as
demonstrating dedication and commitment as a healthcare provider.

Shape Your Future Campaign
The PCHO partnered with TSET to promote the “Rethink Your Drink” campaign. Shape Your Future is dedicated to improving community health. We encourage parents, children and all Oklahomans to live healthier lives every day by eating more fruits and vegetables, getting the appropriate amount of physical activity and being tobacco free. “Rethink Your Drink” messaging motivates Oklahomans to choose healthy, hydrating water over sugar-sweetened beverages to quench their thirst.

Special Edition of JOSMA
The PCHO sponsored a special edition of the JOSMA, Cancer in Oklahoma, July/August 2016.

PCHO Recruitment
PCHO is currently recruiting members to the task force. Physicians with an interest in clinical prevention are being encouraged to attend a meeting and to join the task force. Current task force members are being encouraged to invite other physicians to join. The committee recommended recruiting medical students to be on the task force as well.

The PCHO continues to focus on clinical prevention addressing such issues as tobacco use, obesity and child health. The PCHO is represented on many community committees and is currently involved with several statewide health initiatives.

CONCLUSION:
PCHO is a proven vehicle to help Oklahomans make healthy lifestyle choices. OSMA’s partnership with PCHO can promote and teach physicians, patients and the public about these healthy lifestyle alternatives that can significantly improve Oklahoma’s performance in the annual State of the State’s Health Report.

Respectfully submitted,

Robert Weedn, MD, Chair
Chet Bynum, MD
Pat Gideon, MD
Mary Anne McCaffree, MD
Robert McCaffree, MD
Mukesh Parekh, MD
Woody Jenkins, MD
Paul Wright, MD
Ashley Weedn, MD
Steve Ramirez, MD
INTRODUCTION:

The Council on State Legislation and Regulation is tasked with proactively promoting legislation that will improve the practice of medicine as well as reviewing all proposed measures that will impact physicians and working to support or oppose them, as appropriate.

ACTIVITIES:

State budget cuts, a public health crisis and attacks on medicine made 2016 one of the most challenging years that physicians have seen at the Capitol. Unfortunately, many of those issues have reared their ugly heads again this year. The Legislature just passed the halfway mark of its 16-week session and here are some of the big issues facing physicians.

BUDGET

As low oil and gas prices continue to decimate state tax collections, the budget remains in a steady decline. As of this writing, the projected budget deficit is approximately $860 million and policymakers have completely drained the Rainy Day Fund just to meet this fiscal year’s needs. As such, tough decisions and significant budget cuts are coming.

According to the Oklahoma Health Care Authority, the agency needs a minimum of $69 million in new revenue just to maintain current levels of service and provider rates. (That is dependent on federal reauthorization of the SCHIP program. The number goes up significantly if the program is not reauthorized in time.) If OHCA is funded at the same level as FY 2017, provider rate cuts will range from 8.0 to 14.6 percent. If the Medicaid budget is actually cut below that of last year, provider cuts could range as high as 25 percent.

In order to avoid drastic rate cuts, the Legislature will have to consider ways of finding additional revenue. OSMA strongly supports a proposal to raise the cigarette tax by $1.50 per pack, with the proceeds dedicated to health care. A bill to do that, HB 1841, was not considered in the House and is now dormant for this year. But the concept of a cigarette tax increase will have to remain on the table as lawmakers begin trying to piece together a budget deal.

SCOPE OF PRACTICE

Our biggest fight of the year thus far has been over HB 1013, a bill that would give nurse practitioners unlimited independent practice and prescriptive authority with no physician supervision. Unfortunately, the bill had the backing of House leadership and was railroaded through the process, being shipped through a friendly committee and ultimately passing the House on a 72-20 vote.

Fortunately, the bill was assigned to the Senate Health and Human Services Committee where, as of this writing (March 30) chairman Sen. Ervin Yen, MD has indicated he is not planning to hear this bill. The deadline for the bill to be reported out of committee is April 13th so, hopefully, by the time you read this the bill will already be dead for the year.

MAINTENANCE OF CERTIFICATION
One of OSMA’s top legislative successes last year was the passage of SB 1148, which was designed to prohibit Maintenance of Certification (MOC) as a requirement for licensure, credentialing and reimbursement. Unfortunately, we have heard anecdotally that several hospitals believe they have found a loophole to exploit and our attempt to address this situation, HB 1710, was defeated in the House in late March.

**PUBLIC HEALTH**
One of the most contentious items will likely continue to be immunizations. SB 83 by Sen. Ervin Yen, MD would have eliminated non-medical exemptions from state vaccination requirements for school attendance. When it was clear he didn’t have the votes to pass that bill, Yen amended to simply require parents to view a video regarding the potential risks and benefits of not vaccinating their child before seeking such an exemption. The bill narrowly got out of the Health and Human Services Committee but, even in this watered-down form, was voted down by the Senate, 16-26.

Sen. Yen had slightly better luck on SB 765, his bill to prohibit minors from being allowed in tanning booths. The measure passed the Senate 25-16, thanks to the help of the OSMA Medical Student Section, which has adopted this as their top measure this session. However, as of this writing, House Public Health Committee Chair Mike Ritze, DO has not yet scheduled the bill for a hearing.

**LAWSUIT REFORM**
SB 762, our request bill to reduce physicians’ statute of limitations, passed the Senate on a 37-6 vote. However, after that time, concerns were raised about if the current wording could have any potential unintended consequences. If we are going to do this, we certainly want to do it right. So, after consulting with PLICO and others in the liability defense industry, we have opted to hold the bill over this session. It will be a live round in 2018, meaning we can work over the interim to make sure we have the best legislation possible.

**INSURANCE**
Many of our toughest battles this year have been with the insurance industry. Two different bills were making the rounds that would have placed new burdens on physicians who wanted to bill patients for out-of-network services. SB 518 would have prevented balance billing for emergency care provided. We were able to keep that bill from being heard before the last deadline, and it is now dormant for the year. Another measure, HB 2216, would require physicians, at least 14 days before services are rendered, to give patients a good-faith estimate and a notice that they could be balance billed. The bill passed the House overwhelmingly when, at the last minute, hospitals were carved out and stopped working against the bill. But the bill has not yet been scheduled for a committee hearing in the Senate and the Senate sponsor has indicated he does not plan to pursue the legislation this year.

SB 478 has been one of the more contentious issues of the legislative session. The measure would allow Oklahoma consumers to purchase insurance across state lines from out-of-state insurers. While we certainly support our patients having more insurance options, we have some concerns about this bill. First, it would allow out-of-state insurers to offer plans that do not include all of the coverage currently mandated under state law—and then allow in-state insurers to offer comparable plans. Consumers could well buy a policy because it is cheap only to discover later it doesn't cover a potentially catastrophic diagnosis. We are also concerned about what recourse patients and providers would have should a dispute arise. Could they appeal to the Oklahoma Insurance Department? Or would they be at the mercy of the regulatory body in the insurer’s home state? This measure passed the Senate in late March and is currently awaiting a House committee hearing.

**TELEMEDICINE**
SB 762 is a Teladoc-backed bill to standardize a definition of telemedicine in Oklahoma statutes. (Telemedicine is referenced several times in different sections of law, but there is no agreed-upon definition of what exactly that entails.) We have been involved in negotiations with Teladoc, the Oklahoma Hospital Association, the Oklahoma Department of Health, the Oklahoma Department of
Mental Health and Substance Abuse Services and other interested stakeholders on this measure. We have been using AMA and FSMB model legislation as guides and working to ensure existing regulations by the Medical Board and Osteopathic Board are not adversely impacted. As of this writing, there has been no formal agreement, but we believe all parties are negotiating in good faith and talks are still ongoing.

**RECOMMENDATIONS:**

None

**CONCLUSION:**

2017 has been a very challenging and, frankly, ugly year at the Capitol. And while we still have a way to go and can’t take anything for granted, we are pleased that we have been able to bottle up most of the bad legislation. That said, the session could get even more heated as budget negotiations progress. It will be very important that Oklahoma physicians are engaged and give us a seat at the table as these discussions go on.

Knowing the nurse practitioners and other scope of practice battles are not going away anytime soon, we applaud the Board for authorizing our lobby team to begin working with outside professionals on a public relations campaign that will address not only these short-term legislative issues but the long-term issue of the level of visibility and respect for the medical profession.

A very big thank you goes out to all OSMA members who serve on the Council on State Legislation. We are always looking for active members so if you or one of your colleagues has an interest in helping us promote the practice of medicine by influencing state policy, please contact Wes Glinsmann to sign up to serve on the Council on State Legislation.

Respectfully submitted,
Arthur Rousseau, MD
CSLR Chair
REPORT OF THE COMMUNICATIONS AND PUBLIC RELATIONS

Subject: Annual Report

Presented by: Stacie Sawvell, OSMA Publication Manager

INTRODUCTION:

The activities of the Association with respect to public relations and public service projects are governed by the Association’s Annual Program of Activities as determined and interpreted by the Board of Trustees. All PR activities, as well as planning, development and distribution of internal and external communications are handled by OSMA staff, in cooperation with OSMA Committees and Councils. The OSMA Officers, as well as OSMA Council and Committee Chairs, serve as the key contacts for all media inquiries.

REVIEW OF ACTIVITIES:

- In conjunction with other OSMA staff, the OSMA Publication Manager continuously works to keep the OSMA website up-to-date providing membership with timely information. www.okmed.org launched an online physician’s directory and the capability to register for events online in 2016. All physicians are encouraged to visit the website at www.okmed.org.
- OSMA News Now, a weekly Blast Fax/Email Communication, is sent to OSMA members with information on important issues and upcoming events, as well as posted on www.okmed.org.
- In addition, the OSMA JOURNAL of Medicine is published on a monthly basis and provides non-dues revenue in advertising and subscription sales of approximately $64,456. The JOURNAL serves as the premier, peer reviewed publication of the OSMA and includes both scientific and organizational content; it is a forum for the explanation and discussion of issues vital to the physicians and the practice of medicine in Oklahoma. There were 39 articles submitted for publication in 2016. A total of 17 scientific, 7 ClinIQ, 1 Commentary and 11 Case Reports published in 2016. The June 2016 issue was dedicated to the proceedings of the 2016 Annual Meeting. The July 2016 issue contained the 2016 Legislative Report. The July 2016 issue was a special issue dedicated to Cancer in Oklahoma.
- The OSMA did not publish the Annual OSMA Directory of Physician Members in 2016.
- Other publications of the OSMA were also published in 2016, such as promotional/informative materials which were provided to the OSMA membership.
- The OSMA continues to respond to media inquiries on various topics related to health issues and is working to continually interact with the news media to provide the physician/patient aspect on current issues. OSMA Executive Staff and/or Leadership are the first-line responders to such inquiries. The OSMA also maintains a list of resources of physicians who can respond on specialty topics.

Respectfully submitted,
Stacie Sawvell, Publication Manager
REPORT OF THE JOURNAL EDITORIAL BOARD

Subject: Annual Report

Presented by: J. Michael Pontious, MD, Editor-in-Chief

INTRODUCTION:
The Editorial Board of the Oklahoma State Medical Association JOURNAL is a committee appointed by the OSMA Board of Trustees. The trustees may also name as many associate editors as necessary to carry out the duties of the Editorial Board; as such, this report is filed for information to the House of Delegates.

The JOURNAL serves as the premier publication of the OSMA and includes both scientific and organizational content; it is a forum for the explanation and discussion of issues vital to the physicians and the practice of medicine in Oklahoma.

REVIEW OF ACTIVITIES:
The JOURNAL Editorial Board voted for the following 2016 JOURNAL Award Winners:

- Approved the winners of the 2016 Journal awards as follows: Cover Photo Award: Lorenz (Larry) Ramseyer, MD, Scissortail at Lake Hefner, November 2016
- Mark R. Johnson Excellence in Writing Award: May Kou Heu, MD (PGY-3)
- Clinical Question: In adult patients on warfarin, does home self-testing of prothrombin time and/or international normalized ratio provide the same outcomes compared to testing by a home health nurse or in a clinical setting? - March 2016

Article activity during 2016:

- There were 39 articles submitted for publication in 2016
- A total of 17 Scientific, 7 ClinIQ, 1 Commentary and 11 Case Report articles were published in 2016
- The June 2016 issue was dedicated to the proceedings of the 2016 Annual Meeting
- The July 2016 issue contained the 2016 Legislative Report
- The July 2016 issue was a special issue dedicated to Cancer in Oklahoma.

Respectfully submitted,

J. Michael Pontious, MD
Editor-in-Chief
James Michael McGee, MD
Mary Anne McCaffree, MD
Ruth Oneson, MD
Johnny Roy, MD
William Truels, MD
Clifford Wlodaver, MD
REPORT OF THE ETHICS COMMITTEE

Subject: Annual Report
Presented by: Todd Brockman, MD, Chair

INTRODUCTION:

The Ethics Committee is a standing committee of the OSMA Bylaws which reviews written complaints received directly by the complainant or by the Board of Trustees or Executive Committee. The committee consists of three past presidents excluding the immediate past president.

ACTIVITIES:

Throughout the year, letters of complaints received are reviewed and dealt with on an individual basis. Tulsa and Oklahoma County Medical Societies each have active committees that handle complaints regarding members of the respective counties and complaints received by the OSMA are forwarded to them. Letters received on rural members are forwarded to the county medical societies. The committee meets on as needed basis to review and make recommendations.

RECOMMENDATIONS:

None

CONCLUSION:

The committee will continue to review complaints and meet on as needed basis.

Respectfully submitted,

Todd Brockman, MD, Chair
Robert McCaffree, MD
John Robinson, MD
INTRODUCTION:

The Oklahoma Health Professionals Program, Inc. (OHPP) is a 501(c)(3) which was incorporated in 2007. OHPP provides confidential support and referral resources for physicians, dentists, veterinarians, and allied health care professionals throughout the state of Oklahoma who are experiencing difficulty with substance abuse, behavioral, and/or disruptive issues. The recovery initiative was originally established in 1983 by the Oklahoma State Medical Association (OSMA) as a program through the OSMA Foundation. The OSMA, as represented by the OSMA Board of Trustees, is the sole member of the corporation.

The OHPP primary office is at OSMA headquarters in Oklahoma City. OHPP contracts with Robert Westcott, MD to serve as Medical Director. OHPP Associate Director Merlin Kilbury, MD works closely with Tulsa area participants. OHPP also contracts with Paul Cheng, MD to provide services in other parts of the state. Staffing for the OHPP is provided solely by the OSMA through an administrative service agreement reviewed annually.

OHPP Board members, who serve staggered three year terms, are appointed by the OSMA Board of Trustees to provide oversight and management of the activities of the OHPP. During 2016 there were nine (9) members who served on the OHPP Board.

ACTIVITIES:

The Oklahoma Health Professionals Program (OHPP) Board met on March 30, September 26, and December 6, 2016. The following are pertinent activities to report to the House of Delegates:

• Introduction of new OHPP board member James (Jim) Lee, DVM.
• Introduction of new OHPP board member J. Andy Sullivan, MD.
• Introduction of new OHPP Compliance Manager Cecilia Zinnikas.
• Introduction of new OHPP Program Manager Nancy Marshall.
• Approved to acknowledge the Caduceus leaders for their contributions to OHPP with plaques.
• Approved to send one Caduceus leader to the 2017 Federation of State Health Programs conference in Fort Worth.
• Approved 5 percent contract increase for Dr. Robert Westcott and Dr. Merlin Kilbury.
• Approved $16,000 annual contract to Dr. Paul Cheng as Assistant Medical Director with OHPP.
• Recommended to OSMA Board to consider providing an hourly employee at $16.00/hr for the OHPP office assistant.

CONCLUSION:

The next scheduled OHPP Board Meeting will be held at the end of 2nd Quarter 2017, in late June.

Respectfully submitted,

Stephen Heimbach, MD, President
James Brinkworth, MD, Vice-President
Paul Kammerlocher, MD
Timothy Moser, DO
INTRODUCTION:

Thank you!

One of my favorite movies of all time is not very sophisticated—*Ferris Bueller’s Day Off*. If you saw the movie, you may recall that Ferris plays sick so he can skip high school and spend the day joy-riding around Chicago. Facing the camera, Ferris states:

“*Life moves pretty fast. If you don’t stop and look around once in a while, you could miss it.*”

Well, the problem is, sometimes we put our noses to the grindstone, day in and day out, and we do miss life. We fail to reflect, to pause, and to rethink or reconfirm our own beliefs. Without practicing self-reflection, we are not able to focus and work to reimagine what our future can or should be. Finding ways to not be overwhelmed by change makes me think about the “Mindfulness Movement” of self-reflection and personal grounding that Dr. Murali Krishna was generous enough to share with me and many other OSMA members. It works if you practice!

In March of 2007, I was selected to serve as the Executive Director of the Oklahoma State Medical Association. In doing so, I began my third non-profit CEO position and my second experience working with physicians in organized medicine.

I have recently announced that at the end of May, 2017, I will be stepping down from my position at OSMA—the best job of my life. It has been an extraordinary honor and privilege to have served over ten years as Executive Director of OSMA and I will always be grateful for your support and guidance in helping me and my staff colleagues carry out our duties on behalf of Oklahoma physicians and their patients.

During my almost 16 years working on state and federal health care policy and legislation, I have always learned from the insights of others, and I could not end this announcement without expressing my enormous sense of gratitude for your thoughtful counsel and generosity of support over the years.

Again, thank you, I have always appreciated your support and friendship. I will forever be in your debt for allowing me the opportunity work with physicians who make a difference every day in the lives of their patients.

2017 Legislature Targets Physicians

As everyone here knows, House Bill 1013, the nurse practitioner scope expansion legislation passed the Oklahoma House of Representatives by a vote of 70-22 without a single public hearing before the vote. This bill was subsequently assigned to Senator Ervin Yen’s (R-Oklahoma City) Senate Health Committee and he has indicated he will not hear the bill in his committee. The nurse practitioner issue will be fully discussed with the OSMA lobby team during the meeting.
Is Medicaid Expansion Becoming a Live Round Again for Oklahoma?

With the failure of the House to pass the Affordable Care Act, “Repeal and Replace” legislation, new momentum may be coming for Medicaid expansion. While 31 states expanded their Medicaid programs, 19 states, including Oklahoma, have not expanded. The repeal and replace legislation would have ended Medicaid expansion and moved toward a block grant of Medicaid funds back to the states. Now that it has been stopped, there is some momentum from non-expansion states to move toward a Section 1115 waiver that would allow them to accept the funds. The Kansas Senate recently approved expansion legislation although Governor Brownback has threatened to veto.

MACRA MIPS Update

Like many state medical associations, OSMA was a strong supporter of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). As OSMA representatives noted during numerous visits with the Oklahoma Congressional delegation over the last ten years, eliminating the Sustainable Growth Rate (SGR) formula and reauthorizing the Children’s Health Insurance Program were critically important steps for our nation’s health care systems.

MACRA also promised to simplify and improve Medicare’s costly and complex programs that purport to measure the quality of care our members provide to their patients. Unfortunately, it appears that the net result will be neither simplified nor improved. The AMA and others have noted that compliance will be especially difficult for small practices who may end up with Medicare payment penalties even if they spend the time and money to jump through all the new regulatory hoops. The budget-neutral system of bonuses and penalties pits physician practices against each other, so that there will be annually anointed winners and losers regardless of how well all practices “perform” on these new quality standards.

This proposed rule is not what Congress ordered.

OSMA joined with the AMA and other physician organizations in asking for time, fairness, simplicity, and flexibility. More precisely:

- Exempt physicians who have no possibility of earning more than it costs them to report data, and do not force physicians into unacceptably risky payment models.
- Establish objective and timely measurement and reporting systems that are simpler and less costly than those currently required. The focus should be improving care for all Medicare patients, not creating yearly physician winners and losers with payment affected two years after care has been delivered.
- Use quality metrics that capture those activities that are under the physician’s control and have been shown to improve quality of care, enhance access-to-care, and/or reduce the cost of care. The focus should be on metrics that are most meaningful to a practice and its patients, not on what will result in the best “score.”
- Allow physicians who want to shift to value-based care enough time to make this transition in a way that actually benefits their patients and does not cause undue collateral damage to their practices. The starting base line year should be moved to 2018, not 2017.
- Require EHR vendors to build and maintain products that meet federal specifications rather than forcing physicians to purchase and constantly upgrade expensive and often-balky systems.

Overview of OSMA 2016-2017 MACRA/MIPS Outreach Road Shows in Rural, Oklahoma City and Tulsa:

As you know, we have also been aggressively outreaching to our members through a series of town hall meetings across the state to update them on the new requirements under the Medicare Access and CHIP
Reauthorization Act (MACRA). We have been particularly focused on the MIPS requirements which will impact over 90 percent of our private practice physicians. Here is a summary of our meetings:

1. Tuesday, October 18, 2016-OSMA Town Hall/CME MACRA – Norman, OK – Benvenuti’s Ristorante - 105 W. Main St. Norman, OK 73069 -Speaker: Dr. Jack Beller – 6:00 p.m. – 8:00 p.m. – 15 attendees

2. Wednesday, October 19, 2016- OSMA Town Hall/CME MACRA – Comanche County Memorial Hospital Maple Room 1 and 2 – 3401 W. Gore Blvd., Lawton, OK- 73505 Speaker: Dr. Jack Beller – 6:00 p.m. – 8:00 p.m. – 39 attendees

3. Wednesday, November 2, 2016- OSMA Town Hall/CME MACRA – Grady Memorial Hospital-Cafeteria/Downstairs Classroom-2220 W. Iowa Ave., Chickasha, OK 73018 – Speaker: Dr. Jack Beller – 5:30 p.m. – 7:30 p.m. – 28 attendees

4. Wednesday, January 11, 2017- OSMA Town Hall/CME MACRA – Southwest Medical Center, 4401 S Western, OKC, OK 73109 - ISMC Cancer Center Auditorium- Speaker: Cori Loomis, Esq - 5:30 p.m. – 7:30 p.m. – 11 attendees

5. Tuesday, January 31, 2017 -11:30 a.m. – 1:30 p.m. OSMA Town Hall/CME MACRA – Bartlesville, OK., Location: Jane Phillips Medical Center 3500 SE Frank Phillips Blvd., Bartlesville, OK held in First Floor Class Room Main Building Speaker: 11:30 a.m. meal and Legislative update; 12:00 p.m. to 1:00 p.m. CME; Peter Aran, MD – 39 attendees

6. Tuesday, January 31, 2017 -OSMA Town Hall/CME MACRA – Tulsa County Medical Society- 5315 S. Lewis Ave. Tulsa, OK 74105 -Speaker: Dr. Peter Aran - 6:00 p.m. – 6:30 p.m. meal and Legislative Update and 6:30 p.m. – 7:30 p.m. CME – 30 attendees

7. Wednesday, February 1, 2017- OSMA Town Hall/CME MACRA- Enid, OK Speaker: Cori Loomis, Esq. Confirmed – 11:30 a.m. – 12:00 p.m. meal and Legislative Update and 12:00 p.m. – 1:00 p.m. CME - Cherokee Strip Regional Heritage Center, 506 S. 4th St., Enid, OK 73701 – 15 attendees

8. Wednesday, February 8, 2017- OSMA Town Hall/CME MACRA – Integris Baptist Medical Center, 3300 N.W. Exprwy, OKC, OK 73112 - IBMC Auditorium-Speaker: Cori Loomis, Esq. – 5:30 p.m. – 7:30 p.m. 31 attendees

9. February 9, 2017 OSMA Town Hall/CME MACRA – St. Anthony Hospital Rapp Conference Center- 535 N.W. 9th St. Oklahoma City, OK 73102 - Speaker: Cori Loomis, Esq. – 5:30 p.m. – 7:30 p.m. 20 attendees

10. Thursday, February 16, 2017- OSMA Town Hall/CME MACRA- Duncan, OK Speaker: Cori Loomis, Esq. – 6:00 p.m. dinner – 6:30 p.m. Introduction & Legislative Update- 7:15 p.m. CME presentation – Duncan Golf & Country Club 1800 Country Club Drive, Duncan, OK 73533. – 13 attendees

11. Thursday, February 23, 2017 – OSMA Town Hall CME MACRA – Muskogee, OK. Location Speaker: Dr. Jack J. Beller – Dinner 6:00 p.m. – 6:30 p.m. Introduction and Legislative Update – 7:15 p.m. CME presentation – 13 attendees.

12. Thursday, March 9, 2017 – OSMA Town Hall/CME MACRA – Mercy, Oklahoma City, Speaker, Cori Loomis, Esq – 5:30 p.m. – 7:30 p.m. Conference Center – 19 attendees
There was a total of 273 attendees for our Road Shows on “MACRA/MIPS: Fundamentally Changing Physician Practices”

Rural Section attendees – 162
Oklahoma City/Tulsa – 111

MIPS Navigator Tool

OSMA has also reviewed a new MIPS Navigator that has been introduced at these OSMA Town Hall meetings and it is designed to help ease physicians and their practices into the new value based practice models. As noted earlier, over 90 percent of Oklahoma practices will need to comply with the MIPS program. With over 300 potential metrics to evaluate and decide on how to move forward, this transition will be very challenging for practices.

OSMA learned of a new tool that will be offered by Infiedi Electronic Data Interchange, a Tulsa based company that has developed an impressive tool to facilitate the MIPS transition for practices. A demonstration of the Navigator tool was offered at the Tulsa County Medical Society Road Show at the end of January, 2017. It is now an OSMA-branded tool that is free for OSMA members, 49.99 per year for non-members.

Participants felt this was an impressive offering that could really help practices transition—both primary care and specialty care—to the new MIPS program.

Jeff Kelton on the OSMA staff is working with practices that want to use the navigator tool. I encourage you to take a few minutes to review the link. It should help us help OSMA members make the transition to MIPS fairly painless.

VA Advance Practice Registered Nurses Proposed Rule

The Veterans Affairs (VA) has proposed an ominous new rule that would allow all Advanced Practice Registered Nurses (APRNs) to practice independently in the VA Health System. We joined with our state medical society coalition partners in expressing deep concern with this proposed new rule. Virtually all physicians at the recent AMA annual meeting joined in on the effort. Veterans have earned and deserve the highest quality and best care, but this rule lowers the standard of care for veterans around the country. It also sets an ominous precedent for mid-level providers to seek state legislation to expand their scope. We are seeing this as we battle to defeat HB 1013 in the Oklahoma Senate.

Maintenance of Certification

The Oklahoma Maintenance of Certification (MOC) legislation and our 2015 OSMA HOD resolution were popular with many state medical associations that attended the 2016 AMA meeting in Chicago. It is clear that OSMA has taken a lead role in advocating for MOC reform and we made copies of the new law and HOD resolution available to all 50 state medical societies.

While the race for President-elect was the major focus for the Oklahoma AMA delegation at the annual meeting, a wide variety of other hot topics were also discussed, including issues ranging from team-based care to the drug abuse crisis to telemedicine. The OSMA delegation took an active role in much of the debate and policy-making. Here’s a brief look at some of the other issues discussed at the June 2016 meeting.
Drug Abuse Crisis

A wide array of adopted resolutions at the meeting addressed the nation's drug abuse crisis. Concerns about fraud were the focal point of an adopted resolution directing that the AMA study current pathways that physicians have available to report possible fraudulent use of their prescriptions and disseminate this information throughout organized medicine.

The AMA also went on record as opposing Section 301-d (the Grams Amendment of the Public Housing Reform and Responsibility Act of 1997), which authorizes public housing agencies to a) require that housing applicants consent to the disclosure of medical information about alcohol and other drug abuse treatment as a condition of renting or receiving Section 8 assistance, and seeks its removal and b) require applicants and/or beneficiaries of Temporary Assistance for Needy Families (TANF, "welfare") and/or the Supplemental Nutrition Assistance Program (SNAP, "food stamps") to disclose medical information, including alcohol and other drug use or treatment for addiction, or to deny assistance from these programs based on substance use status.

New AMA policy would require the AMA to update its current policy on medication disposal to support daily access to safe, convenient, and environmentally sound medication return for unwanted prescription medications and proposes that the costs for collection, transportation and disposal of the medications as hazardous waste be fully covered by the pharmaceutical manufacturers industry.

Finally, the AMA will work with the Centers for Medicare & Medicaid Services to remove uncontrolled pain scores from quality metrics that impact reimbursement for services rendered in nursing facilities and from the five-star rating system for nursing facilities.

This year, OSMA President Dr. Sherri Baker is in the process of issuing a joint op-ed piece with AMA Board Chair-elect Dr. Patrice Harris focused on OSMA and other provider efforts that produced the second largest decrease among states in opioid prescriptions from 2013-2015—down nearly 18 percent. Oklahoma was one of less than 10 states that saw a decrease in mortality due to drug overdose. While we still have a long way to go to end prescription opioid drug abuse, this is some impressive positive news to share with the public.

AMA: A Call for More Research into Gun Violence

Against the backdrop of the mass shooting in Orlando that occurred while OSMA AMA delegates and alternates were in Chicago, delegates adopted policy calling gun violence in the United States "a public health crisis" requiring a comprehensive public health response and solution. Additionally, the AMA resolved to lobby Congress to overturn legislation that for 20 years has prohibited the Centers for Disease Control and Prevention (CDC) from researching gun violence. The AMA President emergency physician Steven Stack, MD noted that more than 30,000 people in the US are killed each year by guns.

The AMA has previously adopted policy calling for background checks and a waiting period for all firearms purchasers, expanding on its previous policy of requiring the same for only handguns. The AMA also has urged prohibitions on the sale, import and manufacture of guns made of plastic, ceramics or other material that cannot be detected by screening devices.

Interstate Medical Licensure Compact

The AMA House of Delegates defeated a resolution that would have directed opposition by the AMA to the proposed Interstate Medical Licensure Compact. Intended to expedite licensure by those physicians now practicing in a state that has adopted the proposed compact, questions still remain in the minds of
many who have reviewed the proposed compact. Testimony from a member of the Interstate Medical Licensure Compact Commission suggests that the compact does not alter a state’s medical practice act.

Concerns about Maintenance of Certification (MOC) references in the compact language remain unresolved at present.

**ACO/VPM Task Force**

This year, the Accountable Care Organization (ACO)/Value-based Payment Model (VPM) was created to explore creating a physician-driven ACO that would be a wholly owned subsidiary of OSMA. While OSMA submitted a non-binding letter of intent to keep our options open to submit an application for an OSMA Accountable Care Organization (ACO), the timelines were too ambitious for 2017. The Task Force then turned its focus to helping Oklahoma physicians meet the ambitious deadlines to avoid penalties and enhance bonuses in the new MACRA/MIPS payment model that uses 2017 as its baseline year for reimbursement in 2019.

**OSMA Membership Task Force**

The OSMA Membership Task Force has met regularly throughout the year and Dr. Hausheer will provide a report to both the Board of Trustees and the House of Delegates at the 2017 Annual Meeting. The Task Force focused on these four objectives:

1. Value, Retention/Recruitment, Group Memberships;
2. Leadership Development/Training;
3. Advanced Advocacy/Political Training; and
4. Value-added CME Programing

**Annual Meeting CME Programming Preview**

We have an exciting CME Program planned for the OSMA Annual Meeting coming. Here are the details of the upcoming program:

**“Outline of a Malpractice Case: My Worst Nightmare!”**

“My partners Randy Sewell and Erin Renegar are as eager as my wife Susan and I are to present our mock case to the OSMA from 1:00 p.m. – 4:00 p.m. in Tulsa on Friday, April 21. We have booked our practice sessions and should be good to go come show time. Sandy, enclosed is our working outline of our case presentation. We envision presenting a preoperative consultation where Dr. Wiggins tells his patient Sally Smith (my wife) she needs aggressive spine surgery which involves little to no risk. Following that, we will pause for group discussion on informed consent, proper charting, etc.

After Scene 1, the group will be told that the patient suffered significant operative complications with disabilities and is now following up with Dr. Wiggins for a six month postoperative visit which takes place in Scene 2.

During Scene 2, Dr. Wiggins tries to smooth things over and makes some unfortunate admissions about his aggressive care. Unknown to the doctor, the patient is secretly recording him (a circumstance we are seeing more and more). After the patient leaves, the doctor dictates a chart entry which covers in a CYA fashion the discussion which just occurred with the patient.

Following Scene 2, there will be group discussion on the difference between a complication and
malpractice, the integrity of medical records and the “I’m sorry” law.

The group will then be told that the patient sued Dr. Wiggins and we are now in a malpractice trial in Scene 3. The patient is cross-examined by the doctor’s lawyer, Randy Sewell. Following that, Dr. Wiggins is examined by the patient’s lawyer, Erin Renegar. He is confronted with various items we encounter in real trials.

Following Scene 3, another group discussion is had about trials, standards of care, expert witnesses, the secret recording, and other issues raised in the presentation.

Finally, in Scene 4 a closing argument is given the group by both lawyers. The group, as the jury, is left to decide about a verdict following which a brief discussion will be held on the uncertainty of trials, the stress to the physician and the hope that our risk reduction tips are seriously considered for future use.

We may develop some PowerPoint projections to show the group on the elements of informed consent and other items. If so, I will let you know.

Is this in the ballpark of what you had in mind? I hope so because this is the direction we are headed.”

--John Wiggins

ACTIVITIES REPORT:

April 2016

19 Attend the Oklahoma Council on Public Affairs Breakfast, Oklahoma City.
20 Attend meeting with the Oklahoma Red Cross Chapter CEO re: themes for Dr. McCaffree AMA Event, Oklahoma City.
20 Meeting with BC/BS Oklahoma Public Affairs Director Bev Bienkowski re: Dr. McCaffree AMA event, Oklahoma City.
21 Participate in Dr. McCaffree Media Training and Practice Event, OSMA.
21 Teleconference with AAMSE State Medical Society Planning Committee.
22 Participate in ACO Teleconference Call with Catherine Hansen and Michael Sexton, MD.
27 Attend Oklahoma Policy Institute Legislative Briefing, Oklahoma City.
28 Meeting with new OSMA Foundation President James Crutcher, MD, OSMA.
28 Attend OU Medical School Scholarship Reception, OUHSC, Boren Center, Oklahoma City.
29 Meeting with OSMA Secretary-Treasurer Mark Kowalski, MD, Mercy Hospital, Oklahoma City.

May 2016

2 Attend Congressman Bridenstine Dinner Co-hosted by TCMS and OSMA, Tulsa.
3 Participate in OSMA ACO/VPM Task Force Meeting, Oklahoma City.
5 Participate in AMA Congressional Teleconference Call, OSMA.
9 Meeting with AAMSE State CEO Planning Committee, Teleconference.
11 Invited Speaker to Oklahoma MGMA re: MACRA/MIPS Deadlines Looming, OSMA.
12 Meeting with PLICO’s Shari Moore Conference Planning for Explore Conference in August, OSMA.
13 Teleconference with Tulsa World Editorial Board re: Op Ed regarding Opioid Abuse.
17 Attend OSMA Executive Committee Meeting, OSMA Board Room.
18 Attend OSMA Finance and Budget Committee, OSMA Board Room.
19 Participate in AMA Accountable Care Organization Teleconference call.
19 Attend OSMA Council on Member Services meeting, OSMA Board Room.
23 Meeting with Don Nevard re: Preparation of Documents to create the Oklahoma ACO LLC, Oklahoma City.
24 OSMA ACO/VPM Task Force Teleconference, OSMA.
25 Participate in AMA/CMS APM Teleconference Call.
26 Participate in Media Training for AMA President-elect Campaign, OSMA Board Room.
27 Attend Memorial Service for Nancy Pyle, spouse of OSMA Investment Advisor Russ Pyle, Norman, OK.
27 Meeting with OSMA Health President Dr. Frank Phelps, OSMA.

June 2016
1 Attend OMPAC Board Meeting, OSMA Board Room.
2 Teleconference with Brian Wilson, Executive Director of ACO Oklahoma.
3 Meeting with AMA President-Elect Candidate Dr. Mary Anne McCaffree re: presentation skills training for AMA election, OSMA.
6 Teleconference with Dr. Jane Fitch and Dr. Melissa Garretson re: Dr. McCaffree AMA Nominating Speech.
7 OSMA ACO/VPM Task Force Teleconference.
8 Teleconference with Dr. Melissa Garretson re: AMA Campaign Strategy.
10-15 Attend AMA Annual Meeting, Chicago, IL.
12 Attend AAMSE State CEO Roundable Meeting, Chicago, IL.
12 Attend Federation CEO Meeting, Chicago, IL.
12 Attend State Coalition of Medical Meeting, Chicago, IL.
20 Teleconference with Dr. Jean Hausheer, Chair, OSMA Membership Task Force.
20 Attend OHCA, OOA, OSMA Quarterly Meeting with Authority Medical Staff, OSMA Board Room.
21 Attend OSMA Membership Task Force Meeting, OSMA Board Room.

25 Attend OSMA Health Board Retreat, OSMA.
30 Meeting with Oklahoma Osteopathic Association new Executive Director Lana Ivy, OOA Office, Oklahoma City.

July 2016

1 Attend Variety Care Meeting re: ACO/VPM Collaboration Options, Oklahoma City.
5 Meeting with OSMA’s New Communications Director Leslie Gambol, OSMA.
7 Attend Second Variety Care Meeting re: ACO/VPN Meeting, Oklahoma City.
12-13 Attend Oklahoma Society of Association Executives Annual Meeting, Tulsa.
15 Meeting with Oklahoma Health Care Authority Medical Director Herndon, Oklahoma City.
18 Teleconference with OSMA Membership Task Force Chair Jean Hausheer, MD, re: update on Task Force work plan.
19 Attend Oklahoma Health Care Authority, OSMA/OOA Special Called Meeting re: Urine Screen Testing, OSMA.
21-23 Attend American Association of Medical Society Executives Annual Meeting, Baltimore, MD.
25 Teleconference with Rachel Damrauer, Pennsylvania Medical Society Communications Director.
26 Meeting with Jim Nance and Aaron Scheich, Meridian Health Plan re: candidate for Oklahoma Health Care Authority Managed Care RFP, OSMA.
26 Attend OMPAC Board Meeting, OSMA.
26 Attend OSMA Finance Committee Meeting OSMA Board Room.
27 Attend Meeting with Principal Financial Seminar regarding OSMA’s 401-K program, OSMA.
27 Attend OSMA Executive Committee Meeting, OSMA Board Room.
29 Participate in OSMA/TCMS Teleconference re: August OSU DO Medical Student Luncheon.
August 2016

3-4 Attend AMA State Advocacy Roundtable Conference, Chicago IL.
5 Attend PMP Stakeholders Meeting re: Promotion of New PMP Reporting System Developed by the Oklahoma Bureau of Narcotics and Dangerous Drugs, Oklahoma Board of Medical Licensure and Supervision.
8 Teleconference with President’s Special Funding Task Force.
8 Attend OSMA Membership Task Force Meeting, OSMA Board Room.
9 Attend OSMA ACO/VPM Meeting, OSMA.
10 Attend OSMA CME Planning Committee Meeting, OSMA Board Room.
11-12 Attend PLICO/MedPro Explore Conference, Norman, OK.
16 Attend OSMA Road Show, Shawnee, OK.
17 Attend OU First Year Medical Student Reception, David L. Boren Center OUHSC.
18 Attend OU Tulsa First Year Medical Student Orientation, Tulsa.
22 Attend the OU Tulsa Medical School Executive Advisory Committee, Shusterman Center, Tulsa.
24 Participate in Tennessee Medical Association membership staff teleconference with OSMA Membership Team, OSMA.
25 Teleconference with OSMA Journal Editor re: MACRA/MIPS Education and Outreach Articles.
26 Attend March of Dimes Headliners Banquet, Oklahoma City.
29 Meeting with OSMA Legal Counsel re: Creation Documents for OSMA Network, LLC.

September 2016

2 Meeting with Oklahoma Health Care Authority Medical Director Mike Herndon, DO, and OSMA President Sherri Baker, MD re: OB/GYN Bundles Payment Rules and Prior Authorization for Urine Drug Screens, OkHCA Office, Oklahoma City.
7 Attend OSMA Staff Retreat, Oklahoma City.
9 Meeting with OBMLS Executive Director Lyle Kelsey re: sharing of physician emails, OSMA.
13 Attend PLICO/MedPro Risk Management Roundtable re: Membership Recruitment and Retention, OSMA Multi-Purpose Room.
14 Attend PLICO/MedPro Risk Management Roundtable re: Introductions and Membership Recruitment, OSMA Multi-Purpose Room.
14 Attend OSMA Health Board Meeting, OSMA Board Room.
Meeting with Brent Layton, Chief business Development Officer, Centene Corporation to discuss their interest in the OkHCA Aged, Blind and Disabled Managed Care Proposal, OSMA.

Meeting with OSMA Secretary Treasurer re: OSMA Preliminary Budget Discussion, OSMA.

Attend and Address the Eastern Oklahoma Medical Group Managers Association Monthly Membership Meeting, Tulsa.

Participate in AMA Scope of Practice Partnership Directors Teleconference.

Attend OMPAC Board Meeting, OSMA.

Attend OHPP Board of Trustees Meeting, OSMA.

Meeting with Oklahoma Secretary of State re: OSMA Network, LLC Incorporation Documents Filing, State Capitol.

Attend Physician Manpower Training Commission Meeting, OOA Offices, Oklahoma City.

Attend Representative Charles Canaday OSMA Fundraiser, OSMA Board Room.

Meeting with OkHCA Medical Director Mike Herndon, DO re: New On-line Prior Authorization Procedure and Requirements, OSMA.

**October 2016**

Participate in AMA Teleconference re: Affordable Care Act, Section 1557 Language Requirement from the Federal Office of Civil Rights (OCR).

Meeting with Dr. Tom Kuhls, Norman Pediatrician re: Vaccination Initiative, Teleconference.

Meeting with OBMLS Executive Director Lyle Kelsey and IT Director Regi Varghesse re: Sharing of Physician Email Database with OSMA.

Attend OSMA Membership Task Force Meeting, OSMA Board Room.

Teleconference with AMA Scope of Practice Partnership Steering Committee.

Teleconference with AMA and CMS re: SSN Removal from Medicare Documentation.

Attend OU Oklahoma City First and Second Year Medical Student Reception, Fassler Hall, Oklahoma City.

Meeting with OSMA Foundation President James Crutcher, MD and OSMA Health President Frank Phelps, MD re: Potential Donations to Foundation, OSMA.

Attend OSMA Executive Committee Meeting, OSMA Board Room.

Meeting with PLICO MedPro Staff re: Collaboration Strategy for 2017, OSMA Board Room.

Attend OSMA-Cleveland County Chapter Town Hall Meeting, Norman.
December 2015

19 Attend OSMA-Great Plains Town Hall/Road Show Meeting, Comanche County Hospital, Lawton.

20 Teleconference with AMA and CMS re: CMS Strategy for Eliminating SSN as Medicare Patient Identifier.

20 Participate in MACRA/MIPS Navigator Tool Demonstration, OSMA.

25 Attend OSMA Finance Committee Meeting, OSMA Board Room.

26 Attend OSMA/TCMS OU Tulsa/OSU School of Osteopathic First and Second Year Medicine Medical Student Social Event, Tulsa.

27 Attend OU OKC Third and Fourth Year Medical Student Networking Event, Oklahoma City.

28 Attend OSMA CME Miniseries Siminar, OSMA Multi-Purpose Room, OSMA.

28 Meeting with Dr. Murali Krishna re: Mindfulness Presentation for OHPP Attendees, OSMA.

30 Attend OSMA Board Meeting, TCMS, Tulsa.

November 2016

1 Attend OSMA Bylaws Committee Meeting, OSMA.

2 Attend Meeting at the Oklahoma Health Care Authority, Oklahoma City.

2 Attend OSMA Road Show Event, Grady Memorial Hospital, Chickasha.

3 Participate in AMA Scope of Practice Partnership Steering Committee Teleconference.

4 Attend Healthcare Workforce Development Meeting, Oklahoma Department of Health, Oklahoma City.

10-11 Attend State Medical Society CEO Conference, Orlando, Florida.

11-15 Attend AMA Interim Meeting, Orlando, Florida.

11 Attend OSMAP Meeting, Orlando, Florida.

14 Attend AMA SOPP Meeting, Orlando, Florida.

14 Attend AMA Litigation Center Meeting, Orlando, Florida.

16 Attend TCMS Annual Business Meeting, Southern Hills Crown Plaza Hotel, Tulsa.

17 Attend Oklahoma Ethics Commission Training Seminar, Oklahoma City.

21 Meeting with Dr. Mark Kowalski, OSMA Secretary/Treasurer, Oklahoma City.

22 Attend OSMA Branding Update Meeting, OSMA.
December 2016

6 Attend Retirement Celebration for Tracy Strader, Executive Director, Oklahoma Tobacco Settlement Endowment Trust, Oklahoma City.
6 Attend Meeting with the OCU Meinders School of Business re: OSMA Leadership Education and Training Initiative, OCU, Oklahoma City.
7 Attend OSMA Health Board Meeting, Oklahoma City.
8 Attend Physician Manpower Training Commission Meeting, BC/BS Offices, Oklahoma City.
8 Teleconference Call with AMA Staff re: Congressional Lame Duck Session Update.
8 Attend Jarvis Parkinson Foundation Event, Norman Embassy Suites, Norman.
9 Attend Meeting with OSMA President Sherri Baker, MD and OUHSC OB/GYN Legislative Committee Chair, OUHSC, Oklahoma City.
12 Meeting with Don Nevard, OSMA Legal Counsel, Oklahoma City.
13 Attend OSMA Annual Meeting Planning Meeting, OSMA.
14 Attend Meeting with CPA Firm RSM re: OSMA Tax Implications of New Assets, OSMA.
19 Attend OSMA/OOA Quarterly Meeting with Oklahoma Health Care Authority Medical Staff, OSMA.

January 2017

5-6 Attend AMA State Legislative Symposium, Jacksonville, Florida.
10 Attend OHPP Board Meeting, OSMA Board Room.
11 Attend OSMA Town Hall Meeting, Integris Southwest Hospital, Oklahoma City.
12 Attend Senior Health Advisory Committee, Oklahoma City/County Health Department, Oklahoma City.
12 Attend OSMA Executive Committee Meeting, OSMA.
Meeting with NPC Benefits Company re: Lloyds of London Long Term Disability Coverage Proposal, Oklahoma City.

Attend OSMA Membership Task Force Meeting, OSMA.

Meeting of OSMA Counsel Don Nevard, Oklahoma City.

Attend Lawton Legislative Reception, Lawton.

Attend Carol Schoeffler Memorial Service, Broken Arrow.

Participate in Oklahoma Rural Physician Section Teleconference Call, OSMA.

Attend CME Planning Committee Meeting, OSMA.

Meeting with Zane Yates, Centene Corporation, Responder to OHCA Medicaid Managed Care Pilot Program, OSMA.

Attend Oklahoma County Medical Society Inaugural, Oklahoma City Golf and Country Club, Oklahoma City.

Attend the Rural Physician Section CME and Meeting, OSMA.

Attend Physician Manpower Training Commission Budget Hearing, State Capitol, Room 511-A, Oklahoma City.

Attend OU Health Sciences Center Evening of Excellence Awards Banquet, Oklahoma City.

Attend Oklahoma Policy Conference State Budget Seminar, Downtown Embassy Suites, Oklahoma City.

Attend 2017 Oklahoma Speakers Ball, National Cowboy and Western Heritage Hall of Fame, Oklahoma City.

Attend OSMA Foundation Board Meeting, OSMA.

Attend OSMA Board of Trustees Meeting, OSMA.

February 2017

Attend Garfield County MACRA/MIPS Presentation and Garfield County Legislative Reception, Enid.

Attend Planning Session for Residents Introduction to Practice Management, OUHSC.

Attend Oklahoma Society of Association Executives Luncheon recognizing Wes Glinsmann receiving his Certified Association Executive (CAE ) designation, Oklahoma City.

Attend OSMA Council on State Legislation Meeting, OSMA.

Attend Patients First Coalition Meeting, OOA Headquarters, Oklahoma City.
Teleconference OSMA Nominating Committee Meeting.

8-10 Attend ASAE CEO Symposium for Chief Paid and Chief Elected Officials, San Diego CA.

13 Meeting with BancFirst Account Representative Ashlea Briggs re: OSMA Investment Account, Oklahoma City.

13 Meeting with Express Personnel re: Position Applicants, OSMA.

13 Attend Memorial Service for Nazi Zuhdi, MD, Oklahoma History Center, Oklahoma City.

14 Participate in OSMA Executive Committee Teleconference re: HB 1013, OSMA.

15 Meeting with Blue Cross/Blue Shield Oklahoma, OSMA.

15 Attend OSMA Health Board Meeting, TCMS, Tulsa, Oklahoma.

16 Attend OSMA Stephens County Town Hall/Road Show, Duncan, Oklahoma.

17 Attend OSAE State CEO Roundtable Conference, OSMA Board Room.

17 Teleconference with Oregon Medical Association’s Julie Koprowski re: MACRA/MIPS Navigator Tool, OSMA.

20 Attend OSMA Finance Committee Meeting, OSMA Board Room.

21 Participate in the AMA Advocacy Resource Center Teleconference re: Update on State Legislative Issues, OSMA.

21 Attend and Participate in OSMA Medicine Day Reception for State Legislators, OSMA Multi-Purpose Room, OSMA.

22 Attend OSMA Executive Committee meeting, OSMA Board Room.

23 Teleconference with State Medical Society Coalition Members re: 2017 Hill Visits During the National Advocacy Conference, OSMA.

23 Attend Merrell Lynch Retirement Party for Russ Pyle, Broadway 10 Restaurant, Oklahoma City.

23 Attend OSMA Muskogee County Town Hall/Road Show, Muskogee, Oklahoma.

24 Attend OSMA CME Program, OSMA Multi-Purpose Room, OSMA.

27-28 Attend AMA National Advocacy Conference, Washington, DC.

March 2017

1 Attend and Return From AMA National Advocacy Conference, Washington, DC.

2 Meeting with OSMA Lobbyists re: HB 1013, OSMA.

3 Attend TCMS Inaugural, Southern Hills Country Club, Tulsa, Oklahoma.
6 Attend Patients First Coalition Meeting OOA, Oklahoma City, OK.
7 OSMA Foundation Legacy Campaign, OSMA Offices, Oklahoma City.
7 Participate in OSMA Executive Committee HB 1013 Teleconference Update.
7 Review Fundraising Ideas and Opportunities for OSMA Foundation, OSMA.
9 Attend OSMA Town Hall Meeting, Mercy Hospital, Oklahoma City.
11-17 Attend and Present to TCMS CME Cruise, Ft. Lauderdale FL.
20 Attend Meeting with John Zubialde, MD and Dan Joyce, DO University of Oklahoma Health Science Center re: Funding of Comprehensive Data Collection Initiative on Physician Workforce Analytics, OUHSC, Oklahoma City.
20 Attend Quarterly OSMA/OOA Meeting with Health Care Authority Medical Staff, OOA Headquarters, Oklahoma City.
22 Teleconference Call with AAMSE State Medical Society CEO Planning Committee.
22 Attend Patients First Coalition Meeting, OOA Headquarters, Oklahoma City.
24 Teleconference Call with Doug Cox, MD, Former State Representative re: Medicaid Article for OSMA Journal.
27 Meeting with OSMA Accounting Firm RSM re: OSMA Audit, OSMA.
27 Meeting with OSMA Legal Counsel Don Nevard re: Upcoming OSMA Executive Committee and Board of Trustees Meeting, Oklahoma City.
28 Teleconference with State Medical Society Coalition CEOs, re: Federal Health Care Reform.
28 Attend Working Agenda Meeting with OSMA House Speaker and Vice-Speaker, OSMA.
28 Attend OSMA Executive Committee Meeting, OSMA Board Room.
29 Meeting with OSMA Foundation President Dr. James Crutcher re: Annual Meeting Planning Session, OSMA.

April 2017
3 AAMSE State CEO Planning Committee Teleconference.
3 Attend OSMA Membership Task Force Meeting, OSMA Board Room.
4 Meeting with Dr. Jack Beller re: AMA Board of Directors Campaign Planning Discussion, OSMA.
4 Meeting with the OCU Meinders MBA School of Business Faculty re: OSMA Leadership Development Discussion, OCU School of Business, OCU.
Meeting with OSMA Legal Counsel Don Nevard re: Annual Meeting Board and House of Delegates Planning Session, OSMA.

Attend OHPP Board Meeting, OSMA Board Room.

**CONCLUSION:**

Respectfully submitted,

Ken King, CAE, Executive Director
INTRODUCTION:

The OSMA Foundation has been inactive for the past few years. Efforts are now in place to revamp the Foundation, revise the Foundation’s bylaws and revisit the Foundation’s mission, vision and purposes to make them viable to present OSMA activities.

ACTIVITIES:

In 2016, the OSMA Foundation Board met on the following date: April 15, 2016. The following are pertinent activities to report to the House of Delegates:

- Approved and elect Dr. James M Crutcher as OSMA Foundation Board President.
- Approved and elect Dr. Woody Jenkins as OSMA Foundation Board Vice-President.
- Approved re-appointment of Ken King as OSMA Foundation Board Secretary-Treasurer.
- Approved to elect Kathy Bookman, 2016 OSMA Alliance President, as OSMA Foundation Alliance Representative during her term in office.
- Approved funding ½ dues for the OSMA/AMA membership for the 2016 Medical Students up to $10,000 in matching funds.
- Approved funding Medical Students and Residents travel to the AMA Annual Meeting and AMA Interim Meeting up to $20,000.
- Approved to set a percentage of the assets that will be used for future project funds and establish a budget.

RECOMMENDATIONS:

The OSMA Foundation Directors-At-Large to be elected:

- James Crutcher, MD to his second – 3 year term, 2017 - 2020
- Woody Jenkins, MD to his first – 3 year term, 2016 – 2019
- Bruce Storms, MD to his first – 3 year term, 2016-2019
- Jack J. Beller, MD to his first – 3 year term, 2016 – 2019
- W Frank Phelps, MD to his second – 3 year term, 2017 – 2020
- David S Russell, MD to his second – 3 year term, 2017 - 2020

CONCLUSION:

The next scheduled Foundation Board Meeting will be held in conjunction with the OSMA Annual Meeting on Friday, April 21, 2017 at 12:30pm.

Respectfully submitted,
James M Crutcher, MD, President
Woody Jenkins, MD, Vice-President
Ken King, OSMA Executive Director, Treasurer
W.F. Phelps, MD
Jack Beller, MD
David Russell, MD
Bruce Storms, MD
Kathy Bookman – OSMA Alliance Representative
Sherri Baker, MD, OSMA President
REPORT OF THE OSMA HEALTH

Subject: Annual Report

Presented by: W. Frank Phelps, MD, President

INTRODUCTION:

The OSMA established the OSMA Health and Welfare Benefit Corporation, under which OSMA Health commenced operations as a Multiple Employer Welfare Arrangement (MEWA) on January 1, 2005. The OSMA Health benefit replaced PLICO Health and is only available to OSMA members, their employees, and the dependents of each, as well as OSMA employees and their dependents and other approved health care providers, their families and employees. The OSMA Health Board, which oversees the activities of OSMA Health, consists of nine elected physicians, two appointed lay members, one appointed physician advisory member and two ex-officio members. The Board meets regularly and receives operational reports from Frates Benefits Administrators, which the Board hired as the OSMA Health Plan Service Provider. The Board reviews and approves a financial report at each meeting.

ACTIVITIES:

In 2016, the OSMA Health Board met on the following dates: February 10, April 16, June 25, September 14, October 12, and met on December 7, 2016. The following are pertinent activities to report to the House of Delegates:

- Approved the AIG Fiduciary and D&O Insurance renewal.
- Authorized the Finance Committee to select the Audit firm.
- Approved the PLAN 2016 Budget.
- Dr. W. Frank Phelps elected by acclamation for OSMA Health Board President.
- Dr. Jack Beller elected by acclamation for OSMA Health Board Vice President.
- Dr. John Robinson elected by acclamation for OSMA Health Board Secretary/Treasurer.
- Elected Michael Haugh, MD as Advisory Member until the 2017 Annual Meeting.
- Elected Dale Neikirk and Daryle Voss as non-physician members until the 2017 Annual Meeting.
- Elected Ken King, OSMA Executive Director and Sherri Baker, MD, OSMA President as Ex-officio Advisory Board members until the 2017 Annual Meeting.
- Appointed Executive Committee board members Dr. Phelps, Dr. Beller, Dr. Robinson and Dr. Haugh until the 2017 Annual Meeting.
- Appointed Finance Committee board members Dr. Robinson, Dr. Beller and Dale Neikirk until the 2017 Annual Meeting.
- Appointed Administrative Committee board members Dr. Caldwell, Dr. Stone and Dr. Schoeffler until the 2017 Annual Meeting.
- Appointed Marketing Committee board members Dr. Heaton, Dr. Shavney, Daryle Voss and Dr. Caldwell until the 2017 Annual Meeting.
- Appointed PLAN Design/Pharmacy Committee board members Dr. Oehlert, Dr. Stone, Dr. Haugh and Ken King until the 2017 Annual Meeting.
- Approved four Marketing initiatives:
  1. Online Enrollment which would allow employers to manage all employee benefits online and submit demographic changes or eligibility changes.
  2. Consolidate billing by using the online enrollment system.
  3. HR360 will be available online for use by all participants, with federal and state employment laws, Health Care Reform and day-to-day regulations of hiring and firing staff.
4. Support PLAN and participants Premium Only Plan with Section 125 Compliance documentation.

- Approved to add four value added products which are:
  1. Vision coverage – fully paid by the Employer
  2. Life Insurance – fully paid by the Employer
  3. AD&D Benefit – fully paid by the Employer
  4. Shop Part D for all of our PLAN 65 members.

- Approved a new policy to manage certain Dermatologies, Combination Products and Compound Kits, with replacement recommendations provided by MaxCare.

- Approved a new policy for Target Products, especially Specialty Drugs. These products will be studied individually and discussed at a later meeting on specific drug selections.

- Approved the PLAN Design/Pharmacy Committee to review new drugs and make recommendations to the Board.

- Approved to have MaxCare prepare articles informing physicians on drugs, costs and other pharmaceutical issues that affect their practice and patients for the OSMA News Now and the OSMA Journal.

- Requested prioritized recommendations from MaxCare on:
  a. Pay for selected over the counter available drugs
  b. Limiting the use of co-pay cards to the value of the card and not the “deductible” for the forgiven amount
  c. Develop recommendations on reference based drug pricing.

- Approved the Moss Adams recommendation for IBNR.

- Approved the following initiatives:
  a. MaxChoice Reference Pricing Program
  b. Prior Authorization and Step Therapy Targeted Categories
  c. Remove DAW 1 Override
  d. Manage selected Dermatologies (began August 16, 2016)

- Approved proposed amendments:
  a. Article 9 to the Articles of Incorporation
  b. Paragraph 6.2 of Article VI of the Trust Agreement.

- Approved the amended OSMA Investment Policy.

- Approved the updated Surcharge protocol.

- Approved full contribution requirement for any Under 65 Medicare participant.

- Approved to establish the 2017 Contribution Rates at:
  o New Groups, 65+ 2%
  o Old Groups, 65+ 0%
  o New block groups of 1 39.1% increase
  o Old block groups of 1 36.5% increase
  o New Two+Lives Groups, All Under 65 7%
  o Old Two+ Lives Groups, All under 65 0%
  o New business rates for 2017 no change from 2016

- Approved the PLAN 2017 Budget.

- Approved American Fidelity Assurance Company as the 2017 Excess Policy Carrier.

- Approved to allow the Executive Committee to approve the 2017 Fiduciary Policy.

- Approved the Oklahoma Surgical Hospital Global Fee Contract.

**CONCLUSION:**

OSMA Health continues to do well. I would like to express my thanks to the members of the Board and the staff of Frates Benefits Administrators and MaxCare for their efforts and commitment to our company. Everyone has been tireless in their efforts to make this health benefit a competitive, attractive option to all OSMA members.
Respectfully submitted,

**2015-2017 OSMA Health Board**

W. Frank Phelps, MD, Tulsa, President

Jack J. Beller, MD, Norman, Vice President

John A. Robinson, MD, Shawnee, Secretary-Treasurer

Dana Stone, MD, Oklahoma City

Diane Heaton, MD, Tulsa

Lee Schoeffler, MD, Tulsa

William Oehlert, MD, MMM, Oklahoma City

Teresa Shavney, MD, Oklahoma City

George Caldwell, MD, MPH, Tulsa

Dale Neikirk – Non-physician, Oklahoma City

Daryle Voss, Non-physician, Ardmore

Michael Haugh, MD, Tulsa, Advisory Member

Sherri Baker, MD, Oklahoma City, OSMA President, Ex-officio

Ken King, OSMA Executive Director, Ex-officio
INTRODUCTION:

The Oklahoma Medical Political Action Committee (OMPAC) is a voluntary, bi-partisan unincorporated entity comprised of OSMA members, OSMA Alliance members, PLICO and OSMA staff interested in supporting political candidates. Primarily, OMPAC is an independent and autonomous organization managed by its own Board of Directors. The Board has authority over all policies and activities of the political action committee and meets periodically to consider the contribution of OMPAC funds to candidates for public office who support OSMA’s legislative agenda.

ACTIVITIES:

2016 ELECTION RESULTS

Due to financial constraints, OMPAC was not involved in as many races as we would have liked. But we really came out in pretty good shape, all things considered. Oklahoma physicians were successful in electing some pro-medicine legislators, as 89% of OMPAC’s endorsed candidates who were on the ballot won. We won in 10 of 12 Senate races in which we were involved and 24 of 26 in the House. Those are in addition to more than a dozen other candidates supported by OMPAC whose races were decided in their respective party primaries.

It was a rough night for Democrats as the reddest state in the nation got even redder. Donald Trump won every county in the state by no less than 12% and by more than 50% in some cases. Based on straight-party voting alone, Republican candidates already had an advantage of nearly 140,000 votes statewide. In other words, every Democratic candidate was automatically down, on average, by over 9.5% before the ballots of anyone didn’t vote straight party was even counted. As a result, Republicans picked up two additional seats in the state Senate and four seats in the House. All four of the candidates endorsed by OMPAC who lost were Democrats who were running against an incumbent or in an open seat.

As a result of this Trump surge, the GOP expanded on its supermajorities in both chambers of the Legislature. The Republicans now control the Senate 42-6 and the House 75-26.

OMPAC contributed over $52,000 in 2016 legislative races. Below are the candidates to whom OMPAC contributed. (Candidates who won their respective races are in bold.)

<table>
<thead>
<tr>
<th>HOUSE</th>
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<td>Stacey Ebert (D)</td>
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<td>Jeff Coody (R)</td>
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<td>John Myers (D)</td>
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<tr>
<td>Name</td>
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<tr>
<td>Dale Derby, DO (R)</td>
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<tr>
<td>Claudia Griffith (D)</td>
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<td>Katie Henke (R)</td>
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<tr>
<td>Adam Pugh (R)</td>
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<td>Paul Scott (R)</td>
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<tr>
<td>Ron Sharp (R)</td>
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<td>Wayne Shaw (R)</td>
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<tr>
<td>Rob Standridge (R)</td>
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<tr>
<td>Greg Treat (R)</td>
<td>$2,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ross Vanhooser, MD (R)</td>
<td>$10,000</td>
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**THE GOOD, THE BAD AND THE UGLY**

The good news is that, for the first time in nine years, the numbers of OMPAC members and contributions increased slightly in 2016 over the previous year. The bad news is that both numbers are still just a fraction of where OMPAC was just a few years ago, leaving us woefully underfunded going into the 2016 elections. As a result, we had to sit out many races and just cross our fingers that the right person won.

**AMPAC COLLECTING AGENT AGREEMENT**

In December 2016, the AMPAC Board of Directors voted to discontinue the joint collecting agent agreement program, effective 2018. Under this program, AMPAC paid for printing and mailing of up to four solicitations per year for participating states, such as Oklahoma. In exchange, OMPAC remitted 50% of donor contributions, up to a maximum of $100 per person, back to AMPAC.
The change poses both good and bad news for OMPAC. On the one hand, OMPAC will now bear the costs and staff time associated with producing mail solicitations. Additionally, we will face increased competition for donor dollars as AMPAC will be more heavily soliciting contributions for itself. On the other hand, 100% of all funds collected will now stay in the state. And with no money going back to AMPAC, we may be able to recruit new donors who did not want their money going up to an AMA-affiliated organization.

The collecting agreement remains in place through 2017, so nothing will change for this year. But we will begin the process of educating our members about this change so we can more actively engage them in 2018.

RECOMMENDATIONS:

We used to ask members of OSMA leadership to make sure that you and your spouse had already made significant contributions to OMPAC. I am still making that ask (although it still boggles my mind that some members of OSMA leadership apparently don’t recognize the importance of electing good candidates and did not contribute last year). But making your own contribution is no longer enough. I need your help to find new donors and raise new money. I am asking you to talk to your colleagues and friends and urge them to join you as an OMPAC donor. Electing pro-medicine legislators is the single most cost-effective investment we can make in promoting patient care and the practice of medicine.

CONCLUSION:

While we were able to fund many of our strongest supporters and elect pro-medicine candidates in the last election cycle, our lack of funding left us no choice but to cut back on the number of races in which we were involved.

As a member of OSMA leadership, I hope you recognize the value in electing medicine-friendly legislators and will make your contribution today. It is difficult to challenge rank-and-file members of the OSMA to contribute if the Association’s officers are not leading by example. I urge you and your spouse not just to give generously, but to help further the work of your association by recruiting your friends and colleagues to contribute as well.

The stakes are simply too high for Oklahoma’s physician leaders to be sitting on the sidelines.

Respectfully submitted,

George Monks, MD, Chair
REPORT OF OSMA MEMBERSHIP

Subject: Annual Report
Presented by: Kathleen A. Musson, CAE, Associate Executive Director

INTRODUCTION:
Since its organization in 1906, the Oklahoma State Medical Association (OSMA), which currently represents 4,023 physicians, medical students and residents, has had one goal in mind...to advance the science and art of medicine for the betterment of Oklahoma physicians and the public they serve. For the OSMA, now in its second century of service to Oklahoma physicians and their patients, membership continues to be a key issue. More than ever before, members are expecting the Association to provide value and service in return for their membership dues dollars. Changes in practice environment, such as employed physician status, have made membership recruitment even more challenging.

AMA Partnership for Growth & Marketing Activities:

- The OSMA signed the American Medical Association (AMA) Partnership for Growth (PFG) Agreement that provides commissions from the AMA. The OSMA receives a 5% commission on dues submitted to the AMA by January 31st of each year. After that, the commission is reduced to 2%. As part of the PFG, OSMA, Oklahoma County Medical Society (OCMS) and Tulsa County Medical Society (TCMS) included AMA membership dues on the annual renewal statements. Participation in the program also provides additional resources through the AMA Membership Department and allows participation in integrated membership marketing programs for our state.

County Medical Society Service Agreements:

OSMA Bylaws require that all members must join OSMA through one of the 44 county medical societies. OSMA handles the billing for the 42 rural county medical societies, with OCMS and TCMS handling the billing for physicians in their respective areas. In order to help with retention and recruitment for rural physicians the OSMA formed the Rural Physician Section (RPS) a few years ago. Key leadership for this group has been meeting to review membership trends and develop ideas to help with recruitment and retention of members in the rural areas.

- AMA commissions earned from the collection and remittance of AMA dues paid by rural physicians are retained by the OSMA and those funds are allocated to offset the activities of the Rural Physician Section as approved through the OSMA annual budget. Additional information on the Rural Physician Section is included in their annual report.
- OCMS and TCMS signed “Unified Billing Services Agreements” with the OSMA. These agreements require their societies, as billing agents for the OSMA, to also solicit OSMA and AMA membership in all their recruiting efforts.
- In return for their billing and collection efforts, the OSMA forwards all qualified AMA commissions earned by OCMS and TCMS on their members who join the AMA to their individual medical societies. The commissions are given for not only billing and collecting dues, but also for actively promoting OSMA and AMA membership, retention of current members, and recruiting new members for OSMA and AMA. In addition, for the past several years, OSMA has provided an additional $25 per member incentive to OCMS and TCMS for any new active members who join the OSMA through their efforts.

AMA Membership Percentages:

- Since the OSMA is no longer “unified” with the AMA, OSMA dues notices included the appropriate AMA membership dues amount offered on a voluntary choice rather than a mandatory membership requirement. The OSMA has continuously monitored membership trends
regarding the AMA membership choices made by OSMA members.

- The following percentages of OSMA members have chosen to join the AMA through their county medical society or the OSMA:

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<tbody>
<tr>
<td>Oklahoma County</td>
<td>37%</td>
<td>33%</td>
<td>31%</td>
<td>33%</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>25%</td>
<td>27%</td>
<td>23%</td>
<td>22%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Rural County</td>
<td>32%</td>
<td>27%</td>
<td>33%</td>
<td>32%</td>
<td>28%</td>
<td>22%</td>
</tr>
<tr>
<td>Total AMA Percentage</td>
<td>31%</td>
<td>29%</td>
<td>30%</td>
<td>29%</td>
<td>25%</td>
<td>24%</td>
</tr>
</tbody>
</table>

- In addition to those members who pay their AMA dues through OCMS, TCMS or OSMA, 964 physicians are reported by the AMA to have joined AMA directly in 2016. Due to the number of Oklahoma physicians who pay the AMA directly, and adding residents, students and life members of the AMA, Oklahoma’s total percentage of AMA members increases significantly.
- The OSMA will continue to inform Oklahoma members that payment of AMA dues through the OSMA, OCMS and TCMS benefits county societies through AMA commission received.

Student Members:

- There were 587 medical students who joined the OSMA representing the classes of 2016, 2017, 2018 and 2019.
- Please refer to the separate report of the Medical Student Section for information on the activities of the students from the University Of Oklahoma College Of Medicine.

Resident Members:

- The Resident and Fellow Section (RFS) of the Oklahoma State Medical Association (OSMA) was added as a section in 1996.
- According to the AMA, there were 626 resident members from Oklahoma at the end of 2016.
- The majority of these are residents at the OU campus in Oklahoma City who participate in the AMA’s IPM (Introduction to Practice Management) Program. In addition to OCMS, OSMA and AMA membership benefits, this program also offers Residents participation in a graduate medical education online tutorial program aimed at assisting them in meeting the ACGME defined core competencies. The Tulsa campus, however, declined participation beginning in 2010 and TCMS continues to recruit the residents individually.
- Since OSMA does not charge resident dues, it was decided that in order to have resident membership within the OSMA, residents must submit an application along with their AMA Resident membership dues annually. OCMS and TCMS collected 2016 AMA Resident membership dues for residents who are not affiliated with the University of Oklahoma. A small number of residents have joined the AMA directly; however are not considered members of the OSMA Resident/Fellow section unless they submit a Resident Membership application through OSMA or one of its component societies.
- Please refer to the separate report of the Resident/Fellow Section for information on the activities of the students from the University Of Oklahoma College Of Medicine.
Annual Dues Billings:

- The first renewal dues statements are sent in October of each year to all OSMA members. Since AMA membership is optional, the appropriate dues amount was included on all statements mailed for the convenience of those members who choose to join the AMA.
- In the rural areas, second billings were mailed to members at the beginning of November, a third notice was mailed at the beginning of January, and a fourth dues statement reminder was mailed January 31st, along with a letter reminding physicians that organized medicine is their best professional advocate.
- In conjunction with the final dues billing, county medical society presidents and/or treasurers were sent a list of physicians who had not paid their dues asking them to contact those members encouraging them to renew their membership or to inform OSMA of any changes in their status.
- After February 1st, the AMA begins an aggressive AMA only membership campaign directly.
- In March of each year, certified letters are sent to those physicians who have not paid dues. For rural physicians who are billed by the OSMA, a copy of the dues statement is included with the letter which is sent by certified mail. The letter notifies the non-paying member that according to OSMA bylaws failure to pay dues by March 1st results in automatic termination of membership. Members are given a small period of time to reinstate their membership before being dropped.
- Physicians, their families, and their professional staff who participate in OSMA’s Health plan are sent letters reminding them that they must retain their OSMA membership to be eligible to retain their health coverage under the plan’s terms and conditions.
- For 2016, 231 physician members were dropped for non-payment of their 2016 dues and 16 physicians resigned their membership.

OTHER MEMBERSHIP RECRUITMENT & RETENTION EFFORTS:

OSMA “Road Shows”:

- OSMA officers and staff continue to travel to county society meetings to provide a face-to-face interaction with physician members and non-members. These “Road Shows” allow OSMA an opportunity to provide members with legislative updates, as well as bring detailed information about OSMA and AMA programs. Please refer to the Report of the Rural Physicians Sections for additional information.

Member Retention Efforts:

- During the past few years, several actions have been taken to increase current members’ awareness of OSMA and AMA membership benefits. A letter which highlights various membership benefits and includes a summary of OSMA’s and AMA’s advocacy efforts is included with a complimentary copy of the annual OSMA Directory of Physicians mailed to each OSMA member. Members are also provided with up-to-date information from the OSMA and AMA about issues affecting their medical practice through the printed OSMA Journal, OSMA News Now, and on the OSMA website at www.okmed.org.

Non-Member Recruitment:

- The OSMA periodically partners with the OCMS, TCMS and the Rural Physician Section on non-member recruitment efforts based on a comparison of the data from the Oklahoma Board of Medical Licensure.
As a result of membership applications received through their county societies, as of December 31, 2016, there were 76 new members who joined for 2016 (as compared to 55 for 2015). OCMS brought in 39 new members (as compared to 30 for 2015); TCMS brought in 29 new members (compared to 17 for 2015) and the Rural County Medical Societies brought in 8 new members (as compared to 6 for 2015).

OSMA Membership Task Force – As far back as 2002, the OSMA Membership Task Force began meeting to address various membership issues to bring uniformity to the membership process within OSMA, TCMS and OCMS. The task force has included the Presidents and President-elects from OSMA, OCMS, TCMS and the Chairs of the Rural Physician Section. Other items discussed by the task force in the past were related to changes in qualifications for various dues exempt status (life membership, part-time and hardship). The Task Force took on the important task to study the various effects which would result from the AMA de-unification, which was ultimately approved in 2007. Over the years, the task force has recommended a number of bylaws revisions to the sections related to membership and dues. The task force is also responsible for reviewing OSMA Dues Exempt hardship petitions and making recommendations to the OSMA Board of Trustees.

In 2014, the OSMA Vice President was permanently assigned the responsibility of Chair of the Membership Task Force and Sherri Baker, MD served as Chair until Kevin Taubman, MD took over and served from April 2015 to April 2016. Jean Hausheer, MD has served as Chair of the Task Force since April 2016. The goal of the Membership Task Force is to focus their discussions on the importance of defining and showing value in organized medicine to all Oklahoma physicians. The task force also set the goal of meeting quarterly.

In 2015, a resolution was passed by the OSMA House of Delegates to form a subcommittee of the OSMA Membership Task Force, with its membership to be comprised of staff members from the Oklahoma State Medical Association and the component medical societies’, to work on Task Force recommendations between meetings and recommend membership recruitment/retention ideas meant to increase revenues by growing membership, rather than increasing dues.

The Task Force is hoping to define ways for OSMA to be proactive, rather than reactive, in membership recruitment and retention areas. In 2016, the Task Force met in January, March, June, August and October. In order to accomplish the numerous items to be addressed, the Task Force has broken down topics and developed the following focus work groups: Branding OSMA Value; Retention/Recruitment; Group Memberships discussion; OSMA Leadership Development; CME Membership and Advanced Advocacy and Political Training. These groups have representatives from Oklahoma County, Tulsa County and the Rural Section. These subcommittees will be tasked with helping the Membership Task Force focus on items that could become recommendations to the OSMA Board which will help recruit and retain OSMA members.

SUMMARY:

- Attachment # 1 shows a breakdown of the total number of physician members (not including students and residents) by area (OCMS – 35.2%; TCMS – 29.3%; Rural – 35.5%).
- The total loss of OSMA Active members for 2016 was 242 members (as compared to the loss of 199 active members in 2015) which equates to an 11% loss for 2016 when compared to 2015 active member numbers.
- The OSMA’s “Total” membership numbers (Attachment # 2) have shown decreases over the past seven years. The total factors in those physician members who moved out of state, were deceased, resigned, or dropped for non-payment of dues. In addition to the loss in active
members, the majority of other changes are due to fluctuating numbers for resident and students
members.  
• Because recruiting new members into the Association and retaining current members is a major
goal for the OSMA in the future, the OSMA Membership Task Force will continue to meet to
discuss additional strategies to recruit and/or retain OSMA and AMA members.  
• The OSMA will continue to work closely with the American Medical Association (AMA), the
Oklahoma County Medical Society (OCMS), the Tulsa County Medical Society (TCMS), all
active Oklahoma rural county medical societies, as well as the OSMA’s Rural Physicians’
Section to develop ways to show the value of membership in organized medicine.

Respectfully submitted,

Kathleen A. Musson, CAE
Associate Executive Director
## OSMA Membership Report to the House of Delegates (Numbers calculated as of 12/31/16)

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<td>676</td>
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<tr>
<td><strong>Active Total</strong></td>
<td>1,990</td>
<td>700</td>
<td>584</td>
<td>706</td>
</tr>
<tr>
<td><strong>Percentage of Active Members</strong></td>
<td></td>
<td>35.2%</td>
<td>29.3%</td>
<td>35.5%</td>
</tr>
<tr>
<td>Active Legislators DOs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Active Legislators MDs</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Physician Legislators Total</strong></td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Semi-Retired (Pays 1/2 dues) DOs</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Semi-Retired (Pays 1/2 dues) MDs</td>
<td>50</td>
<td>22</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td><strong>Semi-Retired Total</strong></td>
<td>51</td>
<td>22</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Retired Under 65 DOs (Pays 1/2 Dues)</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Retired Under 65 MDs (Pays 1/2 Dues)</td>
<td>15</td>
<td>4</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td><strong>Retired Under 65 Total</strong></td>
<td>18</td>
<td>4</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Disability/Hardship DOs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disability/Hardship MDs</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Disability/Hardship Total</strong></td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Life DOs</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Life MDs</td>
<td>733</td>
<td>270</td>
<td>205</td>
<td>258</td>
</tr>
<tr>
<td><strong>Life Total</strong></td>
<td>736</td>
<td>270</td>
<td>206</td>
<td>260</td>
</tr>
<tr>
<td><strong>Percentage of Life Members</strong></td>
<td></td>
<td>36.7%</td>
<td>28.0%</td>
<td>35.3%</td>
</tr>
<tr>
<td>Affiliate Member MDs (out of state)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Affiliate Members Total</strong></td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total DO Members (excluding residents)</td>
<td>129</td>
<td>24</td>
<td>61</td>
<td>44</td>
</tr>
<tr>
<td>Total MD Members (excluding residents)</td>
<td>2,676</td>
<td>978</td>
<td>745</td>
<td>953</td>
</tr>
<tr>
<td><strong>Total Physician Members (excluding Students, Residents, Honorary)</strong></td>
<td>2,805</td>
<td>1,002</td>
<td>806</td>
<td>997</td>
</tr>
<tr>
<td><strong>Percentage of Total Members</strong></td>
<td></td>
<td>35.7%</td>
<td>28.7%</td>
<td>35.5%</td>
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</tbody>
</table>
## OSMA Membership Report to the
House of Delegates (Numbers calculated as of 12/31/16)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Total Residents*</td>
<td>626</td>
</tr>
<tr>
<td><strong>Resident numbers are based on the total number as reported by AMA, including OSMA, AMA Direct and OU-IPM</strong></td>
<td></td>
</tr>
<tr>
<td>Total Students**</td>
<td>587</td>
</tr>
<tr>
<td><strong>Medical Students joining through OSMA:</strong></td>
<td></td>
</tr>
<tr>
<td>Class of 2016 - 89;</td>
<td></td>
</tr>
<tr>
<td>Class of 2017 - 137;</td>
<td></td>
</tr>
<tr>
<td>Class of 2018 - 107;</td>
<td></td>
</tr>
<tr>
<td>Class of 2019 - 230;</td>
<td></td>
</tr>
<tr>
<td><strong>Class of 2016 graduated in Spring but membership runs through 12-3-16</strong></td>
<td></td>
</tr>
<tr>
<td>Total Affiliate primary members (non-MD/DO)</td>
<td>4</td>
</tr>
<tr>
<td>Total Honorary members (non-MD/DO)</td>
<td>1</td>
</tr>
<tr>
<td>Total Other Members (Residents, Students, &amp; Non-MD/DO Affiliates)</td>
<td>1218</td>
</tr>
<tr>
<td>Total OSMA Members (2016)</td>
<td>4023</td>
</tr>
</tbody>
</table>
### Oklahoma State Medical Association - Membership Comparison - Years 2008 through 2016

**Attachment #2 (prepared 12/31/16)**

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Regular Active</td>
<td>3091</td>
<td>2980</td>
<td>2945</td>
<td>2809</td>
<td>2732</td>
<td>2633</td>
<td>2431</td>
<td>2232</td>
<td>1990</td>
<td>-242 (-11%)</td>
</tr>
<tr>
<td>Military</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Active Physician Legislators</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-1</td>
</tr>
<tr>
<td>Partially Exempt (1/2)</td>
<td>82</td>
<td>83</td>
<td>76</td>
<td>76</td>
<td>67</td>
<td>69</td>
<td>74</td>
<td>75</td>
<td>69</td>
<td>-6</td>
</tr>
<tr>
<td>Fully Exempt</td>
<td>16</td>
<td>19</td>
<td>16</td>
<td>12</td>
<td>12</td>
<td>14</td>
<td>10</td>
<td>9</td>
<td>8</td>
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</tr>
<tr>
<td>Life</td>
<td>681</td>
<td>666</td>
<td>684</td>
<td>703</td>
<td>707</td>
<td>706</td>
<td>722</td>
<td>731</td>
<td>736</td>
<td>5</td>
</tr>
<tr>
<td>Residents*</td>
<td>642</td>
<td>674</td>
<td>742</td>
<td>579</td>
<td>624</td>
<td>653</td>
<td>660</td>
<td>627</td>
<td>626</td>
<td>-1</td>
</tr>
<tr>
<td>Students**</td>
<td>531</td>
<td>522</td>
<td>506</td>
<td>513</td>
<td>493</td>
<td>462</td>
<td>460</td>
<td>484</td>
<td>587</td>
<td>103</td>
</tr>
<tr>
<td>Physician Affiliate</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Non-Physician Affiliate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Honorary</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>5046</td>
<td>4948</td>
<td>4972</td>
<td>4696</td>
<td>4640</td>
<td>4544</td>
<td>4362</td>
<td>4164</td>
<td>4023</td>
<td>-141</td>
</tr>
</tbody>
</table>

* Resident numbers are based on the total number of AMA Residents as reported by the AMA, including OSMA, AMA Direct, and participation in OU’s IPM Program.
** Student members are those AMA-MSS members sponsored by the OSMA from the Classes of 2016, 2017, 2018, and 2019

As of 10/20/16 there are 15 pending members (Rural - 1; OCMS - 13; TCMS - 1)

### OSMA - Members Lost 2008 - 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Moved out of State</td>
<td>54</td>
<td>28</td>
<td>59</td>
<td>49</td>
<td>19</td>
<td>25</td>
<td>18</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>Deceased</td>
<td>37</td>
<td>52</td>
<td>39</td>
<td>35</td>
<td>54</td>
<td>39</td>
<td>50</td>
<td>48</td>
<td>49</td>
</tr>
<tr>
<td>Dropped for Non-Payment</td>
<td>120</td>
<td>129</td>
<td>112</td>
<td>147</td>
<td>153</td>
<td>199</td>
<td>182</td>
<td>192</td>
<td>231</td>
</tr>
<tr>
<td>Resigned</td>
<td>23</td>
<td>13</td>
<td>17</td>
<td>29</td>
<td>12</td>
<td>21</td>
<td>13</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Joined AMA Only</td>
<td>24</td>
<td>30</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Loss All Categories</td>
<td>258</td>
<td>252</td>
<td>233</td>
<td>261</td>
<td>240</td>
<td>286</td>
<td>264</td>
<td>268</td>
<td>310</td>
</tr>
</tbody>
</table>
Subject: International Medical Graduate (IMG) Committee 2016 Annual Report

Presented by: Kathy Musson, CAE, Associate Executive Director

INTRODUCTION

The OSMA International Medical Graduate (IMG) section represents and promotes the interests of physicians who graduated from medical school outside of the United States or Canada. In addition, members of the IMG section are involved with the AMA, IMG Program and have input into the development of the AMA Program for facilitating the assimilation of international medical graduates. The IMG Task Force handles direct responsibilities for the Observership Program which is the main activity of the Section.

OBSERVERSHIP PROGRAM UPDATE:

The OSMA originally developed an externship program in 1998 for international medical graduates to follow a practicing physician to provide a structure to learn the basic methodology of the United States health care system. There was no fee charged to participating IMGs; however there were limited placements available. In 2008, the OSMA Board reviewed the program and after addressing some concerns, reinstated the program beginning in 2009 as a 12-week Observorship program. Each session is made up of three to six rotations based on specialties of the mentors available at the time.

In order to address some of the liability issues of the OSMA Board, “hold harmless” documents were created and releases are to be signed by hospitals, mentors, and IMG observers. The costs of the program were set in order for it to be self-supporting, with applicants paying a $250 non-refundable application fee and those applicants who receive placement offers paying a $900 placement fee. Since 2009, Activities for the overall management of the program have been outsourced by the OSMA to Kelly Gentry with KMG & Associates, LLC.

The International Medical Graduate (IMG) program received $26,750 in revenue from application fees and 20 placement fees. The 2016 IMG expense was $15,796. Observers were placed in Oklahoma City.

Since 2009 the IMG Observership program has produced a small amount of net revenue. However, over the last few years, the IMG Task Force has been unsuccessful in recruiting new OSMA member mentors and has only one lead mentor and two hospitals in Oklahoma City participating in the program. Because of the lack of additional mentors, the number of future placements was uncertain. As of 2016, only two IMG observers are known to have returned to Oklahoma to practice medicine and neither of them are OSMA members.

After much discussion, in May of 2016, the OSMA Executive Committee recommended that the IMG Observership Program be terminated at the end of 2016. The OSMA Board of Trustees approved that recommendation.
INTRODUCTION:

The Oklahoma State Medical Association – Medical Student Section (OSMA-MSS) is the largest extracurricular group at the University of Oklahoma College of Medicine and consists of the Oklahoma City and Tulsa Chapters. Students at the OSU College of Osteopathic Medicine have participated in activities of the MSS throughout the year. The large membership and continued support from the OSMA allows participation and sponsorship in many activities that appeal to a broad spectrum of medical students. The purpose of the Medical Student Section is to introduce students to organized medicine and the issues that affect the practice of medicine.

Student Members –

- According to OSMA records as of 4/10/17, there are 721 students who have joined the AMA through OSMA. This includes 137 students who will graduate in the Spring of 2017 whose membership will continue until December 31, 2017 until they convert to resident membership for 2018 or are dropped from membership due to moving out of state.

Recruitment Activities –

- The OSMA hosted a welcome reception for the first year medical students at OU-OKC on August 17, 2016. The reception for the 2020 incoming class was held at the David L. Boren Student Union at the OU-OKC medical school campus. During the event, OSMA waived state student membership dues and the OSMA Foundation sponsored one-half of the $68 AMA four-year student dues.
- OSMA and TCMS hosted a lunch for first-year medical students at OSU in Tulsa, on Thursday, August 4, 2016. During the event, OSMA waived state student membership dues, the OSMA Foundation sponsored $34, and TCMS sponsored $17, making the 4-year AMA student dues only $17.
- TCMS hosted a similar luncheon for first year medical students at the OU – Tulsa campus on Thursday, August 18, 2016. TCMS and the OSMA Foundation offered the discounted $17 rate for students joining the AMA for 4-year membership during the event.
- During these special student events, AMA provided membership incentives of the student’s choice of Netter’s Anatomy Flash Cards or Rapid Review Pathology (both valued at over $30) for students joining the OSMA/AMA for the discounted 4-year membership.
- TCMS also hosted a lunch event for Tulsa medical students and residents on Saturday, August 27, 2016 at the Tulsa Zoo. During the lunch OSMA, TCMS, and the TCMS Foundation leadership discussed public health and legislative advocacy initiatives. Students and residents were provided with an opportunity to join TCMS, OSMA and AMA at discounted rates.
• The OSMA hosted a “meet and greet” reception on Friday, October 14, 2016 at Fassler Hall Beer Garden for 1st and 2nd year students following their test block. 83 medical students joined OSMA leadership and staff for a fun-filled afternoon. A similar reception was held at Fassler Hall in Tulsa on Wednesday, October 26, 2016. A reception for 3rd and 4th year medical students was held at Fassler Hall on October 27, 2016.

• Again this year, students from other class years continue be recruited to join the OSMA/AMA with one-half of their 2nd, 3rd or 4th year AMA dues amount sponsored by the OSMA Foundation. This recruitment offer will hopefully recapture some medical students that did not join OSMA/AMA during their first year of medical school.

REVIEW OF OSMA-MSS ACTIVITIES:

Officers elected for the Oklahoma City Chapter for 2016-2017 include:

• President: Sara Williams, MS2 (sarabeth-williams@ouhsc.edu)
• Vice President: Mitchell West, MS3 (mitchell-west@ouhsc.edu)
• Secretary: Austin McCullough, MS2 (austin-mccullough@ouhsc.edu)
• Treasurer: Carol Abraham, MS1 (carol-abraham@ouhsc.edu)
• Recruitment Chair: Crista Horton, MS2 (crista-horton@ouhsc.edu)
• Advocacy Chair: Brady Iba, MS1 (brady-iba@ouhsc.edu)
• Student Council Representative: Hannah Kadavy, MS2 (hannah-kadavy@ouhsc.edu)
• Student Trustee: Helga Skaftason, MS3 (Tulsa) (helga-skaftason@ouhsc.edu)

Officers elected for the Tulsa Chapter for 2016-2017 include:

• Tulsa President: John Carradini
• Tulsa Secretary: Lauren Fehr
• Tulsa Advocacy Chair: Chelsea McKenzie
• Tulsa Treasurer: Bishr Swar

AMA 2016 Annual Meeting – June 9-11 (Chicago, IL):

The 2016 AMA Medical Student Section meeting took place during the AMA Annual Meeting in Chicago June 9-11, 2016 at the Hyatt Regency Hotel. Medical students representing the OSMA Medical Student Section (MSS) from Oklahoma were: Bob Aran (OSU-Tulsa), John Carradini (OU-Tulsa), Brady Iba (OU-OKC), Austin McCullough (OU-OKC), Sarah Tran (OSU-Tulsa) and Sarabeth Williams (OU-OKC).
2016 Interim Meeting –November 10-12 in Orlando, Florida

The 2016 AMA Medical Student Section meeting took place during the AMA Interim Meeting in Orlando November 10-12, 2016. Medical student representatives for the OSMA Medical Student Section were: Lauren Bessette (OSU-Tulsa), John Carradini (OU-Tulsa), Brady Iba, MD (OU-OKC), Tom Labarthe (OU-OKC), Helga Skaftason (OU-Tulsa), Sarah Tran (OSU-Tulsa) and Trey Wells (OU-OKC).

Other OSMA Medical Student activities held during 2016-2017 include:

- **Fall Semester 2016 OU – OKC On-Campus Meetings:**
  - Women in Medicine Panel featuring Sherri Baker, MD, Mary Anne McCaffree, MD and Sherry Hayworth, PLICO.
  - Voter Registration Drive on October 10th-October 14, 2016 from 12:00-1:00, as well as from 4:00 – 6:00 p.m. on October 14, 2016, registering almost 40 medical students to vote.

- **Spring Semester 2017 OU – OKC On-Campus Meetings:**
  - Six medical students are serving as volunteers on the OSMA’s Council on State Legislation. This Council begins meeting just prior to and during the legislative session to review bills relating to health care and help OSMA define the Council’s positions on each piece of legislation.
  - A number of medical students attended OSMA’s Medicine Day Legislative Reception on February 21, 2017.
  - Advocacy Day at the Oklahoma State Capitol on March 6, 2017 with speakers Sen. Ervin Yen and Wes Glinsmann
  - On March 9-10, 2017, OSMA MSS representatives Brady Iba and Chelsea McKenzie attended the AMA Medical Student Advocacy event in Washington D.C.
  - On March 30, 2017, the OSMA MSS partnered with student interest group Familial Advancement in Medicine to discuss FMLA and Family Planning in Medical School and Residency
  - OSMA was a Gold level sponsor for OU-OKC Match Day event on March 17, 2017.

**SUMMARY:**

The OSMS-MSS Chapter continues to be an active part of the OSMA and appreciates the support provided by the Association leadership and staff.

Respectfully submitted,

Sara Williams, President, OU-OKC

Kathleen A. Musson, CAE

Associate Executive Director
INTRODUCTION:
According to the AMA, there is a total of 626 Resident members who joined the AMA for 2016, which also provides them with county and state society membership should they choose to join at no cost.

The majority of these residents are at the OU College of Medicine (Oklahoma City campus) who participate in the AMA’s IPM (Introduction to Practice Management) program. Through this program, residents are members of the AMA, OSMA and their affiliated county medical society. The University pays a fee directly to the AMA which not only provides them with membership, but also a graduate medical education online tutorial program.

Each year, OCMS, TCMS, and the rural county societies recruit residents who are not affiliated with the OU Oklahoma City campus IPM program. The small numbers of residents that join through this recruitment pay the $45 AMA annual resident dues.

2016 ACTIVITIES:
AMA 2016 Annual Meeting – June 9-11 (Chicago, IL):
The 2016 AMA Resident and Fellow Section meeting took place during the AMA Annual Meeting in Chicago June 9-11, 2016 at the Hyatt Regency Hotel. Eudy Bosley, MD and Christopher Sudduth, MD attended the AMA Annual Meeting representing the OSMA Resident/Fellow Section (RFS). Dr. Sudduth completed his term as AMA RFS Governing Council Vice-Chair at the 2016 meeting.

2016 Interim Meeting – November 10-12 in Orlando, Florida
The 2016 AMA Resident and Fellow Section meeting took place during the AMA Interim Meeting in Orlando November 10-12, 2016. Eudy Bosley, MD represented the AMA Resident and Fellow Section.

Membership remains the Section’s top goal. With participation in the AMA’s Introduction to Practice Management Program (IPM), a large number of allopathic residents at the OU Health Sciences Center are members of the OSMA. This has allowed Oklahoma to be a top-ranked state for the percentage of resident who are AMA members. The continued participation of the OU Oklahoma City residency program and recruitment of residents outside of the IPM Program will be a primary goal for 2017, particular at the OU School of Community Medicine in Tulsa and at OSU. Furthermore, with the imminent unification of the allopathic and osteopathic graduate medical education accreditation systems (ACGME and COCA), there is an even greater aspiration for thoughtful and well-coordinated recruitment and engagement of OSU resident and fellow physicians.
SUMMARY:

The RFS goals remain to:

- Identify a core group of resident and fellow leadership that are further representative of multiple training programs and sits statewide.
- Maintain involvement at the AMA national level, both in the Oklahoma Caucus and in leadership positions.
- Educate current and future resident members of services that their OSMA membership currently provides.
- Initiate collegial contact between the OSMA RFS, the OSMA Medical Student Section and the OSMA Young Physician Section in an effort to identify common goals and increase membership participation.
- Mobilize resident and fellow physicians in a variety of legislative advocacy initiatives.

The OSMS Resident and Fellow Section will continue to be an integral part of the OSMA and appreciates the support provided by the Association leadership and staff.

Respectfully submitted,

Kathleen A. Musson, CAE
Associate Executive Director