DISCLAIMER
The following is a preliminary report of actions taken by the House of Delegates at its 2016 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Society.

MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES
Report of Reference Committee 1

Dr. Alan Wynn, Chair

The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
16-101 Medical Society of Virginia Proposed 2017 Budget
16-106 A Resolution to Support the AMA’s Recently Amended Policy Calling for an End to Recertification Examinations

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
16-102 MSV 2016 Policy Compendium Update
16-104 Burnout and Suicide Prevention
16-107 Updating MSV Bylaws to Increase Physician Participation
16-108 Peer Review

RECOMMENDED FOR REFERRAL TO BOARD OF DIRECTORS
16-103 Prohibit the Use of MOC as a Means to Limit Physicians’ Scope of Practice

RECOMMENDED FOR NOT ADOPTION
16-105 To Ask The University Of Virginia Medical School to Collaborate with the University Of Virginia Law School to Present a Plan for an Entity within the State to be Responsible for and Deliver Medical Care

1) 16-101: MEDICAL SOCIETY OF VIRGINIA PROPOSED 2017 BUDGET

RECOMMENDATION:
Mr. Speaker, your Reference Committee recommends that Resolution 16-101 be adopted.

RESOLVED, that the Medical Society of Virginia approve, as presented, the proposed budget for 2017.

Mr. Speaker, your Reference Committee heard testimony in support of the budget from students and was also supported by the Board of Directors.

2) 16-102: MSV 2016 POLICY COMPENDIUM UPDATE

RECOMMENDATION:
Mr. Speaker, your Reference Committee recommends that Resolution 16-102 be adopted as amended.

RESOLVED, that the Medical Society of Virginia adopt the recommendations in the previously enclosed report with the following amendments.

NEW - Amendments may also be submitted online. Visit https://msvcommunications.wufoo.com/forms/msv-amendment-or-substitution-form/
Mr. Speaker, your Reference Committee heard testimony regarding the concerns of using both diagnostic and screening in the policy 50.002, and heard testimony regarding citing organizations with evidence-based recommendations regarding immunizations in policy 440.009.

55.002 - Diagnostic-Screening for Breast Cancer

The Medical Society of Virginia advises third-party payers that diagnostic imaging for breast cancer in asymptomatic women is considered appropriate for women at risk on the basis of a family history of breast cancer and/or personal history of prior breast disease.

The Medical Society of Virginia endorses diagnostic screening for women past the age of 35 consistent with the American College of Radiology, American College of Obstetrics and Gynecology and Society of Breast Imaging guidelines. Diagnostic imaging of the breast for women patients at risk should be interpreted as a medically appropriate service and should be covered by third party payers.

The Medical Society of Virginia advises third party payers that screening mammography for asymptomatic women by age 40 (baseline) and annually thereafter is appropriate.

The Medical Society further advises third party payers that diagnostic imaging for breast cancer in asymptomatic women, at an earlier age and more frequently, is considered appropriate for those with a family history of breast cancer and/or personal history of prior breast disease.

440.009 - Immunizations for all Students Entering College

The Medical Society of Virginia supports the Code of Virginia requirement immunization recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians and the Centers for Disease Control that immunizations for students entering institutions of higher education be immunized by vaccine against diphtheria, tetanus, poliomyelitis, measles (rubeola), German measles (rubella), and mumps.

440.005 - Establishment of Adult Fatality Review Team (Archive)

3) 16-103: PROHIBIT THE USE OF MOC AS A MEANS TO LIMIT PHYSICIANS' SCOPE OF PRACTICE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-103 be referred to the Board of Directors and requests that a report be made to the 2017 House of Delegates.

RESOLVED, that the Medical Society of Virginia continues to support and advocate lifelong continuing medical education and lifelong Specialty Board Certification as determined by the physician him/herself, to advocate against time-limited specialty medical board certificates, and advocate against discrimination against physicians who are not certified or are certified and choose NOT to engage in corporate re-certification programs labeled as "voluntary" by the specialty medical boards, and be it further

RESOLVED, that the Medical Society of Virginia support legislation in Virginia that will prohibit discrimination by hospitals and any employer, insurer, Medicare, Medicaid, or other entity, which might restrict a physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification, lack of participation in ABMS-prescribed corporate programs including Maintenance of Certification or expiration of time limited Board Certification, and be it further

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RESOLVED, that the Medical Society of Virginia promote and/or implement a policy forbidding discrimination by hospitals or employers, insurers, Medicare, Medicaid, and other entities, which might restrict a physician’s right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation in ABMS-prescribed corporate programs including Maintenance of Certification or time-limited Board certification, and be it further

RESOLVED, that the Medical Society of Virginia urge the AMA to adopt as policy this resolution forbidding discrimination by hospitals or employers, insurers, Medicare, Medicaid, and other entities, which might restrict a physician’s right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification or participation in ABMS-prescribed corporate programs including Maintenance of Certification or time-limited Board certification, in accordance with the letter and spirit of AMA House of Delegates Resolution 309.

Mr. Speaker, your Reference Committee heard testimony regarding the concerns of recertification and using board certification as a discriminatory practice. In addition, your Reference Committee heard concerns about patient safety, when physicians claim board certification from non-ABMS Boards.

Your Reference Committee considered combining Resolution 16-103 and Resolution 16-106; upon further review the Committee found that the actions of the resolutions called for separate action.

Mr. Speaker, your Reference Committee discussed the current state of Maintenance of Certification and recertification. Your Reference Committee also heard concerns regard MSV’s ability to impact employment practices in the Commonwealth. Given the ongoing discussion regarding certification, your Reference Committee believes this issue requires further consideration by the Board.

4) 16-104: BURNOUT AND SUICIDE PREVENTION

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-104 be adopted as amended.

RESOLVED, the Medical Society of Virginia will support efforts to address the mental health of medical students, residents, and physicians, and be it further

RESOLVED, the Medical Society of Virginia will work cooperatively with state and national stakeholders to develop and promote strategies for comprehensive education, screening and treatment, of mental health issues including burnout and suicide prevention.

Mr. Speaker, your Reference Committee heard unanimous support with respect to the issue of burnout and suicide among physicians, medical students, and residents.

5) 16-105: TO ASK THE UNIVERSITY OF VIRGINIA MEDICAL SCHOOL TO COLLABORATE WITH THE UNIVERSITY OF VIRGINIA LAW SCHOOL TO PRESENT A PLAN FOR AN ENTITY WITHIN THE STATE TO BE RESPONSIBLE FOR AND DELIVER MEDICAL CARE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-105 be not adopted.

RESOLVED, that the Medical Society of Virginia (MSV) ask the Dean of the University of Virginia Medical School to initiate the creation of a liaison committee with the University of Virginia Law School whose purpose is to create an entity within the State of Virginia to

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Mr. Speaker, your Reference Committee heard testimony in opposition to this resolution. Your Reference Committee heard testimony in support of addressing the equitable provision of health care in Virginia and recognizes this as a fundamental principle for the Medical Society of Virginia.

6)  **16-106: A RESOLUTION TO SUPPORT THE AMA’S RECENTLY AMENDED POLICY CALLING FOR AN END TO RE-CERTIFICATION EXAMINATIONS**

**RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that Resolution 16-106 be adopted.

**RESOLVED,** that the Medical Society of Virginia support the AMA’s recently adopted policy on re-certification (AMA Resolution 309) which does the following:

1. Calls for the immediate end of any mandatory, secured recertifying examination by the ABMS or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination;

2. Calls for the AMA to support a recertification process based on high quality, appropriate Continuing Medical Education (CME) material directed by the AMA recognized specialty societies covering the physician’s practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning;

3. Calls for the AMA to continue to work with the ABMS to encourage the development by and the sharing between specialty boards of alternative ways to assess medical knowledge other than by a secure high-stakes exam;

4. Calls for the AMA to continue to support the requirement of Continuing Medical Education (CME) and ongoing, quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients.

Mr. Speaker, your Reference Committee heard testimony on physicians’ concerns regarding recertification, particularly its relative value and cost. Your Reference Committee was presented with evidence regarding the effectiveness of Maintenance of Certification and the need to safeguard patient care. Your Reference Committee supports the AMA as they continue to engage in a constructive dialogue with the American Board of Medical Specialties.

7)  **16-107: UPDATING MSV BYLAWS TO INCREASE PHYSICIAN PARTICIPATION**

**RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that Resolution 16-107 be adopted as amended.

**RESOLVED,** that the Medical Society of Virginia adopt the recommended bylaws changes as submitted by the MSV Board of Directors with the following typographical corrections:

Amend reference to Article V XI on Lines 622 and 676 to Article IX

NEW - Amendments may also be submitted online. Visit https://msvcommunications.wufoo.com/forms/msv-amendment-or-substitution-form/
Mr. Speaker, your Reference Committee heard testimony in support of increasing physician participation. Your Reference Committee discussed the proposed bylaws changes, and recognizes the good work of the MSV Bylaws Committee and MSV Board of Directors and supports adoption.

Your Reference Committee considered the testimony regarding specialty participation, relative to size of the specialty organization. We request the Board of Directors evaluate the impact on the number of delegates allowed by this provision and provide a report by the 2018 House of Delegates.

8) 16-208L: PEER REVIEW

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 16-108L be adopted as amended

RESOLVED, it is the policy of the Medical Society of Virginia that in absence of a court order the proceedings, minutes, records and reports of the committees set forth in Virginia Code Section 8.01-581.17.B are privileged and confidential and shall only be disclosed as necessary for such committees to carry out official duties or as required by state or federal law.

RESOLVED, that the Medical Society of Virginia pursue legislation to amend Virginia Code Section 8.01-581.17 consistent with MSV policy.

Mr. Speaker, your Reference Committee heard testimony regarding the concerns that the existing peer review statute does not provide adequate confidently protections.