



**Sierra Sacramento Valley Medicine**  
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**President's Message**  
**The Mystery of the OMSS Revealed**



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**WARNING FOR THOSE OF YOU** who have attended a California Medical Association (CMA) annual House of Delegates meeting: you should probably stop reading and go to the next article, as you are most likely already familiar with the OMSS.

For the rest of you seekers of truth, OMSS does not refer to the Organization of Medical Students in Sacramento, or the Occupational Medical Society of Sacramento. And it certainly is not a naval ship or charter boat (while that would be nice on occasion). Rather, it stands for the Organized Medical Staff Section of the CMA.

Since 2007, I have had the great pleasure of serving on the Sutter Roseville Medical Center's (SRMC) Medical Executive Committee as its representative to the OMSS. In this capacity, I am frequently asked what the OMSS is and does, prompting me to write this article.

Any medical staff in California is eligible for membership in the OMSS. Dues are based on the number of hospital beds and range from \$300 to \$1,500. In our area, the medical staffs that were members in 2008 included Mercy Folsom, Mercy General, UC Davis and SRMC.

There are many valuable benefits of membership in the OMSS. Members are provided access to the CMA's sundry resources and personnel. For instance, with membership comes free access to the CMA's Model Medical Staff Bylaws and Model Code of Conduct required by the Joint Commission. To keep up with relevant issues, members also receive the OMSS Advocate Newsletter, published quarterly. Membership also provides free access to the CMA On-Call documents, which cover topics such as medical staff governance, economic credentialing, fair hearing requirements, peer review immunity and adverse events.

Probably of greatest value, though, is representation of the member medical staff to the OMSS and CMA. Each member medical staff designates or elects a representative (and an alternate if desired) who must be a member of the CMA. Representatives are admitted for free as voting members to the annual OMSS assembly and are encouraged to participate in developing CMA medical staff policy and advocacy. OMSS representatives are typically included on their member medical staff's medical executive committees.

Thus, serving as a representative provides many opportunities for development of leadership skills that can positively impact the OMSS, CMA and their respective medical staffs.

The OMSS Board consists of OMSS representatives (physicians and CMA members) who are elected to two year terms at the Annual OMSS Assembly. Included on the board are two delegates and two alternate delegates to the CMA's House of Delegates. Also serving on the OMSS Board is an elected representative to the CMA Board of Trustees. The board also designates an OMSS representative to the CMA Council on Legislation. The board meets face-to-face three times throughout the year in addition to several teleconferences and is supported by CMA staff. (At the end of this article is a roster of current OMSS officers and staff.)

The OMSS Annual Assembly currently meets the day before the House of Delegates. In addition to OMSS representatives, there are non-voting attendees from nonmember medical staffs that pay a registration fee to attend, as was the case for Sutter Medical Center Sacramento last year.

The first half of the meeting is a business meeting, which includes election of new board members and officers. CMA House of Delegates resolutions with relevance to medical staffs are reviewed and debated to strategize appropriate support or opposition, as well as to craft changes. OMSS representatives may also submit resolutions for such review. OMSS resolutions that win support at the annual assembly are then submitted to the House of Delegates as emergency resolutions for consideration.

The second half of the annual assembly is an educational session. This always includes a legislative update, which is usually highly entertaining. Last year's update was given by Senior Vice President, CMA Government Relations, Dustin Corcoran, who detailed the inside story on the failure of the California run at health care reform. He also highlighted CMA's recent legislative successes including whistleblower protection for physicians, the prohibition on rescinding treatment authorizations after service provided, the closure of a loophole that offset DMHC fines against HMO's, and multiple scope of practice victories.

Other agenda items vary from year to year, just as issues of interest to medical staffs vary. At the most recent annual assembly there was a presentation on the results of the medical board's study on peer review (the Lumetra Report). The report concluded that peer review in California was "broken." There were status reports on legal battles against Medi-Cal cuts and the Department of Managed Health Care's regulations against balance billing.

There were also discussions on a couple of new standards put forth by The Joint Commission. These included LD 03.01.01 that calls on hospitals to establish processes for managing disruptive physician behavior, and MS 1.20, a standard relating to medical staff bylaws, which assures the independence of medical staffs via self-governance.

There was additionally an update for new hospital reporting requirements on adverse events to the California Department of Public Health, and discussion of problems surrounding the transition to Palmetto for Medi-Care claims.

In summary, the CMA's Organized Medical Staff Section provides education, advocacy resources, and communication for the medical staffs of hospitals, other health facilities, and emerging delivery systems. These benefits are simply vital as health care is transformed in the coming years. Participation requires minimal financial and time commitments, and there are many exceptional communication and leadership development opportunities within the organization. This is what OMSS is all about.

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