



MEDICAL BOARD OF CALIFORNIA
Executive Office



WELLNESS COMMITTEE

MEMBERS OF THE COMMITTEE

Shelton Duruisseau, Ph.D.,
Chair
John Chin, M.D.
Daniel Giang, M.D.
Laurie C. Gregg, M.D.
Peter Moskowitz, M.D.
William Norcross, M.D.

July 24, 2008

Embassy Suites
Golden Gate Room
250 Gateway Blvd.
South San Francisco, CA 94080
(650) 589-3400

*Action may be taken on any
item listed on the agenda.*

AGENDA

11:00 a.m. – 12:00 p.m.
(or until the conclusion of business)

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE.

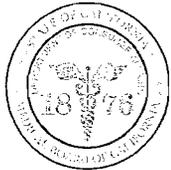
If a quorum of the Board is present, members of the Board who are not members
of the Committee may attend only as observers.

1. Call to Order/Roll Call
2. Approval of the Minutes from the January 16, 2008 Meeting
3. Update on Meeting with Liability Carriers – Dr. Gregg
4. Presentation on Wellness and Prevention – Michael Williams, Ph.D.
5. Committee Members' Reports on Activities
6. Public Comment on Items not on the Agenda
7. Adjournment

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act, and, to promote access to quality medical care through the Board's licensing and regulatory functions.

*Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Public Meetings Act. The audience will be given appropriate opportunities to comment on any issue before the Board, but the Chair may apportion available time among those who wish to speak.
For additional information call (916) 263-2389.*

NOTICE: *The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications in order to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Kevin Schunke at (916) 263-2389 or sending a written request to Mr. Schunke, at the Medical Board of California, 2005 Evergreen Street, Suite 54, Sacramento, CA 95825. Requests for further information should be directed to the same address and telephone number.*



MEDICAL BOARD OF CALIFORNIA
Executive Office



AGENDA ITEM 2

Minutes of the Wellness Committee Meeting
1418 Howe Avenue, Suite 18
Sacramento, CA 95825

January 16, 2008

Agenda Item 1. Call to Order

Dr. Duruisseau called the meeting to order at 1:00 pm. Roll was taken. A quorum was present and notice had been sent to all interested parties.

Members Present:

Shelton Duruisseau, PhD, Chair
John Chin, MD
Daniel Giang, MD
Laurie Gregg, MD
William Norcross, MD

Members not Present:

Peter Moskowitz, MD

Staff Present:

Barb Johnston, Executive Office
Linda Whitney, Chief of Legislation
Kurt Hepler, DCA Counsel
Kelly Nelson, Legislative Analyst
Kevin A. Schunke, Committee Manager

Agenda Item 2. Approval of Minutes from September 26, 2007 meeting

It was M/S/C to approve the minutes of the September 26, 2007 meeting.

Agenda Item 3. Introduction of Committee Members and Guests

Members and guests introduced themselves. Dr. Duruisseau mentioned that Dr. Ronald Wender is no longer a member of this committee.

Agenda Item 4. Approval of the Mission, Role, and Goals of the Committee

A draft copy of the Mission Statement and the Roles and Responsibilities of the Committee was presented at the last meeting and members offered comments and edits.

The edited statement was presented for reconsideration; the three components were considered separately. After discussion, it was M/S/C to approve the Mission Statement as written. After discussion, it was M/S/C to approve the roles and responsibilities as written. In the statement defining the means by which the committee can facilitate its role, the word "provider" was edited to read "organizations;" it was M/S/C to approve.

Agenda Item 5. Chair's Report, Committee Communications

Dr. Duruisseau reported that there had been numerous calls to the Board offices with comments or inquiries based on both recent articles in the board's *Newsletter*. Staff and committee members have been able to facilitate referrals and make connections for those licensees who called.

Agenda Item 6. Discussion of Goals and Future Decisions of the Committee

a. Potential Wellness Committee Web Page Design

1) Creation of a Web page listing of "what's available"

Barb Johnston, Executive Director, discussed ideas which could lead to a joint effort between the board and California's medical schools and would be directly linked to the board's strategic plan. First, the board could work with medical schools towards developing a curriculum which make medical students aware of healthy lifestyles. This would be similar to what Kaiser Permanente has been doing, except starting earlier, while the students are still in medical school. Second, to offer a resource to those physicians already out of medical schools, the Board could develop an on-line program on its web site. This would allow for easier access to rural or single practitioners.

Dr. Norcross spoke in support of Ms. Johnston's ideas, underscoring that the sooner such inroads are made, the better it would be for our licensees, since the longer they are from medical school graduation, the harder it is to reach them. Dr. Norcross also complimented a visit by Steve Alexander to lecture at UCSD School of Medical last year; he believes such outreach by Board members is valuable. He encouraged the Board to work with deans at the medical schools around California.

Dr. Giang also expressed his support for these efforts, mentioning that Loma Linda Medical University has emphasized physician "renewal" for a long time. Since they are both a medical school and a teaching hospital, they offer such resources at several stages of a physician's career: during medical school, during residency, and then after licensure. However, he emphasized that any programs offered by the board should not be required, but only offered as one of many resources.

Dr. David Shearn, a member of the public, stated that as Director of Kaiser's Physician Education and Development Program, he has seen the problem of trying to align real curriculum with that which is actually needed.

It was M/S/C to support these efforts and to encourage the Board to offer its support.

2) Survey of available video clips on Wellness for inclusion on web site

Dr. Duruisseau asked if any committee members had an idea of what's currently available. Dr. Norcross stated that Ohio State University has an online curriculum about the six "General Competencies" as defined by ACGME. Dr. Giang mentioned that Loma Linda University has some short videos available but he did not believe they are available for public distribution.

Both Dr. Norcross and Dr. Giang said that they will look at some of the Texas modules and see if they are applicable. Lastly, it was suggested to contact the Federation of State Medical Boards to see what others states are doing in this regard. Dr. Gregg said that she would follow up with FSMB.

b.) Viability of Mentoring Groups

Dr. Duruisseau asked that since California already has such a vast pool of physicians who have successfully navigated life and career, if this was a resource from which to develop small mentoring groups.

Dr. Shearn mentioned that Kaiser has had tremendous success with their mentoring. However, he cautioned about some of the potential pitfalls:

- 1) people who are the healthiest are not necessarily the best mentors
- 2) the logistics of matching a mentor and mentee is quite cumbersome but vitally important
- 3) the element of time on both ends, for mentor or mentee

He mentioned that there is usually an incentive for staff to volunteer to mentor others, such as paid time-off, social events, retreats, etc.

Dr. Gregg asked about the feasibility of an "advice blog." She suggested that the Publications Work Group could write an article with suggestions for the *Newsletter* and encourage local groups to offer such a resource.

c. Discussion on Rebates and Discounts for Malpractice/License Renewal

Dr. Duruisseau reminded the committee members that at the last meeting, there was discussion about the feasibility of offering some type of incentive. Ms. Johnston advised the committee that AB 2342 (Nakanishi, Chap. 276, Stats of 2006) requires the Medical Board to study the issue of malpractice insurance to physicians who provide voluntary, unpaid services to indigent patients in underserved areas. The Board currently is seeking to contract with a research group to perform the study; therefore, too much effort into this direction might be premature.

Dr. Gregg mentioned that her personal malpractice carrier will offer a premium rebate if physicians access some of the courses through the carrier's web site. She offered to draft a letter which would be sent to various insurance carriers in California to see if others will offer discount. She also suggested it might be helpful to invite representatives of the carriers to attend our meetings.

There was discussion about the feasibility of introducing legislation whereby the Board could offer a discount in the licensing renewal fee for those licensees who participate in renewal activities.

Agenda Item 7. Discussion of Publications Work Group – Newsletter Articles

Dr. Gregg indicated that she will identify a domain of balance which will be the focus of her next *Newsletter* article.

Dr. Shearn volunteered that someone from Kaiser would write an article outlining their mentoring model and the program's success. Dr. Norcross offered to talk to a colleague and try to get a parallel article.

Agenda Item 8. Discussion of Outreach Work Group

The committee discussed the possibility of highlighting organizations which have successful "renewal" programs and the possibility of contacting specialty organizations. There was a suggestion to recognize groups in the *Newsletter*.

Agenda Item 9. Discussion of Additional Work Groups

There were no suggestions for the need of additional work groups.

Agenda Item 10. Future Agenda Items

- * When the Diversion Program is eliminated, that void will need to be filled
- * Itemize on the board's web site a list of the primary issues which reduce a physician's wellness
- * Post Dr. Moskowitz's presentation to the board (November, 2007 meeting) on our web site

Agenda Item 11. Next Meeting Date

Staff will coordinate with Dr. Duruisseau and the committee members about the next meeting of the committee.

Agenda Item 12. Public Comment on Items Not on the Agenda

There was no public comment.

Agenda Item 13. Adjournment

Dr. Duruisseau adjourned the meeting at 2:20 pm.



MEDICAL BOARD OF CALIFORNIA
Executive Office



AGENDA ITEM 3

Dear <Insurance Carriers, list at end of letter>

The Medical Board of California has long recognized the benefits of available activities and resources that renew and balance a physician's life. However, it is evident that many disciplinary actions are taken against our physician licensees who are not "well." Physician wellness is complicated to define but centers on the physician being healthy in mind, body, and spirit.

Last year, the Board acknowledged the importance of this topic by creating a Wellness Committee. The committee's goal is to further the Board's consumer protection mission by encouraging and guiding licensees to maintain a sound balance in their personal and professional lives, so that that they may offer quality care to their patients. The committee already has discussed many objectives that could be implemented, and the committee hopes to identify more goals. You may have noticed our series of articles published in the Board's Newsletter, which also can be viewed at: <http://www.medbd.ca.gov/publications/newsletters.html>

As a liability carrier, you recognize the connection between quality of patient care and the wellbeing of physicians. Physicians do not always make this connection or allow themselves to dedicate time to become healthier and happier. Through our series of articles, we are trying to make California's physicians aware of this nexus and to motivate them to take the time to pay attention to this important issue. Given the busy lives of our doctors, we are trying to motivate on many fronts.

One option the committee would like to pursue is some reward or reimbursement for participating in activities dedicated to the topic of physician wellness. At the next committee meeting, we would like to undertake a detailed discussion on the possibility of giving a rebate on the licensing fees paid at the time of renewal; however, we recognize that this is a large undertaking and would require a legislative change. Another option would be to develop no-cost CME activity dedicated to physician wellness.

Along those lines, we are aware that some liability carriers currently give premium rebates to physicians who participate in certain CME activities. The committee and the Board would like to discuss with you the feasibility of incorporating a course on physician wellness in your CME series, if available, or for you to consider adding a premium rebate if a physician accesses and completes CME wellness activity elsewhere. If the Board is able to develop a no-cost CME activity, as mentioned above, it could be shared with your company if you are willing to participate.

We would like your thoughts to these ideas and an indication if you would be willing to join us in a discussion about premium rebates to physicians accessing such wellness learning activities. We believe that encouraging wellness in our California physicians will lead to better healthcare for the consumers of California.

Please direct your response to Kevin A. Schunke, the committee manager, at the address above or via email: kschunke@mbc.ca.gov. If you have further questions, you may also reach him at (916) 263-2368.

Sincerely,
Shelton Duruisseau, PhD
Chair
Wellness Committee

Laurie Gregg
Member
Wellness Committee

PROPOSED MAILING LIST ATTACHED

Mailing list:

NorCal Mutual Insurance Company

James Sunseri

President & Chief Executive Officer

And cc to

Philip R. Hinderberger

Senior Vice President, Government and Regulatory Affairs

NORCAL Mutual Insurance Company

560 Davis Street, Suite 200

San Francisco, CA 94111-1966

The Doctor's Company

Richard Anderson, MD

Chairman and CEO

And cc to

Leona Egeland-Siadek

Vice President, Government Relations

185 Greenwood Road

Napa, CA 94558

SCIPE

Donald J. Zuk

President and Chief Executive Officer

And cc to

Robert Tschudy

Senior Vice President – Government Relations

1888 Century Park East, Suite 800

Los Angeles, CA 90067-1712

MIEC

Bradford P. Cohn, MD

Chairman

And cc to

Ron Neupauer

President

6250 Claremont Avenue

Oakland, CA 94618

Cooperative of American Physicians

James L. Weidner, CIC

Chief Executive Officer

And cc to

Peter Kezirian

Vice President – Corporate Strategy and Business Development

333 S. Hope St., 8th Floor

Los Angeles, CA 90071

Kevin Schunke - Physician wellness activities

From:
To:
Date:
Subject:
CC:

Dear Mr. Schunke:

Brad Cohn, MD, Chair of MIEC's Board of Governors, forwarded to me the letter he received from Mr. Duruisseau and Dr. Gregg regarding activities to encourage the connection between physician wellness and quality of patient care.

Our Board does not grant premium discounts for attendance at CME or other activities. We have traditionally held the position that participation alone does not warrant discounts; however, changes in practice behavior—to enhance patient and physician safety—reward physicians by decreasing their losses and increasing their defensibility. To that end, we would be willing to discuss ideas about promoting physician wellness with the Medical Board, as we believe there is a corollary between physician well-being and patient safety and satisfaction. We even have a potential resource in a well-established local program that teaches physicians to be more mindful of how the quality of their personal lives affects the quality of their professional lives.

Please let me know how and when you envision a discussion of promoting this aspect of physician well-being, and how you anticipate professional liability carriers will participate in the process.

Kind regards,

Judy Huerta

Judith M. Huerta, Loss Prevention Manager
Medical Insurance Exchange of California
6250 Claremont Avenue
Oakland, California 94618-1324
800-227-4527



May 30, 2008

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Medical Board of California
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1888 Century Park East
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Los Angeles, California
90067-1712

310/551-5900
800/962-5549

www.scpie.com

Re: Wellness Committee
Correspondence of May 13, 2008

Dear Mr. Schunke:

This is in response to the Wellness Committee correspondence of May 13, 2008 addressed to Donald J. Zuk, President and Chief Executive Officer of The SCPIE Companies. Mr. Zuk has asked that I respond on his behalf.

While we commend the Committee's attention to the important issue of physician wellness, it would be inappropriate at this time for SCPIE to comment on premium rebates or credits related to wellness learning activities. SCPIE is in the final stages of being acquired by The Doctors Company. Since The Doctors Company will be the controlling entity upon completion of the acquisition, they will be setting underwriting and pricing standards.

Thank you for your understanding in this matter and good luck with the Committee's efforts promoting physician wellness.

Sincerely,

Ronald L. Goldberg
Senior Vice President
Underwriting and Marketing

cc: Donald J. Zuk



Richard E. Anderson, MD
Chairman of the Board
Chief Executive Officer

June 17, 2008

Kevin A. Schunke, Manager
Wellness Committee
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

Dear Mr. Schunke:

I recently received a letter from Shelton Duruisse, PhD., and Laurie Gregg, M.D., regarding continuing medical education (CME) on the topic of physician wellness.

As you are probably aware, The Doctors Company is owned by its policyholders. Any financial commitments we make must be cost-effective and beneficial to our insureds. We offer a number of CME courses to our insured physicians, particularly in the area of patient safety. These courses are expensive and time-consuming to develop, but are widely used by our physicians, making the benefits well worth the investment required.

In order for a CME course on wellness to be cost-effective, it would have to attract a substantial number of enrollees. If completion of a wellness unit were mandatory, The Doctors Company would certainly investigate development of a course that satisfies requirements for physician licensure. An optional wellness CME offering would likely be underutilized. The Doctors Company would be extremely reluctant to commit policyholder resources to the development of such a course unless it were mandatory for physicians.

Premium rebates for completion of physician wellness CME credits would be premature until data is available that demonstrates a relationship between completion of these credits and a reduction in claims costs. The letter I received mentioned the possibility of a legislative change providing for a reduction in licensing fees for licensees completing a wellness course. This sounds to me like a more promising, less speculative course for the committee to follow.

Sincerely,

Richard E. Anderson, M.D.

Wellness & Prevention: Issues for increasing effectiveness of programs

Michael V. Williams, Ph.D

Principal, PRC-International

A Briefing to the Medical Board of California

July 2008

Focus of the briefing

The MBC is undertaking a Wellness focused approach to the health and well being of California physicians. There are many issues to be addressed in such an approach. In this briefing I wish to discuss two:

- ❑ Nature/focus of the wellness program; and,
- ❑ The structure of the wellness outreach for greatest efficacy.

While no physician should be ignored, targeting resources in a public health sense most effectively focuses scarce resources.

Wellness programs

Wellness is a broad area, early efforts might be effectively focused on a sub-set of wellness issues:

We suggest that the focus be on those areas of wellness most clearly associated with issues of dyscompetence.

Prevalence of dyscompetence

The number of dyscompetent physicians has been estimated to range from .01% to 50%.

| Class | Data source for Estimation | Range | Strengths | Weaknesses |
|------------------|-----------------------------------|------------------------------|---|---|
| Underperformance | Medical record review | 0.6 to 50 | Population-based estimate from medical record | Possibly over- estimate of medical estimates error rate |
| | In-process reviews | 2 to 15 | Population-based estimate from medical record | No similar data in estimate of medical US record |
| | Recertification rates | 1 to 14 | Based on ABMS | Not all physicians recertification data are board certified, and some who are have "grandfathered" status |
| Dyscompetence | Disciplinary action | 0.3 | Direct assessment of physician actions | Complaint driven, includes nonprocedural infractions |
| | Litigation | 7 | Direct assessment of physician actions | Litigation driven, imperfect relationship between claims paid and error s |
| Error Rates | Institute of Medicine | 0.1 to 0.2/ hospitalization | Relates directly to outcome | Strictly hospital hospitalization based |
| | Record review | 0.01 to 0.1/ hospitalization | Based on hospital | Strictly hospital procedure records based |

Prevalence of dyscompetence

In part this number varies by method of estimate, but in part it varies by whether the issue is true dyscompetence or something that might be termed “paracompetence”

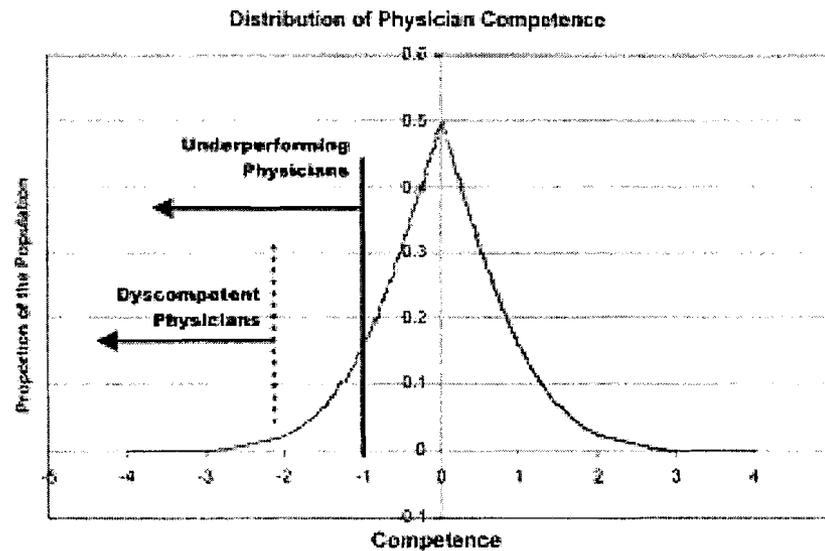


Figure 1. The sampling distribution of physicians ordered by competence showing proportion of underperforming physicians and among them dyscompetent physicians.

Prevalence and dyscompetence

The prevalence of competence issues in the physician population:

- ❑ Those physicians performing at approximately 2 - 3 standard deviations below the mean of physician performance might be considered dyscompetent (.15 - 3%);
- ❑ Those physicians performing 1 standard deviation below the mean might be considered underperforming or paracompetent (another 12 - 13%).

Incompetent physicians pose a clear threat to patient safety while paracompetent physicians need processes and support to prevent their becoming incompetent.

Wellness and dyscompetence

A number of factors are related to competence

- Age
- Neuropsychological functioning
- Substance use
- Stressors

Are among the most common cited issues.

Wellness and dyscompetence - Age

Issues:

Age can affect competence in a number of ways:

- ❑ Age correlated illness
- ❑ Ontogenetic correlated changes in cognition
- ❑ Age correlated social changes

Age also has positive affects on competence:

- ❑ Experience
- ❑ Stores of knowledge

Wellness and dyscompetence - Age

Approaches:

Age correlated illness:

- Treatment - identification and referral
- Education - identification and compensatory mechanisms

Ontogenetic correlated changes in cognition

- Education - Compensatory mechanisms
- Education - Changes in practice patterns

Age correlated social changes

- Education - participation in professional process
- Education - increased choice in role

Wellness and dyscompetence - Neuropsychological functioning

Issues

Neuropsychological insults

- Focal deficits
- Deficits in memory
- Deficits in executive function

Dementias

Wellness and dyscompetence - Neuropsychological functioning

Approaches

Treatment

- Neuropsychological Assessment
- Functional Assessment

Education

- Compensatory mechanisms
- Changes in practice patterns

Wellness and dyscompetence - Substance use

Issues

Substance use can affect:

- Judgment
- Memory
- Mood
- Social/Professional activities
- Economics
- Social/Personal relationships

Wellness and dyscompetence - Substance use

Approaches

Treatment

- Assessment
- Primary treatment
- Recovery

Education

- Maintenance
- Reentry
- Prevention

Wellness and dyscompetence - Stressors

Issues

Sources

- Economic
- Professional
- Social/Professional
- Social/Personal

Wellness and dyscompetence - Stressors

Approaches

Treatment

- Assessment
- Immediate intervention

Education

- Compensatory mechanisms
- Changes in practice patterns
- Prevention

Wellness and dyscompetence - Identification

The focus of wellness should extend to the “paracompetent” and the competent - increasing the pool from 1 -3 % to approximately 97% of physicians.

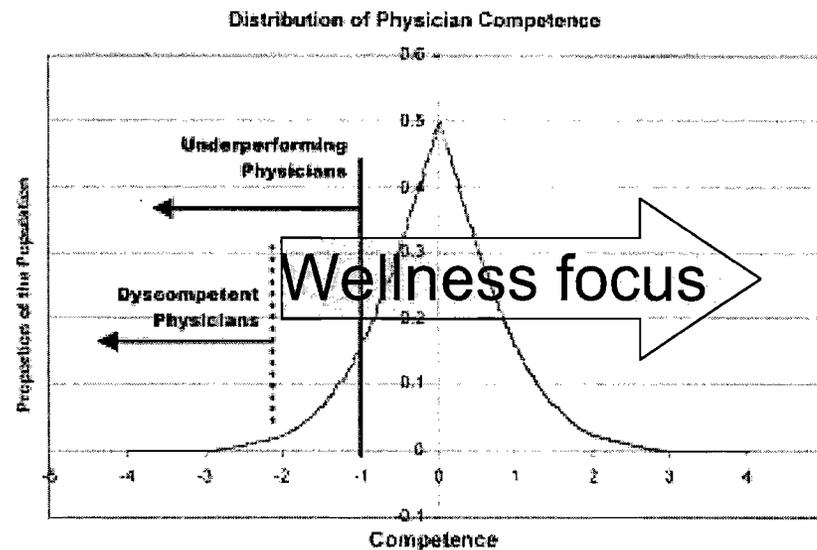


Figure 1. The sampling distribution of physicians ordered by competence showing proportion of underperforming physicians and among them dyscompetent physicians.

Wellness and dyscompetence - Identification

Wellness approaches should be based on active identification of potential participants:

- Credentialing
- Screening Assessment
- Full assessment
 - o Medical/Psychiatric/
Psychological assessment
 - o Functional/competency
assessment

