MEDICAL BOARD OF CALIFORNIA

Executive Office

WELLNESS PROGRAMS - BEST PRACTICES MODEL WORK GROUP MEETING

November 4, 2010

AGENDA

Long Beach Memorial Medical Center
Miller Children's Hospital
2801 Atlantic Avenue, Room C
Long Beach, CA 90806
tel: 916-869-3377
or: 562-933-0102

11:15 am – 12:45 pm

Moderator: Dr. Laurie Gregg
Member, Wellness Committee

1. Welcome and Introductions – Dr. Laurie Gregg
2. Re-cap and Background Information of the Wellness Committee – Dr. Gregg
3. Summary and Discussion of August 17, 2010 Meeting of the Wellness Programs – Best Practices Working Group Meeting – Dr. Gregg
4. Roundtable Discussion – What Information have Work Group Members Brought to Share
5. Discussion of Next Steps: Who will accept what follow-up tasks, providing and sharing of existing documents, further research, due dates, recommendations to Wellness Committee, etc.
6. Closing

NOTE: All public comments should be directed toward the Best Practices Model.

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 Cheryl Thompson at (916) 263-2389 or sending a written request to Ms .Thompson at the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Requests for further information should be directed to the same address and telephone number.

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MEETING SUMMARY

WELLNESS PROGRAMS - BEST PRACTICES MODEL WORKING GROUP MEETING

August 17, 2010

Department of Consumer Affairs
1625 North Market Blvd.
El Dorado Room, #220-North
Sacramento, CA 95834

Moderator: Dr. Laurie Gregg
Member, Medical Board of California's Wellness Committee

Members of the Public in Attendance:
Andy Gallardo, Kaiser Los Angeles
Craig Collins, M.D., Kaiser Los Angeles
Elizabeth Becker, Inner Solutions for Success
Jeff Toney, Department of Consumer Affairs
Jeffrey Uppington, M. D., UC-Davis Medical Center
Pamela Honsberger, MD, Kaiser Orange County
Shawn Blakley, The Permanente Medical Board – Northern Califoria
Tom Rusconi, Calif. Medical Association
Yvonne Choong, Calif. Medical Association

Board, Committee, and Staff Members in Attendance:
Daniel Giang, M.D., Wellness Committee Member
Gary Nye, M.D., Wellness Committee Member
Jennifer Simoes, Chief of Legislation
Kevin A. Schunke, Wellness Committee Manager
Kurt Heppler, Legal Counsel, Department of Consumer Affairs
Laurie Gregg, M. D., Wellness Committee Member
Linda Whitney, Executive Director
Shelton Duruisseau, Ph.D., Medical Board Member and Wellness Committee Chair
Silvia Diego, M.D., Medical Board Member

Agenda Item 1. Welcome and Introductions – Dr. Gregg

The meeting was called to order at 10:40 a.m. Dr. Gregg welcomed everyone to the interested parties meeting hosted by the Medical Board of California (Board) and the Wellness Committee (Committee) of the Board. Attendees introduced themselves and offered some insight to their main work with regards to wellness.

Agenda Item 2. Background Information – Dr. Gregg

Dr. Gregg discussed her personal interest in physician wellness, which was sparked early in her term as a medical board member. In many cases, a relationship existed between the reasons the board needed to issue a probationary license or discipline a physician and some 'unwellness' in that physician's life.

She offered two important reasons to address physician wellness:

1. Peer reviewed research links physician wellness with patient care. For example, burned-out physicians make more medication errors, depressed physicians fail to identify and treat depressed patients as often as their non-depressed physician colleagues, fatigued physicians make more errors and do not always perform as well surgically, and patients of stressed physicians are less satisfied with their care. Patients deserve role models, want to believe that physicians practice what they preach, and do not deserve to have a lower quality of care because their physician is struggling with his or her own unhealthy behavior.

2. Another reason that physician wellness is important is that physicians have an ethical obligation to offer help to anyone unwell and that includes their colleagues. Physicians also are patients even though they access their own primary physicians much less than they should. Physicians have the same or higher depression rates as the general population, but statistically physicians are much more likely to commit suicide. Physicians are not infrequently sleep deprived and that has consequences on physical and mental health. Physician compassion compels them to put the health of their patients first. It is important to educate physicians that if the healer is healthy, the patient is provided with a better role model and some adverse outcomes may be avoided.

Dr. Gregg stressed that "wellness" typically encompasses a wide array of healthy behaviors. Traditionally, physician substance abuse and mental health have been the focus of those attempting to improve physician's wellbeing. We know from surveys and research that those two issues are only two of many that contribute to physician wellness.

The Committee was created by a committed group of individuals who were aware of and passionate about the multifaceted nature of physician wellness and how the wellness of physicians can affect patient care. The proposal for a Committee was captured in an article written by Dr. Duruisseau and Kevin Schunke. After the Committee was constituted by the board in 2007, the Committee has held regular meetings.

The mission of the Committee is to further the Board's consumer protection mission by encouraging and guiding licensees to promote a sound balance in their personal and professional lives so that healthy physicians offer quality care to their patients.

The Committee's work thus far has mainly been educational:

- We have educated the full board and board staff that this is an important topic
- We have attempted to educate physicians by a website with links to scientific papers and a series of newsletter articles which demonstrate the association between physician wellness and patient care.
- Our statewide survey was our attempt to get a pulse on the situation at the local levels. The Committee and the Board wanted to know how much proactive education there is on physician wellness. The survey was published on-line during Nov 2009-Jan 2010. With the support of the California Hospital Association, the California Association of Physician Groups, and the California Medical Association, 600 letters of invitation were sent out to Hospital Wellbeing Committee. Of all respondents, 51% were hospitals/wellbeing committees, 35% were physician groups, and 16% were county medical societies

The results are in the handout for this meeting. Dr. Gregg pointed out those items she thought were notable:

- Over half (55%) of the respondents did not have a wellness committee/program that we defined as separate from the legally mandated wellbeing committee and more specifically as a program that assists and promotes work/life balance and encourages improved physician health and wellness
- Of the 34 respondents that did have wellness programs, the topics most covered were:
  - Improving work/life balance: 55.6%
  - Recognizing Burnout/depression: 55.6%
  - Managing the stress of medical practice: 51.9%
  - Recognizing substance abuse/unhealthy behaviors in self/others: 44%
  - Dealing with litigation stress: 33.3%
- Of the respondents (72) who were asked how the medical board might assist in supporting wellness of the staff/physicians:
  - 74% asked for a web site devoted to resources on topics related to wellness
  - 64 respondents (87% of those asked) believe there should be more CME workshops /courses devoted to physician wellness

Agenda Item 3. Roundtable Discussion

Dr. Gregg encouraged a discussion by all guests in attendance. She asked that those who currently have a Wellness Program in place to discuss what works and what doesn't, to share successes, and to identify what can be improved. Along those lines, she encouraged those who would like to create a Wellness Program or who would like to reconstitute a stagnant program to identify what they need.

Ms. Blakely stated that Kaiser Northern California has a well established wellness committee and would be willing to share available information. But, even within the Kaiser group, different areas handle things differently. They do not focus wellness based on a physician's specialty, but instead, they generally focus based on where the physician is in his or her career. In addition to various activities they offer as a group, the members constantly are offering new and different ideas. Therefore, the focus of wellness seems to change every three to five years; whereas six to eight years ago, mentoring was a significant focus for them, today there is a greater emphasis on encouraging physicians to "get out of the office" and dedicate some recuperative time.

Dr. Honsberger mentioned that Kaiser Orange County offers off-site events six to seven times a year. Each year, they offer a survey, asking what types of programs the participants would like to request. They offer not only physical programs (yoga and zumba) but also cooking classes and financial/ retirement planning seminars.

Ms. Becker stated that as an outsider, she thinks that the Kaiser group handles wellness programs best. She recognizes the difference between "well being" and "wellness" and see an inherent danger if organizations confuse one with the other. While a significant number of organizations offer active well being programs, for many, wellness is only a minor component of the former. She sees great value in a preventative program (wellness, which focuses on potential issues before they become a problem) as opposed to a reactionary program (well being, which focuses on problems after they arise.

Mr. Schunke mentioned that with the feedback he received from the on-line wellness survey, those organizations that had a well-operating well being program often had a wellness program, too. However, if the organization was struggling with their well being program, a wellness program often was non-existent.

Dr. Collins provided additional insight to the Kaiser model and the "Thrive" campaign. For example, while the work on a physician in the Emergency Department is hectic and busy, the organization really stresses on keeping those practitioners well balanced. They try to reach out to young physicians as soon as they are hired. In his opinion, Dr. Collins stated that a key to a successful wellness committee is conducting regular anonymous surveys with a strong component to analyze the data.

Mr. Gallardo pointed out the vicious circle which can ensue when physicians do not "practice what they preach." He said that physicians often make awful patients and do not focus on their own health. His program at Kaiser Los Angeles ("Get Fit") is successful since the group has support from the hospital leadership. They have attempted various pilots; some worked, some did not. They have created formal and informal policies and programs. His program offers grassroots outreach – encouraging members to eat better, sleep well, improve their home lives, walk more, encouraging friendly competition, and has developed an extensive web site.

Ms. Blakely underscored what Mr. Gallardo said: that the example set by an organization's leadership was critical. Branding the wellness program with a name such a "Get Fit" can also be inducing to new members.

Dr. Giang mentioned Loma Linda's branding of a "Physician Vitality" program, which even is bringing in residents. The program's focus, and even the focus of Loma Linda on a larger scale, is to take care of people – and especially their physicians – not diseases. He said the Loma Linda is trying to copy the successes of Kaiser: improved café foods, offering fitness facilities, mentoring, counseling, etc. Loma Linda even has established the position of Director of Physician Vitality.

Dr. Nye lauded Kaiser for being a pioneer in the field of wellness, complimenting them of the great models they have created. He also said that he appreciated the good things which have been undertaken and achieved by Loma Linda. He said that the Alameda County Medical Society, when it first started its well being program many years ago, the focus was an over-riding case of wellness, not an organization that was to be reactionary to impairment issues. It was supposed to be comprehensive to a physician's holistic wellness, but it has devolved into a well being organization that is viewed with some negativity. Those physicians who need well being support struggle and are resistant to wellness overtures; this applies not just in hospitals but also in solo practices and larger physician groups. Somehow, he suggested, the wellness concept needs to be presented to solo practitioners who already have too much to do and thus have less time to think about their own wellness. Dr. Nye also mentioned that Riverside County seems to be a strong and proactive resource, although a lot of that probably has to do with their affiliation with Loma Linda.

Dr. Gregg asked if wellness should be regionalized with differing focuses for different practice locales. Various attendees suggested that should be something to consider.

Dr. Uppington stressed the need – as difficult as it may be – for the Board and other parties to come up with a more-clear definition of wellbeing and wellness, so the negative connotation of the former does not infringe upon the latter. He encouraged an outreach to the individual county medical societies and various specialty societies, at which other attendees also suggested outreach to various ethnic medical groups.

Dr. Gregg mentioned that from her research, the anesthesia and family practice societies seem to have the best developed wellness programs, whereas others, despite their large size, have not stepped into that realm. It also is important, she said, to reach out to smaller medical groups, solo practitioners, and those who do not belong to medical societies (which county-based or specialty groups).

Dr. Collins agreed, but said that this is a marketing issue: how does someone sell an idea or program to a group that otherwise is a cynical audience?

Dr. Deigo encouraged the group not to forget about health care centers and clinics. Not only are these facilities struggling with limited resources for health care but also for support to their own staff. The leadership, and even the physicians in these groups, expects the doctors to work but they do not recognize the need for personal balance. She also underscored the need to outreach to small groups and solo practitioners.

Dr. Duruisseau asked the group to focus on the use of telemedicine. At UC-Davis, for example, he said that telemedicine is available as a resource for medical care to patients but also for wellness support for staff.

Dr. Gregg mentioned that a possible incentive could be offered by malpractice carriers to those physicians who participate in wellness activities.

Ms. Whitney suggested that the Board might at some stage in the future, as staffing and budget constraints allow, to undertake greater efforts to share wellness information in all contacts with licensees, including at the complaint stage.

Ms. Choong stated that the Board should take a proactive approach to communicating with licensees, stressing that the board wants to keep licensees in the profession and wants to help those who might be facing difficult issues before those issues become a work-related problem. She stated that such information from the Board might prove that the Board is a resource to help licensees and not just in a role to prosecute or discipline licensees.

Dr Gregg tried to arrange a pilot project in which a medico-legal company would notify a wellness committee of physician experiencing a new lawsuit with the intention of the wellness committee lending support to that physician. Unfortunately, the pilot has run into some roadblocks. Along these lines, Ms. Whitney suggested that all professional societies should be encouraged to sign up for the Board's on-line subscriber's notification system, so that they could be made aware when a formal accusation is filed.

Agenda Item 4. Discussion of Next Steps: Where do we go from here? Future meetings; sharing of existing documents, further research, recommendations to Wellness Committee, etc.

Dr. Gregg asked if the meeting participants thought that this meeting was resourceful and asked if they wanted to meet again to discuss this subject. Everyone spoke in support.

Ms. Blakely asked if subsequent meetings could be noticed further in advance so that more healthcare professionals could include the calendar future meetings. Ms. Whitney explained the state's public notice requirements, indicating that most meetings are not officially noticed until 10 days before the meeting so as to allow for last minute edits. However, if it was the agreement of the working group to have a follow-up meeting, then she would strive to plan a meeting on November 4, 2010, in Long Beach, which was when the next committee and Board meetings are scheduled. The meeting will be planned during the middle of the day, to allow adequate travel time for a one-day trip.

Dr. Gregg asked for input from the meeting participants; who can be included in future meetings? Some of the responses included ethnic and racial professional societies, California Primary Care Association, professional societies (by region and specialty), UCSD's PACE program, and those who have been included in the notice to this meeting.

Agenda Item 5. Closing

The meeting came to a close at 12:50 pm.