



**MEDICAL BOARD OF CALIFORNIA**  
Executive Office



**WELLNESS COMMITTEE**  
November 4, 2010

**MEMBERS OF THE COMMITTEE**

*Shelton Duruisseau, Ph.D., Chair*  
*Jorge Carreon, M.D.*  
*John Chin, M.D.*  
*Daniel Giang, M.D.*  
*Laurie C. Gregg, M.D.*  
*Gary Nye, M.D.*  
*William Norcross, M.D.*

**Long Beach Memorial Medical Center**  
**Miller Children's Hospital**  
**2801 Atlantic Avenue**  
**Room A1-A2**  
**Long Beach, CA 90806**  
**Tel: 916-869-3377**  
**562-933-0102**

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

**AGENDA**

10:15 a.m. – 11:00 a.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 28, 2010 Meeting
3. Presentation of Kaiser Permanente's "Get Fit" Program – Andy Gallardo, CPT, NASM Healthy Workforce, Director of Fitness, Kaiser Permanente Southern California
4. Presentation and Summary of August 17, 2010 Meeting of the Wellness Programs – Best Practices Work Group Meeting – Dr. Gregg
5. Discussion and Recommendations for Work Group to Continue Development of Best Practices Guidelines/Manual to be Utilized by Wellness Committees – Dr. Gregg
6. Committee Members' Report on Activities
7. Future Agenda Items

*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.*

8. Public Comment on Items not on the Agenda

*Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]*

9. Adjournment

*Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Board, but the President may apportion available time among those who wish to speak.*

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*For additional information call (916) 263-2389.*

*NOTICE: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Cheryl Thompson at (916) 263-2389 or [cheryl.thompson@mbc.ca.gov](mailto:cheryl.thompson@mbc.ca.gov) or send a written request to Ms. Thompson. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.*



**MEDICAL BOARD OF CALIFORNIA**  
Executive Office



Wellness Committee  
Embassy Suites - San Francisco Airport  
150 Anza Blvd  
Burlingame, CA 94010  
January 28, 2010  
**MINUTES**

**Agenda Item 1. Call to Order**

Dr. Duruisseau called the meeting to order at 2:30 pm. Roll was taken and a quorum was present. Notice had been sent to all interested parties.

Members present:

Shelton Duruisseau, Ph.D., Chair  
Jorge Carreon, M.D.  
John Chin, M.D.  
Daniel Giang, M.D.  
Laurie C. Gregg, M.D.

Members absent:

William Norcross, M.D.

Board Members, Staff and Guests Present:

Armando Melendrez, Business Services Office  
Barb Johnston, Executive Director  
Barbara Yaroslavsky, Board President  
Betsy Couch, Center for Public Interest Law  
Brett Michelin, California Medical Association  
Brian Ansay, Enforcement Program  
Candis Cohen, Board's Public Information Officer  
Cheryl Thompson, Executive Assistant  
Cindi Oseto, Licensing Special Programs Analyst  
Deborah Pellegrini, Chief of Licensing  
Gary Gitnick, M.D. Board Member  
Gary Nye, M.D., Alameda/Contra Costa Medical Association  
Greg Santiago, Dept. of Consumer Affairs  
Hedy Chang, Board Member  
Janet Salomonson, M.D., Board Member  
Jim Conway, Pacific Assistance Group  
Jim Hay, M.D., California Medical Association  
Joy Thompson, Member of the Public  
Julie D'Angelo Fellmuth, Center for Public Interest Law  
Kathryn Taylor, Licensing Program Manager  
Kurt Heppler, Staff Counsel, Dept. of Consumer Affairs  
Linda Whitney, Chief of Legislation  
Margaret Montgomery, Kaiser Permanente  
Paulette Romero, Manager, Central Complaint Unit

Board Members, Staff and Guests Present (continued):

Regina Rao, Business Services Office  
Rehan Sheikh, Member of the Public  
Renee Threadgill, Chief of Enforcement  
Ross Locke, Business Services Office  
Sharon Levine, M.D., Board Member  
Susan Thadani, Enforcement Program  
Teri Hunley, Business Services Office  
Yvonne Choong, California Medical Association

**Agenda Item 2.** Approval of the Minutes from the October 29, 2009 Meeting

M/S/C Drs. Gregg/Chin to approve the minutes as written.

Dr. Duruisseau announced, regrettably, Dr. Moskowitz recently resigned from the committee to pursue his interest in other related endeavors; however, the committee members and staff would be remiss in not recognizing his contributions.

**Agenda Item 3.** Discussion of Results from the Well-Being Committee/Wellness Program Survey and Possible Actions of the Committee – Dr. Gregg and Mr. Schunke

Mr. Schunke restated that the mission of the Wellness Committee is to further the Board's goal of consumer protection 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. One of the avenues by which the Committee strives to fulfill its mission is to help identify, assess, and share information on available resources, followed by a charge of making appropriate recommendations to the Board.

Mr. Schunke reminded the committee that at the direction of Dr. Duruisseau, it was decided the Committee would take steps to gain a better understanding of what wellness resources currently are available to California physicians. During the last year, two members of the Committee, Dr. Laurie Gregg and Dr. Peter Moskowitz, volunteered to create and design the survey. Although the initial audience of the survey was to be the hospital community, with the valuable input of other interested parties during the process, the audience of the survey was expanded.

The survey was published on-line during November, 2009 and remained open for responses through the middle of January, 2010. With the support of the California Hospital Association (approximately 400 members), the California Association of Physician Groups (approximately 140 members), and the California Medical Association (representing 38 county medical societies), approximately 600 letters of invitation were sent out. The response rate was about 15 percent.

In the agenda materials was a copy of the actual survey that participants were asked to complete, followed by a summary, which outlines the responses to the survey. There were a total of 84 responses. Mr. Schunke noted that the question in Section 2 asks if the responder

currently offers a Wellness Committee/Program. If the answer was "no," the person was directed to continue with Section 5 of the survey. Thus, the replies to Sections 3 and 4 have lower response rates.

Further, the last question (Question 5, C) was open-ended, and asked responders to provide any wellness-related thoughts or suggestions to the board. Mr. Schunke pointed out that many of the responders supported the concept of making physician wellness a requirement of a licensee's mandatory continuing medical education; however, that may be because many responders are those responsible for administering wellness programs in the facilities and intuitively recognize the value-added benefits of encouraging physician wellness. Conversely, if the overall licensee population were to be questioned, those sentiments may not be shared.

Mr. Schunke also pointed out that there were numerous comments still critical of the Board for eliminating the Diversion Program.

Dr. Moskowitz, while no longer serving on the committee, wanted to attend this meeting because of his lengthy involvement in this project. He shared his appreciation for the collaborative support provided by Dr. Gregg and Mr. Schunke. He said he also was disappointed that such a short and simple survey generated only a 15% response rate; this low response rate makes it difficult to determine how representative the answers are for a state-wide project. Nevertheless, he was encouraged that so many responders supported making wellness a mandatory component of CME and that so many responders wanted the Medical Board to provide more information about wellness courses or workshops. Lastly, he pointed out the large number of responders who support making wellness resources available on line, since such web-based courses obviously saved time and money; nevertheless, he did not want to discourage the Board from making live presentations available around the state and from using real-time webinar presentations.

Dr. Gregg also thanked Dr. Moskowitz and Mr. Schunke for their work on this project. She said she was very surprised that of the 84 responders, that only 45% indicated they currently had a committee or program dedicated to wellness, and that 55% indicated they did not.

She highlighted numerous replies which she thought were noteworthy: (Question 4, C) the types of programs currently offered (lectures/workshops seem to be a popular and common source of training), (Question 4, D) the topics which are most frequently offered as wellness programs (managing stress, recognizing burnout/depression, and improving work/life balance), and (Question 5, A), the types of resources which would be most helpful to healthcare providers (all resources would be welcome, most especially those which are web-based).

Dr. Gregg, however, stated that she would not support making wellness a mandatory component of CME, but instead incentivize physicians who participate in wellness activities. Unfortunately, she said, most physicians who are in greatest need of wellness activities are not going to voluntarily avail themselves of those resources.

Lastly, Dr. Gregg asked staff to send a copy of the results to CAPG, CHA, and CMA since those organizations were helpful in soliciting responses, and possibly even on a broader scale, with organizations such as with FSMB.

Dr. Jim Conway spoke, representing Pacific Assistance Group, which specializes in working with a variety of healthcare professionals. The answers to Question 5, C indicate the need for early intervention and prevention, instead of an after-the-fact program, such as what the Diversion Program used to be. Medical schools, unfortunately, are not consistent with how they address these issues; some take a preventative approach, whereas others offer only reactionary programs, and this leads to a fragmented instead of cohesive way to address the issues of concern.

Dr. Carreon said that many physicians see themselves as being infallible, and any actions by which they admit to needing wellness activities is admitting to a weakness. In reality, he believes that physicians do not need wellness education, but instead, there should be a concerted effort to work with medical schools, when physicians first begin their career, to educate them with ways to recognize issues before they become a documentable problem; those lessons should be further underscored as medical students progress thru residency.

Dr. Gitnick also recommended that wellness not be made a mandatory part of CME, because that only leads to push-back. He said he would support incentivizing wellness by recognizing such activities at the license renewal stage, which would be more appropriate.

Dr. Chin said that he recognized the work and tremendous effort which had gone into this project, yet from his professional experience, he believes a 15% response rate is commendable. He agrees with Drs. Gregg and Gitnick, that participation in wellness activities should be incentivized, not mandated.

Dr. Gary Nye spoke. He has been active in mental health, professional competency, and wellbeing issues his entire career. He served on the California Board of Medical Examiners from 1971 to 1976. He believes that this subject has been the topic of many past research efforts and surveys; there should be a wealth of historical knowledge and responses. The Board should look into what has been previously considered and discovered by other groups. In summary, wellness and wellbeing should be multi-dimensional, starting at the medical student level and continuing through the physician's entire career. He believes that the wellness committees which are mandated at hospitals should include wellness, because a physician's personal health should be addressed as a preventative goal, not reactionary after a problem has been identified.

Following this discussion, M/S/C Drs. Chin/Giang for Dr. Gregg to develop an outline for whatever "next steps" should be taken pursuant to this project, including development of a "Best Practices Model," the possibility of incentivizing rather than requiring wellness CME, and directed staff to investigate the feasibility of having the web site act as a clearinghouse for wellness programs and events, as well as the feasibility of posting web-based seminars.

**Agenda Item 4.** Discussion of Potential Development of Guidelines/Manual for Hospital Wellness Committees – Dr. Gregg

Dr. Gregg suggested that based on the results of the wellness survey, which just was discussed, many hospitals and medical groups could benefit if a statewide manual was developed, which might highlight the best practices used by facilities currently offering wellness programs. This might be achieved via an extension of the collaborative project between

U.C. Davis and the Board which has been discussed at previous meeting and is the next agenda item today. Dr. Gregg also reminded the committee that at previous meetings, representatives of CMA indicated that they would be interested using information currently available to them; they would be interested in participating in such a program.

Dr. Giang suggested that while such a manual would be very valuable to hospitals, the audience should actually be much broader, beyond just hospitals. Dr. Gregg agreed.

M/S/C Dr. Gregg and Giang that staff should work to bring together an interested parties meeting to discuss this new endeavor.

**Agenda Item 5.** Update on Collaboration between Medical Board and University of California-Davis' Well-Being Committee – Dr. Duruisseau and Mr. Schunke

To provide some organizational history of the project, Mr. Schunke said that UCD is represented at their meetings by staff from a wide range of programs: their GME office, a psychologist in charge of resident wellness, a resident, staff from their human resources office, a psychologist who is the chair of the academic and staff assistance program.

Working with Mr. Schunke on this project is Lynda Swenson, who is a manager in the Enforcement Program but currently on loan to the Licensing Section. Ms. Swenson had proposed an idea that the participants thought would be a good starting point for the UCD web site: some type of self-reporting measurement tool that physicians could use as a pre-test to identifying wellness needs, challenges etc. This will be further discussed at a future meeting to determine if developing such a tool would be feasible and valuable.

The group has identified four modules they would like to produce: 1) mental health; 2) substance abuse; 3) burnout, and 4) creating a work/life balance. Mr. Schunke indicated that the group members seemed to agree that this is a very good basis from which to start and a great stepping stone upon which to build further in the future.

However, there is an additional module which they would like to develop in collaboration with the Medical Board. This would be a module about problem issues as they impact licensing applicants. However, during the meetings, Mr. Schunke stressed the need to move forward with caution, since creating any type of guidelines, without having adopted regulations via the traditional rulemaking process, could lead to the claim that we had underground regulations.

As a final item, Mr. Schunke said the UCD team also is very interested in hearing the results of the Wellness Survey, which he will share with them following this meeting. He also said that he had shared the names of Dr. Norcross at UCSD and Dr. Giang at Loma Linda, as very valuable resources.

**Agenda Item 6.** Committee Members' Report on Activities

Other than those points already mentioned, no further items were brought forward for discussion.

**Agenda Item 7.** Future Agenda Items

Pursuant to a query by Dr. Giang, Mr. Schunke reported he would coordinate additional articles for the Board's *Newsletter* by working with Dr. Gregg and Candis Cohen, the Board's Public Information Officer.

**Agenda Item 8.** Public Comment on Items not on the Agenda

There were no public comments.

**Agenda Item 9.** Adjourn M/S/C Drs. Chin and Gregg to adjourn.



**MEDICAL BOARD OF CALIFORNIA**  
Executive Office



## 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 California  
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.