MEDICAL BOARD OF CALIFORNIA
Executive Office

MEMBERS OF THE BOARD
Barbara Yaroslavsky, President
Frank V. Zerunyan, J.D., Vice President
Hedy Chang, Secretary
Jorge Carreon, M.D.
John Chin, M.D.
Shelton Duruisseau, Ph.D.
Eric Esrailian, M.D.
Gary Gitnick, M.D.
Sharon Levine, M.D.
Reginald Low, M.D.
Mary Lynn Moran, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.

QUARTERLY BOARD MEETING

July 29-30, 2010

Medical Board of California
Hearing Room
2005 Evergreen Street
Sacramento, CA 95815
916-263-2389

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

AGENDA

Friday, July 30, 2010
8:00 a.m. – 4:00 p.m.

This meeting will be webcast.

ORDER OF ITEMS IS SUBJECT TO CHANGE

1. Call to Order / Roll Call

2. Introduction and Swearing in of New Board Member

3. Pursuant to Government Code Section 11126(e)(1), the Board will meet in closed session to confer with its legal counsel regarding the following litigation: *Schlie, et al. v. Medical Board of California, et al.*, Superior Court of California, County of Sacramento, Case No. 05AS03244

4. Presentation of Physician Humanitarian Award

5. Public Comment on Items not on the Agenda
   Note: The Board 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)]

6. Approval of Minutes from the April 29-30, 2010 meeting

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.

7. 9:00 a.m. REGULATIONS – PUBLIC HEARING – Ms. Boyd and Ms. Scuri
   Abandonment of Application Files (16 CCR 1306) This proposal would replace obsolete, ambiguous terminology with concise language that establishes what actions are necessary on the part of an applicant to prevent his or her application from being deemed abandoned by the Board. This proposal would also require that applicants notify the Board of a change of address within thirty days.

8. Board Member Communications with Interested Parties – Ms. Yaroslavsky

9. President's Report - Ms. Yaroslavsky

10. Election of Officers

11. Executive Director's Report – Ms. Whitney
    A. Budget Overview
    B. Staffing Update
    C. Strategic Plan: Consideration of 2011 Update
    D. Potential Board Meeting Dates for 2011
    E. Bureau of State Audits Evaluation

12. Board Evaluation Presentation and Discussion – Mr. Zerunyan, Dr. Salomonson, Mr. Frank

13. Legislation – Ms. Simoes
    A. Status of Regulatory Action – Mr. Schunke
    B. 2010 Legislation

14. Health Care Reform Presentation – Ms. Boughton

15. Discussion of MBC/UC Davis Telemedicine Pilot Program – Dr. Nuovo and Mr. Schunke

16. Licensing Outreach Report – Mr. Schunke

17. Update on Governor's Job Creation Initiative – Ms. Whitney

18. Licensing Chief's Report – Ms. Whitney

19. Special Faculty Permit Review Committee Appointment - Ms. Taylor

20. Discussion on Midwifery Barriers to Care – Dr. Haskins and Ms. Ehrlich

21. Approval of Bastyr University Midwifery Program – Ms. Scuri and Ms. Thompson

22. Update on Special Task Force on International Medical School Recognition – Dr. Low
    A. American University of Antigua – Dr. Nuovo
    B. Ross University / Bahamas

23. Enforcement Committee Update and Consideration of Committee Recommendations – Dr. Low

24. Enforcement Chief's Report – Ms. Threadgill
    A. Approval of Orders Following Completion of Probation, Orders Issuing Public Letter of Reprimand, and Orders for License Surrender During Probation
    B. Expert Utilization Report
    C. Enforcement Program Update
    D. Consumer Protection Enforcement Initiative (CPEI)

25. Vertical Enforcement Program Report – Ms. Threadgill and Mr. Ramirez

26. Licensing Committee Update and Consideration of Committee Recommendations – Dr. Salomonson

27. Physician Responsibility in the Supervision of Affiliated Health Care Professionals Advisory Committee Update – Dr. Moran

28. Wellness Committee Update – Dr. Duruisseau

29. Physician Assistant Committee Update – Dr. Low and Ms. Portman

30. Federation of State Medical Boards Update - Ms. Chang and Ms. Yaroslavsky

31. Department of Consumer Affairs Update – Ms. Kirchmeyer

32. Agenda Items for November 4-5, 2010 Meeting in Long Beach, CA

33. 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 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.

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Executive Office

Medical Board of California
Hearing Room
2005 Evergreen Street
Sacramento, CA 95815
916-263-2389

July 29-30, 2010

MINUTES

Agenda Item 1 Call to Order/ Roll Call
Ms. Yaroslavsky called the meeting of the Medical Board of California (Board) to order on July 29, 2010 at 8:10 a.m. A quorum was present and notice had been sent to interested parties.

Members Present:
Barbara Yaroslavsky, President
Hedy Chang, Secretary
John Chin, M.D.
Shelton Duruisseau, Ph.D.
Eric Esrailian, M.D.
Gary Gitnick, M.D.
Sharon Levine, M.D.
Mary Lynn Moran, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.

Members Absent:
Jorge Carreon, M.D.
Frank V. Zerunyan, J.D., Vice President

Staff Present:
Fayne Boyd, Licensing Manager
Susan Cady, Enforcement Manager
Candis Cohen, Public Information Officer
Kurt Heppler, Legal Counsel
Teri Hunley, Business Services Manager
Ross Locke, Business Services Office
Regina Rao, Business Services Office
Anita Scuri, Department of Consumer Affairs, Supervising Legal Counsel
Jennifer Simoes, Chief of Legislation

Laura Sweet, Deputy Chief of Enforcement
Kathryn Taylor, Licensing Manager
Cheryl Thompson, Executive Assistant
Renee Threadgill, Chief of Enforcement
Linda Whitney, Executive Director
Paulette Romero, Central Complaint Unit Manager
Valerie Moore, Discipline Coordination Unit Manager
Letitia Robinson, Licensing Manager
Arlene Kryzinski, Discipline Coordination Unit

Members of the Audience:

Peter Bell, M.D., American University of Antigua
Teri Boughton, California Health Care Foundation
Claudia Breglia, California Association of Midwives
Yvonne Choong, California Medical Association (CMA)
Zennie Coughlin, Kaiser Permanente
Frank Cuny, California Citizens for Health Freedom
Merv Dymally, Member of the Public
Karen Ehrlich, L.M., Midwifery Advisory Council (MAC) Member
Julie D'Angelo Fellmeth, Center for Public Interest Law (CPIL)
Ben Frank, Benjamin Frank, LLC
Beth Grivett, P.A., California Academy of Physician Assistants
Ruth Haskins, M.D., Midwifery Advisory Council (MAC) Member
Alice Huffman, National Association for the Advancement of Colored People (NAACP)
Kimberly Kirchmeyer, Department of Consumer Affairs
Roberto Moya, Deputy Attorney General
Jagbir Nagra, M.D., American University of Antigua
James Nuovo, M.D., UC Davis
Alberto Perez, Deputy Attorney General
Elberta Portman, Executive Officer, Physician Assistant Committee
Carlos Ramirez, Senior Assistant Attorney General
Leonard A. Scalfani, American University of Antigua
Rehan Sheikh, Member of the Public
John Toth, M.D., California Citizens for Health Freedom
Richard Pan , M.D., Communities and Physicians Together Program

Agenda Item 2 Introduction and Swearing in of New Board Member

Ms. Yaroslavsky introduced and administered the Oath of Office to new Board Member, Dr. Eric Esrailian, a physician from UCLA who was appointed by the Governor on June 9, 2010.

CLOSED SESSION

Agenda Item 3 ***Schlie, et al. v. Medical Board of California, et al.*, Superior Court of California, County of Sacramento, Case No. 05AS03244**

OPEN SESSION

Agenda Item 4 Presentation of Physician Humanitarian Award
Ms. Yaroslavsky presented the Physician Humanitarian Award to Dr. Richard Pan in recognition of his commitment and contribution to the health and wellbeing of California's children. Dr. Pan is a leading child health advocate, medical educator, and health care reform activist focused on bringing community and health care organizations together. He is board certified in pediatrics and has a Masters degree in Public Health. Dr. Pan is the Founder and Director of the Communities and Physicians Together Program which teaches young pediatricians to gain a broader perspective about patients by understanding their home environment and community and places physicians in disadvantaged communities to promote population-based health. He has served as a medical consultant for the Sacramento City Unified School District since 2003, providing in-service training to school nurses and advocates for adequate school nursing staff in public schools.

Dr Pan accepted his award and thanked the Board for honoring his work.

Agenda Item 5 Public Comment on Items Not on the Agenda
Frank Cuny, California Citizens for Health Freedom, complimented the Board for its history of dealing with physicians' rights to practice non-conventional medicine. He expressed his hope that the Board would consider and support the integrative treatment of cancer in any future legislation.

Agenda Item 6 Approval of Minutes from the April 29-30, 2010 Meeting
Dr. Gitnick moved to approve the minutes from the April 29-30, 2010 meeting; s/Chang; motion carried.

Agenda Item 7 REGULATIONS – PUBLIC
Ms. Yaroslavsky opened the public hearing on the proposed regulations to amend Section 1306 of Title 16 of the California Code of Regulations as described in the notice published in the California Regulatory Notice Register and sent by mail to those on the Board's mailing list. For the record, Ms. Yaroslavsky stated the date was July 30, 2010; the hearing began at approximately 9:10 a.m.

Ms. Scuri explained the proposal would amend the regulation related to the abandonment of applications to keep it current and useful. Specifically, this rulemaking will replace obsolete, ambiguous terminology with concise language that establishes what actions are necessary on the part of an applicant to prevent his or her application from being deemed abandoned by the Board. The proposal would also require that applicants notify the Board of a change of address within 30 days. Ms. Scuri noted a minor amendment to the lettering values within the regulation.

No written comments were received by the July 26, 2010 deadline. No oral testimony was offered during the public hearing. Ms. Yaroslavsky closed the hearing.

Dr. Levine made a motion to adopt the proposed changes to the regulations as amended; s/Moran; motion carried.

Agenda Item 8 Board Member Communications with Interested Parties

Ms. Yaroslavsky reported that she met with the City of Hope's medical director, president and chief executive officer and government relations team regarding their move to a medical foundation model from their existing model. She also met with Senator Gil Cedillo on the Board's opposition to SB 1410, which would remove the limitation that an applicant for licensure must pass Step III of the USMLE within four attempts; no conclusions were reached. On July 13, 2010 Ms. Yaroslavsky participated in a conference call with the DCA Director, Brian Stiger, his deputies, and other healing arts board presidents and executive directors. Items discussed included a budget update, federal health care reform, licensing reform, regulations, DCA-sponsored training for board members, and uniform standards for diversion programs. These calls will be held on a monthly basis; if Ms. Yaroslavsky is unable to participate, the vice president or other Board member will take her place.

Agenda Item 9 President's Report

Ms. Yaroslavsky reported the Education Committee met on July 29, 2010. Four physician experts addressed the Committee on the subject of educating both physicians and the public on hepatitis. All physician experts agreed more education on this topic is necessary. The Committee will follow up to determine appropriate actions for the Board at its next meeting.

Ms. Yaroslavsky acknowledged Debbie Nelson, Public Information Analyst, for creating the newly revised and published "Guides to Laws Affecting Physician Practice". Newly licensed physicians are mailed a copy of the booklet, which provides a practical guide on how to follow the law.

Ms. Yaroslavsky expressed the Board's appreciation for the many years of service of Dr. Gary Gitnick, whose term on the Board ends on this date. Dr. Gitnick was appointed to the Board's Division of Licensing in April 2000. In addition to serving as the President of the Division of Licensing, Dr. Gitnick has served on numerous committees over the past 10 years and as President of the Full Board from 2002 to 2003. He has consistently upheld public protection as the Board's number one priority. Dr. Gitnick was instrumental in increasing the amount of information the Board provides to the public on its licensees, and is also credited with the creation and support of the Steven Thompson Loan Repayment Program, which provides an economic incentive for newly licensed physicians to practice in underserved areas. Ms. Yaroslavsky presented Dr. Gitnick with a plaque from fellow Board members and staff as a token of gratitude for his many valuable contributions.

Dr. Gitnick thanked the Board and staff for their hard work. He provided an overview of the responsibilities and challenges of being a Board member and recapped some of the issues the Board has faced and accomplishments during his tenure. Dr. Gitnick concluded by offering suggestions for the future, including the need to establish a media relations committee and a legislative relations committee. He also suggested developing a merit-based appointment system for Board members, working more closely with the California Medical Association, having regular, objective audits of the Board's performance, and extending the term for the president of the Board to two years.

Agenda Item 10 Election of Officers

Ms. Yaroslavsky noted the Board voted at the July 29, 2009 meeting to change the date it holds its election of officers from the last meeting of the calendar year to its July meeting. The Board also voted that the newly elected officers officially enter these positions at the conclusion of the July meeting.

Dr. Gitnick nominated Barbara Yaroslavsky for the position of President; s/Salomonson. There were no other nominations. Ms. Yaroslavsky was elected as President of the Board by unanimous vote.

Ms. Chang nominated Frank Zerunyan for the position of Vice President; s/Salomonson. There were no other nominations. Mr. Zerunyan was elected as Vice President of the Board by unanimous vote.

Dr. Salomonson nominated Hedy Chang for the position of Secretary; s/Levine. There were no other nominations. Ms. Chang was elected as Secretary by unanimous vote.

Agenda Item 11 Executive Director's Report

A. Budget Overview

Ms. Whitney directed members to the Analysis of Fund Condition of the Board located on page 139 in their packets. She noted FY 2009-10 is projected to have a 5.8 month balance in reserve at the end of the year; this is primarily due to reductions in staff salaries.

Under expenditures, the 2009/10 Budget Change Proposals (BCPs) for Probation Monitoring were approved and staff was added, but no funding was received. Hence, the funding for Probation Monitoring, which is an on-going function of the Board, was absorbed within the budget.

Operation Safe Medicine (OSM) was a two-year 2009/10 BCP that was approved with no associated funding; staff was added. The Board was asked to return with a proposed augmentation to its budget to request the continuation of the OSM program; a request has been submitted and is reflected in the proposed 2011/12 budget.

Additional augmentation requests are for the BreEZe Project (integrated licensing and enforcement computer system), Licensing Support (Web Applicant Access System/Scanning of documents), and increasing the number of District Medical Consultants (classified as temporary help) in order to expedite the investigation process. Ms. Whitney has met with the Budget Subcommittee to review these items. These augmentations will impact the fund reserve, hence, no proposal has been submitted to reduce fees at this time.

B. Staffing Update

Ms. Whitney reported the vacancy rate remains low in the Enforcement Program. The first round of interviews has been completed for the vacant Chief of Licensing position; Ms. Whitney expects to have the position filled by the end of August. All licensing review staff positions have been filled or individuals identified for hire. Vacancies exist in the Executive Office. The Deputy Director position will remain vacant in order to address required salary savings.

C. Strategic Plan: Consideration of 2011 Update

Ms. Whitney reported she will provide a plan for the timing of the 2011 Strategic Plan Update at the November 2010 meeting. The Department has offered to provide assistance in developing the plan through its SOLID Division. Ms. Whitney will work with Ms. Yaroslavsky to establish a committee to work on the update.

D. Potential Board Meeting Dates for 2011

Ms. Whitney directed Members to the proposed meeting dates and locations for 2011 located on page 148 of their packets. Ms. Yaroslavsky requested that Members email Ms. Whitney with their availability and preferences for the proposed dates.

E. Bureau of State Audits Evaluation

A review of the Board's licensing function was recently completed and a Board evaluation with a specific focus is currently being conducted by Ben Frank. As recommended by Dr. Gitnick at the April 2010 meeting, Ms. Whitney would like to continue to pursue an overall review of the Board which is similar to that which is performed by the Bureau of State Audits for the State Bar. She will bring forward suggestions on how this might be implemented and what should be systematically assessed at the November 2010 meeting with the assistance of the Board president and a medical consultant.

Ms. Whitney provided a copy of the Executive Order from the Governor's Office to close state offices, including the Medical Board, on the second, third, and fourth Friday of each month, effective August 2010.

*****Due to timing for invited guests to provide their presentations, the agenda items below are listed in the order they were presented.***

Agenda Item 14 Health Care Reform Presentation

Teri Boughton, Senior Program Officer, Health Reform and Public Program Initiative, delivered a presentation on the Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010 (Affordable Care Act or ACA). She noted there are three components of the health reform: health insurance reform, Medicaid Program changes, and MediCare Program changes.

The bill promised to expand coverage to 32 million individuals by 2019. In California, up to two-thirds of its uninsured could be covered. The cost would be $938 billion dollars over 10 years at the same time reducing the federal deficit by $124 billion dollars. Ms. Boughton provided an overview of the provisions of the bill, including the requirement that all Americans have health coverage (with limited exceptions), that health benefit exchanges be created to provide options for the purchase of insurance and to administer subsidies, and that Medicaid (MediCal in California) undergo major expansions. Maintenance of Effort requirements are imposed on states so that programs such as Healthy Families cannot be reduced; this adds to California's budget challenges. Increases in MediCal payments to primary care providers are required; the incremental increase will be federally financed for FY 2013/14. Insurers cannot institute pre-existing condition requirements and are limited on the rates they are allowed to

charge. There are also new requirements for employers. Children may remain on their parents' health insurance policies up to age 26. There are changes in the tax code to enforce the individual mandates and help pay for the subsidies and program expansion.

Ms. Chang asked how the shortage of physicians will be addressed with the addition of so many previously uninsured individuals into the medical system, specifically within California. Ms. Boughton agreed this will present a challenge, particularly in the short term. Possible solutions being contemplated include using providers such as physician assistants and nurse practitioners (with supervision) to perform some of the primary care duties and utilizing telemedicine, particularly in underserved communities. Dr. Duruisseau stated the Board should be proactive in considering the impact these issues will have on the Board's role and operations.

Agenda Item 13 Legislation

A. Status of Regulatory Action

Ms. Whitney directed Members to the Status of Pending Regulations on page 150 of their packets. She noted the Disciplinary Guidelines have been withdrawn due to concerns over some materials in the regulation packet that the consultant at the Office of Administrative Law wanted to discuss. Staff and legal counsel will be working with the consultant on the regulations during the first week of August in order to address these concerns so they can be resubmitted within the timeframe set by law.

B. 2010 Legislation

Ms. Simoes referred Members to the Legislative Packet.

- **AB 1767** (Hill) Enforcement: expert reviewers – DCA requested clarifying amendments to this Board-sponsored bill. Language was added to extend the sunset date of the two members of the Health Professions Education Foundation for five years until January 1, 2016. The bill is currently on the Senate Floor. No problems are anticipated.

- **SB 1489** (B&P Committee) Omnibus – This bill includes amendments that are technical in nature. The bill will be heard in the Assembly Appropriations Committee next week.

- **AB 2600** (Ma) Continuing Education Requirements – Ms. Chang requested a discussion on this bill, which would require the Board to consider including a continuing education course in the diagnosis and treatment of hepatitis. The Board previously took a neutral position on this bill. While acknowledging Ms. Chang's concerns over hepatitis education, Ms. Yaroslavsky recommended that the Board not change its position to begin mandating continuing medical education (CME) credit. She stated the Board should actively participate in "getting the word out" on hepatitis diagnosis and treatment, possibly through the Education or Access to Care Committee.

  Dr. Levine agreed with Ms. Yaroslavsky, noting there is no evidence that CME changes behavior. She felt it becomes a matter of compliance only and creates a false sense of confidence that an issue has been adequately addressed. Dr. Levine stated a broader and more thorough approach to create awareness and demand for better information on the part of patients and physicians would be more effective.

- **AB 2386** (Gilmore) Armed Forces: Medical Personnel – This bill would allow non-military hospitals to enter into an agreement with the Armed Forces to authorize a physician, physician assistant (PA), or registered nurse (RN) to provide medical care in the hospital under specified conditions. The physician would have to hold a valid license in good standing in another state. In addition, the medical care must be provided as a part of a training or educational program designed to promote combat readiness. The agreement must comply with federal law. The bill contains consumer protection provisions and also requires the physician to register with the Board. Staff suggests a neutral position on the bill.

  Ms. Chang made a motion to take a neutral position on AB 2386; motion was seconded and carried.

- **AB 2699** (Bass) Healing Arts: Licensure Exemption – This bill would exempt specified health care practitioners, who are licensed and certified in other states, from California state licensure for the purpose of providing voluntary health care services to uninsured and underinsured Californians on a short-term basis and in association with a sponsoring entity that complies with specified requirements. Practitioners would be required to register with the respective board in advance of these events. Staff recommends a position of "neutral if amended" to include oversight of the registration of the sponsoring entities under one organization instead of with each individual board, replace the word "revoke" with "rescind", limit the sponsoring entities to non-profit entities and require that they disclose that some health care practitioners may not be licensed in California.

  The bill may be substantially amended in the Senate Appropriations Committee next week. These amendments include changing it from a registration program to an authorization program where the practitioners would be *authorized* to practice without a license, require the respective boards to collect more information, and charge a fee for processing the forms. Regulations and fees would be set by each individual board or bureau. Staff is particularly concerned with the authorization component of the proposed amendments.

  Ms. Scuri raised legal concerns over enforcement logistics and the ability to obtain patient records. She noted there is no time limitation on the number of events per year that an individual could participate in. Further, she stated it would be better if it were clear that there was *no* payment to the practitioners, as "volunteer" can be loosely interpreted.

  Various Members voiced their opposition to the bill.

  Dr. Levine made a motion to oppose AB 2699; s/Salomonson; motion carried.

- **SB 294 (Negrete McLeod) DCA: Regulatory Boards – Sunset Dates**
  This bill changes the sunset review dates on various DCA regulatory boards and bureaus, including the Medical Board. The Board's sunset date would change from 2013 to 2014. No position is necessary.

Agenda Item 23 Enforcement Committee Update and Consideration of Committee Recommendations

Dr. Low reported the Enforcement Committee met on July 29, 2010. The Committee recommends that the Full Board adopt the following as the vision statement for the Enforcement Committee:

The Enforcement Committee will act as an expert resource and advisory body to members of the Medical Board and its enforcement program by educating board members and the public on enforcement processes and by identifying program improvements in order to enhance protection of health care consumers.

Dr. Low made a motion that the Board adopt this vision statement for the Enforcement Committee; s/Levine.

Ms. Yaroslavsky suggested removing the word "expert" from the statement.

Dr. Low amended his motion to accept this change; s/Salomonson; motion carried.

The Committee also received an update on the progress of the Expert Reviewer training program. UC Davis Medical School has offered their state of the art training facilities for the Board's use. Staff is preparing an agenda for the training program that will take place in the spring of 2011. Dr. Low believes this training will help standardize expert review throughout the state.

Dr. Low reported the Committee heard a training presentation on the Enforcement Program to help understand the division of responsibilities between the enforcement operations in the field and the investigation components of the program. The next training presentation will focus on the Probation Monitoring Section and how the terms and conditions of probation are implemented.

Dr. William Norcross made a presentation to the Committee on the Physician Assessment and Clinical Education Program (PACE) through UC San Diego, including the results of its 2007 program audit, how the recommendations were implemented, and a program status report. Dr. Low reported the Enforcement Program determines whether other clinical assessment programs are comparable to PACE.

Agenda Item 26 Licensing Committee Update and Consideration of Committee Recommendations

Dr. Salomonson reported the Licensing Committee met on July 29, 2010. The Committee voted to recommend that the Board direct staff to schedule a public hearing for the November 5, 2010 Board meeting to adopt regulations for a limited practice license.

Dr. Salomonson made a motion to accept the Committee's recommendation and set the limited practice license matter for regulatory hearing at the November 2010 meeting; s/Chang; motion carried.

The Committee also voted to recommend that the Board direct staff to schedule a public hearing for the November 2010 Board meeting to adopt regulations for polysomnographic technologists.

Ms. Chang made a motion to accept the Committee's recommendation and set the polysomnographic technologists matter for regulatory hearing at the November 2010 meeting; s/Levine; motion carried.

Other items discussed by the Committee included processing times for physician and surgeon applications and the primary recommendations from the Business Process Re-engineering Study (BPR). Ms. Whitney provided an update on the feasibility of a Licensing Program audit. Kathryn Taylor gave an update on the training program for new licensing staff and Breanne Humphreys discussed the possibility of adding a photograph to the wallet ID card and/or to the Board's online physician profiles for license verification purposes. Future agenda items include the regulatory issues regarding the limited practice license and polysomnographic technologists.

Agenda Item 28 Wellness Committee Update

Dr. Duruisseau stated 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, as healthy physicians, they can 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. Last winter, the Committee created and published an online survey that was sent to the members of the California Hospital Association, the California Association of Physician Groups, and the California Medical Association, inviting them to identify their wellness practices and resources. The results of the survey were presented at the January 2010 Board meeting. The survey revealed that, while many of California's larger hospitals and physician groups have already established successful wellbeing committees, many other hospitals have struggled to make such a program operational. Using the results of the survey, the Committee will host a meeting in Sacramento on August 17, 2010 to start developing a "best practices" model for wellness committees which can be used by other entities. Dr. Duruisseau noted he would present the outcomes from this meeting at the November 2010 Board meeting.

Agenda Item 29 Physician Assistant Committee Update

Dr. Low introduced Elberta Portman, Executive Officer of the Physician Assistant Committee (PAC). Ms. Portman thanked the Members and Ms. Whitney for their support of the PAC. Dr. Low reported that at the July 26, 2010 PAC meeting, Ms. Portman briefed the Committee on the status of the Consumer Protection Enforcement Initiative (CPEI) and implementation of uniform standards under SB 1441. Improvements to the enforcement program continue to be implemented, which have resulted in reduced timelines. Criminal and arrest documents are now directly forwarded to the AG's Office. The Committee continued to report all disciplinary actions, including denials, to the National Practitioner Data Bank (NPDB). For the past year, the Committee has checked the data bank or NPDB for all applicants applying for licensure.

New continuing medical education (CME) regulations were approved by the Office of Administrative Law on June 12, 2010. Physician assistants must now complete 50 hours of CME every two years or may maintain certification through the National Commission for Certification of Physician Assistants. A notice has been sent to all licensees and information posted on the Board's web site regarding these new requirements.

The PAC also received approval for amending the Citation-and-Fine Program. The list of specific laws and regulations for which the Committee may issue a citation was deleted; the PAC may now issue a citation-and-fine for any violation of the Medical Practice Act.

Proposed legislative changes include changing the name of the PAC to the Physician Assistant Board. The Committee has directed staff to work with the Department's Legislative Unit to seek an author to include the Committee in the reporting requirements under Business and Professions Code 800 series; staff will then work with the author to implement changing the Committee to a board. This should not affect the relationship the Committee has with the Medical Board.

The next PAC meeting will be held on October 21, 2010.

Ms. Portman provided a brief overview of the PAC, reporting they have approximately 7,500 licensees. Roughly 58 new physician assistants (PAs) are licensed each month. PAs were originally created to assist physicians in underserved communities; they now work in all areas of the state in hospitals and clinics. With the implementation of Health Care Reform, continued growth is expected. The Pas' scope of practice allows them, with a Delegation of Services Agreement, to perform any procedure that their supervising physician allows and that they have been trained to do, including opening and closing for surgeries.

Agenda Item 30 Federation of State Medical Boards Update

Ms. Chang, who serves on the Federation of State Medical Boards (FSMB) Executive Committee, reported Dr. Salomonson serves on the Education Committee, Ms. Yaroslavsky on the Bylaws Committee, and Dr. Moran on the Nominating Committee. Ms. Chang reported the Maintenance of Licensure (MOL) is the most important issue currently being addressed by FSMB. There are three phases to implementation: Phase I will address CME issues, ensuring that all required CME be practice related; Phase II will address assessment; and Phase III will involve patient and use evaluation. Physicians with specialty board certification will be considered to have met MOL requirements.

Ms. Chang reported she was elected to the FSMB Foundation Board. The Foundation undertakes educational and scientific research projects designed to expand public and medical professional knowledge and awareness of challenges impacting health care and health care regulation.

Agenda Item 27 Physician Responsibility in the Supervision of Affiliated Health Care Professionals Advisory Committee Update

Dr. Moran reported the Committee met on June 23, 2010 in Sacramento. The goal of the Committee is to discuss under what circumstances it is appropriate to delegate the performance of procedures and if it is legal or appropriate to delegate to non-physicians the selection of patients and procedures and, if so, under what circumstances. Candis Cohen will replace Janie Cordray, who recently retired, as the staff member assigned to the Committee. During the recent meeting, the Committee heard from many professional organizations including the Northern California Aesthetic Nurses Association, the American Society of Dermatologic Surgery, the California Society of Facial Plastic Surgery, the American Academy of Facial Plastic and Reconstructive Surgery, California Society of Plastic Surgeons, California Academy of Physician Assistants, California Academy of Cosmetic Surgery, and American Nurses Association. Their

interests and opinions were all represented at the meeting. Discussion was broad, ranging from supervision to training and education of physicians and the mid-level practitioners they supervise, pending legislation, and more. This was primarily an information gathering meeting with no action items agendized.

A date has not yet been set for the next meeting, but discussion is planned on the enforcement of existing laws and regulations and ways to improve some of these laws/regulations, if necessary. Staff will consult with legal counsel, the Board of Registered Nursing, the Board's Enforcement Program, and other interested parties.

Agenda Item 16 Licensing Outreach Report
Ms. Whitney reported Mr. Schunke spends a considerable amount of time doing outreach and education at teaching hospitals and post-graduate training programs. His outreach provides a valuable service to prospective licensees and training programs. Dr. Gitnick praised Mr. Schunke for the work he performs.

Agenda Item 17 Update on Governor's Job Creation Initiative
Ms. Whitney directed Members to the summary of expenditures on the Governor's Job Creation Initiative located at Tab 17 in their packets. In March 2010, the Governor initiated a job creation initiative that allowed boards to spend additional temporary help monies funded out of the operation expenses held in reserve in order to ensure pending license application review time and pending mail review times were cut in half. The overtime in the summary represents staff coming in on weekends and working 10 hours per day to ensure the Governor's initiative was met. The temporary help represents putting into place the 7.8 positions earlier than the July 1, 2010 authorization date. This was a true team effort and shows great commitment from staff. The goals of the initiative were met with application review time reduced to 45 days and pending mail review time also reduced.

Agenda Item 18 Licensing Chief's Report
Ms. Whitney directed Members to page 169 of the packet for workload data for the end of the fiscal year. She thanked the Information Services Branch and recognized Natalie Lowe for her consistent and reliable work in producing these reports. Future reports will include a breakdown of the initial review pending data comparing the US/Canadian applications and international applications. Since international medical school graduates must request documents from out of the country, their applications often take longer before they are complete. Staff would like to analyze this data as it may not be effective to aim for a 45-day review period if every review results in a letter of deficiency. In the meantime, 45 days remains the review goal. Pending mail review times continue to drop with a goal of having all incoming mail reviewed within one week or sooner.

Agenda Item 19 Special Faculty Permit Review Committee Appointment
As required by Section 2168.1(c) of the B&P Code, a Special Faculty Permit Review Committee was established by the Board to review and make recommendations regarding applicants for a special faculty permit. This permit is a special classification of license that allows California medical schools to recruit top ranked medical professionals that are eminent in their fields but that may not qualify for licensure in California; the permit allows the physician to practice only at

the medical school. The physician can renew his/her permit just as a physician with a regular license can. Currently, there are approximately 16 individuals in the state holding such a permit. The Committee is comprised of two members of the Board (one physician member and one public member) and one representative from each of the medical schools in California. Members of the Committee evaluate the qualifications of the applicant.

Kathryn Taylor, Licensing Program Manager, reported the Keck School of Medicine at the University of Southern California has nominated Dr. Frank R. Sinatra to replace the school's current representative.

Dr. Gitnick made a motion to approve Dr. Sinatra's nomination to the Special Faculty Permit Review Committee; s/Chang; motion carried.

Agenda Item 21 Approval of Bastyr University Midwifery Program
Cheryl Thompson, Midwifery Licensing Analyst, reported in 1994 the Seattle School of Midwifery (SMS) was approved by the Board as a three-year midwifery education program meeting the qualifications required by the B&P Code and Title 16 of the California Code of Regulations. On March 23, 2010, SMS merged with Bastyr University. The program, now known as the Bastyr University Department of Midwifery Program, is identical to the one offered by SMS that was previously approved by the Board. The SMS has been accredited by the Midwifery Education Accreditation Council (MEAC) since 1996. When the change of ownership was approved by MEAC, accreditation was conveyed to the new Department of Midwifery at Bastyr University. Board staff recommends granting recognition to the Bastyr University Midwifery Program with retroactivity to June 2010 when the first class graduated from Bastyr instead of SMS.

Ms. Chang made a motion to approve the Bastyr University Department of Midwifery Program with retroactivity to June 2010; s/Levine.

During public comment, Frank Cuny, California Citizens for Health Freedom, urged support for the motion.

Ms. Yaroslavsky called for the vote; motion carried.

Agenda Item 15 Discussion of MBC/UC Davis Telemedicine Pilot Program
Ms. Yaroslavsky stated in 2007, AB 329 (Nakanishi) authorized the Board to establish a pilot program to expand the practice of telemedicine in California. The purpose of the pilot is to develop methods using telemedicine to deliver health care to persons with chronic diseases. The pilot also will develop information on best practices for chronic disease management services and techniques and other health care information as deemed appropriate. The bill required the Board to report to the Legislature with findings and recommendations within one calendar year after the commencement date of the pilot. Ms. Yaroslavsky directed Members to tab 15 in their packets for the First Annual Report to the Legislature. The two subsequent Annual Reports will evaluate the effectiveness of the pilot. The final report in the summer of 2012 will include a summary of the pilot and evidence-based recommendations.

Dr. James Nuovo, UC Davis, is the principle investigator of the team guiding the project. Dr. Nuovo provided a summary of the pilot's milestones and accomplishments during the first year. The project represents the combined effort of the Board, UC Davis' Chronic Disease Management Program, Center for Health and Technology, and Center for Health Care Policy and Research. The pilot focused on developing a telemedicine model for the provision of modern diabetes self-management education and training classes for patients with diabetes living in a 33-county area of rural, underserved communities in northern and central California. The pilot has shown the importance of intervention and health coaching in preventing exacerbations of chronic illness and supporting lifestyle and behavior change. Site recruitment issues were discussed by Project Manager Glee Van Loon, R.D.

Tom Balsbaugh, M.D., project consultant for provider education, discussed the chronic care model (a team-oriented, evidence-based model that emphasizes self-management support) and continuous quality improvement as the foundations of the pilot's efforts in education. Discussions on telemedicine and other topics such as diabetes self-management tools, initiating insulin, practice redesign for improved chronic disease care, etc. are planned to be held during lunches at the various practice locations; some will be offered online. CME credit is planned for attending these sessions.

Bridget Levich, MSN, Director of Chronic Disease Management at UC Davis, serves as the educational advisor for the health coaches. She reported their educators work with patients through tele-video classes to empower them to take charge of and manage their chronic conditions. Gisela Escalera and Jennifer Fernandez, health coaches, discussed their role in recruiting, teaching, and working with patients.

Dr. Gitnick suggested that the pilot team contact the Health Professions Education Foundation to discuss ways the two programs might work together to address care to underserved communities.

Dr. Levine asked about the metrics that would be used to evaluate the impact of the intervention. Dr. Nuovo noted the pilot has both quantitative and qualitative methods for evaluating whether or not the intervention is effective.

Dr. Low asked if telemedicine is truly a cost effective modality that would work without third-party funding, given that both the primary physician and consulting telemedicine physician charge for their services and the costs associated with supporting the technology. Dr. Nuovo acknowledged the challenges given the way the current health care system works. He suggested telemedicine might need to be part of an initiative or health care reform package. Costs will be one of the outcomes measured in the pilot. Dr. Low suggested regular Webcasting might be effective for the education component without having to set up a telemedicine network. He asked if private industry could set up telemedicine to make it cost effective and self-supporting. Dr. Nuovo indicated this would be a topic to reflect on after assessing the outcomes from the pilot.

Dr. Levine echoed Dr. Low's comments. She noted the Center for Connected Health in Sacramento is working on a model statute for telehealth, looking at the issues of reimbursement, the scope of telemedicine, and obstacles that currently exist for more rapid deployment of the

telemedicine modality. Dr. Levine noted the real savings may exist in other applications of a telemedicine model of care delivery to augment, amplify, and support rather than replace the doctor's office face-to-face visit.

Agenda Item 22 Update on Special Task Force on International Medical School Recognition

Dr. Low reported the Task Force has been effective in improving review timelines. Six schools have submitted applications for recognition by the Board. He directed Members to tab 22 in the packets for a status on each of the applications. New medical consultants have been recruited to address the shortage of reviewers.

A. American University of Antigua

Dr. Nuovo, Professor and Associate Dean of Graduate Medical Education and Student Affairs at UC Davis, presented a summary of his assessment of the application from the University of Antigua College of Medicine (AUA) to determine if the medical education received at the school meets the requirements of the current California statutes and regulations for recognition by the Medical Board. Dr. Nuovo recommended that, in order to determine whether the school is in substantial compliance with the aforementioned statutes and regulations, the Board consider a site visit of the school. A site inspection of the campus and a representative sample of clinical sites will permit a review of records, a discussion of issues with school and hospital administrators, faculty, and students to assess the structure and content. This will allow a site team to assess the issues brought forth in the review including patient census data, the volume and nature of the experience for students, the impact of other trainees at the clinical training sites among others issues. Dr. Nuovo referenced his report for details of his initial evaluation and noted that this was a *preliminary* report and does not include information provided to the Board on July 21, 2010 by AUA as he has just received this material. If the Board eventually moves to approve the school, there will have to be a determination of retroactivity in terms of which students are approved or not. He concluded by stating the standards being used in his evaluation of AUA were not any higher than those used to evaluate other international schools or LCME accredited schools; the evaluation is based strictly on the current statues and regulations.

Dr. Low thanked Dr. Nuovo for his work and thorough assessment of the school.

Dr. Low made a motion to direct staff to set up a site visit, if deemed necessary, after Dr. Nuovo's review of the additional materials received on July 20, 2010 so the Board can move forward with AUA's application for recognition; s/Esrailian.

During public comment, Leonard Sclafani, Vice President and General Counsel of AUA, stated that, in some cases, he believes AUA is being held to a higher standard than other LCME schools. He said he has seen many of the Board's recommendations and approvals of schools in Eastern Europe where no site visits were done, no hospital integration was done, and no visit to the hospitals was conducted. Mr. Sclafani announced that in January, AUA is proceeding to change their curriculum from a 16-week per quarter type curriculum to a 20-week per semester curriculum. Additionally, they will be using a two–semester system during the course of the year (instead of a three-semester system) to provide a better opportunity for students to gather the same essential material, but in a longer period of time. These sorts of changes are being made in

order to accommodate the comments, feedback, and data that the school receives on the performance of their students. He concluded by stating he believes that AUA has demonstrated through the submitted material sufficient information from which the Board can conclude that no site visit is necessary. Nevertheless, AUA would welcome a visit by the Board to their campus and hospitals in order to ensure that they are fully qualified.

Jagbir Nagra, Executive Dean, and Dr. Peter Bell, Executive Clinical Dean and Vice President of Academic Development, also offered public comment welcoming the Board to conduct a site visit of AUA.

Dr. Low amended his motion to authorize the Executive Director and Medical Consultant to set up a fiscally responsible site visit, if deemed necessary, after the Medical Consultant's review of all requested information so the Board can move forward with AUA's application for recognition; s/Esrailian; motion carried.

Agenda Item 20 Discussion on Midwifery Barriers to Care

Ruth Haskins, M.D., member of the Midwifery Advisory Council, provided an overview of barriers to care as reported by midwives that limit their ability to care for their clients. The obstacles include issues such as difficulty in securing diagnostic lab accounts, registering homebirths with the local County Registrar, obtaining syringes, IV equipment, oxygen, and necessary injectible medications, and more. The Committee requested permission from the Board to investigate these barriers and develop possible solutions.

Dr. Levine made a motion to authorize the Midwifery Advisory Council to form a Task Force to review the various barriers to care and develop possible solutions; the motion was seconded and carried.

Agenda Item 12 Board Evaluation Presentation and Discussion

Ben Frank reported that in July 2009 the Board authorized the Executive Director to undertake an evaluation of the Medical Board's programs. Mr. Frank's firm was contracted to conduct the assessment, which began in November 2009. A draft final report was delivered to Board management in July 2010. The purpose of the study was to review the Board's organizational and management structures and core programs to identify strengths and weaknesses of current operations and develop recommendations for improvements. The scope of the project also encompassed a review and analysis of the sufficiency of fees, the value of services provided by external agencies and contractors, and identification of functions that could possibly be eliminated to enable redirection of resources to more critical functions. A survey was disseminated to Members to assess the Board's governing structure; however, a sufficient number of completed surveys were not returned by the end of June to enable development of any findings, conclusions, or recommendations in this area.

With respect to the sufficiency of the Board's licensing fees and fund reserves, results show that within two to three years the Board's reserves are likely to decrease to a level equivalent to less than four months of operating expenditures. Consequently, an adjustment to fees is not supported at this time.

Only a limited review of the Licensing Program was conducted since the Business Process Reengineering (BPR) Study, which provided a detailed examination and recommendations for the licensing function, was completed earlier this year. The BPR study recommended increasing the number of authorized, permanent licensing positions from 26 to 41 positions. If fully implemented, this would result in a 33 percent increase in Licensing Program staffing. Eight new licensing positions were approved earlier this year and are presently being filled; these new positions fully restored positions lost earlier in the decade and, once filled, will exceed the total number of positions authorized for the Licensing Program at any point in the past decade by 10 to 20 percent. However, during this period, the Licensing Program's workload grew by approximately ten percent. His analysis supports the need for the previously authorized eight positions, but does not support the BPR's recommendation to seek an additional seven positions. Further, the BPR's recommendation to upgrade two of the three office technician positions and eliminate all student assistants would shift clerical and administrative support workload to higher level staff. Although the BPR's recommendation to increase the number of Licensing Program manager positions is supported, the creation of an Assistant Chief of Licensing is not supported. In summary, the results of Mr. Frank's analysis do not support increases in Licensing Program staffing at this time.

The principle focus of the report has been on the Board's Enforcement Program. A preliminary diagnostic review of the Boards' expenditures and Enforcement Program performance over the past five years was conducted. The results indicated that subsequent to implementation of Vertical Enforcement during 2006, costs for legal services provided by the Attorney General (AG) escalated rapidly, while other legal service costs declined. Concurrently, the number of cases referred for investigation, completed investigations referred for prosecution, accusations filed, stipulated settlements and proposed decisions submitted, and disciplinary actions all declined. Additionally, the average lapsed time to complete an investigation increased while the average lapsed time to complete prosecutions decreased. Given the amount of funding utilized for legal services provided by the AG's Office, currently more than one million dollars per month, and these performance trends, it was jointly determined that the primary focus of the assessment should be on: 1) identifying and assessing the impacts of Vertical Enforcement on the Enforcement Program, 2) identifying and assessing the benefits provided from the increased expenditures for Vertical Enforcement-related legal services, 3) identifying and assessing other factors contributing to the deteriorating Enforcement Program performance, and 4) developing Enforcement Program improvement plans.

To support the assessment, interviews were conducted with staff in the Central Complaint Unit, staff at six of the Board's District Offices, and representatives of the AG's Office in Sacramento, San Francisco, Los Angeles and San Diego. Board staff produced several dozen sets of statistical data pertaining to intake, screening, investigation and prosecution of complaints, disciplinary outcomes and numerous other related activities and events. Data was also provided by the AG's Health Quality Enforcement Section, including data on attorney time charges for investigation and prosecution-related services. Overall, the results of the assessment show that Vertical Enforcement has been implemented very differently in different geographic regions of the state with significantly different impacts in terms of cost effectiveness, service levels, and outcomes achieved. These differences provide an opportunity to identify best practices, reverse the deterioration in performance that has already occurred, and enhance consumer protection by

instituting a more uniform and effective statewide approach to investigating and prosecuting complaints. The geographic comparison and analysis have been difficult and complex; results are currently being reviewed with Board management and recommendations are being refined. The draft report should be submitted soon to the Board Evaluation Subcommittee. The Subcommittee will most likely require several weeks to complete their review. It is anticipated that the final report to the Full Board will occur at the November 2010 meeting.

Ms. Yaroslavsky inquired about any analysis that had been done on the necessary number of members on the Board in order to do the work it has been charged with. Mr. Frank noted this has not been specifically addressed, but added that, historically, the number of physician members on the Board is the lowest it has ever been in at least the past 20 years. Member input on this issue was not considered due to the low number of surveys returned to date.

Dr. Salomonson remarked that it was her impression from the BPR study that the volume of applications had increased more than 10 percent and that an increased proportion was due to international applications which take significantly more time and effort to process. She felt this factor was important to include in any analysis and conclusions that were to be drawn. Mr. Frank indicated his analysis of the Licensing Program was not detailed.

Ms. Yaroslavsky acknowledged the recent retirement of Janie Cordray, Board Research Specialist, who has been the staff person with oversight responsibilities for this evaluation report.. Ms. Cordray has worked in state service since 1974 and for the Board since 1991. She has served the Board in various capacities and has been a highly valued resource and contributor for the past 19 years. Ms. Yaroslavsky extended the Board's thanks for her hard work and dedication and presented her with the state's retirement gift and a framed resolution.

Agenda Item 24 Enforcement Chief's Report

A. Approval of Orders Restoring License Following Satisfactory Completion of Probation, Orders Issuing Public Letter of Reprimand, and Orders for License Surrender During Probation.

Ms. Threadgill requested approval of 12 orders to restore licenses following satisfactory completion of probation and five orders for surrender of license during probation or an administrative action .

Dr. Moran made the motion to approve the orders; s/Duruisseau; motion carried.

B. Expert Utilization Report

Ms. Threadgill directed members to page 183 of the packets for a chart reflecting the use of experts by specialty during the past quarter. The number of experts in the Board's database has increased to 1,161 since the last quarter.

C. Enforcement Program Update

The Enforcement Program has an overall vacancy rate of approximately 9 percent; this number is reduced to 5 percent if vacant positions with identified candidates moving through the selection process are removed. The interview process has been refined to identify candidates most likely to commit and stay with the program, rather than move on to other opportunities.

The staff in the Central Complaint Unit, although short staffed, stepped up and covered their unit with no loss in productivity. Ms. Threadgill made special mention of Ramona Carrasco, Sharlene Smith, Fred Holbrook, Mike Ginni, Keith DeGeorge and Christina Haydon for their efforts.

The Discipline Coordination Unit processed 95 pleadings and 91 Decisions and Orders during the past quarter. The Operation Safe Medicine Unit (OSM) and the former Diamond Bar Office have relocated to the San Dimas Office location. OSM recently seized more than $100,000 of contraband contact lenses and participated in the arrest of nine unlicensed individuals who were illegally selling them. All of the cases were filed with the District Attorney or City Attorney. This was a significant coup for public protection in light of the growing fad stemming from a "Lady Gaga" video.

The Office of Standards and Training (OST) is currently working on a variety of projects that will benefit the district investigative staff, including a statewide investigator training conference planned for October 2010. In addition, a new evidence policy and database for tracking evidence is almost complete and background investigations are being completed in record time.

The "Aged Case Council" concept continues to be effective. Since implementing this concept the overall case age average has been reduced by 25 days.

There was an overwhelming response to the recent advertisement for Medical Consultants that appeared in our Newsletter. Ms. Threadgill expects an abundant number of well-qualified physicians for the vacancies in Tustin, Fresno, and San Jose.

The Department has obtained a biological fluid testing contract that is in addition to the testing contract the Board has obtained. This affords the maximum amount of flexibility for the probationers who are subject to this condition of probation.

D. Consumer Protection Enforcement Initiative (CPEI)

The Consumer Protection Enforcement Initiative (CPEI) is sponsored by the Department. As a result of this initiative, it is likely that the Board will gain 22 additional, non-sworn enforcement positions to assist in reducing the time it takes from receipt of a complaint through the prosecution.

Ms. Kirchmeyer, Deputy Director of Board Relations, Department of Consumer Affairs, reported the Department has obtained approval for 140 CPEI positions overall for all of the healing arts boards. The Department is asking the boards to begin the recruitment process for filling these positions. DCA has begun to gather information and statistics on performance measurements including cycle time, volume of complaints, costs, customer service and probation monitoring. These measurements will be posted on each board's web site beginning in October 2010. The BCP for the BreEZe Project was approved and is moving forward. Ms. Kirchmeyer noted SB 1111, the legislation that carried many of the changes the Department was hoping to make in the enforcement process, was defeated. The Department is asking the boards to move forward with regulations to implement any of the provisions from SB 1111 that they can. Since many of the proposals in the bill were based on the Medical Board's existing practices, there are a limited number that the Board will need to address.

Ms. Threadgill directed Members to page 191 of the packets for a chart reflecting how the 22 CPEI positions will be utilized (note: the chart does not show the Probation Unit). These positions will be used in the upfront process to handle cases that do not require investigation by sworn investigative staff. The goal is to reduce the number of cases assigned to sworn investigative staff, thereby reserving this resource to focus on the most complex cases, and to limit the number of individuals who handle a complaint in the Complaint Unit. With the additional positions, the analyst will be able to take a complaint from beginning through the determination whether to close or refer to the field. Reducing the number of times a complaint is passed off should result in a time savings. Of the 22 anticipated positions, four are based on allied health workload. Ms. Threadgill has contacted these boards and committees to discuss how they envision implementing these positions.

Agenda Item 25 Vertical Enforcement Program Report

Carlos Ramirez, Senior Assistant Attorney General, reported the Health Quality Enforcement Section has continued to work with Enforcement Program staff on ways to expedite obtaining medical records and fine-tuning methods used in other aspects of investigation.

Agenda Item 31 Department of Consumer Affairs Update

Ms. Kirchmeyer provided an update on projects the Department is working on. The DCA is encouraging boards to implement the uniform standards contained in SB 1441. SB 1172, which includes the legislation needed to implement some of these standards, is still moving forward; there may be regulations and policy implementations resulting from this bill. The DCA is asking the boards to review these guidelines and move forward with the regulatory process.

Ms. Whitney noted the Board is not moving forward with any additional regulatory changes regarding SB 1441 until the outcome of SB 1172 is determined.

The Department will begin holding meetings to discuss the impact of Health Care Reform on the various boards' licensing and enforcement processes. As mentioned in Ms. Boughton's presentation, approximately eight million new individuals will enter the health care system. The DCA is requesting that the boards begin to put this topic as a standing item on their agendas. Ms. Kirchmeyer thanked the Board for being on top of this issue.

The DCA is beginning a project to address licensing reform in order to license individuals in a timely manner so they can join the workforce. Phase I, which is the gathering of statistics for current processes, has begun. Beginning September 8, 2010, monthly reports will be given to the State and Consumer Services Agency (SCSA) on each board's licensing statistics. Data will include the number of applications pending at the beginning of each month, how many applications were approved, withdrawn or denied, and the number pending at the end of each month. Phase II will involve the establishment of performance measurements. Since licensing processes vary considerable from board to board, this process may be more individualized with boards setting their own targets within the performance measurements. Laws and regulations will also be examined to see if there are changes necessary to streamline the licensing process. Best practices will also be identified.

Ms. Yaroslavsky asked for an update on Cooperative Personnel Service's review of the Department's Human Resources section. Ms. Kirchmeyer indicated the Department is undergoing a contracted review of its human resources area and its personnel staff in order to address problems that have been identified. Evaluations are currently being collected from the various boards. Ms. Kirchmeyer said she would check on the status and report back to the Board.

Agenda Item 32 Agenda Items for November 4-5, 2010 Meeting in Long Beach, CA
Dr. Moran requested a discussion on the void created by the termination of the Diversion Program, in that, currently, there is no way to ensure rehabilitation of physicians and simultaneously protect the public.

Ms. Yaroslavsky thanked staff for their hard work on the Board's behalf and in service to the people of California.

Agenda Item 22 Adjournment
There being no further business, the meeting was adjourned at 2:00 p.m.

Barbara Yaroslavsky, President

Hedy Chang, Secretary

Linda K. Whitney, Executive Director