MEDICAL BOARD OF CALIFORNIA
Executive Office

MEMBERS OF THE COMMITTEE

Gerrie Schipske, Chair
Hedy Chang
Jorge Carreon, M.D.
Shelton Duruisseau, Ph.D.
Barbara Yaroslavsky
Frank V. Zerunyan

ACCESS TO CARE COMMITTEE MEETING

May 5, 2011

Sheraton Gateway
Gateway Room
6101 West Century Blvd.
Los Angeles, CA 90045
310-642-1111 (directions only)

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

AGENDA

3:30 p.m. – 4:30 p.m.
(or until completion 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. 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)]
3. Approval of Minutes of the October 29, 2009 Meeting
4. Approval of Minutes of the January 28, 2010 Meeting
5. Presentations and Discussion of Collaborative Practice Models in Medicine –
   - Eric Davydov, M.D., Facey Medical Group
   - Paula Verdette, M.D., Huntington Hospital
6. Agenda Items for July 28-29, 2011 Meeting in Sacramento
7. Adjournment

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

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815 (916) 263-2389 Fax: (916) 263-2387 www.mbc.ca.gov

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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MEDICAL BOARD OF CALIFORNIA
Executive Office

Access to Care Committee
Marriott Courtyard – San Diego Airport / Liberty Station
2592 Laning Road
San Diego, CA 92106
October 29, 2009

MINUTES

DRAFT

Agenda Item 1. Call to Order

Dr. Gitnick called the meeting to order at 3:35 pm. Roll was taken; all members were present. Notice had been sent to all interested parties.

Members present:
- Gary Gitnick, M.D., Chair
- Hedy Chang
- Shelton Duruisseau, Ph.D.
- Gerrie Schipske, R.N.P., J.D.
- Frank V. Zerunyan, J.D.
- Barbara Yaroslavsky

Staff present:
- Kim Kirchmeyer, Deputy Director
- Linda K. Whitney, Chief of Legislation
- Kevin A. Schunke, Committee Manager
- Candis Cohen, Public Information Officer
- Janie Cordray, Research Manager
- Abbie French, Telemedicine/Special Projects Manager
- Kurt Heppler, Legal Counsel
- Ross Locke, Business Services Staff
- Kelly Nelson, Legislative Analyst
- Pat Park, Licensing Analyst
- Debbie Pellegrini, Chief of Licensing
- Paulette Romero, Associate Analyst

Members of the Public:
- Julie D'Angelo Fellmuth, CPIL
- Betsy Couch, CPIL
- Brett Michelin, CMA
- James Hay, M.D., CMA
- Yvonne Choong, CMA
- Bill Barnaby Sr., The Doctors Company
- Bill Barnaby Jr., The Doctors Company
- Peter Kezirian, CAP

Agenda Item 2. Approval of Minutes of January 29, 2009 meeting

The minutes of the January 29, 2009 meeting were considered. Motion/second/carried Chang/Duruisseau to approve as written.

Agenda Item 3. Discussion on AB 329 – Telemedicine Pilot Program – Ms. French and Dr. Nuovo.

Abbie French, Telemedicine and Special Projects Manager, Medical Board of California (MBC), reported AB 329 Telemedicine Pilot Program was launched July 2009. The MBC is partnering with University of California Davis (UCD) in a three-year program in response to AB 329. AB 329 authorized the Board to establish pilot program to expand the practice of telemedicine for patients with chronic illnesses. The pilot will improve diabetes care management resources for patients and primary care physicians in rural, underserved communities in Northern California.

Ms. French reported the evaluation plan and method application was submitted to the Internal Review Board (IRB). The IRB approval staff is reviewing the application and is expected to have the IRB back to the Board the week of November 2, 2009. The English health coach has been recruited and has already begun training with the education supervisor. UCD has one possible candidate for the bilingual educator and a second interview is pending. If a candidate is not selected, the position will be reposted and the interview process will continue until the right candidate is identified.

The team has drafted the site selection questionnaire that will be sent out to the sites who respond favorably to email solicitation and want to work with the pilot program. Staff has drafted the outline of a curriculum and is waiting for health coaches to come on board for additional suggestions.

James Nuovo, M.D., gave a Power Point presentation detailing how the telemedicine pilot program will work. In short, health professionals need to offer patients a number of options and allow the patient to choose their own treatment plan to achieve a health behavior change. We will use health coaches to teach the practice sites that participate in our pilot how to be a more proactive team, how to develop registries, and how to use coaching tools. We will test this model and use education via telemedicine at a few practice sites by the use of teleconference technology to interact with patients. Our goal is to reach as many telemedicine sites as possible and interface with well over 1,000 patients during this time. We will look at outcomes such as blood pressure, diabetes, and depression. We will find out if practices and patients are interested in this form of communication and we will summarize the findings. In addition, we will conduct CME programs and assist physicians in using these techniques and decision tools for their own practice.

Several questions came from the committee after Dr. Nuovo's presentation in regards to the telemedicine pilot program. Dr. Nuovo confirmed that the pilot program is ready to go and will most likely be rolled out at the beginning of the year. Progress is being made, sites are being identified, one health coach has been hired and the other is in the process of being hired, and education modules are complete. Overall, the idea is to use the practice sites to identify appropriate patients for this program and show the sites how to encourage their patients to participate. In addition, the concept is to educate and assist these practice sites in adopting and implementing this new model of care that they can carry forward on their own.

Agenda Item 4. Update on Interested Parties Meeting – Study on Malpractice Insurance for Physicians Offering Voluntary Unpaid Services (AB 2342) - Ms. French

At the January 2009 Board Meeting, we were directed by this committee and the full Board to convene an Interested Parties meeting to discuss the Report on Malpractice Insurance for Physicians Providing Voluntary Unpaid Services. AB 2324 added B&P Code section 2023 requiring the Medical Board of California to study the issue of providing medical malpractice insurance for physicians and surgeons who provide voluntary unpaid services as specified: to indigent patients and medically underserved or critical need population areas of the state and to report its findings to the Legislature.

The Malpractice Study Interested Parties Meeting was held on September 2, 2009 and had a very good turnout. The meeting allowed the stakeholders to hear directly from the report writer, other stakeholders, and ask questions on ways we can move forward on this issue. Overall, stakeholders were interested in protecting physicians who want to volunteer in medically underserved areas in our state, and they also commend the Medical Board for looking into this issue.

Ms French presented a summary of comments made at the Interested Parties meeting. See the Malpractice Interested Parties meeting minutes for more information (http://www.mbc.ca.gov/board/meetings/minutes_2009_09-02_malpractice_study.pdf).

Agenda Item 5. Discussion and Consideration of Future Steps on AB 2342 – Ms. French

The staff would like to recommend that this committee create a special advisory committee to discuss the report regarding Malpractice Insurance for Physicians Providing Voluntary Unpaid Services. This committee would determine if legislation is appropriate, and if so, develop language to propose to the Board in future meetings. The Board can determine if the drafted language can be Board-sponsored or passed onto a legislative member who could propose legislative language on the issue. Staff recommends that this committee establish a five to eight member advisory committee to address the issues and recommendations of the report.

Each member chosen should be available to meet in January 2010. This advisory committee is unable to meet sooner than January 2010 due to the backlog of physician applications in the licensing section. The Board suggests that the following parties select an individual to represent their business on the advisory committee:

- The Access to Care Committee, a public and physician member.
- Liability insurer
- California Medical Association
- California Hospital Association

Comments from the Committee: No comments.

Public Comments:

Ms. Choong with the California Medical Association (CMA) is in agreement with the Medical

Board's approach to this issue. CMA convened a conference with a number of entities to look into the issue in further detail and we have drafted proposed legislation. This proposed legislation is a representation of some stakeholders, but not all. CMA simply wants a solution that is good for the physicians. CMA also reviewed models from other states.

The draft legislation is proposed to remove barriers to care for volunteer physicians. Physicians can apply to the state and the state can approve and/or deny based on physician history. CMA would suggest that if a physician already has liability insurance to simply add the state insurance as secondary coverage. If the physician does not have coverage, then state coverage becomes primary. This program can be viewed as a contract with the physician in that services rendered are agreed upon between the clinic and physician and that services provided are in the physician's area of expertise. CMA does not view this program as being housed within the Medical Board as the Board is not in the business of reviewing claims. General funding for this program could be very difficult. Perhaps programs that benefit from this voluntary physician coverage could donate into the fund. CMA is very clear on one position and that is to not allow a fee to be added to the licensure fee for physicians.

Dr. Hay from CMA expressed how pleased he was with the appearance that the Medical Board's mission and CMA's mission mesh, the goal is to get care to the patients. Most states already provide coverage for volunteer physicians; therefore the need for this type of coverage is apparent. Dr. Hay is in charge of Project Access San Diego. In his discussions with physicians, he has yet to meet a physician who is not interested in volunteering. However, the physicians have a common issue and that is the issue of liability coverage. Those who have their own businesses and those who work for FQHCs have coverage, it is those physicians who have group coverage and/or are retired that this program will help. The risk is very low and there are now 50 Project Access programs. There is still a need for liability insurance, but it is minimal. CMA supports the idea of an advisory committee. CMA supports the recommendation from staff that an advisory committee be formed.

Mr. Michelin from CMA indicated that he would like to move forward with the legislation that they intend on proposing. They do not want to bypass any recommendations of this committee; however, they are committed to keeping this program legislation moving forward.

Mr. Zerunyan, a committee member, asked the CMA who they were referring to when they use the term "state" and who do they envision running the program? Has CMA considered using a model such as the Good Samaritan Law in writing legislation regarding Tort reform that may actually reduce the cost?

Mr. Michelin from CMA stated that he was aware of this and it is definitely an issue that is being looked at. Good Samaritan laws may not extend to a physician practicing in an organized manner and that is why many other states have separate laws for this issue. CMA has also discussed how and/or if the state can absorb the costs of this program.

Ms. Yaroslavsky, a committee member, stated that she is unclear as to why this would be housed in the Medical Board and directed by others. She indicated that she completely supports the idea of having insurance waived for volunteer doctors and she would like to see insurance companies pay for this coverage and fund it.

Ms. Whitney, who is the Chief of Legislation for the Board summarized the issues being

discussed and explained how this committee suggestion came about. After the advisory meeting on the malpractice study, Ms. French presented her proposal of how to move this program forward and presented her proposal to the Board. In the meantime, CMA has developed another proposal and Medical Board staff has not yet had time to review the CMA proposal and/or details. Ms. Whitney interprets CMA's comments to mean that they are moving forward, are not finished, but would like to continue working on the program. One issue is how long CMA could wait for the Board to make their recommendations so that it could be introduced during this legislative cycle.

Dr. Gitnick, a committee member, questioned if it was practical for a committee to be formed when its first meeting won't be until January 2010. Is it likely that the committee would be able to move forward on language by the end of February 2010? Ms. Whitney indicated that intent language can be submitted in February. However, by the middle to end of March, more details need to be submitted to the Legislature.

Mr. Michelin from CMA said he would prefer a group effort on this issue. If you wish to set up a committee, then CMA will work with that. CMA wishes to work with the committee. Their proposal was simply to encourage discussion and CMA is flexible in suggestions that may be made. Dr. Gitnick asked if the committee were to appoint a task force to meet with CMA to submit a place holder by February, would this meet CMAs concept of a group effort. Mr. Michelin answered "Yes".

Dr. Gitnick recommends to the Board that a task force be established that would include an invitation to our agency to participate in those discussions, but would also include the stakeholders listed in the report from staff. This task force will meet early in January 2010 and have a place holder in place by the end of February 2010, and will report back to the Board its recommendations. If the committee were to make that motion and pass it today, the Board could vote on it tomorrow.

Dr. Gitnick moves, Ms. Yaroslavsky seconds, moved by group consensus.

Agenda Item 6. Public Comment on Items not on the Agenda

None.

Agenda Item 7. Adjournment

The meeting was adjourned at 4:50 pm.

MEDICAL BOARD OF CALIFORNIA
Executive Office

Access to Care Committee
Embassy Suites - San Francisco Airport
150 Anza Blvd
Burlingame, CA 94010
January 28, 2010
MINUTES

DRAFT

Agenda Item 1. Call to Order

Dr. Gitnick called the meeting to order at 3:40 pm. Roll was taken and a quorum was present. Notice had been sent to all interested parties.

Members present:
- Gary Gitnick, M.D., Chair
- Hedy Chang
- Shelton Duruisseau, Ph.D.
- Barbara Yaroslavsky
- Frank V. Zerunyan, J.D.

Members absent:
- Gerrie Schipske, R.N.P., J.D.

Board Members, Staff and Guests Present:
- Armando Melendez, Business Services Office
- Barb Johnston, Executive Director
- 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 Nye, M.D., Alameda/Contra Costa Medical Association
- Greg Santiago, Dept. of Consumer Affairs
- Janet Salomonson, M.D., Board Member
- Jim Conway, Pacific Assistance Group
- Jim Hay, MD, California Medical Association
- Joy Mobley, 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 Whiney, Chief of Legislation
- Margaret Montgomery, Kaiser Permanente
- Nancy Peverini, Consumer Attorneys of California
- Paulette Romero, Manager, Central Complaint Unit
- Peter Moskowitz, M.D., Center for Professional and Personal Renewal
- Regina Rao, Business Services Office
- Rehan Sheikh, Member of the Public
- Renee Threadgill, Chief of Enforcement

Board Members, Staff and Guests Present (continued):

Ross Locke, Business Services Office
Sharon Levine, M.D., Board Member
Susan Thadani, Enforcement Program
Teri Hunley, Business Services Office
Thomas Schmitz, various East Bay free clinics
Yvonne Choong, California Medical Association

Agenda Item 2. Report and Discussion on the January 13, 2010 Meeting of the Malpractice Study Task Force – Mr. Zerunyan

Agenda Item 3. Discussion and Consideration of the Task Force's Recommendation to the Access to Care Committee; Possible Recommendation to Full Board – Mr. Zerunyan

[These two agenda items were discussed concurrently.]

Mr. Zerunyan summarized the history of AB 2342 (Nakanishi; Chap. 276, Stats. of 2006), which added Business and Professions Code section 2023 and required the Medical Board of California (Board) to study the issue of providing medical malpractice insurance for physicians and surgeons who provide voluntary unpaid services to medically underserved populations in California. The study was to include, but not be limited to, the cost and process of administering such a program, options for providing medical malpractice insurance and how the coverage could be funded.

Mr. Zerunyan summarized recent meetings on this issue:

On September 2, 2009, the Medical Board held a Malpractice Study Interested Parties meeting which allowed all interested stakeholders to hear directly from the report writer, ask questions, and give feedback on ways we can move forward with this issue. The minutes from that meeting are attached.

On October 29, 2009, staff was directed by the Access to Care Committee and the full Board to establish a Malpractice Study Task Force. The Task Force was asked to solicit public comments, discuss the issues and recommendations of the Malpractice Study, and to determine if legislation is appropriate. Individuals from the following groups would be selected to serve on the Task Force:

- Access to Care Committee – a public and a physician member
- Liability Insurers
- California Medical Association
- California Hospital Association

A meeting of the Task Force was convened in Los Angeles on January 13, 2010. Over twenty persons attended the meeting, including several physicians who provide volunteer services and representatives of clinics that would benefit from the services of volunteer physicians. After receiving public input from attendees, the Task Force members entered into an in-depth discussion of the various options presented (including programs administered in Arizona, Florida, and the state of Washington), not only considering the pros and cons, but also the viability of each in California.

On behalf of the Task Force, Mr. Zerunyan moved and Ms. Yaroslavsky seconded that the Access to Care Committee should adopt the Task Force's recommendation and recommend to the full Board, that the Medical Board sponsor or seek others with whom to co-sponsor legislation to enact a "State Actor-Sovereign Immunity" model similar to that which is used in Florida, a program under which a physician volunteer would be considered a state employee when providing uncompensated care. The Task Force also requests that interested parties share their supporting ideas and make their concerns known to the Board at the earliest opportunity, as to the following elements, which remain unresolved but need to be addressed in the final version of any legislation:

1. Funding
2. Administration of the proposed program
3. Operational issues
4. Claimant issues
5. Coverage

Dr. Thomas Schmitz, a member of the public, addressed the committee on behalf of several free clinics with which he is affiliated in the San Francisco East Bay. He indicated that he supported the model used in Florida, although he also pointed out that a similar program is used in Wisconsin, which offers coverage to about 800 or 900 health care providers – not just physicians, but also nurses and others.

Nancy Peverini, representing Consumer Attorneys of California, stated she did not support any system which provided a two-tier level of health care nor a two-tier level of malpractice/legal actions to which patients could avail themselves. She said that her organization supported the concept of a volunteer physician program so long as the remedies for all patients were equal.

Dr. Gitnick said he would speak more thoroughly to the full Board tomorrow, but he was aware that there were divergent thoughts about the difference in supposed levels of care for those who had adequate coverage versus underserved populations. He also stated his opinion that the state could decrease long-term costs by administering a program providing malpractice coverage for volunteer physicians instead of waiting until those patients might become more-seriously ill and the costs of a severe illness would need to be borne by a public assistance program.

Dr. Hay, representing the California Medical Association, said they supported the concept being discussed by the committee and they were already working on proposed legislation.

The motion carried.

Agenda Item 4. Public Comment on Items not on the Agenda

There was no discussion.

Agenda Item 5. Adjournment

M/S/C Dr. Duruisseau/Mr. Zerunyan to adjourn.

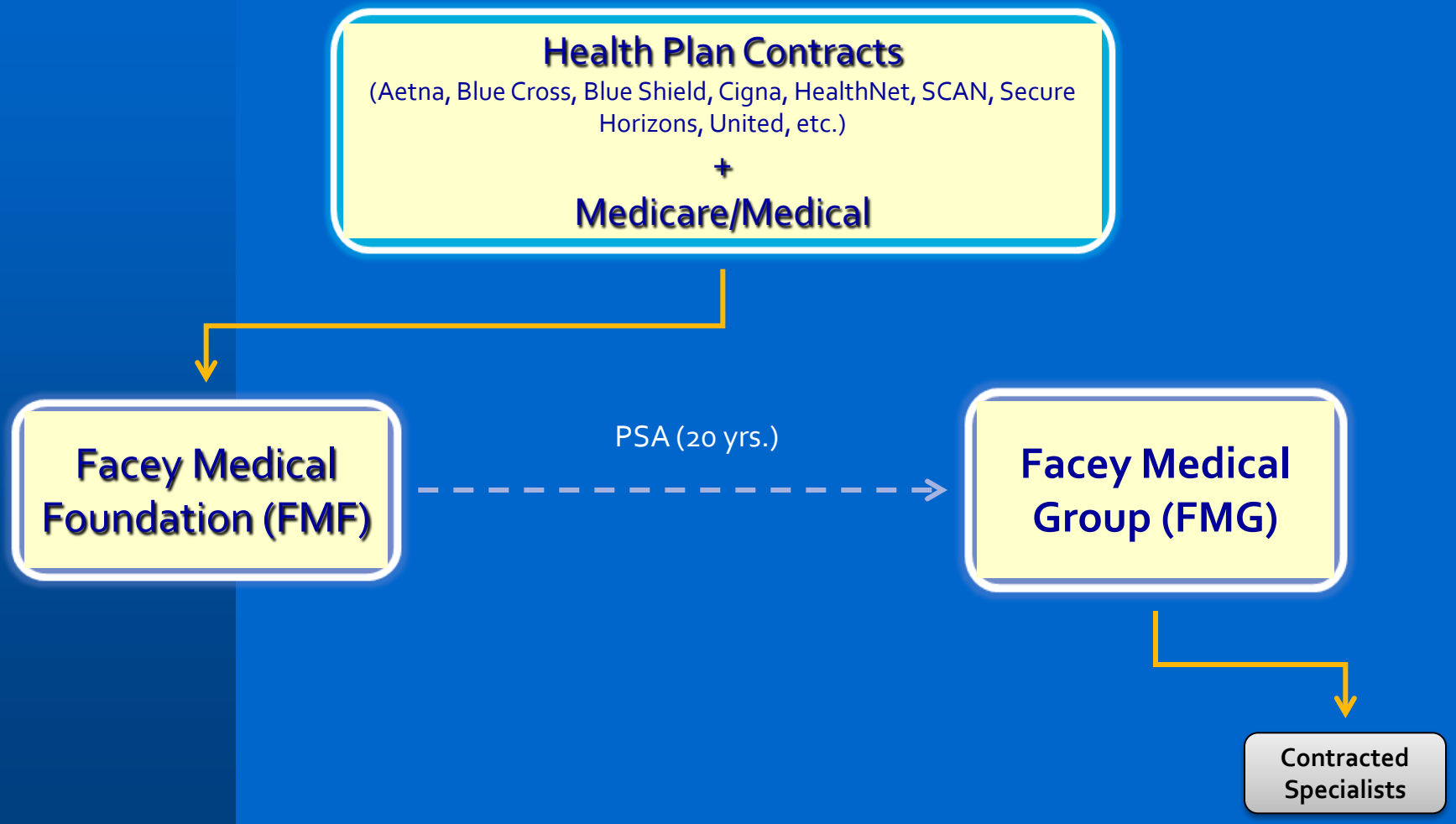
2005 Evergreen Street, Ste. 1200 Sacramento, CA 95815 (916) 263-2389 Fax (916) 263-2387 www.mbc.ca.gov

FACEY History – 88 years

- Dr. Frederick Facey began practicing medicine in the San Fernando Valley in 1923. Facey chose to hang his shingle on a small building on Brand Boulevard in San Fernando.

- What started as a small storefront practice became a career spanning 33 years of practicing medicine, ultimately resulting in what now exists as Facey Medical Group.

FACEY Enterprise Structure



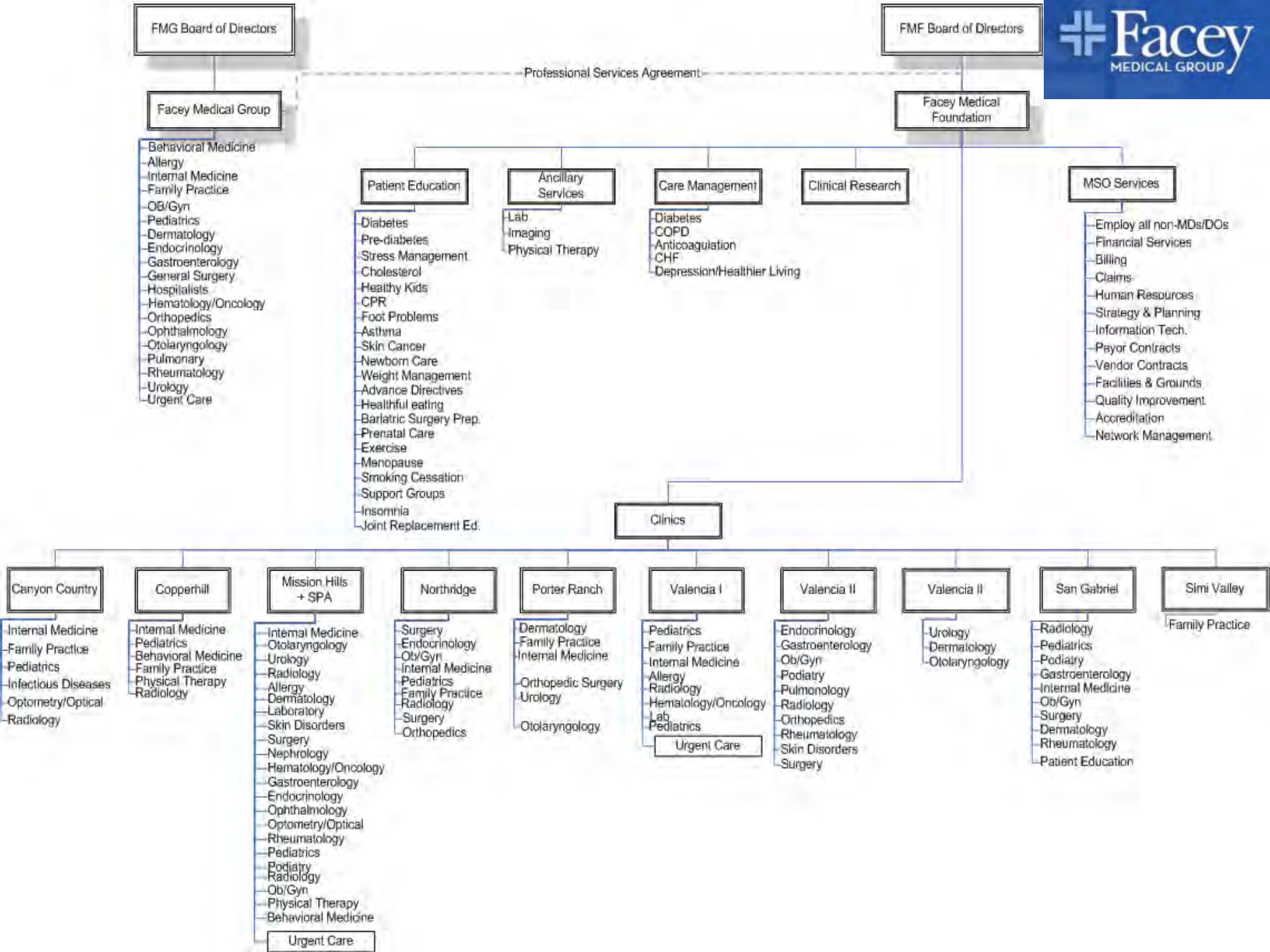
Facey: One Enterprise, Two Organizations

Facey Medical Group

- 88 years in practice
- Professional Corporation
- For Profit
- 155 employed physicians
- 11 clinics
- 3 regions
- Governance
  - 11 member Board of Directors

Facey Medical Foundation

- Not for profit
- $180M+ in annual revenues
- 620,000+ patient visits/yr
- 180,000 active patients
- 105,000 HMO enrollees
- 1000+ employees
- Governance
  - 10 member Board of Directors


Facey MEDICAL GROUP
FMG Board of Directors
FMF Board of Directors
Professional Services Agreement
Facey Medical Group
Behavioral Medicine
Allergy
Internal Medicine
Family Practice
OB/Gyn
Pediatrics
Dermatology
Endocrinology
Gastroenterology
General Surgery
Hospitalists
Hematology/Oncology
Orthopedics
Ophthalmology
Otolaryngology
Pulmonary
Rheumatology
Urology
Urgent Care
Facey Medical Foundation
Patient Education
Diabetes
Pre-diabetes
Stress Management
Cholesterol
Healthy Kids
CPR
Foot Problems
Asthma
Skin Cancer
Newborn Care
Weight Management
Advance Directives
Healthful eating
Bariatric Surgery Prep.
Prenatal Care
Exercise
Menopause
Smoking Cessation
Support Groups
Insomnia
Joint Replacement Ed.
Ancillary Services
Lab
Imaging
Physical Therapy
Care Management
Diabetes
COPD
Anticoagulation
CHF
Depression/Healthier Living
Clinical Research
MSO Services
Employ all non-MDs/DOs
Financial Services
Billing
Claims
Human Resources
Strategy & Planning
Information Tech.
Payor Contracts
Vendor Contracts
Facilities & Grounds
Quality Improvement
Accreditation
Network Management
Clinics
Canyon Country
Internal Medicine
Family Practice
Pediatrics
Infectious Diseases
Optometry/Optical
Radiology
Copperhill
Internal Medicine
Pediatrics
Behavioral Medicine
Family Practice
Physical Therapy
Radiology
Mission Hills + SPA
Internal Medicine
Otolaryngology
Urology
Radiology
Allergy
Dermatology
Laboratory
Skin Disorders
Surgery
Nephrology
Hematology/Oncology
Gastroenterology
Endocrinology
Ophthalmology
Optometry/Optical
Rheumatology
Pediatrics
Podiatry
Radiology
Ob/Gyn
Physical Therapy
Behavioral Medicine
Urgent Care
Northridge
Surgery
Endocrinology
Ob/Gyn
Internal Medicine
Pediatrics
Family Practice
Radiology
Surgery
Orthopedics
Porter Ranch
Dermatology
Family Practice
Internal Medicine
Orthopedic Surgery
Urology
Otolaryngology
Valencia I
Pediatrics
Family Practice
Internal Medicine
Allergy
Radiology
Hematology/Oncology
Lab
Pediatrics
Urgent Care
Valencia II
Endocrinology
Gastroenterology
Ob/Gyn
Podiatry
Pulmonology
Radiology
Orthopedics
Rheumatology
Skin Disorders
Surgery
Valencia II
Urology
Dermatology
Otolaryngology
San Gabriel
Radiology
Pediatrics
Podiatry
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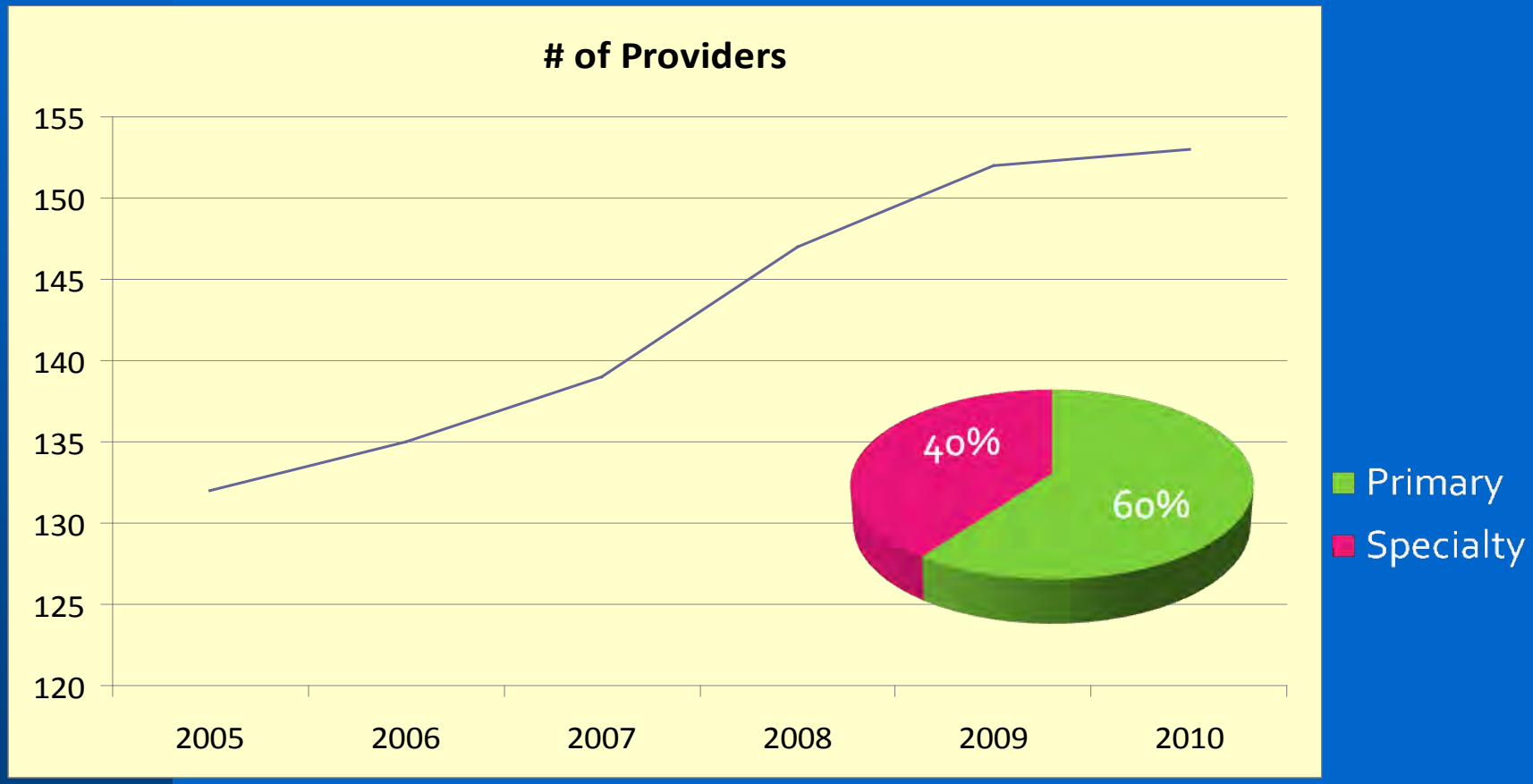
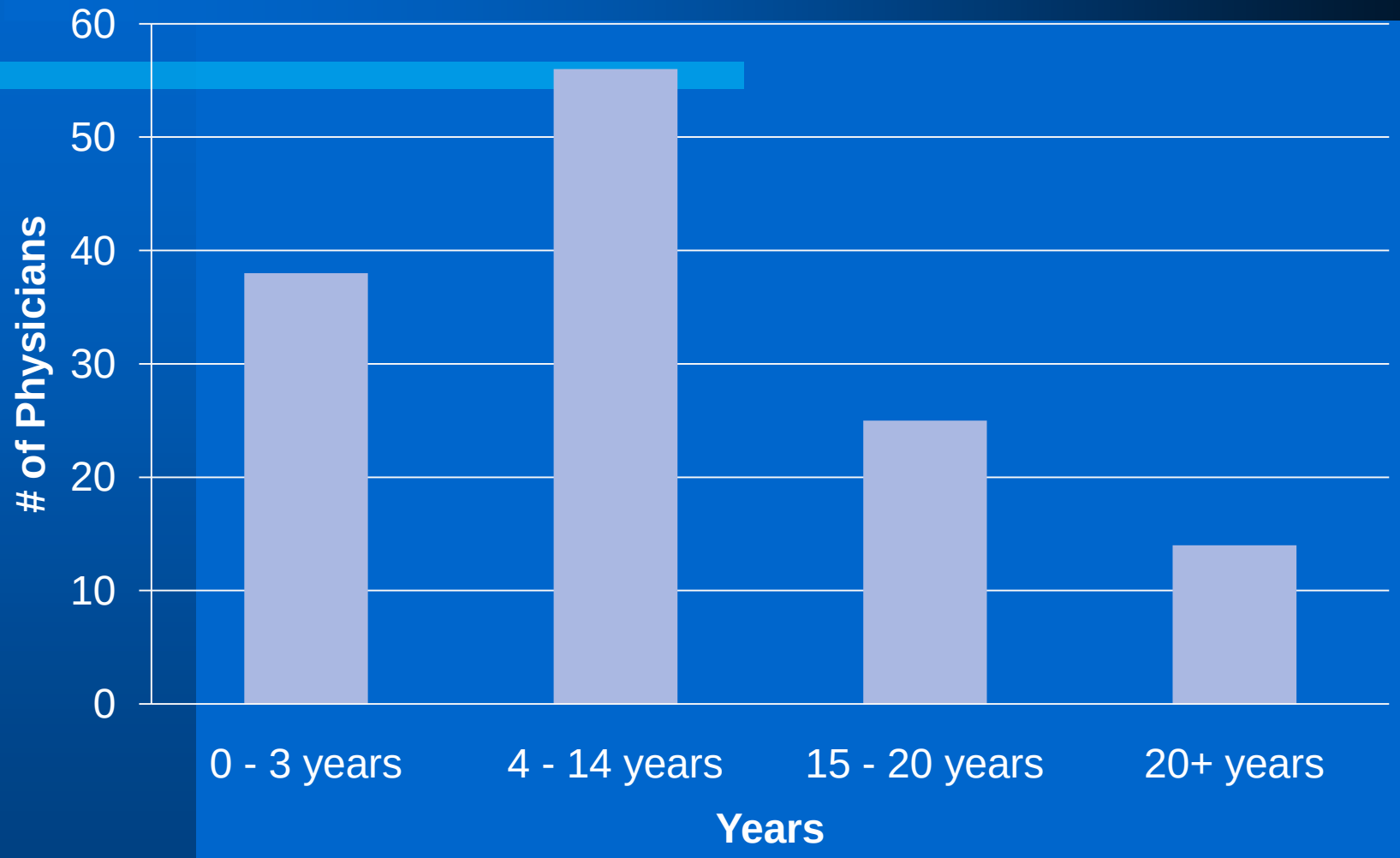
Internal Medicine
Ob/Gyn
Surgery
Dermatology
Rheumatology
Patient Education
Simi Valley
Family Practice

Provider Growth/Composition



Physician Distribution by Years in Group



FACEY NURSE PRACTITIONERS ROLES

Degree	Physician Type	Primary Specialty	Primary Clinic	Assignment
N.P.	AHP - Pediatrics	Nurse Practitioner - Peds	FMG - Mission Hills	Primary Care
N.P.	AHP - OBGYN	Nurse Practitioner - Ob/Gyn	FMG - Valencia II	Ob/GYN Care
N.P.	AHP - OBGYN	Nurse Practitioner - Ob/Gyn	FMG - Mission Hills	Ob/GYN Care
N.P.	AHP - OBGYN	Nurse Practitioner - Ob/Gyn	FMG - Valencia II	Ob/GYN Care
N.P.	AHP - OBGYN	Nurse Practitioner - Ob/Gyn	FMG - Valencia II	Ob/GYN Care
N.P.	AHP - Internal Med	Nurse Practitioner - Med	FMG - Mission Hills	Care Extender
N.P.	AHP - Internal Med	Nurse Practitioner - Fam Prac	FMG - Canyon Country	Care Extender
N.P.	AHP - Internal Med	Nurse Practitioner - Fam Prac	FMG - Valencia I	Care Extender
N.P.	AHP - Care Management	Nurse Practitioner - Care Mgmt	FMG - Sepulveda Annex	Coordinated Care Clinic
N.P.	AHP - Care Management	Nurse Practitioner - Care Mgmt	FMG - Sepulveda Annex	Coordinated Care Clinic
N.P.	AHP - Care Management	Nurse Practitioner - Care Mgmt	FMG - Sepulveda Annex	Anti-coagulation Clinic
N.P.	AHP - Care Management	Nurse Practitioner - Care Mgmt	FMG - Sepulveda Annex	Anti-coagulation Clinic

ROLE OF NURSE PRACTIONERS

"…evidence from short-term studies does suggest that the majority of traditional general practice can now be delivered by the nursing profession. However, the scope of general practice today has also evolved beyond the traditional model and the increased community disease burden is most effectively tackled by a multidisciplinary approach….) Elizabeth Woodruff, BJGP

TRADITIONAL OFFICE PRIMARY CARE

COLLABORATIVE PRACTICE

FACEY INITIAL APPROACH

Traditional Office Adult Medicine, Pediatrics, Ob/GYN

Greater autonomy, as defined by the state laws with the scope of practice and prescriptive authority.

Were acting as PCPs

Were likely to treat high-acuity patients.

FACEY TRANSITIONAL/EXPANSION STAGE

Expanding the # of specialties by adding NPs to the General Surgery, Dermatology, and Orthopedics

Expanding the pool of the extenders at the various locations

Continued support for the Coordinated Care Management

FACEY GOAL - Patient-Centered Medical Home (PCMH)

To create, as defined by NCQA, a health care setting that facilitates partnerships between individual patients, and their personal physicians, which is facilitated by registries, information technology, HIE and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

PAULA M. VERRETTE, M.D.
Huntington Hospital
100 West California Blvd., Pasadena, CA 91109
Work Phone: (626) 397-3800
Fax: (626) 397-2904

CURRICULUM VITAE

EDUCATION

June 1975	***Xavier University of New Orleans – BS*** New Orleans, Louisiana
June 1979	***Tulane University School of Medicine – MD*** New Orleans, Louisiana
June 1979	***USC-LAC Medical Center – Internship*** Los Angeles, California
July 1980	***USC – LAC Medical Center – Residency*** Los Angeles, California
July 1982	***USC-LAC Medical Center – Pediatric Chief Resident*** Los Angeles, California

PROFESSIONAL EXPERIENCE

January 2007 - Present	***Chief Medical Officer and Vice President, Quality and Performance Improvement*** Huntington Hospital, 100 W. California Blvd, Pasadena, CA 91109
January 2005 - Present	***Project Director, Healthy Eating Lifestyle Program (HELP - Diabetes)*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 2004 - Present	***Project Director, Healthy Eating Lifestyle Program (HELP - Obesity)*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1999 - Present	***Medical Director, Pasadena Community Asthma Program (PCAP)*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109

PAULA M. VERRETTE, M.D.

PAST PROFESSIONAL EXPERIENCE

January 2003 - December 2006	***Chief of Staff*** Huntington Hospital, 100 W. California Blvd, Pasadena, CA 91109
January 2001 - December 2002	***Chairperson: Quality Management Committee*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1998 - December 2007	***Pediatric Medical Director*** Community Health Alliance of Pasadena (CHAP) 1855 N. Fair Oaks Avenue, Pasadena, CA
March 1997 - December 2007	***Pediatric Consultant*** Pasadena Unified School District Pasadena, CA
November 1983 - January 2008	***Physician*** Pasadena Children's Medical Group 1145 East Green Street, Pasadena, CA
July 1997 - 2000	***Pediatric Medical Director, Huntington Urgent Care*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1997 - December 1998	***Chairperson: Department of Pediatrics*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1996 - December 1997	***Chairperson: Pediatric Credentials Committee*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109
January 1993 - December 1995	***Chairperson: Pediatric Quality Management Committee*** Huntington Hospital, 100 W. California Blvd., Pasadena, CA 91109

ACCOMPLISHMENTS

1996	L.A. Magazine, Best Doctors of Los Angeles
1998	Honoree, Huntington Circle Dinner
1999	YWCA – Women of the Year Award
1999	NOVA Award – American Hospital Association
2005	Local Legend Award - American Medical Women's Association
2007	Featured on the TODAY show – Healthy Eating Lifestyle Program

Huntington Hospital
Patient Partners Program

OUR MISSION - to excel at the delivery of health care to our community

OUR VALUES – Respect, Excellence, Integrity and Stewardship

OUR GOALS – improve:

- **Quality Through Operations**
- **Service Excellence with emphasis in Cardiology, Oncology and Neurosciences**
- **Strengthen Physician Relationships**
- **Deepen Community Connections**

Today Huntington Hospital is…..

- Huntington is a 635 bed community hospital, providing a full complement of medical services, and is the only ER in the City of Pasadena.

- Huntington has the only Level II Trauma Center, the only Pediatric Intensive Care Unit, and the only Regional Center Neonatal Intensive Care Unit in the San Gabriel Valley.

- Huntington is affiliated with the University of Southern California Keck School of Medicine for Graduate Medical Education

- Huntington employs over 3,200 people and has over 800 active and provisional Medical Staff

- Huntington's commitment to its community is evidenced by its community outreach programs in health education, free screening programs and Senior Care Network

An Average Day at Huntington Hospital

3 Traumas Daily

165 Emergency Room Visits
44 ER Admits

34 Surgeries (IP & OP)

Average Daily Census = 350
Daily Admissions = 75

4 Cath Lab Procedures

DMC Average
Daily Census = 26
(Behavioral Health
Services)

9 Babies are delivered

Quality

Establish Board Quality Committee – 2005

Adoption of Lean Six Sigma – 2006

Magnet Designation – 2010

US News Best Hospital

STEMI Center

Joint Commission:

- Primary Stroke Center - 2009
- Hip & Knee Certification - 2010

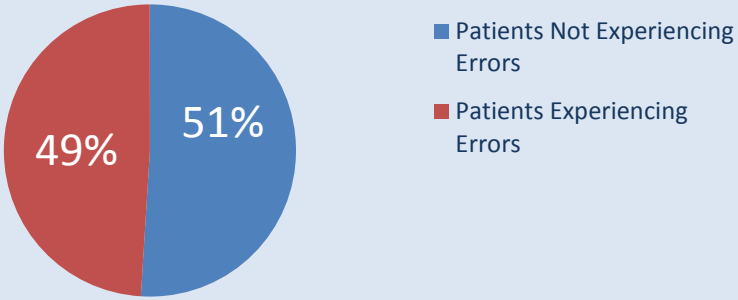
Huntington's Participation in Quality Programs

- Performance Improvement Teams
- Medical Staff Committees with Quality Indicators
- National/State Quality collaborations/benchmarking:
  - Transformation of the ICU (TICU)
  - Critical Care Outcomes
  - Society of Thoracic Surgery (STS)
  - American College of Cardiology (ACC)
  - STEMI Receiving Center (SRC)
  - Center for the Advancement of Palliative Care (CAPC)
  - National Surgical Quality Improvement Process (NSQIP)
  - Neuro Service Line – Get with the Guidelines
  - SCPSC
  - CHAIPI
  - California Hospital Association Reporting Taskforce (CHART)
  - CMS – National Voluntary Hospital Reporting Initiative
  - Hospital Consumer Assessment of Healthcare Providers and Systems - HCAHPS
  - Agency for Healthcare Research and Quality - AHRQ
  - Leapfrog
  - National Quality Forum – NQF
  - IHI

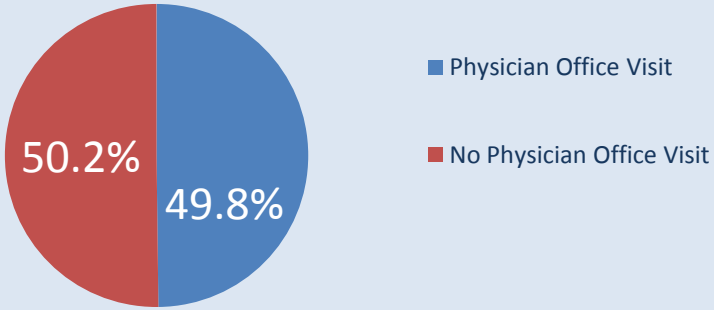
Impact of Care Transitions
Why do we care?

Ignoring Care Coordination
Individual Incentives Reinforcing Silos Across the Continuum

Medical Errors Related to Discontinuity of Care After Discharge to Outpatient Setting



Follow-Up Care Between Discharge and Readmission
Medicare Patients Readmitted Within 30 Days



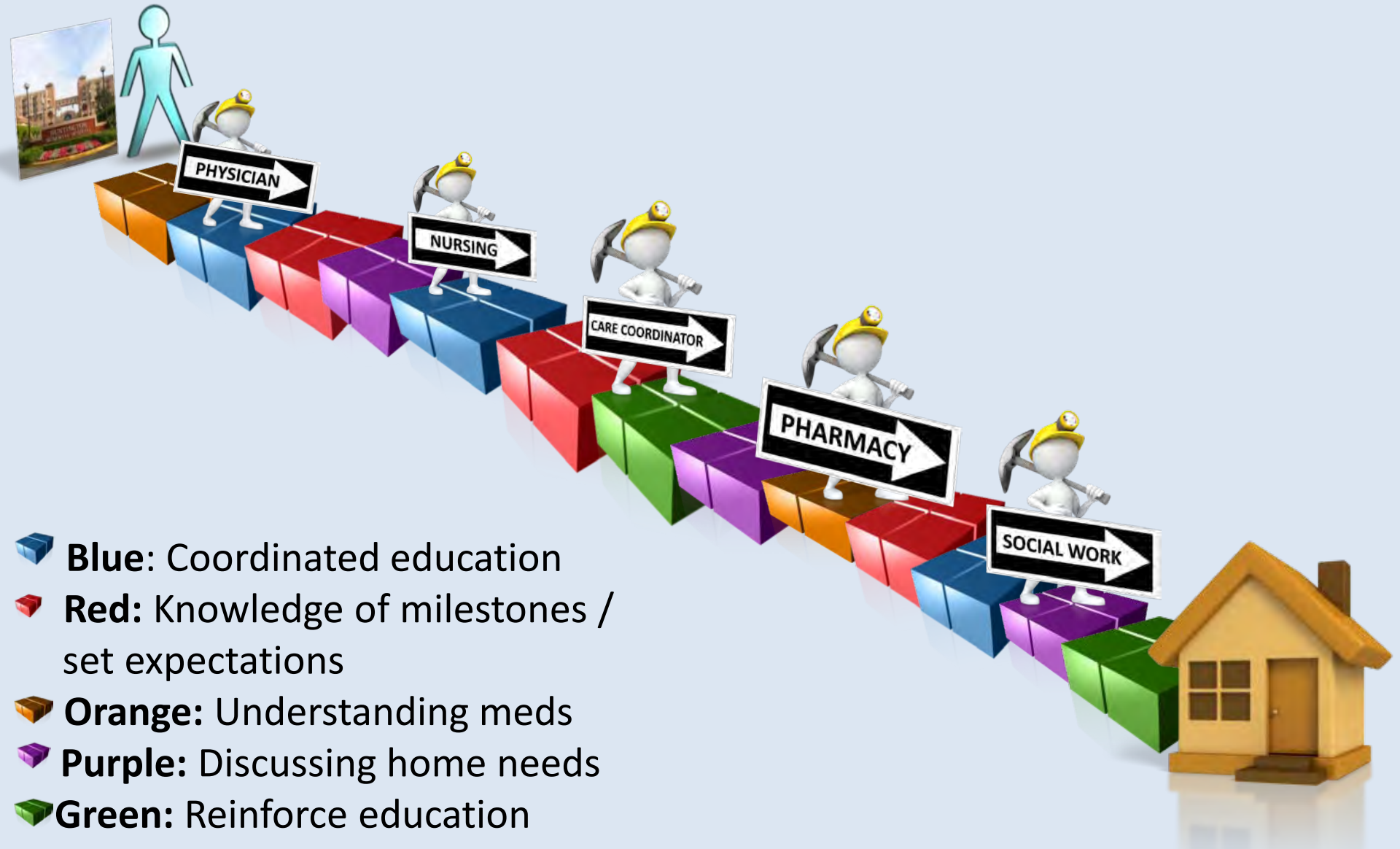
Stronger Coordination Needed

"The health care that Medicare beneficiaries receive is often fragmented as patients move among different physicians and across different care settings (e.g. hospital to home care). As a result, patients do not always receive timely care best suited to their needs. Fragmentation is reinforced by the failure of the current payment system to recognize and pay for care coordination."

Institute of Medicine

ROADWORK:

Navigating From Hospital to Home



- **Blue**: Coordinated education
- **Red:** Knowledge of milestones / set expectations
- **Orange:** Understanding meds
- **Purple:** Discussing home needs
- **Green:** Reinforce education

Outpatient Care Transition Sites

- CHAP (Community Health Alliance of Pasadena)
  - Founded in 1998
  - Federally qualified health clinic (FQHC)
  - Long established relationship with Huntington
  - Large population of patients with chronic diseases
- HACC (Huntington Ambulatory Care Center)
  - Location for resident outpatient education
  - 8,000 visits per year
  - Referral site for CHAP patients requiring specialty care

Patient Partners Program

- Develop role of Health Navigator
  - MSW Credentials
  - Relationship across care continuum
  - Tasked with holistic view
- Create Chronic Disease Clinic in HACC
  - Patient focused team
    - Health Navigator
    - NP
    - MD
  - Coordinate care plan with CHAP providers
- Seamless coordinated outpatient transitions with community partners
- Patient Education

Patient Partners Program

- Phase I: Hospital Phase for HACC and CHAP patients
  - Hospital Resource Coordinator
    - Identifies patient with CHF
    - Refers CHF patients to Health Navigator
    - Shares information regarding hospital course with health navigator
    - Provides detailed list of prescribed medications
  - Assigned Health Navigator meets with patient
    - Reinforces disease education
    - Identifies barriers to adherence to therapy
    - Medication review
    - Establishes longitudinal relationship
    - Facilitates preventative care and healthy lifestyle
  - Patient Education
    - Medication review

Patient Partners Program

- Phase II: Immediate Post Hospital Phase (Health Navigator)
  - Follow up telephone call within 48 hours of discharge
  - Inventory for medication adherence, health status and confirm outpatient appointment
  - Physician consultation if necessary
  - Determine if patient meets home visit criteria
    - Home visits as per protocol

Patient Partners Program

- Phase III: Immediate Post Discharge
  - HACC office visit within 7 days of hospital discharge
  - Patient care team
    - Health Navigator
    - NP
    - MD/Residents
    - Nutritionist
  - Collaborative Care Model
    - Developed by both HACC providers and CHAP providers
    - Best Practice Clinical Pathway
  - Long Term Care Continuum
    - Navigator for life
      - Monitor compliance with preventative health
      - Adherence to recommended care
      - Pro-active support for prescribed physician visits
        - » HACC/CHAP/Specialty Case

Patient Partners Program

- Phase IV: Collaborative Care
  - CHAP responsible for acute and preventative care
  - HACC responsible for Chronic Disease Management
  - Health Navigator
    - Establishes long term relationship
    - Facilitates appointments at both delivery sites

Questions?