MEDICAL BOARD OF CALIFORNIA
Executive Office

Executive Committee
Doubletree by Hilton San Diego Mission Valley
Catalina Room
7450 Hazard Center Drive
San Diego, CA 92108

October 27, 2011

MINUTES

Agenda Item 1 Call to Order/Roll Call
The Executive Committee of the Medical Board of California was called to order by the Chair, Barbara Yaroslavsky at 4:25 p.m. A quorum was present and notice had been sent to interested parties.

Committee Members Present:
Barbara Yaroslavsky, President
Janet Salomonson, M.D., Vice President
Gerrie Schipske, R.N.P., J.D., Secretary
Shelton Duruisseau, Ph.D.
Sharon Levine, M.D.

Members Absent:
Hedy Chang

Other Members Present:
Jorge Carreon, M.D.
Silvia Diego, M.D.
Reginald Low, M.D.

Staff Present:
Janie Cordray, Research Analyst
Tristina Craft, Senior Investigator
Kurt Heppler, Legal Counsel
Teri Hunley, Business Services Manager
Kimberly Kirchmeyer, Deputy Director
Armando Melendez, Business Services Staff
Cindy Oseto, Licensing Manager
Regina Rao, Business Services Staff
Eric Ryan, Supervising Investigator
Kevin Schunke, Education Outreach Manager
Anita Scuri, Department of Consumer Affairs, Supervising Legal Counsel
Jennifer Simoes, Chief of Legislation
Cheryl Thompson, Executive Assistant
Renee Threadgill, Chief of Enforcement

Linda Whitney, Executive Director
Curt Worden, Chief of Licensing

Members of the Audience:
Teresa Anderson, California Academy of Physician Assistants
Yvonne Choong, California Medical Association (CMA)
Maxine Duruisseau, Member of the Public
Karen Ehrlich, L.M., Midwifery Advisory Council
Julie D'Angelo Fellmeth, Center for Public Interest Law (CPIL)
Amanda Friedman, CPIL
Daniel Headrick, Pacific Coast Recovery
Laurel Holmes, CPIL
Carlos Ramirez, Office of the Attorney General
Loren Reed, Department of Consumer Affairs
Harrison Robbins, M.D., CACS

Agenda Item 2 Public Comment on Items Not on the Agenda
No public comment was offered.

Agenda Item 3 Approval of Minutes from the July 27, 2011 Meeting
Dr. Duruisseau made a motion to approve the minutes from the July 27, 2011 meeting; s/Levine; motion carried.

Agenda Item 4 Discussion of Draft Strategic Plan Objectives and Measurements
Janie Cordray, Research Analyst, reported that at the July 27, 2011 Executive Committee meeting, members met to refine the draft of the mission statement and goals and considered ideas to be later developed into objectives, ultimately to form recommendations to the full Board. These recommendations were presented to the full Board on July 28, 2011 where members adopted the mission statement and goals. In addition, members reached a consensus on ideas and concepts to be developed into objectives. Staff has incorporated these ideas into objectives, as well as developed activities and tasks to fulfill and measure the objectives to meet the goals. She directed members to the draft strategic plan, and a chart showing the priorities of the objectives, on pages 30-70 of the meeting packet.

The objectives have been categorized into priorities in light of the mission statement and the Board's legal authority and responsibilities. For example, priority "A" activities are mandated in the Medical Practice Act. In light of the current limited resources of the Board, priorities may need to be shifted or objectives dropped entirely.

Ms. Kirchmeyer noted that public comments were received in writing from Michele Monserratt-Ramos, Consumer Union Safe Patient Campaign, requesting the public's involvement in each of the objectives. Ms. Kirchmeyer stated that most of the objectives will come before committees of the Board in a public forum, allowing opportunity for public input.
The following changes (shown in italics) were made to the objectives and/or activities:

Goal 1 - Professional Qualifications

- Objective 1.1 "Examine and identify methods to ensure physicians remain current *in knowledge and skills.*"
- Objective 1.2 "Examine current CME structure, its effectiveness, the current California requirements, and *opportunities for improvement.*"

- Objective 1.4: "Establish a committee to examine the FSMB Maintenance of Licensure *and ABMS Maintenance of Certification* initiatives to study what should be adopted in California, and how it can collaborate with the FSMB and ABMS certifying boards."
- Objective 1.6: "Conduct a *literature review and internal* study of the performance of physicians in training and how it may predict later performance in practice."

Dr. Levine made a motion to adopt all the objectives for Goal 1; s/Salomonson; motion carried.

Goal 2 – Regulations and Enforcement

- Objective 2.3: "Conduct a review of the Vertical Enforcement model to assure uniform implementation in all offices and identify *any aspects of the model* that are increasing cost without producing benefits."
- Objective 2.7, Activity #5: "Examine the decision to determine if the disciplinary guidelines are being utilized consistently, or, if the guidelines need amending to create greater consistency in *decisions*."
- Objective 2.10, Activity #4: "Study *practices not subject to* peer review to determine if quality of care can be monitored."

Dr. Duruisseau made a motion to adopt all the objectives for Goal 2; s/Levine; motion carried.

Dr. Levine noted Goal 2, as written, focuses on deterrence, but not on taking action when violations occur. She requested that Goal 2 be changed to reflect both of these concepts. She recommended amending the goal by deleting the words "to deter violations".

Dr. Levine made a motion to modify Goal 2 to "Regulations and Enforcement: Protect the public by effectively enforcing laws and standards"; s/Duruisseau; motion carried.

Goal 3 – Consumer and Licensee Education

- Objective 3.1, Activity #6": "Conduct outreach to various organizations such as hospitals and group *practices* through providing speakers or articles for their publications."
- Objective 3.2, Activity #3: "Schedule meetings with editorial boards *of major media* at least once a year; more, when necessary."
- Objective 3.2, Activity #4: "Update the *content of* brochures to reflect the current insurance and practice environment."
- Objective 3.2, Activity #8 (new activity added): "*Add Board information to the California Healthcare Insurance Exchange Web site*"; Date: *Winter 2013*; Staff: *PIO*; Priority: *C*.
- Objective 3.5, Activity #1: "*Build relationships with major media* so that all disciplinary cases are provided to the appropriate outlets."
- Objective 3.5, Activity #3: Delete "Meet with all major newspapers' editorial boards at least once a year" as this activity is duplicative of Objective 3.2, Activity #3.
- Objective 3.6: "Expand the newsletter to better *inform* physicians and medical students."
- Objective 3.6, Activity #7 (new activity added): "*Encourage professional associations and societies to include a link to the Newsletter*"; Date: *Various 2011-2013*; Staff: *PIO*; Priority: *C*.
- Objective 3.10, Activity #2: "Identify the media outlets, for various ethnic groups and other-than-English publications, *including community newspapers*, radio, television stations, and web groups."

Dr. Levine made a motion to adopt all the objectives for Goal 3; the motion was seconded and carried.

Goal 4 – Organizational Relationships

- Objective 4.1: "Improve relationships with elected officials and their staffs. Build and *strengthen* collaborative relationships to work toward common goals – create partnerships on areas of common interests."
- Objective 4.1, Activity #3: "*Prepare Members to be effective when communicating with legislators and their staff.*"
- Objective 4.2, Activity #3: "Develop *issue/position* papers in coordination with the medical schools, to be shared with medical students and licensees."
- Objective 4.3, Activity #1: "Identify areas of concern that may be of common interest *among* various organizations.

Dr. Duruisseau made a motion to adopt all the objectives for Goal 4; s/Salomonson; motion carried.

Goal 5 – Organizational Effectiveness

- Objective 5.2: Reduce *discipline*, complaint processing, and investigation *timelines* by 10-20%; *reduce* complaint processing average *to* under 70 days, with 50-60% under 50 days.
- Objective 5.2, Activity #2: Identify reasons for delays in the Board's *processes from* complaint handling through *disposition.*"
- Objective 5.2, Activity #3: Research *and* identify *best practices from* other states' processing of complaints and disciplinary actions. Identify areas in California's system that may be unnecessary and slowing the process."
- Objective 5.2, Activity #4: Research *and* identify *best practices from* other California boards' processing of complaints and disciplinary actions. Identify areas in the Board's system that may be unnecessary and slowing the process. (Including the use of the AG's Licensing Section in comparison to HQES)."
- Objective 5.2, Activity #5: Survey regional deputies and supervising investigators on management tools needed to *better* monitor investigation handling. (CAS v. new computer system's ability for reports, etc.)."
- Objective 5.5: "*Establish and conduct an annual self evaluation.*"
- Objective 5.8: "Establish a method of obtaining feedback *from our users* about services."

Dr. Duruisseau made a motion to adopt all the objectives for Goal 5; s/Levine; motion carried.

Goal 6 – Access to Care, Workforce, and Public Health

- Objective 6.1, Activity #1: "Invite *appropriate* speakers *to address the Board* about the new healthcare law *and* how it will impact care in California."
- Objective 6.2: ["Study and identify appropriate methods to deal with the evolving medical practice environment in how it effects patient care, such as examining methods to deal with workforce shortages, scope of practice of physician extenders, technological changes (including the use of diagnostic and communication technologies), licensing requirements, among other relevant issues to be identified."].

  During discussion, members indicated this objective was overly broad and possibly beyond the Board's mandate. Ms. Kirchmeyer suggested this objective could be revisited after the full Board addressed the future of the various Board committees, including the Access to Care Committee, at its meeting on Friday, October 28, 2011.

  Dr. Levine noted that, in 2012, health care reform will primarily be addressed in the Legislature and

with the California Health Benefits Exchange laying down rules for implementation. She suggested tracking these developments in 2012 and then, in 2013, putting some energy into understanding the impact of their actions on the practice environment. She noted while the Board can talk about an overview of what the bill accomplished, all the action from here forward is other departments/agencies responsibilities.

- Objective 6.3, Activity #1: "Expand *the scope of* the Access to Care Committee to include issues relating to promoting public health. The Committee will be available to study and identify issues identified by the Board, congruent to its mission and promoting appropriate medical care from its licensees."
- Objective 6.3. Activity #2 (new activity added): *"Educate consumers and licensees on public health issues."*

Dr. Salomonson made a motion to adopt the objectives for Goal 6, with the exclusion of Objective 6.2; s/Schipske.

During public comment, Yvonne Choong, CMA, suggested that Objective 6.2 be narrowed, as the scope of the objective is so large. Further, she stated CMA would object to assigning a priority of "D", since there are some issues listed in the objective that are very important. Ms. Choong reported that at its recent annual meeting, CMA physician members indicated they would like to see the Medical Board increase its enforcement of the unlicensed practice of medicine, particularly by individuals licensed by other boards. She stated the lines of authority for who should address violations, whether it is the licensing authority or the Medical Board, are unclear. CMA members would also like the Board to address advertising and promotion issues by those not licensed to practice medicine; this problem should be addressed via enforcement as well as education.

Ms. Yaroslavsky called for the vote; the motion to adopt the objectives for Goal 6, with the exclusion of Objective 6.2, carried.

Agenda Item 5
Dr. Salomonson made a motion to adjourn; s/Levine. The meeting was adjourned at 5:56 p.m.