



## MEDICAL BOARD OF CALIFORNIA

### EDUCATION & WELLNESS COMMITTEE MEETING AGENDA



#### MEMBERS OF THE COMMITTEE

*Barbara Yaroslavsky, Chair*  
*Jorge Carreon, M.D.*  
*Hedy Chang*  
*Silvia Diego, M.D.*  
*Shelton Duruisseau, Ph.D.*  
*Sharon Levine, M.D.*  
*Janet Salomonson, M.D.*  
*Gerrie Schipske, R.N.P., J.D.*

Courtyard by Marriott  
 Golden A&B  
 1782 Tribute Road  
 Sacramento, CA 95815  
 916-929-7900 (directions only)

**Thursday, July 19, 2012**  
**10:45 a.m. – 12:15 p.m.**  
 (or until the completion of business)

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

*While the Board intends to webcast  
 this meeting, it may not be possible  
 to webcast the entire open meeting  
 due to limitations on resources.*

#### **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 of Items Not on the Agenda  
*Note: The Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. [Government Code §§11125, 11125.7(a)]*
3. Approval of the Minutes from the November 4, 2010 Wellness Committee Meeting
4. Approval of the Minutes from the January 27, 2011 Education Committee Meeting
5. Presentation on Benefits of Physician Education on the Disability Insurance and Paid Family Leave Programs – Dr. Waters, Medical Director, Employment Development Department
6. Presentation on Pre-Existing Condition Insurance Plan and Educating Physicians and Consumers – Mr. Sanchez, Deputy Director, Managed Risk Medical Insurance Board
7. Update on Strategic Plan Objectives and Program Update for the Public Affairs Office – Mr. Wood

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

8. Discussion and Consideration of the Mission and Goals for the new Education & Wellness Committee – Mr. Wood
  - A. Proposed Mission Statement of the New Education & Wellness Committee
  - B. Proposed Primary goals
  
9. Future Agenda Items
  
10. Adjournment

***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 Tim Einer at (916) 263-2389 or email [tim.einer@mbc.ca.gov](mailto:tim.einer@mbc.ca.gov) or send a written request to Tim Einer at the Medical Board of California, 2005 Evergreen Street, Ste. 1200, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.***

***Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meeting 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.***



## MEDICAL BOARD OF CALIFORNIA



### Wellness Committee

Long Beach Memorial Medical Center  
Miller Children's Hospital  
2801 Atlantic Avenue  
Long Beach, CA 90806

November 4, 2010

### MINUTES

#### Agenda Item 1 Call to Order/Roll Call

Dr. Duruisseau called the meeting to order at 10:20 am and welcomed Dr. Diego as a newly appointed member of the committee.

Roll was taken and a quorum was present. Notice had been sent to all interested parties.

#### Members of the Committee Present:

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

#### Members of the Committee Absent:

William Norcross, M.D.

#### Board Members, Staff and Guests Present:

Laura Alipoon, Loma Linda University  
Hilma Balaian, Kaiser Permanente GME Office  
Michele Benedict, Kaiser Northern California GME Office  
Ken Buscarino, Enforcement Investigator  
Susan Cady, Enforcement Program Manager  
Hedy Chang, Board Member  
Julie D'Angelo Fellmeth, Center for Public Interest Law  
Maksim Degtyar, Enforcement Investigator  
Neil Desai, Arizona College of Osteopathic Medicine  
Mary Elizarraras, UCI GME Office  
Eric Esrailian, M.D., Board Member  
Janis Fodran, RadNet, Inc.  
Stan Furmanski, M.D.

Wellness Committee

Carolyn Ginno, California Medical Association  
Beth Grivett, California Academy of Physician Assistants  
Paul Hawkins, Hemet Radiology Medical Group  
Jim Hay, M.D., California Medical Association  
Catherine Hayes, Probation Manager  
Kurt Heppler, Legal Counsel  
Teri Hunley, Business Services Manager  
Donna Kary  
Will Kirby  
Rachel LaSota, Enforcement Investigator  
Ross Locke, Business Services Staff  
Natalie Lowe, Enforcement Analyst  
Arjun Maker, Arizona College of Osteopathic Medicine  
Armando Melendez, Business Services Staff  
Jack McGee, California Society for Respiratory Care  
Joy Mobley  
M. Monserratt-Ramos, Consumers Union Safe Patient Project  
Margaret Montgomery, Kaiser Permanente  
Mary Lynn Moran, M.D., Board Member  
Joseph Otonichar, Midwestern University  
Erich Pollak, M.D., Medical Consultant  
Regina Rao, Business Services Staff  
Sylvia Salcedo, Enforcement Investigator  
Janet Salomonson, M.D., Board Member  
Gerrie Schipske, R.N.P., J.D., Board Member  
Katie Scholl, Center for Public Interest Law  
Kevin Schunke, Committee Manager  
Anita Scuri, Department of Consumer Affairs, Supervising Legal Counsel  
Rehan Sheik  
Bob Siemer  
Jennifer Simoes, Chief of Legislation  
Laura Sweet, Deputy Chief of Enforcement  
Cheryl Thompson, Executive Assistant  
Renee Threadgill, Chief of Enforcement  
Mary Con Tryba  
Monica Weisbrich, R.N.  
Linda Whitney, Executive Director  
Curt Worden, Chief of Licensing  
Barbara Yaroslavsky, Board Member  
Frank Zerunyan, J.D., Board Member

**Agenda Item 2      Approval of Minutes from the January 28, 2010 Meeting**  
***Motion/Second/Carried Drs. Giang/Carreon to approve the minutes.***

**Agenda Item 3      Presentation of Kaiser Permanente's "Get Fit" Program –  
Andy Gallardo, CPT, NASM, Healthy Workforce, Director of Fitness,  
Kaiser Permanente Southern California**

Mr. Schunke summarized one portion of the Best Practices Work Group meeting held in August in Sacramento. One of the guests in attendance was Andy Gallardo, the Director of Fitness for Kaiser Permanente Southern California (KP-SoCal). At that meeting, Mr. Gallardo spoke briefly about the "Get Fit" program he created. The other attendees were inspired by the program and Dr. Duruisseau suggested that an expanded presentation about the program would be of interest to the whole committee. Thus, Mr. Gallardo had been invited to attend this Wellness Committee meeting to explain more fully about his unique wellness program.

Mr. Gallardo introduced his program by explaining that his program is designed to tackle physician and employee health and wellness at KP-SoCal. He also addressed the challenges, culture, and environment of his program at KP-SoCal. While the ultimate goal of the whole KP Group is health improvement and illness prevention, Mr. Gallardo said when he first envisioned and proposed the program, it was obvious to him the employees of this health care organization were not focused on their own wellness: he saw this not only in what they were eating, but also by not exercising properly and evidenced by a high level of work-absenteeism. Celebrations in the office focused on unhealthy foods, such as cakes, cookies, and ice cream.

The cornerstone of the program began numerous years ago, when a few staff members started participating in the annual LA Triathlon; last year, KP-SoCal was represented by 800 employees of the 1,500 total participants in the event. Mr. Gallardo saw this level of participation in a significant sporting event and recognized that many more employees could be convinced to participate in wellness activities that required less training and commitment. With that in mind, he approached his executive team to create a new department (offering to implement and administer the program by himself), to advocate for improved wellness.

Mr. Gallardo developed roles and responsibilities to focus on grass roots level at KP-SoCal medical centers and hospitals and called the program "Get Fit." He started with simple things such as cleaning up the physical environment of the hospitals -- making stairs more "welcoming" to employees was beneficial in that the elevators became more accessible to patients and visitors; he soon expanded this to identifying a one-mile walking route around each KP-SoCal hospital and dedicating safe areas to exercise, which in one facility is on the building's roof. He also encouraged the food service managers to offer healthier food choices in the cafeterias and discouraged the availability of junk food in the vending machines.

Mr. Gallardo recognized that for the staff to welcome the advent of his program, he had to get the buy-in of KP-SoCal's executive team, the medical directors at each hospital, and use the senior staff to set an example for the rest of the employees. Recognizing that each medical center had its own unique audience, a customized routine and program was established for each geographic location and a fitness "champion" was identified at each facility.

Recognizing the varying skill levels of participants, but to encourage everyone, he created family events in the park, walks, fun runs, swimming classes, bike-riding classes, and group training for marathons and triathlons. Special efforts have been made to reach out to staff at all levels; Mr. Gallardo even offers one-on-one training sessions, with a focus on developing program and nutritional plans. Lastly, many KP-SoCal medical centers host a farmer's market one day a week.

In summary, Mr. Gallardo pointed out what should be obvious: those working in the medical profession are in a highly-stressful environment. But offering a better work/life balance has been shown to make employees at all levels more satisfied in their personal and professional lives, the latter translating into a more positive environment for patients and their families.

Dr. Duruisseau and the members commended Mr. Gallardo on his program and thanked him for his participation in this meeting and with the working group.

**Agenda Item 4            Presentation and Summary of August 17, 2010 Meeting of the  
Wellness Programs – Best Practices Work Group Meeting –  
Dr. Gregg**

Dr. Gregg restated that the mission of the Wellness Committee is to further the Board's goal of consumer protection by encouraging and guiding licensees to promote a sound balance in their personal and professional lives so that healthy physicians offer quality care to their patients. One of the avenues by which the Committee strives to fulfill its mission is to help identify, assess, and share information on available resources; the Committee also has been asked to make appropriate recommendations to the Board.

Dr. Gregg reminded the committee members that a motion was passed at the January, 2010, meeting to develop an outline for whatever "next steps" should be taken pursuant to this project, including development of a "Best Practices Model," the possibility of incentivizing rather than requiring wellness CME, and directing staff to investigate the feasibility of having the web site act as a clearinghouse for wellness programs and events, as well as the feasibility of posting web-based seminars.

With this direction from the Committee, a Best-Practices Working Group meeting was held in Sacramento on August 17, 2010; there were 18 participants. The group reviewed the wellness survey that had been distributed in the winter and discussed the feedback submitted. It seemed that most responders agreed there was a link between physician wellness and the care provided to patients; there was encouragement for the Board (or others) to provide more wellness programs and activities, including opportunities for CME. Unfortunately, it also was obvious from the feedback that with dwindling resources, on-going wellness programs were limited in availability and scope. The result of the wellness survey indicated many hospitals and medical groups could benefit if a statewide manual was developed, which might highlight the best practices used by Wellness Committee

facilities currently offering wellness programs and further, it would allow those not currently operating such programs to see the foundation upon which a program could be created.

Meeting participants all offered insight to their own programs, the challenges and the successes, and a natural desire to be able to provide even greater wellness opportunities to staff. The attendees of the working group were unanimous in suggesting the efforts of the group should be continued, with the ultimate goal being the development of a best practices model (manuals, "tool kits", on-line CME modules, etc.) for hospitals. Further, the working group members pointed out the need for these programs, when created, to be available to clinics and other health care providers to utilize.

Dr. Carreon spoke in support of the group's continued efforts. He even suggested that, as feasible, Mr. Gallardo's presentation could be used as a model as to what can be accomplished.

**Agenda Item 5      Discussion and Recommendations for Work Group to Continue Development of Best Practices Guidelines/Manual to be Utilized by Wellness Committees – Dr. Gregg**

Following the discussion of Agenda Item #4, Dr. Gregg asked for the committee to give direction as to whether the work group should continue in its efforts towards creating a best practices model.

M/S/C Drs. Giang/Carreon to encourage the continued efforts of the work group to move forward, with the ultimate goal of creating some best practices guidelines, and possibly even related manuals, models, tool kits, CME opportunities, etc., to be utilized by those facilities and offices that currently do not offer such services and to be utilized by those facilities that offer a wellness program to build upon their existing services to staff.

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

Dr. Giang expressed his support for the Board's use of the term "wellness" in identifying this program. Similarly, in the Association of American Medical Colleges, they are offering wellness activities as part of their regional and national meetings. Further, ACGME is interested in this same topic as it notes that physician wellness is an offshoot of professionalism; training residents to be optimally prepared for their career and offering improved care is in the best interest of the health care provided and the patient.

Dr. Gregg said that she has seen wellness movements mentioned in mailings and notices from the medical associations in the U.S., Canada, and Britain. They recently sponsored a joint international conference on physician health and resiliency. One of the keynote presentations focused on physician suicide and another, given by a postgraduate training director in London, focused on the benefits of the UK's work hours for residents, which are significantly less than in the U.S.

Wellness Committee

**Agenda Item 7      Future Agenda Items**

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

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

There were no public comments.

**Agenda Item 9      Adjourn**

*M/S/C Drs. Diego/Gregg to adjourn.*



## MEDICAL BOARD OF CALIFORNIA



### Education Committee Meeting

Medical Board of California  
Embassy Suites – San Francisco Airport  
Mendocino/Burlingame Room  
150 Anza Blvd.  
Burlingame, CA 94010

January 27, 2011

### MINUTES

#### Agenda Item 1 Call to Order/Roll Call

The Education Committee of the Medical Board of California was called to order by Chair Barbara Yaroslavsky at 2:43 p.m. A quorum was present, and due notice had been mailed to all interested parties.

#### Members of the Committee Present:

Barbara Yaroslavsky, Chair  
Hedy Chang  
Jorge Carreon, M.D.  
Eric Esrailian, M.D., M.P.H.  
Sharon Levine, M.D.  
Mary Lynn Moran, M.D.  
Janet Salomonson, M.D.  
Gerrie Schipske, R.N.P., J.D.

#### Board Members, Staff and Guests Present:

Susan Cady Enforcement Program Manager  
Zennie Coughlin, Kaiser Permanente  
Norman C. Davis, Esq.  
Silvia Diego, M.D., Board Member  
Shelton Duruisseau, Ph.D., Board Member  
Julie D'Angelo Fellmeth, Center for Public Interest Law (CPIL)  
Stan Furmanski, M.D.  
Dean Grafilo, California Medical Association  
Beth Grivett, Physician Assistant  
Catherine Hayes, Manager, Sacramento Probation Unit  
Kurt Heppler, Staff Counsel  
Breanne Humphries, Licensing Manager  
Teri Hunley, Business Services Manager,  
Diane Ingram, Information Systems Branch Manager  
Jennifer Kent, Board Member  
Suzanne Kilmer, M.D.  
Daniel Leacox, Greenberg Taurig, LLP  
Craig Leader, Investigator  
Sheronnia Little, Information Systems Branch Staff

Ross Locke, Business Services Staff  
Reginald Low, M.D., Board Member  
Natalie Lowe, Enforcement Program Staff  
Kathleen McCallum, Northern California Aesthetics Nurses Association  
Armando Melendez, Business Services Staff  
Jennifer Morrissey, Aesthetic Accreditation Agency  
Paul Phinney, M.D.  
Carlos Ramirez, Senior Assistant AG, Office of the Attorney General  
Regina Rao, Business Services Analyst  
Tom Riley, CA Society of Dermatology/Dermatologic Surgery  
Leticia Robinson, Licensing Manager  
Paula Rood, Aesthetic Accreditation Agency  
Chris Sandberg, California Department of Corrections and Rehabilitation  
Victor Sandoval, Supervising Investigator  
Kevin Schunke, Licensing Outreach Manager  
Anita Scuri, Department of Consumer Affairs, Supervising Legal Counsel  
Reham Sheikh  
Jennifer Simoes, Chief of Legislation  
Laura Sweet, Deputy Chief of Enforcement  
Kathryn Taylor, Licensing Manager  
Cheryl Thompson, Executive Assistant  
Rachel Wachholz-LaSota, Inspector  
Linda Whitney, Executive Director  
Curt Worden, Chief of Licensing  
Frank V. Zerunyan, J.D., Board Member

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

**Agenda Item 3      Approval of Minutes from the July 29, 2010 Meeting**  
*M/S/C to approve the minutes.*

**Agenda Item 4      Update on Hepatitis Outreach Efforts – Ms. Yaroslavsky**

Committee Chair Barbara Yaroslavsky provided an update on the Board's outreach efforts on hepatitis, which was a subject at the last Education Committee meeting. At the last meeting, the Committee heard from an impressive panel of speakers: Dr. So from the Stanford Liver Cancer Program who spoke on the education of physicians regarding hepatitis and the need for increased education for providers, particularly in reference to chronic hepatitis B; Dr. Bolan, Chief of the STD Control Branch of the California Department of Public Health (CDPH), who talked about viral hepatitis, the CDPH's strategic plan for adult viral hepatitis prevention in California, vaccinations, and how the CDPH wants to increase awareness, including focusing on provider awareness; Dr. Cheung, Director of Hepatology at the VA Northern California Healthcare System, who relayed his experience as a clinician, and how he found a lack of basic provider knowledge about viral hepatitis and encouraged this committee to educate the public about hepatitis; and Dr. Sylvestre, Executive Director of the Oasis Clinic, who said the gaps in knowledge regarding hepatitis C should be addressed and asked the Medical Board to take a lead in the educational component.

As a result of the presentations and discussions at the last meeting, where the need for education for providers and the public on hepatitis was expressed, the Medical Board included two articles in its January newsletter, which has been sent to all physicians by email and is posted on the Board's Web site. The first article is regarding chronic viral hepatitis and screening recommendations for primary care clinicians. The second article is an informational sheet for providers. This article covers who is tested for hepatitis B and C, patient self-administered risk for B and C, and information on testing and serology for hepatitis B and C. The Board will determine if more outreach is needed.

**Agenda Item 5 Discussion on Applying the Notice to Consumers Regulation to Correctional Facilities and Potential Recommendation to the Board – Ms. Simoes/Ms. Scuri**

Ms. Simoes reviewed the memorandum stating that effective June 27, 2010, the Notice to Consumers regulation went into effect which requires physicians in California to inform their patients that they are licensed by the Medical Board and to provide the Board's contact information.

On June 25, the Medical Board received a letter from the California Department of Corrections and Rehabilitation (CDCR) that stated its belief that the Notice to Consumers regulation should not apply to physicians working within CDCR institutions or Department of Juvenile Justice (DJJ) facilities. CDCR requested confirmation from the Board on this issue. Some of the reasons are: there are numerous mechanisms already in place to address medical concerns of inmates and youths; inmates and youths do not have access to the Internet and have limited telephone access, so the information on the notice is ineffective; and inmates and youths may see medical providers not licensed by the Board. A spokesperson from CDCR came to the July 29, 2010 Committee meeting and asked during public comment that the Committee consider the letter and his comments and exempt CDCR from the regulations. At that time CDCR was told that the Notice to Consumers does apply to physicians working for CDCR and that this issue would be considered at a future meeting. The Committee could recommend to the Board that the Notice to Consumers regulation be modified to create an exemption for CDCR and DJJ facilities, or the Committee could recommend that the Board not make any changes at this time.

Ms. Scuri stated that the Board's regulation currently applies to all physicians who are engaged in the practice of medicine. Most of the CDCR's objections relate to the actual notice that is posted on the wall of the clinic and that is only one of three ways in which you can comply with the Notice to Consumers. There are several other options. At this point, if the Board wants to exclude CDCR for some reason, the Board would have to change the regulation. Staff is not recommending this action.

Mr. Chris Swanburg, CDCR staff counsel from the Receiver's Office, California Prison Healthcare System, addressed the Committee. He stated that he was present at the July Committee meeting. He said CDCR has several reasons why this regulation should not apply in a prison setting. He felt it important to note that CDCR fully supports the notion of upholding practice standards and patient safety. He pointed out that inmates probably have more patient-safety mechanisms in place than do people not incarcerated. The Office of the Inspector General monitors prison healthcare at every one of the prisons and visits each prison once a year. CDCR has a very vigorous peer review program. Every one of CDCR's practitioners is peer reviewed at least once a year.

Of the prison law office's 700 complaints per month, CDCR screens out about 600 complaints a month as just

being meritless complaints. Of those 100, probably less than a dozen a month contain something of substance. Most of them have to do with medication continuation. Sometimes there are issues with follow-up because CDCR has to go offsite for specialty care and that can be a scheduling problem. If CDCR has individual practitioner issues, those go to the peer review subcommittee. CDCR has an inmate appeals process that inmates can also file an appeal regarding their healthcare. There is a myriad of approaches that an individual has to insure his or her patient safety and CDCR is committed to all of those. CDCR is not convinced that the notice to the inmates regarding the Medical Board really provides anything further in the way of patient safety.

The other problem that CDCR has is that it is difficult to find doctors who want to work in a prison setting. CDCR does not think patient safety is enhanced by including CDCR physicians in this regulation and would ask that the Board exclude CDCR and the DJJ facilities from its application.

Dr. Salomonson stated it may be setting a dangerous precedent to segment out a group of physicians that do not need to post the regulations. However, she is not sure having the signage, in addition to the signage CDCR already has, is going to provide more awareness to that population. She stated that from what Mr. Swanburg has said, there already is an awareness of the Board. Having the sign posted will fulfill the regulation and the Board won't have to rewrite the regulation, and all physicians will basically be treated equally.

Mr. Swanburg interceded that CDCR has complied with the regulation. They have the signs posted currently. But the signs, as pointed out in the letter, include an email address – inmates don't have access to the Internet. And, it includes an 800 phone number and inmates are not allowed to call 800 phone numbers. Practically speaking, all it does is just serve to heighten the awareness that there is a Medical Board out there, but it does not give inmates any viable contact information. If the Board believes inmates need that additional information, they may want to include a street address so inmates can send more of their complaints to the Board, and perhaps fewer to the prison law offices.

Ms. Schipske asked Mr. Swanburg if, based upon his previous comment, all of the prison providers are licensed by the State of California. He responded that all CDCR line providers are either MDs or DOs. There are no unlicensed physicians.

Dr. Furmanski provided public comment. He would be against any changes in the regulations. The suggestion to add the street address is a great idea. Having the street address would make sense and CDCR could probably do that without violating regulations. The regulations do not say CDCR cannot include the street address. To say inmates do not get this notice would violate equal protection.

No action was taken.

#### **Agenda Item 6      Agenda Items for Future Discussion**

Dr. Salomonson said medical errors remain a cause of adverse outcomes. Many times the analysis reveals it is a system failure and trying to assign blame to one individual really does not correct the problem. Dr. Salomonson's hospital and many hospitals are learning that when they looked at their own safety data they realized they had reached a plateau as far as improving safety just with better equipment, and it ended up that certain failures within the system were of human error. The Committee might want to hear a presentation by the aviation industry on how they have used a checklist and team approach to improve systems; but also try to look at system errors and not just individuals.

Ms. Yaroslavsky directed staff to have a discussion with Dr. Salomonson as to some kind of systems' analysis of hospitalists and medical errors within the hospitals.

Dr. Levine said it would be interesting to see the impact of posting the notice to consumers and see if there is a change in the rate of reporting to the Medical Board. She recommended looking at statistics for one and two years after the implementation of the regulation to see what the impact is.

Ms. Yaroslavsky thanked everyone for attending.

**Agenda Item 7      Adjournment**  
The meeting was adjourned at 3:15 p.m.

DRAFT

## MEDICAL BOARD STAFF REPORT

**ATTENTION:** Members, Education and Wellness Committee  
**SUBJECT:** Report on Benefits of Physician Education on the Disability Insurance and Paid Family Leave Programs  
**STAFF CONTACT:** Dan Wood, Public Affairs Officer

### **Background**

Promoting access to quality healthcare is part of the mission of the Medical Board of California. The challenges healthcare consumers face in balancing family and work have never been more daunting. California leads the nation in providing opportunities that allow healthcare consumers to find and achieve that balance between work and family. California's healthcare providers play a vital role in helping consumers understand the importance of balance. Physicians should be aware of the programs that the state offers workers and be willing to discuss with their patients the value of participating in these programs. The results of such discussions between physician and patient can serve to reduce stress and promote a healthy work and family balance.

California's Employment Development Department (EDD) is the administrator of State Disability Insurance and the California's Family Leave Act. The California Family Leave Act gives California workers the ability to leave work, for an extended period of time to care for a family member, without fear of losing their job.

Directing the Family Leave Act through the EDD is Dr. Laurel Waters, Medical Director for the Employment Development Department. Dr. Waters will give the members of the Education and Wellness Committee, a presentation on the "Benefits of Physician Education on State Disability and Family Leave"

### **Recommendation**

The Education and Wellness Committee members may wish to consider possible actions to assist licensees in understanding the "Benefits of Physician Education on State Disability and Family Leave"

1. Publication of article and links in Medical Board Newsletter about "Benefits of Physician Education on State Disability and Family Leave"
2. Link to EDD information on Medical Board website
3. Direct staff to work with EDD to develop avenues of communication to expand awareness of California's Family Leave Act.

## **Dr. Laurel Waters**

Dr. Laurel Waters began her education at Reed College in Portland, Oregon. She completed her undergraduate work in Nutrition and Biochemistry, graduating with Honors from University of California, Berkeley (UCB). She worked in an immunology lab gaining more scientific background, both as an undergraduate and during Medical School at University of California at Davis (UCD). She also studied and worked on the relationship of Nutrition to Immune Status during Medical School. She proceeded from University of California at Davis to the University of California at San Francisco (UCSF) to a National Institute of Health funded Research Fellowship in Pediatric Gastroenterology. Dr. Waters started her residency training in Pediatrics at UCSF. She then switched to a UC Davis/ Martinez Veterans Administration Medical Center program in Anatomic and Clinical Pathology followed by Nuclear Medicine. She promptly passed all three Board examinations.

Dr. Waters went to work in the private sector, beginning her career at Marshall Hale Memorial Hospital in San Francisco. She went on to NorthBay Hospital in Fairfield. She returned to San Francisco as the Medical Director of the joint venture between Mt Zion/ UCSF and Damon Clinical Labs for the final two years of its existence. She then moved to St Luke's Hospital in San Francisco. Subsequently, she returned across the Bay to Oakland Children's Hospital where she was the Associate Laboratory Director. Dr. Waters' interest in Pediatric Pathology grew and she applied to stand for the last time the Boards were offered on an experience basis. She also did part of a Fellowship at State University of New York. After passing the Boards in Pediatric Pathology she stopped being bicoastal and settled back in California.

She founded her own business called PerinatalPath. She helped parents understand poor birth outcomes and provided medical legal consultations as well as expert witness work. She gave physician lectures and was involved in county Fetal and Infant Mortality Review Boards. Concurrently she performed in part-time general pathology positions in California, Washington State and New Zealand.

In May of this year, Dr. Waters became the Medical Director of the Employment Development Department working primarily in the Disability Insurance Branch. Today she will talk to us about the "Benefits of Physician Education on State Disability and Family Leave".

# Benefits of Physician Education on the Disability Insurance and Paid Family Leave Programs



Presented by  
Laurel Waters, MD FCAP FASCP  
July 19, 2012

# State Disability Insurance



**State  
Disability  
Insurance**



**Disability  
Insurance**

**Paid Family  
Leave**

# State Disability Insurance

## Mission

The California State Disability Insurance Program minimizes financial hardships by providing timely benefits and services to eligible workers and families while supporting California's economy.

## Vision

The State Disability Insurance Branch will be a recognized leader and a model of excellence, innovation, and integrity.

# What is SDI?

- State Disability Insurance (SDI) is a partial, short-term, wage-replacement insurance plan for California workers.
- SDI provides coverage for two program components:
  - Disability Insurance** provides partial wage replacement benefits for up to 52 weeks per claim
  - Paid Family Leave** provides partial wage replacement benefits for up to six weeks

# Disability Insurance Which States Have It?

**California is one of six U.S. locations with  
Disability Insurance or Paid Family Leave**

Hawaii - DI

New Jersey – DI, PFL

New York - DI

Rhode Island - DI

The Commonwealth of Puerto Rico -DI



# Key Points of SDI

- Provides coverage for approximately 13 million California workers
- Provides partial wage replacement of approximately 55% of employee's income
- Requires employees have qualifying wages in the base period and be in the labor market when the disability or family leave began



## Key Points of SDI

- Requires a seven day, non-payable waiting period for both DI and PFL benefits
- Provides benefits starting on the 8<sup>th</sup> day
- Requires employees file a timely claim (no later than the 49<sup>th</sup> day after the disability or family leave began)
- Allows employees to apply without regard to length of employment with their current employer

# Can a Claimant Work Part-time?

- Individuals who normally work full-time but due to a disability or family leave have a reduced work schedule, may be eligible to collect State Disability Insurance benefits
- Individuals who normally work part-time but are suffering a loss of wages resulting from a disability or family leave, may be eligible to collect State Disability Insurance

# State Disability Insurance Data

State Fiscal Year 2010/2011

	DI	PFL
Total claims filed	<b>734,650</b>	<b>204,893</b>
Average weekly benefit amount	<b>\$446</b>	<b>\$488</b>
Total benefits authorized	<b>\$4,414,575,335</b>	<b>\$498,438,584</b>

# Key Points

## Disability Insurance

- Provides wage loss benefits for employees who cannot work due to a non-work-related illness or injury
- Includes: Elective surgery, alcoholism, drug addiction treatment and recovery, pregnancy, childbirth or other related conditions

# Key Points

## Disability Insurance

- Requires employees be unable to perform their regular or customary work
- Requires employees be under the care of a physician or practitioner
- Requires certification from the treating physician or practitioner of the illness, injury or disability



# Disability vs. Impairment

## Disability

According to the CA Unemployment Insurance Code, a disability is a physical or mental condition (sickness or injury) which renders people unable to perform their regular or customary work

## Impairment

An impairment is a condition which renders people less than 100% healthy or whole. This does not necessarily constitute a disability

## Key Points Paid Family Leave

- Paid Family Leave (PFL) is a component of State Disability Insurance and applies to all employees covered by State Disability Insurance (SDI)
- Helps ease the financial burden of a wage loss by providing up to six weeks of benefits due to Bonding or Caregiving needs
- PFL Benefits are payable at the same rate as DI

# Two Basic PFL Claim Types

## Bonding

- Requires written proof of the new child such as birth certificate, adoption papers, or foster care placement document
- Must be claimed within 12 months of the child entering into family
- Child must be under 18 years of age



# Two Basic PFL Claim Types

## Care

- To care for seriously ill spouse, registered domestic partner, parent, or child
- Requires doctor certification of serious illness and a need for care
- Requires the signature of person receiving care or his/her authorized representative



# Key Points Paid Family Leave

- Payments are limited to six weeks over a consecutive rolling 12-month period
- Mothers transitioning from DI for maternity to PFL for bonding benefits do not have to serve a second seven day waiting period (considered same claim)

# How Disability Insurance Differs from Paid Family Leave

Disability Insurance	Paid Family Leave
Up to 52 weeks per claim	Up to six weeks per 12-months
Employee's personal illness, injury, or disability	Caring for a seriously ill family member or to bond with a new child

# SDI Claim Forms

- There are specific Claim forms for DI and PFL
- Claimants may obtain claim forms from SDI field offices, via the EDD website, or from their Health Care Provider
- Doctor's certification is a portion of the claim form

## Which Health Care Providers Can Certify to a Disability for SDI Claims?

- Physicians and Surgeons holding a M.D. or D.O. degree
- Chiropractor
- Podiatrist
- Optometrist
- Dentist
- Psychologist
- Nurse midwife or licensed midwife (For normal pregnancy and childbirth only)
- Nurse Practitioner (For all conditions within scope of practice. In order to certify disabilities other than normal pregnancy and childbirth, the nurse practitioner must perform a physical examination and collaborate with a physician.)

# The Claim for Disability Insurance Benefits

**EDD** Employment Development Department  
**1001-0001** - Claim Statement of Employer  
 7/2014 (REV. 04-01-14)

This form is used to report information about the claimant's employment history and disability status to the EDD. It includes sections for employer information, employee information, and a declaration of the employer's knowledge of the claimant's disability.

**EDD** Employment Development Department  
**1002-0001** - Claim for Disability Insurance Benefits - Doctor's Certification  
 7/2014 (REV. 04-01-14)

This form is used by a doctor to certify a claimant's disability. It includes sections for doctor information, patient information, and a detailed medical history and diagnosis.

**EDD** Employment Development Department  
**1002-0001** - Claim for Disability Insurance Benefits - Doctor's Certification  
 7/2014 (REV. 04-01-14)

This form is used by a doctor to certify a claimant's disability. It includes sections for doctor information, patient information, and a detailed medical history and diagnosis.

**EDD** Employment Development Department  
**1003-0001** - Health Insurance Portability and Accountability Act (HIPAA) Authorization  
 7/2014 (REV. 04-01-14)

This form is used to authorize the EDD to disclose information to a physician, practitioner, hospital, vocational rehabilitation counselor, or workers' compensation insurance carrier. It includes sections for patient information, physician information, and a detailed authorization of information release.

# Certifying to the Disability

The following claim information is needed by the treating physician/practitioner in order to process your patient's Disability Insurance claim.

- Physician/Practitioner's certification
- Physician/Practitioner's license number
- Patient's estimated return to work date
- ICD-9 Code and Diagnosis

## Certifying to the Disability (cont.)

- Nature, severity, and extent
- Type of treatment
- Surgery or procedure performed
- Pregnancy due date

## Extending the Recovery Date

- A supplemental medical form or extension request is usually sent to the patient and care provider by EDD when the estimated recovery date is reached
- If your patient is still disabled and unable to return to his/her regular or customary work, you can certify to a continued disability
- Your patient must return the completed signed extension request within 20 days of the issue date
- We anticipate beginning late 2012, extensions can be submitted online using SDI Online Services

# Extending the Recovery Date

It is not necessary to use the DI extension form as long as you provide the following on your letterhead:

- Patient's name and Social Security number
- Diagnosis and ICD code
- Statement that the patient is disabled
- Estimated recovery date
- Your signature, license number, and date



# Certifying to the Need For Care

The following claim information is needed by the patient's treating physician/practitioner in order to process a Paid Family Leave claim for caregiving.

- Claimant's information
- Care recipient's information
- Necessity for care

# Certifying to the Need For Care (cont.)

- ICD-9 Code and Diagnosis
- Recovery and care dates
- Daily hours of care
- Physician/Practitioner's practice and specialty

# Duration Management

## **SDI relies on information provided by:**

- Physicians/Practitioners including diagnosis(es), ICD codes, findings, treatments, and comorbid conditions
- MD Guidelines, created by The Reed Group

# Duration Management

## **SDI relies on information provided by:**

- Patient contact in person when they visit an office, or by phone or by mail
- Physicians/Practitioners contact by phone or mail
- Independent Medical Exam (IME)
- Other sources as appropriate

# Legal Basis for Requesting IME's

According to Title XXII, Section 2627( C ) – 1, these are the reasons for which we can require reasonable IME's:

- Medical information from a claimant's physician does not conform with the guidelines established by the EDD Medical Director regarding normal duration and the claimant's physician doesn't provide any objective medical findings to alter the expected duration
- Inadequate medical information to support the existence of a disability

# Legal Basis for Requesting IME's (cont.)

- Conflicting medical information concerning the claimant's disability is received
- Reports of the claimant's activities conflict with reports on the claimant's disability
- Additional medical evidence requested to support a continued claim for disability benefits cannot be secured without an additional fee to the claimant
- Additional medical information is necessary to confirm that the claimant is disabled

Please see Title XXII for the complete verbiage of this section.

# Elective Coverage

- Self- employed
- Sole proprietor
- Intent to continue the business at least 2 yrs
- Not seasonal
- Major portion of remuneration
- IRS SE >\$4,600 profit/yr

# Elective Coverage Benefits

- >6 mos coverage before claim can be filed
- Protection against loss of income from injury, pregnancy or illness (work related or not)
- Up to 39 weeks of benefits for disability
- Automatic Paid Family Leave (PFL) up to 6 wks
- Benefit \$50-1011/wk
- No pre-existing diagnosis issues



## **SDI Contact Information**

<b>Disability Insurance English 800-480-3287</b>	<b>Disability Insurance Español 866-658-8846</b>
<b>Paid Family Leave English 877-238-4373</b>	<b>Paid Family Leave Español 877-379-3819</b>

The background of the slide features three computer monitors arranged in a row, each displaying a large '@' symbol. The monitors are set on a desk with keyboards in front of them. The entire scene is overlaid with a semi-transparent blue filter.

Go to [www.edd.ca.gov/](http://www.edd.ca.gov/) for  
more information about  
State Disability Insurance

# Coming late 2012

## File DI/PFL Claims Online

- **Claimants:** Will be able to securely file Disability Insurance and Paid Family Leave claims and submit required documentation related to their claim online.
- **Physicians/Practitioners:** Will be able to securely submit patient information (including the information required for the doctor's certification) online.

# Coming late 2012

## Submit DI/PFL Information Online

- **Employers:** Will be able to securely submit employee information (wages earned, last day worked, etc.) online.

*Please complete the  
evaluation forms.*

*Thank you!*



# Questions?



## MEDICAL BOARD STAFF REPORT

ATTENTION: Members, Education and Wellness Committee  
SUBJECT: Presentation of Pre-Existing Condition Insurance Plan & Educating  
Physicians and Consumers  
STAFF CONTACT: Dan Wood, Public Affairs Officer

### Background

The Medical Board of California has as its mission, the protection of healthcare consumers, objective enforcement of the Medical Practice Act and promoting access to quality medical care. This mission is accomplished in part by the Board's licensing and regulatory functions. Promoting access to quality medical care requires setting and achieving goals beyond the Board's licensing, enforcement and regulatory functions.

The Education and Wellness Committee of the Medical Board has the ability to seek out and encourage cooperative efforts among California state agencies that contribute to promoting access to quality medical care. The Managed Risk Medical Insurance Board (MRMIB) offers programs to healthcare consumers that provide access to quality medical care for consumers who otherwise may not seek medical care due to cost. Pre-existing medical conditions can and do prevent some consumers from obtaining healthcare insurance. The Pre-Existing Condition Insurance Plan (PCIP) offered by MRMIB creates an avenue for access to quality medical care.

MRMIB Deputy Director Ernesto Sanchez will provide a presentation on PCIP. The presentation will explain the program and how healthcare providers play a role in communicating the availability of PCIP to consumers. Mr. Sanchez's biography is attached.

### Recommendation

The Education and Wellness Committee may wish to direct staff to work with the staff of MRMIB, to develop educational materials that will aid Medical Board licensees in providing PCIP information to consumers.

1. The educational materials the Committee may wish to consider include providing PCIP links on the Medical Board website.
2. Publish articles in the MBC Newsletter about how PCIP creates opportunities for better healthcare.

## **Ernesto A. Sanchez**

Ernesto A. Sanchez is the Deputy Director of the Eligibility, Enrollment, and Marketing Division for the Managed Risk Medical Insurance Board. He has been staff to the Board since 1998 in various capacities, including Assistant Director for Health Care Reform, Division Operations Manager, Special Projects Section Manager and Contract Monitoring and Marketing Manager. He currently administers five programs (Healthy Families Program, Access for Infants and Mothers Program, Major Risk Medical Insurance Program, the County Children's Initiative Program and the new federal Pre-Existing Condition Insurance Plan.) The five programs serve nearly one million subscribers and have a combined budget over \$2.3 billion. His responsibilities also include the contract management of two administrative vendor contracts totaling approximately \$80 million annually. The commercial purchasing pool model insurance programs provide access to health coverage for vulnerable uninsured populations within the State of California.

He oversees negotiation, implementation, management, monitoring and performance evaluation of administrative vendor, outreach and health plan contracts. He has extensive knowledge of the California health plan and insurance marketplace. Mr. Sanchez has experience representing the Board and the Executive Director with health insurance industry representatives, consumer advocate groups, employer organizations, community based organizations, academic institutions, Federal representatives, State representatives, County representatives, Administration officials, members of the Legislature and legislative staff.

Ernesto served on the UC Davis Health Systems' Community Advisory Board (CAB) from 1997-2003. From 1995 until 1998 he served as the Associate Director of the California Shortage Area Medical Matching Program and the National Health Service Corp. Fellowship Program. Mr. Sanchez began his State Public service career with the Office of Statewide Health Planning and Development (OSHPD) in 1989 administering health care demonstration projects and developing underrepresented health care providers.

Ernesto began his professional career by working for two local community based organizations. He oversaw youth programs for the Centro de Juventud in the Fruitvale area of Oakland and administered Alcohol and Drug programs for Center Point Programs in San Rafael.

He was born in Oakland, California and graduated from Castro Valley High School. He received a Baccalaureate of Science Degree in Health Science, along with a minor in Business Administration from California State University, Hayward.



**Presentation of Pre-Existing Condition Insurance Plan  
(PCIP) & Educating Physicians and Consumers**  
*July 19, 2012*

**Medical Board of California's  
Education & Wellness Committee**



**Ernesto A. Sanchez**

**Deputy Director**

**Eligibility, Enrollment & Marketing Division**

**Managed Risk Medical Insurance Board**

# Mission Statement

*The California Managed Risk Medical Insurance Board (MRMIB) provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.*



## Managed Risk Medical Insurance Board

The Board consists of volunteer members appointed by the Governor and the Legislature:

- 3 members appointed by the Governor
- 2 member appointed by the Legislature
- 4 ex-officio members





## Managed Risk Medical Insurance Board

The MRMIB administers 5 programs which provide health coverage to various uninsured populations through a purchasing pool model:

- Pre-Existing Condition Insurance Plan (PCIP)
- Major Risk Medical Insurance Program (MRMIP)
- Healthy Families Program (HFP)
- Access for Infants and Mothers (AIM) Program
- County Children's Health Initiative Program (C-CHIP)

# Pre-Existing Condition Insurance Plan (PCIP)



# PCIP Topics



- ✓ PCIP Overview
- ✓ PCIP Demographics
- ✓ PCIP Eligibility Requirements
- ✓ PCIP Application and Enrollment Process
- ✓ PCIP a Win-Win for Providers
- ✓ PCIP Resources

# PCIP Overview

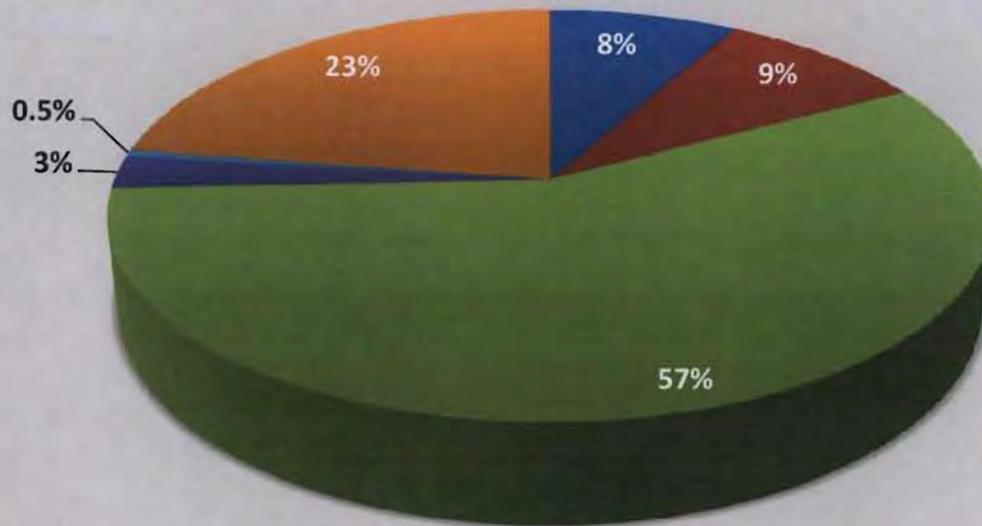


- PCIP of California opened for enrollment in October 2010.
- Federally-funded high risk pool for uninsurable individuals.
- Provides health insurance coverage to individuals who are unable to obtain coverage in the individual health insurance market because of their pre-existing conditions and have not had health coverage for the last 6 months.
- Subscribers pay a monthly premium and the federal government supplements the premiums to cover the cost of care.
- 6.4% of program funds spent on administrative costs
- 11,339 enrolled as of June 19, 2012.
- California has the Largest PCIP program in the Nation.

# PCIP Demographics



## PCIP Subscriber Ethnicity



- Latino
- White
- American Indian & Alaska Native
- Asian & Pacific Islander
- African American
- Other

# PCIP Eligibility Requirements



- Must be a Resident of California
- Must be a U.S. Citizen; U.S. National; or Lawfully Present in the U.S. (Proof Required)  
(SSN required for U.S. Citizen/National)
- Must have a pre-existing condition. (Proof Required)
- Must not have had creditable health coverage 6 months prior to applying for PCIP.
- Not enrolled in Medi-Cal, Medicare Part A and B, COBRA, or Cal-COBRA benefits.

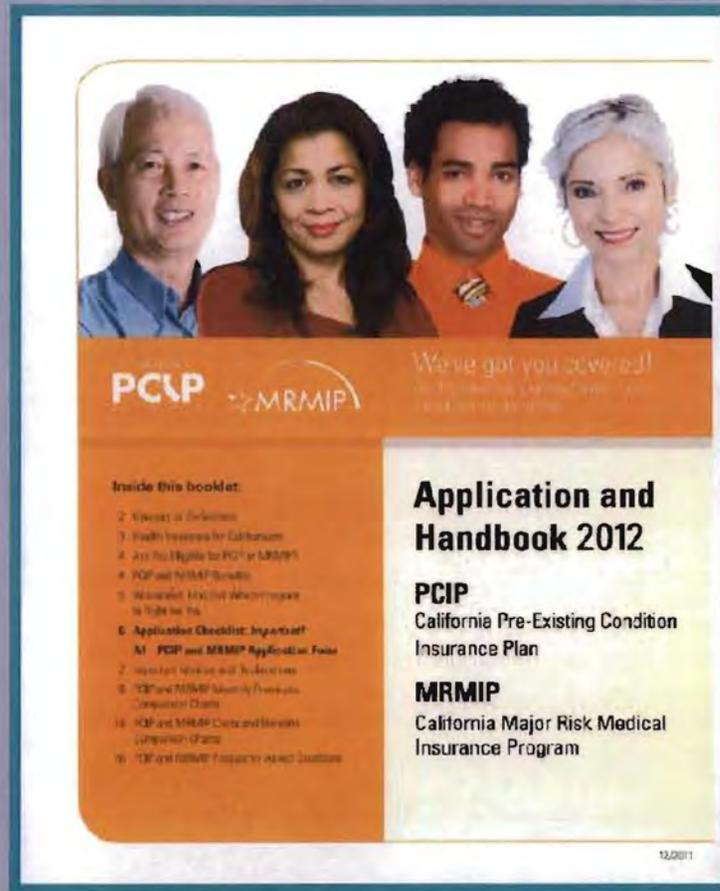
# Proof of Pre-Existing Condition



Applicants must provide one of the following as proof of their pre-existing condition:

- A letter or form signed and dated within the last 12 months, from a doctor, physician assistant, or nurse practitioner (who is licensed to practice), stating the individual has or had a medical condition, disability, or illness .
- Individual coverage Denial Letter or e-mail from an insurance company that is dated within the past 12 months (i.e. 365 days) from the date the application is received.
- A letter or email offering higher rates than the MRMIP PPO rates dated within the past 12 months from the date the application is received.
- If an applicant is currently enrolled in creditable health coverage and receives a letter from their health plan stating that their premium will be increasing to an amount above the MRMIP PPO rates, they are not PCIP eligible.

# PCIP Application and Enrollment Process



# Who Can Apply for PCIP?



- Individuals 18 years of age and over.
- On behalf of individuals under the age of 18:
  - Parents (natural or adoptive)
  - Legal Guardians
  - Step-parents
  - Foster Parents
  - Caretaker Relatives
  - Emancipated minors

# PCIP Application & Enrollment Processing Timeframes



- Complete PCIP applications received with ALL required documents the 15<sup>th</sup> of the month, coverage begins on the 1<sup>st</sup> day of the following month.

**Example:** The complete PCIP application is received before February 15<sup>th</sup>, the start date of coverage will be on March 1<sup>st</sup>.

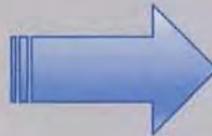
- Complete PCIP applications received with ALL required documents after the 15<sup>th</sup> of the month, coverage begins the 1<sup>st</sup> day of the second month following unless you request an earlier effective date of coverage.

**Example:** The complete PCIP application is received after February 15<sup>th</sup>, the start date of coverage will be on April 1<sup>st</sup>.

# What Happens if Denied PCIP?



Completed Applications denied PCIP, are forwarded to the Major Risk Medical Insurance Program (MRMIP) for an eligibility determination.



# PCIP a Win-Win for Providers and Customers



- PCIP Provides coverage to individuals with pre-existing conditions at affordable premium rates.
- PCIP provides individuals access to care without risking financial stability.
- PCIP provides competitive and stable payments to the providers serving these previously uninsurable individuals.

# PCIP Resources



- Customer Service Representatives:  
1-877-428-5060, M-F 8am-8pm, Sat 8am-5pm
- Outreach materials: go to the outreach tab at [www.pcip.ca.gov](http://www.pcip.ca.gov)
- Detailed Benefits: go to the services tab at [www.pcip.ca.gov](http://www.pcip.ca.gov) for the Summary Plan Description booklet

# Major Risk Medical Insurance Program (MRMIP) Overview



- Opened for enrollment in 1989.
- California's high risk pool for uninsurable individuals.
- Provides health insurance coverage to individuals who are unable to obtain coverage in the individual health insurance market because of their pre-existing conditions.
- Subscribers pay a monthly premium and the State of California supplements the premiums to cover the cost of care.
- Four percent (4%) of program funds spent on administrative costs
- **5,971 enrolled as of May 31, 2012.**
- 148,806 applications received since the program's inception.

# MRMIP Eligibility Requirements



- Must be a resident of California.
- Cannot be eligible for Medicare both Part A and Part B unless eligible solely because of end-stage renal disease.
- Cannot be eligible to purchase any health insurance for continuation of benefits under Cobra or CalCobra.
- Must be unable to secure adequate coverage within the last 12 months.
- Must have been denied health coverage due to a pre-existing condition or offered an individual plan that exceeds the MRMIP premiums for your age in your county.

# MRMIP Application Process



Complete applications are processed within 30 days of receipt date. The start date of coverage is the 1st of the following month.

- Example: Complete applications are received and processed by February 15th, the start date of coverage will be on March 1st.

# Federal Affordable Care Act

- **Development of New Programs and Systems**
  - PCIP
  - HFP
  - AIM
  - MRMIP
- **Use of Third Party Administrator (TPA)**
  - Quick Implementation of Program and Systems
  - First Class Customer Service Performance and Accuracy Requirements
  - Effective and Cost Efficient Administration of Program
  - Multiple levels of Quality Assurance and Auditing

# Affordable Care Act Vision

- Consumer-focused
- Reduce the Number of Uninsured
- Strengthen the Health Care Delivery System
- Guaranteed Issue
- Active Purchaser
- Require Insurers to Compete on Price, Quality and Service; Not on Risk Selection

# Healthy Families Program



- Opened for enrollment in July 1998.
- Provides comprehensive health, dental and vision coverage to low-income children up to age 19.
- Serves children in families with income up to 250% federal poverty level (FPL) who are not eligible for no-cost Medi-Cal.
- Families pay a monthly premium ranging from \$4-\$24 per child, depending on the families income level.
- 5.7% of program funds spent on administrative costs
- 874,890 children enrolled as of May 31, 2012.
- 3.8 million children enrolled since the programs inception.
- Larger than the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> largest Children's Health Insurance Program (CHIP) combined.

# Access for Infants and Mothers Program



- Opened for enrollment in 1991.
- Provides comprehensive health care services through pregnancy and 60 days postpartum, including hospital delivery.
- Serves pregnant women with incomes between 200% and 300% of the federal poverty level (FPL) who are not eligible for no-cost Medi-Cal.
- Subscriber contribution is 1.5% of the mother's adjusted annual household income after income deductions.
- Three percent (3%) of program funds spent on administrative costs.
- 7,226 women enrolled as of May 31, 2012.

# Resources

- **MRMIB website:** [www.mrmib.ca.gov](http://www.mrmib.ca.gov) or 1-800-289-6574
  - Applications, Reports, Board Agendas and Minutes
- **PCIP website:** [www.pcip.ca.gov](http://www.pcip.ca.gov) or 1-877-428-5060
  - Web Based Training
  - Newsletters
  - Recent Program Updates
  - Download templates and samples
- **HFP website:** [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov) or 1-800-880-5305
- **AIM website:** [www.aim.ca.gov](http://www.aim.ca.gov) or 1-800-433-2611
- **EE/CAA Help Desk:** 1-800-279-5012
- **HeApp Help Desk:** 1-866-861-3443
- **E-mail:** [ee-caaliation@maximus.com](mailto:ee-caaliation@maximus.com)

# Questions?

**Ernesto A. Sanchez**

**[ESanchez@mrmib.ca.gov](mailto:ESanchez@mrmib.ca.gov)**

**(916) 327-6563**

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BOARD STAFF REPORT

DATE REPORT ISSUED: July 12, 2012  
 ATTENTION: Members, Education & Wellness Committee  
 SUBJECT: Report on Strategic Plan Update from Public Affairs Office  
 STAFF CONTACT: Dan Wood, Public Affairs Officer

BACKGROUND:

**Objective 3.1:** Improve and expand professional educational outreach, including outreach to students and new graduates, about the laws and regulations that govern medical practice.

1. The first activity in achieving objective 3.1 is the review and determination of what is needed to improve the Medical Board of California (Board) public Web site. In January 2012, the Public Affairs Officer began meeting with staff members of the Information Services Branch (ISB) of the Board to identify the current needs of the public Web site. Consultations with ISB staff led to the conclusion that the current Web site is in need of an overhaul and redesign. The decision was made that only mission critical updates to the current Web site would be made in order to devote existing resources to developing a new Board Web site which, when launched, would replace the existing Web site. The new Web site is targeted for launch on December 31, 2012. The Web Users' Committee oversees the development of the new Web site. To speed the development of the new Web site, the Public Affairs Office created a Web Design Committee, whose responsibility is to make and implement the design and functionality efforts of the Web site, then submitting its work for review and analysis to the Web Users' Committee. The Web Design Committee meets twice a month, sets goals and project assignments, and reports on implementation progress. The Web Users' Committee meets once a month, reviews the progress of the Design Committee, and provides input for changes or improvements of existing work efforts. The Governor has put in place a design template that all state Boards are to utilize. This template is much more user friendly, however requires extensive coding from ISB staff. The Public Affairs Office has adopted the new template design for the Board Web site. Over the past six months, the staff of Public Affairs and the staff of ISB have met with members of the Web Design and Web Users' Committees to review and implement the template for use in redesigning the "MBC Within" Web site used by Board staff members. The technical design and implementation information gathered during this period of time has directly rolled over to the new Board public Web site. This will speed the development and implementation of the new Board public Web site, which is already under construction. Here is the timeline through November 5, 2012, for development

August 1, 2012	Design Committee reviews framework in place
September 10, 2012	Written copy for individual section tabs deadline
September 20, 2012	Section copy revisions sent to managers for review
October 1, 2012	Manager's review returned to Public Affairs
October 9, 2012	Revision and Status Report for Executive Staff
October 9- 26, 2012	(on hold as prep for Board meeting takes priority; BreZE launch)
October 29, 2012	Link testing
November 5, 2012	Group testing to determine ease of navigation

2. The next activity states: "Utilize the Board Web site and Newsletter to inform licensees of issues relating to changes in laws, regulations, practice patterns and tools, as well as issues of public health and cultural and linguistic literacy, creating opportunities to achieve the Board's mission."

To achieve this activity, the Public Affairs Officer has and continues to reach out to other agencies, associations, and stake holders seeking information that would be of interest and benefit to licensees and applicants. The California Board of Pharmacy, the California Medical Association, and the California Employment Development Department, are just some of the agencies and organizations that are now working together to better serve the public by information sharing. Arrangements have been made, on a quid pro quo basis, to publish articles submitted by these groups. Articles have been provided by the Public Affairs Officer to these groups for publication in their magazines and Newsletters. This exchange of articles for publication began with the Summer edition of the Board's Newsletter. Reciprocations are anticipated as these groups send their publications to press. Articles such as those written by the Medical Director for the Employment Development Department and articles about California's Pre-existing Condition Insurance Plan, aid licensees in understanding how such programs benefit physicians, as well as healthcare consumers. The submission must have a focus that will educate and improve licensees' knowledge and delivery of quality healthcare to consumers. These articles are written and submitted to the Public Affairs Officer, who then reviews and edits the submissions before posting on the Board Web site or in the Board's Newsletter. In return for the opportunity to reach out to the over 120,000 readers of the Board's Newsletter and tens of thousands of Board Web site visitors monthly, the groups agree to publish relevant Board information on their Web sites and in their publications. Currently, such agreements have been reached with the California Medical Association, the Board of Pharmacy, the Employment Development Department, the Federation of State Medical Boards, and the Los Angeles County Medical Association. In the future, as the Board's new public Web site goes online, the Public Affairs Office will include Web based audio and video materials, such as training, consumer education videos, and audio programs for downloading. The Public Affairs Office will seek out and develop cooperative agreements for production of audio and video programs from in-house materials and external production companies. The audio and video materials will be divided into age appropriate groups, such as school ages 6-15, young adult ages 16- 26, family ages 27-49, mature and senior ages 50+. The Public Affairs Officer will begin development of these in Spring 2013.

3. The next activity states, "Work with state, county, and federal agencies to inform licensees". As laws impacting physicians and their practices change on the local, state, and federal level, the Public Affairs Office endeavors to promptly convey all these changes to licensees and applicants. This is achieved through the posting of "Alerts" on the homepage of the Board Web site. Additionally, all pertinent sections of the Web site are updated to reflect the changes in the laws and articles are written for publication in the quarterly Newsletter. News of immediate concern is relayed through an Email blast to licensees. An example of an email blast to physicians was related to the Food and Drug Administration (FDA). The FDA issued an alert, in July, which warned of a risk of accidental overdose with Carpuject pre-filled cartridges. The cartridges had been overfilled to contain twice the amount of medicine than was expected. The Board Web site was updated with an "ALERT" to warn licensees and Web site visitors of the risk. In addition to the "ALERT" an email blast was sent out to warn of this danger.
4. This activity is to educate physicians about complying with the law, initiate programs to promote the Board's information and programs to its licensees and, if resources permit, send every physician a new handbook with license renewals. The Guidebook to the Laws Governing the Practice of Medicine is currently being updated. The new seventh edition to the Guide to Laws Governing the Practice of Medicine is set for final review on August 3, 2012. Layout with final edits and approval are slated for August 17, 2012. On that date, the updated seventh edition will be posted online at

the Board Web site and sent to print.

5. Activity 5 is the re-establishment of a Speaker's Bureau and reinstatement of the "Teams of 2," consisting of one staff member and one Board member, and has a target date of Winter 2012. "Teams of 2" could be implemented on a local basis with advanced planning. Offering the speaker's program, with a minimum six-month advance request notice, would allow the Public Affairs Office the time needed to see if a Board member and staff member are available to make a presentation. Logistics will be the key to making the "Teams of 2" successful. Providing a Board member sufficient advance notice to arrange scheduling, without incurring travel expense, will make the success of the program more feasible. Presentations themes include, "The Seven Deadly Sins", "What Can the Medical Board Do for You?" and "How Complaints are Filed and Handled". The "Teams of 2" promotional campaign will begin with the online posting of the Winter 2013 Newsletter. The first "Teams of 2" materials will be ready in Spring 2013.
6. This activity is to conduct outreach opportunities to various organizations, hospitals and groups providing speakers and articles are continually being sought by the Public Affairs Office. When requested by local groups in the Sacramento area, these engagements are attended and encouraged by the Public Affairs Office. Speaking engagements have taken place at California State University at Sacramento. The Public Affairs Office will, by September 4, 2012, have reached out to colleges, universities, and schools in the immediate area offering speakers. The Public Affairs Office will continue to report to the Committee on a continuing basis. When travel restrictions are lifted, the outreach program will be expanded and reports on those efforts will be made to the Committee on a continuing basis, as well.

**Objective 3.2:** Improve public education by expanding current outreach efforts and initiating more outreach programs to educate the public on the Board's programs, the rights of patients, and how to file complaints.

1. As in objective 3.1 the first activity is to review the Board Web site to determine what can be improved. The Public Affairs Officer has set a date of December 31, 2012, as the target launch date for the newly revised Board Web site. While some Board publications are available for download, the current Board Web site mentions publications can be ordered from the Board. The new Web site will provide .pdf files of all publications for download by consumers. This will eliminate considerable cost to the Board in avoiding staff labor, mailing, and printing costs. Hard copy versions will remain available for distribution; however, the number of hard copies may be greatly reduced due the ability to download the .pdf files.
2. The second activity directs the Public Affairs Office to identify consumer education groups and publications to assist in distributing MBC materials. Consumer education groups will also be identified and targeted for distribution of Board publications. The availability of providing the Board publications to these groups electronically or on CD will not only speed the distribution, but save considerable cost. The distribution of electronic versions of Board publications will begin in January 2013 to schools, educators, public interest groups, and news media.
3. This activity states the Public Affairs Officer will schedule meetings with editorial boards of major media at least once a year. An outreach effort to both print and electronic newsgathering organizations in the form of physical meetings with editorial Boards and journalistic organizations

is subject to travel restrictions. As travel is permitted, such as for Board meetings, efforts will be made to arrange physical meetings with editors and producers in the communities where the Board meetings are scheduled. Invitations have been extended to journalists in the host cities of the Board meetings to come attend the meetings and meet with the Public Affairs Officer. This will continue to be a standard of operation into the future and will be reported to the committee on a continual basis. The Public Affairs Officer will use the resources available such as, phone conference meetings and video conference meetings. These meetings will begin in November 2012.

4. For this Activity, the Public Affairs Office will update brochures to reflect current practice environment. Part of the public education efforts are the creation and distribution of informational brochures and guide books. Existing educational materials are being updated by amending remaining stocks and revising as those stocks are depleted. The updating of brochures needs to reflect the current practice environment. The Guide to Laws Governing the Practice of Medicine, is in the final stages of revision for publication of the seventh edition, dated 2012. As mentioned earlier in this report, this publication is to go online September 14, 2012, with hardcopy publication to follow. The Public Affairs Officer is also reviewing all brochures and publications for updating, with highest priority going to publications where the information contained is outdated.
5. The next activity is to work with other state agencies to provide Board materials to consumers. The Public Affairs staff continues seeking out and developing working relationships with other state agencies to provide Board publications to consumers through these agencies. First on the list is the Department of Consumer Affairs (DCA). The Public Affairs Officer has met with his counterpart at the DCA and established a solid working relationship. DCA has provided resources that the Board is currently utilizing in the form of graphic artwork. The strategic plan for the Public Affairs Office of the Board includes utilizing the DCA video tape and editing facilities to develop video public service announcements (PSAs) on topics that include, "How to Check Your Doctor's Background" and "How to File a Complaint". These PSAs will be provided to electronic and broadcast media outlets that can use them to fulfill their mandated obligation to serve what the Federal Communications Commission calls the "public interest, needs, and necessity". The purpose, design, and roll out plan for a PSA campaign will begin November 16, 2012. Scripting and approval to be finished by December 7, 2012. Pre-production is to begin December 11, 2012. The PSAs will be ready for production January 15, 2013. Post production is to begin January 21, 2012. All dates after script is approved are dependent on availability of production facilities at DCA.
6. This activity is to explore the use of social media in outreach to the public. Social media has become a major communication resource worldwide. The advent of social media sites such as Facebook, Twitter, YouTube, LinkedIn and others, provides audiences that are global when it comes to communication. The Public Affairs staff is currently writing a policy that will cover the development and use of social media for conveying vital information concerning activities of the Board and news that impacts the licensees and applicants. The policy will specify who is responsible for determining what information will be posted on social media sites, who will be responsible for entering the information and maintaining the presence on Social Media. Social media subscriber names such as Medical Board of California, California Medical Board, MBC, and CMB have been reserved on Twitter, Facebook, and YouTube to prevent others from obtaining these subscriber names and using them for purposes other than achieving the mission of the Board. Several seminars and Webinars concerning government use of social media have been attended by the Public Affairs Officer and other staff members, as part of the learning process to execute effectively a viable social media presence by the Board. These efforts began in spring 2012 and

will continue as the Board's social media program is developed, reviewed, and approved by executive staff on August 14, 2012, and put in place on August 31, 2012.

7. Objective 3.2 of the Strategic Plan concludes with the activity of adding Board information to the California Healthcare Insurance Exchange Web site. This task is scheduled for fall 2013, and the timeline for such activity will be established after discussions take place between the Executive Directors of the Board and California Health Benefit Exchange (CHBE). The vision of the CHBE is to improve the health of all Californians by assuring their access to affordable, high quality care. The mission of the CHBE is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value. This is consistent with the mission statement of the Board and the promotion of access to affordable quality healthcare. With this task scheduled in the strategic plan for fall 2013, the discussions between the Board and the CHBE should begin fall of 2012.

**Objective 3.3:** Identify more effective methods to promote the Expert Reviewer Program to recruit qualified physicians.

1. The enforcement staff of the Board has been diligent in recruiting qualified physicians for the Expert Reviewer Program and the Public Affairs staff has been supportive in providing articles, PowerPoint presentations, and Web site information about the program. This will continue to be a standard of operation for the Public Affairs staff as we conclude 2012 and move into the future. The California Medical Association and the Los Angeles County Medical Association are just two of the associations that have agreed to publish articles about the need for expert reviewers and how to become an expert reviewer. In addition, the Board Newsletter and the Board Web site will publish articles and provide links that inform physicians about the Expert Reviewer Program and training events to become an expert reviewer. This outreach will be reported on a continual basis at Committee meetings.

**Objective 3.4:** Establish a more proactive approach in communication with the media to educate consumers and publicize disciplinary cases and criminal investigations, including those done in cooperation with other agencies.

1. The first activity of objective 3.4 is the building of relationships with major media so that information on all disciplinary cases is provided to the appropriate outlets. This has been the focus of the Public Affairs Officer since late 2011. As calls from media outlets came in or emails from reporters or producers were received, their questions were answered. The media has been given step-by-step instruction on how to subscribe to the email alerts the Board sends out. This has resulted in a growing use of the Board Web site for public documents and information. While this has been a reactive approach, reaching only those journalists who called or emailed, it will be turned proactive by sending out press kits to all media, which includes the step-by-step instruction and links to information contained on the Board Web site. To promote the good work of the Board to the news media, it is imperative that it provide journalists with leads to good news worthy events that reflect the mission of protecting the public. Press kits will contain all necessary information about the Board, plus story ideas and a photo CD that will provide pictures and "B"-roll footage for royalty free use. This will continue to be the practice into the future. Press kits for 2013 with photo CD and PSAs will be ready for distribution by February 2013. The electronic press kits will also provide direct links to video of Board meetings, links to the annual report, and other valuable

information from the Board.

2. The second activity directs the Public Affairs Officer to work with DCA and the DA's office to establish a joint press release procedure, if necessary, to use on joint investigations or actions. DCA and the Public Affairs Office have established a communication effort that increases the visibility of the Board with media and news outlets. As journalists call and email the Board regarding disciplinary cases or requesting information about the Board, that information is also relayed to the DCA, which in turn includes it in its daily media contact reports. When a District Attorney's office is involved, the Board may provide a representative to participate in news conferences, when allowable under the current travel restrictions. When a new release is issued by a District Attorney's office about a matter that involves a Board enforcement action, the Public Affairs Office provides information and quotes for said news release. This standard of operation will continue into the future.
3. This activity states, "when the budget allows, press kits are to be provided to all media outlets." Beginning with the May 2012 Board meeting, press kits were provided to all attending media representatives. This will continue to be the standard of operation for all future Board meetings. Digital publication will allow the Board to produce an electronic or email press kit enabling the Public Affairs Office to be proactive. An electronic version of the press kit will be ready for distribution in time for the October 2012 Board meeting in San Diego.

**Objective 3.5:** Expand the Newsletter to better inform physicians, medical students, and the public.

1. Activity 1 is to evaluate how the current Newsletter is being used by licensees – what is useful, what is not. The Board Newsletter has dramatically increased its focus and widened its scope of coverage to provide more information and to become a one-stop source for information from across California and around the world, pertaining to the practice of medicine and quality healthcare. Sections have been added to the Newsletter such as, News 2 Use, World Pulse, You Asked for It, Fascinating Fun Facts and the Tech Med Corner. In addition, links to audio and video information from agencies, such as the Center for Disease Control (CDC) and the National Institute of Health (NIH), are linked to stories in the Newsletter. To evaluate how the Newsletter is being used a survey will be included in the Fall 2012 Newsletter. This survey will be able to be answered and emailed directly from the online Newsletter. Subscribers who receive a printed edition of the Newsletter will be able to mail their survey to the Public Affairs Office.
2. Activity 2 is to allow applicants, as well as licensees, to receive the Newsletter by email or social media. As the Board develops its social media presence, links to such sites will also be included in the Newsletter, widening the audience base for the Newsletter and the Board itself. In winter 2012, licensees, applicants, and the public will be given the option of receiving the Newsletter via social media.
3. Activity 3 is to establish a feedback mechanism for the content of the Newsletter to determine who is reading it, and what information is read. Receiving feedback on the Newsletter is being encouraged in each and every issue. Readers are encouraged to email their comments, suggestions, and/or complaints about the Newsletter to the editor. All correspondence of this nature is reviewed by the Public Affairs Officer and discussed with the Public Affairs and Executive staff, with proper consideration being given to the ideas, opinions, and suggestions received. This is a standard part of each issue and will continue to be as we move into the future. Such correspondence also

provides the Public Affairs Officer with feedback on what types of articles are attracting the most interest, as well as who the readers are. When the new Board Web site goes live in late December 2012, a direct feedback form for providing comments to the editor in the form of a "Click to Contact the Editor" button will be available for people who read the Newsletter online at the Board Web site.

4. Activity 4 is to examine ways of promoting the Newsletter to encourage more readership. In order to promote the Newsletter and expand readership, alerts will be published online with direct download links and a link to subscribe at the same time. All downloadable publications will include an offer to subscribe to the Newsletter with an active subscription link button. The subscription button will automatically subscribe the reader when clicked on. This activity will begin with the launch of the new Board Web site. There will also be a link for unsubscribing, which will eliminate the majority of phone calls requesting to be dropped from the email list. Such phone calls require staff time. The "Unsubscribe" link will be included in the fall 2012 edition of the Newsletter.
5. Activity 5 is to reach out to other agencies and foundations to contribute to the Newsletter. Reaching out to other agencies such as the Center for Disease Control (CDC), associations such as the American Medical Association (AMA), and foundations such as the Foundation of State Medical Boards (FSMB) is already taking place. Articles published in the Board Newsletter are often reprinted with appropriate credit, such as the FSMB eNews. Reciprocal agreements with other publications are sought after in an effort to expand awareness and readership of the Newsletter.
6. Activity 6 is to incorporate into the Newsletter more information about Board activities, including encouraging attendance at Board meetings, topics discussed at meetings, etc. In each Newsletter issue released before a Board meeting, there is information about topics to be discussed and information on where and when the Board meeting will take place. Readers of the Newsletter are encouraged to attend Board meetings and activities. This will continue to be a standard part of the Newsletter into the future.
7. Activity 7 of objective 3.5 is to encourage professional associations and societies to include a link to the Newsletter on their Web site. Professional associations, such as the California Medical Association, and the Los Angeles County Medical Association, have agreed to link to the Newsletter. The fall 2012 edition of the Newsletter will debut a new section called "Hot Links," a section that will provide links to other publications and Web sites of interest to the readers of the Newsletter. Staff will continue to update the members on who has installed a link.

**Objective 3.9:** Conduct outreach to ethnic and other language publications and groups.

1. Activity 1 is to identify the ethnic and cultural groups to be targeted. Efforts are currently underway to translate brochures and publications as they are produced or updated. A list of non-English speaking media outlets will be assembled and contacts made by winter 2012. Existing Board staff and future hires who speak languages other than English will be asked to volunteer as an additional resource for the Public Affairs Office in reviewing language and cultural considerations in Board materials. The formal translation of printed materials for public distribution to groups that do not speak English is handled by commercial translation professionals. It is the duty of the Public Affairs Office to ensure that all groups have access to Board publications, Board meetings, and public events of the Board. At present most non-English

speaking media outlets provide their own translations when seeking interviews or attending events of the Board.

2. Activity 2 is to identify media outlets for various ethnic groups and other-than-English publications, including community newspapers, radio, television stations, and Web groups. The Public Affairs Office is reaching out to all other-than-English media outlets to inform them of the Board's efforts to communicate with the groups these outlets serve. In doing so, the Public Affairs Office is developing a plan that will incorporate these groups into current and planned communication efforts. This plan will be in place in time for the January Board meeting in 2013. The Public Affairs Officer will continue to update the Committee on these efforts.
3. Activity 3 is to identify those staff members or Board members who may be able to communicate with these targeted groups through language fluency or cultural sensitivity. Staff members who have the ability to speak other languages or translate materials into other languages are being identified. These staff members are, on occasion, asked to review publications and offer insights as to how best to communicate with the various groups. The insights provided aid the Public Affairs Office in effectively providing Board information to serve the diversity of the state's population and achieve the Board's mission. The Public Affairs Officer will continue to inform the Committee on the progress of these efforts.
4. Activity 4 is to establish a plan to coincide with the outreach to English language and general audiences. Recent federally funded studies indicate that the fastest growing minority population in the United States is Asian. In China alone there are five different languages spoken. Serving all other-than-English speaking populations of the state will prove a daunting task. Working with the DCA, the Public Affairs Officer is developing a plan that will effectively serve the diverse population of California and inform these populations of the Board's mission and the services the Board offers all healthcare consumers of California. As this plan is developed, the Public Affairs Officer will continue to update the Committee and Board members. The plan will be ready for launch February 4, 2013.

## Public Affairs Office Update

**Board Newsletter** summer issue is now online, and the Public Affairs Office continues to expand its offerings in an effort to acquire a wider readership. New in the summer issue is the addition of the "Tech Med Corner." This new section will highlight advances in technology that affect the practice of medicine. Warnings of viruses and remedies will also be included. The Newsletter has, in past issues, highlighted some of the people who have been recipients of the Steven M. Thompson Loan Repayment Program, and future issues will take a look at some of the physicians who are still in an underserved area and how their lives have changed, as well as how they have changed the lives of the people they serve.

In an effort to secure more public participation in Board meetings, a basic understanding of how a member of the public can participate needs to be conveyed. Articles for the Newsletter on "How Do I Get Involved?" and "I Want to Speak Out" will be included in the Newsletter. This will allow people to understand that the Board wants to hear what members of the public have to say. The idea is to break down the walls and open up opportunities for public input. Each year thousands of people donate blood, tissue, and organs in an effort to save lives by giving a gift of life. The Board can encourage these "gifts" through articles and public service announcements. Such articles will be included in the fall and winter issues of the Board Newsletter and submitted to other publications.

**Board Meetings** not only allow the Board to conduct business in full view of the public that attends, and the audience that watches the webcast of the meetings, they are an excellent resource for members of the media. In general, the news media is not a fan of covering meetings due to the lack of visual appeal for photographers. Webcasting the Board meetings gives all media outlets the ability to cover the meetings without sending journalists and photographers. However, the May Board meeting in Torrance was successful in attracting journalists from NBC TV in San Diego, the Los Angeles Times, and the Orange County Register. Press kits were supplied to each and time was taken to educate each of the journalists on how the enforcement process works. As each Board meeting approaches, the Public Affairs Office reaches out to all members of the media for the communities that surround the location site of the Board meeting. Opportunities arise to build personal working relationships with journalists and break down barriers. For example, for the July Board meeting invitations are extended to media members not only in the Sacramento/Stockton area, but San Francisco, Redding, Fresno, and Davis. Communication means connecting and connecting on a one-on-one level builds trust and encourages responsible reporting. While there will always be those journalists who will sensationalize for the sake of ratings or circulation, the object of the Public Affairs Officer is to get the truth out to the public so that they may judge for themselves how well the Board achieves its mission to protect the public.

**Avenues of Communication** for the Public Affairs Office are expanding beyond the traditional print and electronic media. Californians now get their information from a wide range of sources that include the internet, bloggers, and social media such as Twitter, Facebook and LinkedIn. The Public Affairs Office has been developing a strategy to incorporate these sources that are referred to as "new media". By August 15, 2012, the Board will have a presence on "new media". The goal is to use these avenues of communication to convey information on a one-way basis. The purpose is to provide information on vital topics, events, and news to people who have an interest in the work of the Board. On an annual basis, the effectiveness of this strategy will be reviewed and reported to the Board.

## MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 12, 2012  
 ATTENTION: Members, Education and Wellness Committee  
 SUBJECT: Discussion and Consideration of the Mission and Goals for  
 the new Education & Wellness Committee  
 STAFF CONTACT: Dan Wood, Public Affairs Officer

BACKGROUND:

During the May 4, 2012, Board meeting, the Board heard a motion to move the Wellness Committee into the Education Committee. The motion was approved. The new committee was named the Education & Wellness Committee of the Medical Board of California. The Education & Wellness Committee now must adopt a mission statement and set goals for moving forward.

With pending changes in insurance programs and government supported medical programs, it becomes clear that licensees will have to be educated on the impact the changes have on their practice and on healthcare consumers. Healthcare consumers will seek answers from physicians on what changes can be expected in the treatment they receive because of changes in insurance coverage. Providing healthcare consumers information of these changes through media and licensees, in a time efficient manner, stands to reduce worry and stress for both the patient and healthcare provider.

The members of the Education & Wellness Committee may wish to consider, as a mission statement, the following:

*Mission: To further the Board's mission of protecting healthcare consumers, the mission of the Education & Wellness Committee of the Medical Board of California is to seek out and promote educational opportunities for licensees and consumers that enhances the practice of medicine, the well being of healthcare consumers, and aids in the development of a sound balance of personal and professional lives, so that physicians can be healthy of mind and body and offer quality health care.*

Should the Committee decide to adopt the mission statement as written or a variation of this statement, the committee may wish to consider setting the following goals to support the mission statement:

1. The Committee may wish to promote cross-educational opportunities to better identify successful practice methods that reduce stress and contribute to a sound balance of personal and professional lives. An example of this would be working with universities, healthcare providers such as Kaiser Permanente, and others that specialize in stress reduction and life balance programs and relaying information about these programs to licensees through the Newsletter, social media, and email.
2. The Committee may wish to research how to educate consumers on the role they play in being proactive with their own healthcare and how best to communicate that with medical professionals. This goal can be achieved by discussions with physicians about

what communication methods work best for patients to provide the maximum amount of personal health issue information in a minimum amount of time. From the information physicians provide, the Public Affairs Office would be able to produce a brochure and PSAs to communicate the information to healthcare consumers.

3. The Committee may wish to identify the changes healthcare reform has on medical practice and healthcare consumers and educate physicians on best methods for implementing changes and helping patients to understand what the changes mean to them.
4. The Committee may wish to identify areas of education that promote healthy environments and lifestyles for physician and patients, such as Kaiser Permanente's Thrive, Well\*Life programs by Carondelet Health and the Healthy Lifestyles Training program of the U.S. Department of Agriculture. To achieve this goal, the Public Affairs Officer would examine and provide an analysis of such programs and how a physician may benefit most from each program. This information can be relayed through a series of articles in the Board's Newsletter providing an overview of the various programs.

#### **Staff Recommendation**

1. Staff recommends the Committee review, possibly revise, and adopt a Mission Statement of the Committee.
2. Staff recommends the Committee review, possibly revise, and adopt goals for the Committee.
3. Staff recommends the Committee direct staff to develop ways to implement the goals of the Committee.
4. Staff recommends the Committee direct staff to analyze and report on online healthy life training sites.
5. Staff recommends the Committee direct staff to write an article on "Best ways to communicate with your Physician" for publication on the Board's Web site, creation of a brochure, and inclusion in the Newsletter.