



MEDICAL BOARD OF CALIFORNIA
EDUCATION AND WELLNESS COMMITTEE
MEETING AGENDA

**COMMITTEE MEMBERS**

Barbara Yaroslavsky, Chair
Howard Krauss, M.D
Denise Pines
Gerrie Schipske, R.N.P., J.D.

San Francisco Airport Marriott Waterfront
 180 Old Bayshore HWY
 Burlingame, CA 94010
 (650) 692-9100 (Directions Only)
 Irvine Room

Thursday, July 30, 2015
2:30 p.m. – 3:15 p.m.
 (or until the conclusion of business)

Teleconference – See Attached
 Meeting Information

ORDER OF ITEMS IS SUBJECT TO CHANGE**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.

*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.*

*Please see Meeting
 Information Section for
 additional information on
 public participation*

1. Call to Order/Roll Call – Ms. Hockenson
2. Public Comments on 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 January 29, 2015 Education and Wellness Committee Meeting
4. Presentation on Updates on the Affordable Care Act and Information on Physician Compliance Programs - Ashby Wolfe, MD, MPP, MPH, Chief Medical Officer, Region IX, Centers for Medicare and Medicaid Services
5. Presentation on Trauma Informed Care and its Impact on Lifelong Health - Andres F. Sciolla, MD, Associate Professor of Clinical Psychiatry, Medical Director, Northgate Point RST, University of California, Davis
6. Future Agenda Items
7. Adjournment

Meeting Information

This meeting will be available via teleconference. Individuals listening to the meeting will have an opportunity to provide public comment as outlined below.

The call-in number for teleconference comments is: (877) 209-9920

Please wait until the operator has introduced you before you make your comments.

To request to make a comment during the public comment period, press *1; you will hear a tone indicating you are in the queue for comment. If you change your mind and do not want to make a comment, press #. Assistance is available throughout the teleconference meeting. To request a specialist, press *0.

During Agenda Item 2 – Public Comments on Items Not on the Agenda, the Board has limited the total public comment period via teleconference to 20 minutes. Therefore, after 20 minutes, no further comments will be accepted. Each person will be limited to three minutes per agenda item.

During public comment on any other agenda item, a total of 10 minutes will be allowed for comments via the teleconference line. After 10 minutes, no further comments will be accepted. Each person will be limited to three minutes per agenda item.

Comments for those in attendance at the meeting will have the same time limitations as those identified above for individuals on the teleconference line.

The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care 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.

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 Committee, but the Chair may apportion available time among those who wish to speak.

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

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



MEDICAL BOARD OF CALIFORNIA Executive Office



Education and Wellness Committee Meeting

Four Points by Sheraton Sacramento
International Airport
Natomas Room
4900 Duckhorn Drive
Sacramento, CA 95815
916-263-9000 (directions only)

Thursday, January 29, 2015
1:00 p.m. – 2:00 p.m.

MINUTES

Agenda Item 1 Call to Order/Roll Call

The Education and Wellness Committee of the Medical Board of California (Board) was called to order by Chair Barbara Yaroslavsky at 1:00 p.m. A quorum was present, and due notice had been mailed to all interested parties.

Members of the Committee Present:

Barbara Yaroslavsky, Chair
Howard Krauss, M.D.
Denise Pines

Members of the Committee Not Present:

Gerrie Schipske, R.N.P., J.D.

Other Members not on Committee Present:

Dev GnanaDev, M.D.
Sharon Levine, M.D.
Ronald Lewis, M.D.

Staff Present:

Liz Amaral, Deputy Director
Nichole Bowles, Staff Services Analyst
Erika Calderon, Associate Governmental Program Analyst
Ramona Carrasco, Staff Services Manager
Charlotte Clark, SISA
Dianne Dobbs, Legal Counsel, Department of Consumer Affairs
Rashya Henderson, Supervising Special Investigator I
Cassandra Hockenson, Public Affairs Manager
Nicole Kraemer, Manager
Kimberly Kirchmeyer, Executive Director

Education and Wellness Committee
Meeting Minutes January 29, 2015
Page 2

Ian McGlone, Associate Governmental Program Analyst
Armando Melendez, Business Services Officer
Destiny Pavlacka, Administrative Assistant
Dino Pierini, Business Services Officer
Regina Rao, Associate Governmental Program Analyst
Paulette Romero, Staff Services Manager II
Jennifer Simoes, Chief of Legislation
Kevin Schunke, Licensing Outreach Manager
Lisa Toof, Administrative Assistant
Kerrie Webb, Staff Counsel
Susan Wolbarst, Public Information Officer
Curt Worden, Chief of Licensing

Members of the Audience:

Lee Anderson, California Department of Corrections & Rehabilitation (CDCR)
Teresa Anderson, California Academy of Physician Assistants
Connie Broussard, Supervising Deputy Attorney General, Attorney General's Office
Gloria Castro, Senior Assistant Attorney General, Attorney General's Office
Yvonne Choong, California Medical Association
Genevieve Clavreul
Zennie Coughlin, Kaiser Permanente
Julie D'Angelo Fellmeth, Center for Public Interest Law
Karen Ehrlich, Licensed Midwife
Stephen Ellis, M.D.
Carolyne Evans, Deputy Attorney General, Attorney General's Office
Michael Gomez, Deputy Director, Department of Consumer Affairs
Marian Hollingsworth, Consumers Union
Sarah Huchel, Consultant, Senate Business, Professions and Economic Development Committee
Christine Lally, Deputy Director, Department of Consumer Affairs
Mark Loomis, Supervising Investigator, Health Quality Investigation Unit
Leslie Lopez, Business, Consumer Services, and Housing Agency
Michelle Monserrat-Ramos, Consumers Union
Robert Moya, Investigator, Health Quality Investigation Unit
Bryce Penney, Department of Consumer Affairs
Patrick Rogers, California State Library
Brian Sala, California State Library
Anita Scuri
Taryn Smith, Office of Senate Research
Laura Sweet, Deputy Chief of Enforcement, Health Quality Investigation Unit
Peggie Tarwater, Deputy Attorney General, attorney General's Office

Agenda Item 2 Public Comment on Items Not on the Agenda

No public comments were received

Agenda Item 3 Approval of Minutes from the July 24, 2014, Education and Wellness Committee Meeting

Dr. Krauss made a motion to approve the minutes from the July 24, 2014 meeting; Ms. Pines/seconded. Motion carried.

Agenda Item 4 Presentation on the Corporate Practice of Medicine

Mr. McGlone, Ms. Webb and Ms. Dobbs provided a presentation on the Corporate Practice of Medicine. Mr. McGlone gave some background on corporate practice of medicine and why it is banned. He stated that California Business and Professions Code Section 2052 prohibits any person from practicing medicine in this state without a valid certificate or license. Mr. McGlone stated California Business and Professions Code Section 2400 indicates that corporations and other artificial legal entities have no professional right, privileges, or powers to practice medicine or to get a license to practice nor are they able to engage in any of those activities that are prohibited by Section 2052. He stated a layperson cannot employ a physician except under certain circumstances.

Mr. McGlone noted that while corporations have no professional rights or powers under the Medical Practice Act, there are some very limited exceptions, such as physicians may practice in partnership with other physicians, which is considered a business entity. Also physicians may practice under a professional medical corporation that is properly formulated under California law.

He continued with Section 2401 of the California Business and Professions Code, which allows for certain clinics, narcotic treatment programs, and hospitals to charge for professional services and/or employ physicians. However, these artificial entities shall not interfere with, control, or otherwise direct the professional judgment of a physician and surgeon, which means physicians have to be in charge of their own practices and these individuals are accountable to the Medical Board of California (Board).

Mr. McGlone stated that some of the signs that an arrangement is not legal are if the physician does not have control over the patient records and if a management services company is telling a physician what kind of things should go into a record, or is giving support for a certain type of care, tests, or procedures. It is also a sign if the unlicensed individuals are telling physicians who they should hire and whether a certain provider should be fired. Physicians should be the ones making the decisions about equipment, testing, who gets hired and what kind of advertising is done. Mr. McGlone went on to say that just because a business or franchise agreement gets approved by the Department of Business Oversight, or is registered with the Secretary of State, does not mean a physician's involvement is legal.

Ms. Dobbs reiterated that even if the paperwork says all the right things, it is really important to focus on the actual practice, what is actually being done in the office and how the office practices are being carried out.

Mr. McGlone added that operating a practice as a limited liability company, a limited liability partnership or a general corporation is all prohibited. Management services organizations are limited to providing administrative services, not medical services, and they should not be arranging for the advertisement of the medical practice. In addition, physicians acting as medical directors for non-physician owned operations, like medi-spas, are illegal. It is the physician's responsibility to make sure that they are fully in control of the whole practice.

Mr. McGlone gave three points on how a physician can operate legally in a corporate structure. First, comply with the Moscone Knox Professional Corporations Act in setting up the corporation. Second, make sure that the makeup of the medical corporation is at least 51 percent physician-owned, and no more than 49 percent of other healthcare professions noted in Corporations Code Section 1341.5 can be a part of the medical corporation. Third, comply with all the requirements of sections 2285 and 2415 regarding a fictitious name permit.

Dr. Krauss stated that it would appear that the ban on corporate practice is intended to protect patients. He stated it was intended to assure that a patient's physician is not under any kind of coercive arrangement that might cause them to withhold care. He pointed out that physicians are still in other types of coercive arrangements, such as insurance companies who make decisions about medical necessity, what is covered and what is not covered, etc. Dr. Krauss asked if there are any case laws where these items have been looked at as potentially in violation of corporate practice.

Ms. Dobbs replied that she is not aware of anything that specifically addresses that issue. Physicians must be aware that it is their responsibility to fight for what is absolutely in a patient's best interest.

Ms. Webb commented that there are many appeal processes that have to be followed and the Department of Managed Healthcare gets involved in making these decisions, and that it is a different section of law when it comes to insurance coverage.

Dr. Krauss asked what the Board's experience has been regarding disciplinary action on this matter, how many complaints have been received and how many cases does the Board look at regarding the ban on corporate practice?

Ms. Webb stated that the California courts have been firm in supporting the ban on corporate practice in California and there are numerous cases. She added that specific statistics would have to be gathered by staff.

Ms. Yaroslavsky asked if there were opportunities where the Department of Corporations or Managed Healthcare are involved with the Board in disciplining or bringing attention to physicians for what is or is not appropriate behavior as far as the corporate practice of medicine goes.

Ms. Webb replied that occasionally the Department of Business Oversight seeks confirmation on agreements and sends them to the Board to look over, but that there are private corporate attorneys working on these agreements and making assurances to other agencies that everything is correct.

Ms. Yaroslavsky asked if the public should be made aware of companies that are doing this as well, and asked if there is a structure set up where the insurance company or the private business entity employing physicians is also being informed and disciplined.

Ms. Dobbs commented that there are civil and criminal consequences for unlicensed practice.

Ms. Webb added that the physician can be disciplined for unprofessional conduct for aiding and abetting, and the unlicensed people can be subject to fines for unlicensed practice and criminal penalties.

Ms. Kirchmeyer suggested that these slides would be very helpful and a great educational tool if placed on the

Board's website and sent to applicants when they apply for fictitious name permits.

Ms. Yaroslavsky suggested that this educational tool could also be used at the point when the applicants are filling out applications for their business licenses.

Ms. Kirchmeyer also suggested that the Board could give the information to the Department of Business Oversight, and have them hand out the information and, provide the same information to the counties that are handing out these applications to help the applicants.

Dr. Krauss stated that he assumes that the ban on the corporate practice has been a recent subject in the Board's Newsletter, and if not, perhaps it warrants an update.

Agenda Item 5 Public Affairs Office Strategic Plan Update

Ms. Hockenson presented the Public Affairs Office Strategic Plan update starting with the first goal which was to identify opportunities for placement of articles on mandatory reporting in the professional newsletter and other publications. She commented that in the summer Newsletter, the Board had an article from the Los Angeles Coroner on the need for physicians to sign death certificates. The Board also had an article on the importance of physicians reporting pesticide poisoning to the local health departments and the protocol to file a report. Board staff is completing an article for the coroners to include in their newsletter on the need for a coroner to report to the Board pursuant to Business and Professions Code Section 802.5.

Ms. Hockenson also stated that the Public Affairs Office published an article in the fall Newsletter on the Soldier's Project. A former board member, Linda Lucks, drew attention to this project, and staff wrote an article. It was also requested by the Board of Psychology to reproduce that article in their newsletter and on their website.

Ms. Yaroslavsky suggested that at the end of every year the Board should write an article reminding coroners to report and every year there should be an article reminding everyone about the corporate practice of medicine.

Ms. Hockenson concurred and continued with a list of presentations she participated in 2014.

- April 2014, staff discussed mandatory reporting requirements involving hospitals and physicians with the San Bernardino Sun and the LA Daily News.
- May 8, 2014, a presentation was provided to the California Association of Medical Staff Services in Sacramento addressing mandatory reporting requirements, specifically focusing on the Business and Professions Code Sections 805 and 805.01. Approximately one hundred individuals were in attendance.
- June 13, 2014, staff had a conference call with the staff from Public Citizen to discuss the peer review process and reporting requirements.
- August 1, 2014, a presentation was provided to the California Association of Medical Staff Services in Riverside addressing the Business and Professions Code Sections 805 and 805.01 reporting process.
- August 20, 2014, a presentation was given to the Rancho Los Amigos Rehabilitation Hospital on the reporting requirements of Business and Professions Code Section 805.
- November 7, 2014, a presentation was given to the Los Angeles County Department of Health Services Quality Improvement and Patient Safety Program on Business and Professions Code Sections 805 and 801.01.

Ms. Yaroslavsky asked if as a result of the presentations and discussions, if Ms. Hockenson was able to garner if there was any increase in articles or reports and if she was going to be able to track whether these visits or these presentations were able to result in increased output of Board information.

Ms. Hockenson commented that a lot of the presentations are done by enforcement investigators and continued with the fact that groups are addressed, laws explained, requirements explained, and organizations are told what they should be looking at and what they should expect. The feedbacks always positive, because when an organization asks to post the Boards presentation on their website, that is a sign that it has been valuable information for them, and they want to share it.

Ms. Hockenson pointed out the outreach calendar.

- January 12, presented a town hall meeting in Folsom, for consumers.
- January 23, attended a presentation with Assemblywoman Susan Bonilla in Walnut Creek, which was very successful and generated an article on Number 3 news. There were about 150 people in attendance. Ms. Hockenson also talked with Assemblywoman Bonilla about arranging a health fair or a health-related town hall, which her and her staff was very interested in pursuing.
- February 20, there will be a presentation at the town hall in Citrus Heights.
- March 4, Ms. Hockenson will be making a presentation to the consumer health class at California State University Sacramento.
- The Board is planning a prescription drug awareness campaign to coincide with March being prescription drug awareness month.
- The Board will be participating in a health fair and a 5K walk in San Ramon, related to the issue of prescription drug abuse awareness.

Ms. Hockenson stated that working together with other agencies and continuing to provide articles and information in the Newsletter regarding potential violations to assist physicians in understanding the laws and regulations is the goal. Ms. Hockenson also spoke about the summer Newsletter articles on recommending marijuana and things physicians should know; the article regarding the inadvertent, unlicensed practice of medicine by post-graduate training individuals; and the article on what to know about signing death certificates.

Ms. Hockenson continued talking about articles that were in the fall 2014 Newsletter including one entitled: "Do Not Panic. What you should expect if a complaint is filed against you." Also in the fall Newsletter, was an article on Physicians Orders for Life-Sustaining Treatment (POLST) from the Coalition of Compassionate Care of California. The winter Newsletter will have an article on fictitious name permits, in addition to part two of the "Do Not Panic" article, which will discuss what happens during the investigation and disciplinary process.

Ms. Hockenson stated that the Twitter account has been launched and the Board's Twitter handle is [@MedBoardofCA](https://twitter.com/MedBoardofCA). The first tweet was sent on January 14 announcing the release of the Annual Report. It was retweeted and picked up. The Board tweeted; inviting people to attend this meeting and it was picked up by the Ebola Group with 96,000 followers and retweeted. The Board also tweeted about Board Meetings, and that they are open to the public and that the meetings are live and can be watched on the Board's website.

Ms. Hockenson noted that the Board is working with DCA to establish webinar protocol and the necessary tools needed for successful webinars because they have examined opportunities for the Board to provide training to licensees via the Internet. The Board's new Public Information Officer will be focusing on identifying needed

webinars and training. Ms. Hockenson also stated that an editing room with software and the ability to record have been set up.

Ms. Hockenson stated that additional plans are in discussion for the work with the California Department of Public Health, the Dental Board, the Pharmacy Board, the Department of Education, and the California Department of Managed Healthcare regarding the statewide work group that seeks to curb prescription drug misuse and abuse. The Governor's Office has asked that the state come out with a united front and message with regards to the problem of prescription drug misuse and abuse.

Ms. Hockenson continued stating the Public Affairs Office is looking forward to cultivating relationships with various ethnic communities through their individual media outlets by providing information and education on the Board's roles and responsibilities. Town hall meetings are key to developing this outlet. In April 2014, Board staff, including a Spanish-speaking investigator, assisted Telemundo with a multi-part series on consumer protection for the Hispanic community. Also, there is a group in Citrus Heights of Afghani and Iraqi refugees and the Board is looking forward to reaching out to their community.

The Public Affairs Office will continue to engage in television and radio interviews promoting transparency and providing needed information as requested. Staff has been and continues to work with the San Jose Mercury News regarding an issue involving psychotropic drugs and foster kids. In addition, Department of Consumer Affairs, Division of Investigation is working closely with KPIX and CBS in the Bay Area regarding a news story focused on the investigative process.

Ms. Hockenson stated that there are three Public Service Announcements out regarding prescription drug awareness and she is still looking to get those broadcasted on network television. Also, the Board is working on a video to be placed on the Board's website explaining how to file a complaint, in addition to how to look up a physician.

Ms. Hockenson wanted to point out that providing presentations on the Board's roles and responsibilities in mandatory reporting requirements for hospitals and health systems is a priority. In June, 2014 and October, 2014, Board staff met with UC schools and UC regions representatives to discuss graduate medical education issues and overall application processing issues. Also, on November 6, Laura Sweet and Board Member Dr. Lewis gave a presentation entitled, "Discipline, Drugs, and Duties" to nurses and physicians in San Diego at the 2014 Multidisciplinary Correctional Healthcare Conference.

Ms. Hockenson stated that with a grant received from the Federation of State Medical Boards, the Board held a three-hour free Continuing Medical Education seminar course in Los Angeles at the Hilton LAX on safe prescribing, titled "Extended Release and Long-Acting Opiate Analgesic Risk Evaluation and Mitigation Strategy."

Ms. Monserrat-Ramos complimented Ms. Hockenson on launching the public Twitter account, but stated that the twitter handle is not easily locatable. Ms. Monserrat-Ramos recommended tweeting press releases released via e-mail alert so the public will know there is disciplinary action being taken against doctors who are putting California patients at risk, tweeting how the public can sign up for e-mail alerts regarding the work the Board is doing, tweeting at least three days in advance regarding Board Meetings and, if possible, attaching the agendas with instructions on how to participate via teleconference.

Agenda Item 6 Future Agenda Items

Dr. Krauss suggested that the Board approach the potential for a physician health program and suggested that staff gather information and report the spectrum of physician health programs that exist in other states.

Agenda Item 7 Adjournment

Ms. Yaroslavsky adjourned the meeting at 2:07 p.m.

The complete webcast can be viewed at: http://www.mbc.ca.gov/About_Us/Meetings/2015/

DRAFT



Ashby Wolfe, MD, MPP, MPH
Chief Medical Officer
San Francisco Regional Office
Centers for Medicare & Medicaid
Services
90 Seventh Street, Suite 5-300
San Francisco, CA 94103
(415) 744-3631
Ashby.Wolfe1@cms.hhs.gov
www.cms.gov
 @ashbywolfe

Dr. Ashby Wolfe currently serves as Chief Medical Officer for Region IX of the Centers for Medicare and Medicaid Services (CMS). CMS Region IX includes California, Arizona, Nevada, Hawaii, and the Pacific Territories. The San Francisco Regional Office spans a vast geographic area, has one of the most culturally diverse populations in the nation, and serves over 20 million Medicare, Medicaid, and Children's Health Insurance Program beneficiaries.

In her current position, her focus is on implementation of the many facets of the Affordable Care Act (ACA) and its role in providing access to high quality care and improved health at a lower cost. In addition, Dr. Wolfe provides clinical expertise to many regional CMS programs and divisions, as well as serving as the medical and scientific lead for quality improvement efforts; as chief clinician for all regional CMS outreach and education efforts; and as a liaison with healthcare providers in the region.

Dr. Wolfe is a board-certified family physician. She completed her MD at the State University of New York (SUNY) Stony Brook School of Medicine, and completed her residency training at the UC Davis Medical Center in Sacramento, California. She also holds a Masters in Public Policy and a Masters in Public Health from the University of California, Berkeley. She practiced broad-scope family medicine in Oakland, California, before joining CMS in March 2015. Dr. Wolfe has experience in the development and implementation of health policy at the local, state and federal levels and holds particular interest in improving the quality and equity of care for underserved and low-income populations. Dr. Wolfe has worked with a number of healthcare organizations, provider groups and community organizations in her clinical and health policy work, including leadership roles with the California Academy of Family Physicians and the California Medical Association. She has experience as a physician team leader for quality and access-to-care improvement projects. In addition, she has served as a commissioner on the Healthcare Workforce Policy Commission for the state of California. She has published articles on Medicare and Medicaid policy, assisted in the development of pandemic flu and continuity of operations planning for skilled nursing facilities in California, and is a contributing author of the public health text, *Prevention is Primary* (Jossey-Bass).

Updates on the Affordable Care Act & the Provider Compliance Program



Ashby Wolfe, MD, MPP, MPH

Chief Medical Officer, Region IX

Centers for Medicare and Medicaid Services

Presentation to the California Medical Board

July 30, 2015

Objectives

- Review Section 6401 of the Affordable Care Act
 - Review key elements of Provider Compliance
 - No new updates since June 2014
 - Most recent published guidance
- Review ACA updates and programs of note
 - Value-based Payment
 - Cardiovascular Disease Risk Reduction Model
- Questions

Provider Compliance Programs

- Background
 - Section 6401 of the ACA
 - Directs HHS in consultation with OIG to establish core elements for provider and supplier compliance programs within the health industry
 - Enforcement dates not yet established
 - Nursing facilities have their own program, with enforcement date of March 23, 2013

The infographic is a cross-shaped graphic with a central circular seal of the U.S. Department of Health & Human Services Office of Inspector General (OIG). The seal features an eagle with a shield on its chest containing the letters 'OIG'. The text around the seal reads 'U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES' and 'OFFICE OF INSPECTOR GENERAL'. The four arms of the cross contain the following content:

- Top Arm:** A dark blue vertical banner with a stethoscope, a person icon with a checkmark, and a shield with a cross. The text reads: *The Patient Protection & Affordable Care Act*, followed by the U.S. Department of Health & Human Services seal, '111th Congress of the United States H.R. 3590', and 'Provider Compliance Program mandated in the Patient Protection and Affordable Care Act'.
- Left Arm:** A light blue horizontal banner with the title 'OIG Initiative' and the text 'OIG initiative is to support Healthcare Professions in establishing a compliance program'. It features an icon of two people reading books.
- Right Arm:** A dark blue horizontal banner with the title 'OIG Guidances' and the text 'OIG has issued several provider-specific compliance program guidances.' It features icons of a scale of justice and a gavel.
- Bottom Arm:** A light blue vertical banner with the title 'Benefits' and the text 'OIG believes health care providers can use internal compliance and control policies to effectively improve and reduce:'. It lists three items: 1. Claim Submission Errors, 2. Medicare Fraud, and 3. Waste and Abuse. It includes an icon of a clipboard and a caduceus with handcuffs below.

Why emphasize Compliance Programs?

Benefits of a Good Compliance Program

Fraud and abuse recoveries totaled
\$4.3 BILLION in FY 2013 and
\$19.2 BILLION over the last five years.

CMS Medicare Learning Network® (MLN) fraud and abuse awareness tools are available on the MLN Products web page and the MLN Provider Compliance web page.

<http://go.cms.gov/MLNProducts>

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>

Provider Compliance Programs

Affordable Care Act Compliance Program Mandate

The Affordable Care Act compliance program mandate:

- Is intended to induce **all** health care professionals to implement a compliance program;
- Is NOT a guarantee that the risk of fraud, waste, abuse or inefficiency will not occur; and
- Will aid providers in better protecting themselves from risk of improper conduct.

Seven Core Elements



What steps should physicians take?

Dos and Don'ts for Health Care Compliance Plans

- 1. Follow the OIGs Guide for Physician Groups**
<http://oig.hhs.gov/authorities/docs/physician.pdf> October 5, 2000
2. Know where to locate **easy and free resources** such as the Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training (many great – free tools!) <http://oig.hhs.gov/compliance/provider-compliance-training/index.asp>
- 3. Keep the plan simple!** If it is not readable- it is probably not USEABLE. No one wants an elaborate plan that sits on a shelf (or in a computer) and is never viewed / used.
- 4. Set a date to review the plan every year.** Put it on your calendar. It is easy to get busy and forget to review the plan, so set a date!

ACA Programs of note

- PQRS & EHR Incentive program
 - Mandatory participation 2015
 - Negative payment adjustments in 2017 if eligible and not reporting
- MACRA
 - Eliminates old reimbursement plan
 - Streamlines data reporting programs
 - Allows for “means testing” in Medicare
- Regional Innovation Network (through CMMI)
 - Sign up at: <https://collaboration.cms.gov/>

Million Hearts[®] Cardiovascular Disease Risk Reduction Model

Background & Rationale

- **New Value-Based Payment Model**
 - Heart attack and stroke (ASCVD) are leading causes of death and disability
- **In the past**
 - Risk reduction focused on specific process measure targets, i.e. LDL cholesterol level and blood pressure, with the same targets applied to all patients
 - Currently, risk factors are discussed as independent conditions rather than risk factors contributing to ASCVD
 - Patients have little idea of their actual risks of heart attack and stroke
- **What the model will change**
 - Uses data-driven, widely accepted predictive algorithm to give individualized 10-year risk score for ASCVD to each beneficiary
 - Providers get value-based payment depending on absolute risk drop across entire panel, necessitating population health management

Model Aim and Eligibility

Aim

- Offer clinicians incentives for risk stratification, shared decision-making and enhanced accountability across a provider's entire Medicare FFS patient panel
- Reduce predicted 10-year ASCVD risk, reduce the incidence of heart attacks & strokes

Practice Eligibility

- At least 1 professional: As defined by the PQRS definition
- Enrolled and eligible to bill for Medicare Part B
- Using an Office of the National Coordinator (ONC) certified Electronic Health Record
- Have met the criteria for the Medicare EHR Incentive Program in performance year 2015

Important Dates

Letters of Intent: due by September 4th

<http://innovation.cms.gov/initiatives/Million-Hearts-CVDRRM/>

Date	Activity
May 2015	Announcement
May – August 2015	LOI Period
July - August 2015	Application Period
August – November 2015	Application Review & Selection
November 2015	Awards
January 2016	Model Go Live

References & Further Reading

- **Provider Compliance programs & guidance**

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLN-Compliance-Webinar.pdf>

<https://oig.hhs.gov/compliance/101/>

- **Value-Based Payment Programs (PQRS, Meaningful Use)**

- <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/>

- **Cardiovascular Disease Risk Reduction Model**

<http://innovation.cms.gov/initiatives/Million-Hearts-CVDRRM>

- **Regional Innovation Network**

<https://collaboration.cms.gov/>

Questions?

Ashby Wolfe, MD, MPP, MPH
Chief Medical Officer, Region IX
Centers for Medicare and Medicaid Services
90 Seventh Street, Suite 5-300
San Francisco, CA 94103
(Ph) 415.744.3631
ashby.wolfe1@cms.hhs.gov

Andres D. Sciolla

Andres D Sciolla, MD is an Associate Professor at the Department of Psychiatry & Behavioral Sciences at the University of California, Davis the Medical Director for Northgate Point Regional Support Team, a community mental health clinic. In addition, Dr Sciolla is Co-Director of the Doctoring 2 course at the School of Medicine.

As a researcher, Dr Sciolla has published in the field of behavioral and psychiatric aspects of adult survivors of childhood trauma, neuropsychiatric aspects of HIV and Latino mental health disparities. As a clinician educator, Dr Sciolla has published in competency based medical education in LGBT healthcare, psychotherapy training of psychiatry residents and physicians with professional boundary violations.

Prior to UC Davis, Dr Sciolla was at UC San Diego, where he was an Associate Training Director for the general psychiatry residency-training program.

Dr Sciolla is a member of the Dean's LGBTQI Advisory Council at UC Davis, and was a member of the Chancellor's Advisory Committee on Lesbian, Gay, Bisexual, and Transgender Issues at UC San Diego.



The Medical Board of California Education and Wellness Committee



An Unprecedented Synergy between
Neuroscience & Population Health

Trauma-Informed Clinical Competencies for Physicians

Andrés F Sciolla, MD
University of California, Davis
Department of Psychiatry & Behavioral Sciences

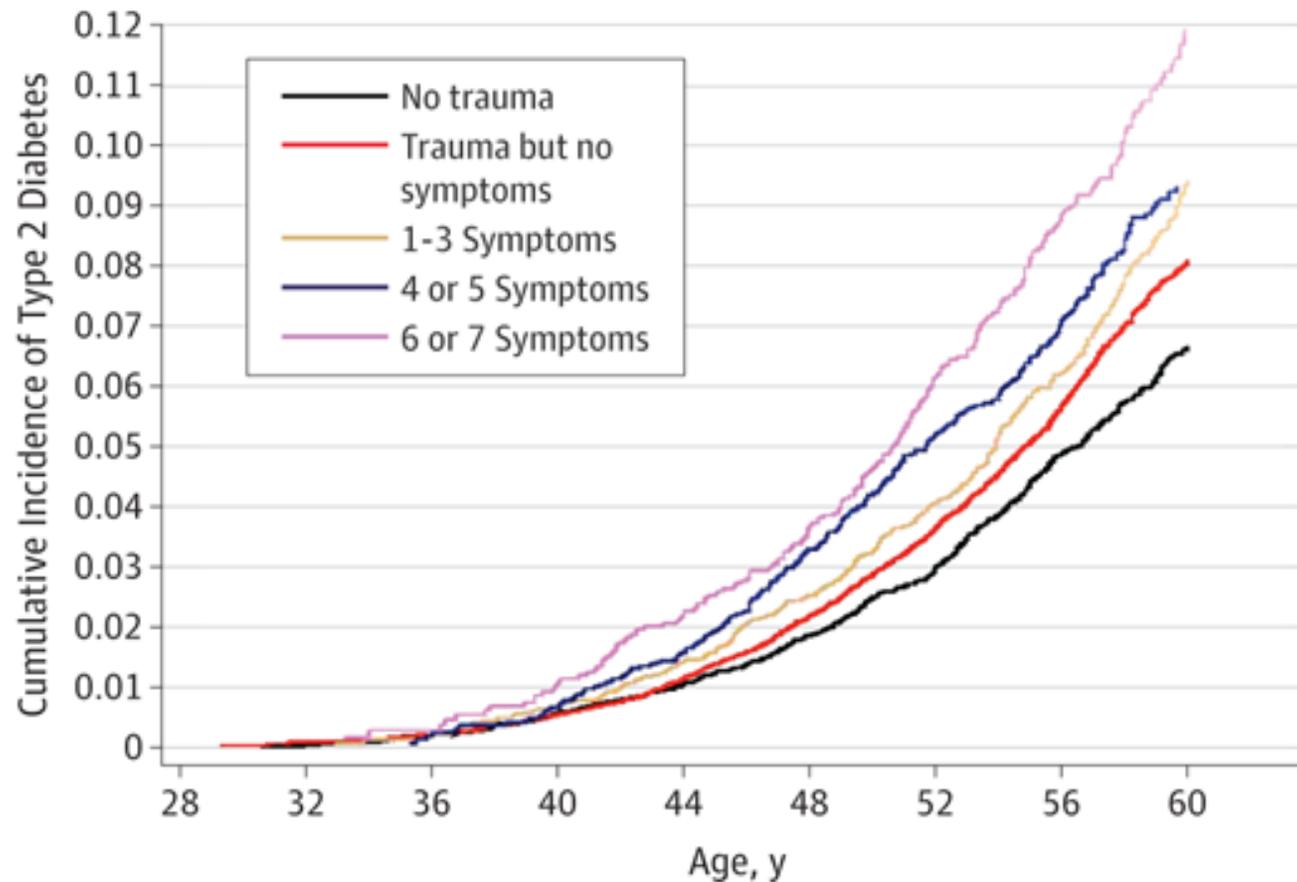
Objectives of the Presentation

1. Provide a brief overview of epidemiologic and neuroscience research on the prevalence of adverse and traumatic experiences across the lifespan and the mechanism underlying their association with poor health outcomes
2. Propose measurable patient-physician communication attitudes and skills that can enhance health outcomes in patients with trauma histories

- *“Childhood maltreatment appears to be a risk factor in the history of patients having many different psychiatric outcomes [...] Indeed, it is more difficult to identify a disorder to which childhood maltreatment is not linked than to identify a disorder to which it is linked with specificity.*
- *... childhood maltreatment raises risk for a particular psychiatric disorder because maltreatment exacerbates the liability to experience any disorder at all.”*

Caspi A et al. Clin Psychol Sci. 2014 Mar;2(2):119-137.

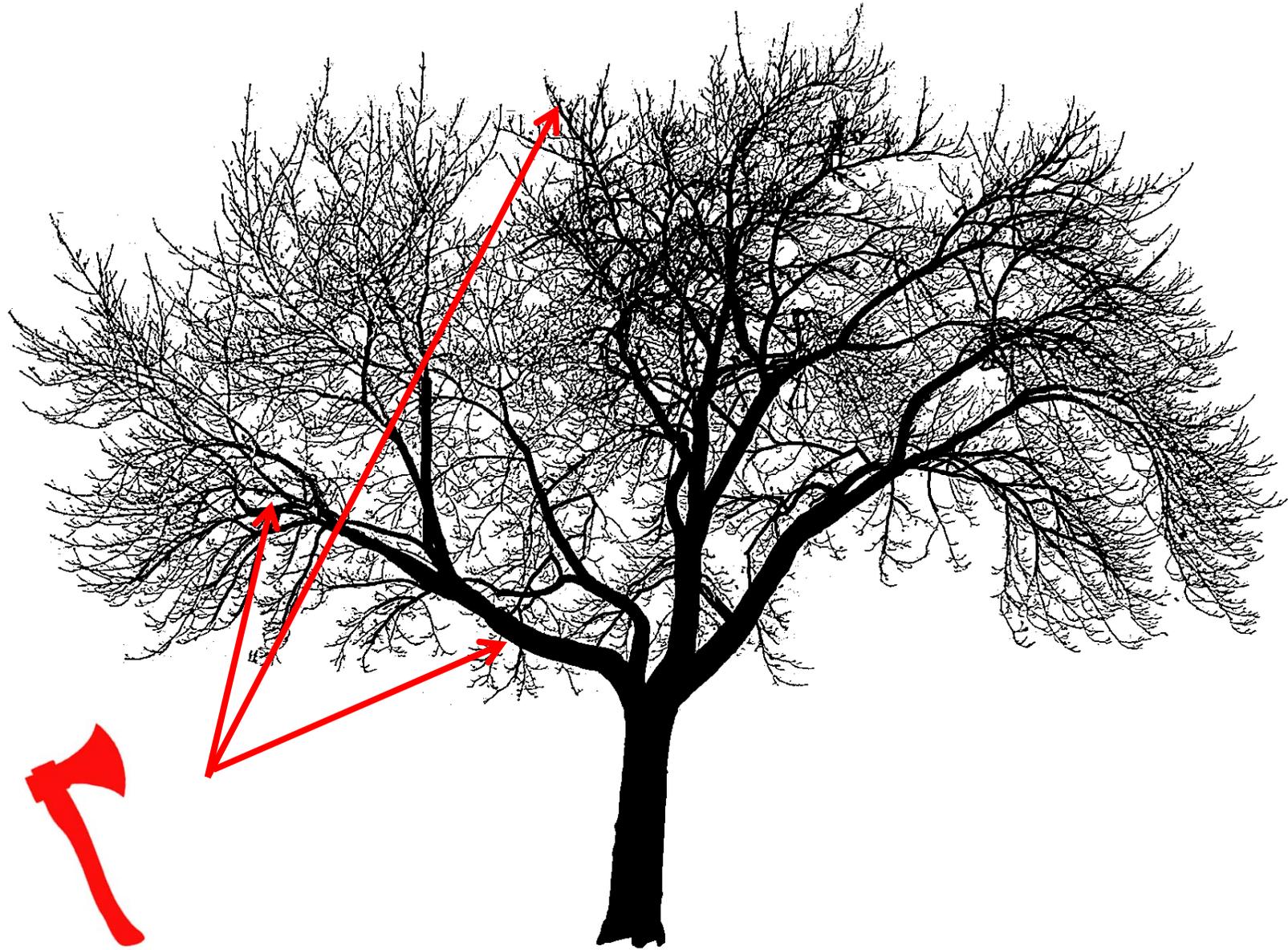
Posttraumatic Stress and Diabetes



- Cumulative Incidence of Type 2 Diabetes, Stratified by Number of Posttraumatic Stress Disorder Symptoms (Nurses' Health Study II, 1989-2011)

Roberts AL et al. JAMA Psychiatry. 2015 Mar 1;72(3):203-10.



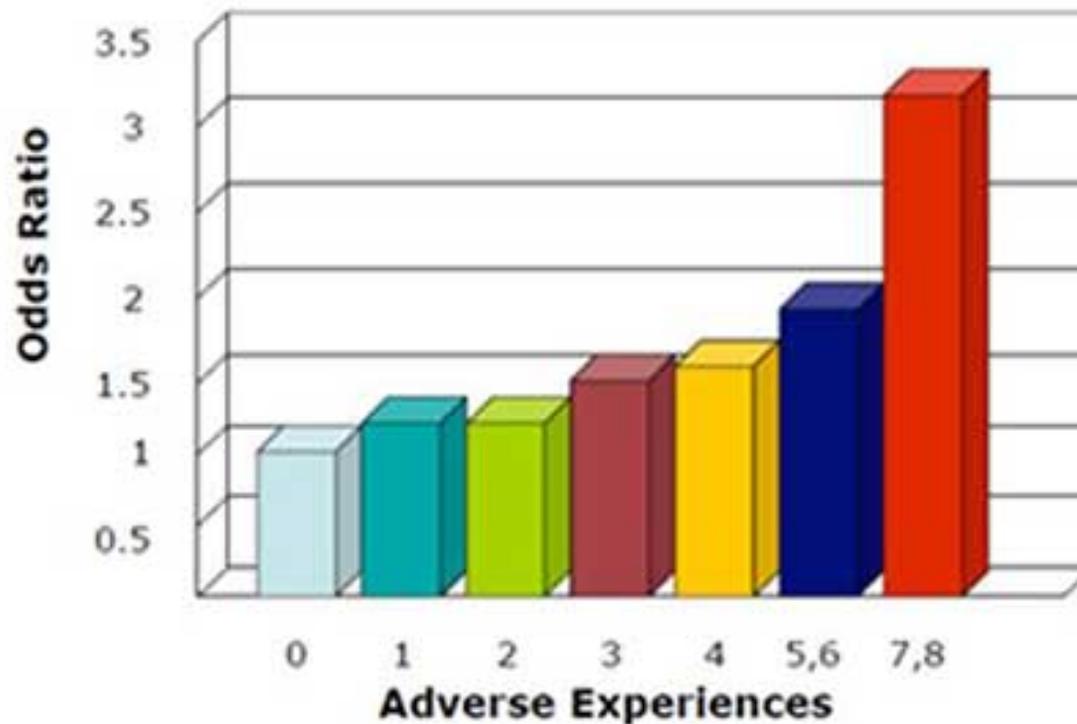




Childhood Adverse Experiences

The Adverse Childhood Experiences (ACE) Study

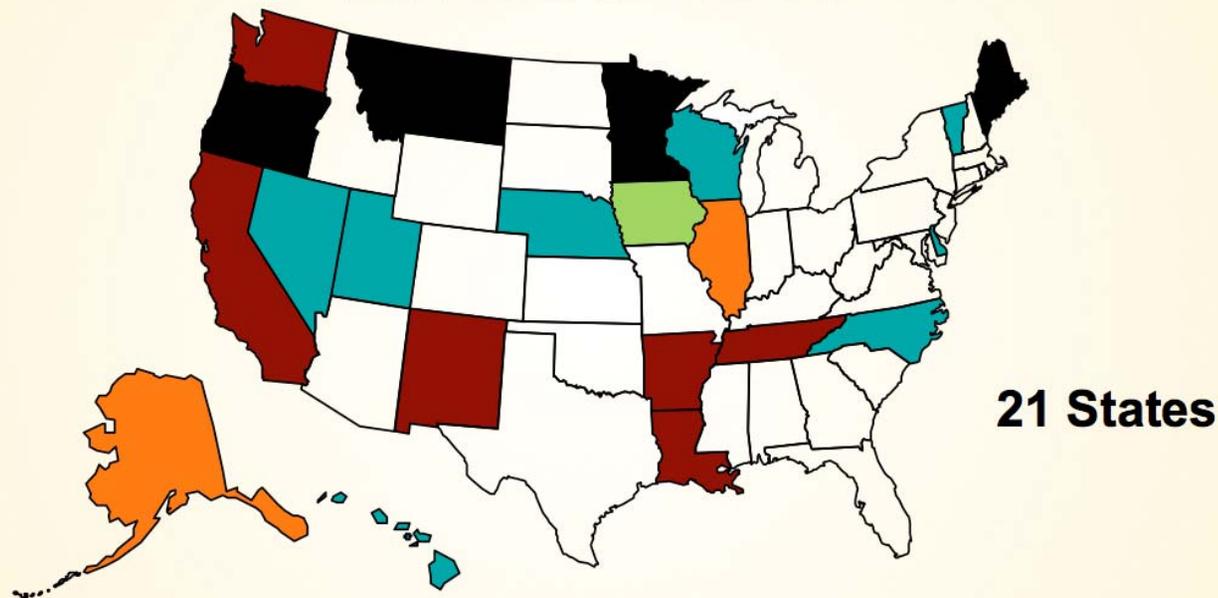
Risk of Adult Heart Disease Increases with more Adverse Childhood Experiences



Source: Dong et al., 2004

ACEs Being Measured across the Country

States with ACE Studies in 2009-2013



□ No data ■ 2009 ■ 2010 ■ 2011 ■ 2012 ■ 2013

Source: Behavioral Risk Factor Surveillance System, CDC.





ACEs also touch every community in the state. Figure 8 illustrates the prevalence of ACEs by California county. From large to small, rural to urban, ACEs affect the everyday lives of people across California.

The reality is that ACEs impact every person in California. Even in counties with the lowest prevalence, **one out of every two people** has had an adverse experience in childhood. Thus, a person likely knows multiple people who have at least one ACE even if she has no ACEs



Trauma exposure is associated with

- Increased morbidity and premature mortality
- Treatment-resistant, chronic conditions
- Health risk behaviors
- Difficulty trusting healthcare systems and providers

Trauma exposure is associated with

- Increased sensitivity to power differentials and authority figures
- Problematic clinical encounters (i.e., “difficult” patients)
- Difficulty engaging in preventive care
- Increased physical and behavioral health co-morbidity (including substance use disorders)

Implications for Clinical Care

- Trauma exposure across the lifespan is prevalent in the general population and all clinical settings
- Patients want to be asked about trauma and are not harmed when asked about it
- For many patients, disclosure of traumatic experiences is therapeutic on itself
- Many patients are unaware that their health problems are linked to ACEs

Challenges of Trauma-Informed Care (TIC)

- TIC requires excellent patient-centered communication skills
- TIC may imply changes in certain billing and reimbursement procedures
- TIC works best when care is collaborative and integrated
- TIC needs to inform new developments in medical school curriculum and assessment of competency

Opportunities of Trauma-Informed Care

- TIC fits naturally with cultural competence
- TIC is congruent with interprofessional practice
- TIC works synergistically with ACA-supported patient-centered medical homes
- TIC takes into account social determinants of health
- TIC is aligned with the goal of eliminating health disparities

Proposed Trauma-Informed Competencies for Physicians

Board-certified physicians should be able to

- Elicit regularly histories of exposure to traumatic experiences across the lifespan in patients and caregivers in all clinical settings, as appropriate
- Adjust interviewing in response to patient's demographics, e.g., sex, age, religious practices/beliefs, race/ethnicity, SES, sexual orientation/gender identity

Proposed Trauma-Informed Competencies for Physicians

- Respond with compassion, normalization and education to patient disclosure of traumatic or adverse experiences
- Identify and advocate for resources and refer patients to appropriate psychosocial services in the clinical setting and community in which they work

Proposed Trauma-Informed Competencies for Physicians

- Determine the patient's strengths, life goals and values that can sustain recovery and healing from trauma
- Integrate the trauma and resilience information gathered in patient-centered, culturally-responsive treatment plans to enhance health outcomes

afsciolla@ucdavis.edu

THANK YOU