

MEDICAL BOARD OF CALIFORNIA**PUBLIC OUTREACH, EDUCATION, AND WELLNESS
COMMITTEE MEETING MINUTES**

Marriott Courtyard Sacramento
1782 Tribute Rd.
Sacramento, CA 95815
Golden State A&B Room

Thursday, January 26, 2017

MINUTES**Members Present:**

Randy Hawkins, M.D., Chair
Howard Krauss, M.D.
Sharon Levine, M.D.
Ronald Lewis, M.D.
Denise Pines
Brenda Sutton-Wills, J.D.
David Warmoth

Other Member Present:

Michelle Bholat, M.D.
Michael Bishop, M.D.
Judge Katherine Feinstein (ret.)

Staff Present:

April Alameda, Staff Services Manager II
Liz Amaral, Deputy Director
Ramona Carrasco, Staff Services Manager I
Christina Delp, Chief of Enforcement
Dianne Dobbs, Legal Counsel, Department of Consumer Affairs
Cassandra Hockenson, Public Information Officer II
Susan Houston, Staff Services Manager II
Jacoby Jorgenson, Associate Government Program Analyst
Kimberly Kirchmeyer, Executive Director
Nicole Kramer, Business Services Manager
Regina Rao, Associate Government Program Analyst
Elizabeth Rojas, Staff Service Analyst
Paulette Romero, Staff Services Manager II
Reylina Ruiz, Staff Services Manager I
Jennifer Saucedo, Staff Service Analyst
Jennifer Simoes, Chief of Legislation
Lisa Toof, Administrative Assistant II
Kerrie Webb, Staff Counsel

Members of the Audience:

Gloria Castro, Senior Assistant Attorney General, Department of Justice
Yvonne Choong, California Medical Association
Janet Coffman, University of California San Francisco
Zennie Coughlin, Kaiser Permanente
Shannon Smith-Crowley, American Congress of Obstetricians and Gynecologists
Evelynne Drinker
Julie D'Angelo Fellmeth, Center for Public Interest Law
Karen Fisher, Executive Officer, Dental Board of California
Louis Galino, Department of Consumer Affairs
Marian Hollingsworth, Consumers Union, Safe Patient Project
Christine Lally, Deputy Director, Department Consumer Affairs
Krystal Moreno, American Congress of Obstetricians and Gynecologists
Roberto Moya, Senior Investigator, Health Quality Investigation Unit
Monica Peretto, Senior Investigator, Health Quality Investigation Unit
Mark Scarlett, Supervising Investigator, Health Quality Investigation Unit
Jeff Searles, M.D., FAAFP

Agenda Item 1 Call to Order/Roll Call/Establishment of a Quorum

The Public Outreach, Education, and Wellness Committee (Committee) of the Medical Board of California (Board) was called to order by Dr. Hawkins, Chair, at 12:54 p.m. A quorum was present and due notice was provided to all interested parties.

Agenda Item 2 Public Comments on Items not on the Agenda

No public comments were provided.

Agenda Item 3 Approval of the Minutes from the May 5, 2016 Public Outreach, Education, and Wellness Committee Meeting

Dr. Krauss made a motion to approve the May 5, 2016 Public Outreach, Education, and Wellness meeting minutes as written; s/Dr. Lewis. Motion carried unanimously (7-0).

Agenda Item 4 Presentation on Physician Burnout

Dr. Searles gave the Committee a presentation regarding physician burnout. Dr. Searles stated that physician burnout can be described as a lack of interest in the practice of medicine. He noted that many physicians have described physician burnout as not finding their job fun anymore, they get cynical, or they felt like they were going through the motions, which affected their home and work life. Dr. Searles stated that the Physician Assessment and Clinical Education program (PACE) offered many classes which included anger management, boundaries, and medical record keeping. Dr. Searles added that one of the first signs of physician burnout was chronic tardiness, which is a red flag for any physician who is usually never late to anything. He noted that tardiness could hinder a physician from

getting promoted or getting extra surgeries, which can signal that there is an issue with that particular doctor. Dr. Searles stated that physician burnout leads to deterioration of physician/patient care and self-medication. Dr. Searles stated the three categories his study looked at when analyzing physician burnout were emotional exhaustion, depersonalization, and a sense of personal achievement.

He noted that one of the most difficult behaviors that physicians struggle with is asking for help. He added that physicians do not raise their hands and ask for help because they are not rewarded for admitting they need help.

Dr. Searles provided the Committee with physician burnout statistics. He noted that 7,000 physicians were examined to measure the prevalence of burnout. He noted that this study collected data from the years 2011 to 2014, which found that over the recorded years, the mean number of burnout rates among doctors was going up and job satisfaction, which is the most ominous component of burnout, was going down. He added that from 2011 to 2014, work-life balance was getting worse with more than half of physicians in America experiencing burnout.

Dr. Searles then gave a brief overview of the types of physicians aging out, burning out, and opting out of medicine. He noted that 33% of California's physician population is over the age of 50, 25% are over 60, and older physicians stated that they are likely to retire because they feel medicine has changed. He further noted that older physicians tended to be more vulnerable to burnout because of major shifts in their practice. Dr. Searles stated that since 2012 there has been an increase in physicians over the age of 50 who wanted to leave medicine. He noted that the statistics for younger doctors, tend to show 50% of physicians under the age of 35 are leaving medicine or wanting to leave medicine. He added that older physicians are expected to age out of the medical field, but now younger physicians are considering opting out of the field with lower work hours, which has decreased access to physicians.

Dr. Searles gave a brief discussion on whether burnout causes medical errors. He stated that there are strong links between medical errors and physician burnout. He noted that he examined studies that analyzed service learners, including residents, primary care physicians, and specialists. He stated that these studies highlighted that once a physician is burned out, they have an increased risk of making medical errors that caused patient harm. Dr. Searles stated that there have been other studies that contradicted the link between physician burn out and medical error. He noted that one of the most recent studies he examined stated that if a physician is burned out, they have a decreased risk of medical error. He added that the issues with that study were that the numbers in the data were very small and the return rate of additional information was also very small. He further noted that the main problem with that study was that it lacked major participation to produce substantial results.

Dr. Searles added that he examined another study that looked at the aspects of depression and burnout. He stated that it was hard to deny that there was a major crossover with depressive disorder and burnout because they can happen simultaneously for physicians. He noted that the third study he examined looked at many studies that exhibited a link between medical errors and burnout. He stated there are many studies that show a physician was burned out when they made those errors. He noted that this is because most of the studies conducted looked at physician burnout prospectively. He added

that there are no studies that follow a physician around to see if they made errors while they were burned out.

Dr. Searles stated that another study compared burnout rates among orthopedic residents and faculty members. He noted that the study presented evidence that residents tended to be more burned out while half of the faculty expressed aspects of depersonalization. He noted that the aspects that increased the risk of burnout included work hours, conflicts with balancing life and work, discord with team members, and financial debt. He noted that physicians tend to not reach out and ask for help because they grow up in a learning environment where they are not rewarded for being vulnerable. He added that this mentality carries all the way through from early life to their practice.

Dr. Searles presented some of the health risks that resulted from burnout. He noted that burned out physicians tended to be more obese, less likely to exercise, less likely to volunteer, and less likely to take any vacations. He added that it is remarkable how few physicians sought medical help for themselves in the last year. Dr. Searles explained some of the personal changes physicians need to make in order to prevent burnout. He recommended staying mindful, accepting praise, and urging physicians to keep up on social media to prevent isolation. He added that physicians must also recalibrate their financial literacy to get an idea of how much it costs for them to sustain their lifestyle.

Dr. Searles stated that from the workplace point of view, there is a distinction between wellness and well-being. He explained that if a physician is struggling with their well-being, they have the option of going to a well-being committee at their facility for help. He added that the committee is making sure physicians are not impaired or struggling in some way that could cause harm to patients. He stated that wellness is a primary prevention strategy. He added that wellness keeps physicians well who are already well. He added that wellness is not about the workplace and very few medical facilities have a wellness program for physicians. He stated that PACE sent doctors through a 360 degree evaluation where every person who interacted with the physician gave PACE feedback about their work day. He noted that at the University of California San Diego (UCSD) they address isolation by getting a group together and talking about isolation. He added that in the PACE Boundary Program, they encouraged physicians to talk about these issues early on in their careers. He noted that from a regulatory viewpoint, it is beneficial to ask how many physicians are burned out. Dr. Searles suggested it would be beneficial to ask a physician the questions such as, have you been to a physician for yourself, have you taken time off for yourself, and are you interested in improving your financial literacy as a physician? He stated that asking those kinds of questions will help determine what areas his study failed to collect sufficient data to predict physician burnout. Dr. Searles recommended that physicians practice self-care in a meaningful way to prevent burnout. Finally, he recommended measuring burnout rates of physicians who express disruptive behavior.

Dr. Levine stated when a physician has an episode or medical error has occurred, it is hard to know whether the isolation resulted from the shame they felt for that error. She added that she supports Dr. Searles' efforts to create a more supportive work environment, which promotes wellness. She

concluded that she agreed with Dr. Searles' statement that isolation is the biggest risk of physician burnout.

Dr. Searles stated that Dr. Levine made a good point that isolation could be a result of a physician feeling ashamed for their medical error. He noted that at UCSD there is a program called Code Lavender and another group called the HEAR Committee that helps physicians who are struggling in areas such as depression. He added that Code Lavender places a number of peers in various workplace environments and when an adverse event happens, the program ensures constant support for that physician. He noted that a lot of the responsibility falls on a physician even though medicine is viewed as a team based approach. He suggested that all physicians use their peers as a resource to support each other during any adverse events.

Dr. Krauss stated that physician stress and burnout does not begin after receiving a medical degree or medical license, it begins in medical school, if not before medical school. He asked Dr. Searles if he worked with the school to incorporate physician burnout into the curriculum and the medical student experience.

Dr. Searles commented that medical schools accept physicians based on their MCAT scores and their GPAs, but medical schools do not ask how resilient they are. He stated that he has developed a curriculum for UCSD called Resilience of Burnout for Physicians as well as the professionalism curriculum. He added that there will be a Clinical Foundations curriculum at UCSD that covers burnout as well. He stated that those classes are at UCSD because he is there to incorporate them into the school, however, he does not feel that physician burnout is universal for the medical student experience.

Dr. Lewis stated that many physicians are in environments where non-physicians and non-practice physicians have determined their performances. He noted that until those individuals understand the pressures of being a physician, things will not change. He noted that there are patient satisfaction surveys circulating in other medical facilities that put a lot of pressure on physicians to meet a high satisfaction criteria. He added that this creates stress among physicians to achieve those high expectations. He noted that until the administration recognizes that these problems occur because of the pressures the facilities have created, many physicians will be leaving their practice. He asked Dr. Searles how he would address this situation.

Dr. Searles stated that he understood that a facility run by physicians and non-physicians is very different. He noted that when he does visit other small hospitals and other medical facilities that are not run by physicians, he expresses the idea of physician empathy. He noted that when analyzing malpractice risk and risk to a hospital setting, the risk is much higher when the larger number of those doctors are struggling with burnout. He stated that the language that those groups will hear is that managing your physician's wellness is a risk management strategy. He added that if a facility has physicians that have high empathy scores and they feel that their practice is making a difference, that facility will have lower risk of malpractice and higher patient satisfaction scores if they approach physician burnout systemically.

Ms. Sutton-Wills asked Dr. Searles if he would clarify the topic regarding sustainability with younger physicians leaving their practice.

Dr. Searles stated that issues with burnout have tended to skew towards older physicians. He noted that the current data shows that younger physicians tended to have ambivalence about their careers. He stated that it is still early, but that trends show the risk of physician attrition. He noted that there are many Residency Directors who have experienced graduating residents who do not want to work full time. He noted that this trend is creating a culture where young physicians see their career as a job instead of a calling.

Dr. Levine stated that she felt these issues were generational issues. She stated that the work environment has not accommodated a different set of values around work. She added that more than 50% of the medical workforce consists of women.

Dr. Searles stated that he felt that working part-time was a good idea, however, there are many environments that do not support that lifestyle. He added that medical practices would often drive part-time physicians out because a physician would get paid full benefits for half the work. He stated that until more options are created that are meaningful for the physicians to work part-time, there is always going to be a challenge because the work environment does not support it.

Agenda Item 5 Discussion on Physician Burnout Survey

Ms. Kirchmeyer stated that leadership from the Federation of State Medical Boards (FSMB) have made physician burnout and wellness a priority for the FSMB. She noted that FSMB would like to partner with the Board to conduct a study on physician burnout in California. She added that the state of New York already began conducting a study on burnout. She added that the Board has assisted with several physician surveys as the Board is an entity that reaches out to all physicians. She noted that the Board has partnered with University of California San Francisco (UCSF) to gather information on Medi-Cal and electronic health records. She explained that the Board has recently worked with University of California Davis (UCD) on a survey regarding the CURES program. She added that because physician burnout is an issue of importance for the Board, she suggested sending out a survey regarding physician burnout to physicians with their license renewal notices to obtain data on physician burnout in California. She suggested creating a new survey that uses New York's survey as a guide. She added that using the information from both of the largest licensing boards in the United States could not only assist the FSMB in their study of physician burnout, but find ways to reduce physician burnout based on the findings. She suggested using the information to encourage physicians to seek help based on the findings. Ms. Kirchmeyer added that she did not need a motion to approve the survey, however, she would like to get input from the Board Members. She added that she would want to have a Member of the Committee or even the Board to assist in developing such a survey.

Dr. Levine volunteered to help develop the new survey. She commented that it is important to word the questions carefully in the survey to gather information. She stated that she has had a lot of experience with physician surveys that failed to collect usable data. She noted that California is

very different from New York and she agreed that a new survey is necessary to obtain the right data.

Dr. Hawkins asked if staff knows how the FSMB is using these surveys.

Ms. Kirchmeyer replied that the FSMB has not told the Board how they will use the surveys. She stated that the FSMB is just gathering information at this point and eventually the Board will get more information once the FSMB has used the data compiled in New York.

Dr. Levine commented that there are other surveys such as the Physicians' Foundation that monitors the professional satisfaction for physicians. She suggested using some of these resources from future surveys to address both the workplace and the personal aspects of a physician's job. She added that these resources are free for physicians and she felt it would benefit the Board and the physicians in California.

Agenda Item 6 Update and Discussion on the Check Up On Your Doctor's License Outreach Campaign

Ms. Simoes provided an update on the Board's outreach campaign and the activities that have occurred since the October Board meeting. She stated that staff discussed developing a public service announcement (PSA), however, staff have already developed a tutorial that shows patients how to check up on their doctor's license. She added that this tutorial is already posted on the Board's website, which basically teaches the patient how to look up physician profile information. She further noted that Board staff discussed using this tutorial as a PSA for purposes of media interviews, and would like the Members to view the tutorial and provide feedback.

Ms. Simoes presented Board Members with the tutorial video that is used on the Board's website.

Ms. Simoes stated that this PSA is geared for the outreach campaign and staff is struggling to make it different. She suggested creating a PSA for the entire Board in general instead of creating one that reflected how to look up a physician's license. Ms. Simoes then asked the Committee for their input regarding the creation of a new PSA or keeping the old tutorial as a PSA.

Dr. Lewis stated that he felt the tutorial video is too fast. He suggested taking pauses in the video so that patients can know what to do without getting lost because of the fast pace of the video.

Ms. Simoes stated that the fast pace of the tutorial was meant to keep the attention of the viewer while guiding them through the process. She noted that some of the tutorials she watched from other boards were very slow and did not appear effective. She asked the Committee if the tutorial video were to be slowed down, would they consider using it instead of creating a new PSA.

Dr. Krauss stated that he likes the tutorial but he agrees with Dr. Lewis. He stated that he found the musical background to be very distracting. He suggested having some different background music in the tutorial.

Ms. Pines asked how patients would get to that tutorial.

Ms. Simoes stated that there is a link for the tutorial on the Board's home page in the Check Up On Your Doctor's License box.

Ms. Sutton-Wills suggested that Ms. Simoes and her staff reach out to newer audiences by advertising on other market outlets.

Ms. Simoes stated that is the purpose of the PSA tutorial she presented to the Committee. She noted that once she gets approval from the Board Members, staff will reach out to other marketing outlets such as iHeartRadio, where they can publicly announce how to use the tutorial on the website. She asked the Committee if staff should use the current PSA tutorial or create a whole new one.

Ms. Sutton-Wills stated that as a community member, she would find it helpful to know that she can look up a physician's license. She suggested that the PSA clearly states that when you get to the website, there is a tutorial on the home page.

Ms. Simoes stated that she agrees with Ms. Sutton-Wills and staff will make the PSA more general for the public.

Mr. Warmoth suggested that the main point of the PSA should be directing the public to the Board's website. He added that there should be a webmaster link for any patient who has questions about the website.

Dr. Levine suggested that for the purpose of the tutorial video becoming a PSA, there should be an explanation somewhere in the video that informs the public that the Board ensures that doctors who are licensed in California are entitled to that license. She added that the PSA should inform the public that if there is an issue regarding a licensed physician, the Board investigates and takes administrative action against that licensee. She noted that the PSA should only inform the public of the main functions of the Board, which are licensing and enforcement in the name of consumer protection.

Ms. Kirchmeyer suggested using the PSA that Ms. Simoes presented and creating another PSA that gives general information about the Board and leads consumers to the outreach campaign. She added that she would also like to create a tutorial on how to file a complaint. She noted that general information about the Board and how to file a complaint with the Board are the two most important aspects that need to be released to the public.

Dr. Levine suggested that the speed of the PSA tutorial needs to slow down on areas that present the web addresses and the phone numbers.

Ms. Hollingsworth asked Ms. Simoes if a doctor has a different name on his license that differs from what he uses with his patients, what steps could a patient use to help find doctors on the Board's website.

Ms. Simoes stated that she is unsure if she can adjust the website because the physician is under the name they reported to the Board. She noted the Board's call center is a good resource to use when dealing with this issue because they have helped patients locate their physicians in the past.

Ms. Hollingsworth suggested adding that information to the PSA, which directs consumers to the Board's call center.

Ms. Simoes stated that Board staff can definitely add that to the PSA.

Ms. D'Angelo Fellmeth suggested that the PSA should include what a patient should do once they find their physician's name on the website. She noted that these new steps should include clicking on the physician's name and reviewing their information before making an informed decision.

Ms. Simoes agreed with Ms. D'Angelo Fellmeth's suggestion and thanked her for her input.

Ms. Simoes continued with her update on the Outreach Program. She stated that Board staff created a colored flyer that informs patients to check up on their doctor's license. She added that this flyer included a quick response code that can be scanned by an electronic device, which takes consumers directly to the Board's website. She noted that this code will allow the Board to compile statistics that measure how many individuals have used that code to get to the Board's website. She added that these flyers will be included in pay warrants for all active civil state service and UC employees in March. She added that from March 5, 2017 to March 11, 2017, is National Consumer Protection week. She noted that the Board can use this flyer for other outreach programs as well. She noted a global message that informs all state employees about the Board and how to look up their doctor will also be included in the pay warrants issued in April.

Ms. Simoes stated that in November 2016, copies of the Board's Outreach Program materials were sent to Los Angeles County Health Department. She added that LA County is starting a broad web-based Healthcare Outreach Program for their consumers and are interested in using the Board's materials. She stated that an article written by the Board's Public Affairs Office regarding the Board's Check Up On Your Doctor's License Campaign was submitted to the Department of Consumer Affairs (DCA) for their winter issue of the Consumer Connection Magazine. She noted that the outreach campaign continues to partner with stake holders to encourage consumers to check up on their doctor's license. She added that the campaign will continue to reach out to cities, counties, unions, large organizations, and legislators to talk to them about the campaign.

Agenda Item 7 Update and Discussion on the Public Affairs Office Outreach Activities

Ms. Kirchmeyer discussed outreach activities that were outside the Board's outreach campaign and were a great success to the Board. Ms. Kirchmeyer stated that there are several medical associations and societies that have been reprinting the Board's Newsletter articles in their publications. She noted that articles such as Mandatory Reporting Requirements for Physicians, Telehealth and the Law, Common Questions Received by the Medical Board, Through Your Patients Eyes, Frequently Asked Questions About CURES, and News to Use are just a few of the articles that have been reprinted. She noted that the Board received a

request to reprint an article in the fall newsletter about human trafficking and what roles a physician can play.

Ms. Kirchmeyer stated that in regard to presentations, she felt that the Board has had tremendous success in 2016, and 2017 has started off even better. She added that Board staff has given presentations to UCSF residents, medical assistant associations, and to the Southern California Chapter of the American Academy of Psychiatry and Law on the Board's enforcement process. She noted that the Health Quality Investigation Unit (HQIU) medical consultants gave a lecture to staff at Kaiser Santa Clara regarding strategies for physicians to remain in compliance with the law. She added that Board staff provided presentations to other DCA boards on the End of Life Option Act and the Board's Expert Reviewer Program. She further explained that Board staff provided a presentation on the Board's enforcement process to the California Ambulatory Surgery Association. She added that Board staff have provided presentations to seniors, crime prevention fairs, and provided information to the California Association of Medical Staff Services. She further noted that Board staff also provided presentations at many town hall events and physician enhancement meetings. She noted that these are just a few of the outreach events that Board staff have conducted and she anticipates more happening in 2017.

Ms. Kirchmeyer added that the Board has built partnerships with local law enforcement agencies and other state agencies, including other DCA boards. Ms. Kirchmeyer stated that Board staff have recently provided a presentation to the Department of Health Care Services (DHCS) on the Board's enforcement process regarding ways they can work together. She noted that the Board has asked DHCS staff to provide a presentation on their enforcement program. She noted that the Board has built stronger relationships with many physician associations. She added that most violations are from physicians who are unfamiliar with the laws and regulations in the Medical Practice Act. She noted that Board staff have provided many presentations that explain the Board, its role, and how to stay in compliance with the law. She added that staff have recently created a PowerPoint presentation that any Board member can use to provide such a presentation.

Ms. Kirchmeyer concluded by explaining the relationship the Board had built with the California Primary Care Association (CPCA). She noted that CPCA represents over a thousand community health centers and health clinics in the State of California. She added that she was recently introduced to their Chief Medical Officer, which opened the door to a great partnership. She noted that in a short amount of time, Board staff have met with the executive members of the CPCA staff to explain the Board's role, the Licensing Program, and the CURES program. She noted that on January 18, 2017, the Board did its first webinar on its Licensing Program entitled, Demystifying the Medical Board's Licensing Program. She added that the webinar was a great success and CPCA has agreed to disseminate information to physicians for the Board or other notices for physicians. She added that the Board has recently sent potential changes in the Drug Enforcement Association (DEA) renewal process to CPCA and also information on the CURES 1.0 decommission. She added that the Board was also able to send this information to the California Hospital Association. She noted that while the outreach campaign has enhanced the Board's mission of consumer protection by notifying

patients of the importance of checking on their physician's license and urging them to file a complaint, she felt that educating physicians on important laws will also assist in the Board's mission of consumer protection.

Agenda Item 8 Future Agenda Items

Dr. Krauss suggested having an update on the Physician Health and Wellness Program. He added that at some point, either with a task force or via a Committee meeting, he would like to take a look at physician's use of marijuana in light of California's recent legalization law. He noted it would be beneficial if the Board can find a physician scientist who can give a presentation that relays more information about the impact and the mind altering effects of marijuana before the Board makes any decision on the subject.

Dr. Levine suggested discussing the topic of interventions on physicians who are experiencing stress. She added that there may be resources that the Colorado Medical Board uses regarding the topic of physicians and marijuana to look into physician impairment.

Agenda Item 9 Adjournment

There being no further business, the meeting was adjourned at 2:10 p.m.

The full meeting can be viewed at http://www.mbc.ca.gov/About_Us/Meetings/2017/