MEDICAL BOARD OF CALIFORNIA
Executive Office

Public Outreach, Education, and Wellness Committee Meeting
The Westin San Diego
400 W. Broadway
San Diego, CA 92101

Thursday, October 29, 2015
1:30 pm – 3:00 pm

MINUTES

Agenda Item 1 Call to Order/Roll Call

The Public Outreach, Education, and Wellness Committee (committee) of the Medical Board of California (Board) was called to order by Chair Ronald Lewis, M.D., at 1:30 p.m. A quorum was present, and due notice had been mailed to all interested parties.

Members of the Committee Present:
Ronald Lewis, M.D., Chair
Randy Hawkins, M.D.
Howard Krauss, M.D.
Sharon Levine, M.D.
Denise Pines
Barbara Yaroslavsky

Members of the Committee Not Present:
David Serrano Sewell

Staff Present:
Liz Amaral, Deputy Director
Christina Delp, Chief of Enforcement
Dianne Dobbs, Legal Counsel, Department of Consumer Affairs
Dennis Frankenstein, Business Services Office
Cassandra Hockenson, Public Affairs Manager
Kimberly Kirchmeyer, Executive Director
Regina Rao, Associate Governmental Program Analyst
Letitia Robinson, Research Specialist
Elizabeth Rojas, Business Services Office
Jennifer Simoes, Chief of Legislation
Lisa Toof, Administrative Assistant
Kerrie Webb, Staff Counsel
Curt Worden, Chief of Licensing

Members of the Audience:
Teresa Anderson, California Academy of Physician Assistants
Edward Barrera, Consumer Watchdog
Gloria Castro, Senior Assistant Attorney General, Attorney General's Office
Yvonne Choong, California Medical Association
Genevieve Clavreul
William Coltrin, M.D.
Zennie Coughlin, Kaiser Permanente
Julie D'Angelo Fellmeth, Center for Public Interest Law
Lou Galiano, Videographer, Department of Consumer Affairs
Dr. Gill
Bridgette Gramme, Center for Public Interest Law
Rae Greulich, Consumers Union Safe Patient Project
Dr. Jim Haye, California Medical Association
Robert Herbst, M.D.
Marian Hollingsworth, Consumers Union Safe Patient Project
Bruce Koltun, M.D.
Lisa McGiffert, Director, Consumers Union Safe Patient Project
Tina Minassian, Consumers Union Safe Patient Project
Karen Miotto, M.D.
Michelle Monserrat-Ramos, Consumers Union Safe Patient Project
Carol Moss, Consumers Union Safe Patient Project
Dr. Bruce Olmscheid, M.D.
Osteo Students
Kerry Parker, California Society of Addiction Medicine
Duane Rogers, Pacific Assistance Group
Dr. Greg Skipper, M.D., Board Certified Internist, Board Certified Addiction Medicine
Michael Sucher, M.D., Director of the Arizona Medical Board Physician Health Program
Danielle Sullivan, Center for Public Interest Law
Tracy Zemansky, Pacific Assistance Group

Agenda Item 2 Public Comment on Items Not on the Agenda

Ms. Clavreul stated that she was concerned about the speech that was given just before the meeting because at lunch there was a program on civility and that is a big issue. She continued with when there is a lack of civility it may impact the quality of a diagnosis, and that it concerned her that at many of the meetings, people are admonished, and that the speech before the meeting does not help.

Agenda Item 3 Approval of Minutes from the July 30, 2015, Education and Wellness Committee Meeting

Ms. Yaroslavsky made a motion to approve the minutes from the July 30, 2015 meeting; s/Dr. Krauss. Motion carried unanimously.

Agenda Item 4 Presentation, Discussion and Possible Action of Elements of a Successful Physician Health Program

Ms. Robinson stated the purpose of the presentation was to provide information and discuss what elements are necessary in a physician health program in order for it to be a program that assists physicians with substance abuse problems, while still meeting the Board's mission of consumer protection. Ms. Robinson stated that any physician health program would need to comply with the Uniform Standards for Substance-Abusing Licensees and would require regulatory changes. She stated that Senate Bill (SB) 1441 (Ridley-Thomas Chapter 548, Statutes of 2008) created the Substance Abuse Coordination Committee (SACC), that was charged with formulating uniform and specific standards in specified areas that each healing arts board shall use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal program.

Ms. Robinson stated there are 16 uniform standards that are covered and went over standards 2, 4, 6, 8, 9, 10, 13, 14, 15, and 16 in detail. She continued by describing elements of standard 16, saying that the Board must use the following criteria to determine if its program protects patients from harm and is effective in assisting in recovery:

- All licensees who either entered a program or whose license was placed on probation as a result of a substance abuse problem successfully completed either the program or the probation, or had their license to practice revoked, surrendered, or placed on probation in a timely basis based on noncompliance with those programs, and
- At least 75 percent of licensees who successfully completed a program or probation did not have any substantiated complaints related to substance abuse for at least five (5) years after completion.

Ms. Kirchmeyer commented that the reason the previous standards were covered was because the Committee Members need to understand that any physician health program that is supported must adhere to each one of the uniform standards.

Dr. Levine asked a question regarding the purpose of the program, saying she thought the sole purpose was to assist physicians with substance abuse problems.

Ms. Kirchmeyer stated that Dr. Levine was correct regarding the thought behind a physician health program, but that it should also enable the Board to meet its mission of consumer protection.

Dr. Levine commented that when the term physician health is used it would encompass physicians with substance abuse problems, but it would also be open and available to assist physicians with other issues that were not addressed, but would have the potential to impair their function as physicians. The selection of the term *health* suggests something broader. She said she was just questioning if that is all that a physician health program will do.

Ms. Kirchmeyer said that one of the Board staff recommendations is that it be only for substance abuse issues and that staff is looking to the Board for recommendations. If the Board wants to add other items, they will be added at the end.

Dr. Krauss agreed with some of the concerns expressed by Dr. Levine and stated that there are things about the practice of medicine that causes some physicians to hide their problems for fear of having their business or practice infringed upon, and a physician who is suffering from depression will also hide. He stated that he also believes that substance abuse programs and physician health programs should not be used synonymously. He said he would encourage the staff to find some way of separating those terms so that they are not confused in the future, but that there is a need for both terms.

Ms. Kirchmeyer said Dr. Krauss' ideas will be listed in the staff recommendations.

Ms. Robinson stated that Board staff recommends the program should not reside within the Board, but that it should be run by a private/contracted non-profit entity. It should have adequate protocols for the program's communication with the Board and have regularly scheduled meetings. It should allow for both self-referrals and probationers to participate. It should report to the Board any physician who is terminated from the program, for any reason. Ms. Robinson added that the program will not be diversion, and if a complaint/report is received, the enforcement process will be followed. There should be clear and regular communication to the Board on the status of probationers in the program, and participants should share in the cost of administering the program. If the required audit finds the program is not in compliance, there must be repercussions. There must be sufficient resources to perform clinical roles and case management roles, with sufficient expertise and experience, and a case manager's case load should not to exceed 50 physicians. Ms. Robinson continued with recommendations and concerns from the consumers group, which asked if there is a need for a program, and recommended an analysis be completed to determine if there is a need for a program.

Ms. Kirchmeyer stated she wanted to explain the process of putting these suggestions together. Board staff met with each group, and the information being delivered is what came of all the information gathered from those groups. Items that were in the slides in this part of the presentation were things that staff did not believe should be elements of a physician health program. What staff is asking of the Committee is to look at these elements requested by stakeholders, and make a determination as to whether these items should be recommended. She stated that at the end of the presentation, staff is looking for a motion that any legislation moving forward would have the elements of what the Board has approved.

Ms. Robinson explained that some of the physician group recommendations included education and promotion of awareness of the program, with information for hospitals, training programs, medical groups, etc., about how to identify potential impairment, services available, policies and procedures, plus what to expect from the program, how to contact it, how to enter it, how to refer to it, and how to use it. They also felt the program should have adequate and stable funding primarily from license fees, with additional funds from other sources such as fees from participants. Also providers working for the program should have immunity from liability.

Ms. Yaroslavsky wanted to know if there is any room to ask those providers of such programs if there are any weaknesses or strengths that they see that may be addressed within the Board's recommendations that might be helpful.

Ms. Kirchmeyer said that had been done and there was a lot of good input.

Ms. Yaroslavsky asked if when a licensee enters and finishes a program, will records need to be maintained, for how long and is that part of a process?
Ms. Kirchmeyer explained that record retention will be set up in the administration of the vendor, and, other state agencies will be looked at to see how long they keep their records at the facility for those individuals. Ms. Kirchmeyer clarified, that if there is a successful completion and it was a self-referral the Board would never have access to those records.

Dr. Levine questioned if this information would establish a baseline of what would need to be in a piece of legislation for a program that addresses the issue of substance-abusing licensees. She stated that the Board is focusing on the specific issues that need to be in place to meet the requirements of the uniform standards and to meet the requirements of consumer protection in regard to substance-abusing licensees.
Her only hope is that the word "health" is not attached to it because the Board has an interest in and a concern for a broader set of issues to maintain a high quality healthy practitioner inventory in California and would hope any legislative effort to create such a program would go beyond the substance-abusing physician licensees.

Ms. Kirchmeyer said that if the Committee feels strongly that the program needs to cover health issues beyond substance-abuse, then staff would put that in as an element. Ms. Kirchmeyer continued with an example that in the physician group recommendations there was a recommendation that it follow the National Physicians Health Program recommendations and the reason it was put in this slide was because they do take mental health individuals into the statewide physician health program. So, if that is something that the Committee wants to do, staff is not opposed to it if the Committee feels strongly about it.

Ms. Yaroslavsky stated that her sense is that there are many physicians for whom knowing that there is a place they can go to, call or a contact to get help would be a useful thing.

Ms. Kirchmeyer stated that she remembers a lot of the individuals that were in the prior program with mental health issues also had substance abuse issues.

Ms. Kirchmeyer asked that the Committee look at the Board staff recommendations on this subject, stating that it is similar to what Dr. Krauss brought up as a policy compendium. Staff would look at these elements and any future legislation seeking any type of a physician health program would have to include these elements in order to be supported by the Board.

Dr. Krauss said that he commends the Board staff for their work product and work effort and asked if staff could help him figure out where the firm lines in the sand are, because not everyone will be satisfied.

Ms. Kirchmeyer explained that the firm line would be with any legislation that goes forward and what Board supported elements get included.

Dr. Hawkins stated that the Board would like for physicians who want to step forward for help to do so and the Board must develop a program that invites them in, but, at the same time, does not put them in a position that would make them less likely to come forward.

Ms. Kirchmeyer said that is one of the consumer groups' concerns, that if you attach the program to the

Board you might not get individuals that actually want to enter the program.

Dr. Miotto commended the efforts of the Committee, and as the chair of the Medical Staff Wellbeing Committee, stated that she cannot stress enough the importance of addressing the mental health issues and finding an avenue where these issues can be dealt with, because as Dr. Krauss said, physicians feel very stigmatized by these issues.

Dr. Skipper, Board Certified Internist and Board Certified in Addiction Medicine, who runs the Promises Professional Evaluation and Treatment Program in Santa Monica, wanted to point out that the presentation's purpose implies that helping physicians is in conflict with protecting consumers. It says "While still meeting the Board's mission of consumer protection," and he believes that helping physicians in itself can help protect patients. He stated that he does not think that the program needs to be seen as either/or, and that early intervention for these physicians will help patients. Dr. Skipper stated there was a recommendation that the program have adequate medical leadership by a physician and/or physicians. Physicians should be part of the program and leadership to better communicate with the Board and committees of the Board. Also, emphasis should be put on education, early detection, and intervention rather than just on monitoring and probation because anybody can monitor people. Dr. Skipper also stated that what would be most helpful for public protection is providing ways for hospitals to get help for physicians and to help them decide if there should there be an intervention, how it should be done, and what should happen after that. A program is needed that really educates and helps with intervention rather than just monitoring, which seems to be the gist of the previous programs.

Mr. Barrera, Consumer Watchdog, stated that the guiding principles for any program should be transparency, accountability, and independence and that programs that confidentially treat substance-abusing doctors over protecting patients become a revolving door for drunk and high physicians. The Board should not sanction any program that lets doctors keep their addiction problems secret and avoids consequences when they fail. Patient safety should always trump physician confidentiality, and any complaint of possible substance abuse problems should be made a priority. Any enforcement should be handled expediently. It should not ever be connected to the California Medical Association or anyone connected to previous diversion programs and it also needs to be independent of the Board.

Ms. D'Angelo Fellmeth, Center for Public Interest Law, stated that the Board had a diversion program for 27 years that failed five performance audits, and that the Board unanimously voted to terminate it.
Ms. D'Angelo Fellmeth continued by saying that since then physician organizations have attempted on many occasions to create a new program for substance-abusing doctors, funded primarily by license fees collected by the Board. Each of those attempts were different, and each of them failed. She stated history should tell the Board that there is no need for a new program. There are literally thousands of treatment and monitoring programs in California and all over the United States, and nothing prevents any doctor from self-referring into one of them. Also, the effectiveness of these programs has never been proven, no program tracks participants after they leave the program. The Center for Public Interest Law has come up with some elements: first, the program must strictly comply with the uniform standards; secondly, doctors should not be able to participate in a Board funded program secretly, which is completely contrary to the Board's mission, only doctors who are on probation should be able to participate in any new program; third, all program noncompliance should be reported to the enforcement program immediately; fourth, a detailed program description and fiscal analysis must be prepared by the proponents; fifth, any new program must be

audited by the Bureau of State Audits every three years and if it is not performing well it should be ended; and finally, under no circumstances should a new program be directed or controlled by the same organizations or individuals who were part of the liaison committee that oversaw this Board's prior program. She suggested that the Board try tasking themselves to come up with standards and criteria for treatment and monitoring programs and evaluate programs based on those criteria and post a list of the good programs. If the Board thinks physicians do not go to treatment or monitoring programs because they cannot afford them, then create some kind of scholarship fund perhaps with voluntary contributions to help physicians who are truly intent on recovery to go to a program. Ms. D'Angelo Fellmeth encouraged the Committee to explore other options, as there is no need to create a new program.

Dr. Zemansky, President of Pacific Assistance Group (PAG), stated that individuals at the meeting held with Board staff had worked with physicians in recovery before the Boards program was sunset and she strongly supports the Board's effort to encourage physician wellness on every level. Any program that will be effective in preventing patient harm must have an early intervention and a self-referral option that is confidential and viable. Early intervention allows physicians who already find it difficult and challenging to ask for help to seek care before problems develop, which is the best way to ensure patient safety. As the lunch time speaker said, it is more effective to support positive values and action and be proactive, than to correct a negative problem and be reactive. She continued by stating that she strongly believes that patient safety equals physician early intervention and confidentiality and PAG supports the Board in developing and supporting a program.

Dr. William Coltrin, a diversion graduate, stated that wants to advocate for the redevelopment of diversion, which at a person level was very active in helping him direct his own life towards getting into recovery and staying in recovery successfully. He said that the one point he wanted to make was that there are differences in programs and that there are programs that can and do have special programs for health care providers. These programs can work with physicians during that recovery period. It is because of diversion in 1999 that he was directed to programs that were aligned with impaired physicians and believes that it contributed to his recovery then and continued recovery.

Dr. Herbst stated that he is in favor of and happy to hear that the Board is considering a Board supported health maintenance program for physicians. He continued saying that the uniform standards are fairly rigorous, and that he found that the previous health program helped him do things that he would not do by himself. He added that the program introduced him to the means of handling his problems and they provided the monitoring, which was a necessity. He also noted that other parts that are helpful were the education at the hospital level for the wellbeing committees and the Board should send out an action letter every month with information regarding what the programs are and where the programs are so physicians know where to go.

Ms. Monserrat-Ramos, Consumers Union Safe Patient Project, stated that she would not support any kind of program that used confidentiality, which prevents patients from being informed. The Board cannot support any confidential programs of any kind. Rehabilitating the physician cannot come before Californian's lives. She believes the Board must make the implementation of uniform standards its top priority, and give them time to work before putting in place any new system that might interfere with the standards.

Ms. Choong, California Medical Association (CMA), stated that her organization appreciates the Board's efforts to study this important issue, and that they support the development of a statewide physician health

program. She continued saying CMA believes that the establishment of a physician health program is consistent with the Board's mission of public protection and will increase patient safety by ensuring that impacted physicians are receiving coordinated treatment and monitoring services and that their recovery is appropriately supervised. She believes that such a program should also encourage education and early intervention. A program should encourage physicians to address issues before they rise to the level of impacting patient care. She further stated that the physician health program principles developed by Board staff provide an excellent starting point for the development of a robust and comprehensive program that will enhance the Board's ability to protect patients and rehabilitate physicians to return them to a safe and active practice. CMA urged the Committee's adoption of these recommendations and looks forward to continuing to work with the Board on this issue.

Dr. Olmscheid, stated he fully supports the Board's efforts to put a formal physician health program in place and hopes that it is a program where physicians feel safe enough to access. He respectfully asked the Board to give additional consideration to the ramifications of requiring public disclosure of all physicians who are receiving services and are doing well through a monitoring program. A program that does have confidentiality where appropriate, with public disclosure where appropriate, will foster self-referral and, at the same time, provide protection to consumers. A program that allows for confidential reporting to the Board, will allow the Board to administer a program that effectively monitors physicians who are receiving treatments for substance abuse and doing well, at the same time providing protection for consumers.

Dr. Rogers, stated that he fully supports the Board's efforts in developing a strong and accountable physician health program and that licensed physicians in California deserve this program. He believes that a confidential physician health program can achieve high levels of self-referral rates and thus early intervention before serious problems occur.

Dr. Sucher, Director of the Arizona Medical Board Physician Health Program (AMBPHP), stated that AMBPHP started out covering substance abuse as the primary focus and co-occurring mental illness, but lately have been covering every area of physician health. AMBPHP is actively involved in physician health activities in California. They run a private evaluation and monitoring program called the California Physicians Health Program. In addition to working with and advising the Board and staff, they have also worked with many medical groups, hospitals, and individual physicians. In Arizona, every single physician in the program is known to the Board, and are monitored and overseen by the Board's agreements. They are also required to notify hospitals, surgery centers and all employers and any other party who has the need to know, so there is no one in the program unknown to the Medical Board. Regarding self-referrals, almost everybody gets a shove from someone to get help. It is not realistic to think that people just go get help on their own. The Board and a physician health program play a key role in doing that. Strong medical leadership is needed. Regarding what happens after five years and record retention, records are never thrown away. There are some returns, and it is nice to have those records, because memories differ. The doctors who wrote the original blue print study that verifies the quality outcomes of a well-run physician health program, which was proceeded by good treatment, are doing a research study nationally, which AMBPHP is also participating. The preliminary data for outcomes after five years is extremely good. Dr. Sucher stated that he strongly supports the effort the Board is undertaking and he agrees with the staff recommendations. He stated that it has to be well run, regardless of the business structure. He believes it would vastly help the status of consumer and public protection and the Board in fulfilling its role by starting a program. Dr. Sucher closed stating that he believes that the state of California has been left short since diversion closed.

Ms. McGiffert, Director, Consumers Union Safe Patient Project, believes that this program is not needed and Consumers Union strongly supports the staff recommendation that if this program were to be set up, that there would be public information about physicians that were referred to this program because of probation. Consumers Union does believe that physicians are probably among the people who have the most resources for getting treatment, and Consumers Union supports them to get treatment. But, she stated that if they come to the attention of the Board because of some problem, especially for harming patients, then that should be public knowledge, especially if the Board decides to act on it. The Board just heard somebody recommend that the hospitals should know, the insurers should know, the employers should know, but the very people who need to know, the patients, are not on that list and Consumers Union thinks that patients should be able to see this information. She stated her recommendations who be to report to the Board any physician who is terminated from the program for any reason. The Board, should also receive notice about any physician who has violated the terms of the program. With regard to the audits, Consumers Union also thinks that if the program fails the audit there should be repercussions and they should be serious, such as termination. She closed by saying five bad audits should never happen again.

Ms. Minassian, Consumers Union Safe Patient Project, discussed her experience with a doctor that was in the diversion program with an alcohol problem. She stated the monitoring mechanisms did not work, random drug tests were not random, and the worksite monitor was the doctor's employee.

Ms. Moss, Consumers Union Safe Patient Project, stated the Board has been unable to monitor and protect the public from harm. She also stated that her company would not support the Board managing confidential programs.

Ms. Shinazy, Consumers Union Safe Patient Project, asked that the Board remove themselves from the vote for a diversion program of any type with any title, stating that she did not believe that the Members could be impartial, and it should be a public only vote.

Dr. Krauss moved that the Committee accept and endorse the Board staff recommendations for the elements of a Physician Health Program and the matter be forwarded to the full Board for approval; s/Ms. Yaroslavsky. Motion carried unanimously.

Agenda Item 5 Presentation, Discussion and Possible Action of "Verify a License" Campaign

Ms. Kirchmeyer stated the Board has a number of outreach plans, and, it will also be driving a broader agenda with an end result of making March "Verify a License" month. Board staff will continue with its outreach from now through March, including attending events, such as health fairs, health-related walks, and outreach at malls. The mall events in San Diego and Sacramento were very successful. Due to the Governor's restriction on travel, these events are running with the Board meetings in order to use the staff that are attending the meetings to host those events. Staff in probation around the state and Board Members will be used to assist with future events, as time permits.

Ms. Hockenson spoke about a number of avenues that will be used for advertising including Pandora radio, mass transit bill boards, utility bills, store receipts, jumbo trons, and radio and television public service announcements (PSAs).

Ms. Kirchmeyer spoke about the funding for these ads stating that all funds do have to be approved through the Department of Consumer Affairs (DCA).

Ms. Simoes spoke about free advertising that can be done without DCA approval. Posters have been developed that are similar to the brochures that can be placed where consumers receive healthcare, such as at schools, at other government agencies, libraries and other agencies where patients go. Also, the Board can work with other agencies to put information on the state pay stubs, and in the electronic newsletter to parents through various school districts.

Ms. Hockenson spoke about media distribution such as; Heart Radio, National Public Radio, Capitol Public Radio, and other media outlets. An article already came out in the San Francisco Chronicle regarding the campaign. The Board is trying to create activities that can draw media coverage.

Ms. Kirchmeyer spoke about Board staff working on products that will be used to promote the Board. A brochure has been developed and approved by the Editorial Committee and printed by DCA. DCA also assisted in the development of posters based upon the brochure that the Board can use. Board staff will be creating a PSA video that emphasizes the importance of checking the Board's website to verify that a physician is licensed and in good standing with the Board, and a tutorial that walks individuals through verifying a physician's license and education on the Board's documents and posting requirements. Ms. Kirchmeyer asked if the Board had any suggestions or questions for the plan.

Ms. Yaroslavsky stated that reaching 100 people at a time is not an effective use of time and suggested using the Newsletters sent out by the elected officials and have a targeted date for completion. She suggested that Board staff look at the large employers in the state of CA, such as the Universities, school districts, and libraries. She stated that this needs to be more targeted and unified.

Ms. Kirchmeyer said that everything Ms. Yaroslavsky stated is already in the current plan, including Twitter.

Ms. Simoes stated that she brings these items up at every legislative meeting she attends and that legislative staff seem eager to participate.
Dr. Levine stated that based on the comments, there probably needs to be a prioritized list of the most important and impactful tactics. Dr. Levine asked if the "Verify a License" brochure will be available in Spanish.

Ms. Kirchmeyer stated that other languages are currently being worked on, Spanish will be the easiest and that the term verify comes from the button on the webpage where consumers would go to verify a license.

Dr. Levine asked if that was the best language to have on the button and that there is no information as to what to do with the information that consumers find on the website.

Ms. Kirchmeyer stated that PSAs and tutorials will be available to help with information found on the website.

Dr. Levine asked how do you find your physician among the multiples, and that even adding a simple statement like, if you have questions about the information that you find, be sure to ask your physician at

your next visit, will give the public a place to go. Using simple English language terms for the people that are not as familiar with the process would be the best process.

Ms. Kirchmeyer said as far as the "verify" license staff has put this forward, and are amenable to change, input is needed as to what would be a better word than verify or maybe us a focus group.

Dr. Krauss commended the outreach effort and stated that this is viewed as an introduction to the website and people need to be driven to the website and once they get there they will explore it and learn more about the Board, and this is the best outreach. He concluded that this is a great start.

Ms. Kirchmeyer suggested marrying the two comments together such as check your doctor now or find out more information on the verify and then the website can be explained.

Ms. Yaroslavsky commented that something is needed that communicates clearly what information is on the website about the physician and what information is not there.

Ms. Kirchmeyer stated that the information is there but maybe it needs to be put in one spot, altogether and that most information is there regarding certification, they just need to be driven to the ABMS website.

Dr. Lewis asked if staffing is in place to handle this huge list and wondered how this was going to be handled. He added the Board Members are a willing group.

Ms. Kirchmeyer stated that this is a team effort and it would take staff and Board Members to get it done.

Dr. Barrera, Consumer Watchdog, stated that "Verify Your License" is an unclear button. He had several suggestions, one, that it be in several languages, and clear up the search button on Verify. Also regarding probation outreach, this plan should not replace doctors notifying their patients that they are on probation.

Ms. McGiffert, Director, Consumers Union Safe Patient Project, commended the Board regarding its outreach plan to educate the public and looks forward to helping the Board get the word out. She suggested "check out your doctor's background" or "look up your doctor" instead of "verify" and it should be on the website and in the written materials. Also, she recommended changing the language for the link to public documents to be clearer to patients like "Disciplinary actions taken by the Board," which is a quick way to look up whether your doctor is under some kind of order. She encouraged the Board to check website hits and maybe do a survey to see how many people know about the Medical Board. She suggested trying to get a question into surveys that are already being done so the Board can see the progress over time. Also, the sign that is in every doctor's office is inefficient and needs to be changed.

Ms. Greulich, Consumers Union Safe Patient Project, recommended that the Board create a brief summary in plain language, 6th grade level, for each disciplined physician on the website, describing the history of the violations, the license restrictions, a time line for the probation and update them on a monthly basis. She also suggested targeting the minority senior population because less than 40% of them use the internet, possibly by using some community based organizations to reach them.

Ms. Hollingsworth, Consumers Union Safe Patient Project, commented that the 800 number is unreliable, the non 800 number works better. Further, she stated it seemed that the employees would not find the doctors she asked about, because some doctors use different names on the website than they use in their practice. Bottom line is the call in system is not more effective than the Breeze website, the only reliable way for the public to be informed is for doctors to tell their own patients what their license status is.

Ms. Choong, CMA, also has concerns regarding understanding terms on the website as to whether their problems stem from not paying their taxes or problems with patient care. Also, if this campaign is sponsored by DCA, the Board might want to add other professions as well, such as doctors of osteopathy or nurse practitioners. CMA encourages patients to have a dialogue with their physician if they have concerns. CMA is looking forward to participating in the Board's stakeholder group meeting.

Dr. Gill spoke about the need for physicians to use their full legal names to avoid confusion and also the Breeze system does not cross populate information to fictitious name permits. He said the system needs to be fixed to show accurate information.

Ms. Shinazy, Consumers Union Safe Patient Project, questioned recordings that do not cover one of the over 200 languages spoken in California.

Dr. Levine said to make sure that the website address is displayed prominently on the front of the brochure.

Dr. Lewis commented that this is a very busy brochure. Dr. Lewis also asked if the physician is a DO does the website tell the consumer where to find their information.
Ms. Kirchmeyer commented that on the first page it states that if the public cannot find the physician they may be a doctor of osteopathy (DO). In addition if the public goes in from the Breeze webpage rather than through the Board's webpage, using the last name will pull up all physicians, including DOS.

Dr. Levine stated that there are so many organizations that support ethnic minorities and community health groups, they are non-profit and are there to bridge roads between the community and the providers, and she suggested that staff engage some of them as community stakeholder, because they can also help with translation and putting out information.

Dr. Levine stated that it would be helpful for the Committee at the next meeting to see a refined set of next steps and have them prioritized.

Dr. Lewis reiterated Dr. Levine's comments.

Agenda Item 6 Future Agenda Items

Dr. Hawkins suggested a follow up on the demographics study.

Dr. Gill asked the Board to consider using a foundation model of practicing medicine and that it would be good to have a conversation on the non-profit foundation and the lines that are being crossed regarding the corporate practice of medicine.

Agenda Item 7 Adjournment

Dr. Lewis adjourned the meeting at 3:35 p.m.

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