# MEDICAL BOARD OF CALIFORNIA
## Executive Office

Access to Care Committee
Sheraton Gateway LAX Hotel
6101 West Century Blvd.
Los Angeles, CA 90045

May 5, 2011

**MINUTES**

**Agenda Item 1. Call to Order**

Ms. Yaroslavky called the meeting to order at 3:45 p.m. and stated Ms. Schipske, Chair, still was attending another committee meeting and would be late arriving; therefore, Ms. Yaroslavsky would be presiding.

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

Members present:
Jorge Carreon, M.D.
Hedy Chang
Shelton Duruisseau, Ph.D.
Barbara Yaroslavsky
Frank V. Zerunyan, J.D.

Members absent:
Gerrie Schipske, R.N.P., J.D.

Others present:
Hilma Balaian, Kaiser Permanente – Los Angeles, GME Office
Julie D'Angelo Fellmuth, Center for Public Interest Law
Dan Leecox, Greenberg Traurig
(This list only identifies those who signed in at the meeting; staff was not available to record the names of persons in attendance.)

**Agenda Item 2. Approval of Minutes of the October 29, 2009 Meeting**

Motion/second/carried Dr. Duruisseau/Mr. Zerunyan to approve as written.

**Agenda Item 3. Approval of Minutes of the January 28, 2010 Meeting**

Motion/second/carried Ms. Chang/Mr. Zerunyan to approve as written.

**Agenda Item 4. Presentation and Discussion of Collaborative Practice Models in Medicine**

Ms. Yaroslavsky introduced Dr. Eric Davydov, who is the Medical Director of Facey Medical Group (Facey), which has numerous medical clinics throughout the greater Los Angeles area.

Dr. Davydov stated that Facey has a long history of using allied health professionals in their group when providing care to patients. Facey has been in business for almost 90 years; what started as a small single provider clinic has grown to 11 clinics with over 150 physicians, with more than 180,000 active patients and over 620,000 patient visits a year. Sixty percent of the patients receive primary care and the balance receive specialty care.

The initial approach of Facey was the concept of traditional office-based adult medicine, pediatrics, and OB/GYN. Over the years, physicians have allowed greater autonomy to other health care providers as allowed by law and within the scope of practice and prescriptive authority.

Facey has expanded this concept into a transitional stage, expanding the number of specialties in which they offer care, by adding nurse practitioners (NPs) into the areas of general surgery, dermatology and orthopedics. Facey also is expanding the pool of extenders at their various locations, with continued support for the Coordinated Care Management Program.

The ultimate goal is creation of a Patient-Centered Medical Home Program, as defined by the National Committee for Quality Assurance; this would be a health care setting that encourages partnerships between individual patients and their personal physicians, which is facilitated by registries, information technology, health information exchanges (HIEs), electronic medical records (EMRs), and other means by which to assure patients get the indicated care when and where they need and want it, in a culturally and linguistically appropriate manner.

Ms Chang asked about a ratio of NPs to physicians. Dr. Davydov responded they employeed 12 NPs and over 150 physicians.

Dr. Duruisseau and Dr. Davydov discussed the implementation of HIEs, EMRs, and the benefits of a paperless/electronic work environment.

Ms. Chang asked in which specialties Facey primarily uses NPs; Dr. Davydov stated most NPs currently are in OB/GYN and internal medicine, but they are expanding into the areas of general surgery, dermatology and orthopedics. In OB/GYN, there currently are 20 physicians and four NPs.

Ms. Yaroslavsky asked about the level of patient satisfaction with this model of health care; Dr. Davydov stated that the highest level of patient satisfaction is directed towards the allied health care professionals.

Dr. Carreon asked about the cultural and linguistic abilities of the allied health care providers. Dr. Davody replied that they mirror the needs of the patient population and that the health care provided are assigned to patients based on the latter's primary language.

Ms. Yaroslavsky then introduced Dr. Paula Verette, who is the Chief Medical Officer and Vice-President for Quality and Performance Improvement at Huntington Hospital, which has existed over 100 years. Huntington is a 635-bed community-based hospital in Pasadena with over 800 medical staff.

For many years, Huntington has offered numerous outpatient care transition sites, such as the Community Health Alliance of Pasadena (CHAP), the Huntington Ambulatory Care Center (HACC), and a Senior Care Network; the latter allows seniors to age in their own homes.

This year, Huntington Hospital began a Patient Partners Program that works primarily with CHAP and HACC patients. The first phase of this program is the "in-hospital" phase, and it includes the involvement of a hospital resource coordinator and an assigned health navigator who continues to work with the patients for the long-term and provides patient education.

The second phase of this program is the "immediate post-hospital" phase, which kicks in within 48 hours of discharge and provides an inventory for medication adherence, health status, and a confirmation of outpatient appointments. An assessment is made to determine if a physician consultation is necessary or if the patient meets home-visit care criteria, per protocol.

The third phase of this program is the "post-discharge" phase, which encourages an office visit to HACC within seven days of discharge. This brings together a patient care team, uses a collaborative care model, and considers a long-term care continuum.

The end of the program is the fourth phase, which is "collaborative care." CHAP becomes responsible for acute and preventative care and HACC is responsible for chronic disease management, and the health navigator, who was assigned to the patient in the first phase, continues to foster the long-term relationship and facilitates appointments at both delivery sites.

Ms. Yaroslavsky asked about the training level of the health navigators; Dr Verette stated that they are master's level social workers, with a preference for bilingual fluency and a cultural understanding. The program's current population includes a high number of Latino and Chinese patients.

Ms. Yaroslavsky restated her understanding that the mission of the program was to encourage on-going care which resolves past medical issues and strives to keep the patient out of the hospital in the foreseeable future. Dr. Verette concurred; she stated since this is the first year of the program, baseline data from past years has been determined, but the outcomes are not yet quantifiable. Data regarding re-admission rates for patients will be a strong indicator of the success of the program.

***Agenda Item 5. Public Comment on Items not on the Agenda***

There was no discussion. The committee will continue examining the collaborative model at future meetings.

***Agenda Item 6. Adjournment***

M/S/C Dr. Duruisseau/Mr. Zerunyan to adjourn at 4:25 pm.