



MEDICAL BOARD OF CALIFORNIA
Executive Office



Access to Care Committee
Marriott Courtyard – San Diego Airport / Liberty Station
2592 Laning Road
San Diego, CA 92106
October 29, 2009

MINUTES

Agenda Item 1. Call to Order

Dr. Gitnick called the meeting to order at 3:35 pm. Roll was taken; all members were present. Notice had been sent to all interested parties.

Members present:

Gary Gitnick, M.D., Chair
Hedy Chang
Shelton Duruisseau, Ph.D.
Gerrie Schipske, R.N.P., J.D.
Frank V. Zerunyan, J.D.
Barbara Yaroslavsky

Staff present:

Kim Kirchmeyer, Deputy Director
Linda K. Whitney, Chief of Legislation
Kevin A. Schunke, Committee Manager
Candis Cohen, Public Information Officer
Janie Cordray, Research Manager
Abbie French, Telemedicine/Special Projects Manager
Kurt Heppler, Legal Counsel
Ross Locke, Business Services Staff
Kelly Nelson, Legislative Analyst
Pat Park, Licensing Analyst
Debbie Pellegrini, Chief of Licensing
Paulette Romero, Associate Analyst

Members of the Public:

Julie D'Angelo Fellmuth, CPIL
Betsy Couch, CPIL
Brett Michelin, CMA
James Hay, M.D., CMA
Yvonne Choong, CMA
Bill Barnaby Sr., The Doctors Company
Bill Barnaby Jr., The Doctors Company
Peter Kezirian, CAP

Agenda Item 2. Approval of Minutes of January 29, 2009 meeting

The minutes of the January 29, 2009 meeting were considered. Motion/second/carried Chang/Duruisseau to approve as written.

Agenda Item 3. Discussion on AB 329 – Telemedicine Pilot Program – Ms. French and Dr. Nuovo.

Abbie French, Telemedicine and Special Projects Manager, Medical Board of California (MBC), reported AB 329 Telemedicine Pilot Program was launched July 2009. The MBC is partnering with University of California Davis (UCD) in a three-year program in response to AB 329. AB 329 authorized the Board to establish pilot program to expand the practice of telemedicine for patients with chronic illnesses. The pilot will improve diabetes care management resources for patients and primary care physicians in rural, underserved communities in Northern California.

Ms. French reported the evaluation plan and method application was submitted to the Internal Review Board (IRB). The IRB approval staff is reviewing the application and is expected to have the IRB back to the Board the week of November 2, 2009. The English health coach has been recruited and has already begun training with the education supervisor. UCD has one possible candidate for the bilingual educator and a second interview is pending. If a candidate is not selected, the position will be reposted and the interview process will continue until the right candidate is identified.

The team has drafted the site selection questionnaire that will be sent out to the sites who respond favorably to email solicitation and want to work with the pilot program. Staff has drafted the outline of a curriculum and is waiting for health coaches to come on board for additional suggestions.

James Nuovo, M.D., gave a Power Point presentation detailing how the telemedicine pilot program will work. In short, health professionals need to offer patients a number of options and allow the patient to choose their own treatment plan to achieve a health behavior change. We will use health coaches to teach the practice sites that participate in our pilot how to be a more proactive team, how to develop registries, and how to use coaching tools. We will test this model and use education via telemedicine at a few practice sites by the use of teleconference technology to interact with patients. Our goal is to reach as many telemedicine sites as possible and interface with well over 1,000 patients during this time. We will look at outcomes such as blood pressure, diabetes, and depression. We will find out if practices and patients are interested in this form of communication and we will summarize the findings. In addition, we will conduct CME programs and assist physicians in using these techniques and decision tools for their own practice.

Several questions came from the committee after Dr. Nuovo's presentation in regards to the telemedicine pilot program. Dr. Nuovo confirmed that the pilot program is ready to go and will most likely be rolled out at the beginning of the year. Progress is being made, sites are being identified, one health coach has been hired and the other is in the process of being hired, and education modules are complete. Overall, the idea is to use the practice sites to identify appropriate patients for this program and show the sites how to encourage their patients to participate. In addition, the concept is to educate and assist these practice sites in adopting and implementing this new model of care that they can carry forward on their own.

Agenda Item 4. Update on Interested Parties Meeting – Study on Malpractice Insurance for Physicians Offering Voluntary Unpaid Services (AB 2342) - Ms. French

At the January 2009 Board Meeting, we were directed by this committee and the full Board to convene an Interested Parties meeting to discuss the Report on Malpractice Insurance for Physicians Providing Voluntary Unpaid Services. AB 2324 added B&P Code section 2023 requiring the Medical Board of California to study the issue of providing medical malpractice insurance for physicians and surgeons who provide voluntary unpaid services as specified: to indigent patients and medically underserved or critical need population areas of the state and to report its findings to the Legislature.

The Malpractice Study Interested Parties Meeting was held on September 2, 2009 and had a very good turnout. The meeting allowed the stakeholders to hear directly from the report writer, other stakeholders, and ask questions on ways we can move forward on this issue. Overall, stakeholders were interested in protecting physicians who want to volunteer in medically underserved areas in our state, and they also commend the Medical Board for looking into this issue.

Ms French presented a summary of comments made at the Interested Parties meeting. See the Malpractice Interested Parties meeting minutes for more information (http://www.mbc.ca.gov/board/meetings/minutes_2009_09-02_malpractice_study.pdf).

Agenda Item 5. Discussion and Consideration of Future Steps on AB 2342 – Ms. French

The staff would like to recommend that this committee create a special advisory committee to discuss the report regarding Malpractice Insurance for Physicians Providing Voluntary Unpaid Services. This committee would determine if legislation is appropriate, and if so, develop language to propose to the Board in future meetings. The Board can determine if the drafted language can be Board-sponsored or passed onto a legislative member who could propose legislative language on the issue. Staff recommends that this committee establish a five to eight member advisory committee to address the issues and recommendations of the report.

Each member chosen should be available to meet in January 2010. This advisory committee is unable to meet sooner than January 2010 due to the backlog of physician applications in the licensing section. The Board suggests that the following parties select an individual to represent their business on the advisory committee:

- o The Access to Care Committee, a public and physician member.
- o Liability insurer
- o California Medical Association
- o California Hospital Association

Comments from the Committee: No comments.

Public Comments:

Ms. Choong with the California Medical Association (CMA) is in agreement with the Medical

Board's approach to this issue. CMA convened a conference with a number of entities to look into the issue in further detail and we have drafted proposed legislation. This proposed legislation is a representation of some stakeholders, but not all. CMA simply wants a solution that is good for the physicians. CMA also reviewed models from other states.

The draft legislation is proposed to remove barriers to care for volunteer physicians. Physicians can apply to the state and the state can approve and/or deny based on physician history. CMA would suggest that if a physician already has liability insurance to simply add the state insurance as secondary coverage. If the physician does not have coverage, then state coverage becomes primary. This program can be viewed as a contract with the physician in that services rendered are agreed upon between the clinic and physician and that services provided are in the physician's area of expertise. CMA does not view this program as being housed within the Medical Board as the Board is not in the business of reviewing claims. General funding for this program could be very difficult. Perhaps programs that benefit from this voluntary physician coverage could donate into the fund. CMA is very clear on one position and that is to not allow a fee to be added to the licensure fee for physicians.

Dr. Hay from CMA expressed how pleased he was with the appearance that the Medical Board's mission and CMA's mission mesh, the goal is to get care to the patients. Most states already provide coverage for volunteer physicians; therefore the need for this type of coverage is apparent. Dr. Hay is in charge of Project Access San Diego. In his discussions with physicians, he has yet to meet a physician who is not interested in volunteering. However, the physicians have a common issue and that is the issue of liability coverage. Those who have their own businesses and those who work for FQHCs have coverage, it is those physicians who have group coverage and/or are retired that this program will help. The risk is very low and there are now 50 Project Access programs. There is still a need for liability insurance, but it is minimal. CMA supports the idea of an advisory committee. CMA supports the recommendation from staff that an advisory committee be formed.

Mr. Michelin from CMA indicated that he would like to move forward with the legislation that they intend on proposing. They do not want to bypass any recommendations of this committee; however, they are committed to keeping this program legislation moving forward.

Mr. Zerunyan, a committee member, asked the CMA who they were referring to when they use the term "state" and who do they envision running the program? Has CMA considered using a model such as the Good Samaritan Law in writing legislation regarding Tort reform that may actually reduce the cost?

Mr. Michelin from CMA stated that he was aware of this and it is definitely an issue that is being looked at. Good Samaritan laws may not extend to a physician practicing in an organized manner and that is why many other states have separate laws for this issue. CMA has also discussed how and/or if the state can absorb the costs of this program.

Ms. Yaroslavsky, a committee member, stated that she is unclear as to why this would be housed in the Medical Board and directed by others. She indicated that she completely supports the idea of having insurance waived for volunteer doctors and she would like to see insurance companies pay for this coverage and fund it.

Ms. Whitney, who is the Chief of Legislation for the Board summarized the issues being

discussed and explained how this committee suggestion came about. After the advisory meeting on the malpractice study, Ms. French presented her proposal of how to move this program forward and presented her proposal to the Board. In the meantime, CMA has developed another proposal and Medical Board staff has not yet had time to review the CMA proposal and/or details. Ms. Whitney interprets CMA's comments to mean that they are moving forward, are not finished, but would like to continue working on the program. One issue is how long CMA could wait for the Board to make their recommendations so that it could be introduced during this legislative cycle.

Dr. Gitnick, a committee member, questioned if it was practical for a committee to be formed when its first meeting won't be until January 2010. Is it likely that the committee would be able to move forward on language by the end of February 2010? Ms. Whitney indicated that intent language can be submitted in February. However, by the middle to end of March, more details need to be submitted to the Legislature.

Mr. Michelin from CMA said he would prefer a group effort on this issue. If you wish to set up a committee, then CMA will work with that. CMA wishes to work with the committee. Their proposal was simply to encourage discussion and CMA is flexible in suggestions that may be made. Dr. Gitnick asked if the committee were to appoint a task force to meet with CMA to submit a place holder by February, would this meet CMAs concept of a group effort. Mr. Michelin answered "Yes".

Dr. Gitnick recommends to the Board that a task force be established that would include an invitation to our agency to participate in those discussions, but would also include the stakeholders listed in the report from staff. This task force will meet early in January 2010 and have a place holder in place by the end of February 2010, and will report back to the Board its recommendations. If the committee were to make that motion and pass it today, the Board could vote on it tomorrow.

Dr. Gitnick moves, Ms. Yaroslavsky seconds, moved by group consensus.

Agenda Item 6. Public Comment on Items not on the Agenda

None.

Agenda Item 7. Adjournment

The meeting was adjourned at 4:50 pm.