

**MEDICAL BOARD OF CALIFORNIA**  
**Executive Office**



Wellness Committee Meeting  
Embassy Suites  
250 Gateway Blvd.  
So. San Francisco, CA 94080

July 24, 2008

**MINUTES**

**Agenda Item 1. Call to Order**

Dr. Chin announced that Dr. Duruisseau would not be able to attend this meeting; therefore, he would chair the meeting. Dr. Chin called the meeting to order at 11:10 am. Roll was taken. A quorum was present and notice had been sent to all interested parties.

**Members present:**

John Chin, MD  
Laurie Gregg, MD  
Peter Moskowitz, MD  
William Norcross, MD

**Members not present:**

Shelton Duruisseau, Ph.D.  
Daniel Giang, MD

**Agenda Item 2. Approval of the Minutes from the January 16, 2008 Meeting**

The minutes of the January 16, 2008 meeting were considered. There were no suggested edits.

Dr. Chin stated there was a technical glitch with posting the agenda on the Internet during business hours. Although it was posted 10 days in advance, staff recommended that, in order to ensure total compliance with the law, no action be taken on the minutes until the next meeting. No vote was taken.

**Agenda Item 3. Update on Meeting with Liability Carriers – Dr. Gregg**

Dr. Chin stated that at past meetings, the committee members discussed the feasibility of asking malpractice carriers to work with the Wellness Committee on various approaches which might help the committee reach its goals. This idea came from Dr. Gregg, who together with Dr. Duruisseau and staff, met with some of the liability carriers on June 19, 2008.

Dr. Gregg reported a meeting had been held with representatives of several malpractice carriers. While there was a general consensus that any attempts at physician

wellness were to be commendable and encouraged, it remained uncertain if financial incentives were the best avenue through which to achieve this goal. Nevertheless, the carriers expressed an interest in developing a collaborative effort with the committee to consider other options, such as the development of an accredited continuing medical education (CME) course(s).

Jo Townsend, representing NorCal Mutual's CME division, spoke and indicated they already have developed a course to address burnout. As with all of their CME courses, NorCal offers a premium discount for members who participate. She indicated NorCal is excited about the opportunities to work with the Board and be a part of the Board's efforts to move into this arena.

**Agenda Item 4.           Presentation on Wellness and Prevention –  
Michael Williams, Ph.D.**

Dr. Michael Williams, CEO and COO of the Organizational Support Center at PRC International, has over 20 years of experience in the professional services field with expertise in market segmentation, customer satisfaction, quality improvement, and organizational behavior.

Dr. Williams offered a presentation focusing on ways to increase the effectiveness of wellness programs, which not only would benefit the Board's licensees but also could lead to improved health care to patients.

Dr. Chin thanked Dr. Williams for the presentation. Dr. Chin asked about opportunities to screen for those physicians at high-risk, taking steps before problems actually arise. Dr. Williams indicated such proactive measures could start as early as during medical school, offering students the tools with which to achieve balance throughout their life, during their entire career, and ending a career on a positive note, allowing for a smooth transition to retirement.

**Agenda Item 5.           Committee Members' Reports on Activities**

Dr. Chin again thanked Dr. Gregg for the work she was undertaking with the malpractice carriers and indicated that the committee was looking forward to future updates.

Dr. Chin commended Dr. Duruisseau and the committee staff for creating a Wellness Committee web page on the Medical Board's web site. He commented that this is the Board's first committee to have its own dedicated page. There are still many opportunities to build the web page into a stronger resource, but in the mean time, the undertaking is a very good first step. Copies of the current web page were distributed and updates will be offered at future meetings.

Dr. Moskowitz stated he had made a presentation to the Education Committee, highlighting how a Wellness program might be structured. He said his presentation was from the point of view of a facilitator, as a career and life coach, and he welcomed feedback from others.

Dr. Norcross indicated UCSD is offering an active Wellness Program for faculty, students, residents, and staff. The program covers a variety of avenues through which to address

wellness, including exercise, nutrition, yoga, etc. He stated the Physicians' Wellbeing Committee was active and ready to launch its web site. One of the committee's goals was to offer screening for stress and depression and preventing suicide; this function was being created together with the American Foundation for Suicide Prevention. He expected the web site to go live in about one to two months, a goal achieved in less than one year from the planning stages. They will be offering a one-hour TV program, also available on DVD, about physician suicide, which is an excellent program because of the way it deals with prevention. Dr. Norcross said he will keep the committee apprised as the programs move forward. Lastly, he complimented Dr. Moskowitz on the work he was doing.

**Agenda Item 6.      Discussion of Task Force Options for Future**

No additional items were presented beyond those previously discussed.

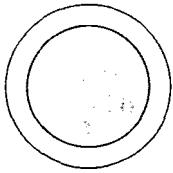
**Agenda Item 7.      Public Comment on Items Not on the Agenda**

A member of the public stated an opinion that the high costs of malpractice insurance contribute to physician un-wellness.

**Agenda Item 8.      Adjournment**

Dr. Chin adjourned the meeting at 12:20 pm.





**MEDICAL BOARD OF CALIFORNIA**  
**Executive Office**



Wellness Committee Meeting  
Sheraton Suites  
701 A Street  
San Diego, CA 92101  
November 6, 2008

**MINUTES**

**Agenda Item 1. Call to Order**

Dr. Duruisseau called the meeting to order at 2:05 pm. Roll was taken and a quorum was present; Dr. Giang arrived shortly after roll call. Notice had been sent to all interested parties.

**Members present:**

John Chin, M.D.  
Shelton Duruisseau, Ph.D.  
Daniel Giang, M.D.  
Laurie Gregg, M.D.  
Peter Moskowitz, M.D.

**Members not present:**

William Norcross, M.D.

**Staff Present:**

Barb Johnston, Executive Director  
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  
Randy Freitas, Business Services Staff  
Armando Melendez, Business Services Staff  
Kelly Nelson, Legislative Analyst  
Debbie Pellegrini, Chief of Licensing  
Regina Rao, Business Services Staff  
Paulette Romero, Associate Analyst  
Cheryl Thompson, Executive Assistant  
Renee Threadgill, Chief of Enforcement

**Members of the Public:**

Elizabeth Becker, LCSW, ISS  
Mark Brum, Bly Plamm Fund  
Meredith D'Angelo, CPIL  
Tara L. Kittle, Blue Diamond Foundation  
Patrick McKenna, CPIL  
Taryn Smith, Senate Office of Research  
Brian Warren, DCA

**Agenda Item 2. Approval of the Minutes from the January 16, 2008 and July 24, 2008 Meetings**

The minutes of the January 16, 2008 meeting and the July 24, 2008 meeting were considered. Motion/second Moskowitz/Chin to approve as written. However, a member of the public spoke to indicate that her comments to the committee at the July 24, 2008 meeting were not reflected.

The motion and the second were amended to approve only the January 16, 2008 minutes and defer approval of the July 24, 2008 minutes until edited. This latter document shall be reconsidered at the next committee meeting. Motion carried.

**Agenda Item 3. Update on Meeting with Liability Carriers**

**A. Educational/CME component**

Dr. Duruisseau summarized past Wellness Committee meetings, at which members have discussed ways malpractice carriers could work with the committee on various approaches to attain an obvious mutual goal--improved physician wellness, which could lead to improved patient care. This idea was championed by Dr. Gregg.

Dr. Gregg reported on a subsequent meeting, held on September 10, 2008 at the NORCAL offices in San Francisco, which she attended with Dr. Fantozzi and staff. During the meeting, it was discussed and agreed upon that the ability of a physician to provide quality care to the patient is affected by the physician's physical and emotional wellness. The stressors in the practice of medicine can negatively impact a physician's ability to provide quality patient care, which may lead to disciplinary actions by the Medical Board and could lead to medical liability suits. The Board and NORCAL have a common interest in addressing the stressors physicians face because physician "unwellness" can be linked to less-desirable outcomes and patient dissatisfaction.

Dr. Gregg understood the thinking of the committee to favor focused and early attempts to prevent poor physician coping behaviors (rather than a focus on monitoring any one coping behavior--such as substance abuse--after it has become a problem). This preemptive approach serves the consumers and the licensees better than a focus on small areas. One option would be to encourage that some of a licensee's mandatory annual CME should be related to wellness activities. Outreach efforts could be launched from the Board's website and working in partnership with hospital peer review bodies, wellbeing committees, etc., to encourage and incentivize physicians. There was concern that mandated wellness programs could be negatively received.

Dr. Gregg concluded she thought there is a mutual desire by the Board, liability carriers, and health care providers to work together towards physician wellness, as this should lead to a decrease in enforcement actions and lawsuits, and improved patient satisfaction.

Dr. Moskowitz complimented Dr. Gregg for her work. He suggested reduced license fees might also be a good incentive. Further, he encouraged outreach to medical school students and residents, pointing out that some reports indicate up to 40 percent of medical students suffer from some indicators of major depression.

Dr. Chin also complimented Dr. Gregg on her efforts and supported her focus on licensees, suggesting that small first steps would be warranted before reaching out to other populations.

#### **B. Survey component – Dr. Fantozzi**

Dr. Fantozzi addressed the committee and shared his recent experiences with making presentations to professional associations. He suggested that, in an attempt to gain a better understanding of what resources are currently available, the Committee might want to undertake a preliminary survey of what wellness opportunities are offered at the 450+ hospitals in California. Cooperation with the California Hospital Association could be valuable.

He suggested this might be a preliminary step, making simple inquiries as to whether the hospitals offered such wellness programs, how often they meet, if the meetings are on-going and proactive or only as needed to address a problem, etc. Dr. Fantozzi also suggested that the Committee request copies of minutes, policy manuals, etc., which could be used to develop a sample policy manual to facilitate presentations to all healthcare providers which could be offered as a proactive educational tool. The survey should conclude by asking hospitals what the Committee and Board can do to assist and facilitate improved programs.

Dr. Chin agreed with Dr. Fantozzi's suggestion, since it would make sense to use whatever programs and information are already in place, instead of "reinventing the wheel."

Dr. Moskowitz pointed out that while the Committee's focus is physician wellness, the survey might also want to query what wellbeing programs were operational to obtain a better understanding of what is being offered.

Dr. Fantozzi said he agreed. He suggested discussions with the California Medical Association to see if they can work with their members regarding wellbeing. He stressed that medical schools are offering programs to students but licensees are left out of the loop too often.

Dr. Gregg stressed that while licensees who work for large health care providers may have access to programs, most students and many residents do also. However, the Committee's focus needs to be on the licensees who cannot access needed programs.

#### **Agenda Item 4.       Contacts with Other Liability Carriers**

Mr. Schunke stated there were no other contacts made with liability carriers.

#### **Agenda Item 5.       Status of Assembly Bill 2443/Nakanishi: Physician Well-being**

Ms. Whitney reported on Assembly Bill 2443, which was sponsored by the Board and carried by Assm. Nakanishi. This bill would have required the Board to establish a program to promote the well-being of medical students, post graduate trainees, and licensed physicians; in essence, it would have codified the activities of the Committee. The program was to address and prevent illness and burnout due to stress, overworking, and professional dissatisfaction by including an evaluation of wellness education. The bill required the program be developed within existing resources.

Unfortunately, the Governor vetoed the bill. Even though the bill stated all costs must come from within existing resources, the Governor wrote in his veto message that this bill, while well-intentioned, detracts from the mission and purpose of the Board. The Governor indicated the Board should be focused on successfully implementing its current licensing, regulatory and enforcement activities before attempting to offer new programs outside its highest priority - protecting the health and safety of consumers.

Ms. Whitney referred to Business and Professions Code section 2015.5. This section allows the Board to establish advisory committees consisting of licensees and members of the public to consider any subject matter assigned to the committee. That is what the Wellness Committee is, and in sponsoring AB 2443, the Board simply wanted to codify this important task in law. Regardless of the Governor's action on AB 2443, Section 2015.5 gives the committee the authority to continue its work.

Dr. Gregg and Dr. Chin stated they both thought the intent of AB 2443 was valid. Dr. Gregg and Dr. Moskowitz offered to research additional information on how physician wellness translates to improved patient care and to gather statistics to support the bill. Motion/second/ carried Gregg/Giang to recommend the Board sponsor similar legislation in 2009.

Tara Kittle, a member of the public, addressed the Committee. She expressed her great disappointment in the Governor that he vetoed the bill and stated her opinion that the Governor and his staff need to be better educated. She encouraged the Committee to reintroduce the bill next year.

#### **Agenda Item 6. Committee Members' Reports on Activities**

Dr. Gregg reported that in her research, she has been trying to identify other sources through which licensees can gain wellness education knowledge. She looked into the 24 national American Board of Medical Specialties member organizations, but could identify only two (OB/GYN and anesthesia) which had committees or work groups dedicated to the subject.

Dr. Giang reported that Institute of Medicine is holding discussion about a potential reduction in GME duty hours. When completed, it is believed a recommendation will be forthcoming in December, and it is likely that ACGME will approve such a recommendation. The proposal could be a maximum of 56 hours a week (down from the current 80 hours a week) and a maximum of 16 hours a day (down from the current maximum of 24 hours a day). Dr. Giang stated such a decrease in duty hours is both a generational and societal change which goes hand-in-hand with physician wellness; however, this will contribute to a decrease in physician availability and an increase in physician shortage. Dr. Moskowitz concurred.

Dr. Moskowitz outlined for the committee his presentation to the Board's Education Committee on April 24, 2008. The presentation focused on Physician Health and Wellness, and a summary of the presentation is included in the minutes for that Education Committee meeting.

#### **Agenda Item 7. Discussion of Future Agenda Items**

No additional items were presented beyond those previously discussed.



**Agenda Item 8.      Public Comment on Items Not on the Agenda**

Ms. Kittle stated it is her opinion that the greatest barriers to physician wellness are institutional barriers which face the profession, such as extraordinarily high student loans, the high costs of malpractice insurance, and the stress of facing potential lawsuits or defending actual litigation.

**Agenda Item 9.      Adjournment**

Dr. Duruisseau adjourned the meeting at 2:55 pm.

