

MEDICAL BOARD OF CALIFORNIA
Executive Office

**AGENDA ITEM 2**

Education Committee Meeting
Embassy Suites
Golden Gate Room
250 Gateway Blvd.
South San Francisco, CA 94080

July 24, 2008

MINUTES**Agenda Item 1 Call to Order**

The Education Committee of the Medical Board of California was called to order by Chair Barbara Yaroslavsky at 9:04 a.m. A quorum was present, and due notice had been mailed to all interested parties.

Members Present:

Barbara Yaroslavsky, Chair
Hedy Chang
Mary Lynn Moran, M.D.
Gerrie Schipske, R.N.P., J.D.
Janet Salomonson, M.D.

Staff and Guests Present:

Barb Johnston, Executive Director
Kim Kirchmeyer, Deputy Director
Richard Fantozzi, M.D.
Gary Gitnick, M.D.
Frank Zerunyan, J.D.
Laurie Gregg, M.D.
Debbie Pellegrini, Chief of Licensing
Linda Whitney, Chief of Legislation
Candis Cohen, Public Information Officer
Kurt Heppler, Staff Counsel, DCA
Kevin Schunke, Regulation Coordinator
Regina Rao, Business Services Office
Scott Johnson, Information Systems Branch
Julie D'Angelo Fellmeth, Center for Public Interest Law

Committee Chair Barbara Yaroslavsky exercised the prerogative of the chair to thank Medical Board staff for attending an out-of-town meeting while the state's budget still had not been passed.

Agenda Item 2 Approval of the April 24, 2008 Minutes

Approval of the minutes of the April 24, 2008 meeting was postponed until the next committee meeting. Notice had been posted within 10 days, but as there was some debate regarding posting during business hours, counsel advised this postponement "in an abundance of caution."

**Agenda Item 3 Continuation of Discussion of California Medical Schools
Incorporating Curriculum on Physician Wellness**

Dr. David Shearn, director for physician education and development for Northern California Kaiser Permanente, said he was convinced "education makes a huge difference," but while it is a necessary component, it is not nearly a sufficient component to diminish impairment and enhance wellness. Morale must be improved to increase productivity and diminish impairment, and to the extent that education does make a difference the "one-size-fits-all approach is doomed to failure." The success of programs must be measured carefully. The safety and confidence physicians feel within a medical center – that if they reported their colleagues, they would be handled fairly and confidentially – also is key. He again stressed wellness must be addressed on many levels. Issues concerning choice and control are "huge" for physicians; they feel they have lost control of the reason they went into medicine, which is determining what is necessary for diagnosis and treatment. Workload is another factor, as patient numbers increase. Most important, many physicians feel they are no longer treated fairly, and that decisions about their practice are being made by others.

He stressed the need for the "three Cs": care, collaboration, and continuity. *Care* about root causes, what is causing threats to morale, productivity, and wellness, and what are the factors likely to lead to burnout and impairment? Is there a safe, supportive environment for those who want to come forward when they are having problems? Are there programs in place to help those in trouble early and "if they fall"? *Collaboration* in that it takes all kinds of different departments and leadership – the Medical Board, medical societies, specialty academies, other boards, schools, and others. *Continuity* in that it is not a one-time educational intervention; other methods also must be employed, e.g., mentoring, networking in the community, and reducing the "hassle factor" in the practice. Education must be varied in content, as must be the format – just putting physicians in a class is not likely to be as helpful as a series of ongoing interventions that use classes, online resources, and email reminders.

Donna Elliott, associate dean for student affairs, Keck School of Medicine, said Keck has recently reinvigorated its goal of establishing wellness. In 2007, the dean sent a welcoming letter to students that stressed his top priority was the students' safety, health, and overall well-being. He solicited their input, met with them, and the school has since made a lot of progress on a systematic level in moving wellness initiatives ahead on campus. Currently in their curriculum they have a two-year, longitudinal, professional development course that deals with ethics, cultural competence, professional development, and health policy. In the professional

development section, there is a required annual two-hour workshop. Year one promotes medical student well-being by providing strategies for coping with the stresses of medical school, and students complete a "health contract," listing three goals to help them maintain their health while in medical school. They meet with faculty periodically to see how they are doing with their contracts. In the second year students have another two-hour workshop called, "Physician Satisfaction and Physician Impairment," introducing students to factors implicated in physician well being and giving an overview of physician impairment. The campus also makes available confidential peer counseling and discounted fitness center rates. The new student health center opened July 1 with mental health counselors and primary care physicians. A fitness facility is also being built on the campus.

Yvonne Choong, Center for Medical and Regulatory Policy with the California Medical Association, spoke about CME credits for physician wellness programs. Based on their research, only one school, UCSF, is providing a live course in physician wellness, a 31-hour course. The other medical schools recognize the issue and some have CME programs in development, but nothing offered currently. Other medical schools across the nation offered a wide range in the types of courses; e.g., Harvard offers a series of one-hour, online courses; the University of South Florida and Vanderbilt University offer more intensive programs such as prescribing controlled drugs, maintaining proper boundaries in one's practice, and a program for distressed physicians. Various private providers offer some courses for CME credit.

Ms. Chang asked Dr. Shearn for an estimate of the percentage of physicians who participate in Kaiser's programs, and he responded that what Kaiser has done is so integrated, they no longer consider them programs, and virtually everyone is affected by Kaiser's interest in the subject. She asked if Kaiser offered CME credit for wellness courses, and he responded yes, and they are well-attended. He believes making educational interventions mandatory decreases physicians' engagement with the material, and counseled against it. He said it is much more successful if they can see the benefit and be drawn in.

Ms. Yaroslavsky asked if success could be measured by Kaiser after 10 years of its experience by seeing more or fewer people needing direct intervention. Dr. Shearn said yes, adding his response was somewhat impressionistic and anecdotal. The loss of Kaiser physicians with wellness problems has been mitigated by rehabilitation.

Ms. Schipske said the committee should have other entities make presentations because the medical schools seem to be assisting students. She noted burnout is more of an ongoing practice issue and there needs to be education for licensees.

Ms. Yaroslavsky noted education, early and ongoing, not discipline, bodes a new future for physicians. Ms. Schipske asked what could be done for the burnout of physicians in solo practice.

Agenda Item 4 Licensing Outreach Program

Regulation Coordinator Kevin Schunke, formerly a manager in the Medical Board's licensing program, created a university outreach program for the board to the teaching hospitals, to

improve working relationships with the offices of graduate medical education (GME) and potential future applicants. The program was created with help from the GME coordinators. He presents as a guest speaker at new resident orientations, grand rounds, and brown bag lunches. He also provides outreach at licensing fairs, spending a full day at a teaching hospital, working with applicants and a notary, a finger printer, and a photographer to help streamline the application process. The GME staffs have provided positive feedback to Mr. Schunke.

Dr. Salomonson and Ms. Yaroslavsky thanked and commended Mr. Schunke.

Agenda Item 5 Public Education Program of the Medical Board of California

Information Officer Candis Cohen noted she is responsible for the board's educational programs. She said the board has an educational program in response to its mission statement of public protection, its strategic plan, and because the legislature expects state agencies to have an educational program.

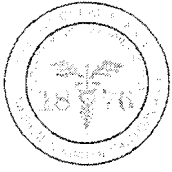
In April 2003 the full board adopted a Communications Plan, drafted by board staff with professional assistance from board member Steve Alexander. Its goal is to educate the public and physicians about who the board is, what it does, and how to use its services. The plan is still relevant and keeps the board's communications staff of three on track and always reaching. The board's educational activities are similar to those of other state agencies. She noted the fact the board has an Education Committee underscores the members' commitment to education, and thanked Ms. Yaroslavsky for her support and creativity.

A key component of the board's educational program is its use of the media; Ms. Cohen takes the calls from reporters, usually about local physicians, but also about the law and board policy. Each call is an opportunity to educate the public and physicians. She also writes op-eds, letters to the editor, news releases, and calls reporters with potential stories. She described the board as "user friendly" to the media, accessible and accountable as a governmental agency. She also seeks public service interviews on radio and TV statewide. The board's quarterly newsletter is a major outreach tool, and has a broad distribution, as well as being posted on the board's Web site. She welcomed the committee's ideas for articles. The board's Web site was launched in 1997, has grown and improved over the years, and has a team of staff managers who meet monthly to keep it current and ever-improving. It receives approximately 500,000 hits per month. The board has about 12 publications it distributes; most are mandated by law. The board does routine, personal outreach at consumer and health fairs statewide, where staff offers branded plastic bags, post-its, and refrigerator magnets. Staff answers questions and provides information on the board's functions to the public.

Ms. Schipske requested staff look into providing education on the medical spa issue.

Agenda Item 6 Public Comment on Items not on the Agenda

Julie D'Angelo Fellmeth of the Center for Public Interest Law commended the board's Web site and noted that in 2006 it was ranked by Public Citizen in the top 10 in the nation for user



MEDICAL BOARD OF CALIFORNIA
Executive Office



AGENDA ITEM 2

Education Committee Meeting
Sacramento Convention Center
Room 204
1400 J Street
Sacramento, CA 95814

April 24, 2008

MINUTES

Agenda Item 1 Call to Order

The Education Committee of the Medical Board of California was called to order by Chair Barbara Yaroslavsky at 9:40 a.m. A quorum was present, and due notice had been mailed to all interested parties.

Members Present:

Barbara Yaroslavsky, Chair
Hedy Chang
Mary Lynn Moran, M.D.
Gerrie Schipske, R.N.P., J.D.
Janet Salomonson, M.D.

Staff and Guests Present:

Barb Johnston, Executive Director
Kim Kirchmeyer, Deputy Director
Frank Zerunyan, J.D.
Cesar Aristeiguieta, M.D.
Renee Threadgill, Chief of Enforcement
Linda Whitney, Chief of Legislation
Candis Cohen, Public Information Officer
Kurt Heppler, Staff Counsel, DCA
Kathi Burns, Acting Chief of Licensing
Fayne Boyd, Manager, Division of Licensing
Janie Cordray, Research Specialist
Kevin Schunke, Regulation Coordinator
Kelly Nelson, Legislative Analyst
Paulette Romero, Associate Analyst
Carlos Ramirez, Senior Assistant Attorney General

Regina Rao, Business Services Office
Lori Taul, Executive Support
Diane Ingram, Manager, Information Systems Branch
Scott Johnson, Information Systems Branch
Armando Melendez, Business Services Office
Jeff Hall, University of California, Office of the President
Maria Savoia, M.D., University of California, San Diego
Rebecca Smith-Coggins, M.D., Stanford University
Julie D'Angelo Fellmeth, Center for Public Interest Law
David Shearn, M.D., Kaiser Permanente
Peter Moskowitz, M.D.
John Keats, M.D.
Anthony Williams, California Medical Association
Taryn Smith, Senate Office of Research
Zennie Coglein, Kaiser Permanente Medical Group
Frank Cuny, California Citizens for Health Freedom
Tina Minasian, Consumer
Tara Kittle, Consumer

Agenda Item 2 Approval of the March 5, 2008 Minutes

It was M/S/C (Salomonson/Chang) to approve the minutes of the March 5, 2008 committee meeting.

Agenda Item 3 Presentation on Physician Health and Wellness

Peter Moskowitz, M.D. was introduced as a radiologist with Stanford University and an expert in the field of physician wellness and career renewal. He is the founder and director of the Center for Professional and Personal Renewal.

Having concluded that a wellness curriculum is necessary based on studies and statistics dealing with physician burnout and suicide, Dr. Moskowitz believes all California physicians and physicians-in-training should have wellness programs included in them. Also, medical students should have a background in physician health before they graduate. The wellness resources must be extremely convenient, with interactive, electronic access as primary components. Wellness retreats in popular locations are an option, as is the availability of having Category 1 CME. All of these resources could be coordinated with a Web site hosted by the Medical Board of California (MBC). He stated that a wellness curriculum should be mandatory, since voluntary programs do not attract many physicians. All California medical schools should offer a broad-based curriculum. Because such online programs easily cost \$20-30,000, funding could be sought from the Legislature, the California Medical Association (CMA), malpractice insurers, and private foundations. The program should be a very good one, as it would surely be emulated by other states. He noted Texas has an online program, though it is not interactive.

Dr. David Shearn from Kaiser Permanente testified that he had been involved with Kaiser's wellness work for about 15 years, and that mandatory wellness programs were not well-received by Kaiser physicians. Therefore, Kaiser makes such programs as attractive as possible, by having them in nice places, with spouses invited, and they are heavily subsidized by Kaiser. If appropriate, CME will be made available. Sometimes wellness programs are made part of other programs.

Frank Cuny of California Citizens for Health Freedom said he hoped the statistics presented by Dr. Moskowitz would be made available, and Dr. Moskowitz agreed to do so. Mr. Cuny then noted that all of the wellness programs he knew of did not recognize the "fight or flight" chemical component that induces stress and recommended self-hypnosis and flotation chambers.

Tara Kittle, health care consumer, said the causes of burnout need to be more closely examined to address the source of the problem.

Due to time constraints by some who wished to testify, Agenda Item 5 was taken out of order.

Agenda Item 5 California Medical Schools Incorporating Curriculum on Physician Wellness

Dr. Maria Savoia of the University of California, San Diego (UCSD) shared what UCSD is doing in the areas of substance abuse and wellness. The Liaison Committee on Medical Education now has a standard dealing with student wellness, and it mandates that schools have wellness programs. The ACGME also has issues related to physician well-being. Curriculum at UCSD includes substance abuse and alcoholism for patients and physicians. Every two months, with exams, tips go to students about how to deal with stress, both in writing and online. CME classes are available for physicians on wellness, although it is not mandated.

Jeff Hall, Office of the President, University of California, said at each of UC's schools, there is a centralized source for students to access wellness programs. There are also student health centers at each campus and relevant Web links. All students must have comprehensive health insurance that covers mental health services. Each campus has employee assistance programs for residents and physicians who work at the UC hospitals. Wellness programs on various topics are available to students and faculty. UC devotes significant wellness resources to students, residents, and physicians to keep them balanced. The deans of the UC campuses believe it would not be useful to require anything else of UC in this area.

Agenda Item 4 Continuing Medical Education/Wellness Requirements for California Attorneys

Frank Zerunyan said he had looked only at the curriculums, pre- and post-graduate for attorneys. School curriculum from all California law schools' first and second years place a heavy emphasis on professional responsibility, which includes substance abuse. The state Bar requires every lawyer, prior to taking the Bar exam, to take the Multi-State Professional Responsibility Exam, which deals specifically with the rules of professional conduct. These rules are codified in law books and on the Bar's Web site. California's continuing legal education requirements are as follows: 25 total hours over a three-year period including four hours of legal ethics; one hour of substance abuse; and one hour of elimination of bias in the profession. The balance of the hours (19 hours) may be spent on other legal courses. The license is not renewed if an attorney fails to comply with these CME requirements. The Bar permits some online CME on its extensive Web site, which includes wellness.

Agenda Item 6 Exploration of Continuing Medical Education Options

David Shearn, M.D. of Kaiser Permanente said in this arena, while education is necessary, it is not even close to addressing the problem. Kaiser does not require educational programs in this area because of the cynicism it created in its physicians. When Kaiser looked to ways, including education, to address the issue, its actions were more effective. These actions include mentoring programs, recognition programs, opportunities for affiliations, and increasing the influence and control that physicians have in their daily lives. In medical schools and residencies, the "hidden curriculum" was much more powerful; that is, role models of successful physicians and pressures and expectations imposed on them. He supported education, but also the methods mentioned above.

Gerrie Schipske supported mandatory education regarding wellness for physicians.

Anthony Williams of the CMA said lawyers are required to complete 25 hours of CME over three years, while physicians are required to complete 100 hours in four years. If mandated CME is added, about which CMA is concerned, it must be worthwhile. The Bar has a program for attorneys who "fall through the cracks," and CMA still believes the same should be available for physicians.

Hedy Chang asked that the CMA have the IMQ speak at the next meeting of the Education Committee regarding wellness CME, and Mr. Williams agreed to do so.

Agenda Item 7 Public Comment on Items not on the Agenda

Tara Kittle said the public would be served if the committee would educate the Legislature and the general public regarding physician wellness to promote better understanding of some of the problems in medicine, which would then lead to solutions.

Agenda Item 8 Agenda Items for Future Discussion

Ms. Yaroslavsky noted that the committee was not finished with the agenda and, while she was pleased with the progress to date, and not seeing any glitches, asked staff to dig deeper into this topic.

Dr. Salomonson said she found Dr. Shearn's presentation very compelling and was interested in more information about Kaiser's wellness activities, including any statistics.

Dr. Moskowitz said he found apt Dr. Shearn's comments about the gap between education and action, and that with appropriate coaching and design of the educational materials, physicians will interact and take action.

Ms. Schipske said she hoped the committee will focus on how it will put together educational programs for the public about the board and its functions. Ms. Yaroslavsky assured her she would learn more on that point at the full board meeting.

Agenda Item 7 Adjournment

The meeting was adjourned at 11:08 a.m.