

DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY . ARNOLD SCHWARZENEGGER, GOVERNOR

MEDICAL BOARD OF CALIFORNIA – Diversion Program 1434 Howe Avenue, Suite 14, Sacramento, CA 95825 (916) 263-2600 Fax (916) 263-2607 www.mbc.ca.gov



Diversion Committee

Sacramento Convention Center Room 307 1400 J Street Sacramento, CA 95814

April 26, 2007

MINUTES

Agenda Item 1 Call to Order

The Diversion Committee of the Medical Board of California (MBC) was called to order by Chair, Laurie Gregg, M.D., at 11:00 p.m. Notice had been sent to interested parties.

Members Present:

Laurie Gregg, M.D. Richard Fantozzi, M.D. Cesar Aristeiguieta, M.D. Shelton Duruisseau, Ph.D. Janet Salomonson, M.D.

Staff and Guests Present:

Frank Valine, Program Administrator Dave Thornton, Executive Director Kimberly Kirchmeyer, Deputy Director Camille McGee, Associate Analyst Julie D' Angelo Fellmeth, Center for Public Interest Law Sandra Bressler, California Medical Association

Agenda Item 2 Approval of the January 13, 2006 and February 1, 2007 Minutes

It was m/Gregg, s/Duruisseau, c/all to approve the minutes from the January 13, 2006 and February 1, 2007 meetings.

Agenda Item 3 Diversion Program Update

A. Program Status

Mr. Valine provided an update of the Diversion Program. He stated there are three case managers and one case manager supervisor in Northern California with case loads of 28, 33, 34, and 3 participants

Diversion Committee Meeting Minutes of April 26, 2007 Page 2

respectively. In Southern California there are three case managers and one case manager supervisor with caseloads of 39, 40, 45, and 9 respectively. These case loads do not include physicians that are in the intake process waiting to be scheduled for a Diversion Evaluation Committee (DEC). Mr. Valine reported that the Diversion Program has a new Group Facilitator, Doug Rolly, MFT.

B. Quarterly Quality Review Report

Mr. Valine reported that 20 physicians contacted the program during the third quarter reporting period. A total of 66 physicians have contacted the program thus far in fiscal year 2006/2007. Eleven of the 20 physicians were not practicing medicine at the time they contacted the program and 14 physicians began the evaluation process for formal participation by completing their initial interview. One physician was not interested after an intake interview and one was terminated during the evaluation process. Seven of the physicians were board-referrals and 13 were self-referrals.

Mr. Valine reported in this quarter an average of nine days elapsed from the time a physician contacted the program to when the intake interview with the case manager was performed. He also reported the time between the initial contact and the first urine test was an average of 5.5 days. A physician is immediately put into the random drug generator (RDG) system when they contact the program, and within days they begin testing as well as have a case manager assigned and attend group meetings.

Mr. Valine reported four physicians relapsed this quarter, two board-referrals and two self-referrals. Two of those that relapsed are in treatment. Mr. Valine reported when the Diversion Program terminates a physician that is a board-referral, enforcement receives a memo the same day stating that the physician is being terminated from the program. There were 23 releases from the program this quarter, 12 were successful and 11 were unsuccessful. Dr. Gregg requested all unsuccessful participants be referred to their hospital monitor.

C. Collection System Manager's Report

Approximately 2,498 urines were collected this quarter of which 250 were positive. Of the 250 positives, four were deemed relapses. Two of the relapses were terminated from the program and two were ordered to inpatient treatment. 219 of the 250 positives were for approved prescriptions, including Naltrexone. Negative dilutes tests were retested with no positives. Mr. Valine reported that a physician stops working whether or not it is a positive from an approved prescription or a deemed relapse.

D. Financial Status Report per 231 (Business & Professions Code 2343(b))

Mr. Valine discussed the program's budget and accounted for all expenses and revenue for the quarter.

E. Diversion Program Matrix Update

It was m/s/c to refer the Enforcement Monitor's Recommendation Matrix Items 5 and 6 to the Diversion Advisory Council (DAC) for review, discussion, and recommendations to the Committee.

Diversion Committee Meeting Minutes of April 26, 2007 Page 3

F. DEC Appointments

It was m/Gregg, s/Fantozzi, c/all to approve Steven Oppenheim, M.D as a DEC Member.

G. Status of Diversion Audit

Mr. Valine reported on the status of the Diversion Audit by the Bureau of State Audits (BSA). Dr. Gregg reported she is looking forward to the audit report and BSA's recommendations to the program.

Agenda Item 4 Non-Statutory Diversion Advisory Council - Appointments

Dr. Gregg reported the DAC will be composed of seven members: two DEC members, two members from the California Society of Addition Medicine (CSAM), one member from the California Medical Association, one member from the California Psychiatric Association, and one member from the Medical Board. Mr. Thornton reported AB253 will officially put the DAC into statute, but the Committee can establish the DAC now. It was m/Aristeiguieta, s/Gregg, c/all to approve the following members for the DAC: Lee Snook, M.D. (CMA), Barry Rosen, M.D. (CMA-Alternate), David Pating, M.D. (CSAM), Stephanie Shaner, M.D. (CSAM), Marvin Firestone, M.D., J.D. (CPA), Thomas Ciesla, M.D. (CPA-Alternate), Bruce Kaldor, M.D. (DEC), Shannon Chavez, M.D. (DEC), and Laurie Gregg, M.D. (MBC).

Agenda Item 5 Develop and Approve Guidelines for Determining When a Competency Examination Should be Ordered

Dr. Gregg requested this agenda item be referred as a priority to the DAC for review and consideration. It was m/s/c to refer this matter to the DAC.

Agenda Item 6 Agenda Items for the next Committee Meeting

- > Issues five and six of the Enforcement Monitor's Recommendation Matrix
- > Issue 12 of the Enforcement Monitor's Recommendation Matrix

Agenda Item 7 Public Comment

Mr. Thornton suggested that there be timelines on the agenda items given to the DAC to let them know their priorities.

Agenda Item 8 Adjournment

Dr. Gregg adjourned the meeting at 12:00 p.m.