



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

**MEDICAL BOARD OF CALIFORNIA – Executive Office**  
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### Access to Care Committee

**Sacramento Convention Center**  
**1400 “J” Street, Room 306**  
**Sacramento, CA 95814**

**April 26, 2007**

### MINUTES

#### **Members Present:**

Steve Alexander  
 Gary Gitnick, M.D.  
 Hedy Chang  
 Shelton Duruisseau, Ph.D.  
 Richard Fantozzi, M.D.  
 Laurie Gregg, M.D.  
 Barbara Yaroslavsky  
 Frank Zerunyan

#### **Agenda Item 1 Call to Order**

The Access to Care Committee of the Medical Board of California was called to order by Co-Chair, Gary Gitnick, M.D., at 10:00 a.m. All members were present. Notice had been sent to interested parties.

#### **Agenda Item 2 Proposed Mission Statement – Mr. Alexander/Dr. Gitnick**

Discussion ensued on the wording of the mission statement.

M/S/C (Alexander/Fantozzi) that the mission of the Access to Care Committee shall be to make healthcare accessible to Californians, regardless of the ability to pay, through the licensing and regulatory programs and policies of the Board and consistent with the Board’s consumer protection mission.

Dr. Gitnick then began discussion on the next bullet, acknowledging health care rights of patents.

Dr. Gregg suggested that it is easiest for a mission statement to have only one sentence, and that the sentence passed in the previous motion was a good and comprehensive statement.

Ms. Whitney clarified that the various bullet points were included as possible ideas or elements

of a mission statement, none of which the Committee must include.

With that understanding, Mr. Alexander suggested that since a primary sentence had been approved, members should mention any bulleted items that they would like deleted from review.

Dr. Fantozzi asked that "timely healthcare" be deleted, as well as the reference to "acknowledge health rights or needs of patients," since it is implied to be the mission of the Committee.

### **Agenda Item 3      Legislation – Ms. Whitney**

A.      Bills Referred by Executive Committee: AB 1154, AB 1224, SB 478, SB 801

Ms. Whitney said that the Executive Committee met and had referred a number of bills to the Committee, so that the Committee could bring a recommendation forward to the Board.

AB 1154/Leno; Diabetes Pilot Program. This bill as amended would require the Department of Health Services to consult with the California Health Alliance to develop a diabetes risk reduction pilot program within 24 counties. The Governor's Diabetes Prevention and Management Workgroup, on which Dr. Fantozzi serves, is actually working on a pilot project for Medi-Cal fee for service. Ms. Whitney stated the Executive Committee previously voted to watch the bill and offer advice and assistance as appropriate to the author as this program is developed, but offered an alternative if the Committee could support the concept of a diabetes pilot program, but not necessarily this one.

Dr. Fantozzi expressed concern the Board not appear to encourage duplicative efforts. Further, he said that the Board should encourage that monies and resources available be kept where they can best be used and not to support this specific bill, which could hurt other efforts.

M/S/P to recommend a watch position on AB 1154.

AB 1224/Hernandez; Telemedicine: Optometrists. Minor amendments have been made to put the optometrists into the definition of a licentiate under the peer review process, since this license category will be added into the telemedicine arena. This bill was referred to the Access to Care Committee because of the focus on telemedicine. Optometrists have been very involved in eye examinations and are very much a part of diabetes healthcare. Ms. Whitney concluded by stating she had previously recommended a support position and was recommending the same from the Access to Care Committee.

M/S/P to recommend a support position on AB 1554.

SB 478/Hollingsworth; Physicians and Surgeons: Loan Repayment. The author is very interested in access to healthcare, but, at this point, has not fully developed what he wanted to do in this arena. When the bill was introduced, the author was not aware of the existing physician loan repayment program. This is a two-year bill, and the recommendation is for this committee and

Board to watch this bill.

In response to a question posed by Ms. Yaroslavsky about funding for a loan repayment program, Ms. Whitney indicated that the Board will work with the Senator to identify funding sources.

M/S/P to recommend a watch position on SB 478.

SB 801/Ridley-Thomas; Chiropractors. Ms. Whitney explained that this bill, as introduced, would have appropriated \$3.4 million from the Medical Board to the Health Profession Education Foundation to fund another round of loan repayments for physicians. However, the bill was fully amended to discuss chiropractors. In summary, Ms. Whitney said that with the amendments to the bill, it is no longer related to the Medical Board.

Dr. Gitnick expressed his desire to have legislators and staff attend our meetings. Ms. Whitney explained that the Senator's staff was invited; however, because of items pending on the legislative calendar, they could not attend the Board's meetings this week.

#### B. Other Legislation

Ms. Whitney said that she had included this agenda item to discuss other bills that have to do with expanded scope of practice, but they have been put over as two-year bills. Ms. Whitney indicated that she would be asking legislative staff to attend board meetings and speak to the development of the issue of expanded scope of practice for nurse practitioners and physician assistants.

#### **Agenda Item 4          Diabetes Prevention and Management Initiative Workgroup – Dr. Fantozzi**

Dr. Fantozzi reported that he serves as the Board's representative to the Governor's Task Force on Diabetes Prevention and Management. Other participants include the Department of Health Services, Kaiser, Department of Managed Health Care, various physician groups, safety net clinics, educators in diabetes, nutritionists, CMA, and others. The goal is to come up with a California chronic care model for diabetes; the plan will be completed by June 4, 2007 and delivered to the Governor the same week. It is anticipated that this will be a model for the fee-for-service population in Medi-Cal.

#### **Agenda Item 5          California Physician Workforce Roundtable and SB 764 – Drs. Gitnick and Fantozzi**

Dr. Fantozzi reported that Dr. Gitnick and he were part of a group that assembled to look at the health care workforce in California. The physician population is continuing to grow in the state of California, consistent with the population, but nothing is being done to reduce the per capita

need. By the year 2015, it is anticipated that California will start to experience a significant deficit, and there will be a physician workforce issue. One item that came up is the concept of "Can California change the model of delivery?"

If health care experts start to extract chronic care from acute care and come up with other models and data, and data driven outcomes are shown, then California may well find that our workforce is appropriate for where we are. But if California continues business the way they have done over the last 30 years, they will have a significant deficit.

Dr. Gitnick added that if the model is not changed, if the status quo is the model of the future, then many people believe that there would be a significant potential shortage of physicians, especially if the Governor's health care proposal does, in fact, become law and if California brings another six to eight million people into the system.

Dr. Duruisseau agreed with Drs. Fantozzi's and Gitnick's assessment, and stated if the state did not do something about the nursing crisis, the laboratory crisis, the technician crisis, the physicians are going to have an equal problem, and they may not be able to deliver the kind of care to that which California aspires.

Ms. Whitney stated SB 764 (Migden) would require OSHPD to report on physician data regarding the numbers of physicians in primary care areas and the amount of time those physicians are working. The author has agreed to use the survey questions that the Medical Board asks on the license renewal form.

**Agenda Item 6            Report on Meeting with DMHC regarding Best Practices Model – Ms. Whitney**

Ms. Whitney reported that through the involvement of Dr. Fantozzi in the diabetes area, the Department of Managed Health Care (DMHC) asked the Board to get involved in the development of a best practices model. Specifically, they wanted to explore how the Board might look at a specific medical group to give some direction to DMHC in setting up their contracts with HMOs.

Dr. Fantozzi asked Blue Cross if they would be interested in undertaking a pilot program. The outline for a pilot program would include a larger, multi-specialty group, a hundred plus doctors, that is not doing a chronic care management plan, give them a plan which has been developed, ask them to participate, and see if the Board can promote that, with the goal being to start developing chronic care models for other disease entities. Blue Cross has indicated their interest in participating. Dr. Fantozzi offered the Board's volunteer workforce to be an education component with the chronic model.

Dr. Gitnick suggested that Dr. Fantozzi invite the California Medical Association (CMA) to assist. Sandra Bressler (CMA) supported the idea, since the CMA has a committee looking at

primary care and access to primary care, recognizing that the supply of primary care providers is shrinking.

M/S/P to endorse the concept that the Board work with strategic partners to develop chronic care models.

**Agenda Item 7      Telemedicine, Volunteer Physician Program, and  
AB 329 – Dr. Fantozzi**

Dr. Fantozzi reported that the Board has met and agreed with representatives of UC Davis to create a diabetes chronic care model, using their telemedicine equipment. Since UC Davis is hardwired into 80 community clinics throughout the state, he has asked them to select clinics that would be culturally and linguistically sensitive.

Ms. Whitney spoke to address AB 329, a bill introduced by Asm. Nakanishi after a discussion with the president and vice-president of the Board. This bill now has been amended, more fully developed into direction for the Medical Board, to establish a pilot program to expand the practice of telemedicine. It provides the Medical Board clear direction to be involved in the telemedicine arena and provides a requirement to report back. Asm. Nakanishi has asked the Board to co-sponsor the bill with him.

M/S/P to sponsor and support AB 329.

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

There was no public comment

**Agenda Item 9      Adjournment**

There being no further business the meeting adjourned at 11:00 a.m.