

# Medical Board of California

## Agenda Item 10

July 16, 2007

**TO:** Members  
Medical Board of California

**FROM:** Kimberly Kirchmeyer, Deputy Director



**SUBJECT: Strategic Planning**

Attached is the first draft for the Medical Board of California's new Strategic Plan. Upon completion of the strategic planning meeting in March, a document was put together that identified the objectives that were developed. Those objectives were split into "near term" objectives and "long term" objectives. Because there was an extensive list of long term objectives, members were requested to identify their top five objectives in order of priority. The voting was tallied and the top five priorities of the Board were identified as the long term objectives that will be implemented within the next three years.

At the meeting on July 26, 2007 Lewis Michaelson will facilitate the review of this draft Strategic Plan. Please review the document and be prepared to discuss it at the meeting. Specific input is requested on the individual workplans to ensure that staff is moving forward in the right direction.

**MEDICAL  
BOARD OF  
CALIFORNIA**

**STRATEGIC  
PLAN  
2007**



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1) MBC Planning Retreat Summary	
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**MEDICAL BOARD OF CALIFORNIA**



## **INTRODUCTION**

The Medical Board of California is legally mandated to make its first priority to protect the public. This mandate is articulated in Business & Professions Code Section 2001.1, which states:

Protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

While the mandated functions of the Board generally fall into two categories, licensing and discipline, there are other, more broadly defined issues relating to healthcare that impact the protection of the public.

Acknowledging that California's healthcare landscape is ever changing, that the current environment of healthcare delivery is under great strain, and that the business of medicine may contribute to preventing access to healthcare or promote substandard care, this plan addresses issues beyond the simple issuing of licenses and rendering of disciplinary actions. This plan builds upon the 2002 plan, augmenting its mission and addressing issues more broadly related to healthcare.

## **STRATEGIC PLANNING PROCESS**

The Board appointed a two-person committee to shepherd the members through the planning process. Drs. Gary Gitnick and Ronald Moy worked with the staff and the facilitator throughout the process. Initially, members were polled for their opinion on the issues that should be of greatest priority to the Board. Facilitator, Lewis Michaelson, of Katz & Associates, compiled the members' initial opinions, which served as a blueprint for discussions at a two-day retreat where the essential priorities and initiatives were discussed. Following the retreat, members were surveyed on the essential long-term goals. The plan reflects the results of all of the discussions and surveys of the members.

## THE PLAN

### Mission:

In the Board's 1997 Strategic Plan, the members adopted the following mission statement:

The mission of the Medical Board of California is to protect the public through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practices Act.

This same mission statement was affirmed by the Medical Board in 2002. The current membership augmented the mission statement to address the promotion of healthcare, and adopted the following mission statement:

The mission of the Medical Board of California is to protect healthcare consumers through proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practices Act, and, *to promote access to quality medical care through the Board's licensing and regulatory functions.*

This augmented mission statement demonstrates this Board's recognition that promoting quality care by high licensing standards and disciplining licensees only protects the public if they have access to healthcare.

### Goals and Objectives:

The 2007 planning process focused on the practical, and established a number of objectives. These objectives were divided between "Near Term" and "Emerging" The Board affirmed the goals adopted in the previous plan, amending some slightly:



**Professional Qualifications:**

**Ensure** *Promote* the professional qualifications of medical practitioners by setting requirements for education, experience and examinations, *taking into account the states needs for more physicians, particularly in underserved populations.*

**Regulations and Enforcement:**

Protect the public by ~~(1) preventing violations and (2) effectively enforcing laws and standards when violations occur~~ *in order to deter violations.*

**Consumer Education:**

Increase public awareness of MBC's mission, activities and services.

**Organizational Relationships:**

Improve effectiveness of relationships with related organizations to further MBC's mission and goals.

**Organizational Effectiveness:**

Enhance organizational effectiveness and systems to improve service to constituents.

Most of the objectives contained in this plan primarily relate to organizational effectiveness and professional qualifications. While the objective may fall mostly under these two categories, many also are relevant to relationships with organizations representing the various interests of those affected by Board actions. Public outreach programs have already been established and continue to be a major part of the Board's business, and need not be addressed by specific objectives in this plan.

Objectives that were established were specific. The majority of the near-term objectives are already in progress, and will eventually evolve into further objectives. Many of the objectives are studies or fact-finding in nature, which will give the members the information needed to establish future, more concrete objectives. For that reason, the measurements in many of the workplans contain only "completion" as the measure, without



periodic benchmarks. Regardless, the goal of all of the objectives is to establish a more efficient operation to protect patients and improve healthcare.

#### Near-Term Objectives:

At the two-day retreat in March, it was the consensus of the members that the following were the important near-term objectives:

- Implement the restructuring of the board to ensure greater communication and synergy between enforcement and licensing.
- Evaluate diversion program report and decide whether to sunset program or how to revise program.
- Manage selection and orientation of new executive director so that a smooth and seamless transition occurs.
- Coordination of Board relocation
- Finish report on new vertical enforcement model and take actions necessary to ensure its success.
- Take steps necessary to arrest and reverse loss of investigators; address imbalances that are contributing to investigator retention problem.
- Perform a complete audit of the Licensing Program
- Evaluation of peer review study and address the issues identified
- Complete a review of the public disclosure law and take actions necessary to address issues identified
- Implement creation of a Chief Medical Officer position
- Finish public disclosure laws review and take actions necessary to address issues identified.

Work on most of the above objectives is already in progress, to varying degrees. The Board's relocation and the hiring of an Executive Director are moving forward. The restructuring of the Board and the future of the Diversion Program are in the hands of the Legislature. A contract for the peer review study had been awarded. The creation of the Chief Medical Officer position is underway, and should be in place before the strategic plan is adopted. (For that reason, this will be noted in the "workplans" section as a "near-term" objective.)



As you can see from these objectives, the findings of the studies and review will give rise to more specific objectives, beyond the ability of this plan to address.

Emerging Objectives:

At the March Retreat, members stated the following were emerging trends or objectives that might be addressed by the Board:

- Develop a plan for addressing access to care and the shortage of doctors that is appropriate to MBC’s mission and resources.
- Examine and develop recommendations on scope of practice and corporate practice issues to address concern that unlicensed and poorly supervised medical care is on the increase due to trends in where, by whom and how medicine is being practiced.
- Develop better ways of assessing MBC “customer satisfaction” and implement changes that would better serve applicants, licensees and the public.
- Develop measures and related data generation tools that will enhance feedback from enforcement to improve licensing and education.
- Develop a program to pro-actively address the medical errors issue.
- Examine current level and deployment of outreach resources and develop recommendations on enhanced efforts.
- Address MBC’s role in regulating alternative medicine.
- Develop a program for enhanced legislative outreach and engagement.
- Examine current and alternative models for maintenance of certifications and develop recommendations.
- Examine current continuing education model and recommend changes that would better assure competency as the outcome.
- Examine the impact of electronic medical records (EMR) on the practice of medicine and develop recommendations to address quality of care and medical errors issues.

Acknowledging the Board's resources were limited, and that many of the above objectives overlapped with others, members were asked to select the ones they considered the top five priorities that should be addressed in the plan. The following were selected:

- Examine current continuing education model and recommend changes that would better assure competency as the outcome.
- Develop a plan for addressing access to care and the shortage of doctors that is appropriate to MBC's mission and resources.
- Examine and develop recommendations on scope of practice and corporate practice issues to address concern that unlicensed and poorly supervised medical care is on the increase due to trends in where, by whom and how medicine is being practiced. (As this objective is presently being addressed through the work mandated by B&P Code Section 2023.5 by the Medical and Nursing Boards, this objective will be placed in the "Near Term" objectives portion of the "action plans")
- Develop better ways of assessing MBC "customer satisfaction" and implement changes that would better serve applicants, licensees and the public.
- Develop a program to pro-actively address the medical errors issue.

The above objectives do not readily yield to specific performance measures. Many require the establishment of a fact-finding process before any work can begin to address the problem they are attempting to remedy. For that reason, workplans focus on the examination process. Once an examination or study is completed, performance measures and benchmarks may be established.



## Goals, Relating Objectives, and Measures:

### **Goal 1: Professional Qualifications**

Promote the professional qualifications of medical practitioners by setting requirements for education, experience and examinations, taking into account the state's need for more physicians, particularly in underserved populations.

**Objectives** that fall under this goal, and their performance measures:

- Examine current CME model and make recommendations to assure greater competency. (LT)\*  
*Measure:* Completion of the examination and adoption of recommendations. (Also relates to Goal 4)
- Develop a plan for addressing access to care and the shortage of doctors that is appropriate to MBC's Mission and resources. (LT)  
*Measure:* Completion of the development of a plan to address healthcare access shortages. (Also relates to Goal 4)
- Develop a program to address medical errors. (LT)  
*Measure:* Completion of the development of a program. (Also relates to Goals 2 and 4)

#### Objectives also related to Goal 1:

- Evaluation of peer review study and address the issues identified. (NT)\*\*  
*Measure:* Study is completed and recommendations are adopted. (Primary Goal 2, also relates to Goal 4)

\* LT - Long Term, Emerging Objective

\*\* NT - Near Term Objective (Complete within a year)

**Goal 2: Regulation and Enforcement:**

Protect the public by effectively enforcing laws and standards when violations occur in order to deter violations.

**Objectives** that fall under this goal, and their performance measures:

- Finish report on new vertical enforcement model and take actions necessary to ensure its success. (NT)  
*Measure:* Completion of report and implementation. (Also relates to Goal 5)
- Evaluation of peer review study and address the issues identified. (NT)  
*Measure:* Study is completed and recommendations are adopted. (Also relates to Goals 1 and 4)
- Examine and develop recommendations on scope of practice and corporate practice issues to address concern that unlicensed and poorly supervised medical care is on the increase due to trends in where, by whom and how medicine is being practiced. (NT)  
*Measure:* Completion of work to comply with B&P Code Section 2023.5 with the Nursing Board, recommendations are adopted and implemented. (Also relates to Goal 1 & 4)

*Objectives also related to Goal 2:*

- Develop a program to address medical errors. (LT)
- *Measure:* Completion of the development of a program. (Primary Goal 1, also relates to Goals 4 and 5)
- Take steps necessary to arrest and reverse loss of investigators; address imbalances that are contributing to investigator retention problem. (NT)  
*Measure:* Parity of salary and workload is achieved. (Primary Goal 5)

**Goal 3: Consumer Education:**

Increase public awareness of MBC's mission, activities and services.

**Objectives** that fall under this goal and their performance measures:

- Complete a review of the public disclosure law and take actions necessary to address issues identified. (NT)  
*Measure:* Review of law completed, recommendations are adopted, and appropriate actions are taken. (Also relates to Goal 4)

**Goal 4: Organizational Relationships:**

Improve effectiveness of relationships with related organizations to further MBC's mission and goals.

While there were no objectives that primarily fell under the primary goal of Organizational Relationships, **Objectives** that relate to this goal and their performance measures:

- Develop better ways of assessing MBC "customer satisfaction" and implement changes that would better serve applicants, licensees and the public. (LT)  
*Measure:* Satisfaction of Board service is adequately assessed and changes as a result provide for improved customer satisfaction. (Primary Goal 5)
- Examine current CME model and make recommendations to assure greater competency. (LT)  
*Measure:* Completion of the examination and adoption of recommendations. (Primary Goal 5, also relates to Goal 1)
- Develop a plan for addressing access to care and the shortage of doctors that is appropriate to MBC's Mission and resources. (LT)  
*Measure:* Completion of the development of a plan to address healthcare access shortages. (Primary Goal 1)
- Develop a program to address medical errors. (LT)  
*Measure:* Completion of the development of a program. (Primary Goal 1, also relates to Goal 2 )

- Examine and develop recommendations on scope of practice and corporate practice issues to address concern that unlicensed and poorly supervised medical care is on the increase due to trends in where, who and how medicine is being practiced. (NT)  
*Measure:* Completion of work to comply with B&P Code Section 2023.5 with the Nursing Board, recommendations are adopted and implemented. (Primary Goal 2, also relates to Goal 1)
- Complete a review of the public disclosure law and take actions necessary to address issues identified. (NT)  
*Measure:* Review of law completed, recommendations are adopted, and appropriate actions are taken. (Primary Goal 3)

**Goal 5: Organizational Effectiveness:**

Enhance organizational effectiveness and systems to improve service to constituents.

**Objectives** that fall under this goal and their performance measures:

- Develop better ways of assessing MBC “customer satisfaction” and implement changes that would better serve applicants, licensees and the public. (LT)  
*Measure:* Satisfaction of board service is adequately assessed and changes as a result provide for improved customer satisfaction. (Also related to Goal 4)
- Take steps necessary to arrest and reverse loss of investigators; address imbalances that are contributing to investigator retention problem. (NT)  
*Measure:* Parity of salary and workload is achieved. (Also relates to Goal 2)
- Evaluate Diversion Program report and decide whether to sunset program or how to revise program. (NT)  
*Measure:* Completion of work with Legislature. (Outcome is dependent upon legislative action, now in progress.)

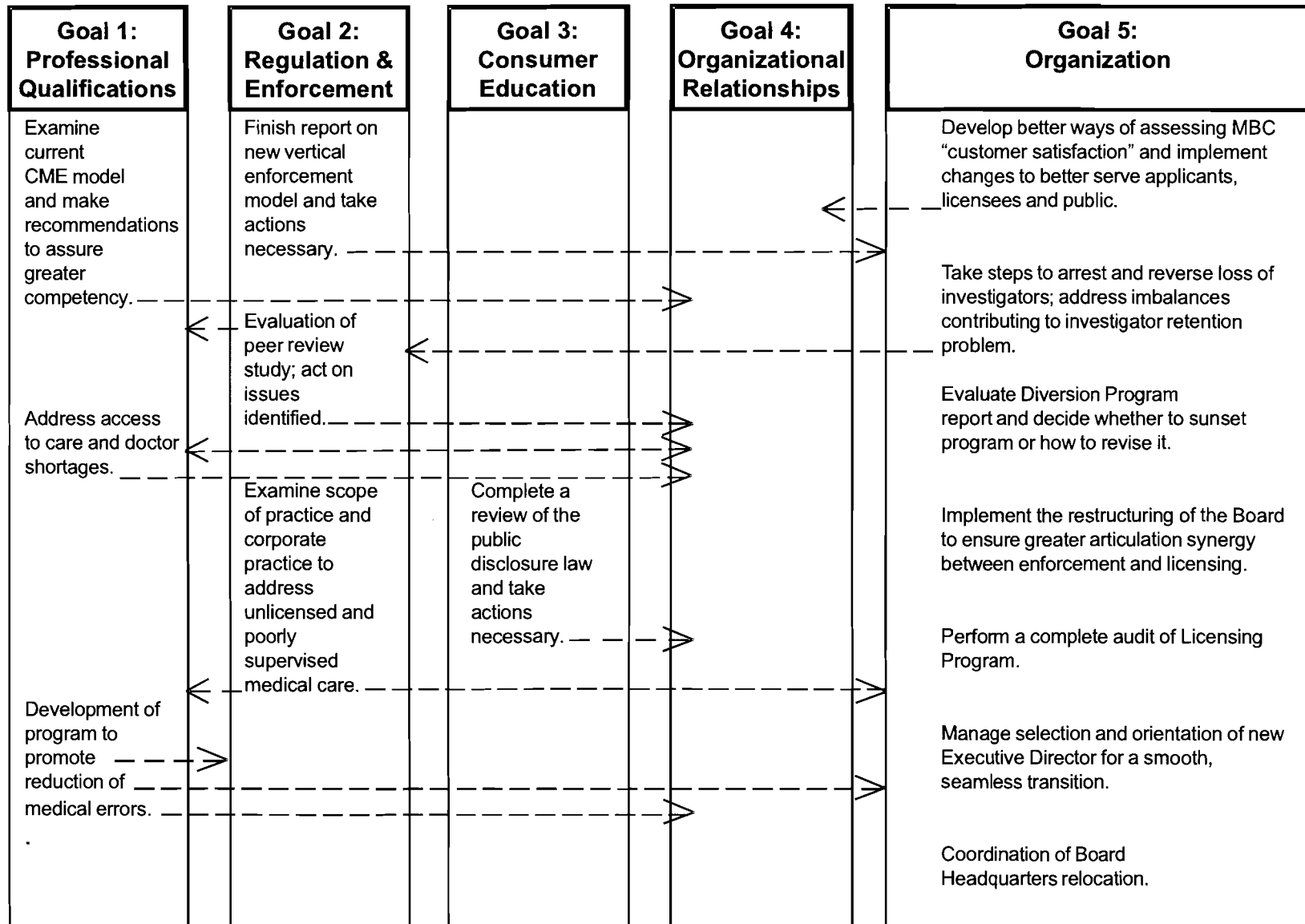
- Implement the restructuring of the Board to ensure greater communication and synergy between enforcement and licensing. (NT)  
*Measure:* Implementation is completed. (Outcome is dependent upon legislative action, now in progress.)
  - Perform a complete audit of the Licensing Program. (NT)  
*Measure:* Audit is completed, recommendations are adopted and implemented.
  - Manage selection and orientation of new executive director so that a smooth and seamless transition occurs. (NT)  
*Measure:* New Executive Director is hired and fully oriented. (Selection is in process.)
  - Coordination of Board Relocation. (NT)  
*Measure:* Headquarters is fully relocated and equipped. (In process)
- Objectives also related to Goal 5:*
- Finish report on new vertical enforcement model and take actions necessary to ensure its success. (NT)  
*Measure:* Completion of report and implementation. (Primary Goal 2)

## Conclusion

This plan represents the Board's understanding of the complex problems facing Californians in healthcare, and demonstrates the wisdom to know what it doesn't know. It focuses on fact-finding to determine the best answers to problems. As strategic plans should be living documents, able to adjust to the changing landscape, the Board will review the progress of the plan every quarter at its regularly held meetings, and plans and performance measures will be established and adjusted to the environment. This plan is not a final product, it is a statement of intention that will evolve with better knowledge and maturity.



**INTER-RELATIONSHIPS OF GOALS AND OBJECTIVES:**



**Workplans:**

<p><b>Goal 1: Professional Qualifications</b>                      Promote the professional qualifications of medical practitioners by setting requirements for education, experience and examinations, taking into account the state's need for more physicians, particularly in underserved populations.</p>			
OBJECTIVE:	STAFF:	WORK:	DATES:
<p><b>Examine current CME model and make recommendations to assure greater competency.</b></p> <p>(LT - Also relates to Goal 4)</p>	<p>Medical Director</p>	<p>Work to begin after hiring and orientation of Medical Director.</p>	<p>Committee work will examine and develop potential strategies for increasing access to care, ultimately to make recommendations to the Board for possible legislative or regulatory action.</p>
<p><b>Develop a plan for addressing access to care and the shortage of doctors that is appropriate to MBC's Mission and resources.</b></p> <p>(LT - Also relates to Goal 4)</p>	<p>Medical Director to direct study, examination, and committee work.</p>	<p>Linda Whitney and Kevin Schunke to coordinate and staff committees, such as Telemedicine, Access to Care, and Scope of Practice.</p>	<p>Progress to be reported quarterly, and assessed annually.</p>

## Workplans:

<b>Goal 1: Professional Qualifications</b> Promote the professional qualifications of medical practitioners by setting requirements for education, experience and examinations, taking into account the state's need for more physicians, particularly in underserved populations.			
OBJECTIVE:	STAFF:	WORK:	DATES:
<b>Develop a program to address medical errors.</b>  (LT - Also relates to Goals 2 & 4)	Medical Board Committee Members  Janie Cordray - Staffing for the Committee on Medical Errors.	Planning meeting.  Establish schedule and agendas for committee meetings, including topics to be discussed.  Committee meetings.  Committee to make recommendations for policy, regulatory, or legislative changes, or participation in or establishment of error reduction initiatives or programs.  Based on recommendations, legislation sought, regulations promulgated, or policy implemented.  Based on recommendations, participation in error-reduction initiatives or programs.	June 2007  July 2007  August 2007 through July 2008  July 2008  July 2008  As appropriate.

**Workplans:**

<p><b>Goal 2: Regulation and Enforcement:</b>          Protect the public by effectively enforcing laws and standards when violations occur in order to deter violations.</p>			
OBJECTIVE:	STAFF:	WORK:	DATES:
<p><b>Finish report on new vertical enforcement model and take actions necessary to ensure its success.</b></p> <p>(NT - Also relates to Goal 5)</p>	<p>Renee Threadgill</p>	<p>Report to be written and submitted to Department, Board, and Legislature</p> <p>Implement recommendations and proposed changes or legislation, as appropriate</p>	<p>June 27, 2007</p> <p>Determined by Board or Legislative Action</p>

## Workplans:

<b>Goal 2: Regulation and Enforcement:</b> Protect the public by effectively enforcing laws and standards when violations occur in order to deter violations.			
OBJECTIVE:	STAFF:	WORK:	DATES:
<b>Evaluation of peer review study and address the issues identified.</b>  (NT - Also relates to Goals 1 & 4)	Kimberly Kirchmeyer - coordination and oversight of contract.  Lumetra, contractor.  Linda Whitney- Legislative or regulatory work, if required.	Award contract  Contract signed  Study performed  Draft Report submitted to staff  Final report submitted to Board  Report submitted to Legislature  Regulations promulgated, if needed  Legislation sought, if needed  Implementation of new legislation or regulations	June 2007  July 2007  August 2007- March 2008  April 2008  May 2008  July 2008  November 2008  January 1, 2009  January 1, 2010



**Workplans:**

<p><b>Goal 3: Consumer Education:</b>          Increase public awareness of MBC's mission, activities and services.</p>			
OBJECTIVE:	STAFF:	WORK:	DATES:
<p><b>Complete a review of the public disclosure law and take actions necessary to address issues identified.</b></p> <p>(NT - Also relates to Goal 4)</p>	<p>California Research Bureau (per B&amp;P Code Section 2026)</p> <p>Enforcement, IT Staff to assist CRB in providing data and information.</p> <p>Linda Whitney and Legislative/Regulatory Staff to initiate the promulgating of regulations</p>	<p>CRB to conduct study and write report, including policy options.</p> <p>Recommendations adopted, if appropriate.</p> <p>Regulations promulgated, if necessary</p> <p>Legislation sought, if needed.</p>	<p>August '07 - March '08</p> <p>May '08 or July '08</p> <p>November 2008</p> <p>January '09</p>

**Workplans:**

<p align="center"><b>Goal 5: Organizational Effectiveness:</b>            Enhance organizational effectiveness and systems to improve service to constituents.</p>			
<b>OBJECTIVE:</b>	<b>STAFF:</b>	<b>WORK:</b>	<b>DATES:</b>
<p><b>Develop better ways of assessing MBC “customer satisfaction” and implement changes that would better serve applicants, licensees and the public.</b></p> <p>(LT- Also relates to Goal 4)</p>	<p>Licensing staff, Cashiering staff, Enforcement staff (depending upon program to be assessed), to be determined. Coordinated by Candis Cohen.</p>	<p>Development of method of assessment to be determined. It is likely that the following will be needed;</p> <p>Research companies and cost to develop survey instruments</p> <p>Hire Consultant.</p> <p>Development of a survey instrument, perform sampling.</p> <p>Development of an assessment program.</p> <p>Examination of program results.</p> <p>Development and adoption of recommendations.</p> <p>Changes initiated and implemented.</p>	<p>To be determined.</p>



### Workplans:

<p><b>Goal 5: Organizational Effectiveness:</b> Enhance organizational effectiveness and systems to improve service to constituents.</p>			
OBJECTIVE:	STAFF:	WORK:	DATES:
<p><b>Take steps necessary to arrest and reverse loss of investigators; address imbalances that are contributing to investigator retention problem.</b></p> <p>(NT - Also relates to Goal 2)</p>	<p>Renee Threadgill, Enforcement</p> <p>Jill Johnson, Human Resources</p>	<p>Waiting for determination on Vertical Enforcement legislation or Board action.</p> <p>Work with DPA on establishing Pay Differential to reflect parity with other agencies.</p>	<p>July '07 Meeting: Begin process of Vertical Prosecution determination.</p> <p>January '08 - If investigators are not moved to Department of Justice, work begins with DPA.</p>
<p><b>Evaluate Diversion Program report and decide whether to sunset program or how to revise program.</b></p> <p>(NT)</p>	<p>Frank Valine, Staff</p> <p>Members, Diversion Committee</p>	<p>Completion of Report</p> <p>Development and adoption of recommendations or proposed changes to the program, based on report or legislation.</p> <p>Development of evaluation measures for recommendations or changes adopted. (Staff)</p> <p>Ongoing oversight, based on evaluation measures.</p>	<p>June 7, 2007</p> <p>December 31, 2007</p> <p>July '07 Meeting</p> <p>Begins July meeting '07, and is ongoing.</p>

**Workplans:**

<p><b>Goal 5: Organizational Effectiveness:</b>                      Enhance organizational effectiveness and systems to improve service to constituents.</p>			
<b>OBJECTIVE:</b>	<b>STAFF:</b>	<b>WORK:</b>	<b>DATES:</b>
<p><b>Implement the restructuring of the board to ensure greater communication and synergy between enforcement and licensing.</b>  (NT)</p>	<p>Lead Coordination:                      Kimberly Kirchmeyer                       Gary Qualset, Licensing                       Renee Threadgill, Enforcement</p>	<p>Make assignments to Committees of Licensing and Enforcement . (Board president will make assignments, Ms. Kirchmeyer to coordinate activities.)</p>	<p>November '07</p>
		<p>Training of members in Divisions' work (Division Chiefs)</p>	<p>November '07</p>
		<p>Development of manual for committee members (Division staff, coordination by Chiefs)</p>	<p>February 1, 2008</p>
		<p>Changing procedures to re-design</p>	<p>February 1, 2008</p>

### Workplans:

**Goal 5: Organizational Effectiveness:**  
 Enhance organizational effectiveness and systems to improve service to constituents.

OBJECTIVE:	STAFF:	WORK:	DATES:
<p><b>Perform a complete audit of the Licensing Program.</b></p> <p>(NT)</p>	<p>Gary Qualset, responsible for coordination of licensing staff participation in audit.</p> <p>Kimberly Kirchmeyer, responsible for selecting personnel to conduct audit and oversight of audit and report.</p>	<p>Select personnel or contractor to conduct audit --- including drafting RFP, selection process, and contract.</p> <p>Audit plans developed and submitted for approval.</p> <p>Audit conducted.</p> <p>Audit report written, including recommendations, and submitted to Executive Director.</p> <p>Report submitted to Board, recommendations adopted, if appropriate.</p> <p>Changes to program allowed without legislation implemented, including promulgation of regulations.</p> <p>Legislation sought, if needed.</p>	<p>January '08, contract signed</p> <p>January-March '08, Audit conducted.</p> <p>June'08</p> <p>July '08,</p> <p>August '08</p> <p>January '09</p>

**Workplans:**

<p align="center"><b>Goal 5: Organizational Effectiveness:</b>                      Enhance organizational effectiveness and systems to improve service to constituents.</p>			
<b>OBJECTIVE:</b>	<b>STAFF:</b>	<b>WORK:</b>	<b>DATES:</b>
<p><b>Manage selection and orientation of new executive director so that a mooth and seamless transition occurs.</b></p> <p>(NT)</p>	<p>Board President, in consultation with Executive Committee, Selection Management; Kimberly Kirchmeyer and Division</p>	<p>President/Vice President to meet with Executive Director</p> <p>Deputies to present status report of all programs and any urgent topics needing attention or of interest.</p>	<p>Within 30 days of appointment.</p> <p>Within one week of appointment.</p>
<p><b>Coordination of Board Relocation.</b></p> <p>(NT)</p>	<p>Teri Hunley - facilities and equipment.                      Diane Ingram - IT Coordination                      Kimberly Kirchmeyer - staff coordination and placement.</p>	<p>Lease Agreement (Done.)</p> <p>Moving and IT Contracts (Done.)</p> <p>Coordination of move and staff placement.</p>	<p>Dates yet to be determined.</p> <p>Completed by December 31, 2007</p>

# Medical Board of California Strategic Planning Retreat Notes

## March 1-2, 2007

### I. Overview of Board Member Survey Results

To lead off the strategic planning retreat, the facilitator, Lewis Michaelson, summarized the results of responses he received from a board member survey conducted prior to the meeting. The response were organized into the following four categories:

#### Challenges

- Continuously improving licensing and enforcement
- Increased public scrutiny
- Maintaining staff, particularly investigators
- Keeping pace with medical technology
- Health care reform

#### Goals

- Improve licensing and enforcement programs
- Better engage constituents
- Be a model for other boards

#### Areas for Improvement

- Board effectiveness
- Greater public visibility and communication
- More proactive approach to physician wellness
- Access to care

#### Retreat Objectives

- Establish and prioritize goals
- Provide direction to MBC staff on programs and policies

### II. Critical Review of Current Programs/Performance

While citing the somewhat “chicken-and-egg” nature of where to start the strategic planning discussion, the board agreed to stick with the proposed agenda’s first topic of gathering feedback from board members on how they would assess the MBC’s current performance among its various programs and initiatives. The discussion focused on the following topics:

#### Licensing

- Enforcement monitor gave us big window on our performance; a similar audit on licensing is needed
- How can we expedite the licensing process?

- We haven't done an assessment for licensing at the same level as enforcement
- The time to begin an application review has been shortened by 50 percent
- Have we asked the applicants themselves about their perception of our performance as a potential measure of our success?
- There is a tension between Quantity vs. Quality; speeding things up can't come at the cost of doing a good job of screening applicants well
- Should we consider more probationary licenses?
- We have to maintain our effectiveness at weeding out bad applicants
- We should analyze obstacles to licensing for efficiency/effectiveness
- We should emphasize more customer-friendly outreach to potential applicants
- Need more crosstalk between licensing and enforcement – licensing could learn from enforcement experience
- Early outreach to potential applicants and onsite registration has been effective
- We have only one FTE for licensees to call in for information; is that really enough to be more customer-oriented?
- Much of the licensing process is dictated by law/regulations, so there are limits to what we can retool in the process
- Speed can't come at the expense of quality
- Survey of "customers" is needed

#### **Re-licensing**

- We need to look at how we can partner with specialty boards
- What should our policies be on various types of C.E. (e.g., online)?
- Can we demonstrate relevance/effectiveness of C.E.?
- C.E. must reflect competency
- Are C.E. requirements counter-productive? Some studies show there is more professional learning undertaken when people are left to do it voluntarily
- Need to look at continuous re-certification – M.O.C.

#### **Enforcement/Discipline**

- We are working through a new enforcement model, including shortened time frames for processing
- We are waiting for enforcement report in April to tell us more about our performance
- Can we use enforcement data to inform licensing/education?
- Can we spot discipline trends and adjust education to prevent them?
- Are medical documentation requirements unrealistic?
- Even if documentation requirements are unrealistic, they will still be part of "charges" in disciplinary actions, because they are easier to prove
- How can we intervene and offer programs before transgressions begin?
- How can we do better outreach on availability of CMB support programs for physicians?
- There are not enough trained investigators and retention is reaching a crisis
- There have been great strides in expanding expert pool but need to expand further (a lot!)

**Diversion**

- New staff and focus have addressed many issues with previous program
- Don't know really if it's working – hopefully audit report will enlighten
- Should physicians have to pay?
- Diversion needs more attention than it has gotten so far
- If we ended it, something would need to replace it
- Half of people in program self-refer
- Diversion program addresses care and nurturing of physicians – it's humanistic
- Needs to be accountable
- Diversion is proactive
- Diversion is part of a wellness approach for doctors

**Public Comment (Julie Fellmeth):**

- Diversion audit will speak to long-standing, well-known issues
- No one knows if program is effective
- Biggest shortcoming is there is no post-program monitoring

**Diversion - Board response:**

- Are we going to treat substance abuse impairment same as other impairments?
- We need to treat this like other diseases
- Public perception may cause us to treat it differently
- There may be appropriate reasons to why we don't we monitor after program completion

**Diversion (continued Board discussion)**

- Not sure how feasible and at what cost post-monitoring should take place
- Want data on how many successfully complete program
- Wellness and diversion aren't often connected programmatically
- Legislative extension should incorporate means for follow-up
- Real question is should MBC have program at all?
- Given mission to protect public – is diversion our responsibility?
- What is appropriate end point for monitoring – 2 years is norm for chemical dependency; lifetime monitoring is an extraordinary standard
- Lengthening monitoring will discourage self-referral
- What would happen to discipline options if there were no diversion?
- We need to know what happens – do they remain doctors into the future?

**Staffing**

- Strategic plan for Executive Director transition is critical
- Retention issue must be addressed in strategic plan – Board should give policy direction but leave to management how to resolve

### **Outreach**

- We're not reaching all our key constituencies
- Is positive public perception/reputation of MBC our goal?
- We have limited resources for outreach
- Are we being strategic in engaging our key constituents and leveraging our meetings/presence?
- We need better customer service for our stakeholders – public and licensees
- Customer service needs greater emphasis and better access for them to MBC
- Not everyone will be satisfied
- Do we need to devote more resources to outreach?
- Need to be clear on ultimate goal
- Legislators are very key “constituents”
- We only have one legislative liaison
- Applicant outreach has been effective and could be ramped up

### **III. Core Constituencies**

The next discussion focused on whom the Board considers its core constituencies, both in terms of whom the MBC serves and who influences the work of the MBC. The board offered the following list of key constituents:

- Consumers of healthcare, both in terms of where to go to make a complaint and how to check on doctors prior to using their services
- Underserved, who need improvement in consumer awareness
- Decision-makers
- Reporting agencies
- Elected officials
- Staff of elected officials
- Donors to elected officials
- Other law enforcement/investigators
- Licensees and applicants
- Medical schools/educators

### **IV. Emerging Trends/Issues/Challenges**

Members were asked to identify the trends/issues/challenges they believed were affecting the medical field and the MBC's ability to meet its mission. They were then asked to identify the most urgent and/or critical ones to address in the strategic plan. The first 10 bullets comprise the list of most urgent/critical.

- **Addressing medical errors**
- **Broadening scope of practice**
  - **MDs supervising more people**
- **Electronic Medical Records – and related falsification issues**



- **Ability to deliver health care effectively with trend toward using E.R. rather than doctor's office**
- **Delivery of healthcare through non-conventional means**
- **CME – how to make continuing education meaningful**
- **Maintenance of certification – similar to what specialty boards do**
- **Increasing trend in number of foreign-trained licensees**
- **Increased use of physician extenders – and their expanded scopes of practice**
- **Consider legislative liaison committee within Board**

#### **Other Trends/Issues/Challenges**

- Medi-spas
- Unlicensed corporate practice of medicine – cosmetic procedures
- Healthcare reform
- Telemedicine – outside of California
- Whole electronic medical records (EMR) issue
- Diversity of population
- Patients seeking on-demand healthcare
- Medical errors due to EMR
- Recertification – ACGME testing
- Non-evidence based practice of medicine
  - Alternative medicine
- Public's need to know an MD's board certification
- Ability to share information – shared medical records between facilities – EMR
- Addiction to prescription drugs, particularly via Internet usage
- Physician extenders expanded usage of the Medical Practice Act
- Distance learning
- International medical schools – work with them to help them provide quality education
- Recruitment of MDs to practice in California

#### **V. Mission/Vision Discussion/Validation**

Board members were then asked to discuss and validate the MBC's current vision and mission. In so doing, they were asked to consider the following criteria:

- Things we can do or do well
- Things we ought to do
- Things only we do
- Things others do as well as we
- Things that won't get done unless we do them

After examining the vision and mission in light of how emerging trends and challenges will impact the MBC, Board members agreed that the current mission reflected statutory mission, but is incomplete and out of step with reality, requiring an added element:

- Promote access to quality medical care through the Board's licensing and regulatory functions

The Board members agreed to use this working draft of additional mission language for purposes of subsequent retreat discussions, but indicated that further examination of the implications of this potential addition to the MBC's mission would have to be performed during the development of the strategic plan, e.g., what legislative action would be required to implement. However, given the current environment of serious and substantial discussions at high levels within the state about health care reform and more universal access to care, Board members agreed that it was highly likely that there would be an expectation placed on the MBC to at least be a part of the solution and that their mission should reflect this.

## **VI. Goals Discussion**

Board members were asked to review current goals and suggest which ones should be carried over from the 2002 strategic plan and what new goals were needed in light of the previous day's performance review and today's assessment of critical trends and challenges. It was suggested that at the "goals" level, the previous strategic plan's five categories of goals were still appropriate. Possible additions to the breadth/scope of the 2002 goal statements included:

- Promote licensing of additional doctors
- Serve the under-served
- The members agreed to add the following language to the Professional Qualifications goal: "taking into account the state's needs for more physicians, particularly in under-served populations"

Related to the expanded mission statement, the group discussed possible objectives or measures for enhanced access to care, including:

- Expansion of international special training programs
- Increased outreach to other educational facilities
- Expansion of recognized international schools
- Scholarship program/loan repay
- Successful completion of 1095 program
- Educational tools to facilitate relationship between doctors and physician assistants
- Increased numbers of licensees
- Track percent of patients served by E.R. vs. primary care
- Distribution of physicians by geography

Board members were then asked to look at each of the five goal categories and identify key objectives for the new strategic plan:

### **Organizational Effectiveness**

- Retention
  - Investigator
  - Staff
  - Support

- Transition to new Executive Director
- Develop better effectiveness indicators
- Implementation of new board structure – including committee structure
- Better performance monitoring and evaluation

### **Professional Qualifications**

- Review of CME and its requirements – re-certification (see 6<sup>th</sup> and 7<sup>th</sup> bullets under IV)
- Need audit/monitoring program similar to enforcement (need more board input on information it wants)
- Reporting system for board on licensing performance
- Reporting system or fate of licensees in enforcement
- Customer service/satisfaction

### **Regulation/Enforcement**

- Retention of investigators
- Performance measures for new prosecution model
- Address new issues raised by audit
- Should diversion be continued? Evaluate in light of sunset
- Long-term monitoring of interventions/remediation
- Expansion of expert pool and better training
- Should we engage in the “medical errors” issue?
- Other emerging enforcement trends, e.g., falsifications of records, etc.

### **Consumer Education**

- Address changing demographics of consumer base, e.g., vulnerable populations
- Improve consistency and usefulness of information under public disclosure requirements
- Re-examine resources for consumer outreach
- Address regulations on what comes off Web site

### **Organizational Relationships**

- Maintain/improve relationships with elected officials
- CMA/CPIL – maintain key relations/communication
- Explore stronger relationship with DHS and other state agencies, particularly related to access
- Explore relationships with medical specialties for continued competency

### **Public Comment**

- The near term issues that will need to be addressed are already programmed for MBC:
  - Diversion Audit
  - Vertical Enforcement
  - Peer review
  - Public Disclosure Laws Review

## VII. “Above/Below the Line”

Board members were asked to consider the resources of the organization and provide feedback on what objectives were essential and which ones might be laudable but beyond the MBC’s capacity

- Increase call-in response capability
- Address continuing competency
- Develop a plan for dealing with access to care from MBC’s perspective
- We need an operational strategy
- We have to address scope of practice issues and also corporate practice issues
- PSAs to get out our message and contact numbers
- Do we need to do specialty board evaluations?
- Should we be doing opticians’ registration?
- Should we certify foreign schools – maybe create regional certification boards?

Members were asked to identify the primary mission/mandate/legislative programs and objectives that they perceived would consume the vast majority of the organization’s “bandwidth” in the near-term:

- Diversion Program
- Restructuring
- Selection/transition of Executive Director
- Peer Review
- New Prosecution Model
- Retention Issue
- CMO creation
- Customer service
  - Conduct survey
- Outreach
- Licensing Audit
- Periodic Licensing Report
- Access to care

## VIII. Next Steps

In the next phase of the strategic plan’s development, staff was directed to suggest what criteria should guide the setting of priorities. They were also asked to assimilate and synthesize the board input from the retreat and present a strawman proposal to the board of near-term (less than one year) and emerging (1-3 years) objectives/initiatives in a format that would allow board members to be polled on priorities for the “emerging” time frame.

# Post Retreat Survey Results:

Objectives:	Rank by total points*	Rank by "top 5" votes	Total points*	Total in "top 5"	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Member 7	Member 8	Member 9	Member 10	Member 11	Member 12	Member 13	Member 14	Member 15	Member 16	Member 17	Member 18	Member 19
Develop a plan for addressing access to care and the shortage of doctors that is appropriate to MBC's Mission and resources.	2	2	29	9				5	4	2	x	x	1	x	x	x	2	3		2		5	1
Examine and develop recommendations on scope of practice and corporate practice issues to address concern that uncensured and poorly supervised medical care is on the increase due to trends in where, who and how medicine is being practiced.	1	4	30	7		1		2	2		x	x	3	x	x	x	1	2				1	
Develop better ways of assessing MBC "customer satisfaction" and implement changes that would better serve applicants, licensees and the public.	3	4	25	7	1		1				x	x	5	x	x	x			1	3	5		
Develop measures and related data generation tools that will enhance feedback from enforcement to improve licensing and education	5	5	21	6		5	2	1	4	1	x	x		x	x	x			2				
Develop a program to pro-actively address the medical errors issue.	4	3	23	8					5	3	x	x	4	x	x	x			3	1	2	4	3
Examine current level and deployment of outreach resources and develop recommendations on enhanced efforts.	9	7	5	2	3		4				x	x		x	x	x							
Address MBC's role in regulating alternative medicine.	10	8	1	1							x	x		x	x	x	5						
Develop a program for enhanced legislative outreach and engagement.	6	5	18	6	2	4	3				x	x		x	x	x		4			4		1
Examine current and alternative models for maintenance of certifications and develop recommendations.	8	6	10	5			5				x	x		x	x	x			5		3	3	4
Examine current continuing education model and recommend changes that would better assure competency as the outcome.	1	1	30	10	4	3		4	3	4	x	x		x	x	x	3		4		1	2	2
Examine the impact of electronic medical records (EMR) on the practice of medicine and develop recommendations to address quality of care and medical errors issues.	7	4	16	7	5	2		3		5	x	x	2	x	x	x	4	5					

**ATTACHMENT # 2**

\* Points based on members' vote by ranking: Rank 1 = 5 points Rank 3 = 3 points Rank 5 = 1 point  
 Rank 2 = 4 points Rank 4 = 2 points