

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 15, 2026
ATTENTION: Members, Medical Board of California
SUBJECT: Information Systems Branch Summary
STAFF CONTACT: Sean Eichelkraut, Information Technology Manager II

Requested Action:

This report is intended to provide the Members with an update on the Information Systems Branch (ISB) at the Medical Board of California (Board). No action is needed at this time.

Staffing Updates:

- Information Technology Specialist I, Enforcement Business Analyst, position filled.
- Information Technology Supervisor I, project manager position recruitment started.

Infrastructure Updates:

- Laptop and monitor deployment to all Board staff as part of the standard 5-year computer refresh cycle has been completed. The process of surveying all the old equipment has begun.
- Several new printers have been deployed to Board and HQIU staff to replace broken and unreliable equipment that is now covered by warranty service.

Complaint Tracking System Update:

The Complaint Tracking System (CTS) is a web application in development to provide patient and/or authorized representatives with status information relating to complaints submitted to the Board, more efficiently than traditional paper letters sent by postal mail or phone calls, which are limited to regular business hours and consume staff time that could otherwise be used for processing complaints. After Board Members provided initial requirements and approval to proceed with this project, Interested Parties meetings were held in 2023 to gather additional suggestions from all Interested Parties. All suggestions for additional functionality were reviewed for technical and legal feasibility and incorporated into the Minimum Viable Product (MVP) requirements and presented to the Board Members and public at the November 30, 2023, Board meeting, where it was approved to begin the formal Statewide Information Management Manual (SIMM) Project Approval Lifecycle (PAL) process. After receiving approval to proceed in late 2024, development of the system started in 2025.

August 2026 Update: Testing is still in progress. Additional Board staff have been included in the testing that will also serve as training for Enforcement staff. Launch date is still dependent on testing results.

Medical Board of California iOS App Update for iOS 17:

Originally launched in July 2018, the Medical Board of California iOS App is getting some updates to keep up with Apple's ongoing enhancements to the iOS operating system. Failing to conform to Apple's standards for operating system updates could result in the app being removed from the Apple Store for consumers to obtain, so these updates are being made proactively to mitigate that risk. While updating the project, push notifications are being implemented to keep the app updating even when the application is no longer running in the background. Originally, push notifications were deemed out of scope, as an original requirement was to not track any user information. Feedback about the app has suggested that users are willing to opt into some obfuscated level of tracking to incorporate this push notification functionality. Usage will be tracked by non-identifying device IDs and no personal information about users will be tracked.

August 2026 Update: The updated application was deployed to the Apple App Store on April 7, 2026. As of July 23, 2026, 823 devices have the app installed and have opened the app within the past two weeks. No identifying user information is tracked so it will not be possible to determine if a user has multiple devices active, so device statistics are not comparable to user statistics. Only about 10% of installed devices are following one license or more so we have implemented an in-app notification to remind users with the app installed to take full advantage of the app by following their providers. The next newsletter, annual report and various other board publications will also have additional advertising to help increase awareness about the updated app.



Get Notified!

now

Don't forget to add providers to receive automatic notifications when changes to their license profiles are detected.

Consultant/Expert Management Application Update:

The Consultant/Expert Management Application (CEMA) was developed by Board staff in 2017 to track the Medical Consultants and Experts that the Board contracts with to review complaints. The application replaced a prior system that only tracked details about Medical Experts and required an overhaul to keep up with technological standards of the time. Since that time, Board staff have made many minor enhancements CEMA. Recent changes in hourly rates and training requirements for

Medical Consultants and Experts, needs to automate parts of the contracting process, and application security evolution presented the opportunity to rebuild CEMA to meet these new requirements. While the core functionality will remain the same, the system is being rebuilt to modernize the application and add efficiencies for the analysts that use the application and the Medical Consultants and Experts that contract with the Board.

August 2026 Update: Enhancements for the hourly rates by specialty and training, training requirement tracking, automation of the contract renewal notifications and security enhancements have passed testing by the Expert Reviewer and Medical Consultant Program (Program). Release is dependent on Program review of reports needed for Go-Live.

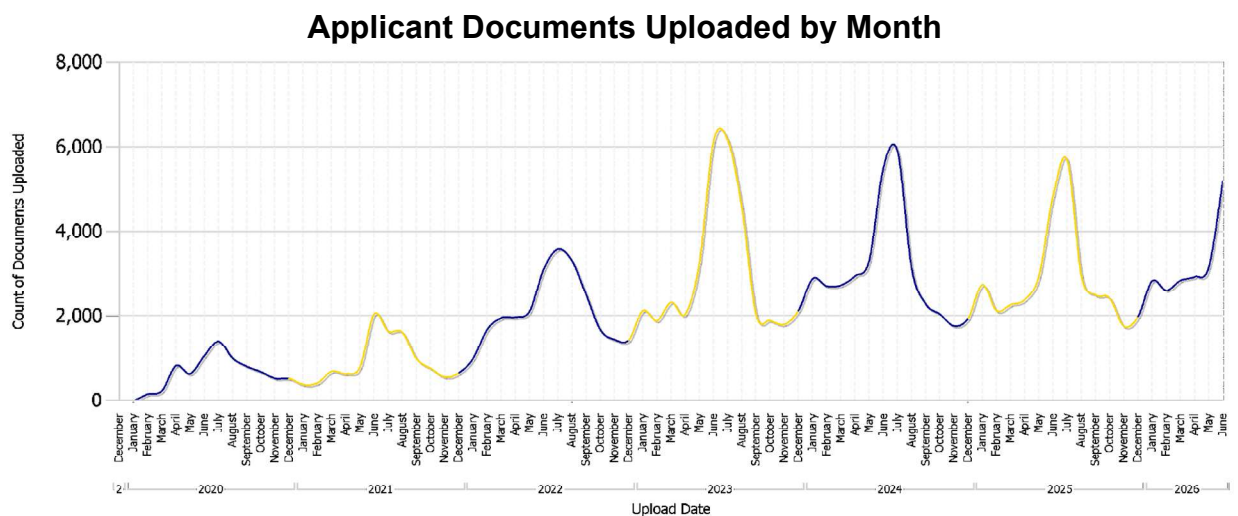
Direct Online Certification Submission (DOCS) Update:

The Direct Online Certification Submission (DOCS) service is a secure, fast, and reliable online document delivery system that allows medical schools and postgraduate training programs to submit certain primary-source licensing documents to the Board.

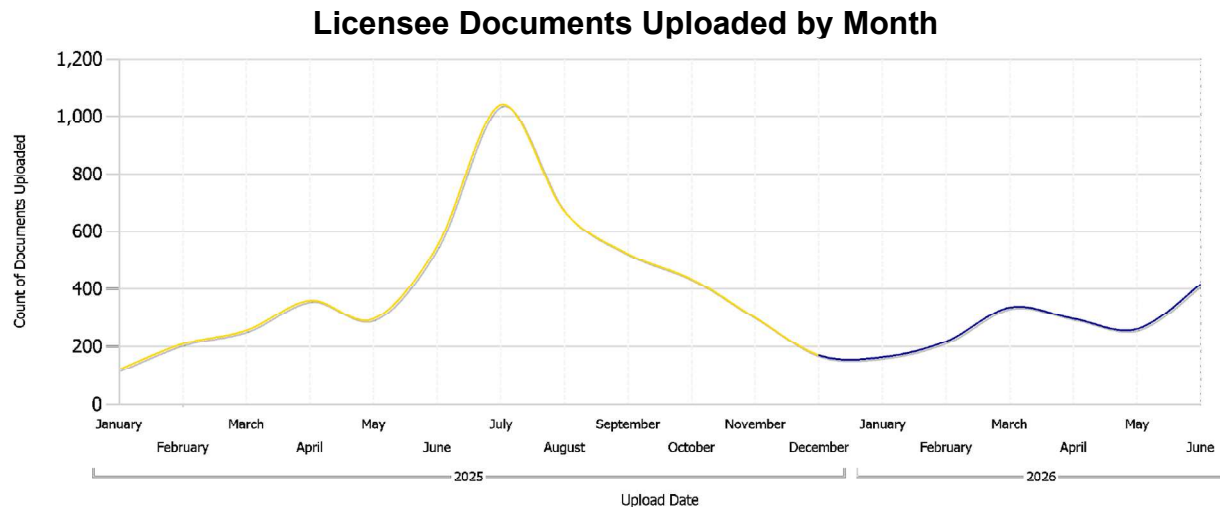
August 2026 Update: On May 13, 2026, Form EXP, Letter of Explanation and/or Unusual Circumstance Documentation, was added as a document type that can be uploaded on behalf of licensees. Various internal reporting changes were made to make licensing business processes more efficient.

As of July 1, 2026, 1,429 (+166) Medical School Users representing 737 (+83) Medical Schools world-wide and 6,585 (+702) Postgraduate Training Program Users representing 7,312 (+552) Postgraduate Training Programs at 974 (+65) Facilities are currently registered in DOCS.

More than 172,391 (+11,430) documents have been uploaded for 38,556 (+2,550) applicants since launching the platform:



More than 6,646 (+984) documents have been uploaded for 5,532 (+761) licensees since January 1, 2025, when the platform enhancements were launched to allow licensee document uploads:



Volunteer Physician Registry Update:

The Volunteer Physician Registry (VPR) is intended to be used by clinics or other entities seeking volunteer physicians. Physicians in the registry have provided information about areas where they would be willing to volunteer and have provided details regarding their area of practice and foreign language proficiency. Originally implemented in 2006 and most recently refreshed in December 2018, the web application was due for cosmetic and technological improvements to ensure compliance with State of California and accessibility standards. For security and support considerations, the existing volunteer accounts will be migrated to the new system, but license authentication will be performed using the IDEAL (Interoperability Development Effort to Authenticate Licensees) interface.

August 2026 Update: Active volunteer count has increased to 955 (+11).

HCAI Survey Update:

AB 133 authorizes the California Department of Health Care Access and Information (HCAI), formally the California Office of Statewide Health Planning and Development (OSHPD), to collect additional workforce data from healing arts boards through California Business and Professions Code 502 effective July 1, 2022. Additional data collection items include: Anticipated year of retirement, physical address of primary and secondary practice locations and types, date of birth, gender identity, National Provider Identifier (NPI), work hours, sexual orientation, and disability status.

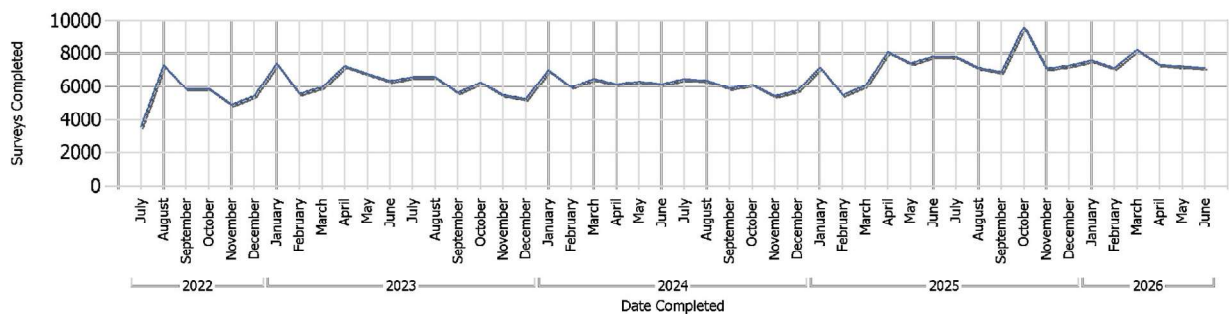
August 2026 Update: The Board is tracking multiple pieces of pending legislation that would have impact on the HCAI Survey for Licensed Midwives, Physicians and

Surgeons and all other license types. Some of the legislation has an implementation date of April 1, 2027, so programming will have to be prioritized once the outcome of the legislation is known.

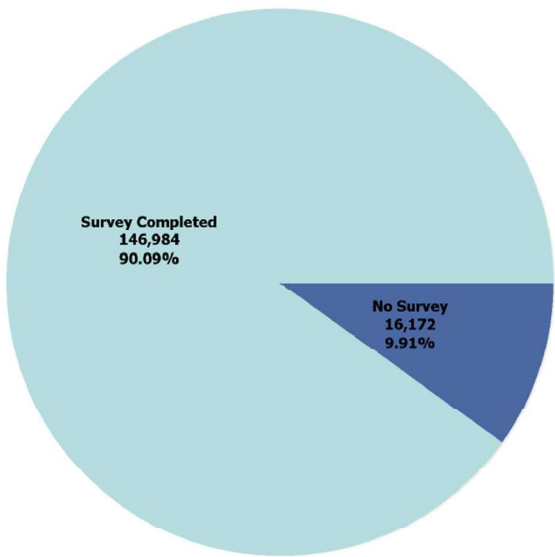
Work for AB 91 (Harabedian, Chapter 357 of 2025 Statutes) is currently on hold pending coordination with Department of Consumer Affairs (DCA) Office of Information Services (OIS), since the delayed implementation date is not until January 1, 2028. The HCAI survey will require updates to change the way the Race and Ethnicity questions are structured and add additional responses. HCAI has also asked for changes to the Sexual Orientation and Gender Identity questions that will be made at the same time. The deployment of the updates will be coordinated with OIS for a date to be determined.

Over 314,763 (+21,690) surveys have been completed, representing 90.09% (+1.34%) of the Renewed and Current Physician and Surgeon population.

HCAI Surveys Completed Per Month



HCAI Survey Response Rate for Current Licensing Population



BreEZe Online Complaint Form Redesign Update:

The ISB Breeze Business Integration team is working with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) BreEZe team to implement the recent changes made to the Board's hard copy Complaint Form to the BreEZe Online Complaint Form. The goal of these updates is to streamline the forms to attempt to collect as much relevant data and medical releases as possible in the early stages of the complaint submission process. The paper form updates have led to an increase in initially required information and releases being provided with complaints submitted in hard copy. On May 5, 2021, the BreEZe Online Complaint Form was updated to warn individuals who submit a complaint anonymously, that if the Board is unable to obtain documentation or evidence of the complaint allegations, the complaint may not be able to be pursued, and it will not be possible to provide updates regarding the complaint. The goal is to encourage complainants to provide their contact information so additional communication can occur if necessary. Additional enhancements are still in the development stages as the Board works with OIS to continue to improve BreEZe. ISB is currently working with the vendor on changing some of the BreEZe screens core functionality to make the process more user friendly for complainants.

August 2026 Update: Per the DCA OIS, additional issues were found with the solution developed by the vendor and the code was held back from inclusion in the October 23, 2025, BreEZe release. Issues remain with the solution developed; ISB is awaiting an additional release to resolve the issues before it can proceed with configuration.

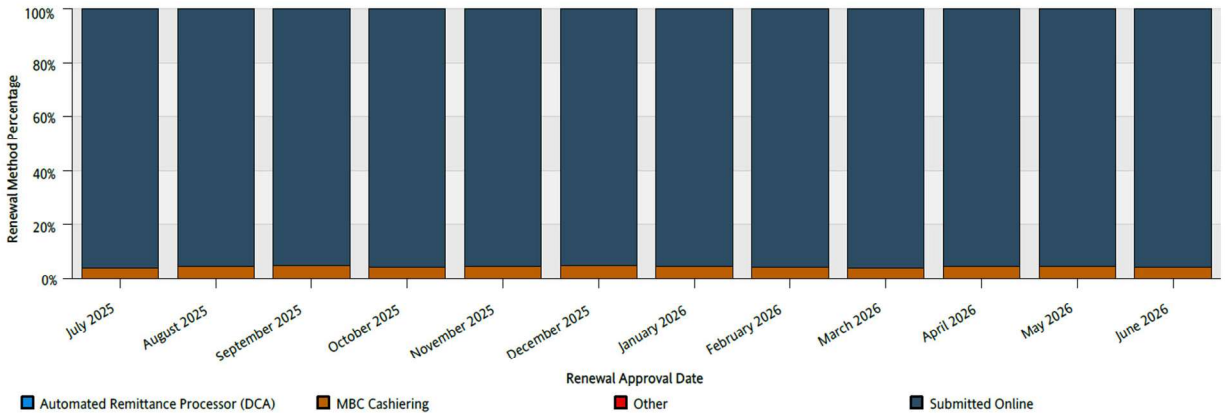
BreEZe Electronic Only Renewal Notice Project:

ISB Breeze Business Integration team is working with the MBC Executive and Licensing leadership on a project to phase out initial paper license renewals to achieve mandated budget reductions and increase efficiency. The board will replace the multiple page paper renewal packet currently mailed to all licensees if they have not renewed by 120 days prior to the expiration date, with a single page letter notifying licensees that their license is ready for online renewal and future notices will only be sent via email. It will also reinforce the importance of licensees keeping their email address up to date with the Board as required by law. Licenses expiring in June 2025 will be the first group to not receive the paper renewal packet. Licensees are currently notified 180 days prior to their license expiration and if they renew before the 120-day milestone, they do not receive any additional paper notices.

For the 2024 baseline, 85+% of renewals were performed online and approximately 50% of those online renewals were completed more than 120 days prior to the expiration date.

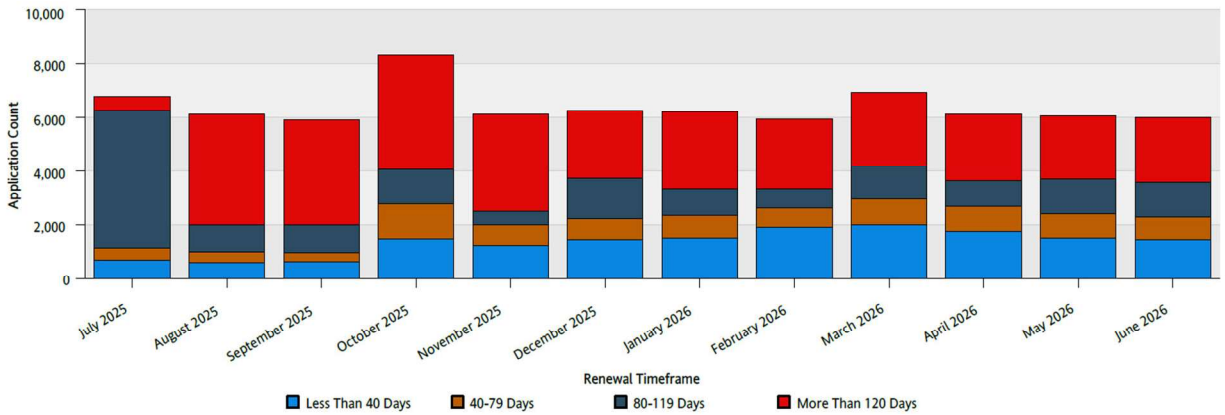
August 2026 Update: Updated informational charts and tables below.

Renewal Method Percentage



Renewal Method Percentage	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026	June 2026	Average
Automated Remittance Processor (DCA)		0.02%	0.02%										0.02%
MBC Cashiering	3.75%	4.47%	4.66%	3.98%	4.25%	4.73%	4.27%	4.19%	3.81%	4.38%	4.26%	3.99%	4.23%
Other	0.14%	0.05%		0.02%		0.02%	0.02%			0.03%	0.02%	0.03%	0.04%
Submitted Online	96.11%	95.47%	95.33%	96.00%	95.75%	95.25%	95.72%	95.81%	96.19%	95.59%	95.73%	95.98%	95.74%

Online Renewal Timeframes

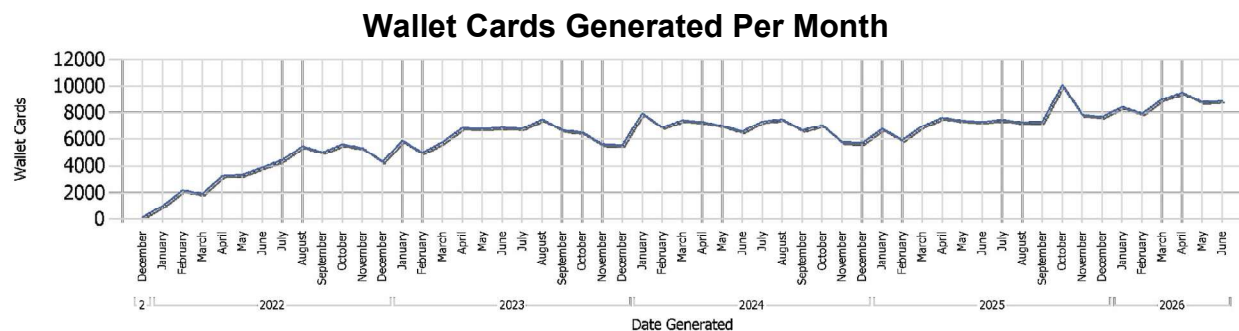


Application Count	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026	June 2026	Total
Less Than 40 Days	602	507	617	1,479	1,235	1,456	1,503	1,006	1,990	1,745	1,514	1,452	16,146
40-79 Days	460	415	332	1,331	745	814	865	780	988	957	933	861	9,481
80-119 Days	5,128	984	1,040	1,271	549	1,481	986	686	1,225	950	1,254	1,274	16,828
More Than 120 Days	518	4,142	3,928	4,287	3,594	2,531	2,856	2,590	2,732	2,465	2,371	2,426	34,440
Total	6,788	6,128	5,917	8,368	6,123	6,282	6,210	5,942	6,935	6,117	6,072	6,013	76,895

“Print Yourself” Wallet License with QR Codes Update:

Allowing licensees to print their own Wallet License Cards saves the Board resources in the generating, printing, and mailing of the plastic cards, which are not as common or useful as they once were. Licensees can forward the PDF version of their Wallet License to their employers and others as needed and are instantly available instead of the 4-6 weeks it previously took for plastic cards to reach licensees. QR Codes allow anyone to scan the license to instantly view the licensee’s up to date DCA Search profile.

August 2026 Update: 347,601 (+27,235) Wallet Licenses have been generated.



Continuing Medical Education Audit Enhancements:

Since the Board moved to the Breeze system in 2013, the Continuing Medical Education (CME) Audit process has occurred through a multitude of different scripts, jobs, procedures and processes. The first Breeze implementation randomly selected licensees for audit and extracted information used to manually mail-merge letters outside of the Breeze system to be printed and mailed to licensees for them to provide their response (also through postal mail) back to the Board. Board staff would then scan the documents and save them in the system. Eventually, the Board provided an email address for licensees to electronically submit their responses to the Board.

After SB 806 became effective on January 1, 2022, and required licensees to provide an email address to the Board no later than July 1, 2022, the CME Audit procedures were enhanced to start using licensees’ emails to notify them that they were randomly selected for the CME audit. To further streamline the process for licensees and internal staff, transactions are being developed in the Breeze system, similar to renewal transactions, that will allow a licensee randomly selected for the CME audit process to receive an email notifying them that a transaction is open in the Breeze system where they can upload their CME audit documentation. That documentation is automatically stored in the database which triggers a notification for internal staff to review the documentation and determine if the individual has satisfied their CME audit. Based on the determination by internal staff, additional automatic emails will notify the licensee that their CME audit is complete. The status of their CME audit process will be visible in their Breeze dashboard. We expect this enhancement will make the process easier on

licensees and reduce the amount of time it takes for internal staff to process CME audit responses.

August 2026 Update: Development of the transactions in Breeze for licensees to submit their Continuing Medical Education documentation is currently in progress. Licensing staff are revising the questions and instructions of the transactions in Breeze to obtain Executive and Legal approval. Current anticipated launch date for the new CME process is early 2027.

Outpatient Surgery Settings Database Refresh

Effective January 1, 2012, as part of SB 100, the Board was required to obtain and maintain a list of accredited outpatient surgery settings from the information provided by the accreditation agencies approved by the Board. The Outpatient Surgery Settings Database was the system developed to store this information and relay it to the public through an interface on the Board's website.

August 2026 Update: Development has begun on the new Outpatient Surgery Settings Database system. The initial release will be for internal staff to input information for settings and owners on behalf of the accreditation agencies. Functionality is being included to allow external users from the accreditation agencies themselves to have access to the system to input their information directly in a later phase. Testing will begin once development has completed but the initial release is expected before the end of 2026.