



MEDICAL BOARD OF CALIFORNIA
Executive Office



Education and Wellness Committee Meeting

Embassy Suites
150 Anza Boulevard
Burlingame, CA 94010
650-342-6000 (directions only)

Friday, February 6, 2014
1:00 p.m. – 2:30 p.m.

MINUTES

Agenda Item 1 Call to Order/Roll Call

The Education and Wellness Committee of the Medical Board of California (Board) was called to order by Chair Barbara Yaroslavsky at 1:00 p.m. A quorum was present, and due notice had been mailed to all interested parties.

Members of the Committee Present:

Barbara Yaroslavsky, Chair
Silvia Diego, M.D.
Denise Pines

Members of the Committee Not Present:

Howard Krauss, M.D.
Gerrie Schipske, R.N.P., J.D.

Staff Present:

Dianne Dobbs, Legal Counsel, Department of Consumer Affairs
Cassandra Hockenson, Public Affairs Manager
Kimberly Kirchmeyer, Interim Executive Director
Jennifer Simoes, Chief of Legislation
Lisa Toof, Administrative Assistant
See Vang, Business Services Analyst
Kerrie Webb, Staff Counsel
Curt Worden, Chief of Licensing

Members of the Audience:

Theresa Anderson, California Academy of Physicians Assistants
Gloria Castro, Senior Assistant Attorney General, Attorney General's Office
Yvonne Choong, California Medical Association
Julie D'Angelo Fellmeth, Center for Public Interest Law
Wayne Dysinger, M.D., Chair of Preventative Medicine at Loma Linda University
William Ferguson, Center for Public Health
Jack French, Consumers Union

Faith Gibson, CA College of Midwives
Donna Gray-Bowersox, DHCS
Holly Harris, Consumers Union
Ron Hattis, M.D., Beyond Aids
Gale Jara, California Public Protection and Physician Health
Mona Maggio, Board of Optometry
John McDougall, M.D., Physician, Author
Tina Minasian, Consumers Union
Carole Moss, Consumers Union
Ty Moss, Consumers Union
Jessica Nunez de Ybarra, M.D., California Department of Public Health
Katrina Peters, M.D., Golden State Medical Association
Jessica Siefertman, Board of Optometry
Rick Waltman, Center for Public Interest Law

Agenda Item 2 Approval of Minutes from the July 17, 2013, Education and Wellness Committee Meeting

A motion was made to approve the minutes from the July 17, 2013 meeting; seconded. Motion carried.

Agenda Item 3 Public Comment on Items Not on the Agenda

Ty Moss, co-founder of Niles Law, on behalf of Consumers Union Safe Patient Project, said he has some concerns that the instructions regarding public participation in the Board's teleconferencing program could reduce the public's participation because of the time constraints. Mr. Moss suggested these restrictions run counter to the intention of the Bagley-Keene Act to provide public participation in public meetings and urges the Board to reconsider the instructions relating to teleconferencing.

Ronald Hattis, M.D., president of Beyond Aids, commented on AB 466 and how the bill requires primary care providers to offer HIV testing to adolescents and adults for the purposes of discovering undiagnosed HIV infections. Dr. Hattis added, the bill also creates a new post-test counseling requirement for physicians and eliminates the need for written consent for adolescents.

Holly Harris, Consumers Union Safe Patient Project Network, wanted to encourage the use and availability of the teleconferencing. She noted the importance of teleconferencing because of the time and complications of travel for someone with a profound disability and stated that she would be monitoring the teleconferencing, note how it is working and write a short report.

Agenda Item 4 Presentation and Approval of the Action Plan for SB 380

Ms. Simoes presented SB 380, which requires the Board to start a working group to discuss nutrition and lifestyle behavior for the prevention and treatment of chronic disease. The working group meeting was held at the July 2013 Education and Wellness Committee meeting.

Ms. Simoes reported on Ms. Schipske's approved motion for staff to identify information and resources that would be helpful for physicians. She continued by saying that staff was asked to draft an action plan that would identify the best way to get this information to physicians, provide an evaluation tool and find available resources. Staff is recommending that a webpage be created on the Board's website

to be used as a clearinghouse of information about chronic disease prevention for physicians and consumers.

It was also suggested the Board work with other state agencies to promote its webpage on their websites and send an email blast with this link to all physicians and include at least two articles on this subject per year in the Board's Newsletter. Once the webpage is up and running, the Board can utilize Survey Monkey as an evaluation tool for physicians and include contact information for Board staff. It is important to note links that endorse for profit websites **cannot** be on the Board's webpages.

Board staff is currently working with the University of California to gather more information on what is being taught regarding nutritional lifestyle and behavior changes to prevent chronic diseases. Lastly, Board staff recommends the Board begin discussing the standards for educational activity concerning chronic disease organizations that accredit CME programs, to identify if information on the impact, prevention and cure of the chronic disease by changes in nutrition and lifestyle behavior is included in these courses.

Dr. McDougall spoke about how much money the State of California has spent on dietary diseases since SB 308 was signed into law, stating that doctors are not taught diet therapy nor are they taught about the cause and treatment of dietary disease. Dr. McDougall proposed a requirement for CME to get the eleven medical schools and all the doctors licensed in California involved in treating dietary diseases because the current proposal to provide some education in a Newsletter is not adequate.

Dr. Dysinger, Loma Linda University, spoke about a presentation on lifestyle medicine that was held at Stanford University. It was stated that 80% of health care costs are due to chronic diseases and 80% of those costs could be eliminated if lifestyle medicine was practiced more. He stated there was an opportunity to do something more to encourage every physician to look at lifestyle medicine first, both as a cost effective approach to health and as a way of improving disease outcomes.

Dr. Hattis commented that two articles a year in the Board's Newsletter is an excellent idea and suggested these articles be in the winter issue of the Newsletter because physicians without email addresses receive hard copies of the winter issue and they should contain a link to the website. The working groups proposal was to implement the requirements for CME on subjects of diabetes, obesity and cardiovascular diseases such as hypertension, coronary artery disease and peripheral artery disease where lifestyle and nutrition are the most important factors.

Dr. Nunez de Ybarra, California Department of Public Health (CDPH), asked if the Board could state how experts would be able to share in terms of adding links to the website so that the product would be more robust. Dr. Nunez de Ybarra stated that the California Wellness Plan will be published early next week, and that she would like that link to be promoted through this website, because the Wellness Plan directly looks at evidence based strategies for addressing chronic disease. She added that CDPH wanted the group to be aware of a meeting being held next week to look at a policy agenda for chronic disease.

Ms. Pines made a motion to approve the action plan as reported by Ms. Simoes; seconded. Motion carried.

**Agenda Item 5 Consideration and Approval of the Education and Wellness Committee
Proposed Goals**

Ms. Hockenson presented the new proposed goals that reflect the approved mission statement.

“The mission of the Education and Wellness Committee is to actively pursue opportunities to educate the public on the functions and responsibilities of the Board; to protect the public by continuing to provide current updated information regarding the Board’s laws, regulations, as well as relevant healthcare information to both physicians and the public; and to promote strategies and opportunities for physicians to maintain a sound balance in their personal and professional lives so they can offer quality care to their patients.”

Proposed goals

- 1) Educate the public on the Board’s mission so they can play an active role in their own healthcare.
- 2) Educate physicians on current laws and regulations and how they impact their practice.
- 3) Educate physicians and the public on maintaining an overall healthier lifestyle including the prevention and treatment of disease.
- 4) Inform stakeholders regarding changes in the delivery model of healthcare.
- 5) Review and monitor the public affairs office strategic plan to ensure goals and objectives are being met.

Ms. Pines made a motion to approve the proposed goals as stated; s/ Dr. Diego. Motion carried.

Agenda Item 6 Public Affairs Manager Report

Ms. Hockenson stated since the last Education and Wellness Committee Meeting on July 17, 2013 in Sacramento, Board staff participated in eight community outreach events and meetings. There were 92 media inquiries that resulted in stories between July 17, 2013 and the beginning of January 2014, and the Board issued seven press releases. The Board’s new website launched on Thursday, January 16, 2014. In addition to revamping the look of the website, Board staff brought all pages up to date with the changes due to BreEZe, new laws, etc. Board staff welcomes any comments or suggestions with regards to improving the website.

Ms. Hockenson noted that the Board’s Winter Newsletter is posted on the website, and additional hard copies will be printed and sent out to all physicians and interested parties without an email address. On February 11, 2014, Ms. Hockenson will be addressing a group of military retirees at the North Highlands Community Center in Sacramento. She will also be working to finalize development of an MBC brochure regarding the statute of limitations on filing a complaint titled, “Don’t wait, file a complaint!”, which was suggested by the Consumers Union Safe Patient Project. The Board staff liked the idea and is proceeding with completing the brochure. March is Prescription Drug Abuse Awareness Month and there will be a campaign entitled “Spread the word, one pill can kill” based around Senate Concurrent Resolution 8, which was adopted May 8th of 2013. This is an outreach campaign involving PSAs, and other outreach ideas. Ms. Hockenson stated that there is one restriction that affects the statewide outreach process and that is travel.

On April 2, 2014, Ms. Hockenson will again be speaking to Professor John Tamlin's class on consumer health education at Sacramento State University on behalf of the Board. This will be a second appearance, and will likely become a regular presentation every semester. She added that there will be an educational forum sponsored by the California Association of Medical Staff Services on May 8, 2014. It is expected that 300 people will be in attendance and the Board has already received a list of the questions and topics that will be addressed. Finally, Franchise Tax Board will be holding their 19th Annual Health and Wellness Fair on May 14th and the Board will be participating.

Ms. Yaroslavsky suggested that Public Affairs staff look into using Board staff and Board Members that live in other cities to participate in fairs in their absence.

Agenda Item 7 Consideration and Approval of the Social Media Plan

Ms. Hockenson stated that social media is a popular way to disseminate information and get the attention of stakeholders. According to the PEW Research Center, nearly 1 in 10 adults get news through Twitter and Twitter users stand out as more mobile and more educated. Ms. Hockenson presented the reasons for using Twitter as follows: 1) It gets the news out faster and it is a way to ensure media attention since the majority of reporters follow Twitter; 2) It is a way to correct and/or ensure accurate information is being presented in real time; 3) It is an easy way to engage the stakeholders through conversation, which means issues can be addressed immediately; 4) The algorithms for Twitter make it easier to track the data, followers and messages; and 5) It is less time consuming than many other social media sites, and it requires less maintenance. Ms. Hockenson addressed the one concern regarding negative comments being posted on Twitter and stated although this can happen, the benefits far outweigh the risks and that the Federation of State Medical Boards and the Department of Consumer Affairs (DCA) both say this is a rare occurrence, even in retweets.

Ms. Hockenson commented on the concerns that staff resources will be used and it will take too much time, stating that sending out a tweet is 140 characters max and takes very little time. Determining what to tweet takes more time. However, a protocol can be set up regarding who manages the tweets and who is authorized to do them. Buffer is a fabulous tool that is free and can assist in managing Twitter accounts. Numerous posts can be written at one time and the Board can choose which social profile will receive them. Buffer will spread the tweets throughout the day or week so that one individual does not need to physically be at the computer in order for the Board to have a social media presence. Since Buffer shortens links, it is able to provide more analytics than if the Board were to post tweets directly. For example, Buffer can tell the Board exactly how many individuals clicked on each link and looked at each tweet.

Ms. Hockenson stated the Board should follow other professional organizations, the Legislature, all media outlets and other stakeholders. The Board should follow others because that is the purpose of reaching out. The Board can delete tweets and block individuals from its account since it has administrative control.

Ms. Hockenson stated the Executive Director will approve all tweets before they are released. The Office of Public Affairs will manage the Twitter account. The Public Affairs manager and one staff member will be the only two authorized to tweet. DCA has guidelines but no concrete policy yet. However, the Board can follow the DCA guidelines that are in attachment B. The Board can set up an

editorial calendar three months in advance listing meetings, Board events, Newsletter tips, etc. to manage its social media platform.

Ms. Hockenson stated Twitter can be used to correct inaccurate media reports or information and announce upcoming Board events, meetings, news releases, Food and Drug Administration recalls, or anything involving the Board that would be of interest to its stakeholders. Pictures of special outreach events and speaking engagements could also be posted to encourage others to contact the Board to request Board attendance at their meetings. The Board can also post any other Board announcements as deemed appropriate.

Ms. Hockenson said there is no cost regarding Twitter, with the exception of minimal staff time each day. She added the Board has an account set up and authorized as the official Medical Board of California Twitter account. Once the Board gives its approval it can be activated. A proposed start date is Monday, April 7, 2014. Information will be reviewed at the end of each week with the Executive Director to determine if the purpose and intent of starting the account is being met and determine if the amount of staff time is manageable.

Ms. Yaroslavsky stated she would like some stats such as how wide spread using Twitter is, how many people are reading it and if they are responding to the feedback.

Jack French, Consumer's Union Safe Patient Project (CUCPP), said they were pleased to see the Committee is considering the use of social media. They believe this is an important tool for reaching California patients, most of whom are unaware of the Board and its responsibilities. He stated that if tweeting is done effectively it could play an important role in helping California patients understand the Board's role, how to engage it, understand how to participate in the Board's public process, and be informed regarding particular physicians who may pose a danger to patient safety. They are strongly in favor of the Board tweeting Board disciplinary actions regarding physicians and outpatient surgery centers and strongly urge that these tweets identify names and position and/or outpatient surgery centers to assist patients in being aware of possible safety issues. Further, they recommend that the Board explore live twitting during Board meetings. They urge the Board to be aggressive and proactive in its outreach. And to expand the number of followers particularly among stakeholder groups representing California patients and consumers.

Ms. Pines made a motion to use Twitter; s/Dr. Diego. Motion carried.

Agenda Item 8 Discussion of Future Agenda Items

- Dr. Levine suggested it would be helpful for the Committee to add a summary of the recommendations from the Let's Get Healthy task force report to a future agenda.
- Ms. Yaroslavsky suggested putting a call to stakeholders to find out what types of programs related to healthy living are going on in the state and to highlight some of them.

Ms. Minasian suggested that the Board use Public Service Announcements (PSAs) on TV along with other social media outlets. She stated that many households do not have access to the social media outlets such as Twitter, Facebook or even the Internet and these announcements could supply them with

lots of information such as upcoming MBC meetings, how to file a complaint, how to look up a doctor and many other things.

Agenda Item 9 Adjournment

The meeting was adjourned at 2:30 p.m.

The complete webcast can be viewed at: <http://www.mbc.ca.gov/board/meetings/Index.html>